

HEALTH PROFILE AND STATUS OF CHILDREN IN A SELECTED FOUNDLINGHOME: BASIS FOR A PROPOSED HEALTH MONITORING PROGRAM

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Abstract: The selected foundling home is an established institution for the unprivileged and abandoned children. Medical and Laboratory Examinations were conducted among the fifty-two (52) children of the said institution. Respiratory Tract and skin infections are among the diseases that were noted among the subjects. While Urinary Tract Infection (UTI) is not prevalent, intestinal parasitism is common among the children in the Foundling Home. Development of an effective health monitoring program is imperative to improve the present health status of the children.

Keywords: foundling home, health monitoring program, health profile

Introduction

More than one billion children are severely deprived of at least one of the essential goods and service they require to survive, grow and develop- these include nutrition, water, sanitation facilities, access to basic health-care services, adequate shelter, education and information. As a result, almost 9.2 million children under-five die every year. Most of the 25,000 children under five that die each day are concentrated in the world's poorest countries in sub-Saharan Africa and South Asia. (UNICEF, 2016). Children who are most commonly and severely ill, who are malnourished, and who are most likely to die of their illness, are those of the most vulnerable and underserved populations of the developing world. In these countries the most common causes of child mortality are due to acute respiratory infections (mostly pneumonia), diarrhea, measles, malaria or malnutrition.

The Philippines, a developing country situated in the Southeast Asian region suffered the same scenario and the leading causes of morbidity are acute respiratory tract infections (pneumonia, bronchitis), diarrhea, influenza, and urinary tract infection; whereas, pneumonia and diarrhea are the leading causes of child mortality. (Department of Health, 2011). Likewise, under-nutrition in the Philippines remains a serious problem. Available data show large numbers of Filipino children are undernourished; 3.6 million of children 0-59 months are underweight; and 4 million are stunted. Prevalence of anemia was surveyed to be 55.7% on Filipino children 6 months to less than 1-year-old. In addition, it was found that 62% of children are positive for intestinal parasites. Deaths among children below five remain highest in the poorest sectors of society, in rural areas, and among families with low educational status. The inequities in child and maternal health are most profound in geographically isolated and disadvantaged areas of the country but are also found in urban settings where areas populated by informal settlers are on the rise.

The rising population in the Philippines is another challenge faced by the government. As the Philippines have financially limited resources and a high poverty rate, the rapid increase in population has become a problem because there is an insufficient resource to support the population. Of the 100, 981, 437 population (PSA, 2015) 33.71% belongs to 0-14 year's age group. It could be assumed that one of the consequences of rising population is poverty and the rise of abandoned children. About 1.8 million children in the country, more than 1% of its entire population, are abandoned or neglected, according to the United Nations' Children's Rights and Emergency Relief Organization. Some are victims of extreme poverty; others of natural disasters and armed conflicts. The Department of Social Welfare and Development is responsible for ensuring

that many of these children find homes. Some of these children are brought to government-run orphanage or foundlings while others are taken care of by privately funded agency or non-government institution. However, orphanages in the Philippines are scarce, poorly staffed and inadequately funded.

The Manila Boystown is government-run institution that caters for Manila's abandoned, forgotten, and voluntarily surrendered children, teen-agers, and senior citizens. Children who were turn over in this institution were mostly neglected of their health needs and because of insufficient funding healthcare are limited to dental test and psychological evaluation. Since children are most vulnerable to infections and diseases particularly in this environment. This study aimed to determined health profile of children living in Manila Boystown through physical examination and laboratory tests. The examinations specifically targeted diseases and infections that are most common in children such as respiratory tract infections, urinary tract infection, intestinal parasitism and anemia. The information gathered will be used as basis for proposing an effective health monitoring program that will redound to the improvement of the health status.

Materials and Methods

Study Design and Population

This descriptive cross-sectional study was conducted in a foundling home located in Marikina City. Data were collected from fifty-two (52) children in the foundling home between the periods of November 2012 to October 2013.

Ethical Consideration

Ethical approval was secured from the Ethics Review Committee of Centro Escolar University. Local administrators gave their consent since the university has an existing Memorandum of Agreement (MOA) with the selected foundling home. Anonymity and confidentiality was observed in all stages of data collection.

Data Collection and Analysis

The children were examined by a licensed physician to determine presence of upper respiratory tract infections and skin diseases based on the current symptoms manifested by the subjects. Other respiratory tract infections which would require special procedures for detection like x-ray were not included in the study. Urinary tract infections and parasitism were detected through routine urinalysis, routine fecalysis and examination of perianal swab. The height and weight were likewise noted.

Results

Profile of the subjects

Children belonging to the four to six years old age bracket gave the highest representation which forty percent. The age of one of the subjects was not accurately determined due to unavailability of document such as birth certificate. Also, of the 52 respondents, 23 or 44.23 percent have stayed in the Foundling Home for 3-4 years. Only three children or 5.77% have been in the institution for 7-8 years. Results suggests that although the institution have exhausted all means to locate immediate families of the subjects, those children who have been there for more than 5 years may no longer have relatives to claim them.

Medical Profile

Majority of the children's height is normal with the frequency of 31 out of 52 children (59.61%) whereas the number of children who are underweight (21 or 40.39%) are almost as much as the children with normal weight (31 or 59.62%).

Table 1: Height Distribution of the Respondents

Age	Height					
	Below Normal		Normal		Above Normal	
	n	%	n	%	n	%
0-3	2	3.85	0	0	2	3.85
4-7	3	5.77	24	46.15	0	0
8-11	14	26.92	7	13.46	0	0
Total	19	36.54	31	59.61	2	3.85

Table 2: Weight Distribution of the Respondents

Age	Weight			
	Underweight		Normal	
	n	%	n	%
0-3	2	3.85	2	3.85
4-7	9	17.31	19	36.54
8-11	10	19.23	10	19.23
Total	21	40.39	31	59.62

Physical Examination Findings

Physical examinations revealed that 46.3% were reported to have respiratory tract and skin infections, in general more than half of the subjects were evaluated as essentially normal, with a percentage of 53.7%. findings suggest that the medical conditions of the children are not closely monitored by the institution. This may be due to lack of funds needed to provide adequate and immediate treatment.

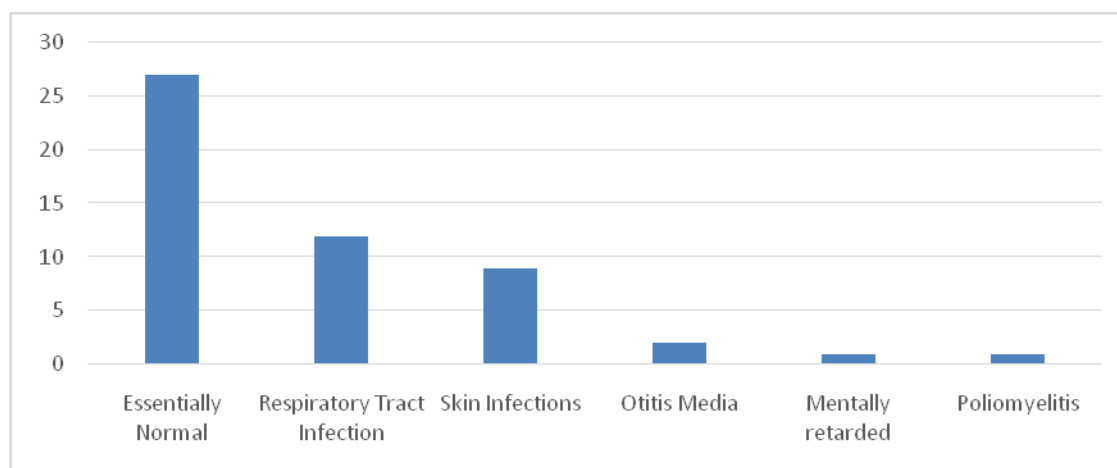


Figure 1: Physical Examination Findings

Laboratory Examination Findings

Laboratory examination of the respondents includes routine analysis, routine fecalysis and perianal swab

Table 3: Laboratory Examination Findings of the Respondents

Laboratory Examination	Positive		Negative	
	n	%	n	%
Routine Urinalysis	16	30.76	36	69.24
Routine Fecalalysis	23	44.24	29	55.76
Perianal Swab	13	25	39	75

Proposed Health Program and Monitoring

Based on the findings of the study, a health program and monitoring is hereby proposed in order to address the health issues or improve the health status of the children in the Foundling Home.

Table 4: Proposed Health Monitoring Program

Goal	Objectives	Strategies	Target Population	Personnel Involved	Target Date
Improve the current health status of the children	<p>At the end of the health program,</p> <p>A) 90% of the children will:</p> <ol style="list-style-type: none"> 1. No longer manifest symptoms of Respiratory Tract and Skin infections 2. Be negative for Urinary Tract Infections and any intestinal parasites 3. Have normal Complete Blood Count result 4. Be able to attain normal weight appropriate for age and sex. 5. Practice proper hygiene for health promotion. <p>B) 90% of the house parents will:</p> <ol style="list-style-type: none"> 1. Be able to prepare correct list of address the nutritional needs of the children. 2. Be able to provide clean environment for the children. 3. Cooperate in the implements of the 	<ol style="list-style-type: none"> 1. Immediate and adequate treatment for those who were diagnosed with medical conditions. 2. Be channeled to private/public agencies to address the medical treatment and periodic check-up. <p>2.1 Monitoring Activity</p> <ul style="list-style-type: none"> -Conduct Medical, Laboratory examinations every six months. -Regular deworming of children every six months. <ol style="list-style-type: none"> 3. Conduct health education for children and house parents that will zero in the practice of proper hygiene and environmental sanitation. 4. Provide the house parent with a seminar that will focus on the 	All children in the Foundling Home	House parents, Researches, Private and Public Agencies	November 2013- March 2014

	proposed health program.	nutritional planning and meal preparation especially for the children of the Foundling Home 5. Assist in the implementation of the proposed health program			
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Discussion

Forms of child abandonment have occurred in varying degrees in nearly every culture and society. Some abandoned children and foundling were housed in institutional care but their welfare and how they fared in these institutions were not given much attention. Children living in orphanages are more likely to have health problems and are at increased risk of infectious diseases; however, in the Philippines, little studies were done to assess health conditions of children living in orphanage or foundling. In this study, the health profile of 52 children living in a foundling home in Manila was determined. Physical and laboratory examinations were done to evaluate probable infections or disease. The most common findings were presence of respiratory tract and skin infections. Almost half of the children examined were also positive for intestinal parasites. These findings could be attributed to poor hygiene and environmental condition of the foundling home. Browne (2009) in his study of the risk of harm to young children in institutional care stated that some children in institutions suffer from poor health due to detrimental physical conditions, a restricted environment or a lack of interaction. Moreover, indoor crowding and sharing of personal belongings- conditions most notably found in foundling home, favor transmission of respiratory and skin infections.

Age is another important key factor that affects health of children in institutional care. Evidence strongly suggests that the experience of orphanage care is most damaging for children under the age of five and especially so for children under the age of three, since it is during these critical years that children need to develop the physical, cognitive, psychological, and social foundation for the rest of their lives. Forty percent of the respondents belong to four to six age group bracket and almost 50% have lived in foundling home for three to four years. Extensive research in child development has shown that living in an orphanage from an early age can result in severe developmental delays, disability, physical stunting, and potentially irreversible intellectual and psychological damage. The negative effects are more severe the longer a child remains in an orphanage (UN General Assembly, 2010)

Another important finding is the prevalence of underweight children. Forty percent of children examined were underweight and stunted. The cause of this could be malnutrition. Malnutrition is a common risk for children who need extra time and support to eat. Young children and those with disabilities often become malnourished when support is not give, even though there is plenty of food available (Mulheir& Browne, 2007). The Bucharest Early Intervention Project found that Romanian children lost one month of normal growth for every 2.6 months spent in an institution. Other studies in China and Russia found similar results: one-month delay for every 3.0 or 3.4 months. (Bucharest Early Intervention Project, 2015).

It has been advocated that orphanages should be an intervention of last resort and temporary solution because extensive studies showed that there is a risk on physical, psychological and mental health of children placed for a longer period in institutional care. While this is ideal, unfavorable and uncontrollable circumstances placed these children in this condition and to lessen the effect and improve their health condition, health teaching and monitoring, improved sanitation, medical intervention should be afforded to this underserved population.

Conclusion

Results of this study showed that there is a need to propose an effective health monitoring program to improve the present health status of children in the Foundling Home.

Recommendations

In view of the aforementioned findings and conclusions, the following recommendations are hereby proposed:

- 1.Implementation of proposed health program.
- 2.Conduct other test like x-ray and dental examination to fully assess current health status of the children.
- 3.Similar studies may be conducted to identify the health needs of other adopted communities of the College of Medical Technology or of the university.
- 4.Referral of children with illnesses should be address to appropriate private or public health care providers.

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