THE HEALTH STATUS OF DISPLACED CHILDREN IN FOSTER HOMES IN WINDHOEK, NAMIBIA

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Abstract

The purpose of this study was to assess and describe the health status and social needs of children who were admitted to foster homes in Windhoek, Namibia. A quantitative descriptive research design was employed. To achieve the objectives of the study, a check list was used to gather data from all children who were staying in the four foster homes in Windhoek. The health status and needs of 159 children were assessed through performing an individual physical examination.

The findings of the physical examination revealed four major health concerns namely: Ear, nose, throat and mouth problems; Eye problems, Skin problems, and urogenital problems.

Recommendations based on the study were: Regular physical examination of foster children to be conducted to promote the health of the children, and the sick children to be taken earlier to the nearest health facilities for early treatment and care.

Key words: Displaced children; Foster care parent; Health; Needs; Street children

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Introduction

Globally, countries are increasingly sharing similar social concerns such as escalating violence and domestic abuse, devastating poverty, high divorce rates, multiculturalism, unpredicted migration, and an increasing number of children living without one or both parents. These challenges have negative impacts on the family structures and affect children. The children are removed from their source of security and compromise their physical health, social and psychological wellbeing. The WHO (World Health Organisation) defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 2018) and (Evans 2017). UNESCO (2017) found that there are as many as 150 million street children worldwide and it was identified that this phenomenon was a worldwide concern that include Namibia as well. In 2008, in Central and Eastern Europe some 1.3 million children lived in public care; just under half of these lived in large-scale residential care facilities or boarding schools. In the Middle East and Africa, over 300,000 children are estimated to live in residential care. These numbers may be significantly underestimated (UNICEF, 2011).

The major health problems that displaced children experience are malnutrition, skin conditions, respiratory conditions, urinary problems, trauma injuries, fractures of legs and arms, sexually transmitted diseases, teenage pregnancies and depression (Van Berlaer, Elsafti, Al Safadi, Souhil Saeed, Buyl, Debacker, Redwan, Hubloue, 2017). According to World Food Program (2011) HIV/AIDS is also the leading cause of the increasing number of displaced children.

Problem statement

In Namibia, 87 000 street children were identified during 2016 financial year, and the number continues to grow every day (Namibian, 2017). Some of the displaced children are under the care of various facilities. Although there are various facilities available to care for displaced children and to cater for their health and social needs, it is not clear how effectively this is done. The researchers are not aware of any study conducted in Namibia assessing the health status and social needs of displaced children. This prompted the researchers to conduct the study.

Aim of the study

The aim of this study was to assess and describe the health status and social needs of children who were admitted to foster homes in Windhoek, Namibia.

Research objectives

The objectives of the study were:

To assess the health status of children who were admitted to foster homes in Windhoek, Namibia

To describe the social needs of children who were admitted to foster homes in Windhoek, Namibia

Study Design and Methods

The researcher adopted a quantitative descriptive study design based on the phenomenological approach to data gathering (De Vos, Strydom, Fouche & Delport, 2009). The research population for this study comprised of four foster homes in Windhoek. Namibia is a multi-cultural country; therefore, children living in four foster homes were from different cultures, namely White, Basters, Coloureds, Dammars, Ovambos, and Hereros and they were 159 in total. All 159 children constituted the study population and they were all included in the study. Children were distributed in the foster homes as displayed in Figure 1.

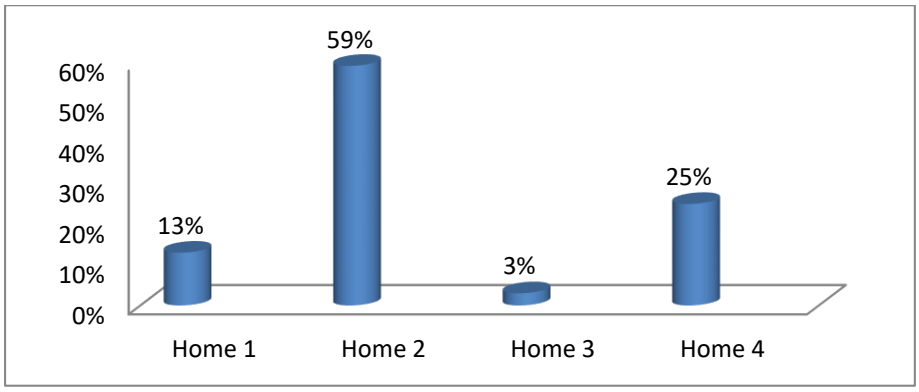

Figure: 1 Children Distribution in Foster Homes

The researchers conducted physical examination on all 159 children guided by the check list (see table 1) (Viljoen & Uys, 2001, Pre testing of the checklist was done at one of the local clinic in Windhoek and no problems were detected with the checklist.

Table 1: Physical assessment checklist

Part 1	Personal data	Part 11	
Part 2	Daily activities	Part 12	Respiratory problems
Part 3	Immunization status	Part 13	Breast examination
Part 4	Parameter	Part 14	Cardiovascular
Part 5	General appearance	Part 15	Hand and fingers
Part 6	Gait	Part16	Gastro intestinal
Part 7	Fatigue	Part 17	Urogenital
Part 8	Nutritional status	Part18	Limbs
Part 9	Skin	Part 19	Nervous system
Part 10	Eyes	Part 20	Other problems

Ethical Considerations

Permission to conduct the study was granted by University of Namibia, the Director of Social Welfare, the Permanent Secretary of the Ministry of Health and Social Services (MOHSS), the

regional counsellor, and by all in- charge of the four foster homes, parents (of the minor children), and participants themselves.

Participation in the study was voluntary and the participants, who did not agree to partake, were not forced. Participants were protected from any physical and psychological harm or discomfort (Dhai & McQuoid-Mason, 2010). Anonymity and confidentiality was considered at all times. According to Gorman and Clayton (2005) confidentiality is of greater concern than anonymity. Concealment of individual identity was assured by concealing the names of respondents. The researcher assured confidentiality by making sure that the raw data remained inaccessible to unauthorised persons. The researcher assured the right of privacy by examining the respondent's in privacy (Leedy & Ormond, 2010).

Results and Discussions

All children were assessed individually according to the physical examination checklist (see table 1) whereby the researchers started from part one (1) to part twenty (20). Data were collected through a checklist at the four foster homes and the data collection period was three months.

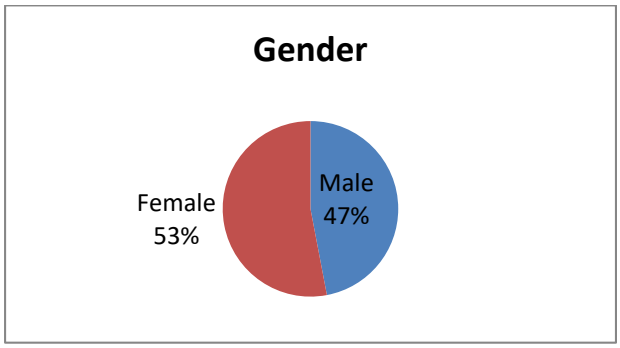

Figure 2: Gender

Concerning gender, 53 % (n=84) were female, and 47% (n=75) were male. In contrary, Tacon (1991:8) estimated that the majority of displaced children in Windhoek of Namibia are mostly male. Generally, the majority of the Namibian are Christians, this study also revealed that all

100% (n=159) belongs to the Christian faith which is Catholic, Lutheran, and Dutch reformed and Apostolic.

Furthermore, the study also revealed that 98.11% (n=154) attended schools in Windhoek, and most of the children 97.48% (n=155) were born in Windhoek, only 2.5% (n=4) were born in Rehoboth. Most parents of the children were alive; only 9.45% (n=15) were deceased.

The weight and length of the majority of the participants 96.85% (n=154) were taken to measure their nutritional status, only 3.1% (n=5) participants were not measured (see table 2).

Table 2: Nutritional status

Type of Nutritional status	**No of children**	**Percentages**
Normal weight	122	76.72%
Overweight	2	1.25%
Underweight	30	18.86%
Unknown status (Not measured)	5	3.1%
Total	**159**	**100%**

The majority of participants 76.72% (n=122) weighed normal weigh, only 18.86% (n=30) were underweight, while 1.25% (n=2) were overweight and they were all advised on good nutrition.

Regarding Ear, Nose, Throat and Mouth system: Table 3 displays the health condition affected the participants (per gender).

Table 3: Description of the various Ear, Nose, Throat and Mouth illnesses

Health condition	Girls	Boys	Total	% of Total
Small Nostrils	1	0	1	0.63
Tonsillitis	3	2	5	3.14
Enlarge Tonsils	1	2	3	1.89
Gum Thickening	0	1	1	0.63
Tongue Tie	1	0	1	0.63
Geographic Tongue	0	2	2	1.26
Ear Perforation	1	1	2	1.26
Acute Otitis Media	4	1	5	3.14
Hearing Problem	1	1	2	1.26
Serum Obstruction (Wax plugs)	14	8	22	13.84
Blood discharge in ear	0	1	1	0.63
Total	**26**	**19**	**45**	**28.30**

This study revealed that Ear, Nose, Throat and Mouth problems were experienced by 28.30% (n=45) of the children.

Serum Obstruction (Wax plugs): The majority of the participants 13.84% (n=22) suffered from wax plugs. This condition is not life threatening as the wax can be removed. Serum obstruction (wax) is an accumulation of excessive wax in ear. It causes itching, pain and loss of hearing (Health Line, 2017). Wax fights infection, moistens and lubricates the ear canal, and traps little bits of dirt and dust (Gagne, 2015). All 22 children were referred to the health Centre for rinsing.

Tonsillitis: 3.14% (n=5) of the children suffered from tonsillitis. WebMD (2015-2016) indicated that at the back of every person's throat, there are two masses of tissue called tonsils which act as filters, trapping germs that could enter your airways and cause infection. They also produce antibodies to fight infection. According to Tidy (2014) tonsillitis is inflammation of the tonsils in the throat. In this study, all children found with tonsillitis received immediate treatment for this ailment.

Acute otitis media (OM)*:* 3.14% (n=5) children suffers from otitis media. If this condition does not get attention it can cause deafness. Otitis media is caused by a bacterial infection and the symptoms include earache, fever, and hearing loss. The eardrum reddens loses its landmarks, and bulges laterally toward the examiners eyes. Acute purulent otitis media is much more common in children than adults (Donaldson, 2018). De Antonio et al (2016) revealed in a study that children <6 years of age, OM prevalence was found to be 9.2% in Nigeria. Otitis media (OM) is one of the most common childhood infections. Other ear conditions revealed by this study were as follow: Ear perforations 1.26% (n=2); Geographic tongues 1.26% (n=2); Ear perforations 1.26% (n=2); Hearing problems 1.26% (n=2); Small nostrils 0.63% (n=1); Gums thickening 0.63% (n=1); Tongue- tie 0.63% (n=1); and Blood in ears 0.63% (n=1). All children with the above mentioned conditions were referred to the relevant health facilities for further management.

Eye problems: Children with eye problem were 22.64% (n=36), of which 19.50% (n=31) were having poor vision, followed by 1.89% (n=3) with allergic conjunctivitis, 0.63% (n=1) with Pterygium and only 0.63% (n=1) had eyes injury.

Skin problems: Children with skin problems were 18.8% (n=30), of which 4.40% (n=7) were found having sores, 3.77% (n=6) had Tinea capitis, 2.52% (n=4) had Tinea versicolor, 1.89% (n=3) had Ring worm rashes, 3.77 % (n=6) had skin rashes and 1.89% (n=3) had Acne while 0.63% (n=1) had Scars.

Urogenital problems: Urogenital problems are also ranked sixth together with Gastro intestinal Tract on the list of ailments. It represents 5, 66% (n=9) of total participants. Table 4 gives a description of the different types of health conditions associated with urogenital system.

Table 4: Urogenital problems

Health condition	Girls	Boys	Total	% of total children
Vaginal Discharge	1	0	1	0.63
Phimoses	0	3	3	1.89
Undescended testis	0	3	3	1.89
Irregular menstruation	1	0	1	o.63
Enuresis	1	0	1	0.63
Total	3	6	9	5.66

Phimoses: 1.89% (n=3) of the children were found having Phimosis. The foreskins blow up like a balloon if the child wanted to urinate. According to Sukhbir Kaur Shahid (2012) phimosis is non retraction of prepuce. It is normally seen in younger children due to adhesions between prepuce and glans penis. It is termed pathologic when non- retractability is associated with local or urinary complaints attributed to the phimotic prepuce. Spilsbury, Semmens and Wisniewski (2003) indicated that analyses of medical records carried out in England and Western Australia revealed that medically indicated circumcisions were seven times more than the expected incidence of phimosis in children less than 15 years of age implying thereby that there is a high rate of unnecessary circumcisions (Dewan, 2003). All children found with phimosis were referring to surgery department for possible circumcision.

Undescended Testis: 1.89% (n=3) of the children were found with Undescended Testis. This condition means that there is only one testis is in the scrotum. The other testis is still in the abdominal cavity. If this condition is not treated timeously the child can become infertile after puberty and it can also become malignant. Surgery is required between the ages five to seven years. All children found having undescended testis were referred. Various studies revealed that the placement of the testis into the scrotum before the age of 13 year reduced the risk of malignancy immensely (Pettersson, Richiardi, Nordenskjokd, Kaijser & Akre, 2007).

Enuresis was found amongst 0.63% (n=1) participants. Enuresis is urinating during the sleep. This condition is usually of psychological of nature (Von Gontard, 2012). The child found with enuresis was referred to a medical practitioner.

Irregular menstruation: 0.63% (n=1) was found with Irregular menstruation**.** Various factors are responsible for this condition, namely foreign objects, hormone imbalance, vaginitis and sexual abuse. The child was referred to a medical practitioner.

Vaginal discharge was detected 0.63% (n=1) of the participants. Gardnerella vaginalis, Trichomonas vaginalis and vaginitis and pelvic infection and sexual transmitted can cause vaginal discharge (Stöppler & Nettleman, 2018*).* Participant received treatment and counselling,

Dental problems: 6.29% (n=10) children were found with dental problems of which respondents in which orthodontic problems 3.77% (n=6) were the highest, only 2.52% (n=4) Dental caries. Orthodontist suggested that age 7 is a good time to start monitoring jaw growth and tooth eruption (First impression Orthodontics, 2017).

Respiratory tract infections ranked seventh on the list of ailments**:** Respiratory tract infections were 5.03% (n=8) of which colds were the highest range 1.89% (n=3). Followed by Chest deformities 1.89% (n=2) and Crepitation sounds were 0.63% (n=1). Table 5 provides an illustration of the different type of the respiratory tract problems.

Table 5: Respiratory Tract Infection

Health problem	**Girls**	**Boys**	**Total**	**% of total children**
Cough	1	1	2	1.26
Cold	2	1	3	1.89
Crepitation	1	0	1	0.63
Chest deformity	0	2	2	1.26
Total	**4**	**4**	**8**	**5.03**

Cough: 1.26% (n=2) of the children had cough. It is a sign of a respiratory disease. Coughs can also appear during fear and anxiety. A cough can be productive and non-productive. Symptoms of coughs include sleeplessness and muscular pains. Respondents were treated.

Cold: 1.89% (n=3) of the children had common cold. This condition is caused by a virus and is infectious. The symptoms include headaches, tiredness, weakness, muscular pains, an unproductive or productive cough, inflamed red throat and running nose. Respondents were treated at the hospital.

Chest Deformity: Only 1.26% (n=2) of the participants found with Chest Deformity with no breathing problems. There are various deformities. In pigeon chest the sternum is displaced anteriorly, increasing the anteroposterior diameter. Protruding sternum is depressed. The funnel chest is characterised by depression in the lower portion of the sternum. Compression of the heart and great vessels may cause murmurs. Barrel chest has increase anteroposterior diameter. The shape is normal during infancy. This is mostly observed in normal aging (Hockenberry & Wilson, 2013).

Crepitation: Only 0.63% (n=1) of the children was found with crepitations on the lungs. This condition may be due to abnormalities of the lung, pneumonia, fibroses, early congestive heart failure, and bronchitis. There are other abnormal sound like wheezing and rhonchi (Bickly & Bates, 2009). A study conducted by Gebers 1990 in Cape Town South Africa, on 159 children found that 37.1% perceived colds and chest pains as the main health problems. It was also confirmed that 69, 2% had a history of respiratory problems. A survey conducted on displaced children in Katmandu in Nepal by Pradhan (1990) found that the common medical problems affecting these children include respiratory tract infection. Out of a total of 100 children and average of 20 children receive treatment for cough and colds. Twenty (20) children out of one hundred children show signs of acute or chronic Tuberculosis.

Cardiovascular System: Only 1.26% (n=1) of the participants found having murmurs on heart and it ranked eleventh on the list of health problems. See table below.

Table 6: Cardiovascular problems

System	Health problem	Girls	Boys	Total	% Total children
Cardiac	Murmur	1	0	1	0.63

Mangla and Lange (2014) stated that heart murmurs could be distinguished from heart sounds to a longer duration. An abnormally narrowed valve, that obstructs the flow of blood, causes the blood to flow into another direction. Intensity refers to the loudness of the murmur, and is graded according to the Freeman & Levine, (1933) scale, from 1 to 6 (Orient, 2009). The participants were referred to the hospital for further management.

Gastrointestinal (abdomen) system: Table 7 displays the description of gastro intestinal problems detected in the participants.

Table 7: Gastrointestinal Problems

Health Problem	Girls	Boys	Total	% of children
Pain	5	2	7	4.40
Distention	1	0	1	0.63
Umbilical hernia	0	1	1	0.63
	6	3	9	5.66

Gastro intestinal problems were detected amongst 5.66% (n=9) of the children, of which abdominal pain were the highest 4.40% (n=7). This condition can be the cause of gastritis, gall stones, hepatitis, malaria, poisoning and ulcers. In children, it can also be due to worms and dysmenorrhea, pelvic infections and colitis. In this study, causes could be menstrual pain and worms (MoHSS treatment manual, 1994). Basnet (2001) conducted a study at Katmandu in Nepal on street children and found that intestinal diseases are common among them e.g. stomach ache and diarrhea. According to Di Lorenzo, Rasquin and Forbes, et al. (2006) the exact

prevalence of chronic abdominal pain in children is not known. It seems to account for 2% to 4% of all pediatric office visits. One study suggested that 13% of middle-school students and 17% of high-school students experience weekly abdominal pain. In the latter study, it was also noted that approximately 8% of all students had seen a physician for evaluation of abdominal pain in the previous year.

This study also revealed that 0.63% (n=1) of the participants had abdominal distention. This condition can be due to malnutrition, kwashiorkor, parasites, intestinal obstruction, hepatosplenomegaly, and obesity in children. Hepatosplenomegaly leads to fluid accumulation in the third spaces which could account for the distended abdomen.

Umbilical hernia Umbilical hernia was found in 0.63% (n=1) of the total participants. During the project it was mentioned that the child will be observed, and if no regression, surgery will be considered. This condition is found in babies (Venclauskas, Jokubauskas, Zilinskas & Kiudelis, 2017). This condition heals spontaneously up to the age of three to six years otherwise the hernia must be surgically removed. Umbilical hernias are commonly found in infants and children. An umbilical hernia is a bulge of intraabdominal organs through an opening in at the base of the umbilicus (belly button). This occurs when abdominal muscles fail to come together forming an opening called an umbilical ring. The size of umbilical hernias varies from child to child (Paediatric Surgery, 2016).

Lower Limbs problems: This study revealed that 3.14% (n=5) of the participants were found with lower limbs problems, of which 0.63 (n=1) were creaking of knees; 0.63% (n=1) were Old fractures knee, Corns were 0.63% (n=1), and injured legs were 0.63% (n=1). Leg fracture may be caused by a fall, car accident, or sports injury. Leg fractures are commonly seen in small children learning to walk and are known as a toddler's fracture. This is a twisting injury that causes a fracture of the tibia and is due to a toddler's unsteady walk. Stress fractures are caused by regularly doing sports or physical training (Truven Health analytics INC, 2016).

Endocrine system problems: 3.14% (n=5) of the participants were found with endocrine systems problems, whereby Submandibular glands were 2.52% (n=4). The paired submandibular

glands are major salivary glands located beneath the floor of the mouth. They each weigh about 15 grams and contribute some 60–67% of unstimulated saliva secretion; on stimulation their contribution decreases in proportion as the parotid secretion rises to 50% (Carlson, Ord & Blackwell, 2008).

Problems with hand sweating: Only 0.63% (n=1) of the participants was found with the problems of hand sweating. Congenital defect were 1.26% (n=2) of which 0.63% (n=1) had slow movements and 0.63% (n=1) found with features of Down syndrome.

Social Needs: This study revealed that most of the children 97% (n=154) were non- smoking, only 3.14% (n= 5) smoked regularly. All 159 (100%) of respondents stated they did not use marijuana (dagga) or drugs, only 4% (n=7) participants indicated that they consume alcohol in form of hard liquor, while 4 (2.5%) of the participants consumed wine only.

Furthermore, this study revealed that 3.14% (n=5) of the older children (16-19 years of age) were sexually active and all participants indicated that they use protection in form of condoms and contraceptives (injection). Only 0.63% (n=1) participant suffered from sexual transmitted disease namely HIV/AIDS.

Regarding knowledge on sexual transmitted diseases, only 4.4% (n=7) of the participants indicated that they are aware of gonorrhoea and syphilis respectively. Few of the participants 17.6% (n=28) indicated that they are aware of HIV/AIDS and the ways of contracting it.

Conclusion

The findings of the study made it possible to highlight certain problems and make recommendations with regard to the health status and social needs of foster children. The study revealed that there were various health problems among foster children that need health attention. Ear, nose, throat and mouth problems were the highest, followed by the eye- problems and skin problems. Children are also suffering from social problems that include smoking and drinking of alcohol. It also revealed that most of the children have limited knowledge on sexual transmitted diseases.

Recommendation

The community health nurses should visit the foster homes regularly in order to detect health problems as early as possible and to provide health education to the children on topics like teenage pregnancies, smoking, drug use, sexual transmitted disease and general hygiene.

The caretakers that are caring for the displaced children in foster homes should be encouraged to take any sick child to the nearest health facility for early assessment and treatment. The caretakers should also to take all under 5 years old children to the health facilities for growth monitoring at least once a month.

Politicians and government leaders should be obliged to contribute to the elimination of the causes of poverty, unemployment poor housing misery and abandoned children.

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Competing interests

The authors declare that they have no financial or personal relationship(s) which may have inappropriately influenced them in.

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