

PERCEIVED SOCIAL HEALTH NEEDS FOR ACHIEVEMENT OF OPTIMAL HEALTH AMONG VULNERABLE CHILDREN IN BENIN CITY, EDO STATE

By

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Abstract

This study was aimed at examining the perceptions of vulnerable children with respect to the social health needs necessary for achieving their optimal health. The descriptive survey research method was adopted and sixty six vulnerable children were randomly selected to respond to the variables of social health needs such as love and belonging needs, esteem needs and self-actualization needs. The sampled respondents responded to a 21-item researcher-made questionnaire. Three research questions were raised and frequency counts and percentages were used to provide answers to them. With a benchmark of 50% and above or below in three centres for acceptance and rejection, results indicated that vulnerable children perceived that social health needs are necessary for achieving their optimal health. Based on the findings, it was recommended that stakeholders should pay regular visits to vulnerable children in their homes and in the process show them greater love and care, respect and acceptance. Government should build recreational and vocational centres for them so that vulnerable children would have a sense of belonging with members of the larger society.

Keywords: social health needs, vulnerable children, optimal health

Introduction

Vulnerability is a broad and complex term to define depending on the present context in which it is used. Vulnerability often includes disabled or destitute children and those in working conditions as in South Africa; and categories of children who could benefit from policy and support provisions as in Botswana, Rwanda and Zambia (Smart, 2003). The concept of vulnerability is not restricted to children only, but is often used to refer to households and other adults.

Vulnerability could arise as a result of different causes such as double or single HIV/AIDS orphanhood, poverty, neglect, handicap, disabilities, armed conflict, sexually abused or exploited, affected or infected by HIV/AIDS, early marriages, destitute, victims of crime, and poor housing standard and many others. From the above categories, vulnerability and orphanhood are often used interchangeably in many societal contexts as Orphans and Vulnerable children (OVC). It

is generally clear that there is a merit in distinguishing between different causes of orphanhood and vulnerability, only as far as this allows for a better understanding of circumstances, vulnerability, and need (Smart, 2003). Nonetheless, the idea of whether a child has lost one (single) or both (double) parents to HIV/AIDS or from some other causes should not be used as a yardstick to exclude certain categories of children from being considered as vulnerable to earn support.

In Nigeria, persistent crippling epidemic of HIV/AIDS means that vulnerability, as a term, cannot be analyzed without reference to orphanhood as earlier indicated. The number of OVC in Nigeria is estimated at 17.5 million, out of which 7.3 million are orphaned by HIV/AIDS (Uneze, 2010). The rate of increase of OVC in Nigeria suggests that traditionally, children who are double/single orphaned would be incorporated into a relative's home with reduced numbers of

caregivers and porous extended family structure. The complexity of poverty restricts OVC from accessing basic needs of life.

Many vulnerable children face significant challenges to their social, emotional, economic and cognitive development because they are more likely to be exposed to impaired parenting, family stress and family and community violence than their non-vulnerable peers (Knitzer, 2000; Brooks-Gunn & Duncan, 1997). With the death of a parent, children experience profound loss, grief, anxiety, hopelessness with long-term consequences such as psychosomatic disorders, low self-esteem, learning difficulties and disturbed social behavior (Smart, 2003). The social, economic and psychological impacts of AIDS on children combine to increase their vulnerability to a range of consequences including HIV infection, lack of education, poverty, child labour, exploitation and unemployment. With death from HIV/AIDS, stigma and discrimination with respect to access to education, employment, credit, health care, land, and

inheritance are paramount.

In most sub-Saharan African countries, policy guidelines have shaped responses to the challenge of OVC. The process of development on OVC policy for Nigeria in order to respond to the social challenges of OVC has been slow (Ibe, 2004). Hence, a rational and urgent commitment is needed to address OVC situation in Nigeria with regard to the social well-being of vulnerable children.

Based on the above, the purpose of the study was to determine how the optimal health of vulnerable children would be achieved through their perceived social health challenges. Three research questions covering love and belonging needs, esteem needs and self-actualization needs were posed to guide the study.

The significance of study, if well disseminated, would be beneficial to vulnerable children in Benin City. This is because all stakeholders, concerned with the social well-being of these children, would see the urgent need to provide for their social health in terms of putting both material and human resources in place.

Methodology

The study adopted the descriptive survey research method. The survey according to Nworgu (1991) specifies how data relating to a given problem should be collected and analyzed.

The population of the study comprised all the vulnerable children between the age ranges of 10-19 years in Benin City. These included children from five different orphanage homes. A sample of sixty six respondents was used.

The instrument used for data collection was a close-ended researcher-made questionnaire. The face validity of the instrument was established by three experts in health education. This process was meant to ascertain the precision of language, and appropriateness of the items in relation to the study. The reliability of the instrument was also established by using the test-retest method and a correlation coefficient of 0.69 was obtained with the Pearson Product Moment Correlation method. Copies of one hundred questionnaire were administered by the aid of five

trained research assistants. The copies of questionnaire were retrieved immediately. Upon collection, only sixty-six (66) copies were retrieved out of the one hundred (100) that were sent out representing 66% return rate. Of the 66 copies, some of the items were not responded to, even after the pilot study. These are evident in the various tables. Reasons given by their care givers ranged from the possibility of using data for researcher's financial interests, and to the fact that vulnerable children, in some centres, were below the age of 10 and caregivers were unwilling to respond on their behalf.

Data were analyzed using frequency counts and percentages. A benchmark of 50% and above or 50% and below in a maximum of three centres was considered worthy for acceptance or rejection of an item. The love and belonging needs, esteem needs and self actualization needs constituted the social health needs of vulnerable children (see Tables 2, 3 and 4).

Results

Table 1: Demographic characteristics of Respondents

Demographic characteristics	Orphanage Home A (n=8)	Orphanage Home B (n=14)	Orphanage Home C (n=33)	Orphanage Home D (n=5)	Orphanage Home E (n=6)
AGE					
10-14	87.5	100	49.5	80.0	100
15-19	12.5	Nil	50.5	20.0	Nil
SEX					
Male	87.5	71.4	24.2	20.0	33.3
Female	12.5	29.6	75.8	80.0	66.6
No of parents owned:					
None	57.1	Nil	27.3	80.0	100
One	12.9	71.4	13.6	20.0	Nil
Two	30.0	28.6	59.1	Nil	Nil

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Table 2: Love and Belonging needs of Vulnerable children for achievement of Optimal Health

S/N	Item	Orphanage Home A (n=8)			Orphanage Home B (n=14)			Orphanage Home C (n=33)			Orphanage Home D (n=5)			Orphanage Home E (n=6)		
		Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*
1.	Someone loves me	08(100)	-	08(100)	14(100)	-	14(100)	28(84.8)	05(15.2)	33(100)	05(100)	-	05(100)	06(100)	-	06(100)
2.	I am accepted by people	08(100)	-	08(100)	14(100)	-	14(100)	26(83.9)	05(16.1)	31(100)	05(100)	-	05(100)	06(100)	-	06(100)
3.	I am respected by people	07(87.5)	01(12.5)	08(100)	13(92.9)	01(07.1)	14(100)	24(82.8)	05(17.2)	29(100)	05(100)	-	05(100)	06(100)	-	06(100)

*Based on the number of responses per item

From Table 2, 100% each of the respondents are loved by someone, accepted and respected by others from Orphanage Homes D and E. Higher proportions of 87.5%, 92.9% and 82.8% respondents in Homes are respected by others; 100%, 100% and 83.9% are accepted by people; 100%, 100% and 84.8% are loved by someone respectively in Homes A,B and C. It implies that love and belonging needs are important components of social health that can achieve optimal health of vulnerable children.

Table 3: Esteem needs of Vulnerable children for achievement of Optimal Health

S/N Item	Orphanage Home A (n=8)			Orphanage Home B (n=14)			Orphanage Home C (n=33)			Orphanage Home D (n=5)			Orphanage Home E (n=6)		
	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*
4. I have friends	8(100)	-	8(100)	14(100)	-	14(100)	28(87.5)	04(12.5)	32(100)	05(100)	-	05(100)	06(100)	-	06(100)
5. I am recognized by people	7(87.5)	1(12.5)	8(100)	13(92.9)	01(07.1)	14(100)	22(68.8)	10(31.2)	32(100)	05(100)	-	05(100)	06(100)	-	06(100)

*Based on the number of responses per item

In Table 3, it could be observed that 100%, 100%, 87.5%, 100% and 100% respondents have friends in Homes A, B, C, D and E respectively. Similarly, 87.5%, 92.9%, 68.8%, 100% and 100% respondents are recognized by other people. From the observation, esteem needs are important components of social health needs that can achieve optimal health of vulnerable children.

Table 4: Awareness of self actualization of vulnerable children for achievement of Optimal Health

S/N Item	Orphanage Home A (n=8)			Orphanage Home B (n=14)			Orphanage Home C (n=33)			Orphanage Home D (n=5)			Orphanage Home E (n=6)		
	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*	Yes (%)	No (%)	Total*
6. Awareness Self-actualization such as job satisfaction	07(87.5)	01(12.5)	8(100)	13(92.9)	-	13(100)	27(87.1)	04(12.9)	31(100)	05(100)	-	05(100)	-	06(100)	06(100)

*Based on the number of responses per item

From Table 4, 87.5%, 92.9%, 87.1% and 100% respondents, from A, B, C and D respectively, are aware that self-actualization is an important component of social health need which can achieve optimal health of vulnerable children.

Discussion

The basic needs which are essential for human survival and growth, were initially theorized by Abraham H. Maslow (1908-1970). These needs are hierarchically arranged according to their importance for survival and motivation of the individual, placing physical/physiological needs at the base and self-actualization at the apex. The most basic physiological needs such as food, water, or oxygen must be satisfied before any individual can opt for higher level needs such as needs for safety, love and belonging, esteem and self-actualization. The physical needs have less power to motivate individuals, and they are more influenced by formal education and experiences of life.

However, Maslow's emphasis on a strict hierarchy of human needs has been criticized in many quarters (Hofstede, 1984) because it has never been empirically proved. The relationship between motivation and external behavior in human beings are more complex than the theory allows. An individual

can opt to satisfy simultaneous needs for safety, love, food, and self-esteem. Someone who has his or her lower needs met may not opt for fulfilling higher needs and this is often determined by drive and motives. For some, love and safety needs take paramount values while others' needs are differently motivated.

This study has been able to unveil that a dynamic relationship exists between all needs. First, this study revealed that vulnerable children perceived that love and belonging needs which are important components of their social health need may help them in achieving optimal health. This is in support of the New York Reuters Health (2005) that feeling loved and supported by family and friends appear to protect the individual. The study is also consensus with that of Kendler (2005) that it is a deep human need to be loved and cared for. Second, findings also showed that a large proportion of vulnerable children perceived that esteem needs, which are also a vital component of social health need, are necessary to achieving their optimal health. Kendler (2005) observed that man is often socialized to develop a sense of self from their relationships.

For individual to have high self-esteem, he or she must have the need to be respected, and to have self-respect, must be accepted and valued by others, must gain recognition,

must have a sense of contribution and be in a profession. Third, it was also evident from the study that self-actualization, as an important component of social health need, is an essential predictor of optimal health of vulnerable children. The awareness of self actualization pertains to what a person's full potential is as well as realizing that potential such as being an ideal parent, athletic competent and painting skill. To reach this understanding, one must not first achieve the previous needs; physiological, safety, love, and esteem, but master these needs (Maslow, 1954). The inability of the individual to satisfy love and belonging needs and esteem needs could lead to psychological imbalances such as depression, inferiority complex, weakness, helplessness, and hopelessness.

Conclusion and Recommendations

The needs of an individual are dynamic in nature. They can shift and interact with each other as a result of changes in age, experience, socio-economic status, gender, ethnicity and social trends. Hence, there is the need for regular assessment of individual health needs. There exists a relationship between social health needs (love and belonging needs, esteem needs and self-actualization needs) and optimal health as perceived by the vulnerable children.

Based on the findings of the study it was recommended that vulnerable children should be shown greater love, respect, given better care and accepted by all and sundry. The government, non-governmental organizations and individuals should intensify efforts for a better recognition of vulnerable children. Government should build recreational and vocational centres in orphanage homes and sensitize all stakeholders to pay regular visits to these children on weekly rather than on annual basis.

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INCREASING VIOLENCE IN SPORT: A THREAT TO SOCIAL HEALTH

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1918
The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1918, at the residence of Mr. J. H. [unclear] in the city of [unclear] State of [unclear].

Mr. J. H. [unclear]
Mr. [unclear]
Mr. [unclear]

Mr. [unclear]
Mr. [unclear]
Mr. [unclear]

Mr. [unclear]
Mr. [unclear]
Mr. [unclear]

Mr. [unclear]
Mr. [unclear]
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Mr. [unclear]
Mr. [unclear]
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Mr. [unclear]
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Mr. [unclear]
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Mr. [unclear]
Mr. [unclear]
Mr. [unclear]

Mr. [unclear]
Mr. [unclear]
Mr. [unclear]