

Assessment of Health Status of Children with Cancer who Undergo Chemical Therapy

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Abstract

Purpose sample of 65 parents to assess their children with cancer who undergo chemotherapy in Child Central Hospital / Al-Asscan / in Baghdad City to determine the psychological, physical, social and nutritional aspects from 25 /10/ 2016 to 24 /4 /2017. Information was collected through direct interview with parents and analyzed by application of descriptive statistical and Chi square.

Results of the study indicated that high percentages concerning to psychological aspect (Measures to treat anxiety); psychological aspect (prepare child to provide chemotherapy); social aspect (Provide Social support) and Nutritional aspect (Daily diet as recommended). There was no significant differences between health status according to their aspects.

Based on such results many studies may be recommended for standing on health status of children. Health education and awareness programs can be design on chemotherapy and needs of children's cancer to increase awareness of parents.

Key words: *Health Status, Children with Cancer, Chemotherapy.*

Introduction

Cancer defines as abnormal growth of cells that not control. The cells can spread by blood and lymph. There are many kinds of cancers [1]. Some of them have not stopping and spread into surround tissues .Cancer in children the same parts of body such as other populations. It can occur sudden, no early signs and symptoms, need to high rate of cure and dealing with carefully. Most common cancer in children is leukemia. Treatment of cancer that affect included surgery, radiation and chemotherapy therapy [2, 3].

Childhood cancer is mostly common and distributed under eighteen. Cancers are rare in children. Overall, incidence rates of them has different across the world [4]. Almost, children with cancer can survive and healthy lives. So, the children in low-income countries do not complete nursing care or treatment plans [5]. A report of IARC (2016) state that there are many of cancers in the world are diagnosed as a children cancer who under of nineteen of age annually [6].

Chemotherapy is effective drugs that used in treatment of cancer. The types of treatment of cancers in children depends on level of cancer stage, type and its spread of disease [7,8] patients with cancer and their parents have many of health problems when chemotherapy is receiving, it may be coordinated the treatment program through medical team.[9]. The responsibility of health team is to management of signs and symptoms, providing support when starting of diagnosis. Parents in hospital may receive counseling, education about management of side effect, providing treatment plans and support for psycho-social needs [10].

A program has improved medical care plans to children cancers. Such care can help children and their parents to identify clinical health, screening, investigations, problem's health and how to treat side effects [11]. World Health Organization acts as measures prevention of childhood cancer that promote national care plans and programs that can prevention, diagnosis and treatment measures [12].

Material and Method

A descriptive study which used an assessment approach was implemented on children in Al-Asscan Central Child/ in Baghdad City to assess of psychological, physical, social, and nutritional aspects of children with cancer who undergo chemotherapy and find out of relationships between demographic data with aspects of their health status from 25 /10/ 2016 to 24 /4 /2017.

Purposive selection of (65) parents and their children. Data was receiving through direct interview from the parents by using of a questionnaire tool that consist of six parts. Demographic data of the sample, aspects of psychological, Physical, social and nutritional. Validity of the questionnaire was determined through the 3 experts. Data was collected by personal interview and analyzed by application of frequencies, percentages and Chi square.

Findings

Table 1: Distribution of parents and their children according to demographic characteristics

Variables	Frequency (F) 65	Percentage (%) 100
Gender parents / Mothers (most) children / Giles (most)	53 39	81.5 60
Age Parents / 30-40 years (most) Children / More than 3 years (most)	33 32	50.8 39,3
Education Status parents /Intermediate School (most)	25	38.5
Employment Status Un Employment (both parents)	47	72.3
Duration in Hospital Less than 3 months (most)	43	66,1
Type of disease Leukemia	35	53,8

The finding indicated that majority of mothers (81.8 %), in years of 30-40 (50.8%) at Intermediate School 38.5%. High percentage of them was un Employment (72.3%). So, more than half of children was Giles (60%), more than 3 years (49.3%), almost of them 66.1% while hospitalized of 3 months (49.3%) with type of disease is Leukemia at (53.8%).

Table 2: Assessment of psychological aspect of the sample

Items	Psychological aspect				Total	%
	Yes		No			
	F	%	F	%		
Consultation services	41	63.1	24	36.9	65	100
Psychological support	46	70.8	19	29.2	65	100
Measures to treat anxiety	48	73.8	17	26.2	65	100
Measures to control stress	38	58.5	27	41.5	65	100
Help to problem solving approach	39	60	26	40	65	100

P value 0.05 Chi square 0.233

This table indicated that high percentages of psychological aspect was (Measures to treat anxiety 73.8%) .

Table 3: Assessment of physical aspect of the sample

Items	Physical aspect				Total	%
	Yes		No			
	F	%	F	%		
prepare child to provide chemotherapy	57	87.7	8	12.3	65	100
Provide education before chemotherapy	41	63.1	24	36.9	65	100
provide care during chemotherapy	39	60	26	40	65	100
Provide education after chemotherapy	48	73.8	17	26.2	65	100
Offer medications as order	52	80	13	20	65	100
Medications are available	53	81.6	12	18.4	65	100
Child was better in hospital	47	72.3	18	27.7	65	100
Awareness about side effects of chemotherapy	53	81.6	12	18.4	65	100
Provide Nursing – medical care	51	78.4	14	21.6	65	100
Prepare child to Lab. Investigations and Procedures	53	81.6	12	18.4	65	100

P value 0.05 Chi square 0.455

This table indicated that high percentages of psychological aspect was (prepare child to provide chemotherapy 87.7%) .

Table 4: Assessment of social aspect and Nutritional aspect of the sample

Items	Social aspect				Total	%
	Yes		No			
	F	%	F	%		
Family visits are found	39	60	26	40	65	100
Provide Social support	48	73.8	17	26.2	65	100
Role of child in their families	21	32.3	44	67.7	65	100
Have friends are play with him in hospital	24	36.9	41	36.1	65	100
Have social stigma due to disease	31	47.6	34	52.4	65	100
Have social activities	21	32.4	44	67.6	65	100
Items	Nutritional aspect				Total	%
	Yes		No			
	F	%	F	%		
Provide 6 meals of diet	37	56.9	28	43.1	65	100
Diet is soft & balance	34	52.4	31	47.6	65	100
Daily diet as recommended	41	63.1	24	36.9	65	100
Receive diet before chemotherapy dose	36	55.3	29	44.7	65	100
Not nutritional problems due to disease	27	41.6	38	58.4	65	100
Diet is regular and contains water	29	44.7	36	55.3	65	100

P value at 0.05 Chi square 0.991

This table indicated that high percentages of social aspect was (provide Social support 73.8%).so high percentage of Nutritional aspect was (Daily diet as recommended 60%)

Discussion

Results in Table 1 agreed with statement of child care plans that including treatment, and observe of child to return a normal life. As well as; signs and symptoms

of an infection and measurers to prevent infections disease)^[13]. Also, parents of children must be providing information and suggestions to help when children with cancer know what to expect ^[14]. Results supported too through the leukemia in childhood account for twenty-nine percent of all cancers who under 14 of old in 2018^[15,16].

Results in Table 2 supported with that the stress and anxiety was depending on their situation of children.

Anxiety may be highest level when a child and their parents was waiting for results of diagnosis or waiting treatment to start)^[17]. Feelings of these aspects are mostly common in such people to these life change experience^[18].

Results in Table 3 supported by results that explain of prepare and monitoring health of children allows health professionals to assess the impact health intervention and prevention programs and identify needs of children^[19]. Parents of children need to parental tasks because they plays vital role when providing medical care and prepare child to chemotherapy. These procedures due to major source of anxiety and stress for both children and parents^[20].

Results out of Table 4 agreed with the statement of Parents and both nurses and health professionals in hospitals should pay special attention in case of social support in order to offer access to different kinds of support to children with cancer^[21]. Such children who receiving high psycho-social support tends to feel less anxiety^[22].

Results in Table 5 indicated that high percentages of Nutritional aspect of the sample (Daily diet as recommended according to order 60%). This result agreed with statement of many kids undergoing cancer treatment tends to eat less and lose body of weight because their appetites are affected^[23]. Such issues supported with the term of healthcare that may be ask questions about health diet, weight history, counseling and diet changes are made to improve the condition of patient's nutrition^[24].

Conclusion

The study concluded that there is disparities in assessment of health status of children who are infected with cancer and who are undergo to chemotherapy, but in general it is good for the living conditions of the challenges and pressure. Which confirmed its recommendations that health programs can be design on chemotherapy of cancer, side effects and children needs related to bio-psycho-social aspects and nutritional need to promote their health services.

Conflict of Interest: non

Source of Finding- self or other source: Self

Ethical Clearance: Formal approvals were made for the administration of the Central Child Hospital in order to meet the sample of the research. The parents were interviewed by the researcher and distributed questionnaires and observations of their children to assess their health status. The patient parents were cooperating with the researcher, not record any difficulties in this study.

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