

Family Related Vulnerability: Vulnerability of Tribal Children in Families Living under Parental Care in Kerala.

VS Kochukrishna Kurup¹, Dr P. Rangasami², Vishnu R³, Shiju K K⁴

¹ School of Social and Behavioural Sciences, Amrita Vishwa Vidyapeetham

Amritapuri, India

²School of Social and Behavioural Sciences Amrita Vishwa Vidyapeetham, Coimbatore, India

³Tribal Assistant, Tribal Development Department

⁴Assistant Professor, Inter University Centre for Disability Studies, Mahatma Gandhi University, Kerala, India

Abstract: Neglected and Abandoned Children are the most vulnerable group in any society. However, a large segment of children face vulnerability in the family, even under parental care. Family-related vulnerabilities are inherently varied due to the diverse lifestyles and cultures across different tribal groups. The present study is a pilot study focused on assessing family-related vulnerabilities of children from a tribal village in Wayanad, Kerala. The research data was collected from a sample of 45 children from three tribal hamlets using interviews and the Score Vulnerability Assessment Tool. Results of the study showed that the difference in family-related vulnerability to life conditions among male and female children is negligible, where most male and female children fall in the moderate to severe range of exposure. The findings disclose that 87% of children in the sample used some kind of substance ($p < 0.05$), with a significant score for the high rate of alcohol and substance abuse.

Keywords: Family related vulnerability, Child vulnerability, Tribal children, Parental care,

1. INTRODUCTION

Vulnerability generally can be defined as an individual or group's diminished capacity to anticipate, cope with, resist and recover from the impact of natural or man-made hazards [1]. Vulnerability is a condition of inability to resist the effects of an adverse environment. It is commonly associated with people who are more exposed to the parameters of vulnerability than their peers, and its strength is highly relative to time and region [2]. Social vulnerability is considered to be the inability of people, organization and society to make adjustments to the problematic social situation [3]. Social Vulnerability can manifest as poverty, lack of protection, social security, unemployment, illiteracy, health issues, etc. Social vulnerability can also manifest as the deprivation of basic needs and exposure to situations that violate human rights. Vulnerability ranges from diminishing resilience to complete defencelessness. [4]

1.1. Children's vulnerability

The United Nations Convention on the Rights of the Child (1989) recognizes the vulnerability of children as follows: those at risk of child abuse, exploitation, neglect and general violation of human rights [5]. Children are generally unaware of and lack the tools and vocabulary to claim their own vulnerability. Central to child vulnerability are the issues of neglect, abandonment, and exploitation [6]. A large number of children around the world are growing up without adequate care from one or both of their parents who live in utter poverty. If the parents are under pressure to combat resultant poverty, they are unintentionally violating children's rights. [7]

1.2. Vulnerable children in India

Owing to the fact that India is the second most populated country in the world (following China), India is home to the largest population of children - that is, individuals below 18 years of age at 42% of the population. It follows that India also has the highest number of neglected or abandoned children who are in need of care and protection due to inadequate or non-existent parental care. A well-structured system is functioning in the country for the care and protection of vulnerable children under the Integrated Child Protection Scheme (ICPS). The ICPS consists of the following authoritative bodies that work collaboratively to address issues of child vulnerability: District-wide Child Protection (CP) Units, the Child Welfare Committee, the Juvenile Justice Board and the Special Juvenile Police Unit headed by CP officers.

2. REVIEW OF LITERATURE.

2.1. Family Related Vulnerabilities

Family-related vulnerabilities include four major elements: a Lack of Protection, Food security, and Economic strengthening of Family and Family strengthening for critical services. Children are at risk of vulnerability if they are engaged in substance abuse, if they have a teenage mother, or parents are homeless or jobless. Malnutrition among tribal children has become a major risk factor for illness and related vulnerability.[8] Addressing the issues of food availability, childbearing, family planning, wealth accumulation, and economic strengthening of the family through an integrated approach to be beneficial for the empowerment of family members.[9]

The educational status of tribes has been very poor, descendant from remote isolation and inaccessible communication super-imposed by superstitious beliefs. Socioeconomic factors contribute to negligible interest among parents and even grandparents to send their children to school, even if accessible in the close vicinity of their dwelling locations.[10] Dire hopelessness and alcohol addiction demotivate tribal parents and elders in augmenting the educational prospects of their children [11].

Despite government schemes that mandate children to attend school through financial incentives, such as bicycles, school uniforms, and scholarships, access to these schemes was not based on tenets of equal opportunity. [12] Family strengthening services are considered to be a key area where children receive all the required minimum facilities for their normal growth and development, such as food, health care, education, psychosocial support and economic self-sufficiency of the family. [13]

Among the various aspects of child vulnerability, this study will focus on protection, food security, economic strengthening of the family and the critical services provided by the family. So, an examination of the family-centred vulnerabilities of tribal children is of crucial significance, considering the poor health and educational status of tribal children.

3. METHODOLOGY

3.1. Statement of the Problem:

‘Large sections of children under parental care are vulnerable members in the family’, is a generally observed phenomenon in tribal society. The family-related vulnerability, based on protection factors, includes exposure to child labour, various forms of abuse, and neglect on one side and protection from substance abuse, diseases and disabilities on the other side. Food security is another factor which assesses the availability of adequate nutritious food at regular intervals. The next factors that contribute to family vulnerability are Economic strengthening and Family strengthening.

3.2. Objectives of the Study

The main objective of the study is the overall assessment of the life vulnerability of tribal children focusing on four primary domains encompassing the children's vulnerability within the family context. Each of these dimensions serves as a distinct research objective, delineating specific aspects of the study's investigation. Additionally, this study seeks to analyze the interrelationships between various interconnected variables relevant to the research inquiry.

3.2.1 General Objective

To assess the extent of family-associated vulnerability experienced by tribal children who are under the care of their parents.

3.2.2. Specific objectives

- To assess the status of the protection level of tribal children
- To analyse the status of food security among tribal children.
- To appraise the status of the economic resilience and stability of tribal households
- To analyse the level of availability of family-strengthening critical services to children

3.3. Participants and Procedures

The objective of the study was to identify the level of family-related vulnerabilities of tribal children. Three tribal hamlets in the district of Wayanad, in Kerala, India, were selected for the study. Wayanad has the largest tribal concentration in the State (18.5%) [India Census 2011]*. The subjects of the study were 45 children selected from three hamlets of the tribal village through purposive sampling (60% male, n=27, and 40% female, n=18) along with their parents, obligatory for responses to specific queries mentioned in the tool. The child respondents were between the ages of 6 and 18; their participation was voluntary and confirmed via informed parental consent. The data was collected over the course of one month. The researcher encouraged the respondents to respond honestly; confidentiality of the information provided was assured.

*Census 2011, Directorate of Census operations in Kerala

3.4. Measures

This study assessed the level of vulnerability of tribal children under parental care using the Score Vulnerability Assessment Tool [14], which measures the vulnerability of children through the following parameters: self-protection, food security, the child's family's capacity for economic independence, maintenance of close family ties, and capacity for provision of critical services to children. Each interview took an average of 60 minutes per child to complete.

(a) *Score Vulnerability Assessment Tool*

The vulnerability assessment tool (VAT) used in the study is an instrument comprised of 32 indicators under five parameters, zeroed in on the social and economic indicators that provide an appraisal of the life status of a community. The Sustainable Comprehensive Response for Vulnerable Children and their Families (SCORE) project in Uganda developed this vulnerability tool in 2013, a quantitative instrument used to reach its goal of vulnerability assessment successfully. Albeit incapable of determining the causes of the vulnerability, this vulnerability tool can identify the sources of vulnerability and gauge their extent [15]. This tool functions within pre-set limits of specific definitions of vulnerability. Therefore, the results of the study cannot be generalised arbitrarily. As the village tribes have a special status in society and they reside in close proximity to the larger society, they receive government support services. VAT is based on a set of vulnerability indicators applicable to a selected segment of the native population to assess their levels of vulnerability. The tool was translated to the local language (Malayalam) before the data collection.

(b) *Protection*

Self-protection, as one of the parameters of vulnerability assessed by VAT, refers to the extent to which children are able to fulfil their basic needs and tackle harmful situations when they are at the stages of development. Self-protection broadly indicates the child's capacity to lead a healthy life within a family. The primary vulnerability factor associated with protection in a family is a negative life event, resulting in a negative response from the rest of the family members. [16] Vulnerability is closely related to the poverty or living conditions of a person. Self-

protection in this study relates to children's behaviour against the use of substances, smoking, and the use of alcoholic drinks.

(c) Food security:

Food security is another domain of the study and refers to the availability and accessibility of food to children. The World Food Summit (1996) defined food security as “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life. “The concept of food security is commonly interpreted as the physical and economic access to food. In this report, food security for children was concerned with various food options available to children for healthy growth and development. The Government of India has been unsuccessful in solving food insecurity issues of the marginalized sections of society. [17].

(d). Economic Strengthening

The third dimension of the study addresses economic constraints that contribute to child vulnerability. This dimension assesses primary household income. The study examined the family budget, which includes the monthly family income and expended items for the development of the family: education of the children, medical services, unexpected (emergency) expenditure, etc. This information was collected from the parents as well. The preference given to male children by the parents is directly related to the economic strengthening of the family[18]

(e). Family strengthening

The fourth dimension of vulnerability is related to family strengthening. When parents are unable to fulfil the basic requirements of their kin, children are at much greater risk of being abandoned. Family strengthening Critical services encompasses the education of children, child health, parent's health status level parent index of the children, etc. Strengthening the family is essential for providing support to children in reducing their vulnerability. [19]

4. Results and Discussion

The major findings of the study discussed in this paper related to the 4 major parameters for the overall assessment of vulnerability. The following section presents the results of the study organised according to the identified themes. The results are analysed by categorising it into three levels of vulnerability viz. severe, moderate and low levels. Severe vulnerability needs immediate and continuous support from the family. Moderate means they still need support but not too serious condition.

4.1. Overall Vulnerability

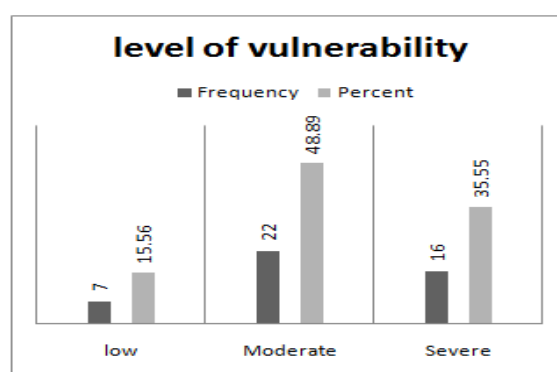


Figure No.1. Level of Overall Vulnerability among Tribal Children

Figure 1 shows that about a third (35.6%) of the respondents have a high level of vulnerability, while almost half (49%) have a moderate level of vulnerability, with only 16 % in the category of low-level vulnerability. The graph shows that a greater majority of children are vulnerable in the four major domains of family-related conditions. A significant difference (Kruskal Wallis Test significance $P > 0.531$) in the level of overall vulnerability could not

be found between male and female children. The vulnerability in issues related to child protection factors was considerably less, with 67 % of both male and female children in the low-level classification.

4.2. Type of Family and Level of Vulnerability

Children belonging to different types of families show a significant demarcation between them viz. Joint, Nuclear and Extended. The joint family have parents and grandparents living together with children, Nuclear family have only parents and children. An extended family means more than one family lives under a roof [20]. A severe level of vulnerability was observed in most children from Extended families (54.5%), while the rest have a moderate level of vulnerability. Parental care seems to be more in the nuclear family than joint family. [21]. A noteworthy result related to family strengthening services shows - that 37.6% of children did not have food at night before going to bed due to the non-availability of food. The overall level of vulnerability among children has shown significant differences depending on the type of their family.

4.3. Education and level of Vulnerability

82.2% of the respondents reported being in school, ranging between fifth and tenth grades. A major finding of this study was that children studying in the 'Plus one' and 'Plus two' grades were exposed to moderate or severe levels of vulnerability, whereas children in the lower classes showed a low level. Thus, the vulnerability was found to increase with the increase in the level of education. This implied that the increasing needs of the children who ascend to higher classes in their education are not properly met by the parents.

4.4. Vulnerability to protection

Considering the indicators of vulnerability to lack of protection, 27% of children were engaged in child labour, 9% underwent physical abuse or neglect, while 91% of children did not receive any kind of legal assistance in cases of neglect, abuse, or property-grabbing issues. In among the 45 respondents, 13% of children had some kind of disability, mainly deaf.

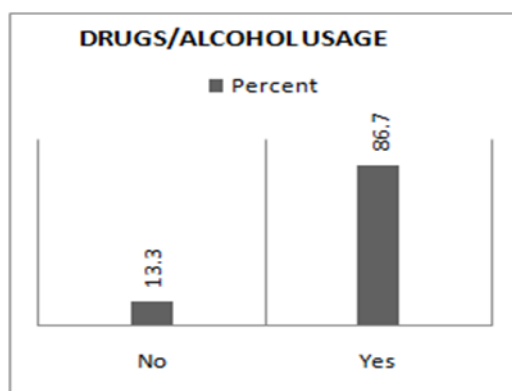


Figure 2 Use of substance and alcohol

Though tribal children were less vulnerable to most of the protection indicators, they showed a very significant result in the use of alcohol and substance abuse. 87% of children used some kind of substance (Kruskal Wallis Test significance $p < 0.05$), which included locally available intoxicants and sniffing gums. Parental supervision of children was less, and even the grandparents promoted the traditional habit of chewing 'pan masala' [betel leaf with a mixture of ground Indian spices], as a common practice among the tribes. This encouraged the children to indulge in substance abuse and alcohol on a daily basis. A school-level intervention with regular screening of children is effective in reducing vulnerability. [22].

In the case of physical disability of children, the significant level is very high ($p < 0.032$) among 14% of children. The situation of increasing disability of children was a very severe condition that increased the vulnerability. Most of the disabled children were found to be disabled from birth.

4.5. Food Security and Vulnerability

With respect to the factor of food security, the vulnerability level of female children was higher compared to male children. 83% of female children were more or less equally distributed in the moderate and severe levels but only 48% of male children exhibited the same result. A significant difference ($P < 0.05$) was evident in the availability of food and nutrition for male and female children. Vulnerability to food security is higher among girls than boys.

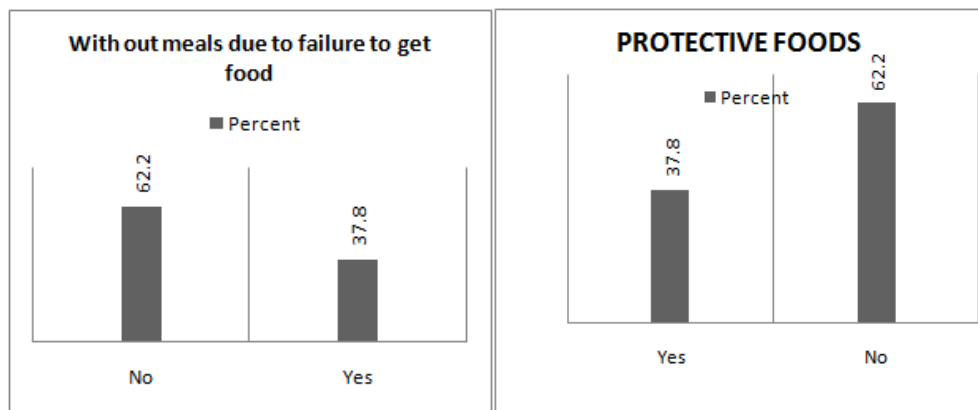


Figure. 3, 4 Food Security

The 'protective food' was not available to 62% of children and 38% are getting this occasionally. Around 38% of children went without meals due to failure to get food at any time of the day. The food habits of the tribes have some peculiarities in that they did not follow a regular schedule of food intake as it was entirely dependent on the availability of food. Lack of availability of nutritious food was common among the respondents, which contributed to the increase in health vulnerability among them. The Integrated Child Development Scheme (Anganwadi) provides a nutritious food supply for children up to the age of 6 years and adolescent girls. However, this service was used by only a few of them.

4.6. Economic Strengthening of the Family

Among 60% of the households, the major income earner was the father; the mother contributed around 18%, while relatives and children contributed equally (11%). Since these children have a minor role in the family earnings, it indirectly increases their vulnerabilities. 64% of both categories of children were suffering from a lack of economic support from the family.

The main source of income for most of the households was from daily wage casual labour by both parents. The monthly household income of the majority of the households was less than three thousand rupees.

Sex and Economic Strengthening of the Family								
	Low		Moderate		High		Total	
Sex	Freq	%	Freq	%	Freq	%	Freq	%
Male	9	33.3	0	0	18	66.6	27	100
Female	6	33.3	1	6	11	61.4	18	100
Total	1	2.22	15	33.33	29	64.5	45	100

(Male n=27, Female n=18- p value 0.063)

A majority of children (61% female and 67% male) faced severe vulnerability in the family, where parents were unable to meet the needs of the children with their meagre income. There were less significant differences among female and male children in the case of financial support from the family or giving support to the family.

4.7. Family Strengthening -Critical services

The survey data showed no significance in the provision of critical services to the children by the family. One-fourth of the respondents have a moderate level of vulnerability related to factors of critical services like parenthood, drinking water facility, latrine facility, medical service, etc.

Surface Water is the source of drinking water for the entire people in the hamlet, which is normally collected directly from streams flowing down the hilltops. They used this water for all purposes, including drinking. In the summer season, the streams would be narrower, and water scarcity was a common phenomenon. Although the economic support of the family was weak, the services provided to the children from the family and the support services including government were comparatively better where none of the children were in a severe level of vulnerability condition. A majority have a low level of vulnerability to the factors of family strengthening which include providing medical treatment, latrine facilities, educational support, etc.

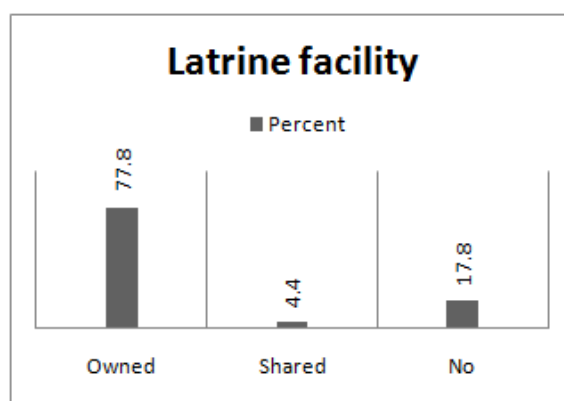


Figure 8 Latrine facility in the household

Besides the four major domains of vulnerability discussed above, the tool has a fifth item as an assessor impression of the conditions on a four-point scale of good, fair, bad and critical. The overall impression of the assessor noted as bad, which means the children are vulnerable in many situations and they are in need of support. This study revealed primary facts on the levels of vulnerability of children in tribal families at various levels based on different parameters. Therefore, further research is recommended using a larger sample across a larger sample size of tribal villages.

5. Limitations

This study offers foundational insights into the family-related vulnerability experienced by tribal children. Nevertheless, it is essential to acknowledge a significant limitation associated with this research, which is the relatively small sample size. As a result, the generalizability of the findings is somewhat constrained. To enhance the robustness and broader applicability of future research, it is advisable to consider selecting a larger and more diverse sample, which should encompass a greater number of tribal hamlets situated in different districts.

In addition, it is worth noting that while quantitative research is valuable in providing statistical data and trends, a more comprehensive and nuanced understanding of vulnerability could be achieved through qualitative research methods. Employing qualitative research techniques would allow for a deeper exploration of the multifaceted dimensions of vulnerability, which may offer a richer and more accurate portrayal of the experiences and challenges faced by tribal children in the family context.

6. Conclusion

The findings of this study provide compelling evidence that children continue to experience vulnerability even within families where parental care is present. The overall assessment of vulnerability, which predominantly falls within the moderate and severe categories, signifies that a substantial majority of children are exposed to various vulnerability factors examined in this research. Specifically, in the context of child protection, it is evident that issues related to substance abuse and alcoholism is significant concerns requiring immediate attention and intervention. Effective measures are imperative, focusing on parental and grandparental education to underscore the importance of providing their children with a nutritionally sound diet for optimal health. Additionally, there is a pressing need to encourage these caregivers to avail themselves of government-provided services. It is noteworthy that a key contributing factor to the vulnerability experienced by tribal families is their economic instability stemming from a lack of reliable income sources. To address this issue, it is essential to empower family members by offering income-generating opportunities. Furthermore, it is apparent that parents often struggle to provide their children with essential facilities, such as access to education and healthcare, in addition to other critical necessities. The assessment tool's final parameter, characterized by a single indicator that gauges the assessor's overall impression, revealed a 'bad situation' (Score 8), falling between 'fair' (Score 2) and 'critical' (Score 10). The assessor's impression underscores that children are confronted with challenging circumstances within their families, necessitating support from external sources, which could include government interventions or other relevant agencies.

References

- [1] Wisner, B., & Adams, J. (Eds.). (2002). *Environmental health in emergencies and disasters: a practical guide*. World health organization. http://www.who.int/environmental_health_emergencies/vulnerable_groups/en/
- [2] Arora, S. K., Shah, D., Chaturvedi, S., & Gupta, P. (2015). Defining and measuring vulnerability in young people. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 40(3), 193. <http://www.ijcm.org.in/text.asp?2015/40/3/193/158868>.
- [3] Bergstrand, K., Mayer, B., Brumback, B., & Zhang, Y. (2015). Assessing the relationship between social vulnerability and community resilience to hazards. *Social indicators research*, 122(2), 391-409.
- [4] Singh, S. R., Eghdami, M. R., & Singh, S. (2014). The Concept of Social Vulnerability: A Review from Disasters Perspectives.
- [5] Bright, Cordis.(2017) Defining child vulnerability :Definitions, Framework and groups, *Technical Paper in Children's commissioner Project on VulnerableChildren*. Children's Commissioner for England.
- [6] www.childrencommissioner.gov.uk/wp-content/uploads/2017/07/CCO/TP2
- [7] Sahani, R., & Nandy, S. K. (2013). Particularly vulnerable tribal groups in India: An overview. *Journal of the Anthropological Survey of India*, 62(2), 851-865.
- [8] Kvrđić, S. T., & Jovović, J. (2003). Children without parental care as a vulnerable category. *Medicinski pregled*, 56(9-10), 436-438.
- [9] Anthony, K. K., Bromberg, M. H., Gil, K. M., & Schanberg, L. E. (2011). Parental perceptions of child vulnerability and parent stress as predictors of pain and adjustment in children with chronic arthritis. *Children's Health Care*, 40(1), 53-69.
- [10] Rupavath, R. (2016). Access to Education: Education Status of Scheduled Tribes in Andhra Pradesh: Attainments and Challenges. *Review Pub Administration Manag*, 4(183), 2.
- [11] Debnath, A., & Bhattacharjee, N. (2016). Understanding Malnutrition of Tribal Children in India: The Role of Women's Empowerment. *Ecology of food and nutrition*, 55(6), 508-527. <https://www.tandfonline.com/doi/full/10.1080/03670244.2016.1223652>
- [12] Maharana, R., & Nayak, J. K. (2017). Educational status among the particularly vulnerable tribal groups of Odisha. *IJAR*, 3(4), 499-504. <http://www.allresearchjournal.com/archives/2017/vol3issue4/PartH/3-4-114-367.pdf>
- [13] Bhagavatheeswaran, L., Nair, S., Stone, H., Isac, S., Hiremath, T., Raghavendra, T., ...& Watts, C. (2016). The barriers and enablers to education among scheduled caste and scheduled tribe adolescent girls in

- northern Karnataka, South India: A qualitative study. *International journal of educational development*, 49, 262-270. <https://www.sciencedirect.com/science/article/pii/S0738059316300414>
- [14] Stover, J., Bollinger, L., Walker, N., & Monasch, R. (2007). Resource needs to support orphans and vulnerable children in sub-Saharan Africa. *Health policy and planning*, 22(1), 21-27. <https://academic.oup.com/heapol/article/22/1/21/674323>
- [15] Moret, W. (2014). Vulnerability assessment methodologies: A review of the literature. *Washington, DC: FHI*, 360.
- [16] Wills, T. A., Vaccaro, D., & McNamara, G. (1992). The role of life events, family support, and competence in adolescent substance use: A test of vulnerability and protective factors. *American journal of community psychology*, 20(3), 349-374.
- [17] Jha, M. K. (2009). Food security in perspective: the significance of social action. *Community Development Journal*, 44(3), 351-366.
- [18] Ratha, K. C., & Mahapatra, S. K. (2014). India's Missing Daughters: An Ominous Sign for Democracy. *Mediterranean Journal of Social Sciences*, 5(13), 467.
- [19] Valsala, P., Devanathan, S., & Kuttappan, S. M. (2018). Association of Family Challenges with Self-esteem and Perceived Social Support among Indian Adolescents. *Child and Adolescent Social Work Journal*, 1-13.
- [20] Karwande, Ashwini.&Pardhi, Kamalkar. (2015). A Study on Educational Status of Tribal Children in the Wada Taluka. *Abhinav National Monthly Refereed Journal of Research in Arts & Education*, Volume 4, and Issue12.
- [21] Kurup, Kochukrishna, V.S., Geetha, V.C., & Prasanth, P. (2016). Psychosocial Adjustment and Structure of Family: A Comparison between Joint and Nuclear Families. *International Education and Research Journal*, vol. 2, (3).
- [22] Kurupath, A., & Sureka, P. (2018). A Study on Tobacco Use among School Children. *Community mental health journal*, 1-6.
