

Risk factors among children under institutional care: Caretaker's perspective

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ABSTRACT

Background: Millions of children in India are living under traumatic circumstances due to poverty, death, neglect or violence of parents. Such children are protected and comforted at care homes. Children under an institutional care live in group arrangement. Enormous research was conducted on these children to understand their challenges and vulnerabilities.

Aims: The current study recognized the need to explore the risk of these children through the lens of the children's caretakers.

Method: The sample included seven caregivers from child care institutions in urban and rural areas of Thiruvananthapuram, Kerala. A semi structured interview was conducted on them. The result identified themes like *Family vulnerability, Temperament, Behavioral problems and emotional problem, Stigmatization and Academic difficulty*.

Results: Findings highlighted the variant factors that should be considered as the modifications in them can in fact improve and enhance the life style of institutionalized children. The urgency to develop and implement specific interventions among children under care homes in association with their social environment was also emphasized.

Conclusion: The perspective of caregivers through this research provides a platform and guidance for the policymakers and health professionals of Kerala to design appropriate programs and projects for the welfare of children under institutional care.

Keywords: Risk factors, Institutionalized children, Caretakers.

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INTRODUCTION

Trauma is part and parcel of everyone's life but a few could bounce back and others capitulate. Around 12.6 million children in India are battling under hard traumatic circumstances due to divorce or death of parents, chronic illness, poverty and so forth (Kaur et al, 2018). According to Department of Social Justice of Kerala, these abandoned children are protected in 1295 institution or children's home or Balasadhan run by government and NGOs. Most children in such care homes are not orphans, as they have at least one biological parent alive or are aware of their family of origin (Bunkers et al, 2014). The government has initiated programmes like adoption and foster care for the ones who are orphans. The children who remain at care home are the ones who actually lacks the constant care and support (Bunkers et al 2014). A substantial number of research reveals that children under institutional care are at risk for variety of challenges with greater frequency and intensity (Myer 2000; Shanthi K & Jeryda Gnanajane Elijo J O., 2014; Elebiary et al 2010; Whitbeck L B et al 2000).

Padmaja, G. et al (2014) conducted a study at Hyderabad among 40 adolescents residing under care homes and 76 home based children within the age group of 12 to 15 years. The study concluded poor health, psychosocial problem and

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probable depression among adolescents under institutional care as compared to others. Krupa Hiremath et al (2008) found high emotional dysregulation and unhealthy social interaction which could be an indicative of poor emotional wellbeing among children under institutional care at Visakhapatnam. A qualitative research on 21 children living at Balasadhans in Kerala examined the need to enhance emotional wellbeing, self perception, educational and career aspirations, coping mechanisms, interactional and behavioural patterns among these children (Yohannan S V & I.P S 2024). Therefore, enormous preventive methods and intervention strategies were conducted to reduce detrimental developmental vulnerabilities among children under care

home (Robert R S & Susan T., 2017; Valentino K 2017; Wright A C., 2014; Bullen T et al 2016). The necessity to provide safe and supportive environment for children under institutional care began the prime priority of the country. However, these children continued to display higher rates of externalizing and internalizing behaviours along with low resilience and wellbeing (Mailanchi A A & S K V., 2019; Weiler L M & Taussig H N, 2019; Patel K, et al ,2022; Kaur R et al 2018; Thomas T M, et al 2022)

Most of the institutions address the basic needs of the children whereas psychological and emotional needs becomes the least priority (Rohta S, 2021; Joge A M & Jacob D E M 2022). Children under an institutional care have a group living arrangement and the care and comfort will be provided by a paid caretaker (Browne, 2009). The primary caregiver of the child plays a crucial role in developing emotional regulation, positive behavioural outcome and interpersonal skills in children (Alem S K, 2020; Huynh H V., et al 2019). Researches have pointed out the constraints in child- caregiver attachment due to long or undefined work shifts, insufficient professional training, emotional exhaustion and burnouts among caretakers (Akram M, Anjum F & Akram N, 2015; Aqeel et al, 2019; Govindshenoy & Spencer, 2007; Lassi et al, 2011; Singh A. K. et al 2012). The caregiving practices of these institutions can be ineffective to discipline and control these children (Lakhdar M P A et al 2021). Studies have emphasized the longstanding detrimental consequences of inadequate child rearing practices on the development of the children (MacKenzie M J, Kotch J B & Lee L C., 2011; Hermenau K et al, 2015). However, studies also have shown how quality institutional care and adequate child- caregiver interaction can have a significant positive impact on the wellbeing of the children (Warner H A et al 2017; Alem S K, 2020; Huynh H V., et al 2019).

A subjective perception of a child on their risk factors can be entirely different from the judgement and rating of others (Gordon & Song, 2021). But only limited research recognized the importance of understanding the issues of the children from the perspective of a caregiver who plays a significant role in shaping the lives of children (Khalid A et al, 2023; Rohta S 2021). Here, the researchers has tried to reflect the caregivers viewpoint on the factors that remain detrimental for the wellbeing of children under institutional care. The study might provide an insight to various dimensions that should be considered while designing an intervention for these children.

Method

The study was based on qualitative research design. Qualitative research design is best suited if the researcher wanted to explore the experience of a particular group of people (Kendra & Taplin, 2004).

Purposive sampling technique was incorporated for the selection of the sample. The sample had 7 primary caregivers who were residents of seven child care institutions in urban and rural areas of Thiruvananthapuram, Kerala. All seven institutions were certified under the Juvenile Justice Act 2000. The institutions belonged to various religious organizations and NGOs. The participants of the study were restricted to primary caregivers of children within the age group of 6 to 15 years. Caregivers of children who were physically and psychologically challenged were excluded. Caregivers who had less than 5 years of experience in this profession were not part of this research.

Socio-Demographic Information tool was used to collect background details from the participant. This tool was also used as the checklist for the inclusion and the exclusion criteria. The researcher explored the vulnerability and risk factors of the children under care homes through a semi structured interview among caregivers. Each caregiver was interviewed and was recorded using a voice recorder and then transcribed for data analysis.

The data was analyzed using thematic analysis. The transcribed data was analyzed repeatedly and in depth. Each verbatim was read thoroughly, searching for new themes and confirming the ones identified to increase the validity of the data (Braun & Clarke, 2006). The credibility of the data was maintained through proper transcriptions of the verbatim (Glaser & Strauss, 1967).

RESULT AND DISCUSSION

Through thematic analysis, the research discovered certain risk factors of children from the perspective of the caretakers. The common themes were *Family vulnerability, Temperament, Behavioral problems and emotional problem, Stigmatization and Academic difficulty*

Each theme was explained along with quotations of the respondents from the transcribed data. In order to ensure anonymity and confidentiality, initials of the caregivers were used in the verbatim.

Family Vulnerability

Quotation of SE

“There are cases where mothers are sex workers and they are forcing these kids to that. We have three to four girls coming from such homes. Two girls are literally rescued by their class teacher. But their characters ... so difficult to manage them”.

Quotations of TV

“Most of these kids are coming from a pathetic family background. Some of their parents who are alive are not interested in taking them home and these kids are waiting for them to come..... sometimes we feel really bad for them. Most of their fathers are either alcoholic or into theft”.

Family exert a significant role in providing vital resource for healthy personality development of every child (Caldwell et al, 2004). The caregivers from the current study narrated that most of the children residing in care homes were coming from broken homes. Disruptive family background of the children should be considered as the prime risk factors of the children living in care homes (Werner E E & Smith R S, 1989; Ainsworth M D S, 1979). Loss of parents due to death was reported as an important risk factor among these institutionalized children. Some of the children had at least one living biological parents who can support the child but less number of parents were interested in claiming responsibility thus the child remain neglected. Literature on adult with criminal behaviour have recorded to have families either of parent was absent due to death and separation at very younger age (Buckner et al 2003; Kaur et al 2018). From the caregiver's view point, parental alcoholism, abuse and violence at home, criminal and immoral activities of parents were common problems among these children. Significant researchers also concluded the same facts (Ringwalt, C L et al 1998; Kennedy, A C 2007; Bassuk, E L et al 1997; Pavao, J et al 2007). Some families in these institutions had sent their children in care home due to difficulty to provide resources and educational support to their children because of low socio economic status. The theme correlated with studies of Tucker, J S et al (2005); Garnezy N., (1991); Masten et al. (1999); Luthar et al (2003); Rutter (1979) and Werner (1989) on the detrimental effect of family dysfunction, death of parent, alcoholism of parents, poverty, low socioeconomic status, parental criminality on the normal development of children.

Temperament

Quotation of AP

"Oh my God. I can't explain to you how some children are..... very naughty... very difficult to handle them... they can't get along with others... even after repeated scolding they don't get up early or do homework on time.... most of my time is spent in running behind them,... it seems they were like this at home also.. But there are boys are very calm and does their work on time.. but I can't say they are good in academics but at least they do things and I have less tension from them".

Quotation of SE

"Some kids easily mingle with others. I don't have to monitor them much. A few of them are there who are difficult to be handled. Not just here, at school too. Very difficult to get things done from them.... Actually I feel like sending them back".

Temperament can be considered as constitutionally oriented variations among individuals in terms of the emotional expression and in behavioral style which is evident from

younger days (Sanson A et al, 2009). Caregivers reported how some children were easy to handle and others requires extra attention. Some of children were found to be very inhibited and shows irregular daily routines even after repeated instructions. These children easily were distressed and mostly showed negative emotionality which made it hard for the caregivers to comfort them. Caregivers also mentioned about a few some children who adapted very quickly to the environment and were cooperative and calm in nature. Thomas & Chess (1977) in their longitudinal study also found how child were classified on the basis on their temperament as easy child, difficult child and slow to warm up child. Various other researchers on temperament identified the effect of temperament on child rearing practices (Buss & Plomin 1984; Buss DM 2008; Caspi A 2000; Rothbart et al 2003). Thomas & Chess (1977) pointed out the need to tailor the parental environment and strategies to suite the child's temperament and postulated the concept of 'goodness- of- fit'. In the case of care home, the caregiver's difficulty to handle the children with difficult temperament highlights the need to provide proper interventions and training to these caregivers.

Behavioral Problems and Emotional Problem

Quotation of LJ

"Most of the days I am spending my time in solving the problems between them. They don't talk and resolve rather fight. Some are very furious. They throw things. Very aggressive... No patience... decisions and fights happens in fraction of a second.... The kind of trauma and violence they have experienced could be a reason.... I guess they don't think just do what they feel... Not just that..... I have caught 'Hans' packets from them..... I am literally policing most of the time... Each time I have to be cautious...."

Quotation of RR

"These girls.. we might think they are very sober but in reality they are no less than boys... They doesn't listen to me at all... we usually don't understand what's going on in their mind... they don't open up..... sit quietly.... Whether they are sad or planning for something.... no idea... they cry for small things..."

Caregivers mentioned their concern on higher rates of emotional and behavioral problems among children at care homes. Most common problems reported were high aggression, conflicts, disobedience, sadness or depressive tendencies, impulsivity, stealing and substance abuse. Many researches had highlighted emotional and behavioral problems as major vulnerabilities among these children (Kaur et al 2018; Shanthi K & Jeryda Gnanajane Elijo J O., 2014; Elebiary et al 2010; Whitbeck L B et al 2000). Caretakers revealed their anxiety and worry on the constant aggressive behaviours

exhibited by these children. These aggressive behaviours elicit violent response from others especially peers, teachers and caretakers themselves. These responses from others intensifies the aggression behaviours among children. These conflicts and disputes among the children could be attributed to their interpersonal communication difficulties (Levin A R et al 2015; (Hermenau K et al 2011)). Studies also reported higher rates of problems between peers among institutionalized children (Sg P K 2016). Cases of disobedience were indicated more by caretakers from girls home. Caregivers believed that girls might not openly explain their issues rather chose to express it though disobedience. The rates of depression and loneliness among children at care home were also found to be high (Vávrová S 2015). Girls were reported to express sadness more than boys. These might correlate with a study that spotted out more internalizing and emotional problems among girls compared to boys (Naqshb et al 2012). Impulsivity is one of the frequently observed and narrated behavioral problem among institutionalized children. Children at care homes would have experienced severe neglect in there life which might have led to behavioral problems like impulsivity (Vávrová S 2015; (Elebiary et al 2010). Caregivers have revealed incidence of stealing and substance usage by children at care home. There were incidence of drug usage by very younger kids (Thankappan K R & Nichter M 2005; Whitbeck, L B & Simons R L ., 1990; Rahman W et al, 2012). Exposure to substance abuse and theft among their parents could be one of the reason for high prevalence among these kids (Thankappan K R & Nichter M 2005). The result correlated with the findings of Crawford K. M. (2006) and Luthar, (2003) on how substance abuse, externalising symptoms can be risks factors of children under institutional care. Studies have found the negative implications of behavioural and emotional problems of these children on their academic and social life when they become adults (Breslau J et al 2009)

Stigmatization

Quotation of SM

“These kids are not accepted at school. Even teachers corner them a lot. There is a natural tendency to blame them for any mischievous behaviours in the class. Of course, some are naughty but sometimes false allegations falls over them. Teachers often have complaints about their behaviors. These kids are coming from such places na.... So teachers and students will take them for granted. „I am in great trouble mediating in between the school and kids”.

Quotation of TV

“The first thing that goes to everyone’s mind is about the background of these kids... ‘oh,, no wonder.. he is from care home na’... these are the first comment I get from teachers or any authorities”.

Caregivers pointed out the role of stigmatization of institutionalized children in hindering their wellbeing and self- esteem. Children were found to be facing stigma from the society, mostly from their classmates and teachers. The child from care home might be labelled as problematic and rebellious (Calherios, et al, 2016 ; Cluver et al 2014; Martin, F & Sudrajat T , 2007). This can contribute to social isolation among the children (Sérgio Pinheiro P., 2006). They might fail to develop a sense of belonging to school which inturn marginalized them further. These stigmatization makes it hard for the children to nourish psychologically and enhance their academic skills (Gwenzi, G D & Ringson J, 2023)

Academic Difficulty

Quotation of AP

“I really feel bad for a few of them. They can’t even read or write spellings properly. We took them to special educators. They are helping them but it is not learning disability. Parents or atleast someone should have just encouraged them.... Some parents are not actually bothered about the very existence of their child then how can they look into the child’s academics”.

Quotation of SM

“There are kids who study hard, do their homework on time. We are happy about them. We are providing what we can. Some are there who doesn’t study at all....I have to scold and monitor them each time... no motivation in them”.

Caregivers conveyed their anxiety on some children who had difficulty in basic writing and reading skills. According to them, these children lacked initial support and resources from their parents which had gravely affected their further academic development. Some of the studies also reported poor performance in academics among children at care home (Elebiary, H et al 2010; Musisi S et al 2007). While caretakers also mentioned about children who exhibited average and better academic performance (Kaur et al 2018).

CONCLUSION

Among the themes identified, some are Invariant risk factors , the effect of these factors are known but cannot be modified. Some factors are variant risk factors which can be modified. In the theme ‘*Family vulnerability*’, Death of parent is an invariant factor but alcoholism, abuse and neglect from parents can be altered if parents are rehabilitated and proper interventions are given. ‘*Temperament*’ is an invariant risk factor. ‘*Behavioral and emotional problems*’, ‘*Stigmatization*’ and ‘*Academic difficulties*’ are variant factors that could be amendable through interventions. Such factors should be considered with greater vigor as the modifications in them can in fact improve and enhance the life style of institutionalized children

Limitation and Implication

Institutions that provide care for child can be similar in terms of their structure and basic necessities provided, but the characteristics of the institution and quality of care provided may not be comparable with each other. This might influence the experience and perception of each caregiver assessed. The small size and specific geographical studied might affect the generalization of the study. Nevertheless, the study is intended to throw light on the urgency to develop interventions to equip the caregivers with skills to tackle the challenges they face. It will enlighten educators and government on the need to promote and mobilize appropriate resources to enhance each institution and caregivers along with children thus stimulating positive outcomes and hopeful future for the children at care homes.

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