Defining and Measuring Vulnerability in Young People

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ABSTRACT

Adolescents and youth, together addressed as “young people”, form the future building blocks of any society. They being most energetic and dynamic, tend to get involved in high-risk behaviors making themselves susceptible to criminal offences, accidents, physical injuries, emotional trauma, and medical problems — some of them extremely serious like transmission of human immunodeficiency virus (HIV). The concept of vulnerability is applicable to all the people who are more exposed to risks than their peers like the young people. In order to deal with social evils like criminal offences, domestic violence, sexual abuse, HIV, etc. we need to define vulnerability and understand the factors that influence it. This review also attempts to summarize the indicators of vulnerability and the data currently available to estimate its burden in India. Measuring the magnitude of vulnerability by means of certain indicators/variables might help us in devising tools to assess this poorly defined entity. This may also evolve a conceptual framework on which targeted remedial interventions can be devised and implemented.

Keywords: Adolescents, children, vulnerability, young people

Introduction

World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) defines “adolescents” as individuals in the 10-19 years age group and “youth” as the individuals between 15-24 years of age.¹ Adolescents and youth together form a group that is referred to as “young people” that constitutes approximately 30% of world’s population.¹-³ Young people are the most vibrant, dynamic and energetic; and constitute the most valuable human resource that forms the foundation of future development of any nation. They tend to explore and experiment with sexual identity, sexual practices and high-risk behaviors, resulting in a disproportionately increased risk of violence, injuries and reproductive tract infections, including human immunodeficiency virus (HIV) infection. Many young people are forced by circumstances to get involved in a variety of risky behaviors, and are often less likely to seek and/or have access to HIV prevention counseling, testing, and care. Young people, therefore, form the core of the HIV pandemic.

The term and concept of vulnerability is used in several fields in order to refer to the potential for poor outcomes, risk or danger. The need of the hour is to effectively address overall reduction in vulnerability, in tandem with HIV risk reduction among children and young people. This review aims to address very broad issue i.e. vulnerability in young people — its burden, factors that affect vulnerability, tools to assess/map vulnerability so that focused interventions can be devised and applied to mitigate this poorly defined entity.

Definition(s) of Vulnerability and Factors Influencing Vulnerability

The literal meaning of the term “vulnerability” is the state or condition of being weak or poorly defended.
The concept vulnerability with regard to young people implies the ones who are more exposed to risks than their peers. They can be vulnerable in terms of deprivation (food, education, and parental care), exploitation, abuse, neglect, violence, and infection with HIV. Vulnerability is a relative state that may range from resilience to total helplessness.

Undoubtedly, parents form the main shield for social protection of children and young adults; thus absence of even one of the parents or orphanhood is one of the major determinants of vulnerability. World Bank’s “Orphans and vulnerable children (OVC)” toolkit defines vulnerability as “the group of children that experience negative outcomes, such as the loss of their education, morbidity, and malnutrition, at higher rates than do their peers”. The main categories of vulnerable children outlined in this toolkit are:

1. Street children,
2. Children in the worst forms of child labor,
3. Children affected by armed conflict,
4. Children affected by HIV/AIDS,
5. Children living with disability, and
6. Local OVC groups.

Many vulnerable children fall into multiple categories. As per the World Vision’s summary of OVC programming approaches, this definition includes “the children who live in a household in which one person or more is ill, dying or deceased; children who live in households that receive orphans; children whose caregivers are too ill to continue to look after them; and children living with very old and frail caregivers”.

A comprehensive work to generate the definition of ‘vulnerability’ has been carried out by Skinner et al. in Africa who defined vulnerable children as “the ones not having certain of their basic rights fulfilled”. Thus apart of orphanhood being a major determinant of vulnerability, the definition is centered around the three fundamental aspects of dependence:

1. Material aspects — money, food, clothing, shelter, health care and education;
2. Emotional aspects — care, love, support, space to grieve and containment of emotions;
3. Social aspects — absence of a supportive peer group, of role models to follow, or of guidance in difficult situations, and risks in the immediate environment.

Table 1 summarizes risk factors and indicators of vulnerability in young people, especially in context of developing countries. Figure 1 outlines how environmental, social, material and emotional factors influence an individual’s vulnerability. Figure 2 depicts the World Bank’s downward spiral of childhood vulnerability.

### Table 1: Risk factors and indicators of vulnerability in young people

| Health related factors | Any physical disability |
|------------------------|------------------------|
|                        | Any mental disability  |
|                        | Major chronic illness including HIV |
|                        | Emotional or psychological problems |
|                        | Not cheerful, dull, not taking interest in play |
|                        | Constantly shows signs of not sleeping well |
|                        | Poor scholastic performance |
|                        | Poor attendance in school |
|                        | Drug abuse |
| Social factors         | Poverty — lack of food, clothes, shelter and schooling |
|                        | Lack of psychosocial and emotional support |
|                        | Poor personal hygiene or inability to engage in personal care |
|                        | Does not receive care, love, guidance and support |
|                        | Emotional, physical or sexual abuse |
|                        | Street children |
|                        | Minors trafficked into sex work |
|                        | Children in institutions |
|                        | Children in conflict with the law |
|                        | Children affected by armed conflict |
|                        | Sexually exploited/ abused children |
|                        | Child labor |
|                        | Children in very poor households |
|                        | Refugee or displaced |
|                        | Marriage before the age of majority |
|                        | Unsafe environments such as informal settlements, lack of toilets |
|                        | Exposure to crime, gangs and drug use |
| Family problems contributing to vulnerability | Caregivers unable or unwilling to care for the children |
|                        | Parents/ caregivers who are alcoholic or drug abusers |
|                        | Children with parents in prison |
|                        | Low maternal age |
|                        | Unemployed or disabled parents |
|                        | Very old or frail parents/ caregivers |
|                        | Single mothers |
|                        | Emotionally disturbed parents/ caregivers |
|                        | Handicapped (physically or mentally) or chronically ill parents |
|                        | Overcrowded at home or high ratio of children to caregivers |
|                        | Divorced/ separated/ single parents |
|                        | Abusive family/ parents/ caregivers |
|                        | Lack of parental guidance and direction |

Estimated Burden and Profile of Vulnerable Young People

As vulnerability is not yet a clearly defined terminology, estimation of the magnitude of such a problem in totality is not feasible. However, the major situations/conditions that make young people vulnerable, can be quantified. Orphanhood is one of the well accepted conditions of vulnerability. According to UNAIDS-UNICEF-USAID estimates, India houses about 40% of the total orphaned children in Asia. There were 35 million children (age 0-18) orphaned due to all causes in 2003 in India, and orphans constituted about 9% of the total children. Out of these, 15.7 million were maternal orphans and 23.3 million were paternal orphans. Four million children...
had lost both their parents (double orphans). The projections for 2010 were 32.3 million comprising 8% of total childhood population. Direct estimates for orphan young people are not available but the general trends from other regions suggest that more than half of the orphans are aged more than 12 years. Extreme poverty is another major determinant of vulnerability. According to UNICEF estimates, 33% of India’s population lives below international poverty line of US$1.25 per day. Twenty eight percent of rural and 26% of urban population of India lives below the national poverty line.

The prevalence of HIV amongst adults was 0.31% in 2009 according to government estimates. It means, almost 2.4 million people in India are living with HIV of which 3.5% are children (<15 years) and 83% are the in age group 15-49 years. Another common problem in India’s context — that makes young people vulnerable — is early marriage and childbirth. It makes a young female vulnerable to anemia, malnutrition and domestic violence. According to NFHS-3 survey, 27% of girls aged 15-19 years were currently married. More than one out of five (22%) married women (aged 20-24 years) gave birth before attaining the age of 18 years. Further, 53%
of female and 57% of male adolescents (aged 15-19) have an indifferent attitude towards domestic violence, and believe that a man is justified in beating his wife under certain circumstances.\(^{15,17}\)

**Tools to Map/Monitor Vulnerability**

As discussed previously, vulnerability is a relative state that is difficult to define. Measuring vulnerability is a still more difficult task. It can be mapped, monitored or quantified by means of surveys. In order to utilize general data source, we need to employ easily measurable criteria that indicate a vulnerable state. Following is a list of attributes that are more easily measurable but one might anticipate considerable problems in using these variables, and it may be difficult to get full and accurate measures on these variables in certain situations:\(^{6,18}\)

- Death of, or desertion by parent/parents.
- Severe chronic illness of parent/parents
- Illness of child.
- Impairment/disability/handicap in the child
- Poverty, including access to grants.
- Poor/hazardous physical and biological environment: housing, basic sanitation, water supply.
- Access to social care, health care and schooling.

Some of the variables that are not quantifiable, and hence difficult to map include emotional problems; abuse, including excessive discipline; and substance abuse by caregivers or the child. These are often masked or at times deliberately concealed, and so not easily accessible to measurement, but they are equally important as the above stated quantifiable indicators. Thus there is need to devise certain scales or system of calibration for such variables.

**Efforts in India to measure vulnerability**

A considerable amount of work has been done in African subcontinent to define and assess vulnerability.\(^{6,18}\) UNAIDS, UNICEF, USAIDS and WHO have also been working in this regard.\(^{1,4,5,9,11,12,14,15}\) As far as India is concerned, though not much work has been done with regard to vulnerability specifically in children, adolescents and young adults, but there have been some research on issues like poverty,\(^{19}\) alcohol and tobacco usage in youth,\(^{20-22}\) and nonconsensual sex in adolescents.\(^{22}\)

An Expert group, formed in 2010 by the Planning Commission, for identification of urban below poverty line (BPL) recommended that poverty be identified by three broad categories of vulnerability viz. residential, occupational and social.\(^{19}\) Accordingly, residually vulnerable people are the ones who are houseless or live in kuchha/temporary houses. Occupationally vulnerable people are the ones who are unemployed, those with irregular/uncertain duration of employment, the ones working in hazardous/unsanitary conditions, and those who have an irregular/unsuitable payment for services. Socially vulnerable people are the ones living in households headed by women or minors, or where the old are dependent on the head of household, and/or where the level of literacy is low, and/or where members are disabled and/or chronically ill.

A survey conducted in Delhi slums revealed that almost 7% to 8% of youth have used tobacco in some form in their life and almost 5% reported current usage.\(^{20}\) According to a study conducted in economically disadvantaged areas in Delhi, it was observed that more than one-third adolescent boys and girls have experienced being touched against their will, highlighting that nonconsensual sexual experiences are very common amongst youth making them vulnerable to sexual abuse.\(^{22}\)

**Conclusions**

The concept of vulnerability generally refers to the groups of people who are more exposed to risks than their peers. Vulnerability is a relative state with its degree and type varying overtime and between countries, and is highly contextual. Most work related to vulnerability has been done in African context. Children and young people separated from their parents are clearly vulnerable groups. Besides that, extreme poverty, chronic illness of self or parents, and lack of social support and education also make young people vulnerable to abuse, neglect, deprivation and violence. Indian data regarding ‘what constitutes vulnerability’ in children, adolescents or young people are severely lacking. There is an urgent need to conduct country specific research to define ‘vulnerability’ and estimate its burden in Indian context. Because of high prevalence of extreme poverty and chronic illnesses, it is estimated that a large proportion of the adolescent and young people of India are likely to be vulnerable. Efforts must be directed to identify and quantify the most vulnerable sections of the society to effectively devise targeted remedial interventions.

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