

A Systematic Review on Health and Developmental Outcomes of Vulnerable Children Living In Unusual Circumstances

Shilpi Sarkar¹, Sandhya Gupta²

¹Shilpi Sarkar, Ruffaida College of Nursing, Jamia Hamdard, Hamdard Nagar, Delhi-110062

²Sandhya Gupta, College of Nursing, All India Institute of Medical Sciences, Ansari Nagar, Delhi-110029

Abstract: *A child who is forced to live or born into a situation or discriminated group is at risk for abuse, neglect and exploitation. Children living under unusual circumstances have the disadvantage that they are deprived of the essential services to foster their growth & development and are vulnerable to problems affecting their health and wellbeing. The present study explains the impact of common unusual circumstances for children with the evidence from previous literature. The study concludes that health and development of vulnerable children living under different unusual circumstances were adversely affected. Also, there were increased prevalence of behavioral problems and delinquency among those children.*

Keywords: Vulnerable child, Unusual circumstances for child, Children at risk, Neglected children

1. Introduction

The children are the seeds to be grown into fruit for the tree like nation. Children are born with the inherent talents and potentials. We need to provide children with the essential services to foster their healthy development and protect their rights. Child development is the outcome of interaction between genetically-controlled processes and environmental factors. "Home" is the foundation for child development (1).

The most salient features of the home or family environment are its social and economic resources. Family social resources include parenting skills and education, cultural practices, intra-familial relations, and the health status of family members (2). A child who is forced to live or born into a situation or discriminated group is at risk for abuse, neglect and exploitation. Children living under unusual circumstances have the disadvantage that they are deprived of the essential services to foster their growth & development and are vulnerable to problems affecting their health and wellbeing (3).

The paper reviews evidence from previous literature (1976-2016) to critically examine the impact of prevailing unusual circumstances on health and development of children with the aim to develop baseline knowledge and to provide recommendations for future research and action and in long term to facilitate the development of a national strategy aimed at protecting and fulfilling the rights of vulnerable children.

Objectives

- 1) To identify vulnerable group of children in the society.
- 2) To identify impact of unusual circumstances in the health and development of vulnerable children.
- 3) To compile and consolidate the information related to government efforts to fight against the issue of vulnerable children.

- 4) Explain nursing implications to facilitate healthy development of children in the society.

Vulnerable Child

A vulnerable child is defined as being under the age of 18 years and at present is at high risk and lacking adequate care and protection. All children are vulnerable by nature compared to adults, but some are more critically vulnerable than others (4).

A child's vulnerability comes from various factors that hinder a child's ability to function and grow normally. UNICEF views vulnerable children as those who are abused, exploited, and neglected (3).

Operational definition of Unusual Circumstances for Child

Unusual circumstances mean children living in wrong place at the right time. The common unusual circumstances for children include: orphan homes, institutionalized children, children living with parents having psychopathology, children residing in slums, homelessness during early childhood, broken family (divorcee, single parent), street children, child abuse, children living with HIV/AIDS, war and armed conflicts, children living with disability and parental imprisonment.

The research evidences showing the impact of different unusual circumstances among children are consolidated below under the heading of How Unusual Circumstances affect Development of Vulnerable Children?

2. How Unusual Circumstances affect Development of Vulnerable Children?

1) Orphan homes

Orphan homes or orphanage act as an institution to provide care and support for those unfortunate children who have 'lost one or both parents', and relatives are reluctant to take care of the child. In orphanages, caregivers were reported to go about their caregiving duties in a business-like, perfunctory manner with little social interaction and even less emotion. Most caregivers are expressionless most of the day, and talking is as minimal during changing, bathing or during feeding. Most interactions are done "to" rather than "with" the child (6). Children were reported to demonstrate significant developmental delays or concerning behaviors.

The delays can affect child's cognitive, language, gross motor, fine motor, personal and social skills. The most common problems include conduct disorder, antisocial behavior, poor relationships, and affective disorders (7). It has frequently been suggested that the lack of "mothering," appropriate social-emotional experience, lack of sensorimotor stimulation, and relationships with a few consistent caregivers are the primary causes of developmental delays and deficiencies (8). Even children who were reared in relatively good orphanages but who were subjected to social and emotional neglect were reported to display developmental and behavioral problems while living in the institution (9).

Despite proper nutrition, regular immunization, health care and good hygiene, a significant number of these children were reported to suffer from developmental delay due to lack of maternal and family care (10).

2) Institutionalized children

Institutional care has been defined by Browne (11) as "a group living arrangement for more than ten children in which care is provided by a much smaller number of paid adult carers". The major reasons for institutionalization of children are poverty, semi-orphans or parents' or child's health problems. The effects of institutionalization are not uniform. Not all children are treated equally in the same institution.

Even when their physical needs (food, clothes, etc.) were adequately met, the children were deprived of opportunities to develop stable and continuous attachment relationships due to limited amount and poor quality of contact with their caregivers (12-14).

Children raised in institutions often suffer from dramatic developmental delays and may follow deviant developmental pathways. Children institutionalized at an early age often demonstrate problems in emotional, social, and physical development (15). According to a study (16), almost one-third of institution-reared children were chronically and severely "stunted" in their physical growth, whereas none of the family-reared children were. Also, it was found in a meta-analysis, that children growing up in

institutions showed a substantial delay in IQ compared with children reared in (foster or biological) families (17).

Children in institutional care were found to have greater emotional problems (18-19). They tend to be emotionally withdrawn (14) and experience emotional loneliness (20-21). Children brought up in institutions may suffer from severe behavior and emotional problems, such as aggressive or antisocial behavior, have less knowledge and understanding of the world, and become adults with psychiatric impairments. Similarly, these children were also reported to be at risk for learning problems-such as poor reading ability and have more difficulty with critical thinking, establishing cause and-effect, and impulsivity (22-23).

3) Children living with parents having psychopathology

There is strong evidence of a link between parental mental disorder and child mal-treatment. Effects will largely be secondary to what developmental age, the child is at when psychopathology strikes the parent, how long episode is, when treatment occurs, and what other supports are in place to help the child. A broad range of psychological problems of parents places children at risk for the development of emotional and behavioural problems.

These children also display more anxiety disorders, aggression, attention deficits, insecure attachment, poor self-esteem and poor peer relations. It has been reported that Infants whose mothers have BPD are more likely to be disorganized in their attachment to their mothers in infancy (24). Role reversal is defined as a parent-child relationship in which the child takes in part the role of parent, spouse, or peer. Disorganized attachment in infancy predicts role reversal in the toddler period (25), role reversal in turn predicts problems with emotional and behavioral self-regulation (26).

4) Children residing in slums

One-half of the world's population lives in cities and towns; this is expected to increase to 70% by 2050. Thirty per cent of the Indian populations (approximately 367.5 million) of 1.23 billion live in urban areas. One in three urban dwellers lives in slums (27). Urban slums are characterized by overcrowding, poor ventilation, lack of portable water, poor housing, high levels of criminal activity, constant flow of immigrants and rapid spread of diseases. According to APHRC 2002, these conditions expose young children to health hazards and heightened risk of morbidity and mortality. Urban poor children are devoid of basic rights of survival, development and protection and are marginalised in challenging conditions in overcrowded settlements (27). According to a report of World Health Organization, children living in slums have a higher risk of suffering and dying from illness and disease and are more likely to suffer from pneumonia, diarrhoea, malaria, measles or HIV/AIDS.

Due to repeated episodes of diarrhea and poor nutrition these children suffer from malnutrition (28), and stunting (29).

According to an Indian study (30), most common causes of malnutrition in urban slums include faulty infant feeding practices, impaired utilization of nutrients due to infections and parasites, inadequate food and health security, poor environmental conditions and lack of proper child care practices. High prevalence of malnutrition among young children is also due to lack of awareness and knowledge regarding their food requirements and absence of a responsible adult care giver.

Aside from poverty or health problems, the top rated harms to urban children were: being out of school, sexual exploitation and abuse, drug and alcohol abuse, early pregnancy. They are the victims of crime and exploitation, and some of them may become criminals as they learn to live in that situation. They are trapped in the vicious cycle of exploitation and crime (3).

5) Homelessness during early childhood

Children who lack a stable home are vulnerable to a number of adverse outcomes. Family homelessness may result in children's separation from their parents. Homeless children experience stress through constant changes, which accumulate with time. They are often exposed to stressful life events, such as domestic violence, parental mental health difficulties and family breakdown. They are at risk of poor health and well-being and negative social outcomes (31). Homeless children are more likely than other children to have moderate to severe acute and chronic health problems, and less access to medical and dental care (32). Homeless preschool age children are likely to demonstrate developmental delays.

They are four times more likely than other children to score at or below the tenth percentile in vocabulary and reading (33). These stressful changes are reported to result in a higher incidence of mental disorders, which get manifested in homeless children's behavior (34-35). Hyperactivity/inattention, and behavior problem are more prevalent among this group (36). Children without stable homes are more than twice as likely as others to repeat a school grade, be expelled or suspended, or drop out of high school and suffer from anxiety and depression (32).

6) Broken family relationships

A broken family is a family that has split or separated due to a variety of reasons. This leads to children being raised by single parents, step-parents or others not related to the biological parent. Single parents exercised less control and supervision on their children than married parents. A broken home can make a child insecure. For a child's mind, a family is composed of a father, mother and children. And living without either father or mother will create fear and insecurities. This feeling of insecurities will even trigger if child is around his friends who are living a normal, complete and happy life. More often, those who are out of school are products of a broken home (37). Evidence shows that the quality of parenting and of parent-child relationships often diminishes with separation and stepfamily formation, and that this disruption can precede separation (38). This is reflected in a lack of warmth and support, less involvement,

harsher discipline, and inconsistency. Children from divorced families had significantly lower scores on a range of outcomes including educational achievement, behaviour, psychological adjustment, self-concept, social competence and long-term health (39). Children whose parents separate are reported to be at significantly greater risk than those whose parents remain together, for a wide range of adverse outcomes in social, psychological, and physical development' (38). Children develop emotional issues, such as anger, resentment, loneliness and depression, due to the change in the family unit.

Children involved in broken families are also more likely to engage in early sexual activities (40). Children in fatherless families lack male role models and are therefore more likely to develop behaviour problems especially boys (41). Also children from fatherless homes are more likely to be poor, become involved in drug and alcohol abuse, drop out of school, and suffer from health and emotional problems. Boys are more likely to become involved in crime, and girls are more likely to become pregnant as teens (42).

7) Street children

Street children are referred to those children without a stable home or shelter. Street children are one of the most vulnerable groups as they are easy victims of abuse and inhuman treatment. According to UNICEF street children fall under two categories: On the street and Of the street. "Children of the street" are homeless children who live and sleep on the streets in urban areas. They do not have any parental supervision or care though some do live with other homeless adults. "Children on the street" earn a livelihood from street. They return home at night and have contact with their families. India has world's largest concentration of street children and majority of them work on street. These children are exposed to unhygienic conditions of living. Having no shelter they are constantly exposed to environmental conditions of heat, cold and rain. The right to play is almost nonexistent as they do not have access to recreational facilities and often venture into activities available to them on the street such as drug abuse, gambling, drinking, etc (3). They are disproportionately victims of family breakdown, sexual and physical abuse. They suffer from increased health problems, malnutrition and lack of educational opportunities (43). They are often engaged in petty theft or prostitution for economic survival (3).

8) Child abuse & violence

At least one in four children have experienced child neglect or abuse (including physical, emotional, and sexual) at some point in their lives (44). According to UNICEF violence against children can be "physical and mental abuse and injury, neglect or negligent treatment, exploitation and sexual abuse. Violence may take place in homes, schools, orphanages, residential care facilities, on the streets, in the workplace, in prisons and in places of detention." Such violence can affect the normal development of a child. In extreme cases abuse of a child can result in death. Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. These alterations in brain

maturation have long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders (45). Children who experience abuse and neglect are at increased risk for smoking, alcoholism, and drug abuse as adults, as well as engaging in high-risk sexual behaviors (46). Studies have found abused and neglected children to be at least 25% more likely to experience problems such as delinquency, teen pregnancy, and low academic achievement (47). A National Institute of Justice study (48) indicated that being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59%. Abuse and neglect also increases the likelihood of adult criminal behavior by 28% and violent crime by 30%.

9) Children living with HIV/AIDS

An estimated 36.9 million people were living with HIV worldwide in 2014. Of these, 2.6 million were children under 15 years of age (UNICEF). According to a report by UNAIDS in 190,000 children died of AIDS-related illnesses. Children are not only personally affected by HIV/AIDS but it is also affecting their families and their right to a parental care and affection. The impact of HIV/AIDS on physical health relates to illness or death of a breadwinner that leads to difficulties in responding to the basic needs of children. Thus, uninfected children born to HIV-positive mothers experience their mother's illness and death at a young age, which contributes to putting them at risk of increased morbidity and mortality (49-50). The psychological impact of HIV/AIDS on children has been greatly underestimated. These children have to witness the physical deterioration and pain of their HIV-infected parents. Parental death and separation from siblings is a frequent and important source of anxiety and trauma, a sense of insecurity or abandonment (51). Children living with the disease experience a great deal of social stigma and discrimination. This results in children being marginalized from essential services such as education and health. UNICEF finds that infection can lead children to drop out of school; child labour in order to survive. Many children are orphaned and highly exposed to abuse, exploitation and neglect because of a loss of a parent(s) or guardian.

10) War and armed conflicts

UNICEF (2006) reports that war conflicts in the last decade have killed an estimated two million children and have left another six million disabled, 20 million homeless, and over 1 million separated from their parents. Children are affected by war and armed conflicts in two manners: they are vulnerable to the impact of war on their homes and families and are often recruited as child soldiers in armed conflicts (3). UNICEF has reported in 2015, during armed conflicts, a large number of children find themselves separated from their parents, wounded, mutilated, or become handicapped. They are vulnerable to rape, abduction, grievous injuries and long-term psychosocial effects. Confronting the horrors of war, children are subjected to profound emotional trauma which marks and changes them forever. These moral wounds are difficult to heal and have serious repercussions on their future life.

11) Children having disability (Handicapped/ specially abled child)

Disabled children are 3.4 times more likely to be abused than non-disabled children (52). While all children are at risk of being victims of violence, disabled children find themselves at significantly increased risk because of stigma, negative traditional beliefs and ignorance. Research has shown that children with communication impairments, behavioural disorders, learning disabilities and sensory impairments are particularly vulnerable. There is a vast spectrum of disabilities that can affect children. Cerebral palsy (CP) is the most common physical disability in childhood (53). Children having learning disability or formerly termed as mental handicap or mental retardation find difficult to learn, understand and do things compared to other children of the same age (54). Children with disabilities were three to four times more likely to be neglected, or physically, emotionally or sexually abused or neglected than non-disabled children (52). In a retrospective study, 45% of adults who were congenitally deaf, reported some type of abuse as children (55). Another piece of US research found that 90% of individuals with intellectual impairments experience sexual abuse at some point in their life (56).

12) Parental imprisonment

Parental imprisonment has long-range economic, emotional, and social consequences that affect children's wellbeing (57). Separation due to a parent's incarceration can be as traumatic as other forms of parental loss and can be even more complicated because of the stigma, ambiguity, and lack of social support and compassion that accompanies it (58). Children's distress during a period of separation is experienced as anxiety and may lead to "failure to thrive, depression, delinquency, and academic problems" (59). These children are at increased risk for both internalizing (e.g., depression, anxiety, withdrawal) and externalizing (e.g., delinquency, substance use) behavior problems, cognitive delays, and difficulties in school (e.g., school failure) (60). They are also at increased risk for insecure attachment with primary caregivers who are inconsistent, insensitive, or unresponsive to children's social and emotional needs (55).

Parental incarceration can cause strong reactions in children that can develop into unhappiness, annoyance, anxiety, and disruption in the mother-child relationship (61). As women (mothers) are the primary caretakers of their children, their absence results in a greater disruption in the lives of children than the absence of a father.

The prison is mostly overcrowded by the prison inmates and there is reported evidence that children co-detained with their imprisoned mothers develop negative future outcomes including elevated physiological stress, increased behavioral problems and delayed cognitive development (62-63). The impact of mother's imprisonment on the children inside prison affects every aspect of their life and they often suffer from trauma, fear, shame, guilt and low self-esteem (64).

3. Schemes and programmes for the welfare of children living in unusual circumstances in India (3)

- 1) **Integrated Child Protection Scheme:** In 2006 the Ministry of Women and Child Development (MWCD) proposed the adoption of the Integrated Child Protection Scheme (ICPS). In 2009 the central government hastaken the scheme its approval and has begun the extensive task of providing children with a protection and safe environment to develop and flourish. The purpose of the scheme is to provide for children in difficult circumstances, as well as to reduce the risks and vulnerabilities children have in various situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children.
- 2) **Sarva Shiksha Abhiyan:** SSA is an effort to universalise elementary education by community-ownership of the school system. It aims at changing the current school system in order to improve the quality of the education provide in the country. SSA means to remove all social, regional and gender disparities in the education system through the active participation of the community. Realising the importance of early childhood care and education, SSA works with all children ages 0-14.
- 3) **Integrated Programme for Street Children:** The Integrated Programme for Street Children was started as initiatives to help children living on the street fulfil their rights. The programme provides for shelter, nutrition, health care, education, recreation facilities to street children, and seeks to protect them against abuse and exploitation. The programme aims at building society's awareness of the rights of the child enshrined in the UN Convention on the Rights of the Child (CRC) and in the Juvenile Justice (Care and Protection of Children) Act, 2000.
- 4) **Kishori Shakti Yojana:** The large objective of the scheme is to advance the nutritional, health and development status of adolescent girls, support increasing knowledge of health, hygiene, nutrition and family care, and to integrate them with opportunities for learning life skills, going back to school, helping girls grow to understand their society and become prolific members of the society.
- 5) **Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers:** According to the scheme, crèches should have a minimum of 6-8 sq feet per child. It should be well lit, with proper ventilation and a fan should be provided where electricity is available. The crèche should have a play area, toilet facilities and sleeping equipment suitable for young children. Essential educational material for pre-school should also be available. Cooking areas must be monitored and separated from children areas. The food provided to the young children should be of nutritional value appropriate to their age.
- 6) **Balika Samriddhi Yojana (BSY):** The Balika Samriddhi Yojana started in 1997 is an important initiative of the government to raise the status of the girl child. The scheme's aims at changing the negative attitude of families and communities towards the girl child, to increase enrolment and retention of girls in schools, to raise the marriage age of girls and to create income opportunities and activities. A series of incentives are incorporated into the Yojana, such as a gift of Rs. 500/- to the mother on delivery of a baby girl and the condition of an annual scholarship for the girl child education.
- 7) **Initiatives to combat trafficking of Women and Children:** The Ministry of Women and Child Development (MWCD) in an attempt to stop the trafficking of women and children has undertaken a number of initiatives.
- 8) **Central Adoption Resource Agency (CARA):** The purpose of CARA is to ensure that every orphan, destitute and surrendered child has a loving and caring family. It currently comes under the purview of the Ministry of Women and Child Development. CARA was established in 1990 under the Ministry of Welfare.
- 9) **Shishu Greha Scheme:** The purpose of the scheme is to regulate adoption in the country, to provide institutional care for orphaned, destitute and surrendered children prior to adoption and to promote in-country adoption. Under this scheme NGOs can register to run a ShishuGreh.
- 10) **CHILDLINE services:** CHILDLINE 1098 is India's first 24 - hour, free, emergency phone outreach service for children in need of care and protection. It not only respond to the emergency needs of children but also link them to services for their long-term care and rehabilitation. A friendly or sympathetic 'didi' or 'bhaiya' who is always there for them 24 hours of the day, 365 days of the year.
- 11) **Scheme for Working Children in need of care and protection:** The purpose of the scheme is to provide working children with essential educational services such as non-formal education, and vocational training. The target of this scheme is projects in urban areas that are not covered by other schemes, especially those targeting children who are often left out of schemes such as children of slum/pavement dwellers/drug addicts, children living on railway platforms/ along railway lines, children working in shops, dhabas, mechanic shops etc., children engaged as domestic workers, children whose parents are in jail, children of migrant labourers/sex workers, leprosy patients etc.
- 12) **National Child Labour Project:** Under this scheme, the target group is all children below 14 years of age who are working in occupations and processes listed in the Schedule to the Child Labour (Prohibition & Regulation) Act, 1986 or occupations and processes that are harmful to the health of the child. The objective of this project is to eliminate child labour in hazardous industries by 2010.

4. Child related legislations to protect their "Rights"

- 1) The Right of Children to Free and Compulsory Education Act, 2009
- 2) Juvenile Justice (Care and Protection of Children) Act, 2000
- 3) Child Labour (Prohibition and Regulation) Act, 1986
- 4) Bonded Labour System (Abolition) Act, 1976

- 5) The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994
- 6) Factories Act, 1948
- 7) Infant Milk Substitutes, Feeding Bottles and Infant Foods, 1990
- 8) Persons with Disabilities Act (Equal Protection of Rights and Full Participation) Act 1995.
- 9) Prohibition of Child Marriage Act, 2006
- 10) Immoral Traffic Prevention Act, 1986
- 11) Guardians and Wards Act, 1890
- 12) Hindu Adoption and Maintenance Act, 1956
- 13) National food security act, 2013
- 14) Scheduled Castes and Scheduled Tribes Act, 1989
- 15) The India Penal Code and Child related offenses
- 16) Children with disabilities are covered under the Persons with Disabilities (Equal Protection of Rights and Full Participation) Act 1995.
- 17) Juvenile Justice Act, 2000.(care and protection of children)

5. National NGO'S working to protect the rights of children

- 1) "Butterflies" is a registered voluntary organization working with street and working children in Delhi since 1989:
- 2) "Concern for working child" is an Indian social organization working in partnership with all the major actors to implement sustainable and appropriate solutions, so that children do not have to work:
- 3) "Children Rights and You" (CRY) is an Indian non-profit organization, created in 1979, leading work for child rights.
- 4) "Rescue Foundation" is a social organization based Mumbai, which has been working for the Rescue, Rehabilitation, Reintegration and Empowerment of trafficked women and children.
- 5) "Safer India" is the site of an NGO started by Ms. Kiran Bedi. You can go to this site and log your complaint regarding any crime, if the police at your place is not accepting your complaint.
- 6) "Shakti Vahini" is a social organisation active among others in fields of Women and Child issues, trafficking in human beings, bonded labour, health, education, legal aid and training, community development, etc.
- 7) "South Asian Coalition on Child Servitude" (SACCS) is the first civil society initiative to fight against child slavery and child labour since 1980 in India.
- 8) "MelJol" is an organization that works for financial education and social education of school going children.
- 9) "Asha for Education" works for education of underprivileged sections of society

6. Nursing Implications of Study

Nurses can work to tackle the issue of children living in unusual circumstances in the following ways:

6.1 Primary Level

- 1) Often parents don't know about the many little things they can do to foster their children's healthy cognitive

and emotional development, like talking to the children beginning in infancy, reading to them from a very early age, and helping them play simple games. Educate parents about the importance of early experiences for their children's development.

- 2) Ensuring that all homeless women receive an initial health screening at time of admission into emergency or supportive housing;
- 3) Ensuring easy access to prenatal care for pregnant women. This may require advocacy regarding their entitlement to benefits, transportation, and child care for their other children.
- 4) Ensuring that preschoolers attend early childhood and learning readiness programs, which may include arranging for transportation to programs.
- 5) Teaching each new mother about her child's individual early development needs, especially if the child was born with health problems.
- 6) Monitoring children to ensure that they receive the physical, mental, and special educational resources to which they are entitled.
- 7) Assisting parents in supporting their children's school attendance and performance. This might include helping parents to enroll their children in school, arrange for school transportation, and attend school functions and meetings associated with the child's performance& assisting children in participating in after-school social and recreational activities.
- 8) Parents during their visit in the hospital/health centre should be talked about problems associated with child labor, child marriage etc.
- 9) Children should be told about their rights in the schools.
- 10) Adoption should be promoted by the parents not having children.

6.2 Secondary Level

- 1) Occupational health nurse should take efforts to ensure the rights of the working children as per the child labor act.
- 2) Children should be screened for the signs of abuse and early treatment should be taken.
- 3) Street children should be taken to various known institutes of child care.
- 4) Institutionalized children and children living under various unusual circumstances should be given extra attention by the community health nurses during their visit.

7. Conclusion

Health and development of vulnerable children living under different unusual circumstances were found to be adversely affected. Also, there were increased prevalence of behavioral problems and delinquency among those children. Children were found to be having poor physical health, problems in physical growth, mental, social, emotional and behavioral development. The vulnerable children who are living in unusual circumstances should be given extra attention while planning and directing services, policies, programs and legislations.

References

- [1] Debdulal Sarkar. A study on the child development. A Peer-Reviewed International Journal of Humanities & Social Sciences. Volume-IV, Issue-I, July 2015, Page No. 99-104.
- [2] Weitzman M¹, Baten A, Rosenthal DG, Hoshino R, Tohn E, Jacobs DE. Housing and child health. *Curr Probl Pediatr Adolesc Health Care*. 2013 Sep;43(8):187-224. doi: 10.1016/j.cppeds.2013.06.001.
- [3] Children's Issues - CHILDLINE India Foundation. (Internet document, accessed on 11-07-2016) Available from <http://www.childlineindia.org.in/children-issues.htm>
- [4] Orphans and Vulnerable Children Defined. Internet document, Accessed on 11-07-2016 . Available from <http://hgsf-global.org/en/ovc/background/263-orphans-and-vulnerable-children-defined>
- [5] Nilima Mehta. Child protection and juvenile justice system for children in need of care and protection. (internet document- Accessed on 12-07-2016. Published by childline- India online foundation. Available from <http://www.childlineindia.org.in/pdf/cp-jj-cnec.pdf>
- [6] St. Petersburg—USA Orphanage Research Team. The effects of early social-emotional and relationship experience on the development of young orphanage children. *Monogr Soc Res Child Dev*. 2008 ; 73(3): vii–295. doi:10.1111/j.1540-5834.2008.00483.x.
- [7] Y Lisa Nalven. (Internet document accessed on 29-09-2016) The Impact of Early Orphanage Live on Development. Valley Kireker Center for Child Development Available from <http://www.valleyhealth.com/adoption.aspx?id=178>
- [8] Rutter M. Psychosocial influences: Critiques, findings, and research needs. *Development and Psychopathology* 2000;12:265–296. [PubMed: 11014739]
- [9] St. Petersburg—USA Orphanage Research Team. The effects of early social-emotional and relationship experience on the development of young orphanage children. *Monogr Soc Res Child Dev*. 2008 ; 73(3): vii–295. doi:10.1111/j.1540-5834.2008.00483.x.
- [10] Sourajit Routray, Bijay Kumar Meher, Radha Tripathy, Sailaja Nandan Parida, Nijwm Mahilary, Deepti Damayanty Pradhan. Growth and Development among Children Living In Orphanages of Odisha, an Eastern Indian State. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)* e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 14, Issue 4 Ver. I (Apr. 2015), PP 38-41.
- [11] Browne, K. The risk of harm to young children in institutional care. London, Save the Children UK. Retrieved on December 15, 2012 from http://www.crin.org/docs/The_Risk_of_Harm.pdf
- [12] Palacios J, Sánchez-Sandoval Y. Beyond adopted/non-adopted comparisons. In: Brodzinsky D, Palacios J, editors. *Psychological issues in adoption: Research and applications*. Westport, CT: Greenwood; 2005. pp. 115–142.
- [13] Vorria, P., Papaligoura, Z., Dunn, J., van IJzendoorn, M. H., Steele, H., Kontopoulou, A., & Sarafidou, Y. Early experiences and attachment relationships of Greek infants raised in residential group care. *The Journal of Child Psychology and Psychiatry*, 2003. 44(8), 1208-20.
- [14] Zeanah CH, Smyke AT, Koga S, Carlson E. the BEIP Core Group. Attachment in institutionalized and community children in Romania. *Child Development*. 2005;76:1015–1028.
- [15] Palacios, J., Moreno, C. & Roman, M. Social competence in internationally adopted and institutionalized children. *Early Childhood Research Quarterly*, 2013. 28, 357-365.
- [16] Dobrova-Krol NA, Van IJzendoorn MH, Bakermans-Kranenburg MJ, Juffer F, Cyr C. Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution-reared children. *Infant Behavior and Development* 2008;31:539–553.
- [17] Van IJzendoorn MH, Luijk M, Juffer F. IQ of children growing up in children's homes: A meta-analysis on IQ delays in orphanages. *Merrill-Palmer Quarterly-Journal of Developmental Psychology*. 2008;54:341–366.
- [18] Erol, N., Simsek, Z., & Mu'nir, K. Mental health of adolescents reared in institutional care in Turkey: challenges and hope in the twenty-first century. *European Child and Adolescent Psychiatry*, 2010. 19(2), 113–124. doi: 10.1007/s00787-009-0047-2 [8].
- [19] Ford, T., Vostanis, P., Meltzer, H. & Goodman, R. Psychiatric disorder among British children looked after by local authorities: comparison with children living in private household. *The British Journal of Psychiatry*, 2007. 190, 319-325. doi:10.1192/bjp.bp.106.025023
- [20] Ptacek, R., Kuzelova, H., & Celedova, L. Social and Emotional Loneliness in Children in Foster and Institutional Care. *European Psychiatry*, 2011. 26 (1), 338 Abstracts of the 19th European Congress of Psychiatry. doi:10.1016/S0924-9338(11)72047-8.
- [21] Han, E. & Choi, N. Korean institutionalized adolescents' attributions of success and failure in interpersonal relations and perceived loneliness. *Children and Youth Services Review*, 2006. 28 (5), 535-547. doi:10.1016/j.childyouth.2005.06.002
- [22] Bakermans-Kranenburg MJ, Van IJzendoorn MH, Juffer F. Earlier is better: A meta-analysis of 70 years of intervention improving cognitive development in institutionalized children. *Monographs of the Society for Research in Child Development*. 2008;73:279–293.
- [23] Bakermans-Kranenburg MJ, Van IJzendoorn MH. Genetic vulnerability or differential susceptibility in child development: The case of attachment. *Journal of Child Psychology and Psychiatry*. 2007;48(12):1160–1173.
- [24] Hobson RP, Patrick M, Crandell L, Garcia-Perez R, Lee A. Personal relatedness and attachment in infants of mothers with borderline personality disorder. *Development and Psychopathology*. 2005;17:329–347.
- [25] Macfie J, Fitzpatrick KL, Rivas EM, Cox MJ. Independent influences on mother-toddler role reversal: Infant-mother attachment disorganization and role reversal in mother's childhood. *Attachment and Human Development*. 2008;10:29–39.
- [26] Macfie J, Houts RM, McElwain NL, Cox MJ. The effect of father-toddler and mother-toddler role reversal on the development of behavior problems in kindergarten. *Social Development*. 2005a;14:514–531.
- [27] Ravi Ambey, Ajay Gaur, Richa Gupta, and GS Patel. Urban poor children. *Australas Med J*. 2013; 6(6): 341–

343. Published online 2013 Jun 30. doi: 10.4066/AMJ.2013.1714
- [28] Jamison DT, Feachem RG, Makgoba MW, et al. Disease and Mortality in Sub-Saharan Africa. 2nd edition. Ch 8. Washington, DC, USA: World Bank; 2006. Trends and issues in child undernutrition
- [29] Checkley W, Buckley G, Gilman RH, et al. Multi-country analysis of the effects of diarrhoea on childhood stunting. *International Journal of Epidemiology*. 2008;37(4):816–830.
- [30] Ghosh S¹, Shah D. Nutritional problems in urban slum children. *Indian Pediatr*. 2004 Jul;41(7):682-96.
- [31] Tim Moore, Morag McArthur. 'Good for Kids': Children Who have been Homeless Talk about School. *Australian Journal of Education* November 2011 vol. 55 no. 2 147-160. doi: 10.1177/000494411105500205
- [32] National Center on Family Homelessness. America's youngest outcasts 2010: State report card on child homelessness. 2011. Available at: http://www.homelesschildrenamerica.org/media/NCFH_AmericaOutcast2010_web.pdf
- [33] Grant R. The special needs of homeless children: early intervention at a welfare hotel. *Top Early Child Spec Educ*. 1991;10(4):76–91.
- [34] Roy Grant, Delaney Gracy, Griffin Goldsmith, Alan Shapiro, Irwin E. Redlener. Twenty-Five Years of Child and Family Homelessness: Where Are We Now?. *Am J Public Health*. 2013 December; 103 (Suppl 2): e1–e10.
- [35] Zima BT, Wells KB, Freeman HE. Emotional and behavioral problems and severe academic delays among sheltered homeless children in Los Angeles County. *Am J Public Health*. 1994;84(2):260–264.
- [36] Cutuli, J. J., Herbers, J. E., Rinaldi, M., Masten, A. S., and Oberg, C. N. Asthma and behavior in homeless 4- to 7-year-olds. *Pediatrics*, 2010. 125, 145-151.
- [37] Marky Chavez. Effects on Children of a Broken Family. Accessed 28-09-2016 from <https://divorce-separation.knoji.com/effects-on-children-of-a-broken-family/>
- [38] Pryor, J. and Rodgers, B. *Children in Changing Families*. 2001. Oxford: Blackwell
- [39] Amato, P.R. Children of divorce in the 1990s: an update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology*, 2001. 15, 355-70.
- [40] Amato, P.R. and Keith, B. Parental divorce and the wellbeing of children: A metaanalysis. *Psychological Bulletin*, 1991. 110, 26-46.
- [41] Mackay, R. The impact of family structure and family change on child outcomes: A personal reading of the research literature. *Social Policy Journal of New Zealand*, 2005. 24, 111- 133.
- [42] NCF (National centre for fathering). The Consequences of Fatherlessness. Available from <http://www.fathers.com/statistics-and-research/the-consequences-of-fatherlessness/>
- [43] Salem EM¹, Abd el-Latif F. Sociodemographic characteristics of street children in Alexandria. *East Mediterr Health J*. 2002 Jan;8(1):64-73.
- [44] Finkelhor D, Turner HA, Shattuck A, Hamby SL. Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatr*. 2015;169(8), 746-754.
- [45] Tarullo, A. Effects of child maltreatment on the developing brain. CW360°. 2012. Retrieved from http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360-CEED_Winter2012.pdf
- [46] Runyan D, Wattam C, Ikeda R, Hassan F, Ramiro L. Child abuse and neglect by parents and other caregivers. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World report on violence and health*. Geneva, Switzerland: World Health Organization; 2002. p. 59–86. Available from: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf.
- [47] Kelley BT, Thornberry TP, Smith CA. In the wake of childhood maltreatment. 1997. Washington (DC): National Institute of Justice.
- [48] Widom C S, Maxfield MG. An update on the "cycle of violence." Washington (DC): National Institute of Justice; 2001. Available from: <http://www.ncjrs.gov/pdffiles1/nij/184894.pdf>.
- [49] Ngweshemi J, Urassa T, Isingo T, Mwaluko G, Ngalula J, Boerma T, et al. HIV impact on mother and child mortality in rural Tanzania. *J Acquir Immune Defic Syndr*. 2003;33:393–404.
- [50] Nakiyingi JS, Bracher M, Whitworth JA, Ruberantwari A, Busingye J, Mbulaiteye SM, Zaba B. Child survival in relation to mother's HIV infection and survival: evidence from a Ugandan cohort study. *AIDS*. 2003;17:1827–1834.
- [51] USAID/Zambia. Results of the Orphans and Vulnerable Children Head of Household Baseline Survey in Four Districts in Zambia. Displaced Children and Orphans Fund; SCOPE-OVC/Zambia, Family Health International; 2002.
- [52] Sullivan P.M., and Knutson J.F. Maltreatment and disabilities: a population based epidemiological study. *Child Abuse and Neglect* 24, 2000, 10, 1257–1273.
- [53] Rosenbaum P; Cerebral palsy: what parents and doctors want to know. *BMJ*. 2003 May 3;326(7396):970-4.
- [54] The child with general learning disability: for parents and teachers (Factsheet 10), Royal College of Psychiatrists, 2004
- [55] R A Embry. 'Examination of risk factors for maltreatment of deaf children: Findings from a national survey'. Paper presented at the 7th International Family Violence Research Conference, Portsmouth, 2001. New Hampshire 8 DValenti-Hein and L Schwartz
- [56] DValenti-Hein and L Schwartz. *The Sexual Abuse of Those with Developmental Disabilities*, James Stanfeld Co 1995.
- [57] Hairston, C.F. Focus on Children with Incarcerated Parents: An Overview of the Research Literature. Annie E. Casey Foundation. 2007.
- [58] Katz, L. *Services for Children of Incarcerated Mothers with Co-occurring Disorders*. Delmar, New York: Gains Center Series. Policy Research Associates and; Christian, S. (2009).
- [59] Bowlby, J. as cited in Katz, L. (2002). *Services for Children of Incarcerated Mothers with Co-occurring Disorders*. Delmar, New York: Gains Center Series. Policy Research Associates.
- [60] Eddy, J. M., & Poehlmann, J. *Children of Incarcerated Parents*. (J. M. Eddy & J. Poehlmann, Eds.). 2010. Washington, D.C.: Urban Institute Press.

- [61] Human right & refugee publication, Children imprisoned by circumstance, Quaker United Nation Office, Oliver Robertson, April 2008
- [62] Evans, G.W., Lepore, S.J., Shejwal, B.R., & Palsane, M.N. Chronic residential crowding and children's well being: An ecological perspective. Child Development, 1998. 69, 1514-1523.
- [63] Aiello, J.R., Nicosia, G., & Thompson, D. Physiological, social, and behavioral consequences of crowding on children and adolescents. Child Development, 1979. 50, 195-202.
- [64] Charlene Wear Simmons. Children of Incarcerated Parents (California State Library). 2000. p.4

Author Profile

Shilpi Sarkar received MSN degree from All India Institute of Medical Sciences and pursuing PhD Nursing from National Consortium for Ph.D Nursing, INC, RGHUS. Apart from student theory and clinical teaching, she has been participating in various curricular and extracurricular projects of the university.