

# Contextual analysis of childhood and adolescence in the municipality of Neiva. A Lifecycle and Rights-Based Approach

Análisis contextual de la infancia y la adolescencia en el municipio de Neiva. Un enfoque basado en el ciclo vital y los derechos

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## Abstract

**Background** As a member of the United Nations, Colombia ratified the International Convention on the Rights of the Child in 1991, committing to ensure the recognition, guarantee, and protection of the rights of children and adolescents at all levels and agencies.

**Objective** The purpose of this analysis is to disclose the reality of children and adolescents in the municipality of Neiva, considering both the life cycle perspective and the rights approach.

**Methods** The study employed quantitative, descriptive, and exploratory research using a cross-sectional design with a randomized sampling of 383 homes in the municipality of Neiva in 2019.

**Results** The sociodemographic description revealed that most of these households were located in the urban area, specifically in communes 6 and 8. In these residences, a total of 678 children were registered, classified by gender and subsequently subdivided according to their life cycles. 19% of the children were within the life cycle of 0 to 5 years of age, while 18% of girls were in the 6 to 12 years range. The vulnerability index (IVS), based on household stratification, determined that 16% of the population does not present vulnerability, while 42% is slightly vulnerable and another 42% faces high vulnerability, particularly in communes 5 and 9.

**Conclusions** The child population was found in a state of vulnerability. These findings provide significant data to governmental and academic institutions, emphasizing the need to promote educational initiatives, training programs, and technical assistance aimed at various political and institutional actors. The above-mentioned is essential to reduce child vulnerability rates.

## Keywords

Vulnerability, lifecycle, childhood, adolescence, law, rights.

## Resumen

**Antecedentes** Como integrante de las Naciones Unidas, Colombia ratificó en 1991 la Convención Internacional de los Derechos del Niño, comprometiéndose a velar por el reconocimiento, garantía y protección de los derechos de los niños, niñas y adolescentes en todos sus niveles y dependencias.

**Objetivo** El propósito de este análisis fue divulgar la realidad de la infancia y adolescencia en el municipio de Neiva, considerando el ciclo vital y el enfoque de derechos.

**Métodos** Investigación de naturaleza cuantitativa, descriptiva y exploratoria, de diseño transversal, con muestreo aleatorizado de 383 viviendas del municipio de Neiva para el año 2019.

**Resultados** La descripción sociodemográfica reveló que la mayor parte de estos hogares estaban ubicados en la zona urbana, específicamente en las comunas 6 y 8. En estas residencias, se registraron 678 niños, clasificados según su género y posteriormente subdivididos según sus ciclos vitales. El 19% de los niños estaban dentro del ciclo vital de 0 a 5 años, el 18% de las niñas se ubicaron en el rango de los 6 a 12 años. El índice de vulnerabilidad (IVS), según la estratificación por hogares encuestados, determinó que el 16% de la población no presenta vulnerabilidad, mientras que el 42% es levemente vulnerable y otro 42% enfrenta una vulnerabilidad alta, especialmente en la comuna 5 y 9.

## Palabras clave

Vulnerabilidad, ciclo vital, infancia, adolescencia, derecho, derechos.

**Conclusiones** La población infantil se encontraba en estado de vulnerabilidad. Estos hallazgos suministran datos significativos a las entidades gubernamentales y académicas, destacando la necesidad de fomentar iniciativas educativas, programas de formación y asistencia técnica específicamente dirigidos a diversos actores políticos e institucionales, con el fin de reducir las tasas de vulnerabilidad infantil.

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## Introduction

The Convention on the Rights of the Child (CRC), adopted in 1989, declares in its 54 articles that children are beings with rights that include full physical, mental, and social development, as well as the free expression of their opinions. This convention was implemented globally with the purpose of unifying, supervising, and ensuring the progress made by countries in favor of children's welfare. Each nation that has subscribed to the convention is responsible for notifying and communicating to the CRC all laws and measures that affect children (1). According to the analytical framework offered by the CRC, children in Colombia are subjects of rights and the state must guarantee their well-being and free development. Situational studies can be found in the literature that offer crucial information on the current situation of children and adolescents. In addition, these findings evaluate the level of vulnerability in which children and adolescents are themselves (2).

In Colombia, the Sistema de Selección de Beneficiarios para Programas Sociales (SISBEN) (System for Selecting Beneficiaries for Social Programs) is used as an instrument to measure vulnerability. This system, administered by the Departamento Nacional de Planeación (National Planning Department), classifies the population according to their socioeconomic conditions through a scoring system. This approach is used to target subsidies and promote the country's well-being. (3). In the department of Huila, Colombia, infant mortality rates are significantly high. Children experience conditions of extreme poverty, and some families are affected by situations of forced displacement, either due to the persistence of armed conflicts in the region or to the impacts of climate change on the natural environment.

Despite the fact the living conditions of children and their families are determining factors, institutional and regulatory environments also play an essential role, as well as the capacity to respond also influence. This shows that the path to the full fulfillment of children's rights is extensive. It is highlighted that current policies and programs do not effectively succeed in improving the situation of children and their families, and these situations are continuous manifestations of the violation of their rights (3,4).

Today, in the epidemiological week 12 of 2019, the perinatal and late neonatal mortality rate in Colombia was 12 deaths per thousand live births. However, in the department of Huila, a decrease has been observed in the last two years, going from 12.7 to 7.5 cases per thousand live births in 2019. This reduction is attributed to the increase in attendance at prenatal checkups and institutional care during childbirth in the region (5).

The vaccination rate for diseases preventable by immunization in Neiva experienced a progressive increase during 2012 (6). For polio, the vaccination increased from 84% to 87.2%, MMR from 81% to 96.2% in 2012 in the department of Huila.

The aspiration to improve living conditions and access to decent housing has contributed to the emergence of disparities. Additionally, the phenomenon of migration has also become a public health challenge, with a significant impact on children (6). Many cities have been built without adhering to urban norms or quality standards, which has led to sanitation problems.

According to recent studies, housing has been recognized as one of the dimensions that should be considered in the methodologies used to assess multidimensional poverty among children. Within this context, various conditions are evaluated from the perspective of respect for the right to decent and appropriate housing, specifically addressing overcrowding as a crucial aspect that should be examined in terms of habitability (8).

Abuse, especially in children, is a concerning indicator of the social reality in our country. According to the Colombian Institute of Family Welfare (ICBF), 18,617 cases were opened to restore the rights of children and adolescents affected by different forms of violence, from January to September 2018 (9). In 2016, 62 cases were addressed daily, increasing to 66 in 2017 and reaching 68 in 2018. Statistics also indicate that girls and female adolescents are the ones who experience violence the most, representing 68 % of the cases (9).

In the 52nd epidemiological week of 2018, 5,327 confirmed cases associated with behaviors of abuse, violence, and mistreatment were registered in the department of Huila. This figure is equivalent to an incidence rate of 445 cases per hundred thousand inhabitants, with Neiva as the most affected city with 1796 cases. Classification of the nature of the 5,327 confirmed events in Huila shows that 682 events could be cases of sexual abuse in children under 14 years of age, 339 events are cases of sexual violence in children over 14 as well as 1,712 events are related to child abuse and 2,594 events are linked to domestic violence (10).

The gender perspective suggests that both boys and girls are different and, therefore, any initiative to develop public policies aimed at children and adolescents ideally should first recognize the variations between men and women, as an expression of respect for others.

According to the Code of Childhood and Adolescence, three fundamental categories throughout the life cycle that are essential to understand in decision-making: early childhood, from birth to 5 years; infancy, from 6 to 11 years; and adolescence, from 12 to 17 years of age (11).

Boys, girls, and adolescents participate actively in society and are rights holders, which implies that they have rights equal to those of adults, but with different roles and responsibilities. Children and adolescents are individuals with unique capacities and values, with the power to influence their personal and social growth and development processes. This implies being democratically included in decision-making in their families, schools, local communities, and government institutions (12).

This study aimed to present the situation of children and adolescents in the municipality of Neiva in 2019, turning it into explicit, clear, and detailed knowledge. It was focused on inquiring about social, demographic, and educational conditions, as a basis for establishing a clear perspective of the current state of this population group. Likewise, the results are intended to contribute to the Municipal Council of Social Policy to address its interventions and manage its development

processes in a concerted manner with the institutions and the receiving community, to propose solutions by the reality of the situation.

## **Materials and methods**

This research adopted a cross-sectional descriptive exploratory design of a quantitative nature. The study focused on investigating the vulnerability and describing the condition of children and adolescents in the municipality of Neiva, considering perspectives related to the life cycle, gender, and fields of rights. According to the International Convention on the Rights of the Child (CRC) (13), children and adolescents in this study are considered to be those individuals who are under the age of 18.

The Code of Childhood and Adolescence, sanctioned as Law of the Republic, establishes in its Article 3, referring to the subjects of rights: "For all purposes of this law, all individuals under the age of 18 are subjects of rights. Without prejudice to the provisions of Article 34 of the Civil Code, children are understood as persons between 0 and the age of 12 and adolescents as persons between 12 and 18 years of age" (11).

## **Population**

The research was carried out in the municipality of Neiva taking as referents the residences in the urban area and the villages: Caguán, Vega Larga, and Fortalecillas.

### **Inclusion criteria**

- People living in the municipality of Neiva, with Colombian nationality.
- Individuals who voluntarily agreed to participate in the research and provided signed informed consent.
- Residences where at least one underage individual lives.

### **Exclusion criteria**

- Individuals who do not sign the informed consent form
- People with cognitive difficulties that prevent them from completing the survey.

### **Sample and type of sampling**

In the municipality of Neiva, the DANE's 2018 general census bulletin reported a total of 14,243,223 housing units. For the estimation of the sampling, a reliability of 95 % and a maximum error allowable of 5 % were considered. As a result, the final sample size was 383 houses (14). In the sample selection process, a randomization of the neighborhoods and villages in Neiva was carried out. Five neighborhoods were selected for each commune, ensuring an equitable distribution of the houses to be investigated in each one of them.

### **Technique and instrument**

Once the people accepted and signed the informed form of consent, a structured survey was conducted to categorize and identify the social vulnerability of the target population. This was based on the social vulnerability index (SVI) developed by Golovanevsky (15). This was evaluated using a pilot test supervised by an expert as follows:

$IVS = H + CH + E + E + PS + CS + RD$ , where:

H: habitat indicator (overcrowding).

CH: indicator related to human capital (educational climate of the household)

E: employment indicator (occupation qualification combined with activity status).

PS: indicator on social protection (health coverage)

CS: indicator on social capital (receipt and origin of food)

The categories for calculating the SVI were assigned in each case as follows:

**Table 1.** Indicators adapted for the study of social vulnerability

Overcrowding (number of inhabitants per room).	<ol style="list-style-type: none"> <li>1. No overcrowding (up to 2 persons per room).</li> <li>2. Moderate overcrowding (more than 2 to 3 persons per room)</li> <li>3. Critically overcrowded (more than 3 persons per room)</li> </ol>
Educational environment in the home (years of education of residents 25 years of age or older).	<ol style="list-style-type: none"> <li>1. 12 years and more of schooling</li> <li>2. 6 to 12 years of age</li> <li>3. Less than 6 years of schooling</li> </ol>
Occupation qualification and activity status of the head of household (activity status broken down by occupation qualification among employed persons).	<ol style="list-style-type: none"> <li>1. Employees with professional qualifications</li> <li>2. Employees with technological qualifications</li> <li>3. Employees with technical qualifications</li> <li>4. Unqualified employees</li> <li>5. Inactive income earners (pensioners)</li> <li>6. Unemployed and inactive who do not receive income.</li> </ol>
Health coverage (average of health coverage of household members)	<ol style="list-style-type: none"> <li>1. Prepaid health care</li> <li>2. Special Regime</li> <li>3. Contributory</li> <li>4. Subsidized</li> </ol>
Receipt and origin of foodstuffs	<ol style="list-style-type: none"> <li>1. Purchases them</li> <li>2. Receives them from relatives who do not live in the household.</li> <li>3. Receives from other persons or institutions, from a social work or union or from a private non-profit institution.</li> <li>4. Receives from an official agency or program.</li> </ol>
Number of children in the household	<ol style="list-style-type: none"> <li>1. One</li> <li>2. Two</li> <li>3. Three</li> <li>4. Four</li> <li>5. Five and more minors.</li> </ol>

*Note:* Modified from Golovanevsky's social vulnerability study (14).

According to the established categories, the social vulnerability index (SVI) was divided into four types.

**Table 2.** Categories according to the social vulnerability index

Index	Limits	Characteristics
1	6-10	Non-vulnerable
2	10-14	Slightly vulnerable
3	14-21	Highly vulnerable
4	21-26	Extremely vulnerable

The study considered the living circumstances of the children, as well as access to health and education services, mortality in the population studied, protection provided by the family, communication, and corrective measures implemented by the family.

Likewise, a list was drawn up containing children's rights, following the provisions of Chapter II, Articles 17 to 37 of the Colombian Code of Childhood and Adolescence. These rights were evaluated through questions that measured predefined indicators for each right, using as a reference the

global system of tracer indicators of the Analysis of the Situation of Children and Adolescents in Colombia 2010-2014 (15).

**Table 3.** Operationalization of variables

Variable	Subvariable and/or Level	Variable classification	Measurement units	Type of variable
Sex	Female Male	Sociodemographics	None	Qualitative-nominal
Age	From 0-1 year; from 1 year to 5 years; from 5 years to 12 years; from 12 years to 17 years	Sociodemographics	None	Qualitative-ordinal
Socioeconomic status	1-2-3-4-5 (1 is the lowest and 5 is the highest)	Sociodemographics	None	Qualitative-ordinal
Educational background	Primary; Secondary; Technical; Professional.	Sociodemographics	None	Qualitative-ordinal
Occupation	Studying Working	Sociodemographics	None	Qualitative-nominal
Child mortality		Sociodemographics		Quantitative
Psychoactive substances or tobacco use	Marijuana-sniffing glue-cocaine	Sociodemographics	None	Qualitative-nominal
Vulnerability Index	6-10 No Vulnerable; slightly Vulnerable; 10-14 14-21 highly Vulnerable; 21-26 extremely Vulnerable	Sociodemographics	None	Qualitative-ordinal

### Data analysis

For continuous variables, measures of central tendency (mean) and dispersion (standard deviation) were calculated. For discrete or nominal variables, absolute and relative frequency measures were calculated. Chi-square tests ( $\chi^2$ ) were performed between variables to establish whether there was a statistically significant relationship ( $p < 0.05$ ). All analyses of this nature were performed with the R-commander statistical package.

### Ethical aspects

International standards that regulate research involving human beings are applicable at the national level. Among the main international standards is the Nuremberg Code (1945). This study incorporated the fundamental ethical principles that should be considered when carrying out research and experiments with human beings, in response to the testimony provided by some of those investigated during the trial related to the treatment according to the Ethical Principles of the Nuremberg Code cited in the previous Colciencias (17).

On the other hand, the four bioethical principles were considered: nonmaleficence, beneficence, autonomy, and justice (18,19). The participants were first informed about the study, followed by instructions on the aspects related to the survey and the terms of confidentiality. It is mandatory for researchers who intend to conduct health research in Colombia to be aware of and

comply with Resolution 008430 of 1993, framed in Law 10 of 1990, and Decree 2164 of 1992, which reorganized the Ministry of Health, now the Ministry of Social Protection.

The information gathered is confidential and its use was strictly limited to obtaining statistical data. The study employed documentary research techniques and methods, without any intentional intervention or modification of the biological, physiological, psychological, or social variables of the individuals who participated in the study. The data were collected through a questionnaire validated through expert evaluation. This process was approved by the Ethics and Bioethics Committee of the Fundación Universitaria Navarra, under established bioethical principles.

The research ensured anonymity as a result of the importance of and respect for the dignity and value of each individual. Additionally, respect for the right to privacy was guaranteed. The researchers agreed not to reveal in their publications any names of the participants or other information that could lead to their identification.

## Results

According to Table 4, which shows the sociodemographic characteristics of the population, most of the interviewed households were found in the urban area, in communes 6 and 8, with 15% and 19%, respectively. The households were characterized by 26% being independent, with a health coverage of 53%, under the subsidized regime.

In the households covered by the survey, 675 children were registered, distributed by gender, and subdivided by life cycles. Nineteen percent of the children belonged to the 0-5 years life cycle, while 18% of the girls were in the 6-12 years range. Regarding the vulnerability index (IVS), based on the stratification of the surveyed households, it was observed that 16% of the population does not present vulnerability, 42% present slight vulnerability and 42% present high vulnerability.

**Table 4.** Sociodemographic characteristics

<b>Characteristics</b>		<b>Population n (%)</b>
<b>Total households</b>		383 (100%)
<b>Commune</b>	1	49 (12)
	2	29 (8)
	3	21 (5)
	4	24 (6)
	5	39 (11)
	6	57 (15)
	7	20 (5)
	8	74 (19)
	9	23 (6)
	Rural area	47 (13)
<b>Professional degree / Occupation</b>	Professional	69 (17)
	Technologist	29 (8)
	Technician	78 (19)
	High School	75 (18)
	Self-employed	106 (26)
	Retired and pensioned	23 (7)
	Unemployed	3 (5)

Characteristics	Population n (%)	
<b>Health coverage Subsidized</b>	Subsidized	199 (53)
	Contributive	140 (37)
	Prepaid	30 (7)
	Special	14 (3)
<b>Number of boys for each age category in the life cycle group</b>	0-5 years	127 (19)
	6-12 years	115 (17)
	13-17 years	99 (15)
<b>Number of girls per age category in the life cycle group</b>	0-5 years	139 (20)
	6-12 years	119 (19)
	13-17 years	78 (12)
<b>Vulnerability Index (SVI)</b>	Non- vulnerable	62 (16)
	Slightly vulnerable	160 (42)
	Highly vulnerable	161 (42)

\*Total number of children: 675.

Table 5 shows the characteristics of childhood and adolescence by gender, comparing the groups. No significant differences were observed between the groups. Forty-nine percent are female and 51% are male. According to the life cycle, the highest percentage, 20%, of girls and boys are between 0-5 years of age, being the range with the highest attendance to growth and development controls (15%). 17% of children in the 6-12 age range are enrolled in school, and this group also shows the highest participation in recreational and sports activities (7%).

**Table 5.** Characteristics of childhood and adolescence by sex

Characteristics	Girls	Boys	P
	n (%)	n (%)	
<b>Number of children and adolescents are there in the interviewed households</b>			
Total	334 (49)	341 (51)	0.905 <sup>a</sup>
0-5 años	137(20)	127 (19)	
6-12 años	119(18)	115 (19)	
13-17 años	78 (12)	99 (15)	
<b>Number of children and adolescents attending schools and/or universities.</b>			
Total	265(39)	266(39)	0.751 <sup>a</sup>
0-5 years old	76(11)	73(11)	
6-12 years old	117(17)	111(16)	
13-17 years old	72(11)	82(12)	
<b>Boys and girls in this family attend growth and development checkups</b>			
Total	186(28)	176(26)	0.823 <sup>a</sup>
0-5 years old	111(16)	103(15)	
6-12 years old	72(11)	72(11)	
13-17 years old	3(0)	1(0)	
<b>Children under age participate in remunerated activities</b>			



Total	11(2)	20(3)	0.309 <sup>a</sup>
0-5 years old	1(0)	7(1)	
6-12 years old	6(1)	5(1)	
13-17 years old	4(1)	8(1)	
<b>There are children and adolescents in the group of displaced persons and to which age groups they correspond</b>			
Total	13(2)	17(3)	0.730 <sup>a</sup>
0-5 years old	3(0)	6(1)	
6-12 years old	3(0)	6(1)	
13-17 years old	7(1)	5(1)	
<b>Children and adolescents attend recreation and sports programs</b>			
Total	82(12)	115(17)	0.764 <sup>a</sup>
0-5 years old	15(2)	23(3)	
6-12 years old	39(6)	50(7)	
13-17 years old	28(4)	42(6)	

**P:** probability; a Chi-square test for the proportion comparison

Table 6 shows the disparities in the Social Vulnerability Index (SVI) regarding communes, overcrowding, and its relationship with Familias en Acción and its stratification by commune. It was noted that commune 1 has the lowest vulnerability index, with 33%. In contrast, commune 7 shows 60% stratification as slightly vulnerable, while commune 5 shows 55% high stratification or significant vulnerability. When taking SVI versus overcrowding (H), statistically significant differences were found for overcrowding, where 65% of individuals are moderately overcrowded and slightly vulnerable. The percentage mentioned is also reflected in households experiencing high vulnerability with critical overcrowding. Likewise, those with a higher vulnerability index (55%) are those participating in government programs such as Familias en Acción.

**Table 6.** Comparison by commune vs. vulnerability

Characteristic	Non- vulnerable n (%)	Slightly vulnerable n (%)	Highly vulnerable n (%)	P
<b>Commune</b>	62(16)	160(42)	161(42)	
Commune 1	16 (33)	17 (34)	16 (33)	
Commune 2	8 (28)	9 (31)	12 (41)	
Commune 3	5 (24)	8 (38)	8 (38)	
Commune 4	5 (21)	11 (46)	8 (33)	
Commune 5	3 (8)	14 (37)	22 (55)	
Commune 6	4 (7)	22 (39)	31 (54)	
Commune 7	1 (5)	12 (60)	7 (35)	
Commune 8	10 (13)	36 (48)	28 (39)	
Commune 9	3 (13)	8 (34)	12 (53)	
Rural area	7 (15)	23 (49)	17 (36)	0.031 <sup>a</sup>
<b>Overcrowding</b>				
No overcrowding	54 (19)	128 (44)	109 (37)	

Characteristic	Non- vulnerable n (%)	Slightly vulnerable n (%)	Highly vulnerable n (%)	P
Moderate overcrowding	3 (18)	11 (65)	3 (17)	
Critical overcrowding	5 (7)	21 (28)	49 (65)	0.000 <sup>a</sup>
<b>Participation in <i>Familias en Acción</i> program</b>				
Yes	3(5)	26(40)	36(55)	
No	59(19)	134(42)	125(39)	0.007 <sup>a</sup>

**P:** probability; a Chi-square test for the proportion comparison.

## Discussion

The present situational analysis of Neiva was carried out with the active participation of children, adolescents, and those involved in their wellbeing. Various studies have provided information on the current situation of children and adolescents in Colombia (20). Even though the social protection system is provided with resources available to guarantee at least one of the basic rights of survival, development, protection, citizenship, and economic security, its implementation is uneven. The coverage is limited in semi-urban and rural areas, which increases vulnerability in these zones (15).

In this study, the rural area reported a situation of moderate vulnerability, which is consistent with the reports of other authors, and it was also observed that few children are engaged in recreational and sports activities.

On the other hand, the Continuous Household Survey in Colombia identified the probability of an individual having access to a subsidized and contributory system and how these probabilities may vary according to social conditions of life such as rurality, gender, age, poverty, literacy, unemployment, or informal work ("self-employed") and the official status of the neighborhood where he/she resides. All these variables, which are considered determinants of the dependent variable affiliation (affiliated, not affiliated), determine the "Inequities in access to social security in Colombia" (21).

The 38.70% of the Colombian population is a beneficiary of the subsidized system. The variables that have a direct impact on those who are part of this system are the rural and poverty. In the present study, 53% of the population is part of this system, i.e., the population with low payment capacity has access to health services through the subsidy offered by the state. This may be associated with the fact that the majority of families, work in informal or self-employed jobs. According to Colombia's Multidimensional Poverty Index (MPI), "A population with inadequate levels of health constitutes one of the factors that may contribute to generating a poverty trap, therefore it is essential to analyze the health insurance of household members" (15,22).

According to Golovanevsky, households are adaptive institutions that act as security assets. The Social Vulnerability Indicator proposes guidelines to identify household vulnerability (15). Different variables were developed to investigate different dimensions of vulnerability in the population in the infant and adolescent life cycles of the municipality of Neiva (Colombia).

These included: overcrowding (number of inhabitants per room), household educational climate (average years of education of household members aged 25 years or more), occupation qualification, and activity status of the head of household (activity status broken down by occupation qualification among the employed), health coverage (average health coverage of household members), receipt and origin of food, and number of underage children in the household.

These variables are aligned with those found by the United Nations in 2009 in the countries of Argentina, Brazil, Uruguay, and Paraguay, in which it was noted that young men and women registered social vulnerability based on a loss in the dimensions of health and sanitation, access to education, income, housing conditions, and social protection (23). This shows the connection between social vulnerability and the impacts caused by the current development pattern. It also reflects the inability of the most vulnerable groups in society to face, neutralize, or benefit from these impacts (24).

UNICEF recognizes that education is a strategic sector that can simultaneously and effectively contribute to equity, peace-building, and reconciliation. Thus, schools are a platform with a high potential for convening and social convergence, which can build a culture of peace and reconciliation. At the same time, providing equal opportunities to access, continue, and complete basic and secondary education is a key process to promote true social inclusion with economic prosperity (16).

Studies by Garcia et al. (25), highlight the importance of children's school attendance, which is identified as a privileged space for the promotion of health in childhood, has an important role in the formation of social individuals, stimulating autonomy, the fulfillment of rights and duties and encouraging participatory processes of empowerment in health, which will allow them to transform their realities, and thereby contribute to human and community development (25). In the present study, most of the children attended school, especially between 6 and 12 years of age.

The study identified that children aged 0 to 5 years had a higher proportion of the population under study, who require more attention from caregivers and the State. According to the Healthy Environment Strategy, family characteristics may be necessary elements to create favorable environments that allow the management of children. This is because family dynamics can be associated with the permanent monitoring of the physical, nutritional, and safety needs of children, which can have a positive impact on the health-disease process in the home and the development of children under 5 years of age (26).

The most important findings were analyzed using the SVI as a reference in the context of vulnerability by communes. Children and adolescents in the municipality of Neiva with a high level of social vulnerability were primarily found in commune 5 (east) with 55%. Residents report the lack of water supply, insecurity, deficient road conditions, fights that happen regularly on weekends, as well as stealing and the use of hallucinogenic substances by young people in the area (27). Previous studies have pointed out that areas with similar issues, such as the abuse of psychoactive substances and the activity of illegal armed groups, negatively impact the social protection component of young people due to the security conditions in their surroundings (28,29).

Socioeconomic class, housing area, and household size all influence the degree of social vulnerability, suggesting the satisfaction of basic needs, among other aspects, could be affected by the number of people in the residence. For instance, the literature has pointed out that overcrowded conditions have an impact on the health and behavior of household members (30).

In the present study, 65% of the interviewed households registered critical overcrowding in a highly vulnerable state. Based on Álvarez (2012), the lack of housing in cities such as Bogotá is due to high housing affordability and fluctuations in construction costs. Thus, the housing production model leaves out the lower-income sectors of the population (31). This problem also exists in the city of Neiva, and for this reason, this study revealed a critical situation of overcrowding, especially in the areas most susceptible to vulnerability.

Finally, as vulnerability spreads and diversifies, it affects a growing number of children and families in the city of Neiva. UNICEF studies suggest that this situation can be related to external

causes, such as few social protection resources, citizen insecurity, environmental deterioration, and social climate, among others; but also, to the subjective appreciation and internalization of vulnerability, generating a feeling of insecurity, loss of self-esteem and confidence in abilities (22). Considering the above, various social conditions can increase vulnerability in children, since from an early age they experience the deterioration of their material living conditions, as well as the growth of vulnerability and helplessness in the face of present threats.

### **Limitations**

Some limitations related to access to housing in the areas studied were identified. Despite this, it was possible to provide an overview of the city of Neiva regarding the social situation, focusing on the life cycle and areas of rights of Children and Adolescents for the year 2019. It was observed restrictions in the research due to the limited development of studies in the region that address social vulnerability by life cycle from a quantitative approach with multivariate analysis, following the theoretical model proposed by Kaztman and Filgueira (32) In addition, it is important to highlight the lack of studies focused on the evaluation of youth development (23).

### **Conclusions**

Children's experiences living in vulnerable situations can result in social exclusion, causing significant damage to their self-esteem and making them susceptible to suffering and deterioration in their well-being. Such effects can negatively influence children's future as adults, limiting their autonomy and ability to take advantage of opportunities in the environment. The results suggest that the child population in Neiva is in a state of vulnerability, offering valuable information for governmental and academic institutions. This highlights the need to foster education, training, and technical assistance aimed at various political, institutional, and community actors. It aims to establish institutional guidelines that allow for effectiveness, sustainability, and complementarity among the different sectors of the department, to reduce child vulnerability rates in the region.

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