IMPACT: International Journal of Research in
Humanities, Arts and Literature (IMPACT: IJRHAL)
ISSN (P): 2347–4564; ISSN (E): 2321–8878
Vol. 7, Issue 1, Jan 2019, 523–530

ROLE OF CHILDHOOD AND CHILD WELFARE IN INDIA

Dr. Kumari Priyanka

Research Scholar, Department of Home Science, B.R.A Bihar University, Muzaffarpur, Bihar, India

Received: 12 Jan 2019 **Accepted:** 17 Jan 2019 **Published:** 31 Jan 2019

ABSTRACT

This policy reaffirmed the constitutional provisions and authorized the State to provide adequate service to children through the period of their growth in order to ensure their full physical, mental and social development.

Without proper governance and upgrading of health and educational facilities, these problems cannot be tackled and without these parametric shifts no child development is feasible.

The earliest known form of service to the needy children began with orphanages attached to early monasteries in Catholic or Islamic countries, the oldest of which may probably have been the 9th century orphanage in the Iranian Mosque of Holy Shrine at Meshad (Baig 1979).

The UN General Assembly adopted the 'The Rights of the Child' on December 10, 1959, through its resolution 1386 (XIV) (Declaration of the Rights of the Child n.d.) that states that the child by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before as well as after birth.

KEYWORDS: *Child Rights, Child Abuse, Child Health*

INTRODUCTION

Directive Principles of State Policy in Indian Constitution (Article 39) empowers the state to direct policies so that the tender age of the children are not abused and childhood are protected against exploitation and moral abandonment. As a follow up of this constitutional commitment and being a party to the UN Declaration on the Rights of the Child, 1959, India adopted a National Policy on Children (NPC) on 1974. This policy reaffirmed the constitutional provisions and authorized the State to provide adequate service to children through the period of their growth in order to ensure their full physical, mental and social development. Consequently, Child Labor (Prohibition & Regulation) Act, 1986 came into force debarring the children below 14 years of age into any work or occupations.

Being the signatory of the UNCRC (1992), India has globally recognized the Child Rights as binding constraint. After ratification of the UNCRC in 1992, India changed its law on juvenile justice [Juvenile & Justice (Care & Protection) Act, 2000] to ensure that every person below the age of 18 years of age, who is in need of care of protection, is entitled to receive it from the state. The National Commission for protection of Child Rights (NCRC) was set up in March 2007 under the Commission for Protection of Child Rights Act, 2005. Ensuring all laws, policies, programs and administrative mechanisms in consonance with the Child Rights perspective, became the Commission's responsibility. The constitution of India, as of now, guarantees all the children certain rights which include:

- Right to free and compulsory elementary education for all children between the age group 6-14 years. (Article 21A)
- Right to be protected from any hazardous employment till the age of 14 years (Article 24)
- Right to be protected from being abused and forced by economic necessity to enter occupation unsuited to their age or strength [Article 39 (e)]
- Right to equal opportunities and facilities to develop in a healthy manner and in condition of freedom and dignity and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment [Article 39(f)]

Child health, growth, education and well-being all these child development aspects can be stunted by another social curse, i.e., Child Abuse. The recent study on "Child Abuse: India 2007" highlights serious issues of child-abuse in Indian context. The study reveals that male children are getting more abused since society does not have any protective outlook towards them compared to the female children, and moreover they are abused more inside the family by closer cousins. The World Report on Violence and Health (2002) also iterated the same issues by saying when abuse happens within family; children can rarely protest or report Indian Parliament has very recently approved " The Protection of Children from Sexual Offences Bill 2011", which is said to be gender neutral and the burden of proof confers on the accused. But mere paper legislation cannot bring a sea-change in the society. Without proper governance and upgrading of health and educational facilities, these problems cannot be tackled and without these parametric shifts no child development is feasible.

Contraventions of Child Rights have been distinctly visible in three spheres of child development process that severely affect the future of their adulthood. These three significant zones are Child Health, Child Labor & Child Education and Child Abuse. This paper would deal these three sections jointly and attempt to construct exclusive child development index in each section depending upon that. Regional variations in different parameters of Child Development have discreetly visible in India and sometimes poor performance of two to three states degrade the average situations of the whole nations. The variations may often lead to fascinating inference, when it is done on gender basis and caste basis. This paper will try to shed some light in this regard.

CHILD RIGHTS & CHILD HEALTH

Indians constitute sixteen percent of the world population, where every 3rd malnourished and 2nd underweight child of the world is born. Every three out of four children are anemic and every second new born baby has reduced listening capacity due to iodine deficiency. Thus the health issue continues to be the grave concern for our economy and environmental degradation due to industrialization and other economic development and pollution lead to a further deterioration in child's health.

Various evidences are found where children suffer from malnutrition or die out of starvation or preventable diseases. According to UNSAIDS, there are 170,000 children infected by HIV/AIDS in India. Even juvenile diabetes is reported to be taking on pandemic proportions. The broad indicators chosen here to reveal the that health rights of the children are – (i) Child Survival Rate (%of children who survive at the age of 3 years); (ii) Immunization (% of children who are fully immunized) and (iii) Nutrition (% of children who are not under weight).

Child Survival Rate is an important health indicator in demonstrating child rights towards health protection. However, before being survived, he is heading for disaster due to poor antenatal care and maternal under nutrition. About on third of expectant mothers in India are deprived from tetanus vaccine, an important defense against infection at birth. This raises the propensity of Infant Mortality Rate (IMR) and Child Survival Rate declines. IMR has steadily declined in India in last sixty years (1950-2010). From about 150 per 1000 live births, it declined to 80 per 1000 live births in 1990 and to 68 in 2000 and 50 in 2009. The average decline per year up to 2005 was 1.5 points and from 2005 to 2009 the average annual decline was 2 points. The states like Kerala, Tamil Nadu, Maharashtra, Delhi and West Bengal have already succeeded in achieving the respective MDG (Millennium Development Goals) targets, i.e., 42 by 1000.

Immunization is another indicator which ensures child's right to life through its early preventive plan of action. In 2005-06, Tamil Nadu (80%) topped among others in vaccination coverage, followed by Goa, (79%), Kerala (75%), Himachal Pradesh (74%), Sikkim (70), while the bottom rankers are Nagaland (21%), Uttar Pradesh (23%), Rajasthan (27%), Arunachal Pradesh (28%), Assam (32%), Bihar (33%), Jharkhand (35%), Madhya Pradesh (40%). Due to this regional inequality, the national average indicator dips down to 44 %.

Table 1: Regional Contrast & Progress in Child Health Index in India [During 1998-99 to 2005-06]

States	Survival Index (% of children who survive to age 5)		Nutrition Index (% of child under age 3 who are not underweight)		Immunization Index (% of children who are fully under vaccination coverage)		Child Health Index (CHI)	
	98-99	05-06	98-99	05-06	98-99	05-06	98-99	05-06
AP	91.6	94.7	62	63	59	46	70.8	67.9
Assam	91.1	93.4	64	60	17	32	57.4	61.8
Bihar	89.5	93.8	46	42	11	33	48.8	56.3
Chhatisgarh	Undivided	92.9	Undivided	48	Undivided	49	-	63.3
Gujarat	91.5	95	55	53	53	55	66.5	67.7
Haryana	92.3	95.8	65	58	63	65	73.4	72.9
HP	95.8	96.4	56	64	83	74	78.3	78.1
J&K	92.0	95.5	66	71	57	67	71.7	77.8
Jharkhand	undivided	93.1	Undivided	41	Undivided	35	-	56.4
Karnataka	93.0	95.7	56	59	60	55	69.7	69.9
Kerala	98.1	98.5	73	71	80	75	83.7	81.5
Maharashtra	92.3	96.2	50	60	78	59	73.4	71.7
MP	86.2	93	45	40	22	40	51.1	57.7
Orissa	89.6	93.5	46	56	44	52	59.8	67.2
Punjab	92.8	95.8	71	73	72	60	78.6	76.3
Rajasthan	88.5	93.5	49	56	49	27	62.2	58.8
Tamil Nadu	93.7	97.0	63	67	89	81	81.9	81.7
UP	87.8	92.7	48	53	21	23	52.3	56.2
Utarrakhand	Undivided	95.8	Undivided	62	Undivided	60	-	72.6
WB	93.2	95.2	51	56	44	64	62.7	71.7
INDIA	90.5	**94.4**	53	**54**	42	**44**	61.8	**64.1**

Source: National Family Survey-2 (1998-99). National Family Health Survey (2005-06).

Nutrition is also an important indicator of child's right towards right to life and development. Globally, one third of child's death is attributable to under-nutrition of children and expectant mothers. This suggests that relationship between nutrition and infection is bidirectional. For instance, frequent episodes of diarrhea are often responsible for malnutrition among children and Malaria is an important cause of anemia among children. Here, we consider the percentage of children who are not under weight as an indicator of 'Nutrition". In 2005-06, 54% children under age 3 years are not underweight,

where underweight children are more prevalent in Madhya Pradesh, Jharkhand, Bihar, Chattisgarh, Uttar Pradesh, and Rajasthan. The good performing states are all North-eastern states and Kerala, Tamil Nadu, Punjab and Jammu Kashmir.

HEALTH-CARE EXPENDITURE

The availability of health infrastructure and various health outcomes primarily depends on the level of expenditure on health-care borne by the government as well as private sector. The public expenditure in health is very low in India and the total expenditure (both public and private) stood around 4.1% in 2007 (WHO, 2010). A high share of private expenditure on health is attributable to a larger share of out-of-pocket (OOP) expenditure. A high share of OOP expenditure in total private expenditure implies very low expenditure on health insurance and low expenditure toward health care by firms and NGOs.

CHILD PROTECTION RIGHTS & CHILD ABUSE

The Constitution of India recognizes the vulnerable position of children and need for their 'right to protection'. Following the doctrine of protective discrimination, special attention to children has been provided in the Directive Principles so that necessary and special laws and policy could be made of. Child-abuse is yet rampant in India and the existent laws and rights are not adequate to safe guard the interests of the child. A substantial volume of child abuse remains behind the closet as most of the victim children don't report against it. However, even the reported abuse-cases are not penalized due to non-existent of specific provisions of Indian Penal Code. For instance, there are no specific provisions of law for dealing with sexual harassment of male children.

Ministry of Women and Child Department (MWCD) has conducted one study on 2007 in few major states of our country and has reported high incidence of different types of abuses of children in our country. Four indicators were chosen by MWCD (2007) to fathom the extent of abuse, which include.

INTERNATIONAL LEVEL

The earliest known form of service to the needy children began with orphanages attached to early monasteries in Catholic or Islamic countries, the oldest of which may probably have been the 9th century orphanage in the Iranian Mosque of Holy Shrine at Meshad (Baig 1979). There were no crèches, nursery schools or children's hospitals and everything related to children was considered to be the responsibility of the mother and the family. The concept of child care began to develop in France probably due to the French Revolution in the 17th century. On realizing that children needed special provisions, France developed progressive 'minor rights' by enacting laws to protect children at their work place in 1841 and subsequently, a right to education in 1881 (Baig 1979).

LEAGUE OF NATIONS

An English lady Eglatyne Jebb and her sister Dorothy Buxton found Save the Children Fund (Geneva Declaration of the Rights of the Child – 1924 n.d.) at London in 1919 to provide assistance and protection to children who had experienced war or were victims of war. In 1920 it was organized as 'International Save the Children Union' with the support of International Committee of the Red Cross and thus brought the focus of the society and the world community on the vulnerable position of children. On 28 February 1924 Jebb sent Declaration of the Rights of the Child to the League of Nations (Geneva Declaration of the Rights of the Child – 1924 n.d.) Which adopted the declaration on September 26, 1924

and titled it as the 'Geneva Declaration.' Recognition of the Rights of the Child led to an understanding that childhood is an integral part of a child's life and child welfare is the responsibility of the whole world community and not the parents alone.

UNITED NATIONS

In 1946 the Economic and Social Council of the United Nations recommended that the Geneva Declaration be reaffirmed as a sign of commitment to the cause of children. UNICEF was set up with the objective to care for the children of the world affected by not only war but even the economic and political upheavals.

The UN General Assembly adopted the 'The Rights of the Child' on December 10, 1959, through its resolution 1386 (XIV) (Declaration of the Rights of the Child n.d.) that states that the child by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before as well as after birth. The Rights of the Child have also been recognized in the Universal Declaration of Human Rights.

INTERNATIONAL LEGISLATIONS

The legislations enacted by the world community are required to be incorporated and integrated by the member states while making laws, rules, policies and schemes for child welfare. Main legislations include: United Nations Convention on the Rights of the Child, 1989; UN Rules for the Protection of Juveniles deprived of their Liberty,1990; UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules), 1985; United Nations Guidelines for the Protection of Juvenile Delinquency (Riyadh Guidelines), 1990; Hague Convention on Protection of Children and Cooperation in respect of Inter-Country Adoptions, 1993.

DEFINITION OF THE CHILD

Due to lack of a uniform definition of the child the concept of childhood in India has been confusing. Presently it ranges from not less than 14; to not less than 18; to not less than 21 under different legislations and policies. The Government will have to amend various legislations to bring them at par with the definition given by the 'National Policy for Children-2013' which defines the child as any person below the age of 18 years. This will help in developing the concept of childhood further.

Relation between Different Child Development Indicators

A comprehensive view about the situation of child development in different states of India helps us to measure the gap between policy- intention and implemented outcome. Measurement of association between different indicators can also help us to find the degree of cohesion existed between different development indicators. For instance, whether good health of children across the states can be related to good education of the same. We apply both Pearson's & Spearman's Rank Correlation Coefficient and the deduced value of Rank Correlation Coefficient. We find a moderately positive significant association between Health and Education is across the states of India, according to both Pearson's and Spearman's Rank correlation.

PROGRAMMES FOR CHILD WELFARE

Two major national level child welfare programmes are:

Integrated Child Development Services Scheme (ICDS)

ICDS Scheme launched in 1975 and universalized in 2008-2009, provides a package of six services to all children in 0-6 years of age and especially children belonging to the disadvantaged, marginalized and weaker sections of the society. The services include supplementary nutrition; non-formal pre-school education; immunization; health check-ups; nutrition and health education; and referral services. ICDS enriches and develops childhood by providing a platform where the nutritional and non-formal educational needs of children in 0-6 years of age. Other major national and state level programmes like Kishori Shakti Yojana, Rajiv Gandhi Scheme for the Adolescent Girls (SABLA), Indira Gandhi Matritva Sahyog Yojana, Ladli are also implemented through ICDS.

At present there are 7066 operational ICDS projects having 13.40 million anganwadi 38.1 million children in 3-6 years of age and 19.1 million pregnant and lactating mothers and Pre-school education to 34.9 million beneficiaries in 3-6 years of age.

Integrated Child Protection Scheme (ICPS)

ICPS a Government – Civil Society partnership scheme for the care and protection of children was launched by the Central government in 2009-2010. Vulnerable and abused children; juvenile delinquents and other children in difficult circumstances are the beneficiaries of this scheme. Services are provided through Children's Homes. Shishu Grehs, Observation and Special Homes, bal bhawans and crèches. Centre provides grants to the states under this scheme. This programme is still in infancy as the states are struggling to implement it.

CONCLUSIONS

Our recommendations are to come out from the shackles of orthodox pattern of ethics and thought and restructure the policies for a better tomorrow. National Health Policy should have clear and separate focus for Children. Their problems should not be amalgamated with Mothers of babies. Each state should have different plans and visions for its own Child Health. No uniform approach would be beneficial since the regional contrast is the chief characteristics of Indian polity and economy. Child Rights always prioritize child health and states which are lagging behind in this category should be given special focus. Bihar Madhya Pradesh, Assam, Rajasthan and Uttar Pradesh (BIMARU states) requires special thrust otherwise regional contrast will pull down the national average to a critical level very soon. Child education is often involved with another social curse, i.e., Child Labor. Despite existence of stringent laws, child labor is an observed phenomenon in our country. In some cases, the governance is weak, in some cases it is due to dire economic necessity. Whatever may be the situation exploitation is unequivocally rampant. This social curse is taken care of by providing credit to these poor families at subsidized rate. Both the rights (Child Labor Prohibitive Right, Right to Education) should be simultaneously taken care of not only by Central or State Government but also by local government at Panchayat level. Abuse is another kind of right violating activities which impedes the mental growth of the children. Indian constitutions have not yet constituted any rights to safe guard the children against these perpetrators. Protection of Children from Sexual Offences Bill 2011, has been passed in Rajya Sabha very recently. Hopefully the bill would be a step forward in creating child-sensitive jurisprudence.

The concept of childhood and child welfare needs to be developed further by disseminating information about the child welfare services; ensuring that every child attends school compulsorily; providing vocational education to ensure that children are able to derive maximum benefits from the education they receive; proper health facilities before and after the birth of the child.

REFERENCES

1. *"Child Protection & Child Rights." Child Line India. www.childline.org.in/United-Nations-Convention-on-the-Rights-of-the-Child.htm (accessed March 29, 2013).*
2. *"Child Rights History."Child Rights Portal. http://childrensrights portal.org/childrens-rights-history/(accessed March 9, 2013).*
3. *"Convention on the Rights of the Child." UNICEF. http://www.unicef.org/crc/ (accessed May 13, 2013).*
4. *"Coverage Evaluation Survey." UNICEF India. 2010. http://www.unfpa.org/sowmy/resources/docs/library/R309_UNICEF_2010_INDIA_2009 Coverage Survey.pdf (accessed October 20, 2013).*
5. *"Declaration of the Rights of the Child." UNICEF. http://www.unicef.org/lac/legal/general/declaration_child1959.pdf (accessed September 10, 2012).*
6. *Jebb, Eglaytine. Cambridge: A Brief Study in Social Questions. USA: Macmillans Bowes, 1906.*
7. *National Institute of Public Cooperation and Child Development. "Database of Child Care Institutions." NIPCCD. http://nipccd.nic.in/reports/dsmdata.pdf (accessed September 22, 2012).*
8. *Office of the Registar General and Census Commissioner. "Gender Composition of the Population." Census of India, 2011. http://www.censusofindia.gov.in/2011/prov-results (accessed March 25, 2013).*
9. *"Part III – Fundamental Rights." Constitution of India. 2011. http://www.lawmin.in/olwing/coi-english/ (accessed April 01, 2013).*
10. *"Part IV – Directive Principles of State Policy." Constitution of India. 2011. http://lawmin.nic.in/owling/coi/coi-english/ (accessed April 1, 2013).*
11. *"Part IV A – Fundamental Duties." constitution of India. 2011. http://www.lawmin.nic.in/owling/coi/coi-english/ (accessed April 2, 2013).*
12. *Rattan, Vijay. Integrated Child Development Services Programme Administration. Vol. II. New Delhi: S. Chand and Company Ltd., 1997.*
13. *Registrar General, India. "SRS Buletin." Census of India. October 2012. http://censusindia.gov.in/Vital_Statistics/SRS_Bulletins/SRS_Bulletin-October_2012.pdf (accessed November 4, 2013).*

14. *Aggarwal, S.C. (2004). Child Labor and Household Characteristics in Selected States- Estimates from NSS 55th Round". Economic & Political Weekly, Vol 39, Vol 2, pp 173-185.*

15. *Census of India (2001). National Population Census Data, Office of the Registrar General, Govt. of India. Citizens Initiative for Rights of Children under Six (2006). Focus on Children Under Six, Abridged Report, December, 2006.*

16. *General Assembly, Fourteenth Session. Declaration of the Rights of the Child (1959). Official Records, Supplement No.11 & 11A*

17. *John, E.M. (2011). Census 2011: Governing Populations and the Girl Child", Economic & Political Weekly, Vol XLVI, No.16, pp 10-12.*

18. *Kaul Venita & Sankar Deepa (2009). "Early Childhood Care & Education India", National University of Education, Planning & Administration, New Delhi.*