

**Let's  
celebrate  
her  
birth**



**Child's Right  
to Life and Survival**

# Child's Right to Life and Survival

## **D**o You Know that in India ...

- Although overall mortality rates have declined, high female mortality persists at every age level up to the age of 35 years
- Infant Mortality Rate (IMR) was 62 and Under 5 Mortality Rate was 85 in 2004
- The Child Sex Ratio i.e. the number of girls per 1000 boys was 927 in India and 883 in Gujarat according to the 2001 census
- Percentage of children with low birth weight was 30 in 1998-2004
- One-year-old children immunised in 2004 were: against BCG (73%), DPT1 (71%), DPT3 (64%), Polio (70%), Measles (56%)

*Collated from: The State of World's Children  
2006. UNICEF, New York, 2005*





## **W**hat does the Right to Life and Survival Mean?

Every child should have a healthy start in life for healthy growth. The government and other stakeholders must make sure that every baby has safe environment, clean water, nutritive food, timely immunisation and adequate medical help, so that s/he survives and develops to her/his optimum potential.

This group of child rights also implies that a girl child should not be discriminated against in terms of receiving adequate care and services before and after birth.

Give a Healthy Start in Life to Every Child

The sharp decline in female sex ratio over the years in India suggests that female infanticide and foeticide might be largely responsible for the consistently declining number of girls in India. Other factors, which seem responsible for higher female mortality, are differential health care, education, nutritional status and existing cultural beliefs. Intentional utilisation of pre-natal diagnostic techniques for selective elimination of female foetuses is indicative of the negative social worth of women resulting in skewed sex ratio.

Another important component of the Right to Life and Survival is the compulsory registration of a child's birth and a child's right to have a name and a nationality. Unless a child's birth is registered, s/he is not recognised as a citizen of the country and is not eligible for the government services such as admission in a school, getting ration under the Public Distribution System, licence for a vehicle, passport etc. Name and nationality enable a child to have an identity as an individual.

As far as possible, a child also has a right to know and be cared for by her/his parents.

## Fate of Maniben's Daughters

Mohanbhai and Maniben live in a small village. They have four daughters. In between Maniben had two miscarriages. When Maniben became pregnant for the seventh time, they came to know that it is possible to determine the sex of the foetus in a nearby town. So they went to the doctor who told them that the foetus was a female one and hence she got it aborted. After a couple of months, Maniben conceived again and again went for the sex determination of the foetus. This time it was a male foetus and she delivered a low-birth-weight male child. The couple and their family rejoiced at the birth of the first son in the family. After a year another son was born to her.

Both Mohanbhai and Maniben were labourers who worked either in the farms owned by the wealthy farmers or at construction sites. Repeated pregnancies and three abortions (2 natural and 1 induced) took its toll on Maniben's health and she became very weak and started breathing problems. Mohanbhai and Maniben justified their quest for sons by saying that the sons will take care of their four daughters in future. The reality was just the opposite. The eldest daughter Rita, who was twelve years old when her first brother was born, had to leave the school in order to

Let us Celebrate the Birth of a Girl

look after her baby brother and to help her mother with household work. The second daughter Mita was also compelled to leave her school when her second brother was born.

Since both the sons were weak and low-birth-weight and since Maniben's health was deteriorating, their meagre earnings were spent on buying medicines for the sons and Maniben. All the four daughters supported their sick mother and weak brothers by taking up the responsibilities such as collecting the fire wood, bringing rations, cleaning, cooking, washing etc. They did not have any time for recreation. The younger two daughters continued their studies but were irregular due to household situation.

Based on the case study described above, the following factors emerge that hinder the realisation of the Right to Life and Survival.

### **Social Factors**

- Quest for a son based on myths and resultant pre-birth elimination of the female foetus.
- Ignorance about pre-natal care of the mother.
- Ignorance about post-natal care of the newborn i.e. giving colostrums, exclusive breast feeding for the first six months, immunisation and so on.



- Myths about what a pregnant and lactating mother should or should not eat.
- Lack of awareness about registration of birth and its implications.

### **Economic Factors**

- Poverty leading to the vicious circle of debt and dependence on the moneylenders.
- Not enough money to meet the basic needs of the family.
- No money for essential health care (pre-natal, post-natal, emergency and geriatric).
- Proportionately more money spent on addictions and treatment by the witch doctor rather than on health care and nutritive food.

## Political Factors

- Lack of effective enforcement of PC PNDT Act
- Lack of surveillance and monitoring of the prenatal diagnostic tests
- Inability to combat under nutrition, anaemia and childhood diseases
- Lack of effective measures to see that rural children complete the entire course of immunisation.
- Inability to arrest the skewed child sex ratio.

Let us review some policies and programmes that exist to enable children to grow and develop to their optimum potential.



## **P**olicies and Programmes to Ensure

### **Right to Survival**

- The Government of India's (GOI) National Policy for Children, 1974, provides that "it shall be the policy of the State to provide adequate services to children both before and after birth and through the period of growth to ensure their full physical, mental and social development."
- The National Health Policy, 1993, gives the highest priority to special programmes for the improvement of maternal and child health.
- The nation's ongoing maternal and child health programme has been strengthened with the launch of the Reproductive and Child Health Programme (RCH I & II).
- The National Plan of Action for Children (NPAC), 1992, which has been revised with fresh targets in 2005, emphasises the importance of maternal and child health targets in consonance with the "Health for All".
- Oral Rehydration Therapy programme was started in 1986-87 and is being implemented for preventing deaths due to dehydration caused by diarrhoeal targets in consonance with the "Health for All"



- The Integrated Child Development Services (ICDS), which is one of the world's largest and most unique programmes for early childhood development seeks to reduce both socio-economic and gender inequities. ICDS is the foremost symbol of India's commitment to her children and it is India's response to the challenge of breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.
- The National Rural Health Mission (NRHM) is the latest effort of the Government to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralisation. NRHM also envisages having the State Health Mission, the District Health Mission and representation from all relevant Departments, NGOs and professionals.

The Government has also enacted certain laws to protect children during pre-natal and post-natal stages.

## ***A* Glance at the Legal Provision related to Child's Right to Survival**

- According to the Indian Penal Code, infanticide is treated as murder and various sections under the Act can be invoked for prevention of the practice. Unfortunately, in most cases, the culpability for the Act rests with the mother alone.
- The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) came in to force in 1996 after the rules were framed. However, sex selective female foeticide continued. Therefore, this Act was amended and Pre-Conception and Pre- Natal Diagnostic Technique (Prohibition of Sex Selection) (PC and PNDT Act) came into force in February 2003.
- It is important to understand that under the Medical Termination of Pregnancy Act, a woman is free to abort her foetus under certain circumstances. However, sex selective elimination of the female foetus is a criminal act both for the doctor who conducts it as well as the woman and her family members who demand it. If any person violates the Act, he/she will be liable to be punished with imprisonment, which may extend to 3 years and fine which may extend to Rs.10, 000/- and suspension and later cancellation of the registration of the concerned doctor.

- The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992. This Act regulates the production, supply, and distribution of infant milk substitutes, feeding bottles, and infant feeds with a view to the protection and promotion of breast feeding and ensuring the proper use of infant feeds and other incidental matters.
- The Guardian and Wards Act 1890. This Act deals with the qualifications, appointment, and removal of guardians of children by the courts and is applicable to all communities irrespective of their religion.
- The Registration of Birth and Death Act, 1956. This act makes it compulsory to register births and deaths throughout the country.

In spite of the above efforts by the Government of India, there is no significant improvement in conditions of children.

Despite all the laws and schemes, there are families who continue to go for pre-natal elimination of female foetus, who do not register their children's names in the Registrar's office and do not give the entire course of immunisation to them. Besides, discrimination against the girl child continues even after the birth in terms of not giving them the same food, education and equal workload as boys. Why does such situation occur? The main reasons are lack of awareness among the majority of right holders about their rights and lack of joint

and concerted efforts on behalf of the duty bearers or stakeholders to improve the situation. Let us see what each one of us can do to see that children are born healthy and not only survive but thrive.

## **R**ole of Various Stakeholders in

### **Promoting Child's Right to Survival**



#### **As Government**

- To work out suitable machinery to implement Acts such as the Registration of Births and Deaths Act, 1956, PC and PNDT Act 2003, The Child Labour (Prohibition and Regulation) Act, 1986 and other Acts related to young children.
- To take stringent action against those who intentionally break or circumvent the rules and adopt illegal practices.
- To provide the basic infrastructure i.e. proper roads, adequate public transport, a PHC/CHC and Anganwadi in every village
- To enhance accountability of concerned functionaries such as doctors, Auxiliary Nurse Midwife (ANMs), Health Workers (HWs), Anganwadi Workers (AWWs) etc. to make their work child friendly.
- To make adequate budget provision for children's issues.



## **As Academic Institutions**



To orient, sensitise and train Anganwadi Workers, (AWWs) Auxiliary Nurse Mid wife (ANMs) and Health Workers (HWs) towards Child's right to life and survival and provide quality health care to children and mothers.

## **As NGOs<sup>1</sup>, CBOs<sup>2</sup>, VOs<sup>3</sup>**



- To create awareness among masses about the ill effects of the heinous practices such as sex selective elimination of female foetus and infanticide.
- To enhance the capacities of various functionaries on issues such as safe motherhood, prevention of childhood diseases, reducing IMR, MMR, how to combat anaemia and under/mal nutrition.
- To help the Government in monitoring the government schemes related to children and mothers.

## **As Media**



- To create mass awareness through print media, radio, television, films on significant issues such as
  - Gender equity.
  - Causes and effects of female foeticide
  - What can parents, teachers, community members do to promote positive health among children and more such issues.

*(Footnotes)*

<sup>1</sup> *Non Government Organisation*

<sup>2</sup> *Community Based Organisations*

<sup>3</sup> *Voluntary Organisations*



We All can make a Difference

## About CHETNA

CHETNA<sup>1</sup>, meaning “awareness” in several Indian languages and an acronym for Centre for Health Education, Training and Nutrition Awareness is a non-government support organisation based in Ahmedabad, Gujarat. CHETNA’s mission is to contribute to the empowerment of disadvantaged children, adolescents and women to gain control over their own, their families’ and communities’ health. Beginning its activities in 1980, CHETNA has broadened its activities in the field of nutrition, health, education and development from a “Rights” perspective.

CHETNA builds the management capacities of education/health practitioners/supervisors/managers with a view to enable them to implement their field programmes from a holistic and gender perspective and advocate for people centered policies.

CHETNA develops need-based training and education materials, which are widely disseminated at the state, national and international levels.

An Information and Documentation Centre (IDC) addresses the information needs of individuals, organisations, academicians, reserachers and students working on health, education and development concerns.

CHETNA has been identified as a Regional Resource Centre (RRC) for Gujarat State and the Union Territories of Daman, Diu and Dadra Nagar Haveli to provide technical assistance to NGOs to improve RCH, facilitate GO-NGO partnership, document and disseminate successful approaches and provide inputs to GOI to ensure effective implementation of policies.



For Children Young People Women

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