

THE STATUS OF THE YOUNG INDIAN CHILD

Submission by FORCES, India, to the CRC Day of Discussion on "Implementing Child Rights in Early Childhood"

Population 0-6 years	170 million (17.5% of the population)
Infant Mortality Rate	76/1000
Under Five Mortality Rate	98/1000 live births
Union budgetary allocation	2%
Malnourished children	47%
Pre-school child deaths associated with malnutrition	67%
Children under the age of 6 years with disability	5.2%
Children under 6 years with HIV /AIDs	2785
Pre school attendance between 3-6 yrs: per	35% rural and 48% urban (Of these 37% are in Anganwadis, 11 per cent in Balwadis, 34 cent in private facilities and the remaining 19 per cent in other government facilities)
Exclusive breastfeeding (0-3 months)	37% in rural areas & 27% in urban areas.
Fully immunised children	38% (34% rural and 52% urban)

The Registration of Birth and Deaths Act 1969 requires every birth in India to be registered. However, only 46% percent children below the age of 5 years are registered at birth.

Background

Early Childhood Care & Development (ECCD) is all that the name implies and more: it comprises all the essential support a young child needs to survive and thrive in life, as well as the support a family and community need to promote the child's healthy development. This includes integrated health, nutrition, and intellectual stimulation, providing the opportunities for exploration and active learning, as well as providing the social and emotional care and nurturing a child needs in order to realize her/his human potential. This would then enable the child to function actively as per his/her role in the family and later in the community.

In the year 1950, the Constitution of India guaranteed equality before law to all citizens and pledged special protection for children. India adopted a National Policy for Children in 1974 and declared them to be a supreme national asset.

In spite of the fact that the Indian Constitution forbids discrimination on the basis of caste, creed and gender, the reality is that all these forms of discrimination exist in great measure in Indian society.

In 1992, India accepted the obligations of the UN Convention on the Rights of the Child and ten years later reported at the World Summit and UNGASS that that positive changes were taking place for the children. The National Charter for Children 2003 was gazetted but there was no child rights perspective in that and some articles of the CRC Convention were not included.

Gaps between Commitment and Realization

Article 1: "A child means every human being below the age of eighteen years unless under the law applicable to the child" -This definition is acceptable.

Article 2: "States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind , irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national ,ethnic or social origin, property, disability , birth or other status".

However, a large number of children are discriminated against on the basis of birth, socio-economic status and caste in India, These children are from families belonging to Scheduled castes and Scheduled Tribes, Other Backward classes and religious minorities. Gender based discrimination is also a significant feature of Indian society. And these sections constitute the majority of India's children!

These forms of discrimination lead to malnutrition and poor health indicators in these children. For example, the Infant Mortality Rate is high and the percentage of Low Birth Weight babies is markedly predominantly amongst this group.

Education should be a well-recognized and important component of ECCD but the recently passed 86th Amendment Act, 2002 excludes children under six.

Article 3.3 "States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and sustainability of their staff, as well as competent supervision"

Some of the programmes for the young child are derived from Labour Legislations pertaining to Factories, Mines and Plantations, Construction Workers, etc. These are the Plantation Labour Act, the Factories Act, the Mines Act, etc. While these provide for crèches and child-care services, in reality these hardly exist. For example, the number of crèches under existing crèche schemes is about 23,000 whereas 800,000 creches are needed to cater to approx. 220 million women working in the informal sector and in dire need of child care services.

The status of the child is inextricably linked to the status of the mother. The Indian mother's vulnerability is reflected in the unacceptably high Maternal Mortality rate of 660 per 100, 000 births. The multiple roles played by women in society – as workers (economically productive role) as home makers (consumer role) and as mothers (reproductive role) leads to a widespread neglect of the young child during the years when development takes place at a very fast pace While there are statutory provisions for maternity entitlements under the Maternity Benefits Act and the Employees State Insurance Act, these are applicable only to a small percentage of women working in the Organized Sector who constitute 17% of the total women workforce. The overwhelming majority of women who work in the Informal Sector are totally denied of any kind of maternity entitlements and do not even get any breaks for breastfeeding their children.

The major programme of the Government of India is the Integrated Child Development Scheme (ICDS) that caters to about 20 million, whereas the need is for 60 million children. The ICDS is the only integrated programme for the young child and covers health, nutrition, early childhood care and pre-school education. It is also supposed to include convergence of other services such as safe drinking water, environmental sanitation, women's empowerment, non-formal education and adult literacy. Though the ICDS caters to children in 0-6 age group, it excludes a large population living in urban slums, border villages, non-revenue paying hamlets as well as an increasing number of migrant settlements.

As of March 2002, there were 427,862 Anganwadi Centers providing services. The number of beneficiaries in the 0-6 year age group who received supplementary nutrition were 31,503,764 and the number of children who went through pre school education was 16,655,533.

While the ICDS has had a degree of success in reaching to approx. 2.31 million children and 49.23 million expectant and lactating women, evaluations point out glaring lacunae. There have been significant systemic and infrastructural inadequacies that prevent the scheme from delivering the required results. The limitations include poor outreach to the under 3s, low priority for pre-school education and lack of day care services; the latter automatically excluding a large section of women who are daily wage earners and artisans.

The most disturbing lacuna pertains to the status of the childcare workers (Anganwadi workers) at the ICDS centers. The paltry wages that are disbursed to these workers, the lack of recognition of their roles, the onerous duties that they are made to carry out (Including health surveys, election duties, etc) prevents them from performing their assigned primary tasks.

One of the aims of the ICDS programme is Convergence. The programme is supposed to ensure convergence of supportive services such as safe drinking water, environmental sanitation, women's empowerment programme, non-formal education and adult literacy. However, the reality at ground level is quite different and there is hardly any evidence of such convergence.

The very fact that persistent demands for universalisation of ICDS come from various Civil Society Organizations shows that this is indeed a major shortcoming. Another demand has been for decentralization of

ICDS programmes, ie the responsibility for implementing to be handed over to Local Self governing Institutions with the requisite financial resources. This demand is meant to ensure greater efficiency and sensitivity to the culturally diverse populace of India.

Apart from the lackadaisical approach regarding the needs of majority of Indian children, the galloping privatization and commercialization of health, education, food and water security further deprives the majority of the marginalized while privileging a small minority. This leads to greater polarization in Indian society.

Article 4 “ States Parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international cooperation.”

Budgetary allocations

The various socio-economic trends of the recent years have had and continue to have an impact on the situation of children. Various Policies, Laws and Schemes have been introduced and/or modified and the implications of these have to be analyzed with the interest of children in mind.

There are two contradictory trends. On the one hand, various International Conventions and Covenants (The CRC, CEDAW, Millennium Development Goals, Human Rights Convention, ILO Maternity Protection Convention 183, etc) are being put in place while social and economic policies at the national level are prioritizing the market economy, privatization and the withdrawal of the state from the Social Sector. This renders the vulnerable majority of children and their families even more vulnerable. Over the last decade and more, the state’s budgetary allocations to Health, Education, Public Distribution System, Sanitation, Drinking Water and specifically the commitment to provide nutrition to the children in need have declined in real terms.

Sector wise breakdown of the share of children in the Union Budget (2003-2004)

Year	*Education	Health	**Child development	***Children in difficult circumstances	Total %
2003-04	1.46	0.34	0.50	0.025	2.33

Source * Min. of HRD, Min of SJE & Min of Tribal Affairs; ** Min of HRD, Min of Youth and Sports; *** Min of SJE, Min of Labour

This total allocation in Gross Domestic Product (GDP) of just 2.3% is an insult to children. Poor allocation of needed resources, improper expenditure of available allocations, some faults in targeting most needed actions – all these have undermined good intentions. A more negative influence has been the pervasive fallout from the shift in national investment away from State supports for Social Development. 1990s decade was meant for Children’s Rights but it also launched the era of Globalization in India and ushered in a Neo- Liberal Economic Agenda.

The impact of Structural Adjustments has sharply reduced the capacities to families to fend for themselves. The 10th Five Year Plan is the first expression of how India proposed to address the reality that without pro-poor guarantees the Rights of Children cannot be secured. The Plan Document acknowledges this when it says that State subsidies need to continue and such supports must address the Early Childhood Care particularly of the majority of Indian children who are vulnerable.

Article 6.1 – “States Parties recognize that every child has the inherent right to life.

6.2 - States Parties shall ensure to the maximum extent possible the survival and development of the child.”

There are two serious issues regarding the Right to Life. One of them pertains to the very survival of the Girl Child. There has been a drastic decline in the female- male sex ratios in 0-6 age group over the last decade. The decline is from 945 females to 1000 males in the Census of 1991 to 927 females to 1000 males in Census of 2001. India introduced an amendment to the Pre-Conception Pre Natal Diagnostic Techniques Act, 2003 (Prohibition of Sex selection, 1994). While these are All India figures, in some states/regions the ratios fall to 886.

Missing girls per 1000 boys			
Punjab	207	Haryana	180
Chandigarh	155	Delhi	135
Gujarat	121	Himachal Pradesh	103
Uttaranchal	94	Rajasthan	91
Uttar Pradesh	83	Maharastra	83

INDIA	73		
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This masculinisation of sex ratios points to a deep seated discrimination against the girl child that extends to denying her the right to be born. Birth of girls is being prevented and girl infants are being killed or allowed to die. Female feticide is increasing despite the Pre Natal Diagnostic Tests (Prevention) Act 2002. Pre- birth sex selection tests are on the rise. Punishments are not stringent enough for those responsible.

These skewed sex ratios and related population imbalances portend serious social strife in the future. These have been further compounded by an insensitive Population Policy that pushes for a two-child norm. These further endanger the survival of the girl child in a society which is deeply and harshly patriarchal. Some of the states which have laws to implement this norm are Uttar Pradesh, Himachal Pradesh, Andhra Pradesh and Maharashtra.

The second major issue which pertains to the Right to life is the Infant Mortality Rate (IMR), a staggering 76 per 1000 live births. It is important to note that when the IMR is disaggregated by gender, caste, tribe, region, it climbs to over 100 per 1000 live births, esp. among the Scheduled Castes and Scheduled Tribes. If gender is added to this structurally based vulnerability, the picture becomes even more dismal. It is important to reiterate that these sections are the most vulnerable sections of Indian society and they constitute 25% of India's population.

Article 7.1 : "The children shall be registered immediately after birth and shall have the right from birth to a name."

The Registration of Birth and Deaths Act 1969 requires every birth in India to be registered. However, only 46% percent children below the age of 5 years are registered at birth.

Article 24.2 : " States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures :

- (a) To diminish infant and child mortality;
- (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
- (c) To combat disease and malnutrition, including with the framework of primary health care, through , inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution".

Nutrition security is a basic right but millions of children lack protection against hunger. Existing nutrition programmes are grossly inadequate and do not reach the children in need. The nutritional programme of ICDS has several drawbacks including poor quality food and inadequate quantities given at irregular intervals. It is best if the nutrition component of the ICDS and mid-day meal comes from local sources, utilizing culturally acceptable foods and be protected from technological manipulations. Children under three years from disadvantaged communities and urban poor need to be brought into the nutrition net comprising of proper care, water, sanitation and community support. The death drama in Melghat, a predominantly tribal area in the state of Maharashtra has recently brought to the forefront the economic and social angle of malnutrition where poverty stricken families are forced to go out to seek work for paltry wages and leave their infants in the care of siblings. This year alone, nearly 10,000 children have died of malnutrition and related complications there.

Recommendations:

The state should take the principal responsibility to ensure basic needs of health, nutrition and education for the overall development of children in their families.

1. ICDS and Crèche Schemes:

- Upgrade facilities and infrastructure;
- Issue guidelines for locating Aanganwadis and setting their timings to correspond to needs of target group.
- Redesign outreach to under-threes and pregnant and lactating women and make provision of Daycare arrangements cum Aanganwadis.
- Initiate Convergence of Services at both Planning and field levels

2. Revise nutrition programme, distribution system and type of food supplied in the Crèches and Aanganwadi centers.

3. Increase overall allocation for Maternity and Early Childhood Care and develop strategies for alternate source of funding.

4. All schools must provide pre-school education with age appropriate methodology and curriculum by teachers trained for early childhood,
5. All programme designs for children be guided by real socio-economic context of childhood with enhanced budgetary allocations for Child Care Services and Development Schemes (3% of GDP).
6. Strict implementation of the Pre-natal Diagnostic Techniques (Prevention) Act 2002 to address the falling sex ratios and the assault on the survival of the Girl Child.
7. All such laws/rules/schemes that discriminate against the third child and encourages sex selective abortions and foeticide should be amended or repealed.

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