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UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. When countries ratify the Convention, they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services

Chapter 2
The Situation of the Child in India: Quest for Equity

Abstract This chapter profiles the traditional view of childhood as per Indian scriptures. It moves on to then present the demographic profile of children in India, with the current infant mortality rate, under 5 mortality rate, nutrition status, health profile of children, sex ratio and maternal and girl child indicators. Statistics related to diarrhoea, immunisation, breast-feeding, infant and child survival are quoted and discussed. Reasons for falling child sex ratio as well as high IMR amongst others, are put across. NFHS 3 and Census 2011 figures are quoted. The Indian indicators are pitted against Human Development Index and Millennium Development Goals. Various articles related to children in the Constitution of India are put together in this chapter. Policy initiatives by the government of India for the benefit of children are briefly presented. There is one whole section devoted to discuss the role of non-government organisations in social development, wherein NGOs are classified and their merits and demerits are discussed.

Keywords Demography · Childhood in india · NGO role · Policies for children in india

2.1 Childhood in Indian Context

Little is known about the early history of childcare, except through the gleanings of scriptures. It is a pleasure to read the expression of the childhood of *Sri Rama*, where the mothers are shown to be very nurturing, indulgent and caring towards the four sons. The description of *Krishna Leela* is a poetic treat and the details of pranks played by *Sri Krishna* during childhood days speak generously of joyful abundance with which children where indulged in as well as valued.

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The best reference that one can get of the conceptualisation of the stages of child development in Hindu scriptures is through the *Grihyasutras* (700–300 B.C.), which put across various rituals which correspond to the developmental stage of early childhood. The rituals are:

(a) *Nama-karna* or the naming ceremony held in the first or third month of life—giving a name to the child
(b) *Annaprasana,* the introduction of solid food in the infant's diet performed around the sixth month
(c) *Chudha-Karma* or *Mundan* i.e. tonsure, first head shaving, signifying broadly introduction to personal hygiene, in the third year
(d) *Akarsharabhyase* introducing the child to first alphabets, around the fifth year
(e) *Upanayana*, the formal introduction to one's caste in the eighth year.

A child up to 7–8 years is considered too young to be given training, but after *upanayana,* he is considered to have entered the stage of *brahamacharya,* when he will primarily spend his time in learning. The next stage, *grihastashrama,* is when an individual is expected to marry and procreate. Here one sees that the progeny were valued and cherished, and parents were expected to nurture the child as a matter of duty. Children were essentially the responsibility of the family, kin group and the caste. Orphaned children were rarely abandoned. The belief that what we face in this birth is an outcome of our *karma* of the previous birth, made it easy to accept a handicapped child. Institutional educational care was represented by *gurukuls.* Children by the age of 7–8 were placed under *gurus,* and learned skills appropriate to their own caste. One's *gurus* and parents were considered sacred and treated as such.

Ayurveda, like any other Indian tradition considered the total life span of an individual to be over 100 years. The *Rig Veda*, the first of the four *Vedas*, considered to be the earliest recorded book of wisdom in human civilisation, wishes every individual to lead a healthy life of 100 years: "*jeevem sárdah satam*". In the earlier phase of ayurveda, the total life span was divided into the following three categories: *balyavasth* (childhood): 24 years*; yuvavastha* (young): 44 years and *vaidhavastha* (old age): 48 years. Thus the total life span was considered to be 116 years. However, later Susruta gave an elaborate and systematic classification of age of childhood as follows:

Balyavayya (childhood): 0–16 years. The *balyavaya* further constituted three stages of *ksirpa* (milkfed), *ksirannada* (weanlings) and *annad* (fed on cereals).

According to classical texts like *Manu,* the child belonged to the bottom of the social order along with the old and sick, newly married and pregnant women and slaves and servants. But all at the bottom were not to be dealt alike. While lower castes and servants who violated caste rules and norms were meted out harsh punishments, children, women, the old and sick were to be protected. The traditional Hindu texts and scriptures hardly have a reference to a female child, or for that matter to a brother–sister relationship. It seemed, women got an identity only after they married—as a wife or as a mother.

Traditional and Contemporary View on Child Rearing

There is no formal theory of child rearing in the Indian perspective, certain prescriptions are laid down in traditional teaching regarding the qualities to be nurtured in children and the ideal parental attitudes to be adopted in order to ensure the development of desired qualities in children. All these aspects are embedded in the spiritual context of *dharma and neeti.* The emphasis does not seem to be on specific parental behaviour but more on imbibing values and attitudes. In the contemporary view, there seems to be a general awareness of the relationship between child rearing practices and child's personality and social behaviour. Also, the element of spiritualism is not very strong in the contemporary view.

The traditional view of the child is that of a pure, innocent, amoral, asocial being with a set of *samskaras* which represent inherent dispositions presumably carried over from the previous birth. There is a belief that the child needs love and protection and yet needs to be disciplined, which according to Manu's code is more punishment than love.

In spite of a special relationship which is focal in the parent–child discourses, the traditional view warns against too deep an attachment in the interest of spiritual growth. The parent is reminded that getting too involved in this relationship might become an obstacle in the way of *dharma and moksha*, because intense attachment to the child can be a source of *moah.*

As per contemporary Indian view, the parent–child relationship is 'symbiotic', i.e., mutually beneficial. Parents are often indulgent. Sons continue to be important (for ritualistic reasons as well as for carrying the family name forward). Children are also seen as old age security, as a way of enhancing parents' sense of personal power, status and pleasure or as a potential earning member. The last mentioned attitude is discordant with the generally overindulgent and protective parental attitude. Yet in the current scenario, with increased instances of child bonded labour and servitude, the exploitative role played by parents in certain Indian contexts cannot be brushed under the carpet. It would not be entirely incorrect to say that parents could be having children with a utilitarian attitude. It could amount to expecting the children to support, albeit at the cost of their own childhood, which is further justified by the economic condition of the family.

According to the traditional view, both father and mother are treated as equally important. But in certain situations, either of the two could be glorified more. The mother primarily has the nurturing role taking care of physical and emotional needs, while the father fulfils the protective, advisory and authoritative role, taking care of moral, economic and intellectual needs.

In today's times, the parental role is completely mother centric, as the majority of studies on child rearing practices focus on the mother–child relation. There seems to be an assumption that the availability of the mother at home is necessary for child rearing.

2.2 Status of Children in India

Every year, tens of millions of infants around the world begin an extraordinary sprint—from defenseless newborns to becoming proactive young children ready for school. And every year, countless numbers of them are stopped in their tracks—deprived, in one way or another, of the love, care, nurturance, health, nutrition and protection that they need to survive, grow and develop. Poor, malnourished and unhealthy children make for poor and powerless states which are at the mercy of stronger states. Not providing for good health, nutrition, psycho-social care and cognitive stimulation of young children is a truly missed opportunity, which no nation can afford to let go. Investing in children is among the most far-sighted decisions leaders can make. A country's position in the global economy depends on the competencies of its people and those competencies are set very early in life. In this chapter, we will examine how India is doing as far as children and their development is concerned.

India stands at the crossroads of history. India is home to more than one billion people, of which 40 % are children, defined as a person under 18 years of age. We have the demographic advantage of a large young population, while the rest of the population of the world is ageing. But the challenges that we are continuing to face in education, child survival, health, malnutrition, we need to urgently address these, or the demographic advantage may soon turn into a liability. The fate of many of our children is still determined by caste, religion and gender. Many are denied basic rights, opportunities and a secure childhood. Children in India are trapped in a maze of imbalances that deprive, exclude and exploit. Investment in children is not only a desirable societal investment for the nation's future but also a step towards fulfilment of the rights of every child. In this context, India faces the immense challenge to provide to every child her rights to survival, protection and development.

Census 2011: Highlights with Respect to Children (http://censusindia.gov.in/)

- The total number of children in the age group 0–6 is 158.8 million (5 million less since 2001)
- The proportion of child population in the age group of 0–6 years to total population is 13.1 %, while the corresponding figure in 2001 was 15.9 %. The decline has been to the extent of 2.8 points.
- Uttar Pradesh (29.7 million), Bihar (18.6 million), Maharashtra (12.8 million), Madhya Pradesh (10.5 million) and Rajasthan (10.5 million) constitute 52 % children in the age group of 0–6 years.
- Overall sex ratio at the national level has increased by 7 points to reach 940 at Census 2011 as against 933 in Census 2001. This is the highest sex ratio recorded since Census 1971 and a shade lower than 1961. Increase in sex ratio is observed in 29 States/UTs.

- Three major States (Jammu and Kashmir, Bihar and Gujarat) have shown decline in sex ratio compared to Census 2001.
- Kerala with 1084 has the highest sex ratio followed by Puducherry with 1038; Daman and Diu has the lowest sex ratio of 618.
- Child sex ratio (0–6 years) is 914. Increasing trend in the child sex ratio (0–6) seen in Punjab, Haryana, Himachal Pradesh, Gujarat, Tamil Nadu, Mizoram and A&N Islands. In all remaining 27 States/UTs, the child sex ratio shows decline over Census 2001.
- Mizoram has the highest child sex ratio (0–6 years) of 971 followed by Meghalaya with 970. Haryana is at the bottom with ratio of 830 followed by Punjab with 846.

It is estimated that around 40 % of India's children are vulnerable to or experiencing difficult circumstances like children without family support, children forced into labour, abused/trafficked children, children on the streets, vulnerable children, children affected by substance abuse, by armed conflict/civil unrest/natural calamity, etc., as well as children, who due to circumstances have committed offences and come into conflict with law. Survival, growth, development and protection of these very large numbers therefore need priority focus and attention (Ministry of Women and Child Development 2011).

In international comparisons of the status and condition of children, India continues to rank poorly on several key counts. Human Development Index (HDI) measures the achievement of countries on three basic dimensions of human development: a long and healthy life, knowledge and decent standard of living. It includes indicators about children like the IMR, status of education and child labour. The world's tenth largest economy unfortunately ranks 136 out of 187 on the HDI. Denmark is 15, Mexico 81 and Japan 10 on HDI. The population of children aged 0–6 years has declined from 164 million (16 % of the total population) as per Census 2001 to 159 million (13.1 % of the total population) in Census 2011. In Kerala and Tamil Nadu, children constitute less than 10 % of the population. This decline is due to decline in the fertility rate from 3.1 children in 2001 to 2.7 as per Census 2011.

In India, of every 1000 children born, 42 (SRS Bulletin 2013) die before they see their first birthday—most of which are avoidable. About 22 % of newborn infants have low birth weight. Only 23.4 % of children are reported to have started breast-feeding within 1 h of birth. 46 % of infants receive exclusive breast-feeding till 6 months of age. Timely complementary feeding is introduced to only about 55.8 % infants. As many as 45 % of our children are stunted (too short for age), 23 % wasted (too thin for height) and 40 % are under weight (too thin for age). Despite regular immunisation programmes, only 44 % of 12–23-month-old infants are fully immunised against vaccine preventable diseases. A whooping 7 out of 10 children between 6 and 59 months of age suffer from anaemia (NFHS 3, 2005–2006).

We have the world's largest child labour force. There is a gross disregard for the girl child which is reflected by the skewed child sex ratio—914 females for 1000 males (Census India 2011, http://censusindia.gov.in/)

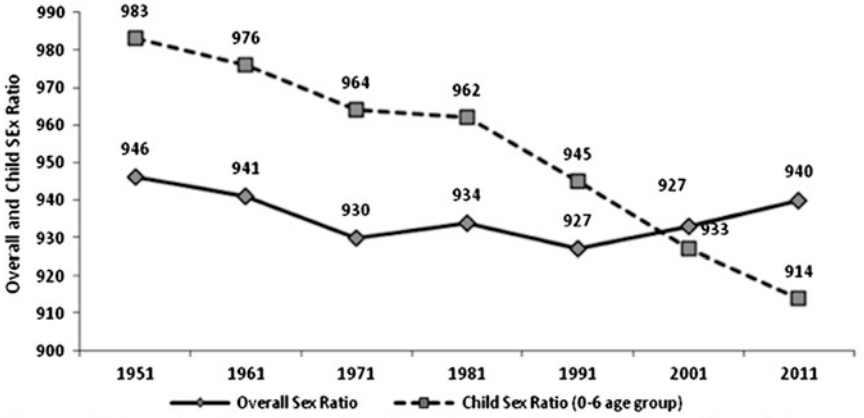
Critical concerns:
India population 1.21 billion
Child population (0–6 years): 158.8 million (Census 2011)
Total child population (0–18 years): 430 million (Census 2011)
IMR: 42 per thousand live births (SRS, Sept, 2013)
U5MR: 35 urban, 61 rural (Census 2011)
Children born with low birth weight: 22 % (NFHS-3)
Children under 3 with anemia: 79 % (NFHS-3)
Exclusive breast-feeding till 6 months: 46 % (NFHS-3)
Malnourished children: 45 % stunted, 22 % wasted, 40 % underweight (NFHS-3)
Children fully immunized: 44 % (NFHS-3)
Sex ratio: 1000:940 (Census 2011)
Child sex ratio: 1000: 914 (Census 2011)
Every second new born has reduced learning capacity due to iodine deficiency
Third largest crime in India after drug and guns smuggling is child trafficking.
45,000 children go missing in India every year.

Infant mortality rate and the under 5 mortality rate are widely accepted indicators of the state of children of any nation. While IMR is the number of children who die before the first birthday per 1000 live births, under five mortality rate is the number of deaths of children under 5 years of age for a live 1000 births. High IMR is an indication of the lack of health care and environmental conditions, while high U5MR is an outcome of cumulative conditions which lead to disadvantage and death. Looking at the trends in IMR, there has been a consistent lowering of IMR in the past 10 years. In 2006, IMR was 57, in 2008 it was 53, in 2009 it was 50, in 2010 it was 47 and as per SRS (Sept, 2013) IMR is 42 (46 rural and 28 urban). The Millennium Development Goal of IMR to be achieved by 2015 for India was 28, which looks to have been achieved for urban India, which stands at 28 (SRS Bulletin 2013). The MDG for U5MR is 42. The U5MR was 55 in 2009. Urban U5MR is 35, so MDG has already been achieved, while the rural U5MR is 61 (Census 2011). Six states in India which are likely to achieve the MDG targets of IMR and U5MR are Kerala, Tamil Nadu, Maharashtra, West Bengal, Punjab and Himachal Pradesh.

Analysis of the determinants of child survival in India clearly shows that IMR and U5MR among children born to illiterate mothers is higher than those born to mothers with some education. The relationship between education and mortality becomes significant when the education of mother is more than 8 years of schooling. IMR and U5MR is highest among children of mothers younger than 20 years of age. Also, children born less than 2 years after the previous delivery are

less likely to survive. Mortality among children of mothers who are malnourished, anaemic and obese is also higher.

The Census 2011 threw up the most disturbing finding of a falling Child Sex Ratio (CSR). The female literacy has risen from 53 % (Census India 2001. http://www.censusindia.net/) to 65 % (Census 2011). The corresponding figure for male literacy was 75 % in 2001 and 82 % in 2011, but the CSR has dropped showing a rising son preference and unwelcoming trend for the female child. Clearly, the legislation for sex selection of foetus is not working and there is a need to rethink more effective strategies in this regard.



Source: (1) Data taken from Office of Registrar General of India and Census Commissioner (1951-2001); (2) data taken from Office of Registrar General of India and Census Commissioner (2011)

NFHS 3 (2005–2006) found that the family size was now getting restricted. If the firstborn was a daughter, then when the woman conceived a second time, chances of sex determination and aborting a female fetus were high. Small families, yes. But daughters, no! SRS 2008 data showed that the death rate among girls aged 1–4 years was 40 % higher compared to boys. With higher female child mortality, coupled with sex selection, the deficit would increase at a fast pace. Women suffer a persistent disadvantage from before birth, early infancy well into reproductive years. It seems that sex selection is spreading even to smaller cities, contributing to a declining CSR. There are social and cultural factors that underlie the declining numbers of girl children in India. No legislation would work in our conditions.

Some of the reasons for alarmingly low sex ratio are son preference and burden to protect the 'honour' of the female child; low value of girl child due to evils like dowry; death rituals of parents which are recommended to be performed by sons; female foeticide and infanticide; neglect of girl child resulting in high girl child mortality; patriarchal structure; and sons viewed as old age security and girls as belonging to some other family.

There is a gap of 16.6 % in female literacy. As per Census 2011, male literacy is 82.1 %, whereas female literacy is 65.5 %. Compared to Census 2001, this gap has come down from 21.6 % (Census 2001, Female literacy was 53.7 % and male literacy was 75.3 %), clearly showing a jump of almost 12 % points in female literacy in the past decade. Yet India has a long way to go towards achieving total literacy.

Reviewing maternal health indicators, antenatal care (ANC) refers to pregnancy-related health care, which is usually provided by a doctor, an ANM or another health professional. Ideally, antenatal care should monitor a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care and related issues. In India, the Reproductive and Child Health Programme aims at providing at least three antenatal check-ups which should include a weight and blood pressure check, abdominal examination, immunisation against tetanus, iron and folic acid prophylaxis, as well as anaemia management.

Maternal Mortality Ratio (MMR) refers to the number of women who die as a result of complications of pregnancy or childbearing in a given year per 100,000 live births in that year. Although the MMR dropped from 212 deaths per 100,000 live births in 2007–09 to 178 in 2010–12 (www.censusindia.gov.in/vital_statistics/…/MMR_Bulletin-2010-12.pdf), India is behind the target of 103 deaths per live births to be achieved by 2015 under the United Nations mandated Millennium Development Goals.

According to NFHS 3, 2005–2006 data, 50.7 % women got at least three ANC checkups done. 22.3 % took iron-folic acid tablets for 90 days or more. 48.8 % had assisted childbirth and 40 % delivered in institutes. 36.8 % availed post-natal care within 2 days of childbirth. NFHS 3, 2005–2006 also reported that the percentage of mothers who received antenatal care from a doctor increases sharply with education, from 29 % for women with no education to 88 % for women who have completed 12 years of education or more. NFHS 3 data also showed that 58 % of pregnant women were anemic. Also, of the women in the age group of 20–24 years, 47 % had got married by 18 years of age.

Universal immunisation of children against the six vaccine-preventable diseases (namely, tuberculosis, diphtheria, whooping cough, tetanus, polio and measles) is crucial to reducing infant and child mortality. NFHS 3 collected information on vaccination coverage for all living children born in the 5 years preceding the survey. According to the guidelines developed by the World Health Organisation, children are considered fully vaccinated when they have received a vaccination against tuberculosis (BCG), three doses of the diphtheria, whooping cough (pertusis) and tetanus (DPT) vaccine; three doses of the poliomyelitis (polio) vaccine; and one dose of the measles vaccine by the age of 12 months. BCG should be given at birth or at first clinical contact, DPT and polio require three vaccinations at approximately 4, 8 and 12 weeks of age and measles should be given at or soon after reaching 9 months of age. Considering the immunisation status, NFHS 3, 2005–2006 indicated that 43 % children between 12 and 23 months were completely immunised, which included BCG, measles, 3 doses of DPT and Polio. For each of the vaccines, the

status was BCG-78 %, measles-58 %, 3 Polio-78 %, 3 DPT-55 %. Only 24 % of 12–23 months old had received Vitamin A dose in the past 6 months.

As many newborn infants cannot be weighed right after birth, hence obtaining a record of birth weight of all infants at the time of birth is a challenge. The NFHS 3, 2005–2006 could obtain the weight of 34 % infants at birth, 5 years before the survey. It reported 22 % newborns as being low birth weight, i.e. weighing less than 2500 g at the time of birth. The proportion of births with low birth weight decreases with the increasing education level of the mother and increase in the income level.

Diarrhoea is the single most common cause of death among children younger than 5 years. Children who get diarrhoea die due to dehydration, which happens due to loss of fluids from the body. It is important to restore the fluids in the body if the child is having diarrhoea. The government of India started the Oral Redydration Therapy programme as one of the priority measures for survival of young children. The major aim of this programme is to inform the mothers and the community about the causes and management of diarrhoea. ORS is widely available and can be easily used by the mothers. NFHS 3, 2005–2006 collected information on ORS usage and found that children who had had episodes of diarrhoea in the past 2 weeks and received ORS were a mere 26 %. Only 61 % having diarrhoea were taken to a health facility. While suffering from diarrhoea, children should continue to be fed as they normally are, and this occurs for only a small number of children when they had suffered from diarrhoea. NFHS 3, 2005–2006 data showed that only 37 % of children were given the same food to eat after having recently suffered from diarrhoea.

Three standard indices of physical growth that describe the nutritional status of children are height-for-age (stunting), weight-for-height (wasting) and weight-for-age (underweight). Stunting index is an indicator of linear growth retardation and cumulative growth deficits. Stunting reflects failure to receive adequate nutrition over a long period of time and is also affected by recurrent and chronic illness. It, therefore, represents the long-term effects of malnutrition in a population and does not vary according to recent dietary intake. Wasting index measures body mass in relation to body length and describes current nutritional status. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Underweight is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations from the median of the reference population are classified as underweight. According to NFHS-3, 45 % children are stunted, 23 % wasted and 40 % underweight.

Infant feeding practices have significant effects on both mothers and children. Mothers are affected through the influence of breast-feeding on the period of postpartum infertility and hence on fertility levels and the length of birth intervals. These effects vary by the duration and intensity of breast-feeding. Proper infant feeding, starting from the time of birth, is important for the physical and mental development of children. Breast-feeding improves the nutritional status of young

children and reduces morbidity and mortality. Breast milk not only provides important nutrients but also protects the child against infection. The timing and type of supplementary foods introduced in an infant's diet also have significant effects on the child's nutritional status.

According to NHFS-3, only 23 % infants were breast-fed in the first hour after birth. It is recommended that infants should be breast-fed exclusively till 6 months of age. As per NFHS-3, only 46 % infants were exclusively breast-fed between 0 and 5 months. Moreover, only half of the infants (55 %) were receiving complementary weaning foods between 6 and 9 months of age. Adoption of appropriate infant and young child feeding practices (IYCF) are salient for child survival and development. The discussion clearly shows that a large percentage of our infants are not being fed appropriately.

Certain indicators in social development in India cause a sense of satisfaction, while others continue to be reminders that our efforts in this direction must be intensified to bear more concrete results. India's shortfall may not be because of lack of political or administrative will, but mostly on account of the magnitude of the problem, the size of the numbers involved, financial constraints, the complexity of the vicious cycle of poverty, and India's determination to rely mostly on the democratic tools of sensitisation, advocacy and motivation rather than on coercive and regulatory measures. While India accounts for a meagre 2.4 % of the world surface area, it supports and sustains a whooping 17.5 % of world population. In contrast, the United States occupies 7.2 % of the world surface area and supports 4.5 % of the world population. So, the challenges that come with a burgeoning population are mammoth and these challenges are going to be discussed in this book.

Have you ever wondered why child death (IMR) and mother death (MMR) are going down so slowly in India? Part of the answer can be found in a recent survey report put out by the census office. The eight most poor states where this survey was done are home to half the country's population. And, it is in these states that 71 % of infant deaths, 72 % of deaths of children under 5 years, and 62 % of maternal deaths take place. More than three-quarters of pregnant women in any of these states do not get the full ante-natal checkup. In UP, Bihar and Rajasthan, over 90 % women did not get the full ANC. So, the foundation for something going wrong at delivery time is laid. A very large proportion of mothers did not get a check-up within 48 h of delivery. They could be suffering from bleeding or infections and the risk is highest at this time. In Odisha, this proportion was low at 17 % but it went up to nearly 40 % in Bihar. The reason for children's vulnerability to diseases and death is revealed by two key statistics. From one-third to nearly half the infants aged 12–23 months do not get fully immunised. In UP, 47 % infants remain unvaccinated, in Assam 36 %. This is despite a huge immunisation programme conducted by the government. The states covered in the survey are: UP, Bihar, Rajasthan, MP, Chhattisgarh, Jharkhand, Odisha, Uttarakhand and Assam. The survey covered a large sample of nearly 21

million people spread over 284 districts of these states. Maternal death rate averages 265 in these nine states compared to 178 for India. Infant death rates average between 46 and 68 in these states except Uttarakhand which has 40. India's average infant mortality rate is 42 (Varma 2014).

2.3 Constitution Framework Supporting Children in India

India's commitment to children is clearly manifested in its constitution wherein several articles are dedicated to children, viz.:

Article 14—The State shall not deny to any person equality before the law or the equal protection of laws within the territory of India.
Article 15(3)—Nothing in this article shall prevent the State from making any special provision for women and children.
Article 21—No person shall be deprived of his life or personal liberty except according to procedure established by law.
Article 21A—The State shall provide free and compulsory education to all children of the age of 6–14 years in such manner as the State may, by law, determine.
Article 23— Prohibition of traffic in human beings and forced labour—(1) Traffic in human beings and *begar* and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with law. This article clearly highlights the commitment of the Constitution prohibiting trafficking in human beings. However, there is a need for a comprehensive law on anti-trafficking, which will take into account the provisions of the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (Ministry of Women and Child Development, n.d.)
Article 24—No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.
Article 39(e)—Provides that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength (Ministry of Women and Child Development, n.d.)
Article 39(f)—Provides that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment
Article 45—The State shall endeavour to provide early childhood care and education for all children until they complete the age of 6 years.

Article 47—State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties (Ministry of Women and Child Development, n.d.)

The 86th Amendment Act of 2001 of the Constitution of India has once again drawn our attention to the component of Early childhood development. With this amendment, Article 45 of the constitution which earlier pledged to provide free and compulsory education to all children between 6 and 14 years now talks about providing free and compulsory early childhood education to all children between birth and 6 years of age.

2.4 Policies for Children in India

1974	National Policy for Children
1975	Integrated Child Development Services Scheme
1983	National Health Policy
1986	National Policy on Education
1987	National Policy on Child Labour
1991–2000	National Plan for SAARC Decade of the Girl Child
1992	National Plan of Action for Children
1993	National Nutrition Policy
1996	Communication Strategy for Child Development
1996	Reproductive and Child Health policy
2000	National Population Policy
2001	National Policy for the Empowerment of Women
2006	Integrated Child Protection Scheme
2005	National Commission for Protection of Child Rights
2010	Right to Education Act

Is childhood disappearing from India today? Working children, urbanisation, high infant and child mortality rates, pressure on young children to study, poverty and economic necessities which compel parents to sell their children into servitude are reasons more than enough to make us ponder if childhood is really as carefree a stage as it should be. Dismal conditions in which children are growing, the outcomes of which are reflected in the child-related indicators, are major developmental challenges we face today. There is a growing need for collaboration between early childhood professionals, government policy makers and community agencies if we want to restore some glory to childhood days.

A number of policy initiatives have been prepared for the benefit of children in India. Policy documents are reference points while planning interventions and programmes for any group. Some of the major policies for children are briefly presented in this section.

1. National Policy for Children, 1974 India is one of the few states that has written a National Policy for Children. This policy provides the conceptual basis for an integrated approach to address the whole child and commits 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. It declares that children are the nation's supreme assets and that children's programmes should find a prominent place in our national plans for development of human resources. The salient features of the National Policy for Children are:

- To provide for a comprehensive health programme covering all children
- To provide nutrition services with the objective to remove deficiencies in diet of children
- Free and compulsory education for children up to age of 14 years
- Non-formal education facilities
- Facilities for education, training and rehabilitation of socially disadvantaged and physically, emotionally and mentally retarded children will be provided.
- Equality of opportunity to all children will be ensured
- Children to be protected against neglect, cruelty and exploitation
- No children under fourteen to be engaged in hazardous occupation
- Children a priority in natural calamities or disasters
- Special programmes will be taken up to encourage and assist gifted children
- Family ties are to be strengthened
- Laws to be amended so that in matters of legal disputes, the interests of the child are given paramount importance.

The above policy is now old and we now have new policies which conform to the standards laid down by the UN Convention on the Rights of the Child.

2. National Policy on Education, 1986 (modified in 1992) and its National Plan of Action, which has a whole section on Early Childhood Development. It clearly recognises the holistic nature of child development, and that early childhood is the crucial foundation for human resource development and cumulative lifelong learning. ECCE is viewed as a feeder and support programme for universal elementary education—especially for first-generation learners, and an important support service for working mothers and girls (Ministry of Women and Child Development, n.d.).

3. National Health Policy, 2002 accords primacy to preventive and first line curative care, and emphasises convergence, and strategies to change care behaviours in families and communities.

4. National Charter for Children, 2003 intends to secure for every child her inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the nation. However, it does not declare India's acceptance of children's entitlements as their rights. With India's accession to the UNCRC and its two Optional Protocols

rights-based framework has been accepted as the guiding frame for policy measures and programming for children (Ministry of Women and Child Development, n.d.).

5. National Plan of Action for Children, 2005 For the first time in the history of planning for children, India has adopted a clear understanding and definition of the child in the NPAC 2005. The NPAC definition of the child as a person up to the age of 18 years and its clear declaration that '*all rights apply to all age-groups, including before birth*' reiterates the 1974 National Policy mandate that the State takes responsibility for children 'both before and after birth', and the child's interests are to receive paramount attention. This national reaffirmation must set the frame for future planning and intervention to secure the well-being of all children of the country and provide them a caring and protective environment (Ministry of Women and Child Development, n.d.).

The National Plan of Action for Children, 2005 (http://www.wcd.nic.in/NAPAug16A.pdf, accessed on 11th Nov, 2014) has identified twelve key areas keeping in mind priorities and the intensity of the challenges that require utmost and sustained attention in terms of outreach, programme interventions and resource allocation, so as to achieve the necessary targets and ensure the rights and entitlements of children at each stage of childhood. These are:

- Reducing infant mortality rate
- Reducing maternal mortality rate
- Reducing malnutrition among children
- Achieving 100 % civil registration of births
- Universalisation of early childhood care and development and quality education for all children achieving 100 % access and retention in schools, including pre-schools
- Complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child
- Improving water and sanitation coverage both in rural and urban areas
- Addressing and upholding the rights of children in difficult circumstances
- Securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect
- Complete abolition of child labour with the aim of progressively eliminating all forms of economic exploitation of children
- Monitoring, review and reform of policies, programmes and laws to ensure protection of children's interests and rights
- Ensuring child participation and choice in matters and decisions affecting their lives

6. The National Commission for Protection of Child Rights (NCPCR) was set up in March 2007 under the Commission for Protection of Child Rights Act, 2005, an Act of Parliament. The commission's mandate is to ensure that all laws, policies, programmes and administrative mechanisms are in consonance with the Child Rights perspective as enshrined in the constitution of India and also the UN

Convention on the Rights of the Child. The child is defined as a person in the birth to 18 years age group (http://ncpcr.gov.in/, retrieved on 12 Nov, 2014).

The National Commission for Protection of Child Rights (NCPCR) emphasises the principle of universality and inviolability of child rights and recognises the tone of urgency in all the child related policies of the country. For the commission, protection of all children in the 0–18 years age group is of great importance. Policies define priority actions for the most vulnerable children. This includes focus on regions that are backward or on communities or children under certain circumstances, and so on. The NCPCR believes that while in addressing only some children, there could be a fallacy of exclusion of many vulnerable children who may not fall under the defined or targeted categories. For the Commission, every right the child enjoys is seen as mutually-reinforcing and interdependent and all the rights of children are of equal importance (http://ncpcr.gov.in/, retrieved on 12 Nov, 2014).

2.5 Non-Government Organisations: Role in Social Development

A non-government organisation (NGO) is an integral part of any civil society in today's world. Primarily, an NGO is a non-profit making organisation with voluntary service towards social and community development as its prime motto. NGOs are relatively free from the laws of the society. In fact, their functioning is governed by rules formulated and agreed upon by those very people who have decided to form it. An NGO is characterised by its voluntary spirit, flexibility of operation, grass-root contact, self-reliance and ease of operation which is free from red-tapism. NGOs are omnipresent in today's world. They work directly with people. They stimulate voluntary action among the target community and also involve the active members of that community. The freedom and flexibility that they enjoy, along with personal contact with the beneficiary, gives them opportunities to innovate as well as constantly monitor their programmes and make their programmes more and more need based. NGOs have the ability to communicate with people at all levels, from community to the top government officials and decision-makers.

NGOs have become increasingly important for global development. But, for the developing world, their contribution can often be critical. NGOs often provide essential services to the communities which, at times, the resource crunched governments cannot afford. The contribution of NGOs in healthcare services, childcare, women's development, social justice and empowerment and attainment of basic human rights cannot be overemphasised. NGOs play a vital role in shaping and implementing participatory democracy.

Development practitioners, government officials and foreign donors consider the NGOs by virtue of being small scale, flexible, innovative and participatory as more successful in reaching the poor and in poverty alleviation. This consideration has

resulted in rapid growth of NGOs in initiating and implementing development programmes (Padmavathi 2009).

The functioning of NGOs is charactertised by the following features:

1. *More action oriented*: NGOs can undertake need-based activities as they are in direct touch with the people to whom services are being provided. Most NGOs focus on the pressing needs of the community and develop strategies and programmes to address those needs.
2. *Flexible methods and practices*: as the NGOs are small organisations, it is easy for them to take quick decisions and constantly keep reviewing their programmes. The flexibility that they enjoy is a truly unique feature of NGOs.
3. *More focused on development work*: NGOs are mostly goal focused, hence the achievements made by them are more tangible. The 'goal confusion' is one of the important contributory factors for the limited success of government programmes.
4. *Relative independence*: As the functioning of NGOs is governed by their own rules, this autonomy of function allows them to choose their target group, goals, approach and strategies to be adopted, etc., and they function relatively independently of local power structures.

Classification of NGOs

NGOs can broadly be classified on the basis of functions that they perform:

1. *Grass root organisation*—these NGOs work directly with the community. These organisations undertake health and nutrition intervention, education programmes for the disadvantaged sections, rehabilitative services for children with disabilities and so on.
2. *Advocacy*—chiefly work on raising awareness in the community on issues which can affect the lives of people. Includes taking up publicity campaigns and developing IEC material. For example, organisations raising awareness on female foeticide or child rights, disability rights. These NGOs also liaison with government departments to undertake policy changes or change budgetary provisions for their target group.
3. *Research and training*—primarily engaged in capacity building. Also engage themselves in researching issues of functional importance. For example, identifying within the community best practices in infant and childcare. Or enumerating anemic children in the under 6 age group.
4. *Networking organisations*—these NGOs gather other NGOs working in related fields under one umbrella. Together, they can act as pressure groups for bringing about changes in government policies and programme initiatives. For example, NGOs working for child adoption.
5. *Mother organisations*—these organisations collect funds as well as disburse funds to other NGOs. They do not run their own programmes. Instead, they identify programmes of other NGOs which fall in their area of interest and provide financial support to those organisations.
6. *International organisations*—these organisations have their base in other countries but have interest in funding programmes of other organisations elsewhere.

7. *Self help groups*—typically, ten or more persons can get together to make a self-help group. In most cases, the objective is to promote enterprise and generate income. Women's groups are popular self-help groups.

Role of NGOs in Developmental Activities

NGOs are expected to play a role in all conceivable aspects of development. People as well as policy makers alike attribute innumerable roles to NGOs and presume that NGO activity is a remedy to a number of problems in society. Before independence, NGOs confined their role to charity, relief and welfare activities. By the second half of the 1970s, the scope of NGOs work changed due to changes in the function and philosophy of other development organisations. The role of the government has changed from a police state to a welfare state and subsequently to a development state. Correspondingly, the NGO role has undergone modifications such as that of welfare, development and empowerment (Padmavathi 2009).

The objectives of the NGO reflect the scope of activities and the goal of the NGO. Most NGOs have multiple contributions to make. The most important role of NGOs is to deliver basic services to the underprivileged. The activities could include education, immunisation, sanitation, hygiene, health issues, maternal health, running old age homes, etc. NGOs could also work on providing low-cost housing to poor, construct tube wells, set up community owned micro-hydro projects, drinking water, public toilets, etc.

NGOs can act as the eye and ears for the government. They could convey the problems, constraints, potentialities and aspirations of people. They could also act as the arm of the government by making sure that the benefits of the government schemes reach the masses. They act as catalysts of social change as they could make the communities aware of their rights and empower them enough to raise their voice to ask their rights. Through capacity building of community and self-help groups, NGOs help the communities to generate income and develop economic independence.

NGOs also run consumer protection forums, literacy programmes and advocacy groups. Some engage in training, research, awareness generation, information dissemination and developing IEC material. NGOs also help the government to attain its goals of say 'education for all' through its total literacy mission by running the non-formal literacy centres. Foreign agencies also allocate funds to NGOs to undertake projects on issues of global concern, say AIDS or infant survival or breast-feeding promotion.

According to Bajpai (2006), NGOs have played a significant role and have been at the forefront providing services to children, showing a shift from the welfare approach to thrust on development and empowerment in the interventions for the children. The NGOs have developed several strategies based on child rights perspective to intervene on behalf of children and protect their rights. Many NGO and grass-roots organisations have intervened with various approaches. Some of the interventions have been in the following kinds of activities:

- Research and documentation.
- Advocacy of all level to bring about structural and policy changes.

- Preparing alternative reports on status of child rights.
- Promoting networking and coordination among NGOs to jointly advocate on issues which affect the rights of the child.
- Awareness building.
- Mobilisation of public opinion.
- Intervening in special cases of violations.
- Providing a platform for expression of children's concerns.
- Direct action like raids and liberation of children in servitude.
- Building pressure groups.
- Capacity building (building in the necessary skills, structures, attitudes, and knowledge) required to work better.
- Lobbying with the government to review existing schemes towards being more child-oriented.
- Running field action projects to reach out to children.
- Direct work with children and their communities.

Demerits of NGOs

- Operate at a very small level. The scope and the ability to reach to large population is restricted.
- Dependence on outside financial resources.
- Resource crunch always there. So the replicability of innovative ideas becomes very difficult.
- Some NGOs could be 'suitcase NGOs'. i.e., they operate from suitcases, the only objective being to collect funds from the government and other agencies on the name of being a registered NGO.
- May not be willing to share their ideas with other organisations out of fear of competition.

This book will present the work of some of the NGOs working in the area of Child Survival, Education, Child Protection and Disability in the following chapters. The NGO effort is a part of social action that is being taken to meet the challenges which children in our country face in the form of child rights violations. The focus in this book is on Indian NGOs, though international NGOs like CARE, Agha Khan foundation, Plan International, Oxfam, Action Aid (to name some) are also active in India. Mostly, the main role of these NGOs is to act as funding agency for development projects which fall in their purview of work.

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