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a socio-economic analysis under regional
perspective**

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Child Rights & Child Development in India: A *Socio-Economic Analysis under Regional Perspective*

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1. Introduction

Every human being below the age of eighteen years is known as 'child' according to the universally accepted definition of United Nations Convention on the Rights of the Child (UNCRC). The need for special safeguard for the child had been stated in the Geneva Declaration, 1924. It was also proclaimed in that declaration that the child by the reason of his physical and mental immaturity needs this special safeguard including appropriate legal protection. The need to extend particular care to the child as stated in the Declaration of the Rights of the Child was adopted by the General Assembly on 20 Nov, 1959.

In 1989, the world leaders recognized that Children should have human rights too and for that they need a special convention, i.e., a universally agreed set of non-negotiable standard and obligation. The Convention on the Rights of the Child (UNCRC, 1989) is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights within child rights.

The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out those basic human rights that every child should have wherever he may live: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Every right spelled out in the Convention is inherent to the human dignity and conducive for harmonious development of every child. By setting standards in health care; education; and legal, civil and social services, it tried to protect the basic Rights of every Child in this world.

1.2 Child Rights in India

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.

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The NPC (1974) 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 Labour (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. The Commission's responsibility is to ensure that all laws, policies, programs and administrative mechanisms are in consonance with the Child Rights perspective.

The constitution of India, as of now, guarantees all the children certain rights which include

- (i) Right to free and compulsory elementary education for all children between the age group 6-14 years. (Article 21A)
- (ii) Right to be protected from any hazardous employment till the age of 14 years (Article 24)
- (iii) Right to be protected from being abused and forced by economic necessity to enter occupation unsuited to their age or strength [Article 39(e)]
- (iv) 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)]

Besides the children have rights as equal as all other adult citizens of India, the important few are as follows:

1. Right to Equality (Article 14);
2. Right against Discrimination (Article 15);
3. Right to Personal Liberty and Due Process of Law (Article 21)
4. Right to being protected from being trafficked and forced into bonded labour (Article 23);
5. Right of Weaker Sections of People to be protected from Social Injustice and all forms of exploitations (Article 46);

However, despite having so many legal instruments the children in India are still not secured. Several indicators are showing how the Child Rights are being violated in different parts of our country whose plausible social and economic consequences would

be more dangerous. This paper within its limited scope of approach would attempt to find out those loophole zones where more care should have to be given to prevent those Rights violators. The chief objective of this paper is to recommend few policy restructuring measure in order to make this nation a child rights protected economy.

2. Critical Situations related to Child Rights Protection in India

Despite having so many Child Rights protecting measures, millions of children in India is facing multi- dimensional problems in several spheres of their lives. India is home for more than one billion people of which 42 percent are children and that constitute 19 percent of world's children population. Globalization and liberalization have speeded up the development pace but at the same time this section remains almost within exclusion group. Not only the children from the downtrodden or marginal sections were deprived the fruits of success, the violations of Child Rights have been prominent in middle class and elite class too. This analysis will be in the context of recent political and economic scenario of the country when the post globalization impacts have been perceived in different sections of the nation. I wish to carry forward how this impact analysis on Child Rights under several perspectives, like Health, Education & Labour, and Abuse. The specific objective of this section would be to determine the loopholes and lacuna within the existing policy of each of these categories.

2.1 Child Rights & Child Health

Indians constitute 16 percent of the world population, where every 3rd malnourished and 2nd underweight child of the world is born. Every 3 out of 4 children are anaemic 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 have been adequately taken care, are

- (i) Child Survival Rate (%of children who survive at the age of 3yeras)
- (ii) Immunization (% of children who are fully immunized)
- (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 one third of expectant mothers in India are deprived from tetanus vaccine, an important defense against

infection at birth. The raises the propensity of 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, TamilNadu, Maharashtra, Delhi and West Bengal have succeeded in achieving MDG (Millennium Development Goals) targets , i.e., 42 by 1000.

Immunisation 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%.

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 the under- nutrition of children and expectant mothers. 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 well performing states are all North-eastern states and Kerala, Tamil Nadu, Punjab and Jammu Kashmir.

**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
Chhatsigarh	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
Uttaranchal	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	94.3	53	54	42	44	61.8	64.1

Source : Compiled from Info Change News & Feature, 2007, online data;

The above table gives a comprehensive picture about how the Child Health Index has shown a tardy progress rate during 1998-99 to 2005-06, ie., in the post globalization period. Health is the most prioritized issue so far as Child Development is concerned, but the growth rate in this section is far from satisfactory level. Tamil Nadu and Kerala are two prominent states in providing the health services to their children, but during this period their growth rate is quite disheartening mainly due to dismal performance in Immunization Index. Bottom ranking states in Child Development, like Bihar, UP, MP have shown substantial mark of progress, though Rajasthan has retarded back in growth trajectory. West Bengal has remarkably improved its position in every child-health related indices during the stated period.

The growth pattern in health indices has shown regional diversification and unbalanced development. The constitution lays adequate emphasis regarding the duties of States with respect to Health Care, but till now there exists no single law addressing the issue of Public Health. Ministry of Health & Family Welfares focus only on reproductive health and safe motherhood or to the extent of child survival. The other health needs of the children are left to be addressed by Country's Primary Health care System, which suffers from its own inherent weaknesses. The Government of India has announced Health Policy 2000 where children could not find an exclusive category to be mentioned. Thus the Child Rights on Health issues have already been jeopardized.

2.2 Child Labour & Education Situation & Child Rights

Child education has an intrinsic link with child labour as most of the situation the performance of the former is obstructed by the latter. Although school going child labour is not uncommon in our country and in fact 8% of our school going children between the age group 10-14 years is child labour. Whereas the children who do not go to school and work as a child labour is 4% of the total child population in the age group between 10-14 years.

What ever may be the situations, either its economic compulsion or dire family necessity child labour even for the school goers are indicators of non-development and against to the Child Labour (Prohibition) Rights. On the other hand the Right to Education Act 2009, that came into force on April1, 2010, has entrusted full responsibility to the government for providing free and compulsory education to all the children between 6-14 years of age.

IHDS (2004-05) shows that only 11 percent of children within the age group 10-14 years are employed within labour force to do various kinds of work including work on family farm, care for animals, work for a family business and wage work.

Regional variation is also observed in this education-labour sector and we intend to introduce a composite index of Child Development in Education(CDE) which at a time takes care about the Child Labour issues, and call it CDE Index.

$$\text{CDE Index} = \frac{\% \text{ of School Going Children within certain age group}}{\% \text{ of Child Labour within that age group}}$$

CDE index can capture both the enrolment drive as well as the child labour situation at a time, as both are equally important to safeguard the child rights. If higher enrolment upgrades the value of the indicators, higher child labour can equally degrade its value. Now if any region fares good in enrolment as well as can control the social problem like child labour, the value of the Index would be magnified, signifying the twin success of that particular region. On the basis of the 2001 census data, we have derived CDE Indices for major states of India.

Table 2 : Regional Contrast in CDE Index in India

States	% of School Goers within 10-14 age group (2004-05)	% of Child Labour within 10-14 age group (2001)	CDE Index	CDE Rank
Andhra Pradesh	85	13.8	6.2	15
Assam	77	8.7	8.9	10
Bihar	74	8.8	8.4	11
Gujarat	85	7.8	10.8	7
Haryana	89	8.2	10.9	6
Himachal Pradesh	96	12.6	7.6	12
Karnataka	89	11.8	7.5	13
Kerala	100	0.6	166.7	1
Madhya Pradesh	84	12.0	7.0	14
Maharastra	92	5.9	15.6	4
Orissa	80	7.8	10.3	8
Punjab	90	5.2	17.3	2
Rajasthan	79	14.6	5.4	16
Tamil Nadu	95	5.7	16.7	3
Uttar Pradesh	84	6.8	12.4	5
West Bengal	79	8.6	9.9	9
India	85	8.7	9.7	

Source : Population census, 2001; India Human Development Survey 2004-05

The above table gives a portrayal of regional contrast in Child Development in Education Index. The State like Kerala has come up with a magnified value of the CDE Index as the state has made remarkable progress in both the sector, i.e., cent percent enrolment with minimal percent of child labour. The other good performing states are Punjab, Tamil Nadu and Maharashtra. Rajasthan is the worst performing state in education sector, where child labour is also rampant. The other bad performers are Andhra Pradesh, Madhya Pradesh, Karnataka, Bihar and Assam. Himachal Pradesh is excelling in enrolment, but significant incidence of child labour has degraded its CDE Rank.

2.3 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 so that necessary and special laws and policy could be made of to safe guard their rights. But till now, Child Abuse is rampant in our country and the existent laws and rights are not adequate enough to safe guard the interests of the children. A large amount of Child Abuses are even 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 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 to fathom the extent of abuse, which include

- (i) *Physical Abuse* – Slapping, kicking, Beating with stave/ stick, Pushing, Shaking;
- (ii) *Sexual Abuse* - which include two forms
 - a. Severe Form : Sexual Assault, Making the child fondle the private body parts , making the child exhibit private body parts, photographing a child in nude;
 - b. Other Form : Forcible kissing, Sexual Advances, during Travel / Marriage situations, children forced to view private body parts, children forced to view pornographic materials
- (iii) *Emotional Abuse* : Humiliation which includes harsh treatment, ignoring, shouting or speaking loudly, using abusive language; Comparison between siblings or other children;
- (iv) *Girl Child Neglect* : Lack of attention compared to brothers, less share of food, Sibling care by the child, Gender discrimination;

On the basis of the MWCD (2007) collected data on selected states of the country, we are trying to find out “Child Abuse Index” by simply putting equal average to each abuse

category. Our motto in this section is to find out the greater child abused states and thereby finding out the socio economic reasons behind that.

Table 3: State Wise % of Children Reporting Abuses & CRA Index in India

States	Physical Abuse	Sexual Abuse		Emotional Abuse	Girl Child Neglect	Child Reporting Abuse (CRA)Index	CRA Rank
		Severe Form	Other Form				
AP	63.7	33.9	72.8	47.2	51.5	53.8	3
Assam	84.7	57.3	88.3	71.3	70.2	74.3	1
Bihar	74.7	33.3	67.6	53.8	67.3	59.3	2
Gujarat	68.5	7.3	47.9	46.9	79.9	50.1	5
Kerala	56.1	17.7	44.8	40.7	61.6	44.2	8
MP	63.4	9.9	33.3	60.2	79.5	49.2	6
Maharashtra	68.1	9.8	40.7	50.9	72.8	48.5	7
Rajasthan	51.2	10.8	29.4	32.4	87.2	42.2	9
Uttar Pradesh	82.8	5.98	35.8	47.2	85.9	51.5	4
West Bengal	55.6	17.2	32.3	41.6	52.4	39.8	10

Source: Study on Child Abuse : India (2007), Ministry of Women & Child Development;

From the above table, it is quite clear that Assam is the most Child Abused state among the above ten states and according to the children report basis, followed by Bihar, Gujarat and Uttar Pradesh. West Bengal is worst affected by Child Abuse. Rajasthan has also occupied a comfortable position after West Bengal, though the magnitude of Girl Child Neglect (which is supposed to be one of the vital components of this Child Abuse) is quite high. Sexual Abuse, specially the severe form, which is supposed to be the worst form of abuse is highest in Assam, followed by Bihar and Andhra Pradesh, while UP and MP are comparatively better according to this reported abuse statistics.

2.4 Relation between Different Child Development Indicators

In the foregoing sections we have elaborated situations of children in different regions of India and try to perceive the legislative gap and implementation gap. Now we try to measure whether there exists any association between different indicators. For instance, the state which is doing better in Health is also doing better in Education or not. We apply Spearman's Rank Correlation Coefficient and the deduced value of Rank Correlation Coefficient is as follows:

$R \text{ Squared (Health, Education)} = 0.53$

This means a moderately positive association between Health and Education is visible across the states of India.

Now, we are trying to find out the relation between Health Indicators and Abuse Indicator as well as Education Indicator and Abuse indicator. Good Health indicators indicate the children are comparatively better off so much as their health status is concerned provided the child abuse, which happens to be a common but secret incidence in a child's life is within tolerable limit. The Spearman's Rank Corelation between Ranks of CHI & CRA Indices are as follows:

R Squared (Health, Abuse) = - 0.41

Thus there exists an inverse relation between the indices, which ensures good health is seen with less abuse. But the negativity magnitude is not strong enough, which is our point of apprehension.

On the other hand the relationship between Education Indicators and Abuse indicators is

R Squared (Education, Abuse) = - 0. 1

This is somehow more point of worry. The very low magnitude of the coefficient justifies Education (which includes the Child Labour impact) and Abuse may go hand in hand. In case of Child Labour abuse may take place in outside-working place, while in case of education abuse has almost become a common incidence. Starting from School teachers' ruthless beatings to school going children to emotional and sexual assault has made this magnitude so low. Although child abuse within domestic territory can never be undermined.

3. Way Ahead

In the preceding section, we have made a situational analysis of children in perspective of their health, education (& child labour), and abuse. The level of child mortality, child under nutrition, non-attendance of school, involved as child labour, being sexually or other ways of abused are gross violations of child rights. Through constructing different types of indices, tries to measure the economic and social impact of the Rights contravention. Despite having quite a few numbers of rights, we have observed the appalling condition of children in several states. While in few cases non-provisions of suitable rights itself becomes a stumbling block for the safe guard of the children. The recommendations we like to make within this restricted perspective analysis are categorized below

- National Health Policy should have clear and separate focus for Children. Their problems should not be amalgamated with women.
- 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 oneday.
- Child education is often involved with another social curse, i.e., Child Labour. Despite existence of stringent laws, child labour 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. Unless this social curse is taken care of , universalisation of education will never be achieved under Right to Education. There for both the rights (Child Labour Prohibitive Right, Right to Education) should be adequately taken care of not only by Central or State Government 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 perverts and violators. 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.
 - Educational institutions, Print and Electronic media should come forward to make the children about their own rights, so that they can protest or report incase of right contravention.

We want to conclude with the hope that the analysis would put a spotlight on the state governments so that the good performing states feel emboldened for their achievement and poor performers are compelled to rectify their faults

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