Child rights child development in India: a regional analysis

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Child Rights & Child Development in India: A Regional Analysis *

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Abstract

Being the signatory of UNCRC (1992), India globally recognized the significance of child rights. The Constitutions of India also guarantees certain child rights covering basic issues, like 'health', 'education' and protection from 'hazardous employment' and 'exploitation'. However, despite the existence of many legal provisions, the vulnerability of Indian children in different dimensions cannot be undermined. This paper attempts to locate the status of child in development ladder of Indian economy at regional level and shows how the disparity in development indicators actually accelerates the nature of exclusive development. Child Abuse is emphasized as a principal inhibitor in child development. Indian Parliament at last approved "The Protection of Children from Sexual Offences Bill 2011".

Keywords: Child Rights, Child Development, Health, Education, Child Labour, Child Abuse

JEL Classification: J 13, JI 12, JI 21.

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1. Introduction

Every human being below the age of eighteen years is known as 'child' according to the definition of United Nations' Convention on the Rights of the Child (UNCRC)[1]. In Geneva Conference (1924)[2], the need for special safeguard for this child had been widely accepted. It was also proclaimed in that declaration that the child by the reason of his physical and mental immaturity needs this special safeguard and appropriate legal protection. The Declaration of the Child Rights was adopted by the General Assembly on 20th Nov, 1959. Thirty yeas later, the world leaders recognized that children should have human rights of exclusive manner and for that they need a Charter[3]. 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[4]. The Convention sets out these rights in 54 articles and two optional protocols[5]. 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.

1.1 Child Rights in India

Directive Principles of State Policy in Indian Constitution (Article 39)[5] empowers the state to direct policies so that the tender age of the children are not abused and childhood are protected against exploitation and moral abandonment. As a follow up of this constitutional commitment and being a party to the UN Declaration on the Rights of the Child, 1959, India adopted a National Policy on Children (NPC) on 1974. This policy reaffirmed the constitutional provisions and authorized the State to provide adequate service to children through the period of their growth in order to ensure their full physical, mental and social development. Consequently, Child 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. Ensuring all laws, policies, programs and administrative mechanisms in consonance with the Child Rights perspective, became the Commission's responsibility. The constitution of India, as of now, guarantees all the children certain rights which include:

(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)]

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. Child Abuse is another dangerous part of erosion which silently kills the potentials and development spurt of many children. We still live in a tabooed society in our country, where no-proper sex-education is provided with the children. Children get molested and abused but due to lack of sufficient awareness, they fail to protest and keep on becoming victim of exploitation for long. This paper would attempt to find out various loophole zones in policies and nature of governance, where special care is required to prevent those perpetrators and rights-violators. The chief objective of this paper is to recommend few policies restructuring the dimension of this nation as 'child-rights protected economy', coming out from the so called orthodox views.

2. Literature Review & Objective of Study

Sinha (1994) said that the rights guaranteed to children under the constitution remained only on paper. He explained how hundreds of children work under atrocious conditions in several parts of India, either exploited by their employers or tortured by the police. Another basic right of a Child i.e., Child Health in India was scrutinized by Das & Dasgupta (2000) with respect to immunization program. Their analysis suggested a slackening of the initial thrust, which was a matter of concern from the point of view of Vaccine Preventable Diseases (VPDs). According to their estimates, the worst affected states in child health are Bihar, Assam, Madhya Pradesh and West Bengal respectively on the basis of the number of occurrences of VPDs like, DPT, Polio, BCG, and Measeales. On the hand, the good performing states are Kerala, Tamil Nadu, Maharashtra and Punjab. Patra (2009) on the other hand emphasized that health, being one of the most basic capabilities, calls for a universal development free from gender bias. Using 21 selected indicators of health outcome (e.g., post-neonatal death, child death and prevalence of nutrition) and health seeking behavior (e.g., full immunization, oral rehydration therapy, fever, cough treatment and breast feeding) he examined the health situations of 29 states of India. The study finds no consistently robust state-wise pattern of gender bias against girl children existing in India. However, high gender bias in child health outcome as well as health seeking behavior is visible in three Empowered Action Group of States (like Uttar Pradesh, Madhya Pradesh and Bihar) and in Andhra Pradesh, Punjab and Gujarat as well.

Kaul and Sarkar (2009) feels on the other hand nutritional and educational care should be jointly required for successful development of a child. Comparing Child Development Indices of different states for the years 1993, 1999 and 2006, they found that the states which had already reached higher levels of child development improved marginally, while states with very low based indicators (namely Bihar and Uttar Pradesh) improved faster. The nutritional impact on child development is also found to be someway connected to their school education. Drez and Sen (2011) said that neglecting elementary education, health care and social security by Indian planners actually welcomed imbalanced development and non-inclusive growth.

Some commentators opined that malaise of child labour and challenge of universal enrollment are to be skillfully handled by the planners. Though there is no evidence in the literature (Bhatty, 1998; Ahmed, 1999; Lieten, 2000) explaining that poverty induce the household to withdraw their wards from the schools and employ them in work, but major households in India depend on child labour to compensate for income shocks and lift them out of poverty. Therefore, credit availability has been found to play a pivotal role in switching the children from labour market to schooling (Ranjan 2001, Jafarey and Lahiri, 2000). It was found that long hours spent on workplace by the children have detrimental effect on their schooling. Thus much of the current discussions in the literature hinges on the perception that there is a negative correlation between child labour and child schooling (Weiner, 1991). Krishna (1996) forcefully challenged this simplistic assumption by drawing the instance of the state like Maharashtra in India. She has shown that Maharashtra has high incidence of child labour and also high level of school attendance.

Child health, growth, education and well-being all these child development aspects can be stunted by another social curse, i.e., Child Abuse. The recent study on "Child Abuse: India 2007" highlights serious issues of child-abuse in Indian context. The study reveals that male children are getting more abused since society does not have any protective outlook towards them compared to the female children, and moreover they are abused more inside the family by closer cousins. The World Report on Violence and Health (2002) also iterated the same issues by saying when abuse happens within family; children can rarely protest or report

Indian Parliament has very recently approved "The Protection of Children from Sexual Offences Bill 2011", which is said to be gender neutral and the burden of proof confers on the accused. But mere paper legislation cannot bring a sea-change in the society. Without proper governance and upgrading of health and educational facilities, these problems cannot be tackled and without these parametric shifts no child development is feasible.

Contraventions of Child Rights have been distinctly visible in three spheres of child development process that severely affect the future of their adulthood. These three significant zones are Child Health, Child Labour & Child Education, and Child Abuse. This paper would deal these three sections jointly and attempt to construct exclusive child development index in each section depending upon that. Regional variations in different parameters of Child Development have

discreetly visible in India and sometimes poor performance of two to three states degrade the average situations of the whole nations. The variations may often lead to fascinating inference, when it is done on gender basis and caste basis. This paper will try to shed some light in this regard.

3. Methodology of Study

We intend to assess the regional level variations of the different child development indicators. A Composite Index can be constructed at each category of child development indicator to capture the impact of regional imbalances in development;

The Composite Index can be formulated as

$$CI = \sum \frac{XI}{N}, XI = \frac{x_i}{\bar{x}}$$

Where, x_i = State Level variable in i^{th} -indicator

$\bar{x}$ = National Average in i^{th}-indicator

N = Number of Indicators used at State Level

It must however be emphasized that composite indices at two points of time are not directly comparable, since the indicators used at a point of time would be different form the other depending on the availability of the comparable data. However, within these constraints some broad conclusion based on the ranking of the states have been endeavored. The index value of 'unity' would indicate the coincidence of state average with national average, while values above and below the value 'one' would indicate positive and negative divergence from the national average in respective development dimension. Greater the regional imbalance greater would be divergence from 'unity' from both direction. This would at a time reflect regional-level development disparities and concentration of development efforts in few major states, in respect to child development indicators.

4. Child Rights Protecting Indicators: A Regional Analysis

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 of more than one billion people of which forty-two percent are children and that constitute nineteen 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. We wish to carry forward 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 by analyzing its outcome.

4.1 Child Rights & Child Health

Indians constitute sixteen percent of the world population, where every 3rd malnourished and 2nd underweight child of the world is born. Every three out of four children are 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 are – (i) Child Survival Rate (%of children who survive at the age of 3yeras); (ii) Immunization (% of children who are fully immunized) and (iii) Nutrition (% of children who are not under weight).

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

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

Nutrition is also an important indicator of child's right towards right to life and development. Globally, one third of child's death is attributable to under-nutrition of children and expectant mothers. This suggests that relationship between nutrition and infection is bidirectional. For instance, frequent episodes of diarrhea are often responsible for malnutrition among children and Malaria is an important cause of anemia among children. Here, we consider the percentage of children who are not under weight as an indicator of 'Nutrition'. In 2005-06, 54% children under age 3 years are not underweight, where underweight children are more prevalent in Madhya Pradesh, Jharkhand, Bihar, Chattisgarh, Uttar Pradesh, and Rajasthan. The good performing states are all North-eastern states and Kerala, Tamil Nadu, Punjab and Jammu Kashmir.

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	**Immunization Index** (% of children who are fully under	**Child Health Index (CHI)**

			underweight)		vaccination coverage)			
	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
Uttarakhand	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 : National Family Health Survey-2 (1998-99), National Family Health Survey (2005-06)

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, i.e., 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.

Table 2: Composite Index of Child Health Indicators in India [During 1998-99 to 2005-06]

States	**Survival Indicator** (% of children who survive to age 5)		**Nutrition Indicator** (% of child under age 3 who are not underweight)		**Immunization Indicator** (% of children who are fully under vaccination coverage)		**Composite Indicator of Child Health (CI_H)**	
	98-99	05-06	98-99	05-06	98-99	05-06	**98-99**	**05-06**
AP	1.012	1.004	1.169	1.166	1.404	1.045	**1.195**	**1.071**
Assam	1.006	0.990	1.207	1.111	0.404	0.727	**0.872**	**0.942**
Bihar	0.988	0.994	0.867	0.777	0.261	0.750	**0.705**	**0.840**
Chhatsigarh	-	0.985	-	0.888	-	1.113		**0.995**
Gujarat	1.011	1.007	1.037	0.981	1.261	1.250	**1.103**	**1.0793**
Haryana	1.019	1.015	1.226	1.074	1.500	1.477	**1.248**	**1.188**
HP	1.058	1.022	1.056	1.185	1.976	1.681	**1.363**	**1.296**
J&K	1.016	1.012	1.245	1.314	1.357	1.522	**1.206**	**1.282**
Jharkhand	-	0.987	-	0.759	-	0.795	**-**	**0.847**
Karnataka	1.027	1.014	1.056	1.092	1.428	1.250	**1.170**	**1.118**
Kerala	1.083	1.044	1.377	1.314	1.904	1.704	**1.454**	**1.354**
Maharashtra	1.019	1.020	0.943	1.111	1.857	1.340	**1.273**	**1.157**
MP	0.952	0.986	0.849	0.740	0.523	0.909	**0.774**	**0.878**
Orissa	0.990	0.991	0.867	1.037	1.047	1.181	**0.968**	**1.069**
Punjab	1.025	1.015	1.339	1.351	1.714	1.363	**1.359**	**1.243**
Rajasthan	0.977	0.991	0.924	1.037	1.166	0.613	**1.022**	**0.880**
Tamil Nadu	1.035	1.028	1.188	1.240	2.119	1.840	**1.447**	**1.369**
UP	0.970	0.983	0.905	0.981	0.500	0.522	**0.791**	**0.828**
Uttarakhand	Undivided	1.015	-	1.148	-	1.363	**-**	**1.175**
WB	1.029	1.009	0.962	1.037	1.047	1.454	**1.012**	**1.166**

Composite Indices in Table-2 helps us to have a far insight regarding the relative performances of Indian states in the sector like Child Health. Composite indices bearing value greater than "1" always indicates relatively better performance of the concerned state over national average. Table-2 reveals that a substantial development effort in the child health sector is provided in all the relatively poor performing states (like, Assam, Bihar, Madhya Pradesh, and Uttar Pradesh) in respective categories and all have shown considerable degrees of positive response. On the other hand above-average states, like Jammu & Kashmir and West Bengal have also shown a rate of progress during 1998-99 to 2005-06.

IHDR, 2011 identifies that family planning and reduced family size are important processes in reshaping the child-health outcomes of a household. Spacing of children and smaller family size always help a poor family to tackle the health situations of the children. Along with that female empowerment has a substantial role in improving the health care of any average family through proper distribution of earned income of the household into different physical and mental growth boosting attributes of the children, like health, education etc. The success of states like Kerala, Tamil Nadu, Himachal Pradesh and West Bengal can be attributed to their progress in raising Contraception Prevalence Rate. These states have been better prepared compared to many others in implementing many components of Child Health measures.

Between 1998-99 and 2005-06 all major religious communities experienced a fall in the percentage of children receiving no vaccination, besides Christian and Sikhs. The fall was steep amongst Muslim. The percentages of immunized children were rising among Scheduled Tribes (ST), but declines for Scheduled Cates(SC) and Other Backward Community(OBC) children. The states where "child immunization rate" in SC group falls abruptly during 1998-99 to 2005-06 are Andhra Pradesh, Maharashtra, Punjab, Tamil Nadu and Gujarat.

Health-care Expenditure

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

In this section we are interested to find out the degree of association between "Child Health Index" and Public as well as Private Expenditure on Health and thereby assessing the sector which has relatively higher strength of association with "child health index". In absence of specific level of expenditure on child, we use the aggregate expenditure on health as a proxy

variable to compute the association between CHI and Health Expenditure. Though there is a one year difference between the Health Expenditure (2004-05) parameter and Child health Index (2005-06), we can ignore that divergence for our measurement convenience.

Table 3: State-wise Health Expenditure (2004-05) & Child Health Index (2005-06)

State	Public Health Expenditure (share of GSDP)	Per Capita Public Expenditure (Rs)	Per Capita Private Expenditure (Rs.)	**Child Health Index(CI)**
AP	0.72	191	870	**1.071**
Assam	0.86	161	612	**0.942**
Bihar	1.12	93	420	**0.840**
Chhatsigarh	0.7	146	626	**0.995**
Gujarat	0.57	198	755	**1.0793**
Haryana	0.49	203	875	**1.188**
HP	1.74	630	881	**1.296**
J&K	2.26	512	489	**1.282**
Jharkhand	0.78	155	345	**0.847**
Karnataka	0.87	233	597	**1.118**
Kerala	0.88	287	2663	**1.354**
Maharashtra	0.55	204	1008	**1.157**
MP	0.87	145	644	**0.878**
Orissa	0.98	183	719	**1.069**
Punjab	0.65	247	1112	**1.243**
Rajasthan	0.98	186	575	**0.880**
Tamil Nadu	0.71	233	1033	**1.369**
UP	0.92	128	846	**0.828**
Uttarakhand	1.11	280	538	**1.175**
WB	0.69	173	1086	**1.166**

Source : India Human Development Report, 2011

Table 4 : ***Degree of Association between Child Health Index & Health Expenditure***

Correlation Coefficient	*Child Health Index, Public Expenditure(per-capita)*	*Child Health Index, Private Expenditure(per-capita)*
Pearson's	0.648**	0.554**
Spearman Rank	0.894**	0.576**

** significant at 0.01 level, * significant at 0.05 level,

Table: 4 reveals a comparatively greater degree of association between Child Health Index & Public Health Expenditure compared to that of Private heath Expenditure over states of India This clearly reveals public expenditure should be given more thrust to increase the level of health index amongst child.

4.2 Child Labour & Education Situation in Assessing Child Rights

A gross-part of child development is linked with child education. Education enhances the capability of every child to exert herself in every field of activities. It raises her employability as well as her role in decision making power in the society. However, child education has another intrinsic link with child labour and in most of the situation the performance of the former is obstructed by the latter. Though work itself has been considered as part of education and a robust relation between work and education has been already well established. 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, but child labour at hazardous work is still considered as a negative aspect of child development. The children who do not go to school and work as child laborers mark violation of child right. They are 4% of the total Indian child population in the age group between 10-14 years. Whatever be the situations, either it is economic compulsion or dire family necessity, child labour are indicators of non-development. 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 captures 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 in a state upgrades the value of the indicators, higher child labour of the region can equally degrade its value. Now if any region fares well in enrolment and can control the 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 5: Regional Contrast in Child Education & Child Labour in India

States	Gross Enrollment Ratio (5-9 years)		Gross Enrollment Ratio (10-14 years)		% of child labour (5-14years)	
	2004-05	**2007-08**	**2004-05**	**2007-08**	**2004-05**	**2007-08**
AP	96.7	95.5	71.8	77.3	6.6	4.1
Assam	105.2	129.7	69.7	75.1	1.8	1.5
Bihar	83.8	104.4	32.4	46.2	1.4	1.4
Chhatsigarh	131.8	125.5	79.9	89.8	4.6	2.4
Gujarat	118.7	123	73.8	78.2	2.5	2.6
Haryana	82.2	90.4	76.4	75.7	1.7	1.1
HP	108.9	111.7	108.5	114.3	2.7	2
J&K	83.7	103.2	60.3	66.8	-	1
Jharkhand	94.8	153.9	43.4	57.9	2.5	1.4
Karnataka	107.1	106.1	85.5	90.2	4.7	2.6
Kerala	93.6	92.3	98.2	100.1	0.2	0.3
Maharashtra	110.4	101.8	98.1	86.8	3.4	1.7
MP	132.2	153.4	83.3	100	2.8	1.9
Orissa	129.7	117	74.1	80.1	4.9	3.4
Punjab	77.2	92.8			1.7	1.5
Rajasthan	121.2	118.3	70.7	81.4	4.9	4
Tamil Nadu	118.4	116.1	107	112.7	1.5	0.9
UP	107.5	113.7	52.4	67.8	3.9	2.8
Uttarakhand	117.7	119.4	88.1	72.8	2.6	2.1
WB	112.1	112.9	66.5	71.2	3.5	3.3
INDIA	**107.8**	**114.6**	**69.9**	**77.5**	**3.3**	**2.4**

Source:Annual Reports(2005-6, 2009-10), MHRD, GOI; Computed from NSS 50th & 61st Level data, India Human Development Report, 2011; 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.

Table 6: Composite Index in Child Education & Child Labour Index in India

States	Primary Education Indicator (5-9 years)		Upper Primary Education Indicator (10-14 years)		Child Labour Indicator (5-14years)		CI_{EL} (5-14)	
	2004-05	**2007-08**	**2004-05**	**2007-08**	**2004-05**	**2007-08**	**2004-05**	**2007-08**
AP	0.89	0.83	1.02	0.99	0.5	0.58	**0.8**	**0.8**
Assam	0.97	1.13	0.99	0.96	1.83	1.6	**1.26**	**1.23**
Bihar	0.77	0.91	0.46	0.59	2.35	1.71	**1.19**	**1.07**
Chhatsigarh	1.22	1.09	1.14	1.15	0.71	1	**1.02**	**1.08**
Gujarat	1.10	1.07	1.05	1.01	1.32	0.92	**1.15**	**1**
Haryana	0.76	0.78	1.09	0.97	1.94	2.18	**1.26**	**1.31**
HP	1.01	0.97	1.55	1.47	1.22	1.2	**1.26**	**1.21**
J&K	0.77	0.90	0.86	0.86	-	2.4	**0.54**	**1.38**
Jharkhand	0.87	1.34	0.62	0.74	1.32	1.71	**0.93**	**1.26**
Karnataka	0.99	0.92	1.22	1.16	0.70	0.92	**0.97**	**1**
Kerala	0.86	0.80	1.40	1.29	16.5	8.0	**6.25**	**3.36**
Maharashtra	1.02	0.88	1.40	1.12	0.29	1.41	**0.9**	**1.13**
MP	1.22	1.33	1.19	1.29	1.17	1.26	**1.19**	**1.29**
Orissa	1.20	1.02	1.06	1.03	0.67	0.70	**0.97**	**0.91**
Punjab	0.71	0.80	0.93	0.89	1.94	1.6	**1.19**	**1.09**
Rajasthan	1.12	1.03	1.01	1.05	0.67	0.6	**0.93**	**0.89**
Tamil Nadu	1.09	1.01	1.53	1.45	2.2	2.66	**1.6**	**1.7**
UP	0.99	0.99	0.74	0.87	0.84	0.85	**0.85**	**0.9**
Uttarakhand	1.09	1.04	1.26	0.93	1.26	1.14	**1.2**	**1.03**

WB	1.03	0.98	0.95	0.91	0.94	0.72	**0.97**	**0.87**

Source:Annual Reports(2005-6, 2009-10), MHRD, GOI; Computed from NSS 50th & 61st Level data, India Human Development Report, 2011

Table-4 summarizes the changing scenario of the child education in perspective of Indian states. The states which have marked considerable rate of progress are Jammu & Kashmir, Jharkhand, Chhattisgrah, Haryana, Madhya Pradesh and Tamil Nadu. The first two were below average performing states but succeeded in their way of implementation in child education sector as well as controlling the incidence of 'child-labour' and pulled the index over the national average. During 2004-2008, some of the well performing states which have done miserable performance are Assam, Bihar, Gujarat, Punjab, Uttarakhand and Kerala. Kerala has shown higher incidence of child labour over the time, which lowered the index of Education-Labour related Composite Index. Some states which should take utmost care in their development priorities of child-education tacking the child labour, are Karnataka, Orissa, Rajasthan and West Bengal.

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

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

(i) *Physical Abuse* – Slapping, kicking, Beating with stave/ stick, Pushing, Shaking;

(ii) *Sexual Abuse* - which include two forms (Severe Forms & Other Forms)

a. Severe Forms include 'sexual assault', 'making the child fondle the private body parts' , 'making the child exhibit private body parts', 'photographing a child in nude'.
b. Other Forms include '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 will 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 7: State Wise Percentage of Children Reporting Abuses & CRA Index in India

States	Physical Abuse	Sexual Abuse		Emotional Abuse	Girl Child Neglect	Child Reported 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**
Maharastra	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**
UP	82.8	5.98	35.8	47.2	85.9	51.5	**4**
W.Bengal	55.6	17.2	32.3	41.6	52.4	39.8	**10**

INDIA	**68.99**	**20.9**	**50.76**	**48.37**	**70.57**		

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 least 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, especially the severe form, which is supposed to be the worst from 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. Our major purpose in this section is to deduce the composite index of Child Abuse. As child abuse obstructs the mental and physical well being of the child, definitely it would be considered as negative component of child development. In other words the state with less child-abuse reports are considered to be more developed than its counter part. Therefore contrast to child health and education, *Composite Index* will be constructed in reverse way, so that greater incidence of vulnerability can decline the value of CI. Hence, Composite Index in order to measure the vulnerability of child will be transformed to

Composite Index (CI) :

$$CI = \sum \frac{XI}{N} \quad \text{, Where,} \quad XI = \frac{\bar{x}}{x_i}$$

Table 8: State Wise CI of Child Reported Abuse (2007)

States	Physical Abuse	Sexual Abuse		Emotional Abuse	Girl Child Neglect	Average Child Abuse Index
		Severe Form	Other Form			
AP	1.08	0.61	0.69	1.02	1.37	0.95
Assam	0.81	0.36	0.57	0.67	1	0.68
Bihar	0.92	0.62	0.75	0.89	1.04	0.85
Gujarat	1	2.86	1.05	1.03	0.88	1.36
Kerala	1.22	1.18	1.13	1.18	1.14	1.17
MP	1.08	2.11	1.52	0.8	0.88	1.28
Maharastra	1.01	2.13	1.24	0.95	0.96	1.26
Rajasthan	1.34	1.93	1.72	1.49	0.8	1.46
UP	0.83	3.49	1.41	1.02	0.82	1.51
West Bengal	1.24	1.21	1.57	1.16	1.34	1.3

Table 8 gives us an idea about the development status of the state with respect to the child reporting abuse incidence received from the field study (MWCD, 2007). We have transformed the data according to the development indices of the state, so that different development indices

can be added up to get a summarized view of the child status in the corresponding state in its development ladder. However, the problem in that construction of indices is that, Child Abuse statistics is done only taking few states and there is time difference between different development indicators. However, our major motive is to find out the status of Indian child in sphere of development at regional level, so we ignore those time difference and data shortage. The available statistics help us to make indicator matrix of Indian states (see table: 9).

Kerala, Tamil Nadu, Jammu & Kashmir, Himachal Pradesh and Haryana are the five states which have fared well in child development indices. One thing is common in all these five states, i.e. , all these states are strong in education sector after taking the child labour issues. However, child abuse statistics is not available for all these states, except Kerala. Therefore this ranking cannot be regarded as exhaustive due to data unavailability.

The five bottom-holders are Andhra Pradesh, Assam, Gujarat, Bihar and Jharkhand; Child-abuse statistics of all these states are available except the last-one. Low ranks in development indices cannot be justified by any single development parameter. It varies across depending upon the socio-political environment of the state. Andhra Pradesh fails to take care about its child labour, which pushes down its education index and then child abuse is also at wide scale there. Severe form sexual abuse turns down the child development scenario in Assam. Child health care is also below the national average level. Bihar has the worst form of child health care in India. Naturally that development indicator inhibits the aggregate situation. The child abuse statistics is not available for this state. Performance of Gujarat was also pulled back by its child abuse statistics. Girl Child neglect is the special component where it has shown miserable performance.(see table: 8).

Table 9: State-wise Rank of Child Development Indices in India (2006-2007)

State	CI (child-health)	CI (education_labour)	CI (abuse-less development)	Gross Child Development Index	Rank
AP	**1.071**	**0.8**	0.95	**0.94**	**20**
Assam	**0.942**	**1.23**	0.68	**0.950**	**19**
Bihar	**0.840**	**1.07**	-	**0.955**	**18**
Chhatsigarh	**0.995**	**1.08**	-	**1.071**	**14**
Gujarat	**1.079**	**1**	0.85	**0.976**	**17**
Haryana	**1.188**	**1.31**	-	**1.249**	**5**
HP	**1.296**	**1.21**	-	**1.253**	**4**
J&K	**1.282**	**1.38**	-	**1.331**	**3**

Jharkhand	**0.847**	**1.26**	-	**1.053**	**16**
Karnataka	**1.118**	**1**	-	**1.059**	**15**
Kerala	**1.354**	**3.36**	1.17	**1.961**	**1**
Maharashtra	**1.157**	**1.13**	1.26	**1.182**	**6**
MP	**0.878**	**1.29**	1.28	**1.149**	**8**
Orissa	**1.069**	**0.91**	1.26	**1.079**	**11.5**
Punjab	**1.243**	**1.09**	-	**1.166**	**7**
Rajasthan	**0.880**	**0.89**	1.46	**1.076**	**13**
Tamil Nadu	**1.369**	**1.7**	-	**1.534**	**2**
UP	**0.828**	**0.9**	1.51	**1.079**	**11.5**
Uttarakhand	**1.175**	**1.03**	-	**1.102**	**10**
WB	**1.166**	**0.87**	1.3	**1.112**	**9**

4.5 Relation between Different Child Development Indicators

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

However, no significant association between Health Indicators and Abuse Indicator as well as Education Indicator and Abuse indicator has been found within our scarce data set. Data relating to 'Child Abuse' is unavailable and data shortage blocks our attempt to derive any robust relation between the development indicators with abuse indicators. However, the inverse relation found between 'composite child-health index' and 'composite child-abuse index' marks a worrisome point for the economy as a whole. Similarly negative association between education and abuse is also an eye-opener for the planners of our economy.

Pearson's Correlation(Health, Education) = 0.47 (*significant at 0.05 level)*

Spearman's Rank Correlation (Health, Education) =0.53

R Squared (Health, Abuse) = - 0.20

R Squared (Education, Abuse) = - 0. 06

Definitely a higher point of worry for Indian planners is we are turning away our blind eyes from those things which are silently accentuating our problems and chocking the nerves of the whole economy as such. Child abuse is still a term of taboo. Neither have we wanted to discuss with the problems, nor we trying to measure the length of the misfortune. We don't even open up this issue in front of our child apprehending a major deterioration of ethical standards beforehand. But all these can never rule out the expansion of these problems silently, which is rather a greater point of worry for the whole economy as such. Abuse is just like a magic monster. It can come from any person from outside or inside of the family without any notional motive. The child may be subject it abuse in the place like worship-temple or educational institution. 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. Child abuse in working places are rather common in nature and therefore prohibitive measures should be adopted immediately.

5. Summary & Conclusion

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, involvement as child labour, being sexually or other ways of abused , girl child neglect are gross violations of child rights. Through constructing different types of indices, we can only capture the impact level of various economic and social measures for confirming those Rights. Despite having few legal provisions, we have observed appalling conditions of children in several states. In few cases non-provisions of suitable rights itself becomes a stumbling block for the safe guard of the children. However, the provisions are rights are in paper only, proper implementations of rights are rather more important. 'Right protecting agencies' are equally required like 'rights implementing agency', so that implementation and maintenance of rights are both possible. Our recommendations are to come out from the shackles of orthodox pattern of ethics and thought and restructure the policies for a better tomorrow.

National Health Policy should have clear and separate focus for Children. Their problems should not be amalgamated with Mothers of babies. Each state should have different plans and visions for its own Child Health. No uniform approach would be beneficial since the regional contrast is the chief characteristics of Indian polity and economy. Child Rights always prioritize child health and states which are lagging behind in this category should be given special focus. Bihar Madhya Pradesh, Assam, Rajasthan and Uttar Pradesh (BIMARU states) requires special thrust otherwise regional contrast will pull down the national average to a critical level very soon. Child education is often involved with another social curse, i.e., Child 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. This social curse is taken care of by providing credit to these poor families at subsidized rate. Both the rights (Child Labour Prohibitive Right, Right to Education) should be simultaneously taken care of not only by Central or State Government but also by local government at Panchayat Level. Abuse is another kind of right violating activities which impedes the mental growth of the children. Indian constitutions have not yet constituted any rights to safe guard the children against these perpetrators. Protection of Children from Sexual Offences Bill 2011, has been passed in Rajya Sabha very recently. Hopefully the bill would be a step forward in creating child-sensitive jurisprudence. Educational institutions, Print and Electronic media should come forward to make the children aware about their own rights, so that they can protest or report incase of right contravention. Sex education to adolescent children is another important component which deserves much spotlight and attention. When an adolescent child becomes aware about his own danger, he can protest against these abusers. Vulnerability of the children can be protected if sex-education can be propagated in forms of different allegory in their curriculum.

We want to conclude with this bright hope that the analysis would put a spotlight on the authority so that the good performing states feel emboldened for their achievement and poor performers are compelled to rectify their faults and a modern outlook can be adopted in the coming child development plans.

NOTES

1. Resolution 1386 (XIV), Declaration of the Rights of the Child.
2. Declaration of Geneva, League of Nations, DOC A. 107. 1924 IV (1924)
3. Charter refers to universally agreed set of non-negotiable standard obligations.
4. See Reynaert, Didier., Bourverne-de Bie, M., and Vande Velde , S. (2009) ; 'A Review of Children Right's Literature Since the Adoption of the United Nations Convention on The Rights of the Child', *Childhood,* 16(4), 518-534.
5. See 'Convention on the Rights of the Child' , General Comment, No. 12, Fifty-first Session, Geneva, 25May- 12 June, 2009.
6. Available at http://en.wikisource.org/wiki/Constitution_of_India/Part_IV#Article_39_.7BCertain_principles_of_policy_to_be_followed_by_the_State.7D

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