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For Mrs. Aiyas  
From Marie  
Mignon  
Article

# *The Child in South East Asia* *The Child in India*

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## **INDIA'S SYMBOL FOR IYC 1979**

A Boy and Girl with the Sun and Slate  
The Sun signifies Wealth and Strength. The slate stands for EDUCATION.

India's slogan for IYC is "HAPPY CHILD,  
NATION'S PRIDE"

**INDIA'S THEME IS "REACHING THE DEPRIVED CHILD"**

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INDIA**

# The Child in South East Asia

*"Beautiful and brown, but born to be a blossom in the dust"*

—Mascarenhas.

This sums up the sad but common fate of a child born in India today. Of 230 million children below the age of 6 years, forty per cent are doomed to die before their fifteenth birthday.

## DESTINED TO DEPRIVATION

With one million deaths per year due to malnutrition alone, and 5 millions dying from easily preventable diseases (like Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Measles), death is perhaps a better fate than that which awaits those who survive after five years.

It has been said that the child in India has as much chance of reaching the age of 5 years as a child in a developed country has of reaching the age of 35-40 years.

Of those who survive, 1.5 million are destitute and over 10 million are employed in hard and often demanding labour. Infant death rates (122/1000) are five times higher in rural areas and *every tenth child in India is handicapped*.

The picture of South East Asia is hardly different in various countries :

1. NEPAL, the Himalayan Mountain Kingdom with a 12 million population,

37% of all deaths occur in infants

56% of the total population is below five years and

67% are below 15 years.

At 7-8 years age, only 30% of children are in schools.

In all the countries of South East Asia where 2/3 of her people live in rural areas, the benefits of increased national income do not reach the most neglected and needy, that is the *rural poor*. And this too when 70% Gross National Product comes from these rural poor. (The distribution of population is 74% rural, 20% urban and 6% tribal in India).

2. PAKISTAN: 44% of the total population are below 15. Literacy rates are very poor; above 5 years it is about 30%. Other statistics are comparable to India. There is *very low literacy in RURAL WOMEN and FEMALE* children a fact which is *common to all South East Asia Countries*.

3. SINGAPORE: It has an average family size of 3 children and is a welfare state; it is experiencing problems of a different nature. Counselling and family life education programmes are becoming a felt need especially because of the housing schemes and affluence.

4. MALAYSIA: About 44% of the population is below 15 years. Education and health facilities in rural areas need improving. Malaysia is trying to strengthen the rural maternal and child health services from which it is hoped that children will benefit considerably.

5. HONGKONG: Has a high literacy rate for children. Though girls of 12 and 13 tend to take part-time jobs more than young boys, to help in the household expenditure, they are not hazardous jobs.

The problems of dropouts, drug addiction and delinquency are a warning to other Asian countries.

6. **PHILIPPINES:** About 46% of the population is under 15. There is a big rural population (6/7 of the total population). However with increasing urban migration the effects on family life are beginning to be seen. There is great progress on the literacy front, with about 60% literacy, but this is more above 10 years and in males

From 1973 the Philippines has a Women and Child Labour Law. However, enforcement of existing legislation in all S.E. Asian countries leaves much to be desired because of vested interests. 1/5 of the Labour force is between 10-14 years and over 1/3 are 19 years or younger.

7. **THAILAND:** The high mortality rate of 85/1000 has been declining very slowly. Children under 15 constitute 44% of population and are mostly in the rural areas. There is 70% literacy above 10 years. Although almost all Thai children receive primary education, few proceed past the 4th grade. There is a big child labour force in farming. Health facilities in rural areas are inadequate.

8. **TAIWAN:** The terraced isle is one of the healthiest areas in Asia and boasts a higher life expectancy for female children as compared to male children. This contrasts with India where male children are prized and cared for much better than are female children. The IMR is only 22.6, a sensitive index of a healthy country. There is primary school education for over 50% of children. UNICEF and Japan have contributed greatly to welfare services in Taiwan.

## 1. The Deprived Child and Malnutrition

*Two thirds of the children in South East Asia are malnourished.* About seven million children suffer from severe malnutrition in India alone. Nehru said "The nation marches on the feet of little children", but the children of India cannot march on empty stomachs. Their mothers lack the health, energy and time to devote to them. Out of 10 children only 3 have access to health care in rural areas. Ignorance and adherence to traditional food habits added to malnutrition of the mother results in *deprivation from the time of conception.*

Prematurity and low birth weight lead to a high child wastage index (40 in India; only 6 in Japan) and the surviving children are susceptible to tuberculosis and anaemia.

With 31 million working women and a vast majority of them belonging to the very needy groups, it falls upon the older child or aged grand-mother to care for the young child. Neither can cope with the needs nor effectively nourish him/her

Vitamin A deficiency resulting in blindness is common. This form of preventable blindness is unwarranted in a country abounding with fruits and vegetables. The vast natural resources lie dormant in India which is indeed a rich country with poor people. Protein calorie malnutrition is very common, and often irreversible damage ends in death. Early detection is necessary but only very sick children are brought to hospitals.

With 40% of the brain growth completed by age 4 and 80% by age 8, neglect at this vulnerable stage cannot be reversed or remedied by action at a later stage. A child deprived of basic nutrition and environmental stimulation is like the grain of wheat thrown on rocky soil. It can never take root but leads a precarious existence battered by the elements. *Here today but gone in the night, with no tomorrow.*

Age	Urban Millions	Rural	Total Millions
0-3	10,974	50,521	61,495
4-6	9,361	43,898	53,259
0-6	20,335	94,419	114,754

### NUMBER OF CHILDREN IN INDIA (Census 1971)

We cannot forget the *handicapped child*. There are 9.5 million *blind* people of whom 70% are children. There are about 18 million *mentally retarded* people of whom 90% are children.

The *orthopaedically handicapped* children are about 5 million.

Leprosy affects over 5 million, of whom 40% are children.

An *Asian Federation for the Handicapped* is striving to create an awareness of the preventable measures and early recognition of their needs.

The Indian Government is undertaking a complete census of the handicapped in 1981. However, Government institutions cannot serve a fraction of these handicapped children who are not given the love and understanding they need by their family or community.

## II. The Deprived Child - And Education

There are 115 million preschool children in the 0-6 age group. These children suffer educational deprivation of a high order. Only 60% to 70% children are enrolled in primary school.

### *School dropouts*

The Planning Commission of India has observed "the dropping out from the educational stream of more than 60% of children before completing 4—5 years of schooling".

What is even more shocking is that 50% drop out after only one year of schooling. Therefore, more children are out of school than in, at the very age that they are eager to imbibe knowledge. At the middle school stage 70% of the children have dropped out.

Only half the total number who enrol in schools are girls and a large proportion drop out to marry early soon after they have matured. 12% of the girls are married in the 10-14 years age group.

## III. The Deprived Child and Labour

The World estimate of child labour is in the vicinity of 52 million, of which 42 million are in South Asia. Over 90% of them are located in rural areas where parents expect their children to help support the family.

There is no question of needs because the parents cannot comprehend anything beyond *living or existing for that day*. It is for this same reason that even the massive family planning programmes have little impact.

The early entry of children into the work force is tantamount to the denial of the child's right. The child works at low wages and at high risks. There is no union to protect child exploitation. Not to have to work would be a "luxury". Of what use would it be to talk of basic necessities like safety conditions, short working hours and food. This would be like *Oliver Twist* asking for "more".

## IV. The Deprived Child - And Family

The child is an integral part of his family and he represents the background he comes from. When we consider plans to lessen his deprivation, we cannot treat him as separate from his family.

Of the 115 million children below 6 years 46 million belong to families living below the poverty line, and 9.2 million live in slums; 187 million children live in the rural areas.

It is almost meaningless to talk of the scale of human needs when we consider the vast majority of Indian children, their "psychological" needs, and the need for "security", the need to "love and become a person", the need for "esteem and recognition" and the need for "fulfillment". *All these needs must have the naturally beautiful environment of the family, to flourish.*

When children are born to deprived parents and especially to a mother whose needs have never been recognised or fulfilled, the word "needs" sounds hollow.

Starting from the time of his conception his deprivation continues through his birth, early infancy and (if he survives this period) childhood and adolescence. It is the socio-cultural and economic factors linked with population that are primarily responsible for the miserable family environment of the deprived child in S.E. Asia.

The economic factor sets a chain reaction of problems like malnutrition, ill-health, high infant mortality rate, disease, unwholesome living conditions, lack of education, vagrancy, delinquency, beggary and child abuse.



Unhappiness perpetuates unhappiness and these children grow up to make unhappy parents.

#### *Emotional Impoverishment in the Family*

The exact number of emotionally deprived children is not known. This problem is not less serious than other forms of deprivation. The changing family pattern from the joint family to the nuclear family, the working mother in urban areas and other causes as follows contribute.

I. Death, desertion or divorce of one or both the parents. A high maternal mortality (10/1000) leaves many children motherless, especially in the villages.

II. a) *Incompatibility* of one or both parents and *marital discord* especially when one partner is better educated or has different expectations as in arranged marriages.

b) Mental illness.

c) Severe physical incapacity of one or both the parents.

d) *Alcoholism* and addiction to drugs.

III. *Acts of fate* like floods, earthquakes, cyclone, etc., which separate family members temporarily or permanently.

IV. *Inadequate Parents.*

Ignorance, indifference due to lack of education, or lack of attention of parents who are busy with social and professional life.

Some consequences of the above situations are destitute, delinquent and emotionally disturbed children.

I have painted a dismal but true picture; however we must believe "*that if there is anything that will endure the eye of God, it is the spirit of a little child from His hand and therefore undefiled*". *The Child, at this Congress and in this year is in the eye of the storm.* If IYC is not meant to be mere rhetoric but a year of action, then each of the problem areas are target areas for us to focus our attention on.

Keeping in mind that the family is truly the natural environment of the child and that we cannot consider the child in separate compartments but as an integrated person we can suggest that:

1. Parents in S.E. Asia be made aware of
  - a) of the needs of the child especially when growth and development are rapid and
  - b) the fact that *they, the family, can never be replaced* by any other institution or agency. The family must be energised to shape its own destiny. As of today, the family has little freedom to determine its fate.
2. That the status of the deprived child in S.E. Asia be publicized so that *Government and voluntary agencies* can implement the integrated child health schemes proposed;
3. That voluntary agencies with an educational, social, nutritional or handicap bias, coordinate and strengthen their activities especially where disparities exist eg. in rural areas and in female children, who are often treated with indifference.
4. That all welfare and health organizations remember that the child born or unborn symbolises life and that any attempt to destroy this life is contrary to human values.
5. That all opportunities for providing nutrition, which is inexpensive and locally available, be availed of, and that the family be helped to live with self reliance and in dignity.
6. That our close cooperation in Government's plan (especially the National Plan in India to provide nutrition and education to every child and more especially to the preschool child) is needed for IYC to succeed in its aims
7. That in school, immunisation and health services be provided free, as also to the children out of school. And that this work be spearheaded by voluntary organizations as a top priority for prevention is not only better but cheaper than cure.
8. That family life education programmes be widespread and freely available to young people, and that parent education must be undertaken side by side. The education of women is particularly important for *when you educate a man you educate an individual, whereas when you educate a woman you educate a family.*
9. That public opinion be created to influence priorities which should place the needs of the child high as compared to other needs (like space research and military weaponry).

## Desperately needed - an Integrated Plan of Action for the child in S.E. Asia

"He who is or has been deeply hurt, has a right to be sure he is loved" (Jean Vanier).

The dynamics of the IYC programme should be carefully worked out so as to involve the people — *"If people do not understand they can only interfere or remain indifferent"* — so parents especially must understand and be involved in any programme proposed for their child. *Indifference* has been the reaction to most of India's excellent programmes.

A strategy must therefore be worked out to ensure a positive response with active participation by the majority. It is necessary that we should have a second look at the Gandhian approach. Two basic tenets of Gandhian economics seem to provide an answer. One is decentralization of the means of production. The other is development of a technological system in which *man is at the centre* of the scheme of things and not the machine. This is vital for the welfare of the rural families living below the poverty line. Planners must take into account the genius of the Indian personality and dispel the idea that "modernization is westernization".

It is we who belong to voluntary and non governmental organizations who should undertake the care of the deprived child. "Understand and love the deprived child" — has been suggested as the eleventh commandment in this IYC and so we should make the following slogan our goal — **REACH THE DEPRIVED CHILD.** For S.E. Asian countries at least, there could be no better theme.

### Plans to overcome Deprivation

To combat malnutrition, an excellent mechanisation has already been set up in some parts of the country in the "Bawaldi" (house for children). It is a scheme which offers full and part-time child care in a stimulating and nurturing environment. The Balwadi is a nucleus and starting point for the development of action programmes that can effectively meet the basic needs of children.

*Child care is a social responsibility* and families need assistance in child rearing and *communities need to feel responsible* for the care of the young.

This has not been understood or appreciated sufficiently in India and hence the Balwadi which should be like a lamp illuminating the community around it, remains a flickering flame. In this year, an attempt can be made to revitalize this essential service and duplicate it with millions of lamps all over the country till no child is left in the shadow of deprivation.

Since women in the age group 15 — 45 constitute 22% of the total population and preschool children another 21%, this "*Vulnerable group*" of 43% should be reached for health and nutrition programmes. Midday meals and health education, though available in excellent programmes, are still too few and must be multiplied in S.E. Asian villages.

The bulk of child labour is in the unorganised sector, in both rural and urban areas. Government machinery cannot cope with the enforcement of existing legislation, neither can they influence public opinion. Only voluntary agencies can do this effectively. *The National Committee on Child Labour set up by the Labour Ministry has made little impact*, for the evil roots of child labour cannot be legislated away. The problem of child labour is directly responsible for the poor progress on the educational front.

Women can play a leading role in remedying this situation provided they are helped to make up the financial loss incurred by the child who discontinues working. One way to achieve this is to enable the woman to be employed in gainful labour in her own home. Here she and not the older child can then care for the young ones.

The Mahila Mandal or Women's Clubs and the Youth Association in the villages are being motivated to play a key role in implementing Government programmes and minimise unsanitary practices and apathy, to needed change in food habits and abolition of cultural taboos.

### India's National Plan of Action for IYC 1979

In the Five Year Plan, many long-term and short-term programmes have been initiated to meet the challenges. One of the most organised schemes is the *Integrated Child Development Services Scheme*. This scheme was first introduced on an experimental basis in 33 projects all over India and is now being extended to 100 projects. Each project, on an average, covers a population of about 90,000.

The scheme aims at the delivery of a package of services consisting of supplementary nutrition, immunization, health checkups, referral services, health and nutrition education and non formal pre-school education in an integrated manner to pre-school children and pregnant mothers in the population.

The countries of S.E. Asia would do well to formulate a national strategy with the following goals which should be time bound.

1. Reducing infant and child mortality and morbidity. This is essential for motivating couples to plan their families.
2. Ensuring adequate maternal health services and helping the mother to a fuller awareness of her own and her child's needs.
3. Helping the *handicapped child* to achieve fulfillment as a person.
4. Wider *community education* and participation in health nutrition, immunisation and several uplift programmes.
5. Preparation of boys and girls for responsible parenthood.
6. Energising the *family as the basic and vital unit of society*.

Our problems exist in almost "Goliath proportions". But like David, ingenuity and determination can be the genius to overcome them.

The challenge is there — let us all join hands and hearts to meet it, so that in the words of Tagore, we can say :

Where the mind is without fear, and the head is held high,  
Where knowledge is free

Where the world has not been broken up into fragments by narrow domestic walls;

Where words come from the depth of truth;

Where tireless striving reaches its arms towards perfection;

Where the clear stream of reason has not lost its way into the dreary desert sand of dead habit;

Where the mind is led forward by Thee into ever widening thought

In to that heaven of freedom, my Father, let my country awake.