

OUR INDIAN CHILDREN - BLOSSOMS IN THE DUST

"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 percent are doomed to die early.

I. THE DEPRIVED CHILD AND HEALTH

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.

The picture of South East Asia is hardly different

1. In 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.

Infant death rates (122/1000) are five times higher in rural areas and every tenth child in India is handicapped.

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% GNP 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. Very low literacy in RURAL WOMEN and FEMALE children a fact which is common to all South East Asian Countries.

3. SINGAPORE: which has an average family size of 3-05 children and is a welfare state, is experiencing problems of a different nature. Here the social problems need guidance and counselling.

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. It is hoped that children will benefit considerably from this programme.

5. HONGKONG: Has a high literacy rate for children. Young girls tend to take part-time jobs more than young boys, to help in the household expenditure. Hence girls over 12 and 13 are often found working but usually not in hazardous jobs. The problems of dropouts, drug addiction and delinquency are a warning to other Asian countries.

6. PHILIPPINES: About 46% 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.

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

7. THAILAND: The high infant 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 with a large population, Taiwan is one of the healthiest areas in Asia with 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 female children. The IMR is 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.

## II. 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". the children of India cannot march on empty stomachs. "With mothers who 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 4% in Japan) and the surviving children are susceptible to tuberculosis and anaemia.

With 31 million working women and millions of others working in the fields 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 younger children.

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 like dormant in India which is indeed a rich country with poor people living in it. 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.

(TABLE 1 NUMBER OF CHILDREN IN INDIA CENSUS 1971)

Age	Urban Millions	Rural Millions	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

When we consider malnutrition and health 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 in 1981. However, Government institutions cannot serve a fraction of these deprived children who are even deprived by their families of care and affection.

### 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 the rural areas where the 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 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.



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 perhaps in the night, bot even reaching the morrow.

#### 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 enroll in schools are girls and a large proportion drop out to marry early, often soon after they have matured. 12% of the girls are married in the 10-14 years age group.

#### V. THE DEPRIVED CHILD - AND HIS FAMILY

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

On 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. These are deprived in various ways.

It is almost meaningless to talk of the scale of human needs when we consider the vast majority of Indian children their "psychological" needs 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 must have the natural beautiful environment of the family. When children are born to deprived parents, and especially a mother whose needs have never been recognised or fulfilled, the word "needs" sounds hollow.

His deprivation starts from the time of his conception and 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 children in India.

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

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

### Emotional Impoverishment in the Family

The exact statistics of the 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 contribute as follows:

- I. Death, desertion or divorce of one or both the parents a high maternal mortality leaves about 6/1000 many children motherless especially in rural areas.
- II. a) Incompatibility of one or both parents (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, but we must believe "that if there is anything that will endure the eye of God, it is the spirit of a little child fresh from his hand and therefore undefiled". The Child at this Congress 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 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 - a) of the needs of the child especially when growth and development are rapid and  
b) the fact that 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 the Government and voluntary agencies can coordinate to implement the integrated child health schemes proposed;

3. That voluntary agencies with an educational, social, nutritional or handicap focus, coordinate and strengthen their activities especially where disparities exist eg. in rural areas and in female children, who are treated as second class citizens.
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 off.
6. That our close cooperation in the Government plan (especially the National Plan in India to provide nutrition and education to every child and more especially to 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. Everywhere, parent education must be undertaken side by side.
9. That public opinion be created to influence priorities which should place the needs of the child hightas compared to other needs (like research and military weaponry).

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" - and parents especially must understand and be involved in any programme proposed for their child. Indifference has been the reaction to most of Indias excellent programmes.

A stratagey must therefore, be worked out.

However, 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 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.

Desperately needed - an integrated plan of action for the child in S.E. A

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

It is we who belong to voluntary and non governmental organizations who should undertake the care for the deprived child. "Understand and love the deprived child" - has been suggested as the eleventh commandment. Perhaps we can resolve to do so in this IYC and make the following slogan our goal.



### "Reach the Deprived Child"

For S.E. Asian countries atleast, there could be no better theme, for we have to choose a priority area.

### Plans to overcome Deprivation

To combat malnutrition, an excellent mechanisation has already been set up in some parts of the country in the "Bawaladi" (house for children) scheme which offers full and part-time child care in a stimulating and nurturing environment. The Bawaladi 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 Bawaladi, which should be like a lamp shedding light around it, remains a flickering flame. In this year, an attempt can be made to revitalize this essential service and duplicate it as millions of lamps all over the country till there is no darkness left for children.

Since women in the age group 15-45 constitute 22% of the total population and preschool children another 21%, this "Vulnerable group" of 43% can be reached for health and nutrition programmes. Midday meals and health education, though available in excellent programmes, must be multiplied all over S.E. Asian villages.

The bulk of the child labour is in the unorganised sector, in both rural and urban areas. Hence, it is for the voluntary organisations to rise up to the occasion and organize this child labour. Government machinery cannot cope up 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 has serious engaged the attention of the Government as it 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, and this task is now being undertaken.

The Mahila Mandal or Women's Clubs and the Youth Associations in the villages are being motivated to a key role in implementing Government programmes and minimise unsanitary practices and apathy to change.

### 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 of such efforts 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 section of the population and a majority of children still remain uncovered.

The programme calls for formulating a national strategy with the following broad goals.

- i) Reducing infant and child mortality and morbidity. This is essential for motivating couples to plan their families.
- ii) Reducing maternal mortality and morbidity.
- iii) Ensuring adequate maternal and child health services.
- iv) Provision of basic health and nutrition services to children and pregnant and lactating mothers.
- v) Preparation of boys and girls for wise parenthood.
- vi) Ensuring proper knowledge and utilisation of family welfare services and nutrition.
- vii) Wider community education on health and nutrition.

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

The instruments of change are the educated who owe a debt to those less fortunate. 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.

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 stretches 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

Into that heaven of freedom, my Father, let my country awake.

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