

e-content Rural Studies(RM&D)

Rural Welfare- CC-7

Unit- 02

Meaning of Child

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A Child (Plural children is a human being between the stages of birth and puberty or between the developmental period of infancy and puberty. The legal definition of child generally refers to a minor, otherwise known as a person younger than the age of majority.

Child may also describe a relationship with parent (such as sons and daughters of any age) or metaphorically on authority figure, or signify group membership in a clan, tribe, or religion, it can also signify being strongly affected by a specific time, place, or circumstance as in a “child of nature” or a child of the sixties legally the term child may refer to anyone below the age of majority or some other age limit. The united Nations Convention on the right of the child defines child as “a human being below the age of 18 years unless under the law applicable to the child majority is attained earlier. This is notified by 192 of 194 member countries.

Children generally have fewer rights than adults and are classed as unable to make serious decisions and legally must always be under the care of a responsible adult or child custody whether their parents divorce or not

Recognition of childhood as a state different from adulthood began to emerge in the 16th and 17th centuries. Society began to relate to the child not as a miniature adult but as a person of a lower level of maturity needing adult but as a person of a lower level of maturity reeding adult protection love and nurturing.

Integrated child development Services (ICDS) Scheme

Integrated child development services(ICDS) scheme is world’s largest community based programme. The scheme is targeted at children upto the age of 6 years, pregnant and lactating mother’s and women 16-44 years of age. The scheme is aimed to improve the health, nutrition and education of target community. Launched on 2nd October 1975, the scheme has completed 25 years of its operational age.

Pediatric malnutrition has always been a matter of national concern. The various vertical health programmes initiated by the Government of India from time to time did not reach out to the target community adequately. In 1974, India adopted a well- defined national policy for children. In pursuance of this policy it was decided to start a holistic multicentre programme with a compact package of services. The decision led to the formulation of ICDS scheme one of the most prestigious and premier national human resource development programmes of the government of India.

The scheme was launched on 2 October 1975 in 33(4 rural, 18 Urban, 11 tribal) blocks over the last 25 years, it was expanded progressively and at present it has 5614(approx) projects covering over 5500 community development blocks and 300 Urban Slums, over 60 million children below the age of 6 years and over 10 million women between 16-44 years of age and 2 million lactating mothers. The total population under ICDS c-verage is 70 million, which is approximately 7% of the total population of one billion.

The main thrust of the scheme is on the villages where over to percent of the population lives urban slums are also a priority area of the programme.

Objectives of I.C.D.S.

The main objectives of the schemes are

1. Improvement in the health and nutritional status of children 0-6 years and pregnant and lactating mothers.
2. Reduction in the incidence of their mortality and school drop out.
3. Provision of a firm foundation for proper psychological, physical and social development of the child.
4. Enhancement of the maternal education and capacity to look after her own health and nutrition and that of her family.
5. Effective co-ordination of the policy and implementation among various departments and programmes aimed to promote child development.

Beneficiaries

The beneficiaries are:

1. Children 0-6 years of age
2. Pregnant and lactating mothers.
3. Women 15-44 years of age
4. Since 19991 adolescent girls upto the age of 18 years for non formal education and training on health and nutrition.

Services:-

The programme provides a package of services facilities like.

1. Complementary nutrition.
2. Vitamin A
3. Iron and folic acid tablets
4. Immunization
5. Health check-up

6. Treatment of minor ailments
7. Referral services
8. Non-formal education on health and nutrition to women
9. Preschool education to children 3-6 years old and
10. Convergence of other supportive services like water, sanitation etc.

The services are extended to the target community at a focal point “anganwadi”(AWC) located within an easy and convenient reach of the community AWC is managed by an honorary female worker “ Anganwadi Worker” (AWW). Who is the key community level functionary. She is a specially selected and trained woman from the local community, education upto high school. She undergoes 3 months training in child development, immunization, personal hygiene, environmental sanitation, breast feeding, antenatal care, treatment of minor ailments and recognition of ‘at risk’ children. She gets a small honorarium as an incentive. The presence of AWW in the community has a synergistic effect as she liaises between health functionaries and the community. Convergence with health helps achieve better maternal and child health, enhances awareness regarding family planning services, treatment of morbidity and reduction of mortality. AWC serves as a central point fo immunization, distribution of vitamin a, iron and folic acid tablets and treatment of minor ailments and first aid. AWC is also the venue for health related activities carried out by auxiliary nurse- midwives (ANM). Each AWC looks after a population of approximately 1000 in rural and urban areas and 700 in tribal areas.

Problems / issues of normal children in India

Despite India ratifying the United Nations Convention on the Rights of the Children in 1992 to work towards child rights, we still have a long way to go. India needs to use aggressive corrective measures to address malnutrition, infant mortality, low school enrollment and other issues. Identifying these issues with their complexities enables civil society, governments, and individual strategies to resolve them. With socially conscious corporations and citizens who donate to charity, child rights are today a cause for everyone.

1. Health issues

Diarrhoea and malnutrition are two of India’s biggest killers of children under the age of 5. Along with poor access to nutritious foods, both these issues are linked to poor hygiene, as infections trigger mineral depletion and loss of appetite. India finds prominent mention in the annual global tally of deaths of children under the age of 5. For every 1,000 live births, 42 die, and every 20 seconds a child dies from preventable causes like pneumonia, preterm and birth complications, newborn infections, diarrhoea and malaria. National Family Health Survey (NFHS) India 2006 estimates show that 61

million children under the age of 5 are stunted, and 53 million are underweight. Another 25 million have a low weight to height ratio. One-third of the world's 'wasted' children live in India, and rampant in rural areas, among scheduled tribes.

2. **Survival issues**

India leads the global tally of child (ages 0 – 5) deaths – 1.2 million deaths were reported in 2015, a quarter of 5.9 million child deaths worldwide. Another finding reported that 1.83 million children die every year before their fifth birthday (of 26 million children born annually). Children from India's poorest communities are at a higher risk of death before 5. There are sharp inequities in mortality rates across India - under 5 mortality rate in Kerala is much lower (14 deaths per 1000 live births) than Madhya Pradesh (92 per 1000). At 1.83 million, India has the highest child deaths in the world.

3. **Lack of education**

A UN report recently revealed that India is home to the world's largest population of illiterate adults (287 million), and contributes 37% of the global total. While the latest data shows that literacy rose from 48% (1991) to 63% (2006), population growth cancelled out these gains, meaning no effective change in the number of illiterates. Primary education spending is a decider in literacy, as seen in Kerala, one of India's most literate states of the country, where education spending per pupil was about \$ 685. Educational disparities are noticed in richer and poorer states. However, girl child education requires not only investment but also social awareness that educated girls are a valuable asset. Today, India ranks 123 among 135 countries in female literacy.

4. **Exploitation in the form of child labour**

India has the world's most number of people under 'modern slavery' – 14 million. This includes slave labour conditions like bonded labour, sex trafficking, child labour, domestic 'help' etc. Children today continue to be employed in hazardous occupations - over 12 million children (aged 5 – 14) work in construction, manufacturing of beedis, bangles and fireworks industry. A 2016 amendment to Child Labour (Prohibition and Regulation) Act, 1986 hasn't established a blanket ban, instead legalising a form of child labour by allowing children to work in family enterprises, creating scope for misuse.

5. **Violence and abuse**

In 2013, India was among the top 5 countries with the highest rate of child sexual abuse. A 2013 report by the Asian Centre for Human Rights revealed that sexual offences against children in India were at an "epidemic" level – citing, over 48,000 rape cases between 2001 to 2011, and a 337% increase in child rape cases from 2001 (2,113 cases) to 2011 (7,112 cases). Child sex abuse (CSA) occurs across geographies, economic levels, and even across relationships – strangers, friends, family members had all been perpetrators. In 2012, 9500 child and adolescent murders were reported, making India the third largest contributor to child homicide (WHO 2014, Global Health

Estimates). One in 3 adolescent girls experiences violence (physical, sexual or emotional), from significant others.

Conclusion

The scope of child rights makes it clear that a comprehensively designed program needs to address these issues. While governments and civil society can work to give children access to their rights, the common public must also **support an NGO**, initiative or campaign to ensure government initiatives are followed through. Grassroots activism is a vital guiding light to educate both children and adults, and liberate children from a life of suffering. When you **donate to charity**, you not only avail great tax benefits but also yield a huge reward in the fight for child rights.

UNICEF

UNICEF promotes the rights and wellbeing of every child, in everything we do. Together with our partners, we work in 190 countries and territories to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere.

In all of its work, UNICEF takes a life-cycle based approach, recognizing the particular importance of early childhood development and adolescence. UNICEF programmes focus on the most disadvantaged children, including those living in fragile contexts, those with disabilities, those who are affected by rapid urbanization and those affected by environmental degradation.

UNICEF was created with a distinct purpose in mind: to work with others to overcome the obstacles that poverty, violence, disease and discrimination place in a child's path. We advocate for measures to give children the best start in life, because proper care at the youngest age forms the strongest foundation for a person's future.

We promote girls' education – ensuring that they complete primary education as a minimum – because it benefits all children, both girls and boys. Girls who are educated grow up to become better thinkers, better citizens, and better parents to their own children. We act so that all children are immunized against common childhood diseases, and are well nourished: no child should suffer or die from a preventable illness. We work to prevent the spread of HIV/AIDS among young people because it is right to keep them from harm and enable them to protect others. We help children and families affected by HIV/AIDS to live their lives with dignity.

We involve everyone in creating protective environments for children. We are present to relieve suffering during emergencies, and wherever children are threatened, because no child should be exposed to violence, abuse or exploitation.

UNICEF upholds the Convention on the Rights of the Child. We work to assure equality for those who are discriminated against, girls and women in particular. We work for the Millennium

Development Goals and for the progress promised in the United Nations Charter. We strive for peace and security. We work to hold everyone accountable to the promises made for children.

We are part of the Global Movement for Children – a broad coalition dedicated to improving the life of every child. Through this movement, and events such as the United Nations Special Session on Children, we encourage young people to speak out and participate in the decisions that affect their lives.

We are active in more than 190 countries and territories through country programmes and National Committees. We are UNICEF, the United Nations Children's Fund.

What Are the Aims and Objectives of UNICEF?#

UNICEF's stated aims and objectives are "to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential." UNICEF initiates programs and projects to achieve these aims and objectives.

UNICEF, the United Nations International Children's Emergency Fund, strives to promote children's emotional and physical well-being in underdeveloped and disaster-affected areas. It is currently active in more than 190 countries and promotes health and development, child protection, social inclusion and gender equality.

Ongoing health programs include mass immunizations to prevent disease, the promotion and protection of breastfeeding for improved nourishment in infants, the fight against HIV/AIDS to reduce infection and care for the infected and the procurement of healthy drinking water and nourishment.

UNICEF recognizes the importance of education for personal development and advancement and promotes equal opportunities for both genders. In advocating for children's rights, the fund strives to protect children from violence and abuse in the family, child labor, child trafficking for labor and sexual exploitation.

During natural disasters, warfare and crises, UNICEF provides humanitarian relief, shelter, nourishment and psychosocial support. When circumstances allow, the fund organizes educational facilities for children in affected areas.

UNICEF runs separate programs for the well-being of adolescents, including health, HIV education and prevention and the acquisition of skills and abilities for financial independence.

The Central Social Welfare Board

The Central Social Welfare Board was established in 1953 by a Resolution of Govt. of India to carry out welfare activities for promoting voluntarism, providing technical and financial assistance to the voluntary organisations for the general welfare of family, women and children. This was the first effort on the part of the Govt. of India to set up an organization, which would work on the principle of voluntarism as a non-governmental organization. The objective of setting up Central Social Welfare Board was to work as a link between the government and the people.

Dr. Durgabai Deshmukh was the founder Chairperson of the Central Social Welfare Board. Earlier she was in charge of "Social Services" in the Planning Commission and she was instrumental in planning the welfare programmes for the First Five Year Plan. Under the guidance of Dr. Durgabai Deshmukh, various welfare schemes were introduced by the Central Social Welfare Board.

The Central Social Welfare Board obtained its legal status in 1969. It was registered under section 25 of the Indian Companies Act, 1956

The State Social Welfare Boards were set up in 1954 in all States and Union Territories. The objective for setting up of the State Social Welfare Boards was to coordinate welfare and developmental activities undertaken by the various Departments of the State Govts. to promote voluntary social welfare agencies for the extension of welfare services across the country, specifically in uncovered areas. The major schemes being implemented by the Central Social Welfare Board were providing comprehensive services in an integrated manner to the community.

Many projects and schemes have been implemented by the Central Social Welfare Board like Grant in Aid, Welfare Extension Projects, Mahila Mandals , Socio Economic Programme, Dairy Scheme, Condensed Course of Education Programme for adolescent girls and women, Vocational Training Programme, Awareness Generation Programme, National Creche Scheme, Short Stay Home Programme, Integrated Scheme for Women's Empowerment for North Eastern States, Innovative Projects and Family Counselling Centre Programme.

The scheme of Family Counselling Centre was introduced by the CSWB in 1983. The scheme provides counselling, referral and rehabilitative services to women and children who are the victims of atrocities, family maladjustments and social ostracism and crisis intervention and trauma counselling in case of natural/ manmade disasters. Working on the concept of people's participation, FCCs work in close collaboration with the Local Administration, Police, Courts, Free Legal Aid Cells, Medical and Psychiatric Institutions, Vocational Training Centres and Short Stay Homes.

Over six decades of its incredible journey in the field of welfare, development and empowerment of women and children, CSWB has made remarkable contribution for the weaker and marginalized sections of the society. To meet the changing social pattern, CSWB is introspecting itself and exploring new possibilities so that appropriate plan of action can be formulated. Optimal utilisation of ICT facilities will be taken so that effective and transparent services are made available to the stakeholders.