

ISSUES ON CHILD DEVELOPMENT IN INDIA

N. Meera¹ and P. Saradhai²

¹ Assistant Professor, Department of Economics, Government Arts College, Coimbatore- 641 018.

² Assistant Professor, PG & Research Department of Microbiology & Biotechnology, Presidency College, Chennai-600 005

Abstract

The development of the child is a big concern for all the economies especially in the context of the COVID 19 pandemic situation. In India, even before the outbreak of COVID 19, the prevalence of issues relating to children such as discrimination, mortality, school dropout and child labour is are important matters of social concern. This paper explores data on children in India for this purpose. COVID 19 like humanitarian crisis would not improve the social, economic and physical conditions of children. Economic growth in terms of increase in national income may not be an indicator of wellbeing of society, especially of children.

Key words: Child Sex ratios, Child labour, Dropout rates, Child mortality, Wellbeing

1. INTRODUCTION

A child needs to grow physically and psychologically which will enable them to think, communicate and socialise in a healthy manner. Social, cultural, economic and political factors play a very important role in this regard. They are to be nurtured in such a way to form socially aware citizens of the country. According to the World Health Organisation (2013), “a child is a person 19 years or younger unless national law defines a person to be an adult at an earlier age. However, in these guidelines when a person falls into the 10 to 19 age category they are referred to as an adolescent”.

In the Indian context, there are many definitions of child based on age which is not uniformly defined and this offers gaps in legal proceedings for the guilty to escape punishments in case of any violation of rights (Palanichamy, 2016). Children are subjected to discrimination, violence and abuse in many forms that affects their health and wellbeing. It is also a matter of violation of rights in many aspects. There are several issues of child right violations in India. This simple, general paper tries to analyse the existing data relating to children in India even before the outbreak of COVID 19. Discrimination, lack of healthy life and care, violation of human rights are indication of risk to wellbeing of children.

2. METHODOLOGY, RESULTS AND DISCUSSION

The prevalence of child rights issues in India is explored through the sex ratios, school dropout rates, child labour and infant mortality and child mortality rates. The statistical data is collected from the various websites of the Government of India.

2.1 Child Sex Ratios (0 to 6) years

The child sex ratio is the number of girls to 1000 boys in the age group 0-6 (Table 1).

TABLE 1: SEX RATIO – (0-6) YEARS

Year	1961	1971	1981	1991	2001	2011
Sex Ratios	976	964	962	945	927	914

Source: Registrar General, Census 2011

The deteriorating sex ratios reveal the fact that there is violation of the basic right to live for girl children. Unfavourable Sex ratios to girls indicate any of the following: gender specific mortality; foeticide and child migration and discrepancies in enumeration. The child sex ratio has dropped from 976 in 1961 to 914 in 2011. Cultural factors like deep rooted patriarchy play an important role in the adverse child ratios for girls in India (Battacharya and Saxena, 2015). In a society where there is high preference for male children, the small family norm would aggravate the situation which has be addressed by the policy makers.

2.2 Infant mortality rate

IMR is the death rate of infants (below the age of one year) per 1000 live births under one year of age. This is the one of the most important indicator of health and wellbeing of a country. The estimated Infant mortality rate for 2016 and 2018 is given in Table 2.

TABLE 2: ESTIMATED IMR IN INDIA

STATES	IMR	
	2016	2018
Andhra Pradesh	34	29
Arunachal Pradesh	36	---

Assam	44	41
Bihar	38	32
Chattisgarh	39	41
Delhi	18	13
Goa	8	----
Gujarat	30	28
Haryana	33	30
Himachal Pradesh	25	---
Jharkhand	29	30
Jammu & Kashmir	24	22
Karnataka	24	23
Kerala	10	7
Madhya Pradesh	47	48
Maharashtra	19	19
Manipur	11	----
Meghalaya	39	----
Mizoram	27	----
Nagaland	12	----
Orissa	44	40

Punjab	21	20
Rajasthan	41	37
Sikkim	16	----
Tamil Nadu	17	15
Telangana	31	27
Tripura	24	----
Uttar Pradesh	43	43
Uttarakhand	38	31
West Bengal	25	22
India	34	32

Source: Sample Registration System, 2018

There is a decline in the IMR from 34 to 32 in India. It is still very high compared to developed countries where IMR is less than 7. Of all the states, Kerala has the lowest IMR. There is need for health policies on child survival and wellbeing.

2.3 Gross Enrolment Ratio and School Dropout Rates

Education is an important component of human development and a means to reduce poverty and inequalities in society. It is also an engine for economic growth and development. It empowers people, promotes democracy and builds a competitive society (Huisman, 2015). Schools play a vital role in dissemination of knowledge, community participation and building healthy relationships for the overall personality development of children. Healthy childhood is necessary for building a healthy mental health status of people.

TABLE 3: CUMULATIVE SCHOOL DROPOUT RATES IN INDIA

STATES	I-V	I-VIII	I-X
Andhra Pradesh	15.6	28.2	45.9

Arunachal Pradesh	30.9	50	61.4
Assam	32.2	50.2	72.4
Bihar	34.8	55.5	71.3
Chhattisgarh	29.3	43.7	50.8
Goa	4.7	5.1	16.6
Gujarat	27.1	46.7	54.1
Haryana	7.1	1.2	21.3
Himachal Pradesh	3.7	1.6	7.1
Jammu and Kashmir	8.4	11.6	44.2
Jharkhand	42.9	52	70.7
Karnataka	4.3	13.4	37.3
Kerala	NA	NA	NA
Madhya Pradesh	27.4	44.9	42.3
Maharashtra	9.5	26.5	37.3
Manipur	44.8	53.7	71.1
Meghalaya	62.9	68	74.5
Mizoram	40.8	39.6	44.5
Nagaland	38.5	47.7	53.6
Odisha	15.5	57	61.9

Punjab	NA	NA	NA
Rajasthan	43.3	56.7	61.7
Sikkim	9.1	48.8	57.4
Tamil Nadu	NA	NA	38.1
Tripura	26.8	42.4	49.6
Uttar Pradesh	18.6	50.2	47.2
Uttarakhand	34.8	40.7	36.2
West Bengal	24.3	42.1	60.6
INDIA	22.3	40.8	50.3

Source: Government of India (2009-10)

The data (Table 3) presented here shows the national average of school dropout rate from first to 10th standard to be as much as 50 percent supported by the data on enrolment ratio (Table 4).

TABLE 4: GROSS ENROLMENT RATIO IN 2018-19

STATES	I-VIII	IX-X	XI-XII	Higher Education
Andhra Pradesh	93	78	47	32
Arunachal Pradesh	102	69	39	30
Assam	105	73	31	19
Bihar	88	58	26	14
Chhattisgarh	96	87	52	19

Gujarat	94	76	41	20
Haryana	102	94	56	29
Himachal Pradesh	104	106	82	40
Jammu and Kashmir	78	58	42	31
Jharkhand	96	61	39	19
Karnataka	105	84	44	29
Kerala	98	98	80	37
Madhya Pradesh	92	77	44	22
Maharashtra	103	91	69	32
Manipur	112	70	55	34
Meghalaya	135	80	42	26
Mizoram	120	94	52	26
Nagaland	82	58	34	19
Odisha	94	81	66	22
Punjab	105	93	68	30
Rajasthan	98	82	57	23
Sikkim	94	101	58	54
Tamil Nadu	98	91	72	49
Telengana	102	84	57	36

Tripura	105	90	39	19
Uttar Pradesh	92	65	46	26
Uttarakhand	106	89	66	39
West Bengal	99	82	52	19
INDIA	96	77	50	26

Source: *Economic Survey 2021*

The dropout rate for a class is calculated by dividing the total number of students who are discontinuing their studies in the class (dropout) by the total number of students enrolled in the class. The dropout rates for I-X class is equal to or greater than the national average for Arunachal Pradesh, Assam, Bihar, Chattisgarh, Gujarat, Jharkhand, Manipur, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, West Bengal and the Union territory of Dadra and Nagar Haveli. In Tamil Nadu the school dropout rate is 38 percent in 2010.

The data presented in the Economic Survey 2020, shows the gross enrolment ratio (Table 4) for higher education to be as low as 26 percent. Even though the enrolment ratio is 96 percent up to VIII standard, it is falling afterwards showing high dropout rate for high schooling and thereon. It is worth mentioning that the primary school enrolment rate is high for all the States but the disturbing fact is that for higher classes it is decreasing . Rawal et. al (2021), Poongodi M et. al(2022), Poongodi M et. al (2021), Dhiman P et.al (2022), Sahoo S.K et.al (2022), K.A et. al(2022) , Dhanraj R.K et. al (2020), Yan Zhang et.al (2020), Md Hossain et. al (2021), Md Nazirul Islam Sarker et. al (2021) ,Y. Shi et. al (2020), Guobin Chen et. al (2020)

2.4 Child labor

The Government has enacted several measures to prohibit child labour but the problem is complex for effective implementation. Children are the dependent population of an economy and the most vulnerable section of the society. The extent of child labour in India is given in Table 5.

TABLE 5: PROPORTION OF CHILD LABOUR IN INDIAN STATES

STATES	2004-05	2009-10
Andhra Pradesh	13.2	4.71

Assam	1.5	3.80
Bihar	4.0	5.55
Chattisgarh	2.9	0.23
Delhi	0.1	0.37
Goa	0.1	----
Gujarat	3.3	7.84
Haryana	1.1	1.45
Himachal Pradesh	0.4	0.15
Jharkhand	2.3	0.59
Jammu & Kashmir	----	1.65
Karnataka	6.3	4.54
Kerala	0.1	0.06
Madhya Pradesh	5.4	3.83
Maharashtra	8.6	5.23
Orissa	4.8	2.70
Punjab	1.1	0.98
Rajasthan	9.0	8.14
Tamil Nadu	1.9	0.35
Uttar Pradesh	22.9	0.55

Uttarakhand	0.7	35.62
West Bengal	7.6	11.07
India	100	100

Source: NSSO (66th Round)

Highest proportion is found in Uttarkhand (36 percent) followed by West Bengal, Rajasthan and Gujarat. Tamil Nadu has less than one percent child labour.

2.5 Wellbeing

General Happiness is an important measure of wellbeing in a society. The quality time spent with family and friends play an important role in the life of children as it makes them happy. The positive emotions develop and there is an overall satisfaction in life (Helliwell, 2019). The prevalence of infant and child mortality, child labour and dropout rates are indicators of poor health, care and human development. This definitely shows that the wellbeing of children is at stake because those affected children may not be happy even though happiness is a psychological phenomenon.

3. CONCLUSION

Prevailing inequalities in social, economic, and environmental conditions have an adverse impact on various aspects of life such as health, wellness, and financial status. Increase in social and economic deprivation will affect people's access to health services resulting in poor quality of life, mortality, suicide, and increased hospitalization. This worldwide humanitarian crisis such as the COVID 19 pandemic will make situations worse. Children are the most invaluable resource of a society. Resource here is not the material assets and wealth in terms of money and luxury. It is necessary to redefine the concept of development which should emphasise on the achievement of wellbeing with a decent and healthy standard of living for all. Healthy society only can raise healthy children.

REFERENCES

Battacharya, Prabir C and Vibhor Saxena (2015) "Socio-Economic Determinants of Child and Juvenile Sex Ratios in India: A Longitudinal Analysis with District-Level Data," Heriot-Watt University Economics Discussion Papers 1503, Department of Economics, School of Management and Languages, Heriot Watt University. <https://ideas.repec.org/p/hwe/hwuedp/1503.html>

Government of India (2021) Economic Survey – Statistical Appendix

Helliwell, John F., (2019) Determinants of wellbeing and their implications for healthcare, *Annals of Nutrition and Metabolism*, 74 (suppl 2): 8-14, DOI:1159/000499141.

Huisman, Janine et al., (2015) Keeping Children in School: Effects of Household and Context Characteristics on School Dropout in 363 Districts of 30 Developing Countries, <https://journals.sagepub.com/doi/10.1177/2158244015609666>

Palanichamy, Anuradha (2016) Child Rights, Poverty and Protection: An Indian Perspective, *Journal on Rights of the Child*, National Law University, Odisha, Vol.1, Issue1, pp.1-17.

World Health Organisation (2013) Consolidated Guidelines on the Use of Antiretro Viral Drugs for Treating and Preventing HIV Infection – Recommendation for a public health approach, June 2013.

Statistical Data

<https://data.gov.in/catalog/dropout-rate>

https://censusindia.gov.in/vital_statistics/SRS_Report_2018

<https://niti.gov.in/content/infant-mortality-rate-imr-1000-live-births>

https://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin_2018.pdfA