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## UNIT 9 STATUS OF RURAL CHILDREN

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### 9.1 OBJECTIVES

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After reading this unit, you will be able to:

- understand demographic characteristics of children in India;
- identify commonly used indicators of children's health, nutrition and educational status;
- discuss status of girl-child in rural India;
- discuss initiatives taken for development of children; and
- describe the situation of children at work.

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### 9.1 INTRODUCTION

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In the preceding Block you were introduced the development of women. Like women, children also need attention for development as they constitute the foundation of any nation. Census of India 2011 reported the total population of India being 121.02 crore. Of this, the rural population constituted 68.727% and the urban population constituted 31.28%. Of India's population, children constitute a large segment. As their number keeps on increasing, more and more resources are needed to ensure that children do not stay hungry, remain poor, suffer from preventable diseases, lack education and training facilities and suffer from any kind of exploitation. The larger portion of this child population lives in rural areas, posing distinct challenges for development. This unit will give an overview of the situation of rural children with the help

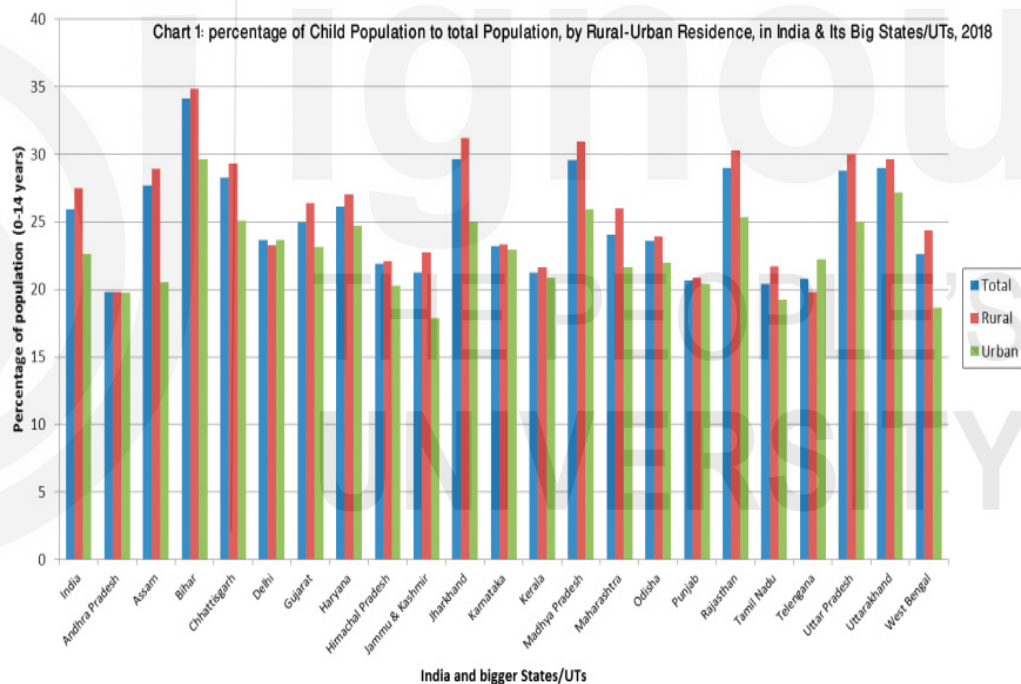
of some selected indicators which will enable you to see their relative position and measure changes in their situation. We shall also discuss the situation of those children who are at work. To start, let us see demographic characteristics of children in India.

## 9.2 DEMOGRAPHIC CHARACTERISTICS

To analyse situation of rural children we need to consider magnitude of the child population and its age-structure in rural India. Let us look into these features.

### 9.2.1 Magnitude of Child Population

According to the Census 2011, India's child population was 15,87,89,287 that constituted 13.12% of its total population. The rural child population was 11,75,85,514 that constituted 74.05% of the total child population. Let me show you in the following chart the percentage of child population (0-14 years) by rural-urban residence in the total population of India and its big States/UTs, as per the SRS Report 2018-19:



Source: Census of India 2018.

[https://censusindia.gov.in/vital\\_statistics/SRS\\_Report\\_2018/9](https://censusindia.gov.in/vital_statistics/SRS_Report_2018/9)

### 9.2.2 Age-Structure

Demographers use age-structure of a population in a variety of ways. The percentage of children, aged 0-14 years, in the total population is computed by using the following formula:

$$\frac{\text{No. of Children (0 - 14) years}}{\text{Total Population}} \times 100$$

As noticed the population of India is young which reflects a high birth rate. India has, thus, to invest heavily in child survival and child development.

It is observed that for most of the age-groups, male-female differences in the distribution are negligible, except in the combined age-group of 0-14, 15-59, 60+, 15-64 and 65+. In the age-group 0-14, male population is more than female population, by about one per cent, whereas in the older age-groups 15-59, 60+, 15-64 and 65+, percentage of females is greater, by 0.6, 0.6, 0.6 and 0.5 percentage points respectively, than that of males (SRS Report 2018-19).

The age-group 0-14 is further divided into three sub-groups: 0-4, 5-9 and 10-14. The proportion of young children in the age-group 0-4 and also the proportion of population in the age-group 0-14 are higher in rural areas than in urban areas both for males and females. Where female literacy is high the proportion of children in the population is low, as educated mothers tend to have fewer children (SRS Report 2018-19).

Demographers also refer to child dependency ratio which is a measure of the child population (0-14 years) relative to the size of the population in the working age-group, i.e., 15-60 years. The child dependency ratio is computed by using the following formula:

$$\frac{\text{No. of Children (0 - 14) years}}{\text{Population (15 - 60 years)}} \times 100$$

Conventionally, demographers divide a population into age-groups with a class-interval of five years. Let us distribute the population into age-groups such as less than 1 year, 1-2 years, 3-5 years, 6-10 years, 11-13 years and 14-15 years. These groups are more relevant for planning purpose. Of these, the early childhood years (below 1 year and 1-2 years) are important for child survival; the period of 3-5 years is important for early childhood stimulation programmes at home and in pre-school, and the period of 6-11 years is relevant for primary schooling.

### 9.2.3 Sex Ratio

The population of India comprises of 62,37,24,248 males (51.54%) and 58,64,69,174 females (48.46%)\_with the sex ratio of 940 females per '000 males. The top five States/Union territories having the highest sex-ratio are Kerala (1,084), followed by Puducherry (1,038), Tamil Nadu (995), Andhra Pradesh (992) and Chhattisgarh (991) the five States/UTs from the bottom having the lowest sex-ratio are Daman & Diu (618), Dadra & Nagar Haveli (775), Chandigarh (818), NCT of Delhi (866) and Andaman & Nicobar Islands (878) (Census India 2011). However, recently the fifth National Family and Health Survey (NFHS-5) held in 2019-20 reports that the number of women has surpassed men for the first time in India with the sex-ratio being 1,020 females per '000 males. NFHS-4 held in 2015-16 recorded 991 females per '000 males.

Low status accorded to women and girls and the prevailing custom of dowry are some of the factors that influence parents to prefer son and abort the female foetus, or neglect the girl child, leading to higher mortality among girls. To raise their status, girls need education and training for becoming financially independent. Other support measures, such as shelter, should also be provided to girls and women to empower them.

Gender discrimination in access to food, health-care, literacy, livelihood and wages is of great concern. Women and girl-children often suffer greater nutritional deprivation and they are victim of all forms of violence in the public and private spheres, including trafficking and sexual and other types of exploitation (Health and Family Welfare Statistics in India (2019-20)). These trends, contrary to global developments, point to the need for designing special programmes and strategies based on individuals, and not based on households.

According to Health and Family Welfare Statistics in India (2019-20), India has the largest child population in the world, comprising 190,075,427 (52.38%) male children and 172,799,553 (47.62%) female children in the age of 0-14 years, constituting nearly 28.6 per cent of the population. Rural areas in India have a number of infrastructural problems such as lack of roads, schools, health centres, environmental sanitation facilities, employment opportunities, rehabilitation facilities for disabled, etc. Also, rural areas vary widely in their topography such as stark mountainous regions of Ladakh and Arunachal Pradesh, etc., coniferous forested areas of Himachal Pradesh, Uttarakhand, etc, rolling hilly areas of the North-Eastern States, the dry desert areas of Rajasthan, the arid regions of Gujarat, the fertile plains of Uttar Pradesh, Bihar, Madhya Pradesh, Maharashtra, etc. and the coastal areas of Kerala, Andhra Pradesh, Tamil Nadu, Karnataka, Odisha and West Bengal. These terrains present different problems to widely scattered beneficiaries in their access to various programmes and services, though, since Independence, significant improvement has been seen in several indicators of social development.

Let the situation of rural children be discussed, based on major social indicators used in determining health, nutritional, educational and work status. Before we proceed, let me check your progress.

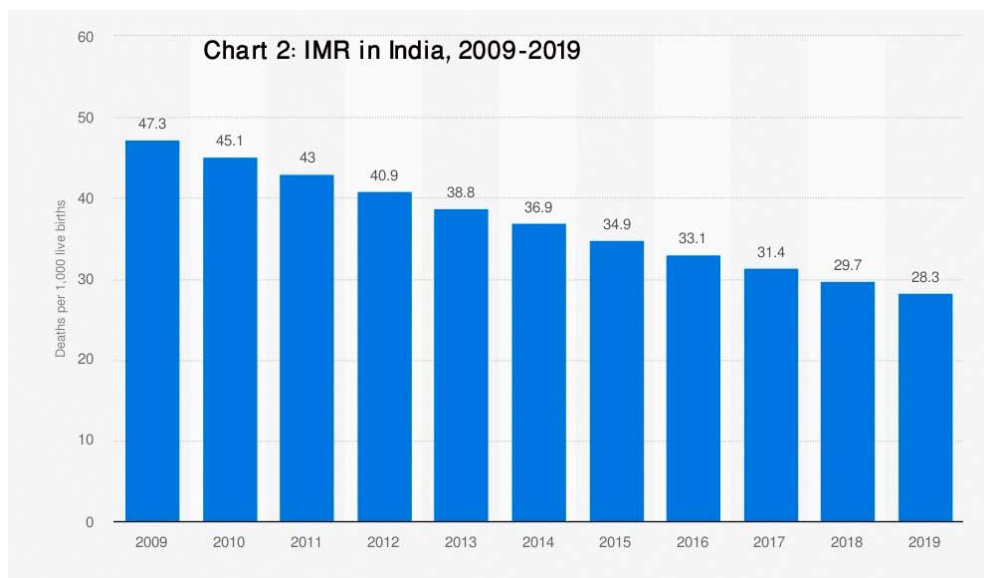
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### **9.3 HEALTH STATUS**

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Health status of children in India has improved tremendously. Infant mortality rate (IMR) is an indicator to measure health. It is defined as the number of infant deaths per thousand live births in less than one year. In India, IMR was 146 per '000 live births in 1951, which has fallen to 28.3 per '000 live births in 2019. The following chart shows the decline in infant mortality rate (IMR) in India from 2009 to 2019:

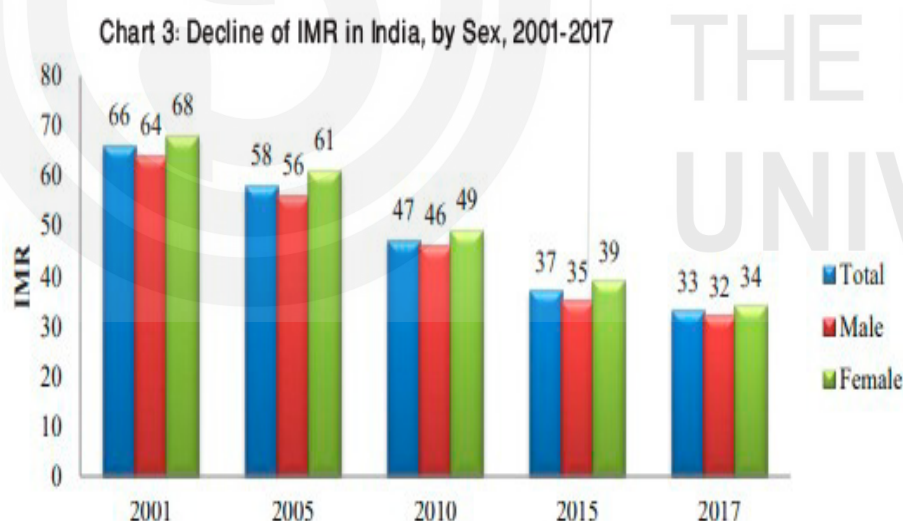
This decline owes to expansion of health services, organising immunisation camps, spread of health and nutrition education and awareness through Anganwadi Centers under ICDS, Primary Health Centres (PHCs) and Food and Nutrition Board's nutrition-related activities and other initiatives taken by the Government, NGOs and international organisations. A sharp drop in the incidence of vaccine-preventable diseases is seen and polio has been almost eliminated.



Source: World Bank © Statista 2021

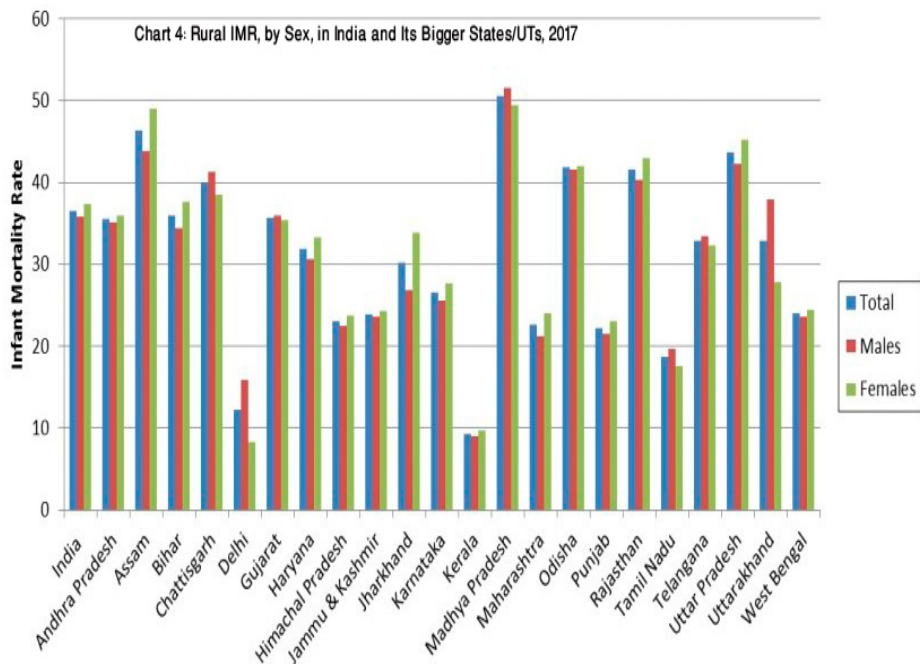
Infant Mortality Rate (IMR) has registered a decline, of 4 points, to 33 in 2017 from 37 in 2015 at the national level. The highest IMR (47) has been observed in Madhya Pradesh and the lowest in Kerala (10).

Female IMR is higher than male IMR in all but the States of Chhattisgarh, Delhi, Madhya Pradesh, Tamil Nadu and Uttarakhand. The following chart shows the trend of decline in IMR of males and females in India for the period from 2001 to 2017:



Source: Ministry of Health and Family Welfare, Government of India, 2019.

IMR is reported to be 33 in 2017, comprising 37 in rural areas to 23 in urban areas. It is higher in rural areas than in urban areas because health facilities in rural areas are inadequate and timely medical attention is not available when required. The following chart shows the rural IMR in India and its big States/UTs, by sex, in 2017:



Source: Census of India, SRS\_Report\_2017.

Immunisation programme has been one of the major factors in reducing infant mortality. A child is fully immunized when received all the required doses of vaccine for diseases like polio, whooping cough, TB, measles, diphtheria, tetanus, etc. Low immunisation is prevalent in areas where literacy is low, especially female literacy, and in remote hilly areas of the North–Eastern States where the population is scattered, terrain is difficult and health infrastructure is inadequate. The health facilities available in rural areas in these States and some other States are not adequate. Although the health infrastructure is in place, it is inadequate in certain areas and often plagued by lack of personnel, equipment, medicines, etc. The quality of health services in rural areas has much scope for improvement.

Rural health infrastructure plays an important role in reducing infant and child mortality rates and improving life expectancies and nutrition status, even if the access is not so good and calorie-consumption is low. The Government programmes, such as Mid-day Meal, Integrated Child Development Services (ICDS), universal immunisation etc, have provided better health and nutrition to the population. Those who seem food-secure and consume sufficient calories have low infant mortality rate, low maternal mortality rate (MMR) and high life-expectancies. Female literacy and rural health infrastructure have also a bearing on the mortality and life-expectancy. A life-cycle approach needs to be followed in the case of nutrition, ranging from *in utero* to old age.

## 9.4 NUTRITIONAL STATUS

*“The world, both, animate and inanimate, is sustained by food... The giver of food is the giver of life and indeed of everything else. Therefore, one who is desirous of well-being in this world and beyond should make special endeavour to give food...” (Bhagwad Gita).*

For a healthy working population, it is essential that children receive adequate nutrition during childhood and adolescence to ensure proper physical and mental growth. Erratic or insufficient availability of food leads to its uneven distribution. Inevitably, those who need food-security most are also the most food-deprived. They are rural children, especially female children, adolescent girls, women, those belonging to SCs, STs, OBCs, landless and agricultural labourers, marginal and small farmers, workers employed in unorganised sectors, the illiterate, the poor and those whose coping mechanisms have been brutally damaged or undermined by recurring or one-time disaster and form the invisible hungry in India.

ICDS started in 1975 provides a package of services to pre-school children and expectant and nursing mothers, consisting of health check-up, nutrition, immunisation, nutrition and health education, referral services and pre-school education. Malnutrition among under-five children is an important concern for the health authorities. Various risk factors and their influence on nutrition-status of children in a given set-up should be analyzed for planning the control measures. Strengthening public health interventions for mild malnutrition cases and vulnerable groups, effective implementation and evaluation of the strategies at regional level, research on overweight, obesity and its etiological factors and steps for improving socio-economic development are the pre-requisites for tackling malnutrition among under-five children in India (Sahu 2015, 18). The four segments critical to food security are nutrition, poverty alleviation, agricultural production and disaster mitigation. These can be addressed by the following four-pronged programme:

- 1) Food for Work,
- 2) Food for Education,
- 3) Vulnerable group feeding and
- 4) Disaster Response.

A multi-pronged strategy can be introduced in every village, consisting of direct interventions like fortification of food, administration of oral doses of Vitamin-A, iron and iodine fortified salt and promotion of cultivation of vegetables and trees like *amla* in small areas surrounding huts/homes. The 'India-mix', fortified with essential vitamins and distributed through ICDS centres in selected States, needs to be extended to all the States and Union Territories. The highest priority is to be given to eliminate hidden hunger in the shortest period. The programmes can be designed in a campaign mode as done in the case of vaccination against major diseases.

Existing projects like Targeted Public Distribution System (TPDS) and nutrition programmes (e.g., ICDS, Mid-Day Meals, and Antyodaya Anna Yojana) should be mobilised to ensure their reach to those who have thus far been by-passed. TPDS should include distribution of nutritious cereals like *jowar*, *bajra*, *ragi* and millets because they have low cost, high calorie/protein/micronutrient advantages. Knowledge of childcare, healthcare practices and support services should be targeted to pregnant and nursing mothers to ensure effective protein-calorie nutrition for young children.

ICDS should encourage increased involvement of women in managing feeding programmes. Greater attention to appropriate supplementary nutrition is needed for children in the age of 0-2. This age is the most critical period for the growth of brain and body. Moreover, this age-group is the most neglected in ICDS, yet, having the highest level of malnutrition. These measures can ensure better health and nutrition of both infants and mothers.

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## 9.5 EDUCATIONAL STATUS

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A study conducted by National Statistical Office on *Household Social Consumption: Education in India* as part of NSSO's 75th survey-round, held from July 2017 to June 2018, provides a comprehensive analysis of female literacy rates for all the States of India, considering persons aged seven years and above. It estimates India's average literacy rate at 77.7%; the female literacy rate at 70.3% and the male literacy rate at 84.7%. Kerala tops among the States with the highest female literacy rate of 95.2% while Rajasthan performs the worst with the female literacy rate of 57.6%. However, special innovative projects are being carried out to raise female literacy and increase girl enrolment and retention and the Government is fully committed to the goal of Universalisation of Elementary Education (UEE). Today, children need a quality education that must:

- encourage a more integrated view of how the world operates and how development does or does not occur,
- make students more critically aware of how their actions, individually and collectively, will hinder or help the world in meeting challenges in future and
- help mobilise and empower people with knowledge and skills to participate more actively, democratically and collectively in the development process. Let's look into the States' initiatives towards this end.

### 9.5.1 Initiatives Taken by the States for Community Participation

Though most of the States in India have elected local bodies/panchayats in rural areas, their involvement in the functioning of schools is limited. Mostly, panchayats have been responsible for constructing, repairing and maintaining school-building only. The lowest tier of the panchayats at village level has hardly any say in children's education and local school's functioning. However, some States have taken important initiatives to involve local community in children's education.

Andhra Pradesh involves community members on a large scale through programmes such as *Chaduvula Panduga*- the festival of education. Assam's *Alokar Jatra*, a programme, involves local communities to conduct a household survey, resulting in a local-level database on the educational status of children with positive impact on access and enrolment.

In Rajasthan, Shiksha Karmi and Lok Jumbish have been two externally

aided projects for universalisation of basic education of a quality in the remote and socially backward villages, with a special emphasis on community-participation. In the Shiksha Karmi Project initiated in 1987, the village communities (VECs) have a great contribution to improvement of the school environment, infrastructure and facilities, enrolment of children through school mapping and micro-planning in the Shiksha Karmi School. The project covers 2,708 villages in 147 blocks spread over 31 districts.

Lok Jumbish project, launched in 1992 by Government of India and Government of Rajasthan with the support of Swedish International Development Agency (SIDA), has been set up for innovative management structures on the principle of decentralisation. It aims to build a partnership with local communities and the voluntary sector to improve quality education. It positively contributed to improve text-books for Classes I to IV, based on minimum level of learning (MLL). It has conducted school mapping in 8,921 villages, opened 2,560 Sahaj Shiksha Centres covering 47,000 children and started 529 new primary schools and 268 upper primary schools, 239 pre-school centres of Anganwadis and formed over 7,600 Mahila Groups (the 10th Planning Commission Report).

Under the Kerala Panchayat (Amendment) Act, 1999, the panchayat Ward Members are members of Panchayat Education Committee (PEC) which develops school-plan. The funds are routed through the Panchayat and some of the Panchayats use their own resources for the school. Parent-Teacher Association (PTA) and teachers make special efforts to enrol all children, including migrant children, with special focus on gender-equity and promotion of girl-child's education. All Head Masters under the Panchayat present report in PEC's monthly or bi-monthly meeting, chaired by the Sarpanch.

Bihar Vidyalaya Shiksha Act, 2000, provides Vidyalaya Shiksha Samiti (VSS to supervise civil works, oversee financial transaction, organise campaigns to enrol out-of-school children and ensure their retention. However, VSS does not involve in academic matters inside the classroom.

In Karnataka, a special Government order of 2001 provides for Village Education Committees (VEC), chaired by a member from the elected Panchayat. In 2007 the Government introduced *Namma Shale-My School* (a school-community connect programme) which runs in four clusters of four districts. It has seven important stakeholders: teachers, parents, children, School Development and Monitoring Committee members, CBO members, Gram Panchayat and the government's education department. They are involved in all the issues of school's development ranging from monitoring to capacity-building.

Under the Nagaland Education Institutions and Services Rule 2002 which provides for communitisation of elementary education the Village Education Committee (VEC) has got administrative, academic and financial powers and functions to manage elementary education in the village. It disburses salaries and grants casual leave to school-teachers and staff, procures furniture, stationery, etc. and selects/recommends appointment of substitute teachers

against long term vacancy. Also, it ensures universal enrolment and retention of all children aged 6-14 years, implements annual plans and programmes of the Government and ensures that free text-books reach to the children and the mid-day meal is managed well.

In Madhya Pradesh, *Jana Shikshan Adhiniyam* promotes decentralisation of school education and provides for PTA and Teachers Association to ensure enrolment of all children, monitor regular attendance of teachers, mobilise local resource persons for teaching, monitor on-going learning of children, organise remedial education and mobilise resources for small requirements of the school. Inclusiveness is promoted through community-members.

In Gujarat, an Act enacted in 2003 created VEC and Ward Education Committee under the decentralised structure of district, taluka, and village levels. District Panchayat recruits primary school teachers through a staff selection committee. The funds for Meena Manch and Residential Alternative Schools, payment of Bal Mitras' salaries, civil works, disbursement of teachers' salaries and school-grant and Inclusive Education for Differently-abled (IED) grant for children with special needs (CWSN) have been transferred to the village or the school.

Though education in India is improving, all children are yet to be in school. Rural schools have peculiar problems. Curricula and teaching methods are irrelevant to rural life. Written words have not much place in rural life. So, many students lapse into illiteracy after leaving school. Students memorize many subjects only to regurgitate in examinations. Teachers generally teach by reading from a text book. School-buildings are in poor condition, without furniture and amenities. Schools do not open for the stipulated number of days, supervisory visits are few and there is very little community-participation. This all leads to disenchantment with the education system. To bring about a change, teachers' training in development skills is necessary to have an immediate impact on rural development. Some serious problems in rural areas require only awareness that the problem exists as rural people have the knowledge and expertise to solve it.

### **9.5.2 Government Schemes for Improvement in Girls' Education**

Expansion of girls'/women's education has been an integral part of the Government's educational policies and programmes. The Ministry of Human Resource Development has taken several initiatives for expansion of girls' education. Let us see what they are.

- ***Kasturba Gandhi Balika Vidyalaya*** scheme, launched in 2004 to provide primary education to girls, is primarily for underprivileged people and rural areas where girls' literacy rate is very low. The schools opened under the scheme have 100% reservation: 75% for backward class girls and 25% for BPL girls.
- ***Beti Bachao, Beti Padhao*** is the scheme launched in 2015 to generate awareness to save girl child and enhance girls' education in India by ensuring efficient delivery of welfare services meant for girls.

- **UDAAN - Giving Wings to Girl Students** is a scheme to enhance enrolment of girl-students in prestigious institutions of technical education through incentives & academic support and bridge the gap between school education and engineering entrance examinations for girls.
- **Mahila Samakhya** is an on-going scheme, initiated in 1989, to translate the goals of National Policy on Education into a concrete programme for education and empowerment of women in rural areas, particularly those from socially and economically marginalised groups.
- **Saakshar Bharat**, a new variant of the National Literacy Mission, launched in 2009, targeted female literacy as a critical instrument for women's empowerment. It aims to accelerate adult education, especially for women, in the age of 15 years and above, who have no access to formal education.
- **Mid-Day Meal Scheme:** The gender-gap in school-participation tends to narrow, as the Mid-Day Meal Scheme helps remove the barriers that prevent girls from attending school.
- **Mid-Day Meal Scheme** is an effective means to increase school enrolment and retention of children from food-insecure families and ensuring that short-term hunger does not inhibit their capacity to learn. It helps avert child labour and facilitates girls' entry into schools.

In spite of these initiatives, many children are found at work whereas they should have been studying in school. Such a situation further lowers children's status. Let us see children at work.

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## 9.6 CHILDREN AT WORK

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Poverty compels families to utilise all their resources to merely survive. So, to supplement their income poor families often send their young children to work. Niti Aayog's first *Multidimensional Poverty Index (MPI) Report* released in November 2021 informs that Kerala has the lowest poverty rate in India whereas Bihar, Jharkhand and Uttar Pradesh registered the highest poverty rate across India, emerging as the 'poorest States'. Bihar's 51.91% people are poor, followed by Jharkhand (42.16%) and Uttar Pradesh (37.79%). The age-group 0-19 years is the most affected by extreme poverty. This can lead the youngsters to malnutrition and illiteracy.

The Census 2011 enumerates 10.1 million child workers, a decline of about 1 per cent from the Census 2001 which estimated 12.7 million child workers. Reduction in child workers' number is more pronounced in rural areas than in urban areas. In India, child labour is inextricably linked to the issue of social inclusion as children belonging to poor and marginal farmers as well as landless households who form part of the excluded social groups are mainly exploited as child labour (George and Panda 2015: 17).

International Labour Organisation's *World Report on Child Labour 2015* reveals that India has around 168 million children trapped in child labour, 75 million young persons- aged 15-24- unemployed and many more in jobs that

fail to offer fair income, security in workplace, social protection and other basic/decent work conditions. The magnitude and incidence of child labour varies across the States, with some States reporting its higher incidence while in others it is comparatively lower (UNICEF, 2016). Girls form a sizable proportion of the working children yet their work in households is hardly recognized as work.

India has made significant progress in reducing child labour in the last decade. Data from the Census 2011 show the largest decline of child work in the age group 10-14 years in rural areas. Child labour elimination is one of the targets of the Sustainable Development Goals and to achieve this India is taking required measures.

Social, economic and educational factors cause child labour. Illiterate parents do not attach much importance to schooling, especially of girls. Early drop-out from school facilitates their entry into a work-place. Many parents see nothing wrong in their child being engaged in work; rather, they consider it a useful way to engage the child who does not attend school, never realizing that the child gets inducted in the inter-generational cycle of low wages, ill-health, under-nutrition and poverty.

Child Labour (Prohibition and Regulation) Act, 1986, aims to prohibit children's entry into hazardous occupations and to regulate their services in non-hazardous occupations. Juvenile Justice (Care and Protection) of Children Act (JJ Act), 2000, amended in 2006, states, "any working child below the age of 18 years is a child in need of care and protection". It accords authority to its notified officers to take action, with the help of the Child Welfare Committee (CWC), against employers for employing children in prohibited employment.

Government of India has taken proactive steps towards eliminating child labour, preventing it and rehabilitating children previously engaged in workforce. By the 86<sup>th</sup> amendment in the Constitution made in 2009, education has become a fundamental right for all children in the age group of 6–14 years. Besides, the Government has introduced various schemes for rehabilitation of the children withdrawn from work. National Child Labour Project (NCLP), launched by the Government in 1988 as part of a larger Plan of Action arising out of the National Child Labour Policy, has been supported by several major initiatives at national, State and district levels to eliminate child labour. It includes establishment of Special Training Centres, as specified in RTE Act, 2009, to provide children with education and vocational skills and prepare them to be mainstreamed into the formal education system. India has signed a Memorandum of Understanding (MoU) with ILO for the International Programme on Elimination of Child Labour (IPEC) in 1992, which concluded in 2013. India has also signed the United Nations Convention on the Right of Child (UNCRC) in 1992. India is actively striving to ratify ILO Convention No. 138 on Minimum Age and No. 182 on the Worst Forms of Child Labour to eliminate child labour from India.

India's judiciary has demonstrated profoundly empathetic response to the practice of child labour. Various labour commissions and committees

constituted in India from time to time have focused on the issue of child labour and have made extensive recommendations. UN and ILO Conventions, Indian Constitution's provisions relating to child labour and other Central and State laws provide the most comprehensive protection to child labour and grounds for elimination of all of its forms. Policies, legislation and schemes/programmes addressing child labour are expected to change those aspects of the socio-economic structure that allow child labour to persist.

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## 9.7 BONDED CHILD LABOUR

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Bonded child labour refers to the children working in conditions of servitude to pay off a debt that, binding them to their employer, is incurred not by the children themselves but usually by their parents or in some cases by relatives or guardians. In India, millions of children are forced into child labour due to poverty, illiteracy, unemployment, overpopulation, etc. Child debt servitude has existed as an illegal practice since 1933 when Children (Pledging of Labour) Act was enacted in the British rule. Since Independence, there have additionally come up several protective legal measures to govern the conditions of child labour in distinct sectors such as factories, commercial establishments, plantations, apprenticeships and migrant labour and contract labour. However, data on children working as bonded labour are not available, though many children are working for long hours as full-time workers in the conditions of exploitation. Often, their parents have taken loans, pledging, in return, the labour of their children who, severely exploited, work for paltry wages for years, continuing even beyond what would have redeemed their debt because there is no one to intercede for them.

In India child labour continues due to the following reasons:

- i) prevalence of myths justifying child servitude/labour,
- ii) lack of social awareness and sensitisation,
- iii) lack of political will,
- iv) ineffective legal instruments,
- v) ignorance of children in servitude and their parents, and
- vi) anti-childhood development policies and programmes.

Child labour is rampant where parents get employment for not more than 100 days in a year on wages far less than the statutory minimum wages. So, its elimination benefits both parents and adults in families as the employers' account books show payments to adults whereas, in reality, it is a pittance paid for child labour, thus, saving billions of rupees as a black money for big industries in the sectors such as carpet making, diamond cutting and polishing, matches and fireworks, handlooms, etc.

Population control programmes will not be successful unless all employment avenues for child labour are closed, thereby, making children a liability to their parents. Besides, for these children, a conscious educational approach needs to be adopted. Though, for a pretty long time, there have existed two

laws; namely, Bonded Labour Abolition Act 1976 and Child Labour (Prohibition and Regulation) Act 1986 to mainly deal with child labour, they are seldom enforced and punishment for their violation being too nominal to have any deterrent effect. So, a strong political will is needed to ensure that children are not made to work. The media can be a powerful source of information and awareness generation on such issues of human importance. Lopsided development projects uproot thousands, forcing the poor to migrate to cities where they eke out a living, and their children engage in rag picking, another hazardous job, merely to survive. Only social policies based on humanitarian values can guarantee a child his/her childhood, and not the free market oriented to maximise profit with minimum input.

Voluntary Organisations have a major contribution in identifying and securing release of bonded labour with the help of the Supreme Court of India. South Asian Coalition Against Child Servitude (SAACS) founded in 1980, Bandhua Mukti Morcha (Release of Bonded Labour), *Bachpan Bachao Andolan* (Save Childhood Movement), Campaign Against Child Labour (CACL) and several other organisations have taken the lead in this matter. This coalition of organisations tried to educate buyers not to buy products made by child labour. They devised a mechanism to put a trade mark, RUGMARK, to carpets produced without child labour, to be bought by foreign buyers. These organisations involve religious leaders, trade unions, socially conscious individuals and all those who are concerned to put an end to child labour.

A rise in the minimum wages in the States/UTs where the wage rates are low will help in arresting the processes of distress migration and debt bondage to some extent, preventing child labour and enabling children to continue with schooling in their native homes. If these children do not work along with their parents, they stay at the temporary settlements to look after their siblings. They, thus, get completely excluded from the education system and fall prey to illiteracy. These children who are unable to access the formal schooling system need to be provided education through means of mobile schools. Works of girl children also need to be accounted in official statistics to capture the magnitude of domestic child labour and plan policy interventions for their education. Thus, the most important intervention in child labour is to provide compulsory primary education of a good quality.

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## 9.8 LET US SUM UP

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Children in India, the age-group of 0-14 years, constitute a large segment of the population. India has to invest heavily in child survival and child development. Moreover, a huge portion of the child population lives in rural areas, posing distinct challenges for development. Rural areas in India have a number of infrastructural problems such as lack of roads, schools, health centres, sanitation facilities, employment opportunities, rehabilitation facilities for disabled, etc. Wide topographical variations, scattered people and lack of resources in rural areas further complicate the problem of children's development. Hence, rural children, especially those belonging to various disadvantaged groups have suffered in major indicators of social development such as health, nutrition and education.

indicators. A huge decline in IMR and MMR can be seen, owing to improved health services, health and nutrition education and access to primary education. In spite of education being a fundamental right and its expansion in disadvantaged sections, all children are still not in school. Besides, rural schools have peculiar problems. Poor families, compelled to utilise all their resources to survive, often send their young children to work so as to supplement their income. This situation sustains child labour, even bonded child labour, still ruining childhood of a good number of children.

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## 9.9 KEY WORDS

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**Children:** The persons aged 0-14 years are children in India.

**Child Sex Ratio:** The number of females per thousand males in the age group 0–6 years in the specified population.

**Child labour:** Children engaged in work instead of being in schools, owing to poverty and ignorance by parents.

**Bonded Child Labour:** Children working in conditions of servitude to pay off a debt, that binds them to their employer, is incurred not by them but usually by their parents or in some cases by relatives or guardians.

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## 9.10 SUGGESTED READINGS

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