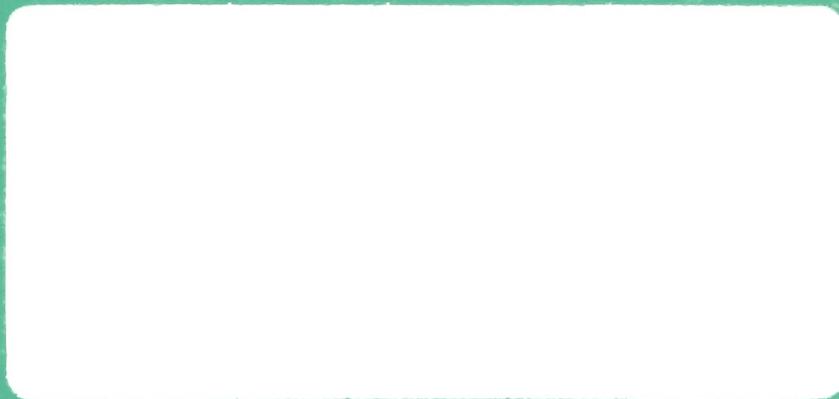




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THE DISADVANTAGED URBAN CHILD IN INDIA

A.B. Bose \*

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This paper is part of the background documentation for a study on Urban Children in Distress, edited by Cristina S. Blanc et al. and forthcoming in early 1993.

\*/ This paper has been prepared by the author in his personal capacity.

The views expressed in this paper are those of the author and do not necessarily represent the views of the UNICEF International Child Development Centre.

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## EXECUTIVE SUMMARY

The situation of disadvantaged urban children in India should be seen in the overall context of the country's growing urban population and increasing conditions of urban poverty. About 42 million people, representing 20 per cent of the total urban population, had incomes which fell below the poverty line in 1988. Of today's 71 million urban children 0 to 14 years of age, an overwhelming 15 to 18 million live in slums.

*Health* indicators show that infant and child mortality rates in urban areas have declined significantly in the last three decades, but are still at disturbingly high levels. The *nutrition* status of urban children also continues to be a matter of great concern. While there is a lower incidence of "severe" and "moderate" malnutrition, growth retardation and endemic goiter are widespread. Primary school *education* is still far from being universal, and illiteracy and drop-out rates are high despite the impressive increase in the number of students. In almost all of the child welfare indicators, the especially deprived position of the girl child is evident.

Beyond the general picture of urban children, this report provides a more detailed analysis of specific categories of at-risk children, such as *working children, street children and other disadvantaged children in need of care and protection*. It reviews current policies and suggests future policy directions. A number of promising government policies and programmes emerge from this analysis, but they need to be more integrated and more sharply focused on urban poor families to be truly effective. Community-based approaches, better resource allocation and more support of the role of non-governmental organizations are also required.

The objective of this first report is to give readers a better understanding of the difficult and deprived environment in which Indian slum children live and how this affects their physical, mental and social well-being as well as their future development. It is hoped that increased sensitivity to the issues presented in this paper will lead to more effective and preventive policies and programmes.



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## I. INTRODUCTION

An estimated 297 million children under the age of 15 live in India today. Their developmental needs call for concerted action by both governmental and non-governmental organizations. Although a number of new policies and programmes aimed at children, and particularly at children from disadvantaged groups, have been introduced at both the national and local level during the last two decades, there is a growing realization that a greater degree of inter-sectoral coordination and integration is needed.

The present study gives an overview at the macro level of the urban child, covering various sectors and analysing important current policies and programmes. It is based on a review of secondary data which are generated in large quantities in India as a result of census operations, the sample registration system, national sample surveys, evaluation studies, statistical reporting systems on programme implementation, and empirical studies conducted by universities, research institutes and individual scholars. Secondary data clearly have their limitations in meeting specific research needs and are also bound by the conceptual framework and definition of terms followed by each study. However, by using these existing data sources within a single framework of analysis, we have been able to assess many aspects of the situation of disadvantaged urban children.

The background to the situation of urban children is provided in Sections II through IV which describe urbanization in India, the growth of city slums, and the nature of urban poverty. In Sections V and VI, a number of major indicators of the health, nutrition and education status of urban children are discussed. The problems of children in especially difficult circumstances, notably working children, street children, neglected and abandoned children and children in conflict with the law, are then reviewed at some length in Sections VII through IX. Finally, a brief summary concludes the paper.

Each section includes a macro-level situation analysis as well as discussions of national policies and programmes and some of their outcomes. Important policy implications are highlighted. We hope that the organization of the material in this manner will give the general reader a better understanding of the complex situation of urban children in India and that, in addition, this report will provide a useful input for future policy making and programming.

## II. URBANIZATION

The percentage of the urban population in developing countries continues to be low even at the close of the twentieth century which has witnessed rural to urban transformation at a pace unprecedented in history. This is not surprising since urbanization is widely used as an indicator of development. In most "high-income economies", more than 75 per cent of the population is urban, while in most "low-income economies", the urban population is less than 33 per cent (World Bank 1991).

India is included in the category of "low-income economies". In the 1991 Census, 25.7 per cent of the population was classified as "urban", a term which encompasses all statutory towns (i.e. places with a municipal corporation or board, cantonment board, or notified town area), and places having a minimum population of 5,000, at least 75 per cent of the male working population engaged in non-agricultural activity, and a density of population of no less than 400 persons per km<sup>2</sup>.

Table 1 compares urban growth with the total population growth during the past nine decades, and Figures 1 and 2 show these population trends graphically. Despite a relatively low percentage of urban population, the overall numbers involved are phenomenally high. From only 25.8 million in 1901 (10.8 per cent of the total population), the urban population

Table 1: URBAN POPULATION IN INDIA  
(1901-1991)

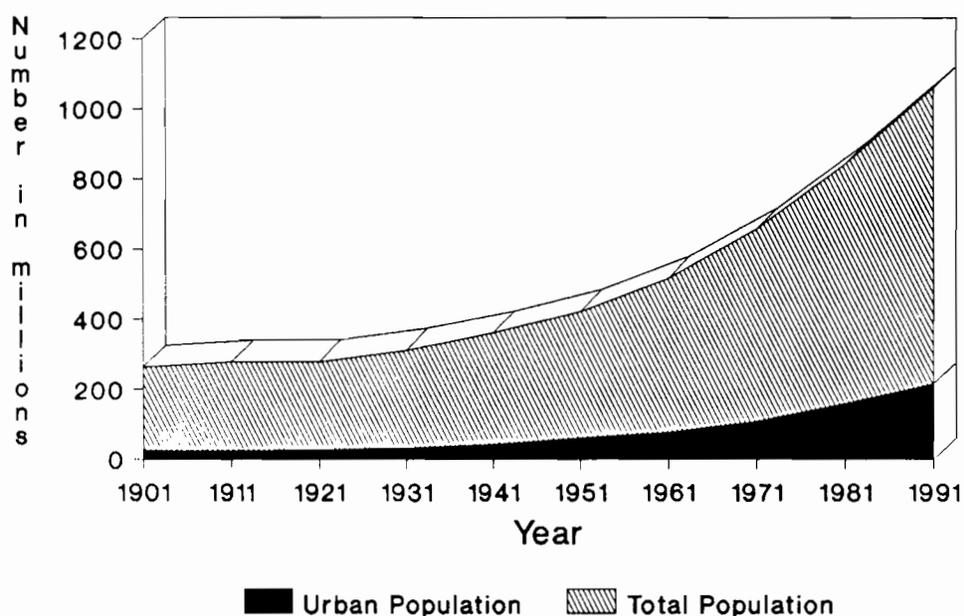
Year	Millions of Individuals			Percentage of	
	Total Population	Urban Population	Decadal Increase	Urban to Total Population	Decadal Urban Growth
1901	238.39	25.85	-	10.84	-
1911	252.09	25.94	0.09	10.29	0.35
1921	251.32	28.09	2.15	11.18	8.27
1931	278.98	33.46	5.37	11.99	19.12
1941	318.66	44.15	10.69	13.86	31.97
1951	361.09	62.44	18.29	17.29	41.42
1961	439.24	78.94	13.50	17.97	26.41
1971	548.16	109.11	30.17	19.91	38.23
1981 <sup>a/</sup>	683.33	159.46	50.35	23.34	46.14
1991 <sup>b/</sup>	844.32	217.18	57.72	25.72	36.19

Source: Census of India, 1991

<sup>a/</sup> Includes projected figures for Assam where Census could not be carried out.

<sup>b/</sup> Includes projected figures for Jammu and Kashmir as given by the Standing Committee of Experts on Population Projections (1989).

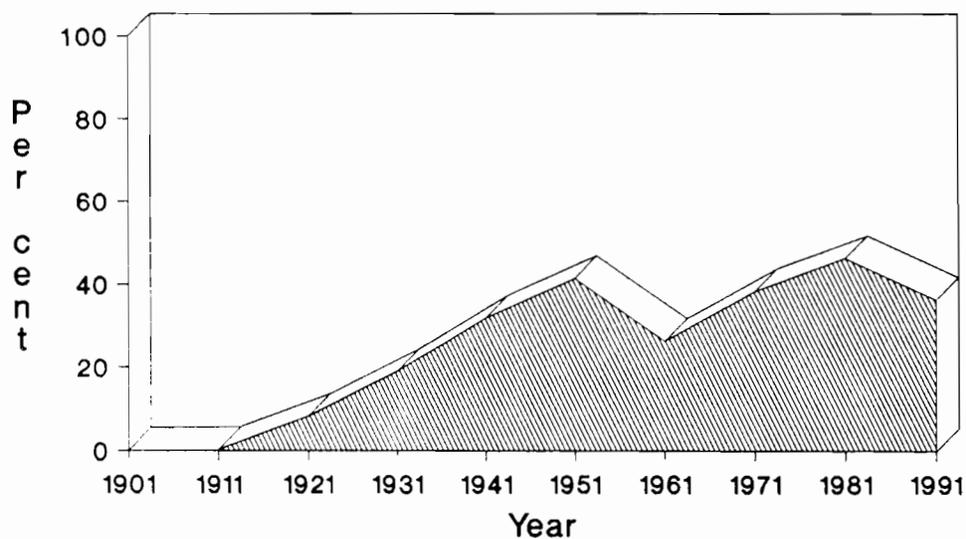
Figure 1: TOTAL AND URBAN POPULATION  
(1901-1991)



Source: Census of India, 1991

grew to 62.4 million in 1951 (17.29 per cent of the total) and reached 217.2 million in 1991 (25.7 per cent of the total) (Figure 1). The decadal growth rates of urban population increased significantly after 1931, with a sharp decline between 1951 and 1961 (Figure 2). The 1971-81 decade showed a growth rate of 46.14 per cent (an annual exponential growth rate of 3.83

Figure 2: DECADAL URBAN GROWTH RATE  
(1901-1991)



Source: Census of India, 1991

per cent), which was the highest ever - an increase of 50.4 million persons, or more than the total urban population in 1941. The increase at the end of the decade equalled almost 30 per cent of the total urban population of 1981. Although the 1981-91 growth rate was much lower (only 36.2 per cent, with an annual exponential growth rate of 3.09 per cent), in absolute figures the increase is quite large: 57.72 million, which represented 27 per cent of the urban population of 1991. It should be noted that in a span of 90 years, the difference in the percentage of urban to total population is only 14.9 per cent (from 10.8 per cent in 1901 to 25.7 per cent in 1991).

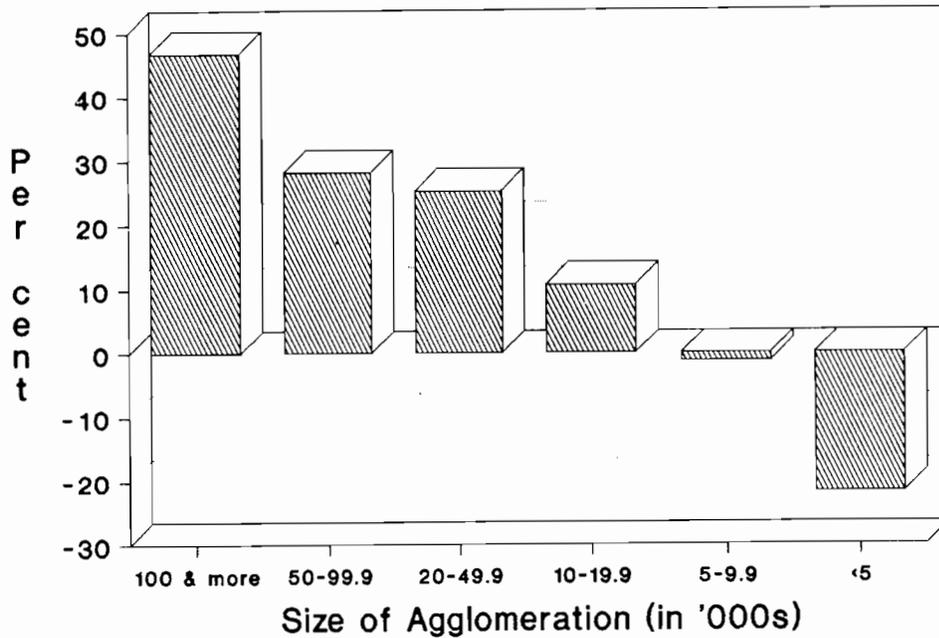
Cities often have extensions outside their official limits which actually form an integral part of the cities themselves. Sometimes two or more towns are contiguous and should really be considered as a single agglomeration. The urban population of India (excluding Jammu and Kashmir) in 1991 was distributed over 3,696 such urban agglomerations/towns (Table 2). Almost one-third of the urban population lives in 23 urban agglomerations with a population of more than a million; slightly less than 10 per cent lives in 30 urban agglomerations with a population of 500,000 to one million (the same number

Table 2: POPULATION SHARE OF URBAN AGGLOMERATIONS AND TOWNS (1991)

No. of Inhabitants	No. of Urban Agglomerations and Towns	Population		
		No.in 000's	Percentage	Increase 1981-91 (%)
1,000,000 and above	23	70,661	32.82	
500,000 - 999,999	30	20,937	9.72	
100,000 - 499,999	247	48,132	22.35	
Total 100,000 and above	300	139,730	64.89	46.87
50,000 - 99,999	345	23,597	10.96	28.14
20,000 - 49,999	947	28,712	13.33	25.30
10,000 - 19,999	1,167	16,998	7.89	10.72
5,000 - 9,999	740	5,644	2.62	-1.27
Less than 5,000	197	0,657	0.31	-21.70
Total All Classes	3,696	215,338	100.00	36.09

Source: Census of India, 1991

Figure 3: GROWTH RATE OF URBAN AGGLOMERATIONS (1981-1991)



Source: Census of India, 1991

reported by the 1981 Census); and 22 per cent lives in 247 urban agglomerations with a population range of 100,000 to less than 500,000. Thus, nearly two-thirds of India's urban dwellers live in 300 urban agglomerations having a population of 100,000 and above.

Figure 3 illustrates population growth rates for each class size. Growth rates were highest for urban agglomerations/towns having a population of 100,000 and above (46.9 per cent) and became progressively lower as the size of the class decreased. Urban agglomerations/towns with a population of 10,000 to 19,999 showed an increase of only 10.7 per cent, while because of a decline in their numbers, urban centres with a population of less than 10,000 actually registered a negative growth.

The number of urban agglomerations having a population of one million and above increased from 12 reported by the Census in 1981 to 23 reported in 1991. Table 3 lists these million-plus cities in descending order and charts their growth rate during the decades 1971-81 and 1981-91. The data clearly show a decline in growth rates during the 1981-91 period in the case of 17 out of 23 of these urban agglomerations.

TABLE 3: THE GROWTH RATE OF MILLION-PLUS URBAN AGGLOMERATIONS  
(1971-1991)

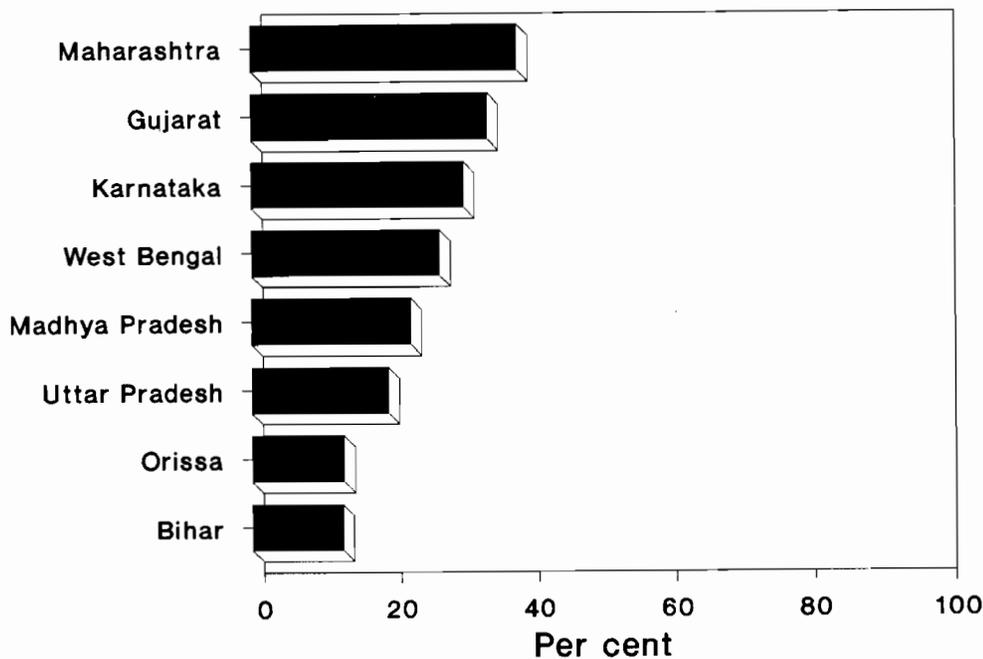
Name	1991 Population in 000's	Growth Rate of Population (%)		
		1971-81	1981-91	1981-91 minus 1971-81
1. Greater Bombay	12,572	42.94	33.43	- 9.51
2. Calcutta	10,916	23.90	18.73	- 5.17
3. Delhi	8,375	57.09	46.18	-10.91
4. Madras	5,361	35.31	24.99	-10.32
5. Hyderabad	4,280	42.65	67.04	+24.39
6. Bangalore	4,087	75.56	39.87	-35.69
7. Ahmedabad	3,298	45.94	28.94	-17.00
8. Pune	2,485	48.55	47.38	- 1.17
9. Kanpur	2,111	23.53	28.81	+ 5.28
10. Nagpur	1,661	40.80	36.24	- 4.56
11. Lucknow	1,642	23.79	62.97	+39.18
12. Surat	1,517	87.40	64.21	-23.19
13. Jaipur	1,514	59.42	49.18	-10.24
14. Kochi	1,140	48.82	38.14	-10.68
15. Coimbatore	1,136	25.01	23.38	- 1.63
16. Vadodara	1,115	67.36	42.54	-24.82
17. Indore	1,104	47.85	33.13	-14.72
18. Patna	1,099	66.71	19.55	-47.16
19. Madurai	1,094	27.58	20.49	- 7.09
20. Bhopal	1,064	74.35	58.51	-15.84
21. Visakhapatnam	1,052	66.08	74.27	+ 8.19
22. Varanasi	1,026	25.50	28.77	+ 3.27
23. Ludhiana	1,012	51.32	66.72	+15.40

Source: Census of India, 1991

Urban populations vary considerably among States (Figure 4). Of the larger States, Maharashtra and Gujarat had a significantly higher percentage of urban population in 1991 (38.7 per cent and 34.4 per cent, respectively) than some other large, but economically backward, States, such as Bihar (13.2 per cent), Orissa (13.4 per cent), and Uttar Pradesh (19.9 per cent). Moreover, a number of less urbanized States show higher 1981-91 urban growth rates than more urbanized States.

The 1991 urban population falls short of the figure of 230 million projected in 1988 by the Expert Committee on Population Projections, indicating a probable slowdown in the process of urbanization. The Expert Committee also projected an urban population of 326

Figure 4: LEVEL OF URBANIZATION IN SELECTED STATES (1991)



Source: Census of India, 1991

million at the turn of the century (i.e. 2001), which would be more than double the urban population of 1981 and more than the total population of the country in 1941. Taking into account ongoing trends in migration, birth rates and other factors, however, it is clear that the projections for 2001 need to be reviewed.

### III. URBAN SLUMS

While urbanization is often equated with development, one of its serious negative consequences arises from the tremendous pressure generated on housing, transport and services by a population that is rapidly increasing as a result of both natural growth and rural-to-urban migration. A corollary to India's urban growth is, therefore, the increase in its slum population, mainly due to the unavailability of affordable housing for all urban dwellers. Squatter settlements of poor migrants on public or private lands, or even on pavements, result in new slums within cities as well as on their outskirts. Such squatter settlements are frequently located along *nallahs* (drains) or railway tracks, near monuments,

and even on swamp land. The huts, constructed with cheap scrap and waste material, are often merely tattered gunny bags, old tarpaulins or plastic sheets, supported by wooden poles.

Not all slums are makeshift, improvised structures, especially slums in the centre of cities which are usually part of earlier phases of urbanization. They face problems of dilapidation, overcrowding and the acute pressure of population on services. Narrow and uneven streets, unsystematic and unplanned layout, environmental degradation, poor housing, bad ventilation, very poor drainage, an insufficient number of toilets, an inadequate supply of drinking water are familiar problems in slums in the heart of the city, even though they are somewhat better served than those on the outskirts. Some slums are erstwhile village *abadis* (settlements) which are now flanked by newly-developed residential or commercial areas. They have been incorporated into the city area while retaining some of their rural life-style and stand out as physically degraded pockets in the midst of more affluent neighbourhoods. Density and land-use patterns in these settlements undergo major changes with expanding population, increased building activity and the growing presence of commercial and home-based manufacturing, changes which worsen the already poor local environmental conditions.

Most new slums are formed because older slums have reached a saturation point or because they are nearer to the place of work of their occupants. While some slum dwellers own their housing, more frequently the owner of the land, the owner of the structure on it, and the tenant are different. Because of tenurial and other constraints, neither the owner nor the occupant is likely to invest in improving the dwelling. New migrants, in particular, are often more interested in remitting savings to their families in the village for investing in land or meeting other obligations than spending money on their city lodgings.

Slums are now an urban reality and are accepted as such. Occasionally, there are relocation attempts, but they are rarely successful. Slums are a constant reminder that affordable shelter has an important role to play in the lives of families.

*Access to Services.* The 1981 Census data indicated that about 37 per cent of the households in urban India had no electricity, 25 per cent no access to safe drinking water, and 42 per cent no toilet facilities. Disparities among States are considerable: in Gujarat, for example, 26 per cent of urban households had no electricity, 13 per cent no safe water supply, and 40 per cent no toilet facilities, while in Andhra Pradesh percentages increased to 48 per cent, 37 per cent and 56 per cent, respectively. There are also conspicuous variations

among districts within the same State. The percentage of urban households not having safe drinking water in Uttar Pradesh varied from 66.4 in the Hamirpur district to only 9.4 in the Saharanpur district; in Maharashtra, the range was from 57.7 per cent of households in the Ratnagiri district to 7.6 per cent of households in Greater Bombay.

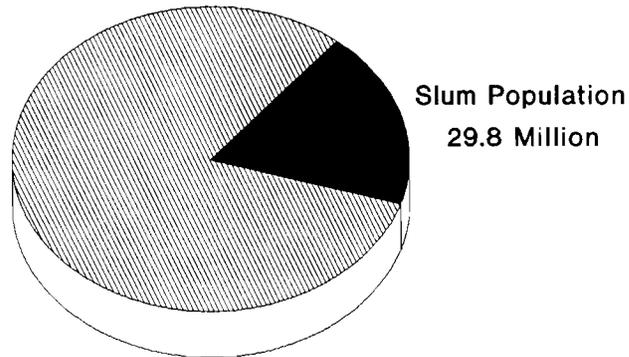
Various micro studies on slums have underscored the heavy concentration of users in relation to the existing water taps, latrines, bathrooms and other facilities, and the very low per capita availability of living space. The National Sample Survey Organization's (NSSO) 38th round (1983), which covered dwelling units in urban areas, indicated that 37 per cent of households had no latrine facility, 36 per cent shared latrines with others, while only 27 per cent had latrines exclusively to themselves. The percentage of individuals not having latrines was much higher in the poorer sections of the population. Public toilets, where provided, were far fewer than required, usually poorly maintained and dirty, and often useable only part of the time because of water shortages (NSSO 1988).

In its 42nd round (1986-87), NSSO reported that 72 per cent of urban households used the tap as a major source of drinking water; the proportion was much lower among the poorer segments of the population (NSSO 1990a). In slum areas, the pressure of too many people depending on too few public taps (which may supply water for only a limited part of the day) results in long queues, long waiting times and frayed tempers.

In summary, slums have far fewer and poorer basic facilities than other areas, which results in the degraded state of their micro environment. Although local authorities theoretically provide services and programmes to all areas of the city, in reality they favour the upper and middle class areas which have a much lower population density. Moreover, while policies to improve the basic facilities and services in the older slums have been adopted, it takes time for these policies to extend to the newer squatter settlements.

*Estimates of Slum Populations.* Estimates of India's slum population vary according to the criteria used to define the term "slum", the frequency with which urban authorities notify slum areas, and the tendency to count new areas as slums even though they have not been notified as such. Because of these factors, comparisons over time, as well as at a point of time, are difficult. The National Buildings Organization estimated that 18.75 per cent of the 159 million people living in India's urban centres in 1981 (or approximately 29.8 million people) lived in slums (Figure 5). A major concentration of the slum population was in the million-plus cities, equal to 43 per cent of the country's total slum population.

Figure 5: ESTIMATED SLUM POPULATION IN URBAN INDIA (1981)



Source: National Building Organization

The Town and Country Planning Organization estimated the slum population in 14 States on the basis of the 1981 urban population, taking into account the "identified" slum population (i.e. the population identified in towns covered under the scheme of environmental improvement of slums). According to these estimates, West Bengal (37.0 per cent) and Bihar (36.7 per cent) had the highest percentage of slum dwellers, followed by Andhra Pradesh (34.8 per cent), Uttar Pradesh (32.8 per cent), Maharashtra (29.7 per cent) and Orissa (30.4 per cent).

The Task Force on Shelter for the Urban Poor and Slum Improvement, after a review of estimates of slum population by the National Sample Survey (1976-77), the National Buildings Organization and the Town and Country Planning Organization (1983) estimated that in 1981 the slum population ranged from a minimum of 32 million to a maximum of 41 million. This represented 20 per cent of the total population according to low estimates and slightly more than 25 per cent according to high estimates (Planning Commission 1983).

The million-plus cities had a larger percentage of their population in slums than smaller cities, with estimates from a low of 33 per cent to a high of 38 per cent. It was estimated that from 33 per cent to more than 40 per cent of the population in Calcutta, Bombay, Delhi, Kampur and Lucknow were living in slums in 1981. Taken together, the four metropolitan cities of Calcutta, Bombay, Delhi and Madras had a slum population of 10.35 million or 75 per cent of the total slum population in the million-plus cities as per low estimates. According to high estimates, the slum population of these four cities in 1981 was

11.72 million (Planning Commission 1983). In projections for 1981-2001, the Task Force estimated that the slum population would number about 45 million in 1990 and 62 million in 2000 with nearly half of the slum dwellers living in metropolitan cities.

*Estimates of Child Population.* In 1981, there were 57.60 million children 0-14 years of age living in India's cities, or 36.53 per cent of the total urban population. The Expert Committee on Population Projections (1988) estimated that this number would rise to 75 million by 1991 (26 million 0-4 years, 25 million 5-9 years, and 24 million 10-14 years) and to approximately 94 million at the turn of the century. Since the 1991 Census reported an actual urban population that was 13 million persons less than the projected figures, the urban child population would probably be about 71 million, if the percentage of child population indicated by the Expert Committee on Population Projection (1988) is taken as the basis for computation.

The Task Force on Shelter for the Urban Poor and Slum Improvement gave estimates of the population that would be living in slums in 1990. On the assumption that the percentage of children in slums will be the same as in the general population, the estimate of the number of children 0-14 years of age in India's urban slums in 1990 would be between 15 to 18 million. Providing early childhood services to this number of children is a Herculean task, made even more difficult by the fact that the allocation of resources for the full range of preventive and development services for this population group has not received priority.

#### IV. URBAN POVERTY

Plenty and poverty co-exist in India's cities and towns. The term "poverty" is usually recognized as having multiple dimensions which adversely affect the quality of life. The more common definition of "the poor" covers individuals whose incomes fall below a level considered absolutely necessary for meeting certain minimum needs. In India, the official estimates are based on the criteria of the monetary equivalent of 2,100 calories per capita per day in urban areas. Provisional estimates, based on National Sample Survey data on household consumer expenditure, are that 20.1 per cent of the urban population in 1987-88 (i.e. 41.7 million) was below the poverty line (Table 4), as against 28.1 per cent (49.5 million) in 1983-84 and 41.2 per cent in 1972-73. A downward trend in the incidence of poverty is therefore apparent and has been corroborated by other researchers, although there are differences in the estimated extent of the decline (Mohan and Aiyer 1991).

Table 4: URBAN POPULATION BELOW THE POVERTY LINE  
(Provisional Estimates, 1987-1988)

State	Number in Millions	Percentage
1. Andhra Pradesh	4.26	26.1
2. Assam	0.25	9.4
3. Bihar	3.61	30.0
4. Gujarat	1.71	12.9
5. Haryana	0.47	11.7
6. Himachal Pradesh	0.01	2.4
7. Jammu & Kashmir	0.14	8.4
8. Karnataka	3.37	24.2
9. Kerala	1.16	19.3
10. Madhya Pradesh	3.09	21.3
11. Maharashtra	4.72	17.0
12. Orissa	1.09	24.1
13. Punjab	0.43	7.2
14. Rajasthan	1.90	19.4
15. Tamil Nadu	3.85	20.5
16. Uttar Pradesh	7.52	27.2
17. West Bengal	3.63	20.7
18. Other States/Union Territories	0.49	4.7
Total for India	41.70	20.1

Source: Based on National Sample Survey data on household consumer expenditure

The NSSO survey also brought out the marked differences in the extent of poverty among States. More than one-fourth of the urban population of Andhra Pradesh, Bihar and Uttar Pradesh fell below the poverty line. Nearly two-thirds of the urban poor nationwide lived in the six States of Andhra Pradesh, Bihar, Maharashtra, Tamil Nadu, Uttar Pradesh and West Bengal in 1987-88.

### Socio-economic Characteristics

Some recent surveys have provided new information on the socio-economic characteristics of the urban poor. The statistical distribution on different parameters varies from survey to survey, not only because of the different concepts, definitions and methods used, but also because of regional variations and the nature of the target groups covered (often not all the urban poor, but specific categories or groups). A number of broad trends, however, emerge:

*Rural poverty, while undoubtedly linked to urban poverty, is not its sole cause.* Although a large number of the rural poor migrate to cities (as do other rural dwellers who are not necessarily poor, but who are seeking better wages), a significant proportion of the urban poor are not migrants. According to the 1991 Census estimates, two-thirds of the decadal growth rate of the urban population was due to a natural increase.

*The majority of India's urban poor live in slums because they are unable to secure affordable housing elsewhere.* Overcrowding is a serious problem. In a study carried out by the National Institute of Urban Affairs (NIUA) in 1987, it was found that 75 per cent of households live in single rooms or improvised shelters with consequent ill effects on health and hygiene. There are very few 1- or 2-member households among the urban poor; most poor households have 4 to 7 members. The NIUA study showed only 8 per cent of households with 1 to 2 members, 29.0 per cent with 3 to 4 members, 51.7 per cent with 5 to 7 members and only 11.3 per cent with 8 or more members. The average size of an urban household was 5.2 members (NIUA 1989).

*Slums have various forms of social organization.* Slum families do not live like estranged neighbours, but interact and cooperate with one another, often even collaborating in economic activities of the informal-sector type. Slum dwellers form a community life and comply with societal norms and the moral order, although the pattern may differ. Many slums have local *panchayats* or informal councils of the local population, formed to resolve specific issues. These are not elected bodies with constitutions, but function solely according to unwritten conventions. The slum *panchayats* are somewhat more loosely organized than the traditional village councils. Some have formed organizations to represent their interests *vis-a-vis* the local authorities and to sort out intra-slum matters. The existence of caste *panchayats* has also been reported, their jurisdiction extending to more than one slum.

However, most interactions are informal and are strongly influenced by kinship, caste, language, religion, region and neighbourhood factors. Migrants, in fact, after an initial period of lodging with a relation or acquaintance, normally decide to settle in an area where they have kinship, village, caste, or sometimes work, affiliations. The more recent migrants maintain fairly close ties with their villages, occasionally visiting parents and members of the extended family, participating in social ceremonies and festive occasions, and looking after their economic interests or social obligations in the village.

*Urban slums have a fairly stable population.* While a few may contain ill-famed areas, slums are not, as is sometimes believed, centres of criminal activity, broken families, or morally depraved, violent, lethargic or drifting people. For the most part, they are made up

of normal individuals who are struggling to make a living and who, in the process, are making an important contribution to the city's economy, a reality which has not received adequate recognition.

*The work participation rate among the urban poor is high.* Because they have few assets or savings to fall back upon, the urban poor are highly dependent on current earnings to survive and cannot afford to remain without work. Illness, disability or death can cause grave crises in their households. The urban poor have few employment opportunities and are caught in the vicious circle of low wages and low productivity which forces as many members of the household as possible to join the work force. A NIUA study, based on primary surveys conducted in 1987 in 20 urban centres nationally, reported that only 7.6 per cent of males and 1.4 per cent of females between 15 and 59 years of age were unemployed (NIUA 1989: pp. 31-52).

*The urban poor are mostly engaged in unskilled and semi-skilled jobs in the informal sector* which has shown a higher capacity to absorb manpower, lower capital needs and greater flexibility than other sectors. It is, unfortunately, also the lowest wage earning sector. Only a small percentage of the urban poor are engaged in skilled occupations (such as carpentry, mechanics or driving) or hold white-collar positions. A large number are self-employed.

*Most slum dwellers have acquired vocational skills through the informal process, a system not adequately reported upon or evaluated.* Micro studies on urban slums have indicated that literacy rates range from 40 to 60 per cent (lower in the case of females and the lower castes).

It is clear that the adverse physical environment of slums, poverty and poor accessibility to opportunities for growth and development affect the world view of slum dwellers and limit the possibilities which children and youth have to realize their aspirations for a stable job and a better life.

## V. HEALTH AND NUTRITION

The World Health Organization has defined "health" as not merely the absence of disease and infirmity, but also "a state of complete physical, mental and social well-being". Like literacy indicators, health indicators are frequently used to gauge the degree of societal development. It is well known that health not only improves the quality of individual lives, but also contributes to economic growth and development through higher productivity and enhanced human resource capability. Health strategies are now increasingly focused on the

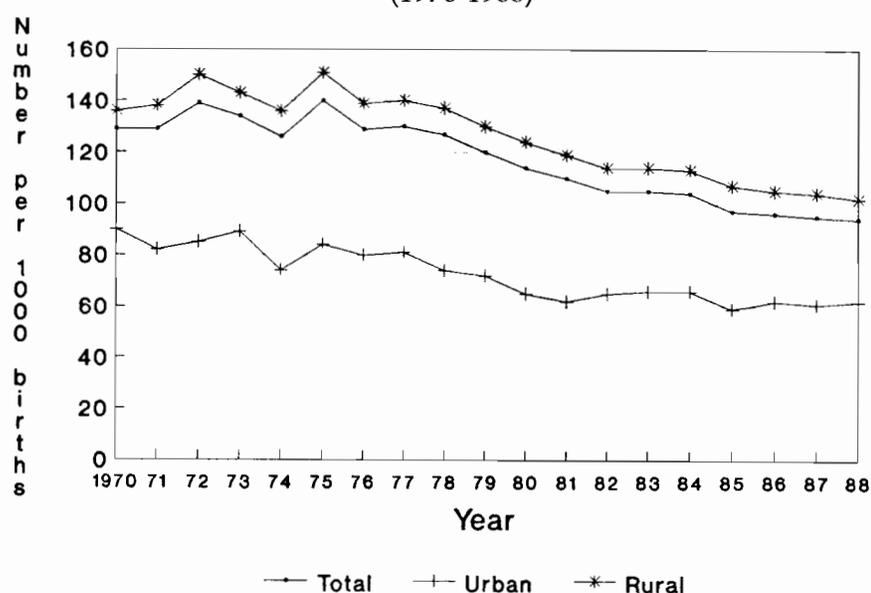
disadvantaged section of society, especially since it is recognized that good health is within the reach of the poor through an integrated approach to community health care and a well-designed delivery system which reaches out to the community and seeks its participation.

There is a large volume of literature on the measures to determine the health status of a nation. Experts have often tried to identify a composite indicator to incorporate the different measures of health status, but have been thwarted by conceptual and data limitations. Most commentaries on health trends therefore use the following standard indicators: (a) per every 1,000 *live* births in a given year, the number of deaths under the age of one year (infant mortality rate); the number of deaths under the age of 28 days (neonatal mortality rate); and the number of deaths between the ages of 28 days and one year (post-neonatal mortality rate); (b) per every 1,000 *total* births (live and still births) in a given year, the number of still births (still birth rate); and the number of fetal deaths after 28 weeks of pregnancy and infant deaths under the age of seven days (perinatal mortality rate).

### Mortality among Infants and Children

The infant mortality rate (IMR) declined steadily in rural areas from 1970 to 1988, while in urban areas there was an initial decline followed by a vacillating trend between 1981 and 1988, as evident in Figure 6. In this period, the decline in IMR was 25 per cent for rural

Figure 6: INFANT MORTALITY RATES, RURAL VERSUS URBAN AREAS (1970-1988)



Source: Sample Registration System, New Delhi

Table 5: INFANT MORTALITY RATES IN RURAL/URBAN AREAS, BY SEX  
(1970-1988)

Year	Rural			Urban			Total		
	Male	Female	Combined	Male	Female	Combined	Male	Female	Combined
1970	*	*	136	*	*	90	*	*	129
1971	*	*	138	*	*	82	*	*	129
1972	141	161	150	85	85	85	132	148	139
1973	141	144	143	88	90	89	132	135	134
1974	*	*	136	*	*	74	*	*	126
1975	*	*	151	*	*	84	*	*	140
1976	133	146	139	78	82	80	124	134	129
1977	136	146	140	80	82	81	136	135	130
1978	132	143	137	74	75	74	123	131	127
1979	129	131	130	73	71	72	119	121	120
1980	123	125	124	65	65	65	113	115	114
1981	119	119	119	63	62	62	110	111	110
1982	*	*	114	*	*	65	*	*	105
1983	113	114	114	69	63	66	105	105	105
1984	113	114	113	68	64	66	104	104	104
1985	*	*	107	*	*	59	96	98	97
1986	*	*	105	*	*	62	96	97	96
1987	*	*	104	*	*	61	95	96	95
1988	*	*	102	*	*	62	95	93	94

Source: Office of the Registrar General of India (1988b)

\* Breakdown not available.

areas and 31 per cent for urban areas. The data also indicate that the sex differential in IMR has almost been eliminated (Table 5), although conclusions cannot be drawn until data from subsequent years are available. Since 1979, sex differentials in IMR (all areas) have ranged from 0 to 2. In 1988, a higher male IMR was reported for the first time, reversing the consistently higher female IMR of previous years. The IMR for slum dwellers is higher than the rate for the urban population as a whole (CINI 1988, Bhatnagar et al. 1986, FPF 1987).

Other more sensitive indicators relating to mortality among infants are also available for the period 1970-88 (Table 6). Still-birth and neonatal and perinatal mortality rates are good proxy indicators of accessibility to obstetric care. The data show that neonatal mortality has accounted for more than half of the number of infant deaths since 1970. Between 1970 and 1988, there was greater success in reducing post-neonatal mortality, which declined by 38 per cent, than neonatal mortality, which only declined by 25 per cent. The still-birth rate

Table 6: INFANT MORTALITY , NEONATAL MORTALITY, POST-NEONATAL MORTALITY, PERINATAL MORTALITY AND STILL-BIRTH RATE IN URBAN AREAS (1970-1988)

Year	Infant Mortality Rate (IMR)	Neonatal Mortality Rate (NNMR)	% of NNMR to IMR	Post-neonatal Mortality Rate (PNMR)	% of PNMR to IMR	Perinatal Mortality Rate	Still-birth Rate
1970	90	46.0	51.1	44.5	49.4	33.9	14.3
1971	82	45.4	55.4	36.6	44.6	35.6	12.9
1972	85	44.9	52.8	40.1	47.2	36.6	14.4
1973	89	47.5	53.4	41.4	46.5	37.4	15.1
1974	74	41.0	55.4	32.9	44.5	37.4	15.1
1975	84	46.2	55.0	37.8	45.0	36.1	12.5
1976	80	49.0	61.3	31.0	38.8	43.7	11.1
1977	81	42.0	51.9	39.0	48.1	35.4	8.7
1978	74	38.0	51.4	36.0	48.6	33.5	10.3
1979	72	42.4	58.9	29.8	41.4	38.7	9.1
1980	65	39.1	60.2	26.1	40.2	35.3	7.9
1981	62	38.5	62.1	24.0	38.7	31.5	6.2
1982	65	38.8	59.7	26.4	40.6	33.1	5.2
1983	66	39.3	59.5	26.5	40.2	35.4	8.4
1984	66	39.7	60.2	26.4	40.0	35.7	7.9
1985	59	33.3	56.4	25.6	43.4	30.4	8.9
1986	62	36.2	58.4	25.8	41.6	32.7	9.0
1987	61	33.3	54.6	27.3	45.1	32.4	9.8
1988	62	34.6	55.7	27.5	44.3	34.5	11.7

Source: Sample Registration System, New Delhi

had a vacillating trend, with an initial decline followed by an upward movement, while the perinatal mortality rate remained more or less constant.

Table 7 shows the age-specific mortality rate (i.e. the number of deaths in a specific age group per 1,000 population in the same age group in a given year) by sex among three age groups of children (0-4 , 5-9, and 10-14 years) in urban India between 1970 and 1988. Infants and young children under 5 years of age remained the most vulnerable group. In the same time frame, there was a decline in the age-specific death rates for both males and females in all three age groups. However, the decline in the mortality rate was somewhat larger in the 5-9 years age group.

The extent of sex differential has shown an erratic trend. The female mortality rate is consistently higher than the male, although recent data indicate a considerable narrowing of the differences. When seen in the context of the virtual elimination of sex disparities in IMR,

Table 7: AGE-SPECIFIC MORTALITY RATE AMONG URBAN CHILDREN, BY SEX  
- (1970-1988)

Year	0 - 4 years				5 - 9 years				10 - 14 years			
	Male	Female	Com- bined	M-F	Male	Female	Com- bined	M-F	Male	Female	Com- bined	M-F
1970	32.3	32.5	32.3	0	3.0	3.5	3.2	-0.5	1.6	1.6	1.6	+0.0
1971	31.1	33.3	32.2	-2.2	2.4	2.9	2.7	-0.5	1.6	1.2	1.4	+0.4
1972	29.1	35.7	32.2	-6.6	2.5	2.7	2.6	-0.2	1.0	1.4	1.2	-0.4
1973	29.6	33.4	31.4	-3.8	2.5	3.2	2.8	-0.7	1.4	1.5	1.4	-0.1
1974	25.0	29.7	27.3	-4.7	2.3	2.8	2.6	-0.5	1.5	0.8	1.1	0.7
1975	31.0	32.4	31.7	-1.4	2.8	2.7	2.7	+0.1	1.2	1.5	1.3	-0.3
1976	29.0	30.1	29.7	-1.1	2.2	3.3	2.8	-1.1	1.1	1.5	1.3	-0.4
1977	26.4	27.8	27.1	-1.4	2.2	2.5	2.3	-0.3	1.4	1.2	1.3	+0.2
1978	25.5	27.2	26.2	-1.7	1.5	1.5	1.5	0.0	0.9	1.1	1.0	-0.2
1979	22.9	25.0	23.9	-2.1	1.6	2.2	1.9	-0.6	0.7	0.9	0.8	-0.2
1980	21.4	23.0	22.2	-1.6	1.7	1.8	1.8	-0.1	1.1	1.1	1.1	0.0
1981	20.0	20.9	20.4	-0.9	1.7	1.7	1.7	0.0	1.6	1.4	1.5	+0.2
1982	21.2	20.5	20.9	+0.7	1.4	1.8	1.5	-0.4	0.8	1.0	0.9	-0.2
1983	21.1	21.7	21.4	-0.6	2.0	1.8	1.9	+0.2	0.9	1.2	1.0	-0.3
1984	22.6	23.8	23.2	-1.2	1.6	2.1	1.8	-0.5	1.2	1.3	1.2	-0.1
1985	19.4	22.1	20.7	-2.7	1.4	1.9	1.7	-0.5	1.2	0.9	1.0	+0.3
1986	20.3	21.5	20.9	-1.2	1.6	1.8	1.7	-0.2	0.9	1.1	1.0	-0.2
1987	18.1	18.2	18.2	-0.1	1.3	1.9	1.6	-0.6	1.1	0.9	1.0	+0.2
1988	18.8	18.7	18.7	+0.1	1.6	1.8	1.7	-0.2	0.7	1.2	0.9	-0.5

Source: Sample Registration System, New Delhi

the higher female mortality rate in the 0-4 years age group suggests that, in comparison with the male child, the female child begins to be neglected soon after birth. Some studies have reported not only different weaning practices and standards of nutrition for the girl child, but also a less frequent utilization of health services (Sen and Sen Gupta 1983, Singh 1989, Reddy and Satyanarayana 1991).

The percentage of infant deaths to total deaths in 1988 was 21.3 per cent, while the percentage of deaths of children under 5 to total deaths was 29.3 per cent. In 1979, the corresponding figures were 24.3 per cent and 34.7 per cent, respectively.

Interstate variations in all indicators are considerable. Kerala had the lowest urban IMR in 1988 (22) and Madhya Pradesh the highest (83), followed by Uttar Pradesh (81). Thus, while the National Health Policy's target of a national urban IMR of 60 in 1985 was reached by the country as a whole, 9 out of 17 States had not reached this target by 1988, and the few

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1973	89	47.5	53.4	41.4	46.5	37.4	15.1
1974	74	41.0	55.4	32.9	44.5	37.4	15.1
1975	84	46.2	55.0	37.8	45.0	36.1	12.5
1976	80	49.0	61.3	31.0	38.8	43.7	11.1
1977	81	42.0	51.9	39.0	48.1	35.4	8.7
1978	74	38.0	51.4	36.0	48.6	33.5	10.3
1979	72	42.4	58.9	29.8	41.4	38.7	9.1
1980	65	39.1	60.2	26.1	40.2	35.3	7.9
1981	62	38.5	62.1	24.0	38.7	31.5	6.2
1982	65	38.8	59.7	26.4	40.6	33.1	5.2
1983	66	39.3	59.5	26.5	40.2	35.4	8.4
1984	66	39.7	60.2	26.4	40.0	35.7	7.9
1985	59	33.3	56.4	25.6	43.4	30.4	8.9
1986	62	36.2	58.4	25.8	41.6	32.7	9.0
1987	61	33.3	54.6	27.3	45.1	32.4	9.8
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1970	32.3	32.5	32.3	0	3.0	3.5	3.2	-0.5	1.6	1.6	1.6	+0.0
1971	31.1	33.3	32.2	-2.2	2.4	2.9	2.7	-0.5	1.6	1.2	1.4	+0.4
1972	29.1	35.7	32.2	-6.6	2.5	2.7	2.6	-0.2	1.0	1.4	1.2	-0.4
1973	29.6	33.4	31.4	-3.8	2.5	3.2	2.8	-0.7	1.4	1.5	1.4	-0.1
1974	25.0	29.7	27.3	-4.7	2.3	2.8	2.6	-0.5	1.5	0.8	1.1	0.7
1975	31.0	32.4	31.7	-1.4	2.8	2.7	2.7	+0.1	1.2	1.5	1.3	-0.3
1976	29.0	30.1	29.7	-1.1	2.2	3.3	2.8	-1.1	1.1	1.5	1.3	-0.4
1977	26.4	27.8	27.1	-1.4	2.2	2.5	2.3	-0.3	1.4	1.2	1.3	+0.2
1978	25.5	27.2	26.2	-1.7	1.5	1.5	1.5	0.0	0.9	1.1	1.0	-0.2
1979	22.9	25.0	23.9	-2.1	1.6	2.2	1.9	-0.6	0.7	0.9	0.8	-0.2
1980	21.4	23.0	22.2	-1.6	1.7	1.8	1.8	-0.1	1.1	1.1	1.1	0.0
1981	20.0	20.9	20.4	-0.9	1.7	1.7	1.7	0.0	1.6	1.4	1.5	+0.2
1982	21.2	20.5	20.9	+0.7	1.4	1.8	1.5	-0.4	0.8	1.0	0.9	-0.2
1983	21.1	21.7	21.4	-0.6	2.0	1.8	1.9	+0.2	0.9	1.2	1.0	-0.3
1984	22.6	23.8	23.2	-1.2	1.6	2.1	1.8	-0.5	1.2	1.3	1.2	-0.1
1985	19.4	22.1	20.7	-2.7	1.4	1.9	1.7	-0.5	1.2	0.9	1.0	+0.3
1986	20.3	21.5	20.9	-1.2	1.6	1.8	1.7	-0.2	0.9	1.1	1.0	-0.2
1987	18.1	18.2	18.2	-0.1	1.3	1.9	1.6	-0.6	1.1	0.9	1.0	+0.2
1988	18.8	18.7	18.7	+0.1	1.6	1.8	1.7	-0.2	0.7	1.2	0.9	-0.5

Source: Sample Registration System, New Delhi

the higher female mortality rate in the 0-4 years age group suggests that, in comparison with the male child, the female child begins to be neglected soon after birth. Some studies have reported not only different weaning practices and standards of nutrition for the girl child, but also a less frequent utilization of health services (Sen and Sen Gupta 1983, Singh 1989, Reddy and Satyanarayana 1991).

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with an IMR of 70 and above still have a long way to go (see Table 8). In Kerala, the percentage of deaths in the under-5 years age group was only 14.3 per cent of total mortality in 1988, while in the two high IMR States of Madhya Pradesh and Uttar Pradesh, percentages soared to 39.5 and 41.7, respectively.

*Causes of Mortality and Morbidity.* We have seen above that although early childhood mortality rates have continued to decline, they are still at unsatisfactory levels. Various surveys have identified the major causes of urban infant mortality. In the neonatal stage, prematurity, low birth weight, delivery by untrained attendants, injuries at birth, post-natal asphyxia, tetanus, respiratory infections and diarrhoea account for the majority of deaths. Deaths of infants at the post-neonatal period are mainly from infections, diarrhoeal infection, malnutrition, whooping cough, diphtheria, pneumonia, bronchitis and other respiratory diseases (Registrar General 1984, Bhatnagar 1986, NIHF 1986, CINI 1988). Female literacy is known to have a positive influence on child survival. The coefficient of correlation between urban IMR and the literacy rate of urban females (15 years of age and over) works out to -0.857. The close relationship between IMR and literacy is clearly shown in Table 8.

Table 8: INFANT MORTALITY RATE (1988) AND FEMALE LITERACY RATE (1981)  
IN URBAN AREAS IN MAJOR STATES

IMR	Rate of Literacy (%) of Urban Females (15 years of age and above)				
	30 - 39	40 - 49	50 - 59	60 - 69	70 +
20-29	-	-	-	-	Kerala
30-39	-	-	-	-	-
40-49	-	-	Karnataka	West Bengal	-
50-59	-	-	Maharashtra Punjab Tamil Nadu	-	-
60-69	Rajasthan	Andhra Pradesh Orissa	Gujarat	-	-
70-79	-	Bihar	Haryana	-	-
80-89	Uttar Pradesh	Madhya Pradesh	-	-	-

Source: Office of the Registrar General and Census Commissioner

Morbidity is influenced by a number of social and environmental factors. The poverty, ignorance, early age at marriage, malnutrition, poor health status, low body weight and personal habits of the mother play a determinant role in morbidity. Also important are the birth order, birth interval, place of delivery, type of medical attendance at birth, and weaning and feeding practices. Moreover, morbidity varies according to the availability of potable water, environmental hygiene and the availability and utilization of medical facilities.

### **Nutritional Status**

The nutritional status of children in slum areas continues to be a matter of great concern even though the prevalence of "severe" and "moderate" degrees of malnutrition among children has declined and the percentage of children having "normal" nutrition status has increased. Four major nutritional problems in pre-school children have been identified: (1) protein-calorie malnutrition; (2) iron deficiency anaemia; (3) vitamin A deficiency; and (4) iodine deficiency (Gopalan 1984-85: pp. 17-21). Vitamin A deficiency, a cause of xerophthalmia and, in extreme cases, blindness, is found among poor pre-school children. Recent surveys have shown a decline in its prevalence. Iodine deficiency disorders are found mainly in the northern and eastern part of India. The adverse effect of iodine deficiency on the physical and mental development of children has been well established. An epidemiological survey of endemic goitre, conducted by the Indian Council of Medical Research (ICMR) and covering 14 districts in 9 States, showed that the prevalence rates were high among children and higher in the female population (ICMR 1989).

A 1974 ICMR survey of 18,456 pre-school children in six regions found malnutrition to be widespread in both rural and urban areas. The main problems identified were protein-calorie malnutrition, hypo-vitaminosis A, anaemia, and deficiency of the B-complex vitamins. The anthropometric measurements carried out during the study "pointed to the high prevalence of varying degrees of growth retardation". The report also found that most children were suffering from a deficiency of calories rather than of protein, and that the protein-calorie malnutrition among children is, to a considerable extent, conditioned by inadequate calorie intake. Moreover, the survey showed that the prevalence of anaemia and other nutritional deficiencies decreased with increasing age, with a much higher incidence between the ages of 1 and 3 years than between 3 and 5 years. The food intake of children in all age groups was less than the recommended allowances, and nutrient intakes showed large deficiencies, particularly in calories, vitamins and minerals (ICMR 1974).

The Central Technical Committee has regularly monitored the nutritional status of children in different Integrated Child Development Services (ICDS) urban projects throughout the country, each covering a population of between 100,000 and 125,000. Studies conducted between 1979 and 1982 in 16 ICDC projects located in slums and low-income areas showed that one-third to less than one-half of the children under the age of 6 years had a normal nutritional grade, and one-fourth to two-fifths suffered from grade I malnutrition. The percentage of children with normal nutrition was highest in the under-3 years age group, while, in many project areas, there was a higher incidence of grades III and IV nutrition status in the 3-5 years age group (AIIMS 1985).

In a more recent study, the Committee compared the nutritional status of children 0-6 years of age in seven urban ICDS projects with that of children living in other slum and low-income areas where ICDS was not in operation. The data show that, although the percentage of children with normal nutrition status is slightly higher in ICDS project areas, almost two-thirds of the children in both the areas did not have normal nutritional status. The incidence of signs and symptoms of specific vitamin deficiencies and anaemia among children in ICDS and non-ICDC project areas from 1975-1988 is shown in Table 9 (AIIMS 1990).

*Causes of Malnutrition.* It is generally agreed that the most significant causes of malnutrition are:

- *Poverty*, aggravated by large family size and affecting a family's ability to meet calorie and nutrition requirements.

- *Ignorance of the mother* which can manifest itself in (a) the delayed or inadequate introduction of supplementary food; (b) dietary imbalances; (c) cooking methods resulting

Table 9: SYMPTOMS OF VITAMIN DEFICIENCIES AND ANAEMIA IN ICDS URBAN PROJECT AREAS AND COMPARABLE NON-ICDS AREAS (1975-1988)

Deficiency	Percentage of Children in ICDS Project Areas	Percentage of Children in non-ICDS Project Areas
Vitamin B Complex	5.8	18.4
Vitamin A	8.2	21.3
Anaemia	3.4	6.8

Source: AIIMS (1990), Table LXXXI

in the loss of nutrients; (d) withholding food and liquids during illness; and (e) harmful beliefs and practices about food and infant feeding.

- *Illness* arising from infections caused by unsafe drinking water, poor environmental sanitation and hygiene, and poor housing.

- *Parasites* and especially worm infestation.

- *Poor access to, and utilization of, medical facilities*, particularly in the area of preventive care. The ICMR Task Force Study reported in 1990 that only 15.6 per cent of pregnant urban women attended all five scheduled prenatal visits; an alarming one-third attended only two (ICMR 1990).

- *Low birth weight*. In the same study, the Task Force also found that 41.4 per cent of babies born to mothers living in urban slums had a birth weight of less than 2500 grams (ICMR 1990).

- *Poor health and nutritional status of pregnant and nursing mothers* due to early marriage, frequent pregnancies and poor birth spacing, poverty, illiteracy and other factors. It has been established that the nutrition status of the child is closely linked to maternal nutrition, which in the case of the urban poor is very unsatisfactory.

Commenting on the poor diets and nutrition status of urban groups, and especially of the slum population, K.S.J. Rao observed,

"The energy intakes of the urban slum dwellers were similar to those of the landless, and lower than the rural average. It would thus appear that the urban slum population is worse off than the average rural Indian." (Rao 1986).

### **Policy and Programme Responses**

Health care in urban areas is available through a network of hospitals, dispensaries, and maternal and child health centres run by the central and local government. These are liberally supplemented by private medical practitioners and nursing homes. All standard indicators (for example, the number of hospital beds and the number of doctors and nurses) show that the urban population is very well served, especially in comparison with the rural population. In January 1990, for instance, there were 506,768 hospital beds in urban areas and 95,722 in rural ones, which is a ratio of 5:1, while, statistically, the rural population is four times larger than the urban one. The urban bias in the location of health services has been a recurrent theme in policy statements on health care systems, and much concern has been

expressed about the rural/urban differential in the indicators of health status. What is not clear is why, despite the significantly greater availability of medical care in urban areas, health status indicators are still not very satisfactory.

One reason could be that few of these urban institutions are located in, or near, slum areas, nor do they have outreach services. However, the ICMR Task Force Study (1990) and other studies of slums, particularly in Delhi, Bombay and Bihar, concur that slum dwellers under-utilize maternal and child health services even when they are easily accessible, and this is particularly true with regard to preventive health care and the treatment of disease episodes arising from poor sanitation or hygiene. Only about 25 per cent of urban births, for instance, are attended by a local health worker (ICMR 1990, Bhatnagar 1986, NIHF 1986, Yesudian 1988).

It was only in the 1980s that any real attempt was made to examine the organization and delivery of health services and to seek ways of meeting the needs of the urban poor and slum dwellers more fully. The Working Group on Reorganization of Family Welfare and Primary Health Care Services in Urban Areas, set up by the Government of India under the Chairmanship of Shri S.V. Krishnan, recommended the establishment of health posts for providing primary health care and family welfare services in areas where at least 40 per cent of the population lived in slums. This scheme has been implemented in some areas, although initial feedback indicates that it is difficult to find accommodation in, or near, slum areas, and that coordination, integration and training are needed. Efforts are now under way to remedy these weaknesses.

*Urban Basic Services (UBS).* The UBS programme was launched with UNICEF assistance in 1986 to provide for the needs of the urban low-income population, with special emphasis on the survival and development of children and women. The programme aims at the convergence of different departmental services in slum areas. During 1990 and 1991, the programme was modified to integrate the provision of social services under UBS programmes and the provision of physical amenities under the programme of environmental improvement of urban slums. The modified programme, Urban Basic Services to the Poor, provides a much wider range of services. Its health-related programmes cover primary health care activities, water supply and low cost sanitation, early childhood learning facilities (creches, preschools or *balwadis*, and centres for the delivery of services or *anganwadis*), supplemented by nutrition and health checks.

At present, 169 cities have UBS projects. Their performance shows a mixed picture. A number of projects have difficulties relating to the coordination and convergence of services, mainly because of the unclear demarcation of roles and responsibilities, the transfer of senior personnel at short intervals, and delays in the appointment of key functionaries.

*Integrated Child Development Services.* The ICDS programme targets children under the age of 6 years and women between the ages of 15 and 45 years who live in rural or tribal areas or in urban slums. The programme offers immunization, health checks, referral services, supplementary nutrition, health and nutrition education for women, and non-formal pre-school education for children. Starting in 1975-76 with only 4 urban projects, ICDS today is the largest early childhood intervention programme in the country, counting 220 projects located in urban slums and contiguous low-income areas.

Assessments of ICDS project areas have indicated improvements in immunization coverage and the health and nutrition status of children (AIIMS 1990, NIPCCD 1989). However, there were notable performance differences among States and projects, particularly with regard to nutrition, health education and pre-school education. Coverage of different age groups has been uneven, with 3- to 5-year-olds better served than children under the age of 3. Supplementary feeding has not been consistently available and, in many projects, therapeutic food for severely malnourished children has not been provided. Community participation has been weak.

*Universal Immunization.* A major national immunization programme is in operation to combat the principal childhood diseases. An action plan has been specifically drawn up for urban areas; a prototype for ten urban centres is being developed; and a National Technology Mission on immunization has been set up.

A performance review by the National Institute of Health and Family Welfare in 1989 underscored the lack of clear-cut policies for implementing the programme in urban areas. It also reported that the percentage of children who had been fully immunized, including against measles, exceeded 50 per cent in only one of eight units in the major metropolitan cities of Bombay, Calcutta, Delhi and Madras; if immunization against measles is not taken into account, the percentage rose to between 50 and 75 per cent (Gupta and Morali 1989). Subsequent reports indicate an improvement in performance. Separate official figures for immunization coverage of rural and urban areas are not available. The aggregate figures for 1989-90 show a coverage of over 82 per cent for DPT (diphtheria, pertussis, tetanus), 82 per

cent for OPV (oral polio vaccine), 89 per cent for BCG (Bacillus Calmette-Guerin against tuberculosis), 69 per cent for measles and 69 per cent for TT (PW) (tetanus toxoid to pregnant women) (Ministry of Health and Family Welfare 1991).

Recent micro studies indicate good coverage and certainly improvements from the initial launching of the programme. There is some variation by socio-economic level in coverage of different vaccines. In a crowded poor locality in Pune, for example, a 1986 study found that there was a drop-out rate of 19.4 per cent between first and third doses of DPT, and a drop-out rate of 24.4 per cent in the case of polio vaccinations (Achar et al. 1988).

According to field reports, drop-outs from full immunization are the result of the child's ill health or the parent's lack of knowledge of the immunization schedule, inability to schedule revisits, or fear of side effects. Reaching out to the child and the pregnant mother, particularly the hard-to-contact groups such as migrant workers and the very poor, and reducing the incidence of drop-outs will remain the main challenges faced by the health delivery system, even when logistic problems relating to vaccine supplies have been resolved. Tracking (for immunization and health care from conception to age one of the child) has been suggested as a means to reach the target group and reduce drop-outs, but implementation is especially difficult in mass programmes targeting large numbers of children. Involvement of the community, identification of community leaders and the education of mothers are very important goals which can be given good infrastructural support by UBS and ICDS.

*Nutrition Supplementation and Health Programmes.* The major nutrition intervention programmes have the following goals:

- *Control of goitre* through a programme for the production and distribution of iodized salt. Because of the inadequate production of iodized salt and shortcomings in implementing the programme, little headway was made initially. Iodized salt is now being supplied through the public distribution system.

- *Prophylaxis against nutritional anaemia* among pregnant and nursing mothers and children between the ages of 1 and 5 years. Daily doses of iron and folic acid are provided for a period of 100 days. A programme for fortification of salt with iron to combat iron-deficiency anemia is also under way.

- *Prophylaxis against blindness* due to vitamin A deficiency among children between 1 and 5 years of age. Vitamin A is administered in 200,000 international units at six-month intervals as a preventive measure.

- *Nutrition education of mothers.*

- *Supplementary feeding of pre-school children* which is one of the earliest nutrition intervention programmes in the country, implemented both by the central government and the state governments. It is, obviously, a very popular programme, especially in poor communities, and has undoubtedly met a felt need. It does have some weaknesses, however, including low coverage of children under the age of 3 years, the inability to bring the target group under other programmes (such as pre-school education and immunization), delivery on fewer days than scheduled, and little community involvement.

A national programme of *Oral Rehydration Therapy* (ORT) has been mounted to combat diarrhoea, one of the major health problems among children living in slums and low-income neighbourhoods who may suffer from as many as three episodes of diarrhoea per year. It is estimated that about 10 per cent of children with diarrhoea may develop dehydration and about 1 per cent are at risk of dying (Ministry of Health and Family Welfare 1990). The principal objectives of the scheme have been to promote the use of home-made ORT and to train medical and paramedical personnel. Communication materials have been prepared for mothers and communities explaining how to prevent diarrhoea and how to manage at home the care and treatment of children having diarrhoea.

*Acute Respiratory Infection Control* is another programme aimed at reducing the incidence of mortality in children.

Multi-media campaigns are now being conducted covering mother and child health care and nutrition. The national network of television and radio is playing a major role. Information, education and advice are provided through messages which have a strong bearing on child survival and development. Immunization, ORT and family planning for better mother and child health are issues given special emphasis in these campaigns.

### **Policy Perspectives**

Maternal and child health are very closely linked. Poverty, illiteracy, ignorance, early marriage, poor nutritional status, frequent births at close intervals, poor environmental sanitation and hygiene, and limited accessibility to, or knowledge of, health services are among the major causes of maternal mortality, morbidity and malnutrition. These same factors subsequently have a very negative effect on the health and nutrition status of the child. Raising the age of marriage, promoting better spacing of pregnancies, improving earnings so that families have enough money to buy food, educating mothers on preventive

health care and achieving better utilization of health services are some ways to tackle the problems. Community health care, good environmental sanitation and hygiene, protected water supply and affordable housing are also very essential supportive measures.

It should be emphasized that most intervention programmes for early childhood care (especially immunization and ORT) are inexpensive and do not require a complex delivery system. They do need community awareness and involvement, and an efficient administration.

Health and nutrition goals can be reached through full immunization, equal care of the girl child, nutrition and health education (particularly of mothers), female literacy, nutritional supplementation, and improvements in the efficiency and coverage of the health care delivery system through training and motivation of manpower, provision of physical facilities, the steady supply of vaccines and drugs, disease monitoring and involvement of the community.

The expansion of ICDS and UBS and the strengthening of urban health posts through sustained financial support, training of manpower and inter-departmental coordination will be instrumental in improving the health and nutrition status of children and mothers in urban slums. In addition, these measures will improve performance on other goals such as early stimulation and childhood development which are an essential part of such integrated programmes, at least for the 0-6 years age group.

## VI. EDUCATION

Education plays a well-recognized role both in national development and in individual and social well-being. Outlays on education are now considered as "investments in human capital", as they help to build the human resources so vital for generating and sustaining economic growth and development, and reducing poverty.

In the measurement of development, literacy is invariably listed as one of the key indicators, and female literacy, in particular, is recognized as an important means for women to attain self-fulfillment as well as a better quality of life for their children and families. There is, almost globally, a high degree of correlation between levels of education and earnings. Illiteracy has not only caused vast segments of the population to be denied equal opportunities for development, but it has also been one of the major roots of social and economic deprivation and exploitation. Without education, people are rarely able to break the stranglehold of poverty.

Responding to persistent demands, Indian policy makers are giving priority attention to educational development. In particular, they are seeking ways to increase the accessibility of the disadvantaged to education facilities, to reduce drop-outs, at least at the elementary school level, and to improve the quality of education.

*General Literacy Rates.* Despite improvements after Independence, India's performance in literacy has been discomfoting. The 1991 Census reported an urban male literacy rate of 68.7 per cent and an urban female literacy rate of 54.0 per cent, with considerable interstate variation. For example, in Bihar, the urban male literacy rate was 66.1 per cent, while the urban female literacy rate was 46.4 per cent. In Kerala, these rates were much higher, 83.6 per cent for males and 78.2 per cent for females.

According to the 1981 Census, 15.64 per cent of urban households (4.513 million) did not have a single literate member, which is a serious handicap. The percentage of households without a single literate member declined as the household size increased. Nonetheless, even in households consisting of five or more members, 10 per cent had no literate members. Uttar Pradesh had the highest percentage of urban households with no literate members (24.75 per cent), followed by Andhra Pradesh (21.31 per cent), Orissa (20.19 per cent) and Bihar (19.94 per cent). These are also the States with high illiteracy rates. Mizoram (1.86 per cent) and Kerala (2.86 per cent) had the lowest percentage of such households.

*Literacy Rates Among Children.* Since the 1991 age-specific literacy data have not yet been released, we can only examine the data collected in the 1981 Census (Table 10). In 1981, there were slightly fewer than 10 million illiterates 5-9 years of age (4.8 million boys and 5 million girls), 4.3 million illiterates 10-14 years of age (1.8 million boys and 2.5 million girls), and 3.9 million illiterates 15-19 years of age (1.6 million boys and 2.3 million girls). Because of the demographic base, the number of literates and illiterates in each age group increased over the 1961-81 period, but the percentage increase was higher for literates. For instance, in the 10-14 years age group, the increase in the number of literates was 140 per cent (126 per cent for boys and 160 per cent for girls), while the increase in the number of illiterates was 72 per cent for boys and 59 per cent for girls.

Figure 7 illustrates the age-specific literacy rates in 1961, 1971 and 1981 as summarized by the Census. The data show a 1981 literacy rate of nearly 50 per cent in the 5-9 years age group and more than 75 per cent in both the 10-14 and the 15-19 years age groups. The 1991 literacy rates are expected to be higher. Improvements in age-specific

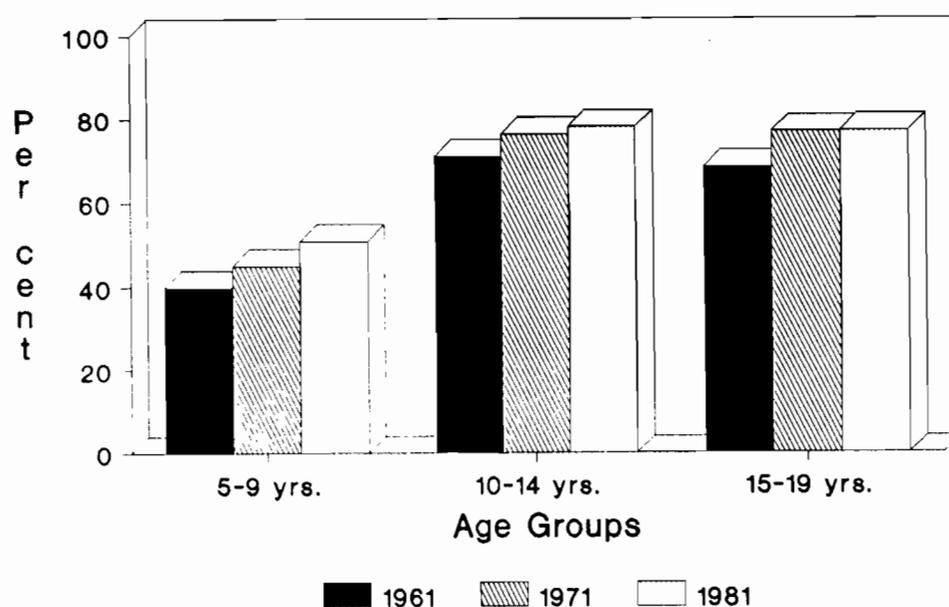
Table 10: LITERACY AMONG CHILDREN IN URBAN INDIA, BY SEX  
(1961, 1971 and 1981)

Age Group (in years)	Year	<u>Number of Illiterates</u> <u>in millions</u>			<u>Number of Literates</u> <u>in millions</u>			<u>Total Population</u> <u>in millions</u>		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
5 - 9	1981 <sup>1/</sup>	4.825	5.017	9.842	5.472	4.684	10.156	10.298	9.701	19.999
	1971	4.062	4.130	8.192	3.627	3.075	6.702	7.689	7.205	14.894
	1961	3.175	3.395	6.570	2.451	1.901	4.352	5.626	5.296	10.922
10 - 14	1981	1.802	2.483	4.285	8.383	6.778	15.161	10.184	9.261	19.446
	1971	1.370	1.861	3.231	5.789	4.567	10.356	7.159	6.428	13.587
	1961	1.061	1.573	2.634	3.758	2.641	6.399	4.819	4.214	9.033
15 - 19	1981	1.619	2.257	3.875	7.405	5.538	12.943	9.024	7.794	16.818
	1971	1.028	1.518	2.547	4.935	3.465	8.400	5.964	4.983	10.947
	1961	0.870	1.386	2.257	3.037	4.815	4.852	3.907	3.202	7.108

Sources: Registrar General and Census Commissioner (1988, 1977 and 1961).

<sup>1/</sup> The 1981 figures do not include Assam where the Census could not be undertaken.

Figure 7: AGE-SPECIFIC LITERACY RATES IN URBAN INDIA  
(1961, 1971 and 1981)



Source: Census of India, 1961, 1971 and 1981

literacy rates are most notable in the 5-9 years age group. The age-specific literacy rate is higher among males than females, the differential increasing in the higher age groups. However, in each age group, the differential shows a declining trend which is greater in the 15-19 years age group than in the other age groups.

Figures provided by the Ministry of Education indicate an overwhelming growth in the number of pupils and an improvement in enrolment ratios (percentage of enrolment to total population in the relevant age group, i.e. 6 to 10 years for classes I to V and 11 to 13 years for classes VI to VIII). In classes I to V, gross enrolment ratios improved from 42.6 per cent in 1950-51 (59.8 per cent for boys and 24.6 per cent for girls) to 97.9 per cent in 1987-88 (113.1 per cent for boys and 81.7 per cent for girls) and in classes VI to VIII, from 12.7 per cent in 1950-51 (20.7 per cent for boys and 4.5 per cent for girls) to 55.1 per cent in 1987-88 (68.9 per cent for boys and 40.6 per cent for girls). Figures disaggregated by rural and urban areas are not available. Enrolment figures are affected by over-reporting (the extent of which is difficult to estimate), the under-age and over-age of children within a specific class, and grade repetition, particularly among disadvantaged children.

Separate figures of school enrolment in urban and rural areas are available from the Fifth All India Education Survey conducted by the National Council of Educational Research and Training (NCERT) in 1986. The data presented in Table 11 indicate that the total 1986 enrolment in classes I to V in urban India was slightly less than 20 million (55 per cent boys

Table 11: ENROLMENT IN CLASSES I TO V, VI TO VIII  
AND IX TO XII IN URBAN INDIA, BY SEX  
(1978 and 1986)

Classes	Year	Enrolment in millions		
		Boys	Girls	Total
I to V	1978	9.199	7.423	16.622
	1986	10.853	9.032	19.885
	% increase	17.98%	21.68%	19.64%
VI to VIII	1978	4.105	2.788	6.893
	1986	5.466	3.940	9.405
	% increase	33.14%	41.29%	36.44%
IX to XII	1978	2.966	1.600	4.566
	1986	4.492	2.590	7.082
	% increase	51.47%	61.82%	55.10%

Source: NCERT (1980 and 1989)

and 45 per cent girls) and in classes VI to VIII, 9.4 million (58 per cent boys and 42 per cent girls). Compared to 1978 data, the enrolment in classes I to V in urban areas had increased in 1986 by approximately 20 per cent (18 per cent for boys and 22 per cent for girls), in classes VI to VIII by 36 per cent (33 per cent for boys and 41 per cent for girls), and in classes IX to XII by 55 per cent (51 per cent for boys and 62 per cent for girls). Interstate variations at both primary and middle school levels are considerable.

Some idea of the extent of drop-out can be gained by comparing the enrolment in classes II to VIII to enrolment in class I and also to enrolment in the previous class (Table 12). The data show that, with the exception of class II, there was an improvement in 1986 drop-out rates, especially from class V onwards. For example, the enrolment in class VIII as a percentage of the enrolment in class I, which was 48.63 in 1978, rose to 57.21 in 1986. While an improvement, the figure is much lower than the demographic ratio of the child population of these years, even if one accounts for the absence of data on the numbers in the base year. The 1981 Census found that children of age 13 (expected age at class VIII) were 74 per cent of children at age 6 (expected age at class I).

The high drop-out rate in schools is a major area of concern. Separate figures for urban areas are not available, but the overall figures given in Table 13 indicate a drop-out rate of 53.5 in classes I to V in 1981-82 (51.1 for boys and 57.3 for girls) and 72.1 in classes

Table 12: ENROLMENT IN CLASSES II TO VIII AS A PERCENTAGE OF ENROLMENT IN CLASS I AND IN THE PREVIOUS CLASS, IN URBAN INDIA (1978 and 1986)

Class	Enrolment in each class as a percentage of enrolment in Class I		Enrolment in each class as a percentage of enrolment in the previous class	
	1978	1986	1978	1986
Class I	100.00	100.00	100.00	100.00
Class II	84.17	80.29	84.17	80.29
Class III	73.81	74.43	87.69	92.69
Class IV	64.08	68.09	86.81	91.48
Class V	58.45	65.43	91.22	96.09
Class VI	57.98	66.86	99.20	102.19
Class VII	51.20	59.56	88.30	89.09
Class VIII	48.63	57.21	94.98	96.04

Source: NCERT (1980 and 1989)

Table 13: DROP-OUT RATES IN CLASSES I TO V AND  
CLASSES I TO VIII, BY SEX  
(1981-1987)

Year	Classes I to V <sup>a/</sup>				Classes I to VIII			
	Boys	Girls	Total	Male/Female Differential	Boys	Girls	Total	Male/Female Differential
1981-82	51.1	57.3	53.5	6.2	68.5	77.7	72.1	9.2
1982-83	49.4	56.3	52.1	6.9	66.0	75.0	69.6	9.0
1983-84	47.8	54.0	50.3	6.2	66.1	75.3	69.8	9.2
1984-85	45.6	51.4	47.9	5.8	61.8	70.9	65.4	9.1
1985-86	45.8	50.3	47.6	4.5	60.7	70.0	64.4	9.3
1986-87	46.9	51.2	48.6	4.3	61.4	70.2	64.9	8.8

Source: Department of Education, Government of India, New Delhi.

<sup>a/</sup> Drop-out rate is calculated by subtracting the enrolment in class V from the enrolment in class I four years previously and dividing by the original cohort. Repeaters and children who enter the system after class I have not been taken into consideration. A similar method is followed for computing drop-out rate for classes I to VIII.

I to VIII (68.5 for boys and 77.7 for girls). In 1986-87, the drop-out rates were 48.6 in classes I to V (46.9 for boys and 51.2 for girls) and 64.9 in classes I to VIII (61.4 for boys and 70.2 for girls). Thus, during the period 1981-82 to 1986-87, the drop-out rates tended to decline modestly in classes I to V, but were definitely lower (nearly two-thirds) than drop-out rates in the 1960s. The drop-out rate for classes I to VIII showed a declining trend in the 1980s. A small downward trend is evidenced in the difference in the drop-out rate by sex in classes I to V but was almost constant in classes I to VIII until 1985-86. For classes I to X, the drop-out rate was 77.62 in 1985-86 (73.97 for boys and 83.16 for girls).

Most studies have indicated that drop-out (a) is often preceded by irregular attendance; (b) has the highest incidence in class I; (c) is higher for girls than for boys; (d) is higher when there is no literate member (particularly parent) in the family; and (e) is higher when the family is characterized by low and uncertain incomes or moves from one place to another (as in the case, for example, of construction workers) (Patil 1984).

With regard to school attendance in slum areas, Majumdar's study of low-income migrant communities living in *jhuggis/jhopris* (temporary physical structures located in slums) in Delhi in 1976 showed that 42.1 per cent of children between the ages of 5 and 9 years were

attending school (46.9 per cent of the male children and 36.1 per cent of the female children). This figure rose to 50 per cent in the 10-14 years age group, but the percentage of female students in this age group declined to 34 per cent. In addition, a fairly large percentage of children were reported to be in lower classes than expected at their age (Majumdar 1983).

In his 1977 study, Dr. Patel summarizes the situation of educational facilities for slum children in Delhi as follows:

"The non-enrolment rate in slum schools was nine times more, the drop-out rate was 20 per cent more, the pupil mobility rate was two times more, and the transition ratio (proportion of children who after passing the primary stage moved to the next higher stage) was 7.25 per cent less than in non-slum schools. Fifty per cent of the slum schools had also much lower daily attendance. Thus the enrolment, attendance and transition rates for slum children were substantially lower as compared to non-slum children and their drop-out and mobility rates were much higher."

The study also underscores the sharp inequalities between slum and non-slum municipal schools in all of the major school inputs including physical facility, teaching, suitability of school curriculum, and suitability of supervisory and administrative arrangements (Patel 1983).

Das and Garg's study of Delhi Municipal Corporation schools from 1976 to 1982 gave 34.9 per cent as the drop-out rate between classes I and V in schools with nursery classes and 38.6 per cent in schools without nursery classes (Das and Garg 1985).

According to a study of the urban poor in 1987, conducted by the National Institute of Urban Affairs and based on primary surveys carried out in 20 urban centres (with a sample of 2,009 households), 63.4 per cent of children 5-14 years of age were studying, 9.4 per cent were working, and 27.2 per cent were either helping in household domestic chores or were just whiling away the time (NIUA 1989).

The Operations Research Group's study on accessibility and utilization of basic services in selected urban slums in five cities, with special reference to women and children, showed that more than 60 per cent of children from age 6 to 14 years were attending school (ranging from 61.3 per cent to 89.8 per cent in the case of boys, and from 46.2 per cent to 83.9 per cent in the case of girls) (ORG 1988).

The critical problem areas in education are therefore wastage as reflected in drop-out (and relapse into illiteracy when this occurs early) and stagnation (repeating the class), particularly with reference to girls and certain socio-economic categories, such as scheduled castes and tribes, and migrant families.

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The study also underscores the sharp inequalities between slum and non-slum municipal schools in all of the major school inputs including physical facility, teaching, suitability of school curriculum, and suitability of supervisory and administrative arrangements (Patel 1983).

Das and Garg's study of Delhi Municipal Corporation schools from 1976 to 1982 gave 34.9 per cent as the drop-out rate between classes I and V in schools with nursery classes and 38.6 per cent in schools without nursery classes (Das and Garg 1985).

According to a study of the urban poor in 1987, conducted by the National Institute of Urban Affairs and based on primary surveys carried out in 20 urban centres (with a sample of 2,009 households), 63.4 per cent of children 5-14 years of age were studying, 9.4 per cent were working, and 27.2 per cent were either helping in household domestic chores or were just whiling away the time (NIUA 1989).

The Operations Research Group's study on accessibility and utilization of basic services in selected urban slums in five cities, with special reference to women and children, showed that more than 60 per cent of children from age 6 to 14 years were attending school (ranging from 61.3 per cent to 89.8 per cent in the case of boys, and from 46.2 per cent to 83.9 per cent in the case of girls) (ORG 1988).

The critical problem areas in education are therefore wastage as reflected in drop-out (and relapse into illiteracy when this occurs early) and stagnation (repeating the class), particularly with reference to girls and certain socio-economic categories, such as scheduled castes and tribes, and migrant families.

There are many factors which determine poor school performance. Families may be so poor that they are unable to meet the direct and indirect costs of schooling. Children may be expected to contribute to the family income by working part- or full-time or, particularly in the case of girls, they may be kept home to do household work or to look after younger siblings. Typically, after a period of irregular attendance, the child is unable to cope with the curriculum and finally drops out of school.

The priority which parents give to education and the degree to which they are supportive of the child's scholastic performance are also important factors. For example, parents who have conservative socio-cultural values about the role of women in society may consider education of the girl child to be of limited utility. They may also be reluctant to send the girl child to a school which is located beyond what they perceive as a "safe" distance. In families where parents are illiterate, children cannot count on any help with their schoolwork. It may also be difficult for children to study at home because of overcrowding, the need to attend to household work, and other diversions.

An unattractive school environment (in terms of inadequate physical facilities and overcrowding) and the unsatisfactory didactic methods, poor communication skills, weak motivation, indifference and, in some cases, absenteeism, of the teacher are other factors which adversely affect school performance. The school may be insensitive to the problems and needs of a first-generation learner from a poor family and instead of remedying an unsupportive home environment, it may create a feeling of rejection among these students.

As a result of such family and school deficiencies, even if the disadvantaged urban child does attend school until class VII, his or her educational achievements are generally lower than those of a child from higher-income segments of society.

### **Policy and Programme Responses**

Since Independence, universalization of education has been an important public concern. The Directive Principles of State Policy and the five-year plan documents have dwelt on the importance of, and the need for, universalization of elementary education. Elementary education was made a component of the Minimum Needs Programme from the Fifth Five Year Plan.

The new National Policy on Education (1986) gives high priority to early childhood care and education (ECCE), stating that the "programmes of ECCE will be child-oriented, focused around play and the individuality of the child". In the case of elementary education,

the policy emphasizes universal enrolment, retention of children up to 14 years of age, and a substantial improvement in the quality of education. The policy further resolves that,

"it will give the highest priority to solving the problem of children dropping out of school and will adopt an array of meticulously formulated strategies based on micro-planning, and applied at the grass-roots level all over the country, to ensure children's retention at school. This effort will be fully coordinated with the network of non-formal education. It shall be ensured that all children who attain the age of about 11 years by 1990 will have had five years of schooling, or its equivalent through the non-formal stream. Likewise, by 1995 all children will be provided free and compulsory education up to 14 years of age" (Department of Education 1986).

There are a number of national programmes currently being implemented to improve educational standards and attendance:

- *Pre-school education* is provided through ICDS projects, early childhood education centres/nursery/pre-primary schools and creche services. State governments and municipal bodies also provide pre-school services, while some voluntary agencies cater to the requirements of disadvantaged groups by extending free services, including pre-school, supplementary nutrition and, in some cases, health care. Increasingly, private agencies are offering pre-school education to children from the higher-income groups, although some serve slums and poor neighbourhoods. Centres in slum areas tend to be overcrowded, to lack space and equipment, to have poor sanitation and to employ teachers who are not adequately trained in pre-school education techniques.

- *Free elementary education* is available to children in government schools and schools set up by local bodies. Incentives (supply of a uniform, midday meals, free textbooks and stationery, and stipends for attending classes) are being provided to large numbers of disadvantaged children to facilitate enrolment and retention.

- *Operation Black Board* is a project which aims at improving primary school facilities, personnel and the supply of essential teaching and learning materials. In 1987-88, Rs. 1106 million was provided as assistance to the States under the scheme for the improvement of primary school infrastructure. In 1989-90, the amount increased to Rs. 1358 million.

- *Non-Formal Education (NFE) schemes*, which have as target groups school drop-outs, working children and girls who cannot attend schools for the entire day, have been implemented in educationally-backward States since 1979-80 "as a massive alternate supportive system to formal schooling". The NFE schemes now also cover urban slums and projects for working children. Voluntary agencies are entitled to grants-in-aid for implementing the programme. The basic features of the schemes are "organizational

flexibility, relevance of curriculum, diversity in learning activities to relate to the learners' needs, and strengthened, decentralized management". The central government assists state governments to implement NFE schemes by sharing costs in the ratio of 50:50. In the case of non-formal education centres for girls, the ratio is 90:10. During 1988-89, Rs. 403 million was spent on the implementation of the schemes for running about 241,000 NFE centres. Assistance was also given to 296 voluntary agencies in running about 21,000 centres. In addition, 25 experimental and innovative projects received grants.

- *Centrally-sponsored programmes to raise professional competence* through teacher training have been implemented since 1987-88.

- *The National Programme of Adult Education*, for which a National Literacy Mission (NLM) has been launched, is likely to influence parental attitudes concerning the value of education for children. The objective of the NLM is to impart functional literacy to 80 million illiterate persons between the ages of 15 and 35 years by 1995. The strategy adopted is to create a mass movement through mobilization of students, teachers, scientists, technologists, ex-servicemen, voluntary agencies and others.

### **Policy Perspectives**

Considerable improvement has been made in the Indian education system since Independence, especially in terms of accessibility to schools. Free education, supported by such incentives as free textbooks, stationery, school uniforms and midday meals, has led to increased school attendance. However, sustaining attendance until completion of class VIII, narrowing the sex differential, and accomplishing a reasonable standard of educational attainment are goals which still must be achieved if elementary education is to be truly universal.

The fact also remains that schools in slums and impoverished neighbourhoods do not offer a level of education comparable to that provided by schools in higher-income areas. The urban slum child is therefore not only handicapped by a disadvantaged and non-stimulating home and neighbourhood environment, but also by inferior schooling. Improvements in the basic physical facilities and the management of schools are needed. Professionally competent and committed teachers must be trained in teaching methods which will facilitate learning. Early symptoms of school difficulties, such as absenteeism or an inability to keep pace with the curriculum, have to be identified and remedial solutions found, including contact with the child's family, where necessary.

Despite strong policy statements, primary education has not received the priority it merits in terms of resource allocations. In the Second and in subsequent Plans, primary education only received one-third of the total allocation for education as a whole. This distribution of resources is seriously inequitable, especially because, compared to other school levels, elementary schooling benefits far more children, has a greater impact on the development of disadvantaged children, and has a much lower per capita cost. Legislation in States on compulsory primary education remains largely unenforced.

The national adult education programme is currently being given high priority because it is realized that literate parents are more likely to provide the motivation and support needed to retain children in school. The National Literacy Mission has scored some successes and, if the momentum it has created can be sustained and increased, it is expected to make a significant difference in the incidence of illiteracy, especially in educationally backward States.

The non-formal education programme, which is estimated to serve nearly one-third of Indian children, will need to be closely monitored in terms of inputs, outputs and linkages with the formal system. Advocates of NFE stress its practical approach, cost effectiveness, flexibility and ability to reach out to the disadvantaged sections of society and to adapt to their educational needs. On the other hand, detractors of the programme believe that it will only be marginally capable of helping children to attain the same standard of education imparted by the formal system. To avoid this duality, some experts have proposed that the non-formal system be planned and developed as complementary to the formal system and not in competition with it.

NFE is certainly a promising approach, although implementation problems (organization, management, training, release of funds, quality of instructors, supply of didactic material, and so forth) have surfaced from time to time. Questions have been raised about the adequacy of funding, especially because of the performance demands made on the system by a particularly difficult target group. Several NFE centres suffer from inadequate accommodation, poor teacher motivation, indifferent teaching methods, student absenteeism and drop-out. Efforts are being made to strengthen the programme and to monitor its progress more closely. The goal must be to integrate the formal and non-formal systems more effectively so as to ensure that lateral entry from NFE to the formal system becomes possible. When elementary education is made available to all children in slums and poor neighbourhoods, an important milestone in human resource development will have been reached.

## VII. WORKING CHILDREN

Child labour has always been a phenomenon of the developing world. In India, children are engaged in various kinds of work in household industries, in small wayside eating places, in maintenance and repair shops and in manufacturing units. They can be seen picking scrap or waste material, or vending a wide variety of inexpensive goods. Early participation in the work force undoubtedly deprives children of their right to childhood, to education and to opportunities for development. It often adversely affects their health and nutritional status, shortening the length of their productive life. Early exposure to the harsh realities of the adult life of the poor can hamper children's psycho-social development, the extent of damage depending upon the nature and hours of work, working conditions, wages paid, type of employer and general work environment. Children are employed much more frequently in the informal than in the formal sector. Child labour is particularly prevalent in industries where production is organized in small units, and where working and employment conditions are adverse.

*Extent of Child Labour.* Estimates on the number of children at work vary widely and depend both on methodology and on the definitions used for the terms "work" and "child". The 1981 Census defined "work" as participation in any economically-productive activity. It made a distinction between "main workers", or those who worked for the major part of the year preceding the Census, and "marginal workers" who worked for only a small part of the period. It should be noted that children are not usually recorded as workers if they are: (a) engaged in unpaid work related to the vocation of their parents, or participate in contract work undertaken by their family on a piece-rate basis, or participate as family workers in a household-based industry; (b) engaged in part-time seasonal work; (c) engaged in work intermittently for short periods.

The 1981 Census reported about 1 million urban main workers under the age of 15 years. They constituted only 1.8 per cent of male main workers and 4.6 per cent of the female main workers in urban areas. The age-specific work participation rate of urban main workers 5-14 years of age was reported as 2.5 per cent (3.6 per cent for males and 1.3 per cent for females). The 43rd round of NSSO (1987-88) indicated that 2 per cent of urban male workers and 5 per cent of urban female workers were 5-14 years of age, which represents a decline in the percentage of child workers from 1983 findings. In the 10-14 years age group, the age-

specific work participation rate was 8.5 per cent in the case of urban male workers and 6.5 per cent in the case of female workers (NSSO 1990b).

The CINI study on the situation of women and children in urban areas of West Bengal found that children 6-15 years of age represented 4.9 per cent of urban workers in 1988 (CINI 1988). The 1987 NIUA study of the urban poor in 20 urban centres indicated that 9.4 per cent of 5- to 14-year-olds from poor households worked (NIUA 1989). The Operations Research Group's 1988 study of accessibility and utilization of basic services in selected urban slums, with special reference to women and children in five cities, found that less than 3 per cent of children between the ages of 6 and 14 years worked, but the definition of work in this case was "paid labour" (ORG 1988).

Because of variations in definitions, statements regarding numbers and trends are not likely to be substantiated empirically in a manner which will be acceptable to all. However, the fact remains that the number of working children is large enough to be a cause for national concern. Whether children are earning separately, assisting their family in part-time or seasonal work, doing household chores, or caring for younger siblings so that adults are free to work, they are engaged in roles which occupy them for long hours and deny them education, training, leisure and recreation.

*Occupational Distribution.* According to the 1981 Census, 42.3 per cent of child workers were engaged in the secondary sector (mainly manufacturing, processing, servicing and repairs) followed by 35.3 per cent in the tertiary sector (mainly trade and commerce, and other services). A number of studies on child workers carried out in the last two decades have reported their presence as:

- *wage earners*, mainly in small industries which are non-mechanized, in labour-intensive industries where employers find it far more advantageous to pay on a piece-rate basis, in construction work, in repair shops, in embroidery work, in domestic household work, and so on;

- *self-employed workers* selling newspapers, picking scrap and waste material, or working as shoe-shine boys, coolies, casual workers or parking attendants;

- *unpaid family workers* in household industry or in contract work undertaken by families on a piece-rate basis;

- *apprentices* in arts and crafts or trades requiring skills (for example, carpet making, *chiken* embroidery, repair workshops); and

- *bonded workers*. Covert forms of bondage are still reported to exist despite the Bonded Labour (Abolition) Act of 1976. Children may find themselves in this condition because families, including children, are expected to repay through work amounts (with interest) borrowed or taken as an advance.

Unfortunately, most studies, including the Census and national surveys, do not disaggregate data by the above groupings. Nangia's study of working children in Delhi indicated 36.0 per cent in wage employment, 29.5 per cent in self-employment, 23.2 per cent as family workers and only 5.7 per cent as apprentices (Nangia 1987). Many children are known to have a different employment status at different times of the year and, in the case of wage employment, to change employers at one- to three-year intervals. Generally, however, they continue to be engaged in unskilled routine work with few options for a change in occupation or for upward mobility.

*Employment and Working Conditions.* Various legislative and regulatory provisions have virtually eliminated the employment of children in the formal sector of industry (estimated to employ only 10 to 12 per cent of the work force). The nature of modern manufacturing industries which require trained manpower to operate sophisticated and expensive machines has also been a factor in the decline of the phenomenon.

However, child labour persists in many small-scale production units which mainly follow non-mechanized, labour-intensive operations in order to contain costs and, hopefully, gain a competitive advantage over the organized sector producing the same category of goods and services. A number of these small, or cottage, industries pay little attention to the safety or health of the worker and are, needless to say, insensitive to the needs of children. The physical environment typically has poor light, ventilation, space, temperature and sanitation. The work is generally demanding and hazardous. Some of the industries use chemicals and other raw materials which produce fumes and gases endangering the health of the workers.

The hazardous and exploitative conditions in which children work in various industries, particularly the pottery, gem polishing, lock, glass, match making, carpet weaving and *beedi* (cigar) industries, have been well documented in recent studies and in a large number of investigative reports by journalists. Even though these are specific as to locations and industries, they provide valuable firsthand information on the employment and working

conditions of children and the vicious cycle in which the children of the poor are trapped (Burra 1986, 1987 and 1988, Dingwaney 1988, Kambargi 1988, Kothari 1983).

Wage employment is especially exploitative because children are only perceived as employees in the production structure. They are not offered any protection and their needs as children and their capacities are not taken into account. Employment conditions are characterized by a high degree of arbitrariness and insecurity. Children have no rights as workers; they are not organized; and trade unions show little interest in them. Employers cut costs by flouting labour laws (where they exist but are not effectively enforced), often underpaying child workers and forcing them to work in unsafe conditions. In some occupations, notably work in eating places, the child works seven days a week, from early morning to late at night, with only a few breaks during the day.

This situation is possible because families desperately need the income child workers bring home. Moreover, families cannot afford to protest if their children are exploited: they are fully aware that the supply of child workers far outstrips their demand and that there are no alternative income sources.

Children are paid far less than adults for the same amount of work. They are easier to lay off in response to a fluctuating market. In many industries, payments are made on a piece-rate basis, often through subcontractors in order to avoid direct employer responsibility towards the children. Child workers' names are not shown on registers and their age is concealed. During inspections (which often get known to employers in advance) children are either kept away or dubious explanations are given for their presence.

### **Socio-economic Characteristics**

*The majority of child workers are over the age of 10.* The 1981 Census reported that 95.2 per cent of child workers were 10-14 years of age and only 4.8 per cent were 5-9 years of age. The 1980 Operations Research Group survey showed 66 per cent of working children as being 12-15 years of age, while only about 11 per cent were 6-9 years of age (Khatu et al. 1983). Nangia's study of Delhi working children showed 4.5 per cent 6-9 years of age, 36.5 per cent 9-12 years of age and 58.9 per cent above the age of 12 (Nangia 1987). The study in Sivakasi by the Centre for Social Research, Madras, indicated that 22.5 per cent of child workers were below 10, 39.1 per cent were between 11 and 13, and 38.4 per cent were between 14 and 16, years of age (Vijayalakshmi 1984). Singh's study on slum working children in Bombay in 1976 showed only 5.5 per cent in the 6-9 years age group, but the

figure rose to 28.3 per cent for 9- to 12-year-olds and 66.2 per cent for 12- to 15-year-olds (Singh 1980). There is a larger incidence of child workers under 10 years of age in industries producing matches and fireworks (Kothari 1983).

The tenth year was significant for many children for entry into work. The Bombay study indicates that the age of entry into work varies from 6-9 years old for 24.7 per cent of child workers, 10-12 years old for 48.4 per cent and 13-15 years old for 26.9 per cent (Singh 1980). The Delhi study reports entry into work at the age of 9 years for 17.8 per cent, 9-12 years for 56.9 per cent and more than 12 years for 23.2 per cent (Nangia 1987). The National Sample Survey (42nd round, 1986-87) found that the age of entry into work in urban areas was less than 15 years in the case of 13.6 per cent of persons in the labour force. It was lower for girls than for boys (NSSO 1991).

*Male child workers generally outnumber females, except in some typically female industries and occupations.* The 1981 Census reported that 66.4 per cent of the main workers in urban areas between the ages of 5 and 14 years were males. The Bombay study indicated that 63 per cent of child workers in the sample were boys (Singh 1980), while the Delhi study showed 86.7 per cent as boys (Nangia 1987). NIUA's study of the urban poor covering 20 urban centres indicated that 59 per cent of workers between the ages of 5 and 14 years were boys (NIUA 1989).

*There is a distinct sex differential in the type of work children engage in, their employment status and their remuneration.* The study of child labour in Sivakasi found that there were only boys working in hotels and tea stalls, while girls constituted 70 per cent of child workers in the weaving industry and 63 per cent in the match-making industry (Vijayalakshmi 1984). Girls move in a more protected and restricted environment than boys and are also limited in the types of work they do, the degree of mobility they have, and the hours during which they are allowed to work. Girls normally work in, or near, their homes. In that context, they are usually not categorized as "working" (see the definition of "worker" on page 38). They rarely work alone, but usually in the company of older girls or other members of their family, or in all-female units. Because of these constraints, girls have a far more limited range of occupations than boys and, in many cases, are paid lower wages for similar types of work.

*The literacy rates among working children are low.* Many working children either do not enrol in school at all or, if they do, drop out early. Only some children continue to combine schooling with part-time work, usually household-based work (including work taken by the family on a piece-rate contract). The Bombay study reported that 33.3 per cent of the working children in the sample had no schooling, 52.7 per cent had schooling up to primary level, 13.3

per cent up to middle level and 0.7 per cent up to higher secondary level, indicating a high incidence of school drop-out (Singh 1980). The Delhi study found that 15.6 per cent of working children were combining schooling with work, 34.3 per cent had never attended school, while 76.3 per cent of those who had attended school had dropped out. The study also showed that 34 per cent of the sample were illiterate, 43 per cent were just literate, 21 per cent had a primary school education and only 2 per cent had a middle-school education (Nangia 1987). The ORG study reported 62.0 per cent of urban earning children as literate, including nearly 23 per cent who studied up to secondary level (ORG 1988). Kothari's study reported 79.5 per cent of the sample as illiterate, 11.3 per cent as educated up to primary level, and 9.2 per cent as drop-outs (Kothari 1983).

*Child workers come from the low socio-economic strata of society.* Their parents typically work as casual workers, manual labourers, rickshaw pullers or vendors; they have very limited earning options due to poor skills, illiteracy, few assets, poor entrepreneurial abilities and a socio-economic environment which is not supportive.

### **Causes of Child Labour**

Poverty is the principal cause of child labour. Families characterized by a large number of dependent children, parental illiteracy, unstable and poor income, and few income-generating assets are more likely to send their children to work than to school. The study of child labour in Madras reported that about 75 per cent of the children sought employment to supplement family income (George 1975). The Bombay study also identified economic pressure as a motivating factor (Singh 1980). There is a higher incidence of child workers from single-parent families, which are generally poorer. A family crisis often forces a family to withdraw the child from school and to send him or her to work. The poor school environment (see the Education section) exacerbates the problem of working children.

Parents or guardians are almost always aware that a child is working, have often taken the initiative of sending the child to work, and may even have contacted potential employers. In some types of employment (for instance, carpet weaving), parents take an advance for the labour of their child for two or more years. Illiterate parents are more likely to send their children to work than to school, as are migrant families whose mobility typically results in the non-enrolment or drop-out of their children.

Poor families perceive work as the best way of utilizing the time of a child who is not attending school. In some cases, they hope that the skills children acquire in the course of

their work will enable them to earn more later and improve their status. The nature of certain skilled crafts, which reportedly require early initiation, is another reason given for early entry into the work force. The socio-cultural environment may also facilitate child labour. Many parents accept entry into work at the age of 12 or 13 years as normal, especially if they too had worked as children. They feel that by the age of 12, if not earlier, children should begin to help their families, work as domestic help (especially if girls), or engage in some kind of trade.

From the employer's point of view, child labour is cheap, abundant and easy. Children rarely protest and have no union affiliations. They are employed without entering into any of the contractual obligations which regulate the formal sector.

Whatever the causes of child labour, the stark reality is that adults take decisions which profoundly affect the future life of the child worker, often without even consulting the child. Moreover, while claiming to act in his or her best interests, adults are the first to reap the benefit of the child's labour.

### **Policy and Programme Responses**

The abuses arising from employment of children in adverse and hazardous working conditions have been pointed out in the reports of several Commissions and Committees appointed by the Government both before and after Independence.

Legislation was passed even as early as 1881 regulating the employment of children in factories. Today, protective or regulatory labour legislation relates to the formal employment sector, or to certain specific industries. Lapses occur in the enforcement of these laws. There is no legislation regulating the informal sector where most child labourers are employed, which enables the employers to exploit child workers with impunity.

The Committee for the Preparation of a Programme for Children (1968) considered child labour to be a problem arising from poverty, disadvantaged social conditions and the lack of educational facilities. It recognized that the problem of child labour could be solved by promoting the economic and social welfare of low-income families. While recommending that efforts be made to prohibit hired child labour in all forms, the Committee also suggested that facilities for compulsory primary education be set up and welfare measures adopted to benefit poor children (Government of India 1968).

The Committee on Child Labour (1979) recommended that 15 years be set as the minimum age for entry into any employment and suggested a series of measures relating to

the education, health and nutrition of working children. The Committee also emphasized the need for strict enforcement of existing child labour legislation (Ministry of Labour 1979).

Aware that child labour has its roots in socio-economic problems, none of the different Committees appointed by the Government has considered the abolition by law of child labour in every kind of occupation as a practicable or effective solution. This position has been strongly opposed by several activist organizations which consider child labour as a stigma to society and a reflection of the Government's indifference and lack of a strong political will to tackle the very social and economic structure which results in the exploitation of children, exposes them to health and safety hazards, and denies them an opportunity for growth and development. These organizations consider that legislative, administrative and welfare measures aimed merely at making child labour less dehumanizing will only mitigate some of its worst effects, but not cure the problem.

In 1986, the Government passed the Child Labour (Prohibition and Regulation) Act (hereafter the Child Labour Act) which repealed the Employment of Children Act of 1938. The Child Labour Act defines a child as a person who has not yet completed his fourteenth year of age. It prohibits the engagement of children in any of the *occupations* indicated in Part A of the Schedule, or in any workshop which involves *processes* indicated in Part B of the Schedule, except when these are carried out in the family or in any school established by, or receiving assistance or recognition from, the Government. It also provides for the constitution of a Technical Advisory Committee to make additions to the Schedule as new occupations and processes become apparent. Part III of the Child Labour Act regulates the hours and conditions of work of children in establishments not covered by the Schedule to the Act. The Act stipulates severe penalties for violation of any of its provisions.

By prohibiting child labour in the more hazardous occupations and regulating it in others, the Child Labour Act indirectly acknowledges that child labour will continue to be a reality in Indian society for some time and that legislation attempting to prohibit all of its forms would be unenforceable. Thus, as in the case of previous legislation, the Child Labour Act falls far short of activists' demands to prohibit child labour, particularly of the wage earning category.

In 1987, the Government adopted a National Policy on Child Labour which has three components: (1) a legal action plan for the strict and effective enforcement of the diverse legal provisions relating to the employment of children; (2) general welfare and development programmes aimed at improving the socio-economic conditions of families so that they would have less of an economic compulsion to send their children to work and would be

more likely to encourage them to attend school; and (3) projects in selected industries and areas where child labour is concentrated. The projects provide income-generating means to families of child workers, vocational training, supplementary nutrition and various incentives to encourage the enrolment and retention of children in both formal and non-formal education systems.

### **Policy Perspectives**

The phenomenon of child labour, which was prevalent in the early phases of industrialization in all modern industrialized countries, was reduced and virtually eliminated by a series of determinant factors, including (1) first and foremost, compulsory education; (2) the predominance of the formal organized sector of industry which required large investments in capital and trained manpower; (3) the development of fairly extensive social security systems to relieve poverty (a major contributing factor in child employment); (4) the attainment of a progressively higher standard of living and a socio-cultural framework which recognized the educational needs of children and the dangers inherent in their employment at an early age; (5) the public pressure against child labour; and (6) the strict enforcement of relevant legislation. The incidence of child workers in industrialized countries is now very small and is usually confined to the tertiary sector.

Child labour in India is a socio-economic problem, and as such is very closely linked to poverty and the survival needs of children and their families. Prohibition of child labour in any form is highly desirable, but can only be a long-term goal. It is the unfortunate reality that children do make a contribution to the immediate survival needs of their families. The pressures to send children to work can be relieved only if massive rural and urban poverty alleviation programmes are able to improve incomes, if the universalization of elementary education through formal and non-formal programmes of study succeeds, if standards of living and parental aspirations improve, if social security and the social services cover the poor and the disadvantaged, and if the proportionate share of the formal sector of employment with its demand for trained literate manpower increases. Elimination of wage-employed child labour by the turn of this century is a feasible goal if sustained efforts are made in this direction.

Child labour does not lend itself to a simple legislative solution. Even if a law to prohibit child labour of any kind were passed, it would be difficult to enforce. Both the Child Labour Act and the National Child Labour Policy provide a useful policy framework. They

recognize that, in the context of the economic role of the working child, the immediate need is to prevent the child from being exploited or made to work in hazardous conditions. It is equally important to protect the child's interests and ameliorate the conditions in which he or she works. The Act and the Policy also recognize that services and opportunities need to be provided which will enable the working child to meet his or her developmental needs. The list of occupations and processes in the Schedule of the Child Labour Act should be progressively expanded. This will require vigorous public action in identifying (with the help of scientists and social activists) occupations and processes which are harmful to children's health and development, and intensifying advocacy for their inclusion in the Schedule.

The Child Labour Act must be strictly enforced. Child workers should be provided access to services for their health, education and training. Projects sponsored by the Ministry of Labour should be expanded and integrated with the various action programmes covering children and their families. The role of non-governmental organizations (NGOs) in providing advocacy, exercising watchdog and fact-finding functions, and implementing services, has to be recognized. The media have a particularly important role in investigating the situation of child labour and creating national awareness of its exploitative and abusive manifestations.

### VIII. STREET CHILDREN

Because of their sheer numbers and high visibility, street children are now commanding a great deal of attention. There is a growing realization that their special needs and circumstances require targeted attention. In other words, they should not be considered within the totality of abandoned, working, destitute, vagrant and deviant children, or in the context of families living on pavements, in slums and impoverished neighbourhoods, or in relation to youth unemployment, vagrancy and crime, but as a separate target group.

The difficulty of defining street children is brought out in the UNICEF Staff Working Paper *Protecting Working Children* which speaks of "street children" as,

"a term loosely applied to children and youth encountered working or living on urban streets. Not only do different programmes use divergent definitions, but some so-called 'street children programmes' even work primarily with youngsters who neither work nor live in the street .... Some consider as street children all those youngsters who undertake any income-generating activity, even illicit, in urban streets. Most of these children live at home, and spend only part of their time working in the street. Others define the category more narrowly, considering street children to be those income-earning children in the streets who also essentially live there, having weakened or severed ties with their families. This is a much smaller group and one felt to be extremely vulnerable" (Myers 1989).

Street children have been seen to form several subcategories, based on age, sex, work status, kinds of employment, and linkage with their families. Several documents use the terms "working" and "street" children to refer to a more or less common group, reflecting the considerable degree of overlap in the two categories which are, however, not identical, as not all street children are working children and *vice-versa*.

Whatever its definition, the term "street children" does help to focus attention on the many children in India and other developing countries who can be seen working, living or just hanging around in streets, market places, commercial centres, crossroads, parking-lots, railway and bus stations, public parks, tourist areas and entertainment centres.

Information on street children in India is scarce, although studies have been undertaken of slum dwellers and the homeless in general. UNICEF, in collaboration with the Ministry of Welfare, sponsored field studies on street children in Bangalore, Bombay, Calcutta, Delhi, Indore, Kanpur and Madras.

Because street children are a mobile or "floating" group, it is difficult to make even an informed guess about their overall numbers. The Delhi study arrived at a figure of 100,000 by estimating that 25 per cent of working children were street children (Nangia and Panicker-Pinto 1988). The Bangalore study estimated 45,000 street children, of whom approximately 25,000 were thought to be homeless (CWC 1989). The studies in Calcutta and Bombay did not attempt any estimates, but the number of street children easily exceeds 100,000. It should suffice here to say that the numbers of street children are formidable enough to demand the immediate attention of policy makers to the problems and needs of such children.

### **Socio-economic Characteristics**

The various studies have revealed broad characteristics of India's street children that make them not dissimilar to street children around the world, although statistic dimensions of various parameters may be quite different:

*Most street children are over the age of 6, the majority over 8.* Initiation into active street life begins early. Younger children are more likely to be in the company of an older sibling, relation or parent, and to be found closer to their place of stay. Unfortunately, the different studies of this category have not followed a uniform age grouping. The Kanpur study, which excluded children under 5 years of age from the definition of "street children", found that 13.5 per cent were under 6 years of age, 72.4 per cent were 6-12 years of age and 14.1 per cent were 13-18 years of age (Pandey 1989). The Bangalore study showed 20.2 per cent to be

6-10 years of age and 79 per cent 11-15 years of age (CWC 1989). The Indore study reported 25.4 per cent under the age of 10 years, 26.0 per cent between the ages of 10 and 12 years, and 48.6 per cent over the age of 12 years (Phillips 1989).

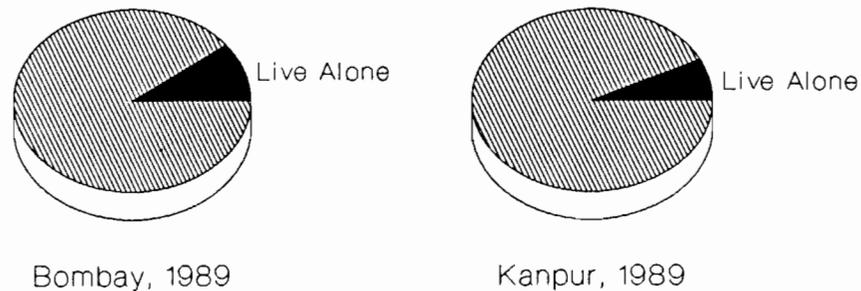
*Most street children are boys*, mainly because of the socio-cultural factors limiting the girl child's mobility, as discussed in the section on working children. Despite efforts to give equal weight to girls in the sample, neither the Bangalore study (31.3 per cent) nor the Bombay study (28.8 per cent) was able to arrive at 50 per cent (CWC 1989, D'Lima and Gosalia 1989). The Kanpur study found that only 8.6 per cent were girls (Pandey 1989).

*Most street children have never attended school* and the majority of those who have, drop out before completing primary school. Few currently attend school. The Bombay study reported 54.5 per cent as having never enrolled and only 11.4 per cent as currently attending school (D'Lima and Gosalia 1989). The Indore study reported 66 per cent as illiterate, the incidence being much higher among girls (85.4 per cent) than boys (61.8 per cent) (Phillips 1989). The Delhi study found that 61.3 per cent of the girls were illiterate, 22.6 per cent were school drop-outs and only 15.9 per cent were still attending school (Nangia and Panicker-Pinto 1988).

*Not all street children are recent migrants*. The Bombay study reported only 29.6 per cent of the street children migrated to the city within three years prior to the investigation (D'Lima and Gosalia 1989). Most street children migrate with their families, although some come to the city alone to earn money to support their impoverished families at home. Some (including some very young children) have run away from homes which had become intolerable because of poverty, neglect, maltreatment, the break-up of the family due to death or desertion, or harsh working and living conditions. They prefer their current status with all its insecurity because of the escape it provides from oppressive or traumatic circumstances and because of the degree of independence they have attained. A few children are drawn by the glamour of city life. While most migrants are from within the State, a sizable number are from neighbouring States, and a few are even from Bangladesh.

*Most street children have close ties with their families* and return to their families after the day's activities. They usually work with the full knowledge and support of their parents or guardians, especially since their earnings often bring the family income to subsistence levels. Children who do not have families often get attached to an adult's or a peer's family. Most studies reported a warm and affectionate parent-child relationship, particularly between mother and child. Both the Delhi and Bombay studies estimated that about 77 per cent of street children live with their families. A higher proportion (84 per cent) was found by the

Figure 8: PROPORTION OF STREET CHILDREN WHO LIVE ALONE (1989)



Sources: D'Lima and Gosalia 1989, Pandey 1989, CWC 1989

Kampur study. A minority of street children, and exclusively boys, live alone -- 10.4 per cent in Bombay, 7.4 per cent in Kanpur and 3.7 cent in Bangalore (D'Lima and Gosalia 1989, Pandey 1989, CWC 1989, Nangia and Panicker-Pinto 1988) (Figure 8).

*Parents of street children mainly hold low-paid, unskilled jobs or are self-employed.* For instance, 19.5 per cent of the street children in Bangalore stated that their father engaged in vending and 60.9 per cent stated that he was a coolie, labourer or construction worker (CWC 1989). In most cases, where the mother was alive, she was reported as being self-employed or working in low-paid, unskilled jobs, or domestic work.

*Most street children work for a living,* although this is more true for boys than for girls. Only the Calcutta study reported a high proportion (69.6 per cent) as not working (Institute of Psychological and Educational Research 1989). The Bombay study reported 28.7 per cent as not working (24.2 per cent boys and 40 per cent girls) (D'Lima and Gosalia 1989), whereas the Bangalore study reported only 5.5 per cent (6.4 per cent boys and 3.7 per cent girls)(CWC 1989). The wide difference in percentages is more a reflection of divergences in methodology and terminology, particularly with regard to the definition of "street children" and "work", than the result of actual numbers.

*Street children work exclusively in the informal sector in jobs which do not require special skills, training or a sizable capital investment.* Picking rags and scrap, carrying loads, vending (usually of inexpensive goods), shining shoes and cleaning vehicles are among the jobs they

typically undertake. Only a few have more skilled jobs, such as auto-repair work. Occasionally, a small percentage of the younger children engage in begging.

*The majority of street children are self-employed.* Some may carry out more than one job on the same day, and in other cases, different jobs in different seasons. The hours they work show wide fluctuation, as some occupations are usually carried out in the morning (selling newspapers, flowers or balloons, for instance), others only in the evening. Some street children work part-time, especially those who combine work with household chores and schooling. Most work for 8 to 10 hours a day.

*The current earnings and occupational mobility of street children are very limited* because of lack of education, skills, training, finances, or even guidance and help. Like their parents before them, street children have no occupational or career ladder. Their earnings show a wide fluctuation, but are usually just enough for subsistence (from Rs. 10 to Rs. 25 per day) because there are too many children chasing too few jobs, some of which are in competition with adults. Hazardous occupations which involve work in dangerous sanitary conditions (for instance, picking of scrap material) bring in higher earnings (Rs. 30 to Rs. 50 per day). Street children hardly ever have any savings and prefer spending the little money they have, especially if they have already had the sad experience of having their earnings confiscated by older boys or the police, as related in the Bombay study.

*The nutrition and health status of street children are not at satisfactory levels.* Food intake is both quantitatively and qualitatively inadequate. Street children have infrequent medical care; they lack bathing and toilet facilities; and they are exposed to various health hazards, unsanitary surroundings and climatic variations. Girls who live in the street are more at a disadvantage in this regard than boys. Occupational hazards include car accidents for street vendors and cuts and infections for rag pickers.

*Street children are exposed to physical abuse and extortion and, although most are law abiding, the need to survive forces some of them into illegal activities.* They may get caught up in violence over territorial rights or have to share profits with local *dadas* (bullies) who demarcate the right to operate in choice spots. Street children may be rounded up by the police merely as suspects and end up in prison even if they are innocent. Sometimes they have to give a "cut" to enforcement staff to be allowed to practice their trade in prohibited areas or to carry out activities which are not strictly legal. A few are inducted into drug peddling, as reported in the Delhi study (Nangia and Panicker-Pinto 1988). Street children also acquire the habit of smoking and gambling at a very young age.

*Street children are engaged in a daily survival scenario* and develop resourcefulness, self-reliance, independence and other survival skills in a hostile street environment. Alienated from the mainstream of life, street children hardly have a social status in the larger society where their existence is tolerated, but not trusted, as their background is not known. Because their contacts with society are mainly casual, street children rarely develop any stable or protective relationships with non-street people. They live in a world of their own, seeking the support and protection of local gangs for companionship or to learn the ways of street life. They sometimes develop a group identity, and occasionally a spirit of camaraderie, which meets, however imperfectly, their emotional and psycho-social needs. Street children who have no contact with their family, or who have no family at all, are especially deprived and marginalized.

Street children have been forced to cope with the realities of adulthood and poverty at a young age which results in their being not only children without a childhood, but also children with very limited prospects for a better future.

### **Policy and Programme Responses**

In India until very recently, street children were not recognized in planning and policy development as a separate target group and were usually considered in the category of children in need of care and protection. In this regard, the Brazilian situation can serve as an example to Indian policy makers. In Brazil, children were usually categorized as abandoned children and their problems were grouped under "educational" (school drop-out/school evader) and "labour" (exploitation). In the public mind, street children were largely an issue of "public safety". A joint Government of Brazil/UNICEF team found that,

"the vast majority of street children were in fact neither homeless nor delinquent, but simply looking for income to help support themselves and their families. The problem (of street children) should be redefined as one primarily of unprotected working children who were frequently exploited and who worked under abominable conditions for very low returns."

The team further pointed out the special problems, including malnutrition, poor health, violence, low remuneration for work, and exploitation, which street children faced because of their "precarious life on the streets", and observed that "the detention and internment of poor children working on the street were not only irrelevant and unjust, but also very costly." While institutionalization "met street children's most basic physical needs

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for food and shelter, it increased their psychological and social marginalization, undermining their ability to cope with the world upon discharge" (Myers 1988).

In recent years, as a result of advocacy by UNICEF and others, interest in the problems of Indian street children has grown and some action has been taken on their behalf. New NGOs have been formed to cater to their needs, while other organizations, such as the Indian Council of Child Welfare, have expanded their programmes to include these children. Some NGO projects are already providing a wide range of direct services, or access to community and social services, including education, vocational training, counselling and guidance, recreation, health care, public baths and lavatories, shelters, supplementary feeding, nutritional supplementation, and income generation. The Bombay study reported 13 organizations whose programmes, taken together, covered 800 to 1000 street children. Although a very small percentage of the total number of street children in the city, this is, nonetheless, a very valuable contribution. A Coordination Committee for Vulnerable Children (CCVC) has been formed. Identity cards have been issued to street children with the endorsement of CCVC and the Juvenile Aid Police Unit to prevent harassment. The Delhi study reported nine NGOs involved primarily with working children, including street children. The Bangalore study described the activities of four NGOs. Some cities - Kanpur, for example - have almost no NGO activity with street children.

### **Policy Perspectives**

Because street children are a manifestation of societal malfunctioning and an economic and social order that does not take timely preventive action, success in eradicating their problems will depend on the extent to which the causative factors are tackled. While seeking to eliminate root causes, policy makers should not neglect to take steps to improve the immediate situation of these children.

The solution to the problem of street children is certainly not a policing *cum* custodial institutional approach. Street children cannot be swept from the streets through special drives and then put in correctional institutions, destitute homes or other institutional care just because genteel society regards their presence as both discomforting and unsightly. Nor can the problem be solved by administrative and legislative measures alone. The problem of street children can be tackled only by understanding the socio-economic factors which lead to their current state, the street environment in which they live and operate, and the links they have with their families and the community.

It is important to recognize that, in India's federal system, the primary responsibility for translating national policy or directives rests on the state governments which, in turn, will have to energize local authorities and NGOs. While the State should formulate the policy framework for street children and monitor its implementation, the main responsibility for implementation - designing, organizing and delivering services - should be vested in NGOs. NGOs can extend services to street children much more effectively than governmental organizations because they operate with greater flexibility; they can adapt strategies which are more experimental and innovative; and they can secure the participation and commitment of non-official workers. Financial and infrastructural support for their activities would, however, be necessary.

Economic assistance programmes should be designed with the needs of different categories of street children in mind. The most severely unprotected category of street children is made up of a small number of children (approximately 5 to 10 per cent) who have no contacts with their families and are homeless. Projects for this category will need to be comprehensive, providing shelter, health care, education and vocational training as well as counselling and access to basic social services. Temporary shelters and services may also be necessary for a second group of basically unprotected children, the 15 to 20 per cent of street children who have only tenuous links with their families. For the 70 to 80 per cent of street children who live with their families, community-based projects, rather than an institutional approach which separates them from their families and community, would be more suitable. Improvements in the children's conditions could be planned with their families. Income-generating projects; savings, credit and marketing services; education (mainly non-formal) and training programmes; recreational services; health care; legal assistance and counselling services could all be used to tackle street children's problems.

One approach could be to build on programmes which already exist for working children (non-formal education, vocational training, health care and nutrition supplement programmes, to name a few) on the grounds that many, if not most, street children are also workers. The other approach might be to adopt a separate policy for street children. This would entail setting up a special Technical Advisory Committee, developing a plan of action and establishing a grant-in-aid scheme for voluntary organizations to cater to the diversified needs of street children. Although the particular problems and needs of street children are likely to be better addressed by this approach than by subsuming street children under the category of child workers, the administrative costs would be higher and some duplication might occur.

Programmes for street-based or other working children should identify at-risk families and help build their capacity both for coping with their disadvantage and for improving their circumstances. The mass media can play an important part in advocacy and social mobilization on behalf of street children through investigative reporting and dissemination of research findings. Opinion leaders, legislators and academics also need to be involved in this process if street children are to be identified by society as a whole as a group requiring special and urgent attention.

Innovative and practical intervention programmes to protect street children and develop their capabilities have been tried by NGOs in India and in other countries with a reasonable degree of success. The programmes can be divided into the following broad categories:

- *Economic.* Organizing income opportunities for street children and their families; providing credit and marketing facilities for goods produced or sold by street children and their families; providing information on jobs/income-generating projects; and organizing vocational training and skill-development programmes.

- *Shelter.* Providing residential shelters to children without homes; providing foster care to children who have no families or who have an unsatisfactory home environment; organizing residential rehabilitation centres; and opening drop-in centres with toilets and facilities for bathing.

- *Social Services.* Opening street schools with a non-conventional curriculum designed to help street children cope with their problems; and providing access to health facilities and supplementary nutrition.

- *Welfare Services.* Providing counselling and guidance to families or, alternatively, arranging for placement in foster families; liaising with sponsorship programmes; mobilizing and training community volunteers; giving identity cards to street children; liaising with the police and the municipal authorities to protect street children from harassment; and organizing recreation facilities.

- *Others.* Providing legal assistance; and providing opportunities for socialization and interaction.

It has been shown that it is better to offer services as an integrated package, planned and designed as community-based programmes after careful assessment of needs. Services should be delivered at points where the children congregate or work, if possible. Building contacts and winning the confidence of the children should be stressed. There should also

be an attempt to create an organizational infrastructure which harnesses local initiative and leadership, and integrates the children into the mainstream of society. Organized under the aegis of voluntary welfare agencies, street children gain a sense of belonging, an identity and a legitimacy for pursuing their vocation, as well as more tangible benefits such as access to various community facilities and services, including credit.

## IX. OTHER DISADVANTAGED CHILDREN IN NEED OF CARE AND PROTECTION

Apart from working and street children, there are certain other groups who are at particular risk and whose care and protection should be a priority. These children have been variously described as being deprived of home care, neglected, destitute, victimized or delinquent. Perhaps the term "children in need of care and protection", which has long been used in policy and planning documents in India, best describes their condition.

Statistics on the different categories of children in need of care and protection are not available, nor have scientific criteria been determined for estimating their numbers. A Working Group, constituted by the Planning Commission on Destitute Children at the time of the formulation of the Fourth Five Year Plan, estimated in 1968 that roughly 0.5 per cent of Indian children were destitute (Government of India 1968). Even if the problem cannot be quantified, there is no doubt that the numbers of such children are increasing, creating an ever-widening gap between those in need and the services available for them.

*Legislative Framework.* Efforts to provide a legislative framework for the welfare of children in need of care and protection first found expression in the passing of the Apprentices Act of 1850 which enabled children, particularly orphans and poor children brought up by public charity, "to learn trades, crafts and employments by which, when they come to full age, they may earn a livelihood". Any child above the age of 10 and under the age of 18 years could be bound as an apprentice by his father or guardian for a period not exceeding seven years. Another important piece of nineteenth century legislation was the Reformatory Schools Act of 1876 for young offenders.

Largely as a result of (a) the recommendations of the Indian Jails Committee (1919-20), (b) the enactment of legislation in the United Kingdom to deal with neglected and delinquent children, which prompted similar action in India, and (c) the pressure of public opinion, a number of States passed Children Acts for the protection, care, custody, trial, correction and rehabilitation of juvenile delinquents. These Acts also provided, in varying degrees, for the

care and protection of neglected, destitute and abandoned children. The earliest Children Act was passed in Madras in 1920, followed by the Bengal Children Act of 1922, the Bombay Children Act of 1924, and similar Acts in a few other States. Efforts were made to tackle the problem of child beggars through the Children Acts and also through more general enactments, such as the Madras Prevention of Begging Act (1945), the Bombay Beggars Act (1945) and the Mysore Prohibition of Begging Act (1944). Several States made use of the relevant provisions in the Municipal and Police Acts to tackle both begging and vagrancy.

The Government passed the Children Act for Union Territories in 1960 which was also intended to be model legislation to be followed by the States. This Act was replaced by the Juvenile Justice Act of 1986 which extends to the whole country with the exception of the State of Jammu and Kashmir. This is a more comprehensive piece of legislation which aims "to provide for the care, protection, treatment, development and rehabilitation of neglected or delinquent juveniles and for adjudication of certain matters relating to delinquent juveniles". The Act provides a legislative framework for dealing with neglected and delinquent children and providing services for them.

There are differing opinions regarding the merit of separately categorizing "neglected" and "delinquent" children. Advocates of a common set of services point out that, except in the case of a hard core of delinquent children, the bulk of cases do not really warrant separate treatment. The border line between the two categories is rather blurred and tenuous and there are, more often than not, situational factors which result in one child being, and another not being, apprehended as a delinquent. The opposite viewpoint is that often different circumstances lead to conditions under which a child may be categorized as being neglected. Since delinquency is the outcome of a set of factors, neglect being only one of them, such children need separate categorization, and different approaches must be adopted in dealing with their problems.

### **Neglected and Abandoned Children**

The Juvenile Justice Act defines a juvenile as a boy less than 16 years of age and a girl less than 18 years of age. A neglected juvenile is one who,

"is found begging; is found without any home or settled place of abode or without any ostensible means of subsistence and is destitute; has a parent or guardian who is unfit or incapacitated to exercise control over the juvenile; lives in a brothel or with a prostitute or frequently goes to any place used for the purpose of prostitution, or is found to associate with any prostitute or any other person who leads an immoral, drunken or depraved life; is

being, or is likely to be, abused or exploited for immoral or illegal purposes or unconscionable gain."

The Act also covers victimized juveniles. It prescribes punishment for individuals who are cruel to juveniles, employ juveniles for begging, and withhold, or use for their own purposes, the earnings of a juvenile employee.

Responsibility for the implementation of the Juvenile Justice Act is vested with the state governments which are given authority to constitute Juvenile Welfare Boards; establish and maintain juvenile homes which provide accommodation, maintenance, facilities for education, vocational training and rehabilitation; establish and maintain observation homes for the temporary reception of juveniles; establish, or recognize, after-care organizations; and place a juvenile under the care of a parent, guardian or other fit person.

Only 210 Juvenile Homes have been created throughout India under the Act and the number of institutions by State vary considerably. In 1989, 12 out of 24 States and 5 out of 7 Union Territories had not yet set up a Juvenile Welfare Board as stipulated in the Act.

The Act provides for both institutional and non-institutional services but with greater emphasis on the former. While exact data are not available, it would appear that non-institutional services have not received the attention they merit. The institutional approach, apart from being far less cost-effective and overly bureaucratized, isolates the child from his or her family and community. Even in the few instances when institutions are well run, they cannot give the child the warmth and the psycho-social stimulation that a family (even a poor family) can.

*Non-statutory services.* Apart from the services for neglected children stipulated under the Juvenile Justice Act, there are a number of institutional services (such as orphanages or children's homes) as well as non-institutional services (such as foster care, sponsorship and adoption) which have not been organized under the Act and which, in fact, far outnumber the services provided under the Act. Some are funded entirely by voluntary organizations, but a large number also get grants-in-aid from the Government. A few are government-run institutions. A brief description of each type of service follows.

*Children's Homes* (or orphanages) represent the earliest response to provide for children in need of care and protection. Homes have been sponsored and aided mainly through private initiative. They vary significantly in terms of objectives, organization, structure, size, standard of service and clientele. Moreover, children's homes are very

unevenly spread among, and within, States. Often there are fewer children's homes where the need is greatest. While some of these homes have been established by the State, others, run by voluntary organizations, have been provided assistance for extending the services stipulated under the Children Acts or the more recent Juvenile Justice Act. However, in actual practice, services were expanded mainly for children who came into conflict with the law, leaving it mainly up to voluntary effort to develop services for other categories of children.

In order to provide more adequate and flexible services for children in need of care and protection, the Government launched a centrally-sponsored scheme in the Fifth Plan. The scheme covers both institutional and non-institutional services and is implemented by voluntary organizations. The grant-in-aid, which is shared equally by central and state governments, amounts to 90 per cent of the approved cost.

In 1989-90, Rs. 34 million was given to different States as the central government's share towards grants to voluntary organizations. There is wide disparity in the extent of utilization of central grants among States, depending on the strength of the voluntary sector in the State, the willingness of the state government to contribute its share, and the ability of the administrative machinery to identify voluntary organizations and assist them in preparing proposals of grant-in-aid. There is also considerable variation within each State, the bulk of the grant going to cities which have good voluntary organizations. The scheme has thus inadvertently resulted in the promotion and support of voluntary effort in those cities or States where the voluntary effort is basically strong.

In their evaluations of this scheme, schools of social work and university departments have pointed out that services have developed unevenly. Some of the problems identified were inadequate funding, poor facilities, insufficiently trained staff, the release of grants without proper assessment of the capability of implementing organizations, inconsistencies in the selection of beneficiaries and delays in releasing grants (Bose 1980).

State governments also give maintenance grants to voluntary organizations for running orphanages or children's homes, although they are usually at a much lower rate than those provided by the central government. There are also voluntary organizations which raise funds from public donations and receive little or no assistance from the Government. However, such agencies are finding it increasingly difficult to raise the money they need to expand their coverage, upgrade their services or even attract trained personnel.

*SOS Children's Villages* also provide custodial care for children through voluntary effort. Established as a national organization in 1964, SOS now has villages and family homes taking care of over 10,000 children throughout India. Under this programme, a small group of boys and girls of different ages is placed under the charge of a house mother who looks after them as if they were her own children. Abandoned and orphaned children thus receive the nurture, love and affection of a mother and are raised in an environment closely resembling that of a family home. A group of such family homes (normally 15 to 20, but sometimes fewer) form the children's village. To meet their diverse needs, children draw on community services and interact closely with the community. Nationwide, SOS also runs two founding homes *cum* adoption services, a medical centre, a mother's training centre, schools, and a family-helper project. SOS villages are financed through donations, gifts of land, and sponsorship of individual children.

*Foster care* is also available in India for children who are from families facing a temporary crisis as well as for children who, for one reason or another, will never be able to return to their homes. Under this programme, a family agrees to provide a substitute home for the child until he or she can either be restored to the natal family or placed in an adoptive home, or until a satisfactory alternative arrangement can be made which is in the best interests of the child.

There is also a foster care component envisaged in the Government's scheme of grant-in-aid to voluntary organizations, but the response to this has been lukewarm for several reasons. There have been few families available to agencies, mainly because caring for children who are not kin is not conventional in the Indian social system. Moreover, most agencies that are experienced in running children's homes do not have the experience and the professional manpower needed for implementing foster care arrangements. Finally, the financial incentives offered to families and to agencies are considered modest and unrelated to the actual expenses that are likely to be incurred.

*Sponsorship* for the care of children in their own families or in other families is a relatively new arrival in India. Under sponsorship arrangements, voluntary organizations arrange payment of a monthly allowance by a sponsor to the parent or guardian of a child for the child's subsistence, education, health care and other needs. Sponsorship is particularly helpful in the case of poor, single-parent families. It is often also extended to children without families who are in children's homes or SOS type of care.

Sponsorship seeks to provide a personal touch between the sponsor and the child. It does not begin or end by making a monetary contribution, but implies something deeper, wider and more humane: the commitment of the sponsor to the well-being of the child, a continuing concern in his or her development, and interaction through letters and, where possible, visits.

Sponsorship programmes are increasingly moving from an individual-child approach to a family- and community-based approach, integrating the child's needs with those of the family and community. These programmes often help to provide an entry point for aid to the community as well. Several sponsorship programmes are assisted by agencies abroad such as the Christian Children's Fund, Terre Des Hommes, and the Foster Parents Plan International. One notable example is the Community Aid and Sponsorship Programme (CASP) for Chatkopa slum children (Greater Bombay) and their families with sponsors from Australia, Canada, Netherlands and the USA.

*Adoption* is generally considered to be the most effective way of providing for children who cannot be cared for by their natal family. It is a socio-legal measure whereby the child acquires a new family and becomes entitled to the rights and obligations of a natural child.

Among Hindus in India, adoption was governed by customary laws which varied in different communities according to the school followed. In order to bring adoption within a comprehensive legal framework, ensure uniformity in adoption practices among different schools of Hindu Laws and remove anomalies, inconsistencies and discriminations, especially with regard to the rights of women and the girl child, the Government enacted the Hindu Adoptions and Maintenance Act of 1956. However, as other communities did not fall under the jurisdiction of this Act, many social workers and social welfare organizations pressed for more comprehensive legislation. In response, the Government introduced the Adoption of Children Bill in Parliament in 1972, but the Bill was not enacted because of opposition from some of the minority communities which felt that it interfered in their personal law. An adoption law which is applicable to all communities has not yet been passed.

There is also no legislation in India specifically permitting or regulating international adoptions. Indian children are taken out in virtual adoption by foreigners under the Guardian and Wards Act of 1890 under which guardianship of the child is obtained through petition to the High Court. The number of children given in adoption to foreign nationals under this act was 792 in 1987, 686 in 1988, 793 in 1989 and 1272 in 1990. Voluntary agencies engaged in adoption work reported only 1075 in-country adoptions in 1990.

### **Policy Perspectives**

Although there has been an overall expansion in services for children in need of care and protection (largely as a result of Government funding), it is evident that coverage still falls far short of requirements, particularly because the number of children in this situation is increasing (although it could be that more children in need are being identified because of the availability of services and the efforts of governmental and voluntary agencies to bring children within the orbit of such services).

A fundamental policy issue requiring consideration is the merit of dealing with children in need of care and protection without taking into account the circumstances of their family, or, in its absence, other immediate kin. For instance, it would often be far more desirable and cost-effective to assist the family of a destitute child rather than placing the child in institutional care. Current data show that a large number of children now in children's homes are from normal families which, for a variety of reasons, are unable to provide for the child. Sponsorship programmes run by voluntary organizations are one solution. Some state governments are considering programmes aimed at assisting children in their homes as one of the alternative methods of care, especially in cases of widowed mothers.

Even when children are neglected or victimized or their families are unable to provide them with a proper environment, an efficient counselling service and the help of caseworkers may be able to provide both temporary "relief" and longer-term solutions by identifying areas of stress within the family and arranging for the necessary support services. Providing services to the child only, or removing the child from his or her family, can remedy the problem only partially.

Not enough is known about the nature and dimensions of the problem of child abuse or exploitation, especially of girls. The problem needs to be fully investigated and assessed since it is probable that only a small proportion of the actual cases come to the attention of the police or are reported by newspapers. Individual and family counselling would also be necessary in the case of uncontrollable children. To treat such children in an institution without reference to the family, environment, or other factors which may have led to their behavioral problems, is not an adequate response. A good casework service is absolutely essential.

Many children's homes are still run like the orphanages they were meant to replace. The concept of children's homes has not been fully understood. The admissions and

discharge policies in children's homes need to be revised so that a child is not kept in an institution any longer than is absolutely necessary. Many children who could be returned to their families continue to be in institutional care, mainly because casework services are not available to ensure an individualized approach.

In the future, high priority should be given to the promotion and development of non-institutional services for children in need of care and protection, with institutional care relegated to a last-resort position. The number of children who could be cared for in their families through sponsorship or other types of assistance should be assessed and services developed accordingly. Foster care, which currently benefits only a few children, should be encouraged, although attitudinal changes will take time.

A system of licensing service-delivery agencies should be put in place so that proper standards of child care can be maintained. Monitoring mechanisms should be strengthened, particularly at the state level. Training of manpower is also necessary for improving the standard of services.

Finally, if standards are to be improved, it is essential that the personnel engaged in the implementation of child-care programmes, particularly at the field level, be given requisite orientation and training.

### **Children in Conflict with the Law**

Vagrancy, delinquency and crime have become major social problems in urban areas, and a cause for genuine concern. The current definition of delinquency is legal: the violation of a law by a young person (less than 16 years old for boys and less than 18 for girls) by committing a prohibited act. Some social scientists, however, view delinquency as a broader term, encompassing uncontrollable, incorrigible or socially not acceptable behaviour (such as smoking, drinking, or being sexually active at a very young age). Some criminologists have identified pre-delinquency behavioural manifestations, including truancy from school, gambling, taking part in gang fights, damaging other people's property, bullying and extortion. They maintain that there is a period of gestation when the child transgresses social norms even though he or she does not engage in activities which are in conflict with law. This is the result of the gap that always exists between social norms and legal codes. While there is rarely total behavioural conformity with social norms in any society, there is always a degree of tolerance for transgression which is socially and culturally defined.

Thus, deviance has to be viewed in its cultural context and is relative rather than absolute, with variations by place, situation, social status and sex. There are, for instance, conflicting behavioural norms between, and within, different socio-economic categories, so that what appears as norm-transgressing behaviour in the case of a boy from the upper or middle class may not seem to be so in the case of a slum child. Also, behavioural patterns which are socially acceptable in certain geographical areas (such as smoking at a young age in rural areas) may not be so elsewhere. Similarly, what may be acceptable as a behavioural pattern in the case of a boy may not be acceptable in the case of a girl.

Delinquency and crime result from an interplay of a large number of factors which are believed to be of a pre-disposing kind. The factors more frequently cited range from unsatisfactory home and school environment, poverty, conflict in values and group norms to bad company or a delinquent subculture which exercises an unwholesome influence on the child.

*Extent and nature.* It is difficult to measure the incidence of juvenile delinquency because only a small portion of occurrences are reported. The more active the enforcement machinery is, the more cases come to its notice. Furthermore, there is a distinct class bias in favour of higher social classes: influence and money can secure the indulgence of law enforcement agencies. Finally, it is difficult to analyse trends because of changes in laws or the enactment of new legislation.

Nationwide figures on juvenile delinquency are published by the National Crime Records Bureau of the Ministry of Home Affairs based on the Juvenile Justice Act, 1986. Considering the incidence of cognizable crime under the Indian Penal Code (IPC), the data indicate that the percentage of juvenile crime to total crime was 1.7 in 1988, and the rate of juvenile crime per 100,000 population was 3.1 during the same year. The main offenses under IPC were thefts, burglary and riots, while serious offenses, such as murder or attempt to murder, accounted for 3.8 per cent of juvenile offenses in 1988. Most of the juvenile crime cases under Local and Special Laws related to prohibition and gambling.

Data also show that 92 per cent of the boys and 83 per cent of the girls who commit cognizable crime under IPC are between the ages of 12 and 16 years, although the largest incidence of juvenile crime among females is between the ages of 16 and 18 years. Boys commit far more crimes than girls, particularly in the higher age group in the case of both IPC offenses and offenses under Local and Special Laws. For instance, boys accounted for 92

per cent of the 7- to 12-year-olds and 97 per cent of the 12- to 16-year-olds who were apprehended for cognizable crime under IPC in 1988.

The 1988 data also show that almost two-thirds of the juveniles apprehended under IPC and under Local and Special Laws were living with their parents and about one-fifth with a guardian. Thirteen per cent of the children were homeless. It is not surprising that 84 per cent of the offenders came from families whose income level was less than Rs. 1,000. Moreover, 42 per cent were illiterate, 34 per cent were below primary level, 18 per cent above primary level but below matriculation/higher secondary level, and 6 per cent at matriculation/higher secondary or higher levels. The extent of recidivism in the case of juveniles arrested under IPC and under Local and Special Laws in 1988 was 11.8 per cent.

### **Policy and Programme Responses**

After Independence, the most significant legislation to deal with children in conflict with the law was the Children Act, 1960. This was a central Act applicable to Union Territories. Prior to this, States had their own Children Acts, some dating back to the 1920s. Although some States subsequently enacted new legislation or amended the existing laws in conformity with central legislation, progress in the enforcement of Children Acts was slow. In several States, all the districts had not been covered nor were adequate services provided in those that were brought under the Act. There was a significant lapse between the enactment of the Act and the framing of the Rules. It was estimated in 1970 that 10,000 children under 16 years of age were confined to prisons along with adult offenders (CBCS 1970).

The Children Act of 1960 was substituted by the Juvenile Justice Act, 1986, with the object of providing a nationwide juvenile justice system which took into account the age and special circumstances of children and provided them a fair and equitable opportunity for correction and development.

The Juvenile Justice Act clearly lays down that (a) no juvenile delinquent can be detained in a police station or jail; (b) state governments should establish juvenile courts (c) state governments should also establish Special Homes (or recognize existing institutions as Special Homes for the purposes of the Act) to provide the juvenile with accommodation, maintenance and facilities for education, training, rehabilitation, and for the reformation and development of his character; (d) juveniles may be released under the care of a Probation Officer, parent, guardian or other fit person or fit institution recognized by the Act; (e) after-

care organizations to facilitate the adjustment of the child after his release from correctional homes may be established or recognized.

Data show that 41.4 per cent of the juveniles arrested under IPC or under Local and Special Laws in 1988 were released on probation and placed either under the care of parents or guardians (31.8 per cent) or of institutions (9.6 per cent), 20.8 per cent were fined, 17.3 per cent were sent home after advice or admonition, 16.5 per cent were acquitted or their cases dismissed, and 4.0 per cent were admitted to Special Homes.

Only a few States have set up separate Juvenile Courts; the majority depend on the existing judicial infrastructure to fulfill the requirements specified in the Act. As an incentive to States, the central government started the "Scheme for Prevention and Control of Juvenile Social Maladjustment" in 1986. Under this scheme, grants are given to state governments for setting up institutions prescribed under the Act, upgrading services in existing institutions, providing community-based non-institutional services for maladjusted children, training functionaries, and assisting voluntary agencies to provide related services. The expenditure is shared equally between the central and state governments. In the case of voluntary organizations, 10 per cent of the expenditures has to be borne by the organization while the residual amount is shared equally between the central and state governments.

There are only a few voluntary organizations providing services for delinquency prevention and control, mostly in the States of Maharashtra, West Bengal, Tamil Nadu and Uttar Pradesh. Some of these have been recognized by the state government as "fit" under the terms of the Juvenile Justice Act to accept juveniles on probation and receive grants-in-aid.

Because of the Juvenile Justice Act of 1986, juveniles are no longer detained in adult prisons or police stations, which is already an important gain, but the correctional and developmental needs of juvenile delinquents are still largely unmet.

### **Policy Perspectives**

Deviant behavior among children is essentially a social problem which cannot be solved solely by legal or penal measures. The total circumstances which surround the disadvantaged urban child must be taken into account and a multi-sectoral approach adopted as part of a preventive package. The programmes and services mentioned as being essential for working, street and other categories of disadvantaged children would help considerably in reducing the incidence of deviance.

Measures should be taken to strengthen the family, the neighbourhood and the peer group, all of which act as informal social control mechanisms. Voluntary organizations are particularly suited for this role as it requires commitment, flexibility and innovation, especially since cases often require individualized consideration.

The Juvenile Justice Act has provided the legislative framework for dealing with children in conflict with the law, but compliance to the Act has lagged. Services and infrastructure designed with the best interests of the child in mind are essential for preventing juvenile delinquents from graduating to adult criminality.

Police and the judicial officers should be given training which emphasizes the importance of a humane and caring approach in dealing with deviant children. The present manner of dealing with such children is formal and is not perceived by the child as helpful. The essence of the Juvenile Justice Act is a clear differentiation in the treatment of the juvenile offender and the adult offender. Children need handling on a different plane.

Children who are released after advice or admonition or under probation need careful counselling and support services so that they do not go back to the same set of circumstances which originally created the problem. They have to be helped in a positive way to counteract the influences (often the peer group and, in some cases, the family) which resulted in the delinquent acts. The rehabilitation process has to be worked out giving full recognition to the need to strengthen the children's coping mechanisms and to reinforce the beneficial influences which the family, the community or the peer group can exercise on them. The non-institutional approach is preferable not only because it is cost-effective, but also because it permits the child with proper guidance, help and supervision to be rehabilitated in the environment in which he has to function.

Communities should have an early warning system capable of identifying children who become marginalized from the family, the community, the school or any other of the normal institutional systems of socialization. It is at this stage that interventions become crucial for preventing children from committing delinquent acts. Voluntary organizations are most suited for detecting at-risk children and working out adjustment programmes.

## X. SUMMARY AND CONCLUSIONS

Despite improvements in the situation of different categories of *disadvantaged urban children* resulting from government and NGO endeavors, more intensified and well-coordinated efforts are required to better the health, education and living conditions of

children growing up in India's urban centres. Priority needs to be given to containing the growth of slum communities, providing affordable shelter, implementing poverty alleviation programmes, increasing community- and family-based social services programmes, and intensifying the financial and infrastructural support of NGO activities. Other specific recommendations made in this paper have been:

*Health and nutrition.* The low cost of most intervention programmes make many health and nutrition goals possible, but only if community awareness and participation can be increased. Emphasis should be placed on strengthening the financial support of the ICDS and UBS programmes, training specialized manpower, and instituting a valid disease surveillance mechanism.

*Education.* The universalization of education in slum areas will depend on multiple factors including narrowing the sex differential in enrolment and drop-out; allocating funds to ensure that schools in slum areas are comparable to those in higher-income neighbourhoods, both in terms of physical facilities and the quality of education offered; and influencing parental attitudes through adult education. The non-formal education programme is extremely important and should be strengthened in order to facilitate lateral entry into the formal system.

Categories of particularly at-risk children, such as street children who have little or no contact with their family, abandoned, abused or exploited children, and children in conflict with the law, should be specially targeted so that their particular needs can be met.

The purpose of this first report has been to give policy makers and programme implementors a clearer grasp of the difficult circumstances disadvantaged urban children and their families face and to point out some of the lacunae in current child survival and development programmes. It is hoped that this report will contribute towards creating a better childhood and a better future for the many children who live in India's urban slums and poor neighbourhoods.

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**International Child Development Centre**

Piazza S.S. Annunziata, 12

50122 Florence, Italy

Tel. 3955-234-5258 · Fax 3955-244817

Telex 572297 UNICEF I

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