

A study to assess and measure the breaches in the child rights

Abstract

Background: Children signify eternal optimism in the human being and provide potential for the development. Every nation whether developed or developing, links its future with the status of child. An understanding of the physical, social and behavioral factors is conducive to assess the current situation and vulnerability of any child. To ensure the utmost level of health and safety of a child, we need to have an insight of the violation of child rights. We conducted this study to assess and measure the breaches in child rights. **Materials and Methods:** A cross-sectional study was carried out among 200 children between 10 to 18 years of age in one of the field practice areas of Community Medicine department, B. J. Medical College, Ahmedabad. **Results:** More than 90% of the children were born in the hospital settings, fully vaccinated and living with their parents. Of these, 60% of the children reported to have some kind of illness in the past one year, and majority of them approached healthcare facility for that the treatment. Of these, 26% of them had low birth weight (LBW) and 68% had body mass index (BMI) < 18.5. About 93% of the children were enrolled in either government or private school and out of them, 54% complained of the burden of either homework or tuition. Of these, 6.5% children were school dropouts and all of them were girls; 4% of them were child labors. **Conclusion:** The study indicated positive findings in the areas of child survival, development and to some extent, in the domain of right to participation, though there were poor environmental conditions and recreational activities. Prevalence of malnutrition and child labor was also high. Study results highlighted the need for adequate services in these areas.

Key words: Child rights, right to development, right to participation, right to protection, right to survival

**Pooja Chaudhary,
Ram Rohit Vasabhai¹,
Aroor Bhagyalaxmi²**

School of Public Health, University of Texas, Huston, Texas, USA,

¹Department of Community Medicine, M.P. Shah Medical College, Jamnagar, Gujarat,

²Community Medicine, B. J. Medical College, Ahmedabad, Gujarat, India

Address for the Correspondence:

Dr. Ram Rohit V,
"GIGEV KRUPA", Tirupati Society,
Jamjodhpur - 360 530, Jamnagar,
Gujarat, India.

E-mail: rohit.ram84@yahoo.com

Access this article online

Website: www.ijmedph.org

DOI: 10.4103/2230-8598.144109

Quick response code:



INTRODUCTION

Childhood is interpreted as the synonym of innocence, freedom, truth and joy. It is the time when spared the rigors of adult life, one hardly shoulders any kind of responsibility or obligations, but at the same time, it is also true that children are vulnerable, especially when very young. The development of the child is a complex phenomenon, which involves a complex relationship of different levels of social and environmental factors in the ecological framework.^[1] The fact that children are vulnerable, they need to be cared for and protected from the harshness of the world outside and around.^[2] Every nation whether developed or developing links its future with the status of the child. A child of today cannot develop to be a responsible and productive member of tomorrow's society unless an environment, where he is blooming and learning, is conducive to his social physical and mental health. Neglecting children is neglecting the society as a whole. If the children are deprived of their childhood-socially, economically, physically and mentally, the nation is deprived of the potential human resources for social progress, economic empowerment, peace and order, social stability and good citizenry.^[3]

Every year 21 million children are born in India of whom 8 million die due to various infections and diseases. Nearly 13 million children are being added every year to the child population.^[4] The task to ensure the right of every child in India is particularly gigantic and difficult because of its huge population and diverse social norms. India is multicultural and a mix of kaleidoscopic variety of practices and beliefs. There is also a lot of difference in the different groups of society

in terms of socio-economic status as well. In the upper strata of the society, the protectionism often leads to adults completely controlling the lives of the children and taking decisions on the part of the children. This sometimes deprives the children of the opportunities to develop into a complete, independent, and socially aware human being. On the other hand, children belonging to the poorer families end up sharing the burden of the families to race up the social ladder and suffer the outrageous violations of the rights of the child.^[5]

On the 20th, November 1989, the General Assembly adopted the Convention on the Rights of the Child. With the exception of the USA and Somalia 192 countries have affirmed their commitment to the Convention.^[5] The United Nations (UN) Convention on the Rights of the Child (UNCRC) is the most comprehensive international instrument on the rights of the child. This is the primary document, which has both the policy and legislative implications to address the issues of child rights worldwide.^[6]

This Convention lays down standards for the physical, moral, mental, spiritual and social development of the child and view the child as one of the most fundamental human rights concern. India ratified the convention in December 1992. The right to Survival, Protection, Development and Participation form the core of the convention. The Convention thus states that child is a person who has not attained the age of 18 years.

Right to survival

The right to survival includes the right to life, the best attainable standards of health, nutrition and an adequate standard of living. It also includes the right to registration of birth, name and nationality.

Right to protection

This right includes freedom from all forms of exploitation, abuse, inhuman and degrading treatment. It also includes the right to special protection in the situations of emergency and armed conflicts. Protection against drug abuse, disease and disability along with other side of the law plays an integral part of the right to protection.^[7]

Right to development

It consists of the right to be educated, to receive support for development and care during early childhood and to social security. It also includes the right to leisure, to recreation and to cultural activities.

Right to participation

The right to participation accords the child access to appropriate information and the freedom of thought and expression, conscience and religion.^[8] Considering the step to assess the situation of child rights with very crucial for any intervention in these domains and lack of adequate information available, we decided to conduct this study to assess and measure the breaches in child rights.

MATERIALS AND METHODS

A cross-sectional study was carried out from October to December 2010, in one of the field practice areas of community medicine department, B. J. Medical College, Ahmedabad. Total 200 children, between the ages of 10 to 18 years and their parents/guardians were included in the study through purposive sampling method. This age group was selected because they could easily understand the questions. Well-structured and pre-tested proforma was used for the data collection. The questionnaire was also translated into local language. Few questions were also asked to the parents/guardians. So, both the child and either of the parent/guardian (whoever was aware of the significant details) were interviewed. Informed verbal consent was taken from all the parents/guardians of children before interview, after explaining them in detail about the purpose of the study. Height and weight of the child were measured during the study. Data entry and analysis were done in Microsoft Excel 2007 and Epi info 3.5.1.

RESULTS AND DISCUSSION

A total of 200 children participated in the study. Out of them, 92% (184) were living with their parents, whereas 5.5% (11) of children's parents were separated/ divorced or died. Out of total 200 children, 96% (192) of children were born in a hospital setting. Birth weight is a strong indicator not only of a mother's health and nutritional status, but also the chances of newborn for survival, growth, long term health and psycho-social development.^[8] Low birth weight (LWB) has been defined by the World Health Organization (WHO) as weight at birth of less than 2500 gm.^[9] In our study, 26% of children had LWB, whereas 16.5% of children's parents/guardians were not aware of the birth weight. According to National Family Health Survey-3 (2005-06) proportion of LBW infants in India is 28%.^[10] About 68.5% (137) of children's body mass index (BMI) was less than 18.5, which is an indicator of 'acute wasting' which is more than the reported National Family Health Survey-3 (2005-06), where the proportion of wasting among children in India is 20%.^[10]

According to National Family Health Survey-3 (2005-06), proportion of fully immunized children in Gujarat is 45.2%,^[10] whereas in our study, 90% (180) were fully immunized. This might be due to the fact that the study area was located near Civil Hospital Ahmedabad. Out of total 200 children, 24% (48) suffered from some kind of injuries and 62% (124) had suffered from some kind of major illness in last one year but most of them had taken the treatment for those health related issues. Unsatisfactory environmental cleanliness was observed around the houses in about 26% of children. While looking for personal hygiene 36.5%, 16.5% and 16% of children had dirty nail, dirty hair and dirty clothes, respectively.

Total of 93.5% (187) of the children were enrolled in either government or private schools and out of them, 54.5% of children complained about the home work and tuition burden. In our study, 6.5% (13) of children were found to be school drop outs and all of them were girls. This is a statistically significant value at $P < 0.001$. Around 19% (38) of children stated that they had no time to pursue

their hobby. 52.5% (105) of children said that they were more comfortable with their mothers or female guardian as compared to the fathers or male guardian.

About 91% (182) and 86% (172) of children stated that they were punished by their parents and teachers, respectively, and most common mode of punishment was verbal. Among the 200 children 39%, 66% and 70% of children stated that they used to participate in family matters, social matters and religious matters, respectively. Child labor is a concrete manifestation of violation of a range of rights of children and is recognized as a serious and enormously complex social problem in India. Child labor practices deprive children of their childhood, and is harmful to their physical and mental development.^[11] The 2001 national census of India estimated the total numbers of child labor, aged 5-14 years to be 12.6 million out of the total child population of 253 million in 5-14 years age group.^[12] In our study, out of total 200 children, 4% (8) of children were child labor.

CONCLUSION

Many breaches were not observed in areas of child development and to some extent in the right to participation. Environmental cleanliness and personal hygiene were not satisfactory, and hence better environmental and living condition should be provided and more to be focused towards the personal hygiene. Prevalence of malnutrition reflected the breaches in child survival, so adequate nutrition is vital to combat malnutrition. Child labor suggests breaches in right to protection and better and stricter enforcement of laws is required in these areas. Child labor (Prohibition and regulation) Act was enacted in 1986; and to specifically address the situation of child labor, it has to be strictly implemented. There is an exigent need to deal with the issue of child neglect and violation of child rights earnestly and with proper recommendation to all the stakeholders involved at various levels of society.^[13] The study demands detailed exploration of the root causes, impact and resolution of these issues.

LIMITATION

The study was an attempt to assess the current situation of the child rights in the city. Since the area of the study was one of the field

practice areas of civil hospital and was also very near to civil hospital, there were better vaccination status, institutional delivery and availability of tertiary level health care. The study could be replicated using the larger sample size and more widespread geographical area to measure the status of child rights.

REFERENCES

1. Earls F, Carlson, M. The social ecology of child health and well-being. *Ann Rev Public Health* 2001;22:143-66.
2. Holt J. *Escape from childhood*. Harmondsworth: Penguin Books; 1975.
3. Status of child rights in India. Available from: <http://www.pairvi.org/pdf> [Last accessed on 2013 Jun 03].
4. Nadeem M. *The lost innocence: A prospective on child labour*. Commonwealth Publishers; 2002.
5. The state of world's children, 2003. Available from: <http://www.unicef.org/sowco3/contents/pdf/sowco3-eng.pdf> [Last accessed on 2013 Jun 03].
6. Mama RS. Needs, rights, and the human family: The practicality of the Convention on the Rights of the Child. *Child Welf* 2010;89:177-89. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/21361164> [Last accessed on 2013 Dec 08].
7. Bennett S, Hart SN, Ann Svevo-Cianci K. The need for a General Comment for article 19 of the UN convention on the rights of the child: Towards enlightenment and progress for child protection. *Child Abuse Negl* 2009;33:783-90.
8. UNICEF: Child info, monitoring the situation of children and women. Available from http://www.childinfo.org/low_birthweight.html [Last accessed on 2013 Nov 20].
9. New York: UNICEF; 2004. United Nations Children's Fund and World Health Organization, Low birth weight: Country, regional and global estimates.
10. National Family Health Survey-3 (2005-06) India. Available from: <http://www.rchiips.org/nfhs/factsheet.shtml> [Last accessed on 2013 Nov 20].
11. Magnitude of child labour in India. An analysis of official sources of data. Available from: http://www.ncpcr.gov.in/magnitude_of_child_labour_in_India_An_analysis_of_official_sources_of_data. [Last accessed on 2013 Nov 21].
12. Age structure and marital status. India Census 2001. Available from: http://www.censusindia.gov.in/census_and.../age_structure_and_marital_status.aspx [Last accessed on 2013 Nov 28].
13. Aggarwal K, Dalwai S, Galagali P, Mishra D, Prasad C, Thadhani A. Recommendations on recognition and response to child abuse and neglect in the Indian settings. *Indian Pediatr* 2010;47:493-504.

How to cite this article: Chaudhary P, Vasabhai RR, Bhagyalaxmi A. A study to assess and measure the breaches in the child rights. *Int J Med Public Health* 2014;4:404-6.

Source of Support: Nil, **Conflict of Interest:** None declared.