



EARLY CHILDHOOD IN INDIA

In the previous lesson, you read about the significance of early childhood care and education. Let us now reflect on some fundamental questions. Who is a child? When does childhood begin or end? What are specific childhood experiences? What are the realities of growing up? How do cultures view childhood?

Most Old World civilisations did not consider childhood an important period of life that needed special attention and identity. Historically, childhood was not an independent social category until the beginning of the 18th century. Families were occupied together and children learnt tasks of life by being a part of family and community. After the Industrial Revolution, when machines replaced men, there was a division in adult roles. Children's employment in factories led to the first collective uprising demanding that children be protected.

With the understanding that childhood is for learning to be independent, new forms of teaching children took shape. Schooling became an important part of social fabric. Now, societies are talking about compulsory schooling. Slowly, changes in people's lives have raised demand for out-of-family childcare support. Research about human growth and development have yielded evidence that early childhood is a crucial phase. In India, the diversity and wide range in social and economic influences impact some groups adversely and children may be unable to realize their full potential. Cultural, ethnic and geographical variations also bring in different contexts.



LEARNING OUTCOMES

After studying this lesson, you will be able to:

- describe the status of young children in India;
- explain factors contributing to diversity in early childhood;
- discuss factors influencing early childhood; and
- evaluate the status of a child in India on various indicators.



2.1 EARLY CHILDHOOD

The period from birth to six years is time for rapid development. In this stage, absence of experience and deprivation can be detrimental for growth. Care and stimulation are critical during early childhood or the first three years.

Globally, children are under some form of adult surveillance because they need supervision. Most communities have ways to socialise children for adult roles. Children are vulnerable, especially when very young. They need to be cared and protected with opportunities to realize their potential despite the varying contexts depending on geographical location, social conditions and biological disposition. Legally, children are those under 18 years of age. It is also important to examine social geographies of children which really means the environment and ecology of where they live. Children's experiences, poverty, dysfunctional families, working children, child homelessness are social contexts affecting them. If children are provided healthy meals, love, care and opportunity for exploration in safe environments, they will thrive and realise their optimal potential. However, if families are living in difficult circumstances with difficulty in daily living, with little resources for food, clothing and shelter, children are bound to be deprived. Family by force may not be fully available to meet the needs of children leading to children being ignored. These are extreme situations, however, there are multiple factors that influence children and their situations.

2.2 CHILDREN AND CHILDHOOD

Each culture defines children and childhood differently, which is due to the evolution of the cultural consciousness of people of those cultures over centuries. These shape how people within cultures behave with, and relate to children. Childhood is generally a time of playing, learning, socialising, exploring, and worrying in a world without much adult interference, aside from parents.

2.2.1 Status and Profile of Young Children in India

Children are the future of the nation. Therefore, it is important that all children grow into healthy, positive-minded, educated adults who contribute meaningfully to national development. A nation progresses when its citizens are healthy, educated, economically independent and contribute to national growth. Currently, progress of nations is evaluated not merely by economic assets but also by the status of the young and the old. Infant mortality rate, longevity and the literacy rate are important determinants of the Human Development Index (HDI).

India is a multi-cultural pluralistic society where people of different religions, languages, social backgrounds, and economic backgrounds co-exist in diverse social environments. It is a vast nation with a population of more than 1.21 billion people, the second-most populous country in the world. India is home to over 440 million children (0-18 years), the largest number in any country in the



world. The child population data reveals that there are 158,789,287 children in the age group 0-6 years which is 13.12 percent of total population as per Census 2011. (http://www.censusindia.gov.in/2011-prov-results/data_files/india/paper_contentsetc.pdf)

2.2.1.1 Demographic Profile of Children in India

Statistical figures indicate disadvantage faced by large chunks of the population. The figures are distressing due to uneven distribution of economic resources, lack of access and awareness. Lack of resources and low buying power leads to ill health, high-density living and unhygienic living conditions. Certain figures provide an idea of the poor state of health of children and ability of families to provide for children. As in most countries, many surveys have been conducted to understand the state of children in India. Let us see comparative figures from surveys conducted in 2005-2006 and in 2015-2016. The data from Fact Sheet of the Fourth National Family Health Survey (NFHS-4, 2015-2016) conducted by National Institute for Population Studies (<http://rchiips.org/nfhs/pdf/NFHS4/India.pdf>) shows that Child population (0-6 years) is 158 million. This has not changed in the last 10 years. There has been a decrease in fertility rate besides other features of population indicators such as use of birth control methods or improved health status. The male to female child sex ratio has marginally gone up in ten years from 914 to 919. The ratio is lower in urban areas indicating a gender bias for male children in cities and towns.

Despite high population density and insufficient services, several factors have contributed to marginal rise in the state of India's children. More families have access to health care and awareness to ask for support for newborns. There has been a rise in taking assistance of trained medical personnel for birth of babies. More children are surviving and getting immunised.

2.2.1.2 Child Morbidity and Mortality

Child mortality refers to total number of child deaths under the age of five years per 1000 live births. *Infant mortality* is the death of young children under the age of one year. This death toll is measured by the *infant mortality rate* (IMR), i.e the number of *deaths* of children under one year of age per 1000 live births. (https://en.wikipedia.org/wiki/Infant_mortality).

There is an increase in institutional births, and there is more medical attention for newborns. In 2015-2016, 2.5% of newborns received medical attention within 24 hours as compared to 0.3% ten years ago.

Infant Mortality Rate (IMR) has gone down from 57 to 41 in the last ten years. Reasons for lack of survival are infection, disease and lack of hygienic living conditions.

Under Five Infant Mortality Rate (U5IMR) has also come down by 24 in ten

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years from as high as 74 children per 1000 live births. In 2015-2016, the U5IMR was 50. More families have improved sanitation and clean drinking water.

Indicators	Urban	Rural	Total
Infant Mortality Rate (IMR)	29	46	41
Under-five Mortality Rate (U5MR)	34	56	50

Source: India Fact Sheet, National Family Health Survey (NFHS-4, 2015-2016), Ministry of Health and Family Welfare. Government of India

2.2.1.3 Maternal Mortality and Health

Maternal mortality refers to death that occurs due to complications during pregnancy and childbirth. If a woman is pregnant or dies within 42 days of termination of pregnancy, it is also referred to as maternal mortality. A number of initiatives have been taken by the government to reduce maternal mortality. The World Health Organisation (WHO) commended India's progress in reducing maternal mortality ratio (MMR) by 77% from 556 per 1000 live births in 1990 to 130 per 1000 live births in 2016. (<https://currentaffairs.gktoday.in/tags/maternal-mortality-ratio>). Maternal mortality affects the survival and development of the child. It is related to mother's age, health and wellbeing. The NFHS (2015-16) provides encouraging details about decrease in the number of women married under 18 years of age. It is 26.8 as compared to 47.4 in 2005-06. This directly impacts IMR as girls below 18 may not be ready for robust motherhood.

2.2.1.4 Health and Nutrition

There is a direct connection between good health and development. When a child is born, families are advised about immunization schedules. The local ICDS centres often provide primary health care and immunization through regular clinics or specially arranged camps. The nutritional status of children in India has been abysmal. However, recent efforts have led to positive outcomes, especially a total eradication of polio. A number of programmes have been initiated by the government to improve the health and nutritional status of children.

The most recent estimate in 2015-2016 from NFHS-4, indicates that 35.8% of children under five years are low in weight, while almost 38.4 do not gain height. This wasting (not enough weight) and stunting (not enough height) are signs of malnutrition and lack of stimulation.

For good health of both mother and child, breastfeeding is best both from the point of wholesome diet for the newborn and protection from infection. Currently, the suggested norm is for newborns to be on breast milk exclusively for the first six months. NFHS-4 data records 41.6% mothers can breast feed within one hour of delivery while 54.9% mothers breast fed babies under six months.



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Most communities have a prescribed set of foods that help mothers lactate. There are customs to celebrate the child's transition from breast milk to semi-solid foods at about six months of age.

2.2.1.5 Education

NFHS-4 data indicates that 68.8% of children are attending school, i.e 10% more than in 2005. Although total number attending school has improved, quality of education in many schools needs improvement to maximise the benefit to children. There have been attempts to create play-based learning environments for young children. The role of Early Childhood Care and Education Policy 2013 has been phenomenal in getting recognition of age-specific needs of children under six years.

Maternity Benefit Amendment Act 2017 focuses on the need for care of children under three years. The Act makes it mandatory for workspaces to provide childcare facilities. Such a directive from the State has focused on the role of early stimulation and play for babies.

2.2.1.6 Gender

Childhood is sometimes influenced by how society treats children. A nation cannot progress until all members of society are given equal rights and opportunities. If there are gender disparities, we cannot progress as a nation.

Let us review how data presents gender status. There are many issues related to the girl child like, there is denial of health care facilities and nutrition, early dropout from schooling, low literacy rates in comparison to boys (girls 65.5% and boys 82.1%, Census of India, 2011) and fewer economic opportunities. According to Census of India, 2011, there were 944 females to 1000 males.

The NFHS-4 data indicates the sex ratio for general population at 991, a drop of nine in 10 years. In 2016, the sex ratio was lower in urban areas. Overall, in 2015-2016 there was an increase in ten years by more girls surviving figure changing from 914 in 2005 to 919 in 2015.

2.2.2 Diverse Social, Cultural and Economic Context

It is important to discuss cultural factors defining differences as the variations in belief systems, availability of resources and nature of attitudes, influences and experiences that unfold for children. Diversity in India hinges on physical, social, cultural, linguistic, religious and other ethnic factors including food, clothing and customs. India's geography is diverse and the country can be divided into several regions viz. Himalayas, northern plains, central plateau and Deccan, Western and Eastern Ghats, Thar Desert etc. The differences in climate,

temperature, vegetation, fauna give a unique feature to people in each region. They differ in looks, dress and the physical conditions influence the social lives.

2.2.2.1 Culture, Caste and Tribes

There are many caste groups. Caste has been a major source of diversity in Indian society and often becomes a source of discrimination. The supposedly lower castes in India have historically been denied access to productive resources such as land, education, credit and access to places of worship. Economic deprivation led to other forms of discrimination such as untouchability, cultural restraints on sharing food and water and physical segregation within village communities. Such negative social and cultural conditions deplete children's self-worth and identity and makes them submissive. Low motivation impact the individual's growth and development negatively. It limits opportunities available to them and narrows their growth prospects.

Scheduled Tribes are mostly located in forest or rural areas, with distinct socio-cultural beliefs and practices, deeply interlinked with forest ecology. Their distinct lifestyle and remote locations have led to outright exclusion from services, or 'adverse inclusion' where the price of integration into 'mainstream' stratified society has been the loss of cultures and languages.

2.2.2.2 Religious Plurality

Religion is one of the key facets of diversity, along with caste, gender, disability and age. India is a secular, multi-religious and multicultural country. It is a land from where religions like Hinduism, Buddhism, Sikhism and Jainism have originated and flourished with religions like Islam and Christianity and tribal religions.

The Constitution of India forbids any discrimination on grounds of religion. Religious differences impact everyday life of children and sense of identity. School authorities need to be aware of norms and practices of different religions. Religion defines dress, food habits, customs, celebrations and festivals. Children would like to be included in festivities and see some connection between home and festivities at school or in the community.

2.2.2.3 Types of Family Configurations

In India, there are many kinds of households ranging from a small unit of parents and child, to extended members such as families with grandparents living together. Children living in different family set up will have a range of experiences. Some children may grow up with many children and learn a lot by modeling older siblings or cousins. The adult-child interactions and opportunity to bond with people vary, depending on the number of adults and how they get along with each other.



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At times, single women face discrimination and subsequently children also feel the brunt of their mother's social positioning. Women who have lost their husband face violence and humiliation at times, from their husband's families as well as in their own. They are commonly denied inheritance rights, and often forced to live on their own. As sole breadwinners of their families, they struggle to provide for their children and constitute a large percentage of the marginally employed and unemployed. Upbringing of children of such women is also compromised as a result of poor economic status and facilities.

Other family configurations include adopted children. In case of finding home for abandoned children, care should be taken to create a responsive and loving environment. In some situations, there are alternate families with children being adopted or born through surrogacy or In vitro fertilization.

2.2.2.4 Children with Disabilities

Children with disabilities are among the most marginalized and excluded groups in the society. Many do not complete primary or higher education. An effort is being made by both government and private schools to bring children with disabilities into the mainstream. Families will need to address the special requirements of children who have special conditions. Often, there is need for extra care by parents. Children who are not disabled often need counseling to understand the differences in ability and learn to reach out to all with empathy.

2.2.2.5 Migrants

There are an estimated four to six million children who are victims of migration. Employed in the unorganised sector, semi-skilled and unskilled migrants are vulnerable. These range from exclusion from access to basic services and livelihood support, exploitative working conditions (i.e. denial of minimum wages and non-payment of wages, lack of social security and bargaining power), gender-based wage discrimination, and the denial of maternity rights and access to childcare services (with implications for child welfare). Seasonal migration is also particularly disruptive for children, often leading to denial of a child's right to education.

So, the status of children varies in terms of demography based on opportunity and social geography (location and social position). In our country, there is a wide range of circumstances in which children lead their lives. The statistics and social attitudes reveal that the present state of affairs is not equal for all children. A lot needs to be done to provide wholesome care to develop their potential to the fullest.



INTEXT QUESTIONS 2.1

Match Column A with Column B.

Column A	Column B
(i) Lack of resources	(a) play-based learning environments
(ii) Child mortality	(b) future of the nation
(iii) Children	(c) multi-cultural pluralistic society
(iv) India	(d) ill health, high-density living and unhygienic living conditions
(v) ICDS centres	(e) total number of child deaths under the age of five years per 1000 live births
(vi) Education in early years	(f) primary health care and immunization

2.3 IMPACT OF EARLY CHILDHOOD ON SUBSEQUENT LIFE

Early childhood is a sensitive period in human development, shaped by the child’s genes (nature) and experiences (nurture). Nature means the influence of an individual’s genes on development and learning. Nurture means the impact of various environmental factors like family, care, opportunities to explore, education, upbringing etc. on the development and learning of children. Both nature and nurture influence the development of the child.

In the previous lesson, the importance of early years was discussed. It is the period when brain development takes place at a rapid pace which is also an important factor for other developments. The first three years are crucial as children use or lose what they have, as also ‘serve and return’. These two phrases have been coined in a paper (Shonkoff, 2005) to convey the potency of care and stimulation for children’s minds to flower. If the brain is not used by way of exposure, there is no will to learn. The child may be listless, while on the other hand, the way you care and be responsive to children the more benefits the child will reap.

During the early years, the children need to grow in a stimulating, happy, caring and healthy environment that provides opportunities for exploration, experimentation, freedom of movement, interactions, good food and nutrition, toys and objects for proper development and learning. Research on early child development and education have established the positive impact of such an environment on the development of the children. On the other hand, if the child is brought up in a dull environment, does not get proper nutrition, faces abuse or neglect or falls sick frequently, it will have adverse effects on the development of the child.



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Research provides evidence that children who face adversities like poverty and deprivation early in life are more likely to experience a broad range of impairments later. These harsh circumstances can lead to social, emotional, behavioral, interpersonal or school-adjustment problems and even more severe difficulties, such as mental health problems, delinquency and criminal behavior.

It is not necessary that adverse childhood experiences that influence children's development are only one-time dramatic events. These can be daily routine events where children face chronic daily exposure to maltreatment, poor parenting and other adversities that damage developmental health of children.

Such situations can be avoided and the effects of early adversity can be moderated by a wide range of factors, from sensitive parenting, extended family support, counseling, provision of facilities, community-level social support and supportive childcare services.

Individuals exposed to adverse childhood experiences tend to be less equipped to take on a parenting role when they are adults and, in the context of adverse circumstances and the absence of some form of social support and/or intervention, they are more likely to adopt inappropriate parenting behaviors and perpetuate a cycle of negative and adverse parenting across generations.

2.4 FACTORS INFLUENCING EARLY CHILDHOOD

Childhood is the time for children to be in school and at play, to grow strong and confident with the love and encouragement of their family and an extended community of caring adults. Childhood means much more than just the space between birth and the attainment of adulthood. It is a period of rapid physical, cognitive, emotional, social and language development of children. There are many social issues that affect children, such as education, bullying, child poverty, dysfunctional families, child labor, hunger, and child homelessness.

Childhood is usually a mixture of happiness, wonder, anxiety and resilience. It is generally a time of playing, learning, socialising and exploring in a world without much adult interference, aside from parents. It is a time of learning about responsibilities without having to deal with adult responsibilities.

Early childhood years are formative years in the growth and development of children when the foundation for lifelong development and learning is laid. A stimulating environment promotes holistic development comprising various domains namely, cognitive, language, social, emotional and physical competence which has already been discussed. Any long-term adverse circumstances negatively impact development. Childhood, family and the State are strongly interdependent, especially for disadvantaged groups. Poverty limits access, quality and family dynamics from gathering the best resources for children.

2.4.1 Factors Affecting Childhood

Two major factors are nature or heredity and nurture or care. Let us study about these in brief.

Heredity

Physical characteristics are transmitted from parents to children through their genes. Children's physical appearance such as height, weight, body structure, the colour of the eye, the texture of the hair and to some extent intelligence and aptitudes depends on the parents. Children can also inherit diseases and condition from the parents such as heart disease, obesity which will affect growth and development. Intervention and environmental support can bring out the best in children.

Environment

Physical and psychological stimulation can play a significant role in the development of children. Physical surroundings giving positive modeling, as well as interactive social environment and loving relationships with family and peer are important environmental features that create aspiration among children. A good school and a loving family builds in children strong social and interpersonal skills, which will enable them to excel in academics and aspire to be useful citizens. This will, of course, be different for children who are raised in stressful environments.

Other factors which affect childhood are:

Exercise

Children need play and exercise to grow physically. Children need activity for their limbs and gain muscular strength and bone mass. Appropriate exercise keeps children fit, healthy and helps them reach proper milestones.

Sex of the child

Boys and girls grow differently. Much of their physical characteristics are through heredity but the rate of growth varies according to sex specially nearing puberty. Temperaments of boys and girls may also vary, making them show interest in different things.

Nutrition

The statistical presentation of the demography indicated that many children in India are undernourished and stunting and wasting are high. Balanced diet and the required quantity of food are required for children to grow, ward off disease and stay healthy. Nutritious food is crucial for children as they need energy to grow and repair. Malnutrition, especially absence of protein, can cause stunting. Overeating can cause obesity. A balanced diet that is rich in proteins, vitamins, minerals, carbohydrates and fats is essential for the development of brain and body.



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Familial Influence

Love and responsive care are needed for social and emotional health. Adults whose presence is continuous and consistent encourage attachment and bonding. This interactive relationship contributes to psychological and social stability among children. In situations of stress, families may ignore or even abuse their children who then may become negative towards their social world. Too much attention with little freedom to explore also makes children submissive and dependent.

It is often said that it takes a village to raise a child. Families with an informal network of community or family assistance experience less child maltreatment. Emotional and verbal responsiveness of the mother, maternal involvement with the child, and provision of appropriate toys during the first two years are associated with increased cognitive development by the age of four years. Parental aggression, lack of maternal warmth and stressful events may cause behavioral problems.

Geographical Influences

Neighborhoods play an important role in shaping children's interests and competence. Peers and community facilities are part of the everyday environment. Neighborhood parks make outdoor play possible. Libraries or facilities for cultural activities develop skills and talents. Lack of child-oriented play spaces can force children to stay indoors and play video games. Thus, it is no surprise that children living in rural areas are often fast runners. Children living near forests are competent in describing local flora and fauna. Similarly, urban children have a greater propensity to talk about cars and other gadgets. It is up to the school and teacher to help children grow into well-rounded individuals.

Socio-Economic Status

The economic means and access to resources is determined by the socio-economic status of a family. Well-to-do families can access better schools with the possibility of providing support materials. Often, poverty is accompanied by illiteracy and absence of education can make families stick to less constructive beliefs. Poor working parents may not have access to quality childcare. It is the onus of the community to ensure good facilities for children.

Children experiencing long-term poverty exhibit poor attention span, poor retention power and more developmental delays compared to developmental delays in children experiencing short-term poverty.

Although nature contributes much to the growth and development of children, nurture contributes by how it interacts with nature. Helen Keller was born blind and mute but thanks to a dedicated teacher, went on to achieve world fame. Besides working on gaps as caregivers, ensure that children get enough rest every day, as development is heavily dependent on the amount of sleep and rest. Give attention to nutrition and exercise levels, as these too play an important role in promoting timely and healthy growth and development in children.

2.5 FACTORS INFLUENCING CHILDREN'S HEALTH

Health is a mix of physical strength, alertness, emotional, mental and social wellbeing that enables us to live a full life. It is the absence of disease, and an active and functional being. We address children's illness by taking care of them. By immunising them against disease, we take preventive action to promote health. Play, a clean environment and responsive caregiving add to the children's overall health.

2.5.1 Hygiene (Self and Environmental)

Hygiene is the practice of keeping oneself and the surroundings clean to prevent illness or spread of disease. For environmental hygiene, we must ensure there is no stagnant water and drinking water is covered at home, in school or in the work place.

Personal hygiene includes washing hands after using the toilet, brushing teeth twice daily, bathing, washing hair, wearing clean clothes, cutting nails, covering the mouth while coughing, covering the nose while sneezing etc. Unhygienic conditions spread infection.

2.5.2 Sanitation Practices

Sanitation refers to public health conditions related to water and adequate treatment and disposal of excreta and sewage. Sanitation systems aim to protect human health by providing a clean environment that will stop the transmission of disease, especially through the fecal or oral route.

2.5.3 Nutrition

Food is needed to perform daily routine body functions, for its growth, fighting diseases, healing and maintenance. In case, there is nutritional deficiency for longer periods of time, it may affect the health and growth of the child. Statistics indicate that many children lack adequate nutrition. Good health is hugely dependent on children's intake of a balanced diet. A variety of foods in correct portions makes up nutrition for the child. Children need nutrients like proteins, carbohydrates, fat, minerals, vitamins, fibre and water. Age-wise dietary nutritional requirements guidelines are prescribed and are known as Recommended Dietary Allowance (RDA). For example, the food and nutritional requirements during early childhood period are different to food intake and nutritional requirements of an adult. Hence, each age group has to take food and nutrition accordingly.

Malnutrition refers to the deficiencies or imbalances in an individual's intake of nutrients. It has two conditions. Under-nutrition results in stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and



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micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals), and overweight or obesity due to over-eating, which can lead to various diseases like heart disease, stroke, diabetes and cancer.

2.5.4 Immunization

Immunization, also popularly called vaccination, helps to protect us from getting any infectious disease. It helps us in controlling and eliminating infections. The most recent example is the elimination of polio. There are vaccinations available for different infections like, tetanus, BCG, OPV, hepatitis B, Diphtheria, Tetanus & Pertussis (DPT), HiB, typhoid, rota virus, vitamin A and measles, mumps and rubella (MMR) etc. These vaccines are to be administered at fixed timings to the pregnant woman, infants and children for which a schedule has been prescribed by the government. Parental awareness will help build a healthy nation. The benefits of immunization are not restricted to improvements in health and life expectancy of the individual only but also have social and economic impact at community and national levels.

2.5.5 Maternal Health

Maternal health affects children's health as healthy children are born to healthy mothers. Infants are dependent on mothers for complete diet in the first six months by intake of breast milk. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for many women it is associated with suffering, ill-health and even death. According to the United Nations Children's Fund (UNICEF), at least 20% of the disease burden in children under five years is related to problems in maternal health and malnutrition, as well as the quality of care at delivery and during the newborn period. Moreover, a baby whose mother dies during childbirth is less likely to survive, and children who lost their mothers are 10 times more likely to die within two years of the death of their mothers.

Mothers are most vulnerable to nutritional deficiencies during pregnancy and up to two years after childbirth. It is proven that nutrition interventions offer children the best chance to survive and reach optimal growth and development. After that the window closes, the damage to children is largely irreparable.



INTEXT QUESTIONS 2.2

Fill in the blanks.

- (a) Malnutrition refers to the deficiencies or imbalances in an individual's intake of.....

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- (b) Sanitation systems aim to protectby providing a clean environment.
- (c) Hygiene is the practice of keeping and theclean to prevent illness or spread of disease.
- (d) Neighborhoods play an important role in shaping children’s and.....
- (e)andstimulation can play a significant role in the development of children.



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2.6 CHILD VIS-A-VIS THE INDIAN CONSTITUTION AND PROVISIONS

The Constitution of India came into force on 26 January 1950. The Constitution establishes the basic rights and duties of the citizens of the nation. All citizens have to agree and abide by them. Given below are some of the constitutional provisions related to children and education.

To uplift disadvantaged sections, the Constitution of India, allows affirmative action through positive discrimination (reservations) in education and employment, which is based on caste plus socio-economic backwardness. These reservations are restricted to government run or government-aided institutions and not to the private sector.

Fundamental Rights

Article 14: ...shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.

Article 15: ... shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them. (3) Nothing in this article shall prevent the State from making any special provision for women and children. (4) Nothing ... shall prevent the State from making any special provision for the advancement of any socially and educationally backward classes of citizens or for the Scheduled Castes and the Scheduled Tribes.

Article 17: “Untouchability” is abolished and its practice in any form is forbidden. ...

Article 19: (1) All citizens shall have the right – (a) to freedom of speech and expression; (b) to assemble peaceably and without arms; (c) to form associations or unions; (d) to move freely



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	throughout the territory of India; (e) to reside and settle in any part of the territory of India.
Article 21:	No person shall be deprived of his life or personal liberty except according to procedure established by law.
Article 21 A	... shall provide free and compulsory education to all children of the age of six to fourteen years...
Article 24	Prohibition of employment of children in factories, etc. No child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment.
Directive Principles of State Policy	
Article 39	... the tender age of children are not abused... are not forced by economic necessity to enter avocations unsuited to their age or strength; (f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.
Article 42	The State shall make provision for securing just and humane conditions of work and for maternity relief (Children are also benefited by this statutory provision).
Article 45	The state shall endeavor to provide within a period of ten years from the commencement of this constitution, for free and compulsory Education for All children until they complete the age of fourteen years.
Article 46	...shall promote with special care the educational and economic interests of the weaker sections of the people, and in particular, of the Scheduled Castes and the Scheduled Tribes;...
Article 47	...raising of the level of nutrition and the standard of living of its people and the improvement of public health...
Article 51A	... (k) ... parent or guardian to provide opportunities for education to his child or, as the case may be, ward between the age of six and fourteen years.



INTEXT QUESTIONS 2.3

Match column A with column B.

Column A	Column B
(i) Article 14	(a) raising of the level of nutrition
(ii) Article 45	(b) the tender age of children are not abused
(iii) Article 47	(c) prohibition of employment of children in factories
(iv) Article 39	(d) provide early childhood care and education
(v) Article 24	(e) shall not deny to any person equality

2.7 CHILD REARING PRACTICES IN INDIA

India is an ancient society with a cultural heritage of more than 5,000 years. It is a pluralistic, diverse country with diverse customs and beliefs about child-rearing practices throughout the country.

Child rearing practices are those practices which are grounded in cultural patterns and beliefs and are adopted by the parents and caregivers for the care and upbringing of the child.

Child rearing practices for a given time depends to a large degree on the child's developmental age and the health and nutritional risks the child is facing. There are traditional beliefs and practices that impact the mother's health and preparedness to give birth to a healthy infant.

At birth and during the first year of life, the child is at the greatest risk of mortality. That may be why there are so many beliefs and practices within traditional cultures that surround the birth of a child. It is recognised as a critical time for both the child and the mother. Where a period of confinement is a part of the tradition, it allows the mother time to recover physically and to bond with the child before she is required to assume her tasks. The negative side of this practice is that it may keep the mother from getting medical care that she requires.

During the post-partum and early infancy stages, the child is completely dependent on others for care. Generally, the mother is the primary caregiver, sometimes with considerable support from others and sometimes alone. She is responsible for providing all the things an infant needs: protection from physical danger; adequate nutrition and health care; an adult who can understand and respond to signals; things to look at, touch, hear, smell, and taste; opportunities to explore



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the world; appropriate language stimulation; and an adult with whom to form an attachment. The level of support the mother receives from others in the family and from society plays an important role in the kind of care she is able to provide during this time. Thus, the cultural patterns surrounding the role of the father, other family members and the community during this period is important for the child's survival and development.



WHAT YOU HAVE LEARNT

In this lesson, you have learnt:

- Early childhood period is important as development takes place maximum during this period and foundation for holistic development is laid.
- Status and profile of young children in India including demographic profile, Infant Mortality Rate and Under Five Infant Mortality Rate (U5IMR).
- Factors affecting early childhood:
 - Heredity and environment
 - Exercise
 - Sex of the child
 - Nutrition
 - Familial Influence
 - Geographical Influences
 - Socio-Economic Status
 - Hygiene
 - Sanitation Practices
 - Immunization
 - Maternal Health
- Constitution of India lays emphasis on survival, development and protection of children. There are provisions in the Constitution either as a fundamental right or as Directive Principles of State Policy. To protect the discrimination arising from the caste, the Constitution of India prohibits discrimination on the grounds of religion, race, caste, sex or place of birth (Article 15); promotes equality of opportunity in public employment (Article 16); abolishes untouchability (Article 17) and protects the Scheduled Castes (SC),

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Scheduled Tribes (ST) and other weaker sections from social injustice and all forms of exploitation (Article 46).

- Child rearing practices in India vary from state to state, culture to culture. These influence childhood, adolescence and the way these children parent as adults.



TERMINAL EXERCISE

1. Highlight the meaning and significance of childhood.
2. What is the impact of early childhood on subsequent life?
3. Briefly explain the factors affecting childhood.
4. What is the constitutional view of childhood in India?
5. Comment on child rearing practices in India.



ANSWERS TO INTEXT QUESTIONS

2.1

(i) d, (ii) e, (iii) b, (iv) c, (v) f, (vi) a

2.2

(ii) Nutrients, (b) human health, (c) oneself, surroundings, (d) interests, competence, (e) Physical, psychological

2.3

(i) e, (ii) d, (iii)a, (iv) b, (v) c

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Notes



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WEB RESOURCES

- http://www.censusindia.gov.in/2011-prov-results/data_files/india/paper_contentsetc.pdf
- <http://rchiips.org/nfhs/pdf/NFHS4/India.pdf>
- <https://currentaffairs.gktoday.in/tags/maternal-mortality-ratio>
- https://en.wikipedia.org/wiki/Infant_mortality