REPORT OF THE COMMITTEE ON CHILD CARE

Submitted to the Chairman
of the Central Social
Welfare Board
(Ministry of Education)
Government of
India

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Letter of Transmission from the Chairman, Committee on Child Care to the Chairman, Central Social Welfare Board

No. CSWB/CB-C/R/62 *New Delhi, Dated* 11*th August*, 1962

Dear Mrs. Deshmukh,

I have great pleasure in forwarding to you the latest draft of the Report on the Committee on Child Care which has been prepared after a careful study of available data on the problems, needs and programmes of child welfare. You are aware that the Committee, in order to meet the requirements of the Teams of Reference, designed a number of questionnaires to obtain information. Even before the questionnaires were prepared, the Committee was aware of the difficulties that will present themselves to obtain adequate answers which could be submitted in an elaborate Report and which could help the improvement of child welfare in India. It should be appreciated that living conditions in India are far from satisfactory, the population involved is very large and equally are the areas where child welfare programmes are carried out. The Committee has, therefore, adopted an unorthodox approach so that practical objectives in the field of child welfare could be achieved in spite of handicaps and difficulties which are in existence at present. On the one hand a careful study has been made of existing literature on the various problems of children. Besides, an effort has been made to co-ordinate information already available on different aspects of child welfare. This has enabled the Committee to suggest programmes, some of an entirely new character; while others are based upon very useful information so very kindly supplied by child welfare agencies.

2. The Report is divided in two parts :—

(i) Detailed examination of various problems of child welfare ; and

(ii) Recommendations which have been arranged from the point of view of short-term and long-term implementation.

3. I would like to take this opportunity of expressing to you the Committee's appreciation and my own sincere thanks for

your kind help and constant guidance from time to time. The Committee is also grateful to Dr. B. H. Mehta of the Tata Institute of Social Sciences who prepared the Draft Report. to Mrs. Tarabai Modak who gave valuable material for the Chapter on Pre-schools, and the Statistical Division of the Delhi School of Economics which tabulated the statistical data. The Committee is also thankful to the Central Ministries and State Governments, private agencies and international organizations, as well as to the experts and others who answered the various questionnaires, organised and attended the Zonal Meetings, and to Industries like the Glaxo Laboratories—all of whom shared their knowledge and experience, and helped to give valuable information for the benefit of the Report. The Committee also appreciates the efforts of all the members of the Committee, as well as the Joint Secretaries—Mrs. B. Ghufran and Mr. B. N. Dhar—who gave staff assistance and help.

Yours sincerely,

B. TARABAI

Mrs. Durgabai Deshmukh,
Chairman,
Central Social Welfare Board,
NEW DELHI.

PREFACE

The study of the living conditions, problems and needs of children of a sub-continent is a very difficult task. It is more difficult to suggest remedies and programmes when it is difficult to obtain facts from very extensive areas and a very large number of agencies scattered all over the country. In order to develop a proper approach to a vast problem of this kind, the Committee was compelled to achieve difficult objectives in a manner which must inevitably help the better promotion of child welfare as extensively as possible. And yet the child welfare programmes will have to possess quality and organization so that the limited resources which are available with the country can be properly utilized.

In order to understand difficult problems, there is a need to study existing facts and situations regarding the living conditions of children and programmes carried out for their welfare. The Committee made use of more than one method to present facts, ideas and historical background in such a manner that new programmes can be devised where they are most needed; and old programmes can be revised, improved and modified to serve large numbers of children in terms of their problems and social background. The inadequacy of available data on child welfare care be understood in terms of the historical background of child welfare because only new beginnings are being made and data will not be available to study the real situation. Future Reports may be successful to collect a mass of data when there are facilities and agencies to give correct and needed information.

It is hoped that the approach, methods and data used by the Committee, and the data contained in this Report will prove helpful to child welfare departments, organizations and agencies; and at the same time help to overcome the inadequacy of factual information to deal with many problems, vast areas and a large section of the population in so short a time.

Durgabai Deshmukh
Chairman
Central Social Welfare Board.

New Delhi,
12*th August*, 1962.

REPORT OF THE COMMITTEE ON CHILD CARE

SYNOPSIS

CHAPTER I : FAMILY AND THE NATION

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INTRODUCTION

WHEN a nation becomes free, freedom releases the impulses and initiative of the people to achieve a new national destiny. The people are inspired to build new foundations for the health and happiness of all citizens. The vision of the nation is guided by its awakened social consciousness to correct the errors of the past and fresh measures are taken to build foundations anew so that the future of the nation may be prosperous, bright and unblemished. Action is now being taken in India in all fields of national endeavour; yet in the execution of plans and programmes serious difficulties are come across, many of which are due to neglect of correct social attitudes and endeavours to maintain the health and efficiency of the nation. The great importance of the human factor must be realised without delay, because man himself is the architect and instrument of his destiny. The shortcomings and imperfections of the human being are unnecessarily diminishing the harvests of our effort, and whatever be the complexity of the causes of our shortcomings, nobody could question the need of *child care,* or overlook the consequences and costs of *neglected children.*

2. Realising the need to study the problem of child care and child welfare, the Central Social Welfare Board, at the instance of the Union Ministry of Education, decided at its 30th meeting held in October 1960, to appoint a Committee to prepare a comprehensive plan for the care and training of children in the age-group 0-6. This particular age-group was specified because various other Committees have been appointed from time to time to study problems of children after reaching the primary school age. The Committee consisted of the following members:—

1. Smt. B. Tarabai	*Chairman*
2. Dr. B. H. Mehta	*Member*
3. Smt. Pratibha Singh	,,
4. Smt. Pushpa Mehta	,,
5. Smt. S. Manjubhashini	,,
6. Smt. M. S. H. Jhabvala	,,
7. Smt. Tarabai Modak	,,
8. Sri S. C. Pandit	,,
9. Sri D. V. Kulkarni	,,
10. Sri N. D. J. Rao	,,

2—1 C.S.W.B./64

11. Sri Radha Raman	*Member*
12. Smt. Sudha Majumdar	,,
13. Smt. B. Ghufran	*Secretary*
14. Sri B. N. Dhar	,,

Smt. P. K. Makhan Singh, Director, Women's Section, Punjab, was later appointed a member of the Committee in place of Sri S. C. Pandit, Director, Social Welfare, Punjab.

3. The size of our population, and the phenomenon of its growth is a cause for national anxiety. The problems and programmes of Family Planning are important; but the need of the best and maximum care of the child, who has been conceived is imperative. The Central Social Welfare Board defined the terms of reference of the Committee for the care of children below six years of age; the emphasis of the terms of reference was clearly on the age group 3-6 years. The emphasis was also on the need to promote the growth and development of children through pre-schools. Whilst accepting the emphasis the terms of reference has desired to give to the vital needs of Pre-school education, the Committee suggested to the Board some changes and modifications in order to give due consideration to all related factors that constitute the entire programme of child care in the earliest years. The revised terms of reference given to the Committee are as follows :--

Terms of reference of the Committee on Child Care for the age-group-Birth to 6 Plus

I. To study in the light of changing socio-economic conditions in the country care and up-bringing of children in the family and the community with particular reference to the provision of health, nutritional and recreational facilities in the home and in the neighbourhood.

II. To examine the problems of children in need of special care and protection and to recommend measures for providing comprehensive child care services for them.

III. To evaluate the nature, extent, and distribution (rural, urban, type of locality, etc.) of existing child welfare services with special reference to the management (government, proprietory, corporate non-official bodies, etc.) and pattern (Indian, Western, etc.) of Pre-schools.

IV. (1) To study and evaluate the standards of Pre-school education with reference to :—

(i) The pattern of staffiing (trained and untrained, teacher-pupil ratio, etc.) ;

(ii) The curricula and methods of teaching adopted;

(iii) The type of equipment available and the manner and extent of its use; and

(iv) Programme of recreation, rest, nutrition, health, care and instruction.

(2) To work out a tentative plan for the development of Pre-school education for the next five or ten years with estimates of cost.

V. To study the existing facilities for training of Child Welfare Workers in terms of the number of centres required and contents and standards of training and to suggest a long-term training programme for child welfare workers on an uniform basis.

VI. To work out a plan for the manufacture of a standard recreational and educational equipment at moderate cost, suited to the requirements of Indian children. This could be linked up with the socio-economic programme of the Central Social Welfare Board.

VII. To assess the financial position of child welfare institutions for this age group, to study their pattern of income and expenditure and to assess the problems of grant-in-aid, the nature and volume of assistance required and the period for which it would be necessary.

VIII. To recommend a pattern for the reorganisation and extension of the programme of community and institutional services for the proper physical, mental and emotional development of the child in the first six years, keeping in view the continuity of services for children that will follow from 6 to 11 and 12 years to adulthood.

IX. To suggest methods of co-ordination among the large number of agencies working in the field of child welfare.

Inaugural Meeting

4. The Committee was inaugurated at New Delhi on the 25th March 1961 by Smt. Durgabai Deshmukh, Chairman of the Central Social Welfare Board. She provided the initial leadership in setting a right tone to the Committee's work when she said that "recent thinking on social welfare had recognized that child welfare was a special field and, in future planning, the welfare of

children should be accorded the highest priority". She particularly drew attention to the fact that while many studies have been made on the welfare needs of school-going children, no comparable study has so far been attempted on a country-wide basis to report on the welfare needs of children up to the age of six. It was, therefore, necessary that the Committee should make a detailed survey of the needs and requirements of children in this age-group and make suitable recommendations for their welfare.

Plan of Work

5. In order to ascertain opinion on various aspects of child welfare relevant under its Terms of Reference, the Committee decided to hold four regional meetings. Accordingly, four such meetings of the Committee were held in places mentioned below :

1. Bombay	11—13th June 1961
2. Madras	22—24th June 1961
3. Bhubaneshwar	11—13th Sep. 1961
4. Chandigarh	7— 9th Oct. 1961

At these regional meetings, opportunity was taken by the Committee to exchange views with the representatives of State Governments. Corporations, and other local bodies. voluntary organisations running various child welfare programmes and experts on determining the needs of health and welfare of the pre-school child, and the type of programmes necessary for meeting these needs. Moreover, the Chairman and members of the Committee visited in small groups various States to hold discussions and for visiting child welfare institutions and to acquaint themselves with problems peculiar to these areas.

6. The total child population upto the age of sixteen years is estimated to be 173·1 millions or 39·52 per cent of the total population. The total number of children from 0-6 was 66·48 millions in 1951 ; and this number increased to 94·74 millions in 1961. It is expected to become 120·11 millions in 1971. At present children under six years of age form 54·73 per cent of the total child population of the country.

Committee's Approach and Methods of Study

7. It will be generally appreciated that the Committee is faced with an enormous task. It has a duty, in the first instance, to deal with all the vital aspects relating to about ten per cent of India's dependent and helpless population. The Committee believes

that it must seek to coordinate and bring together the results of previous efforts of committees, scientists and social workers to give a basic picture of the background and history, policies, methods and programmes dealing with children under six years of age. The Committee has used different methods to compile valuable data and information on a nation-wide scale because it is well known that efforts for child welfare are fragmentary and disorganised. There is not only lack of study and absence of records, but also great difficulties prevail in gathering information from State Governments, Departments, Institutions, Organisations and persons interested in serving the needs of children all over India.

8. The Committee had an uphill task in preparing a common questionnaire because several aspects of the child's life are dealt with separately by numerous departments, agencies, scientists and workers. Eventually separate questionnaires were prepared to be answered by State Governments and Municipalities, Voluntary Welfare agencies, Community Development Authorities and by experts on child welfare. Under the present circumstances, it was not expected that very satisfactory answers could be obtained. The Committee is grateful to all the State Governments, all the various departments of the State Governments, Community Development Blocks, and a large number of experts who sent replies to the questionnaire.

9. The tabulation of the collected data was difficult and required considerable time. The Committee is grateful to the Statistical Division of the Delhi School of Economics for undertaking the tabulation work on behalf of the Committee. Members of the Committee also took up special studies and surveys as shown below :

Smt. Tarabai Modak	Pre-schools
Sri D. V. Kulkarni	Legislation
Sri N. D. J. Rao	Welfare of the handicapped

The preliminary Draft Report was prepared by Dr. B. H. Mehta.

10. Problems of children are being studied all over India. Governments, Universities, Institutions and Welfare Agencies are dealing with children's problems. The Committee requested information from all Universities, Schools of Social Work in India, etc. and many Universities and Research Agencies have sent their replies. It is evident that very little fundamental social research is done in the country. A beginning has to be made. The Research Programmes Committee of the Planning Commission should give

its attention to fundamental social research projects which are carried out by social scientists, Universities and Schools of Social Work. The Ministry of Health should also encourage more research programmes, as it has already supported "The Study of Children in an Urban Community." The Committee is of the opinion that national organisations for child welfare should be encouraged to carry out research projects, provided they receive guidance and help from social scientists.

11. The Committee has given deep considerations to the problem of training child welfare workers.

12. The Committee has tried to study systematically, in the course of its work, the following problems relating to the needs of child welfare:

(i) The attitude of the family, community, State and society to the Child and Child Welfare.

(ii) The extent of availability of resources—financial, human and material—for the execution of effective welfare programmes.

(iii) A description of State and private agencies which are engaged in Child Welfare work; their policies, problems, needs, resources and organisation of all child welfare activities.

(iv) Studies and researches relating to Child Welfare.

(v) The problem of population and the quantitative aspect of child population.

(vi) The problem of heredity and environment, together with the conditions of family and community life which determine the qualitative aspects of the population, and the growth and development of children.

(vii) Problems of Health, Morbidity, and Infant Mortality.

(viii) Problems of handicapped children.

(ix) Problems of growth, nutrition and training of children under six years of age.

(x) Problem of play and recreation of children.

(xi) Problems relating to the recruitment and training of child welfare workers at all levels.

13. The Committee has finally made detailed and classified recommendations. All of them do not necessarily require finance and other resources, and many are in the nature of suggestions for initiating, developing, increasing and improving all programmes of child care and welfare as provided by the family and the community, the State, and voluntary institutions and agencies.

14. The Committee has examined the problems of methods and techniques that can promote child care and welfare on systematic lines. It has examined the problem of the family as an agent of child welfare, and has generally evaluated the contributions of various types of child welfare institutions like infant welfare centres, pre-schools, hospitals for children, institutions for the handicapped, orphanages, foundling homes, etc.

15. The UNICEF world survey has indicated the interest of the Governments in strengthening social services for children of all age groups.[1] The Government of India with its more clearly expressed social objectives has the same intentions when allocating three crores of rupees specifically for child welfare, and when appointing this Committee. The Committee fully supports the UNICEF Report when it says that "All family and child welfare services for children should be related to local conditions and the health and nutrition aspects of such services should not be overlooked. Similarly the family and child welfare aspects of many health and nutrition projects should be considered."[2] There is lack of comprehension when each child or groups of children are dealt with in vacuum, because children should not be detached from the family, school or institutional backgrounds, when dealing with their problems. The Committee endorses the Resolution of the Thirteenth World Health Assembly which laid down that "the health and welfare needs of mothers and children are inseparable from those of the family and the community as a whole."

16. The Committee has devoted much time to study programmes of urban community development and domiciliary services in cities. At the same time programmes for children in rural areas, especially those organised by the Social Welfare Extension Projects, and the Community Development Administration need a more careful study in order to achieve defined objectives and give better standards of service to a large number of villages and children.

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[1]UNICEF Report, 1961: page 96, para. 12.

[2]UNICEF Report, 1961: page 6, para. 46.

17. The Committee has been heartened by the fact that the Education Ministry of the Government of India has set aside Rs. three crores for the welfare of children. This is a modest amount considering the number of children involved; but it is meant to initiate systematic beginnings. The Committee has been asked to suggest the mode of utilisation of a part of this amount. This has been done (i) to help the creation of more trained workers, and facilities and opportunities for their employment; (ii) to improve the quality and standard of child welfare activities by creating guidance and advisory services; (iii) to promote special types of experimental programmes in urban communities, as greater provision has been already made for rural areas; (iv) to sponsor special programmes such as nursery schools, foster homes for orphans, improvement of services for the welfare of handicapped children, and the manufacture of scientific toys and production of good literature for children.

18. Whilst the availability of greater resources is a source of great encouragement; equally encouraging is the greater interest taken by State Governments in child welfare. The Government of Madras has decided to create 500 pilot projects for child welfare in 21 Community Development Projects. They have merged the Social Welfare Board Administration with the Department of Women's Welfare of the State. The Government of Andhra Pradesh has taken the initiative, along with Delhi, to create Integrated Projects for Child Welfare. This State, and some others too, have decided to create separate Divisions of Child Welfare to give intensive attention to programmes of child welfare.

19. India, since Independence, has consistently followed the policy and methods of planning and systematised efforts have been made to build new foundations for all important aspects of national life. The shortcomings may be very great due to historical factors, lack of resources and the weaknesses of the human factor. But planning demands the collection, measurement and study of facts. Where the child is concerned, in the first instance, the conditions under which children are born, live and grow up must be most carefully studied. The UNICEF has realised the need of such surveys the world over, and a preliminary world survey has already been carried out. The Executive Board of the UNICEF has supported the proposal that UNICEF should be prepared to aid Governments, at their request, in surveying child needs and in fact to meet them within the framework of their broader programmes for economic

and social developments. General support has been received by the Board for the proposal that UNICEF should allocate funds for that purpose.[1] The Report says that "any action to meet the needs of children should depend on the judgment of the government of the country concerned, based wherever possible on a comprehensive national survey as well as on the justification and feasibility of the remedial measures proposed."[2] The Health Ministry of the Government of India has prepared a preliminary and basic Report and this Committee has made a careful general survey in a very short time. The problems of the human child are innumerable; therefore the problems that affect the rights and privileges and growth and development of all children must be discovered, assessed and dealt with in terms of their needs, subject only to the available resources of the nation and the help it receives from within and outside the country.

20. In order to guide the work of the Planning Commission and the various State and private implementing agencies for programmes, it is natural that a number of committees should be appointed to study and examine the details of the historical background and the various aspects and facts of various national problems. This Committee is appointed to deal with all aspects of the problems of children between 0—6 years within the terms of reference given above. According to the Census of India, there were 94·74 millions children in this age-group in a total population of 438 millions in 1961. The Committee has also to deal with problems of children who are conceived, and who are yet to be born. Accordingly the Committee naturally decided to give special attention to problems excluding the following subjects which have been already dealt with by Reports submitted by other committees appointed by the various Ministries of the Government of India.

1. Family Planning
2. Problems of handicapped and maladjusted children
3. Health services, etc.

The Committee while not entirely overlooking the problems and aspects which have been dealt with by the above Committees, gives only a general consideration to these problems as far as they refer to children between 0—6 years of age.

[1]Preliminary Report on the Survey of Needs of Children: page 4, para. 3.
[2]Preliminary Report on the Survey of Needs of Children: page 7, para 52.

The importance of vital fundamentals

21. The work of the Committee is rendered somewhat difficult because the phenomena and problems deal with children under six years of age. Direct evidence regarding the conditions, problems and needs cannot be obtained; and yet the Report based on facts has to be practical and realistic. Before considering the basic needs of children, it is necessary to review briefly some biological features of childhood. Nature has given a vital place to children in the general scheme of things. They are related to the reproductive processes of the organisms and species, marriage and sex, the natural skills of the mother, and the responsibilities of both the parents and the efficiency of the family as the unit of social organisation. The period of gestation of the human child is one of the longest known to the different species on the planet. Likewise, the period of dependency is also prolonged so that maturity is slow and proper maturation is only achieved by sustained care and training over many years. Heredity is affected by social structures and organisations, traditions and attitudes. Bad living, malnutrition, neglect of health and growth, and unsatisfactory family conditions eventually adversely affect heredity, and especially impair the constitution of the child. Heredity determines strength and vitality, resistance to disease, immunities, height and weight, skills and temperament, etc. The child's physical and social environments are conditioned just as much by Nature as by poverty and slum conditions. Whereas heredity affects the constitution, the environment determines the condition in which children live. The interplay of heredity and environment in shaping the growth and development of children needs the maximum of attention. The basic needs of children are love, care, nutrition, health, play and companionship. The growth of the child depends on how these needs are met. The adequacy or otherwise of resources to meet the needs of all children are in turn conditioned by the quantitative and qualitative aspects of the human population. It is only recently that the quantitative aspect has stimulated real and serious anxieties. It is indeed unfortunate that the quality of the Indian population receives lesser attention than the needs of national integration, decentralisation and economic development. The unavoidable and historical antecedents of the problems of the child are well known. Some of them are sad and have to be deplored, and yet the numbers involved are very large; and historically an ancient country must take into consideration the consequences of tradition, inevitable social changes that have taken place during many centuries, and circumstantial factors that not only affected the general back-

ground of society, but consequently affected the most vital and personal aspects of the life of the human family and community.

History and its consequences on children

22. The study of a problem is rooted deeply in the traditions of society and the history of man. The ancient past, though it does affect specific problems of the life of children, is not taken deeply into account in this Report. History lays great emphasis on great deeds and achievements, or on the severe injuries done to the economic and political aspects of national life, but history does not go deep to evaluate the consequences of such a history on the lives of children, especially in terms of their neglect, cruelty and suffering. The Committee merely has taken for granted the enormous population of children under six in India. This population itself is greater than the total population of some of the small, but important countries of the world. This number is the result of geography, climate, biology and social history. But the unique factor of the child problem is the supreme importance of each individual child, a Personality, a possible creative contributor to the history, culture and civilisation of man. The Committee decided to give consideration to this bewildering aspect of the enormity of numbers, and the importance of the individual child when dealing with the vital problems and needs of children in India today.

23. India is now a free country. With the strength and will of the Nation the shadow of conquest and its consequences may not fall upon this country again. But what does this newly gained freedom mean to each individual child in India ? It is argued that the great endeavour of the nation today, all thought of her great leaders and the Acts of her Parliament are indirectly dedicated to the millions of children in the country, and they deal with the hopes and needs of children yet unborn. There is an element of truth in this. But at the same time it is realistic to point out the existence of difficulties and the possibility of further neglect of children, and the dangers of errors which may prove costly to our future social heritage.

Love and human child

24. The tasks of this Committee were not easy, because the contents of this Report have not merely to deal with statistics and information and replies to questionnaire to reach conclusions. The problems examined by the Committee deal with the deepest problems

at the roots of most important human behaviours and conduct. The role of love or the absence of it and the different manifestations of love for children and their conditions to the making of the personality, temperament and lives of children cannot be too easily studied. In an age of materialism and almost cold blooded and callous realism, this problem of love, and especially the love for children, and the development of capacities for love of children may be overlooked. Or, there is the possibility that love may be taken as a supreme emotion or a chain of sentiments that must be taken for granted, as vital for the detailed and comprehensive growth of children. It is this emotion that has claimed the deep study of great psychologists like Freud, Havelock Ellis, Adler, Jung and their successors in Europe, America and the world over. In India, psychology is a young, but enthusiastically accepted science. It must give great attention to the study of psychology of parents and children. The members of the Committee did not look upon love as a mere sentiment, or a very important emotion. It has realised that the present day conditions of society do not enable this Committee to enter into the facts of this great human reality; it merely emphasises that the nation will do well if Government will aid both social science and psychology to deal deeply and practically with this problem, so that later national studies which are bound to follow, will have enough materials to enable studies of problems in terms of the most vital psychological and social needs of children which are so vitally related to important problems of human behaviours.

Poverty and problems of child welfare

25. The problem of child care is closely related to the problem of chronic poverty and the economic conditions of families. In rural areas, vast masses live.substandard existence with inevitable malnutrition of children. These conditions affect not only the family of agricultural labourers and poor artisans but also thousands of small landholders who live their insecure lives in humble cottages. Poverty, squalor and mal-nutrition affect the health and growth of the child. Besides, there is considerable neglect of the child during early years due to unhealthy social traditions, a large family and ignorance of parents. Better classes in rural society are influenced by caste and other traditions that limit the freedom and opportunities of the woman and the mother. Though facilities for education may exist, they are not always availed of. The evil of early marriage effects the capacity of the mother for child care. The customs and practices prevailing in the home regarding the care of

children need to be carefully studied, as they affect food habits, health and clothing of children as well as their opportunities for play and companionship. These children will also grow up as a result of their observation and imitation of their unhealthy physical and human surroundings.

26. The Industrial Revolution in India has produced urbanism, overcrowding and slums with social consequences which are the same as they were in the West in the nineteenth century. The parents are poor, the standards of life and child care are low. The family is becoming weak, parental relations suffer and there is an increasing tendency to depend upon the State for welfare.

27. Regional Development and Economic Development programmes, the gigantic organisation of the rural and a few Urban Community Development Projects and the programmes of Housing and Education are vitally associated with Child Welfare. The Industrial Revolution, the achievements of science and programmes of technological and industrial development have to be considered in terms of human needs and social values. In the opinion of the Committee, the effects of these on the child and the family are of the greatest importance. The early plans, directions, objectives and programmes can produce creative trends to benefit the lives of children and families for a long time. These benefits in the right direction can lay spiritual, social and moral foundations for the nation. Political and material programmes at times do not seem to be directly related to these aspects of human society; but the consequences of these are manifest in the spiritual, moral and cultural values of civilisation. Child care is thus not merely a problem of the evident needs of children; and the national aspect of child care and welfare should be considered to be very closely related to measures which are being taken for the Regional, Social and Economic Planning and development of the country.

Examination of philosophy, policies and attitudes towards children

28. The primary approach must therefore be to examine the philosophy, policies and attitudes of the family, community and the nation towards children. On the whole there is a general consensus of opinion among the informed and intelligent sections of society that children have been neglected, rather than cared for. The frequent excuses, or shall we say rationalisations, are, that there are more important problems to be dealt with, very large numbers are involved, there is absence of finance and other resources, and there is dearth as well as inefficiency of child welfare

workers and agencies. The aim of the Committee is to focus attention back on children, to deal with them as the greatest asset of our society; to determine how best society can bestow its love and care on them; and to formulate measures by which their needs could be determined and met.

A survey of the historical background, and scope for child welfare in India today

29. The preliminary world survey of the needs of children has presented a terrible picture of widespread suffering and privations. In India too, the situation is bad, and is most severe amongst the poorest sections of society. Not only in India, but throughout the world, including even the highly developed countries, the sufferings of children and their neglect were almost a universal phenomenon. Children suffered from destitution, disease, war and social injustice; millions of them were victims of poverty, social inequality and even cruelty. Feudalism created the concept that the child was a 'chattel' of his parent, hence parents alone were responsible for the fulfilment of his needs. In the early period of the Industrial Revolution, living conditions of children deteriorated rather than improved. Under the Poor Law and other social measures, needs of the children were barely met, and society followed a "laissez-faire" attitude. It is only after the First World War that nations, and to a small extent, the League of Nations paid any attention to the needs of children. The birth of the International Union for Child Welfare was significant when it came into existence in 1946. It may be noted that the alarmingly high rates of infant mortality which were then prevalent, were a major factor that led to the creation of Infant Welfare Institutions and programmes.

30. Meanwhile, progress of biology and psychology in the world brought vital aspects of the life and needs of children to the attention of society. Vienna played a leading role, and other highly developed and progressive countries started to study more intensively the problems and needs of children, childhood, and child psychology. The Pre-school programme, or what is known in popular parlance as the Kindergarten or Nursery School, emerged as a major and vital programme to provide for child care. Repeated emphasis by social scientists on the role of sympathy and understanding in child welfare produced programmes for the care of handicapped and maladjusted children. An indispensable aspect of the children's problem is a consideration of the large numbers who

are involved; and assessment of the efficacy of the basic approaches to deal with their problems and needs such as Legislation, Policy, Social Welfare Programmes, and Research.

31. In India, after paying attention to problems of disease and industrial labour, the British Government appealed to sentiment and philanthrophy to deal with the needs of infants and small children. Emphasis was laid on prevention of high infant mortality rates; and a few organisations attempted to handle this problem even though the numbers of children under their purview were small. Political consciousness produced an increased awakening and agitation on the part of a number of organisations to take an interest in children, and the Scout Movement was well organised to deal with school going children. But it had no programme for children under six years of age. Another beginning was made by the 'Save the Children's Fund' which came into existence during the catastrophic famine conditions which hit Calcutta during the last days of British rule. This fund later took the form of the Indian Council for Child Welfare, with its State and District branches and eventually gained affiliation with the International Union of Child Welfare. The Red Cross, Municipalities, District Boards and private social welfare agencies took some interest in child welfare. All of them served only a few areas and a comparatively small number of children.

32. Since Independence, however, the Five Year Plans have not given to Child Welfare the importance and attention which the Child Care Committee naturally pleads to emphasise. Fortunately, some important National and State Leaders have realised the urgency of the need for attention to problems and needs of children. Foremost amongst them is our Prime Minister whose love for children has become synonymous with his great leadership. As Health Minister, Rajkumari Amrit Kaur took great pains to lay the foundation of the Indian Council for Child Welfare and she has been followed by Smt. Indira Gandhi who has made this programme a mission of her life. The Social Welfare Board, under the dynamic personality of Smt. Durgabai Deshmukh, has stressed and emphasised the problems and needs of women, mothers and children alike. Even before Independence, the late Shri B. G. Kher took an active interest in the Balkan-Ji-Bari and Shri Morarji Desai who succeeded him has created the Federation of Child Welfare Associations in India. Shri S. K. Dey, the Minister of Community Development, has promised the representatives of women's organisations in India that women and children will receive high priority

in programmes of Community Development. The Health Minister of the Government of India, Dr. Sushila Nayar is another person dedicated to serve the nation's children. Tribute must also be paid to the silent work of doctors like Dr. Miss Jhirad and Dr. Mhaskar and of Smt. Tarabai Modak who has devoted her life to pre-schools. Workers of the Health Departments, and other citizens have also striven to deal with the problems of survival, diseases and care and training of children. Likewise, welfare agencies have dealt labouriously with the problems and needs of handicapped children. The Family Planning Movement, too, has recently gathered great momentum under the leadership of Lady Rama Rau who is a world figure in this Movement. The First and Second Five Year Plans have earmarked funds for child welfare through social welfare as a whole; and child welfare schemes have been included in social welfare programmes. State Governments too have not been able to set aside clearly earmarked funds for the benefit of children.

33. A milestone in the fortunes of children of the world was reached when the United Nations International Children's Emergency Fund (UNICEF) was created in 1946. Another, and perhaps greater milestone in the fortunes of children of the world was reached in 1959 when the General Assembly of the United Nations adopted what is probably one amongst the most revolutionary documents of our times; namely the Declaration of the Rights of the Child.[1] Immediately after this Declaration the Executive Board of the United Nations Children's Fund carried out a survey of the needs of children throughout the world and a brief report was submitted to the World Health Organisation (WHO) in 1961. The Health Ministry of the Government of India has brought out its Report which has been submitted to the United Nations, and this Committee has been greatly benefited by information obtained therefrom.

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[1]Report of U.N. Economic and Social Council, 1961: page 3.

CHAPTER I

FAMILY AND THE NATION

1.1. It is impossible to conceive a study and treatment of the problems and needs of children under six years of age without examining the basic social concepts of the human family. The Committee is deeply conscious of the role of the State and the responsibility of society to deal with the requirements of small children who are helpless and dependent; but as the numbers involved are very large, and the conditions under which millions of children live are below minimum standards the care of each individual child requires the attention of his parents and the family. This factor was very strongly emphasised before the Committee by several ministers of State Governments, and representatives of voluntary child welfare organisations.

1.2. Social organisation in India is a product of tradition, history and inevitable social changes that follows the operation of various social and economic forces upon established social structures. The Committee therefore came to the conclusion that in the first instance, using whatever data and information that was available, the historial basis and the chief characteristics of at least the main types of families in India should be studied. It was not possible to obtain direct information from the original source as millions of families were involved; but adequate information could be available from social literature and a number of intensive and reliable social surveys relating to the family and the child to enable the Committee to prepare a brief report on family life in India.

1.3. The Committee is aware of its limitations, and the time at its disposal is inadequate to study the large numbers of research reports relating to different aspects of family life which were carried out by Universities, Schools of Social Work, and other organisations for family and child welfare.

1.4. This Chapter is meant only to serve as a general background to reach conclusions and recommendations to deal realistically and effectively with at least the most fundamental needs of children

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under six years of age. The terms of reference of the Committee have especially emphasised the examination of the role of the pre-school to deal with this category of children. This has been done; but the Committee is strongly of the opinion that it is the combined efforts of the family programme of parental education, and the pre-school aided by the State at all levels, that can help to deal with the basic requirements of children between the ages of three and six years.

1.5. The problem of birth and child care are related to the institution of the family. The family is the primary institution for the care and protection of the child; and this fact has been accepted in India from time immemorial. The Community, the Society and the State have great responsibilities; and one of these is to assist the family in every way to fulfill its natural and social obligations.

1.6. It is impossible to make general observation about the patterns and types of families in India, and their conditions and standards of living, their innumerable problems, and the needs of the family in different sections of Indian society. The family in India is the oldest social institution. It has been influenced by tradition, history and religion as much as by economic conditions and their social consequences. Family patterns are different in sylvan, rural and urban areas. It has played the most important role in the simple lives of millions of homes during the thousands of years of Indian history. As Westermark has recorded, India does not seem to have known any promiscuous society.

1.7. *The Tribal Family :* At the root and base of Indian society there are the primitive and tribal families living in forests and hilly regions. Between four to six million families live in the forests and mountainous regions which cover nearly 25 per cent of the entire physical area of the country. They eke out their livelihood by gathering natural food articles and they work as farmers, artisans and labourers. The size and composition of the family varies in terms of prevailing traditions and practices in different societies. Families belonging to the so-called tribal society are not primitive. Tribal population in India is larger than what is included in the schedule of tribes declared by the President and accepted by the Indian Constitution; and on the basis of the Census of 1921 and the possible actuarial estimates of increase during one generation it may now be as much as 30 millions. Evidently, this population is larger than the population of some of the very important but small countries of the world. Amongst the tribals, marriage has been described as a free and transient union.

1.8. The Dravidian society, at least a section of it—was matriarchal, whilst the majority of the Hindu families belonging to the various castes are patriarchal where the social status of woman has suffered severely during the last few centuries.

1.9. *The family in rural areas :* In the rural areas of India, there are innumerable family patterns amongst the upper castes, the business communities and the Sudras and the Harijans who represent the rural masses. Land-based feudal families, living according to their regional customs and traditions of patriarchy, predominate. Influenced by religion, socially weak and at times disorganised and economically poor, the large families, many of them being joint families, have very often lived a stagnant and sad life. The Census reports have revealed high death rates and high birth rates, and the rural population has increased enormously. Improvement is even now slow and hardly discernable.

1.10. India is a vast and ancient land. It has one of the largest population concentrations in the world; and at the present day almost 40 per cent of this population is made up of the child population under the age of sixteen years. There are on an average at least two living children in every family in India.

1.11. *The family and religious groups :* Many advanced and religious groups including Muslims, Christians, Jews, Parsis have their own distinct family patterns.

1.12. *The urban family :* Rural towns came into existence in very ancient times, but the modern city and the metropolitan areas are products of only recent history. Urbanism became a social force after the railway linked the various regions of the country. Commercial and industrial development has been phenomenal since independence. The rural mind, traditions, and families came to the cities, and successive decades have produced the slums, the middle classes, and the dynamic influence and impact of Western society. A new urban family is arising and the urban population is characterised by insecure individualism and a weak small family structure functioning in the midst of a vast, heterogeneous and almost unmanageable urban society with its restlessness and unsatisfied ambitions. The impact of industrialisation and technical progress have created fundamental problems of family disorganisation and neglected children in Western society. Indian society must be forewarned and imaginative, and radical measures must be taken to maintain the moral, ethical and spiritual foundations of the family to maintain its emotional integration and social health.

1.13. *The family in its regional and physical habitat:* Families have lived in their ancient physical habitats for centuries; and yet thousands of families have known migrations due to innumerable factors. The stability of the family, whatever be the destiny of the complicated social organisations throughout the country, has been a significant feature of Indian society. Family life is affected by the physical habitat and environments, and the pattern of socio-economic life emerges out of exploitation of nature and natural resources in the early stages of the country's history.

1.14. India has lofty mountains and some families live on altitudes above 3,000 and upto 10,000 feet. At present about 25 per cent of the Indian physical environment is sylvan, and thousands of families are affected by the life in, or in close proximity to, forests. Centuries ago the sylvan areas were perhaps even more inhabited than the plains. The largest section of the Indian population lives in rural areas, on vast plains which were affected by a short and unique monsoon, and fed by a system of rivers which flow swiftly to the seas. The southern peninsula of the country has become the home of one of the oldest civilizations and one of the largest concentrations of population in the whole world. The Dravidians have enjoyed the benefits of a moderate and tropical climate which is so different from the extreme cold and intense heat of the north. Rajasthan and some other parts have known desert conditions. The benefit of the sea shore has been enjoyed by the coast line dwellers of both the east and west of India. It is therefore quite evident that the social foundations of the nation must be complex. A remarkable character of Indian society is the rootedness and immobility of its population. During the long course of history the different parts of India have developed cultural patterns and social organisations which have produced different ways of life amongst the millions of families that make up Indian society.

1.15. *The spiritual heritage and religious background of Indian families:* The spiritual heritage of India and the centuries of religious life have given roots and foundations to the social structure as a whole. The family has been affected by the traditional atmosphere which began in the supernaturalistic animism of the tribal society to continue during centuries which were influenced by both Dravidian and Aryan religious beliefs, faith and innumerable forms of worship. Hindu society has produced many prophets and philosophers, and most of them had remarkable influence on family life.

1.16. Possessing a tolerant and catholic outlook, Indian society has allowed the admission and prevalence of almost all the faiths of the world. Very often the religious atmosphere pervades the humblest home, and family life is affected by, and is even the controlling and sometimes directing influence which has given a kind of moral and ethical sanctity to the family. But very often this influence weakened, and then elements of social disorganisation entered various social groups, affecting, and at times, demoralising and weakening the family structure and its emotional integration. The present generation seems to be less affected by religion and ancient tradition, and the modern commercialised and industrial life of urban areas, and the rapidly urbanising rural areas may produce family patterns and problems which may not be dissimilar to the problems faced by the family and the child in many Western countries.

1.17. *The family and the race factor:* The biological origins of the various elements of the Indian population can hardly be traced. In the early primitive, tribal and Dravidian population the Negroid, Austroloid, and Mongoloid elements were evidently present. The Aryan, Muslim and successive conquerors and immigrants produced a racial composition of society in which the contributions of each element is hardly separately discernable. Most of the tribal societies were originally endogamous, and they strongly resisted inter-marriage. But the resistance eventually broke down in periods of stress and social disorganisation. The Bhils, one of the largest tribes in India, were prepared to marry their sons to the daughters of the Rajputs. The caste system was firmly rooted in principles of blood purity; but even then gradually the Visa, Dasa and Pancha groups came into existence till inter-caste marriage was strongly advocated and encouraged by leaders of the stature of Mahatma Gandhi. On the whole, Indian society is traditionally strongly rooted in the soil, but wars, famines, disease and poverty compelled migrations which made racial isolation impossible. Rural society could afford to be rigid but the influence of urbanism, industralisation and education all tend to promote a biological inter-mixture of the racial elements.

1.18. India has produced patterns of family living which are so distinct in terms of physical regions and linguistic factors. The family of the south, in Bengal, Maharashtra, Gujarat, the Punjab and such regional-*cum*-cultural integrations are culturally very

distinct and individualistic. The food, dress, habits and folklore of the family are affected by these individualistic cultural patterns and the influence is further intensified by the presence of class and caste differences. The aristocracy in India sometimes developed family patterns as in the West. The middle classes have their strong family tradition, habits and ambitions. Even poverty has not prevented families from developing their social, ethical and cultural characteristics. At present, at least, there is no indication whatsoever of the emergence of what may be called the *Indian family*, and therefore Indian culture is likely to remain rich in the separate expressions of the various elements of cultural diversities.

1.19. *The family and the economic structure of society:* Whatever be the influence of geography, philosophy, religion, race and culture on the fundamental basis of the social structure and organisation, the characteristic and vital elements of social living are dependent upon the realities of the economic situation and the struggle for existence of the common people. From the very begining, the Indian population has been subjected to famines and vicissitudes of nature, wars and conquests, and the consequent instability of the social structure leading to a chronic insecurity of family life. Many of the national weaknesses of the present day can be attributed to this insecurity.

1.20. On the whole, the struggles, tribulations and insecurity of life perhaps made the family even stronger. Deep rooted affection and love for children prevail in the humblest villages of the tribal population, the poverty-striken villages of the plains, and even the slums of rural towns and metropolitan cities. Some of the most striking characteristics of the family in India are its capacity for endurance, patience, and the willing obedience to tradition in the midst of the challenge of powerful social forces that had their origin sometimes outside the community, society and country.

1.21. Feudalism has affected many countries and societies, and feudalism has its most serious consequences on the rural family in India. The class system developed its rigidities which were further strengthened by the influence of castes and groups based upon economic considerations which led to the traditional interpretations of the Varna and caste systems. Since the beginning of the Aryan migration into India, each consequent conqueror brought

foreign influence that affected the legal as well as economic and moral and cultural basis of the family and society as a whole. The latest and most powerful influence is the result of the impact of industrialization and western culture, especially upon the educated elements in India.

1.22. *The family is moulded by Indian history*: The general trends of history develop social forces and they externally seem to affect the most dynamic and powerful elements of the Indian society; but in reality the influence of the social forces penetrates into the hard core of regional communities who live in villages and towns, affecting the basic roots of the human family, the character of human relationships, and the fundamental attitudes towards life, the family and children who are born to inherit every detail of the social heritage.

1.23. Since time immemorial, history and innumerable factors have contributed to the varied characteristics of the various types of families in India. Some of the important factors which have affected the institutions of the family have been stated above. Intensive sociological studies of the family in India are needed to examine its strength and weaknesses, especially to assess its capacities to perform its specific functions to satisfy the needs of children who are born within its spheres of responsibility.

1.24. The study of the family has not been neglected in India. The same cannot be said however regarding the lives of children in society. The Committee made a special effort to inquire about the available research materials.

1.25. Taking into account the basic factors that affected the family and family disorganization in India, the Committee decided to take into consideration some of the available family life studies dealing with the main elements of the Indian population. A brief summary of the salient features of family life amongst the following six types of families are dealt with in this Chapter :

1. Family amongst the primitives, and the population of scheduled tribes.
2. The family amongst the rural masses.
3. The family amongst high caste Hindus and the joint family.
4. The Harijan family.
5. The family amongst the industrial working classes.
6. Middle and upper class families of the urban areas.

1.26. *The Urban Family* : National life in the twentieth century is dominated by urban areas and therefore family life in the cities is of very great importance. The Committee is of the opinion that the difficulties, problems and needs of small children in cities should receive as much, if not greater, attention from the community and government as the children of rural areas because of the prevalence of undesirable physical conditions in urban slums, the complex nature of urban living, and the extremely intense concentration of child population in overcrowded localities.

1.27. Some of the cities in India originated as rural towns several centuries ago. They were religious centres, centres of transport and commerce on seaways and riverways, or a concentration of population at the junction of national highways, or seats of administration, trade and commerce. Their population in the past was small, invariably less than 1,00,000 persons, before the commencement of the present century. The types of urban families were often the same as in rural areas. For example, the population of rural towns contained families of the upper castes who belonged to the three upper Varnas and these included the families of Brahmins as well as of professional and intellectual classes and the ruling Kshatriya families including families of a section of Administrators and Government servants. Absentee landlords belonged to all castes. Then there are Vaishya families of traders and shopkeepers, artisans, agricultural labourers, domestic and farm servants and families of untouchable castes.

1.28. The new urban family which represents the dominant section of Indian society at the present day is very much influenced by Western modes of life, the Industrial Revolution, and the development of trade and commerce. Western influence on urban life was fostered by British Rule and the education system. This influence naturally continues as a result of the personal example of a growing number of Western returned businessmen, officers, and students; as well as of literature, newspapers, cinema and radio. There is also a secondary influence of the original habit and language group from where the first generation had migrated to the city. The metropolitan cities, some of which are amongst the largest in the world have arisen as concentrations of heterogeneous masses of population distinguished only by class and the prevailing occupational patterns. These families belong to different standards of living. Upper class families of the rich and upper middle classes are products of education and opportunity, and their family life is characterised by marked individualism.

1.29. There are very few studies of the upper or middle classes, as most of the social researches in India are confined to the survey and analysis of conditions prevailing amongst the poor and the working classes. There are a few surveys relating to small groups of middle class families. An interesting and exhaustive study of 10,000 families of the Parsi community residing in Bombay, which was carried out in 1940-41, has been submitted to this Committee. Family pattern in the upper bracket of society distinctly belong to caste families amongst Hindus, or families amongst Muslims, Christians, Parsis, Jews and other religious groups some of whom have their own special laws to regulate marriage, divorce, property, inheritance, and such other aspects of family life. The Muslims in India do not have one single pattern of family life. The Shiahs and Sunnis, especially the Bohras, Khojas, Afghans, and Arabs have different patterns in the upper classes of urban areas. Amongst the rural Muslims of the North and Uttar Pradesh, the Muslim peasantry of Bengal and Malabar, the industrial Muslim workers of Bombay and Madhya Pradesh, different elements and characteristics prevail. Perhaps the most important problems affecting them relate to polygamy and the 'purdah'. There is a distinct trend of change in their structure projecting towards monogamy due to innumerable reasons. It is not merely the concrete emergence of a public opinion and the example of some of the Muslim countries, but the compelling arguments of lack of income, inadequate housing, the crystallisation of firm opinion amongst women, and the education of children which are also developing new horizons of change. The influence of Hindu society as a result of social intercourse is also present.

1.30. The Committee feels that there is a need of deep study of the problems of family life amongst the Muslims of India. This should especially be carried out in urban areas, because they eventually affect the Muslims of the rural areas. Of great importance is the study of the status and rights of Muslim women, the patterns of child care in Muslim families of various types, and the consequences of polygamy on children in the family and community environments.

1.31. The health and nutrition of Muslim children need separate attention because they have special food habits of their own. Whilst there is a great intake of meats for an early age, the use of milk in the Muslim family deserves special study.

1.32. The existence of political, religious and cultural problems arising out of history and inter-relationship of religious groups, especially of Muslims and Hindus, need attention, as well as a socio-psychological approach in order to promote the basic freedom of ethnic and cultural groups in a secular state, and at the same time promote patterns of child care, training and education from the earliest age so that interaction, acculturisation, and even cultural assimilation and emotional and social integration may take place in a congenial atmosphere of harmony, good will and tolerance. The Committee feels that special attention should be given to family and community conditions and patterns in areas where large Muslim populations live, so that the Muslim family could achieve social health and use their undoubted capacities to promote the welfare of the nation as a whole.

1.33. The Committee received information of a number of studies of social and economic conditions and family life of small groups of industrial workers in urban areas; and most of the characteristics of the workers' life in urban areas are found included in a very recent and comprehensive study of the 'Child in the Urban Community' of industrial workers which has been carried out by the Tata Institute of Social Sciences on the initiative and with the help of the Health Ministry of the Government of India. Some of this data, as well as other relevant statistics, are used in this Chapter merely to illustrate the real nature of family life and needs of children under six years of age in this most important section of urban society.

1.34. *Family life is disturbed by the seasonal migration of industrial workers* : Studies of the family life of industrial workers reveal the serious problem of seasonal migration of industrial workers to and from urban and rural areas. This problem has very serious consequences on family life and especially on children under six years of age. There may be some difference in the pattern of migration of the rural population to different cities of India since recent times. Generally, in the first instance, a young man, or a middle aged father from a rural area goes alone to the city to find employment in an industrial area. He returns to the rural family sometimes at sowing and/or at harvest time. Or he returns once a year for one ; two or three months to spend some time with his family. Rural workers who migrate to distant cities from Uttar Pradesh are known to visit their families for a short time once in a period of two or more years. When security of employment in the city is achieved, and when there is a father or

a brother of the worker to cultivate the small piece of land in the village, the worker returns to the city accompanied by his wife and children. When their son reaches marriageable age, a wife is usually secured for him from the rural area. During old age, many parents return to the village to spend the last years of their life in their native rural area. At the end of about one generation, children are born in the city who gradually lose contact with the village. When such children grow up, they represent the truly urban family.

1.35. Human beings have the right to a full-time association of all the members of the family. The small child requires the presence of a father, both as a provider as well as a protector. Seasonal migration from rural areas to the industrial city began almost at the beginning of this century. The Swadeshi Movement and the First World War stimulated the emigration of rural population to urban areas. Thus almost in two generations after the first experience of urban life by a traditionally rooted rural population, the truly urban family is coming into existence. A significant change is brought about in the family life by the absence of the influence of tradition and religion. There is a remarkable change and a possible deterioration in the sex life of parents and youth. Frivolity enters the lives of some families. A happy and healthy family life is normally characterised by a sense of responsibility and the absence of such responsibility is not in the interest of children who are brought up in urban homes. The United Nations Report on the needs of children states that "rapid social and economic change, including particularly urbanisation, the growth and movement of population, and serious social conditions associated with industrialization, have had the greatest effect on family life and children. More attention is needed for services which will protect the integrity and safeguard the quality of family life, to improve family levels of living, and be directed towards child protection, and the prevention of child dependency, neglect, abandonment, and juvenile delinquency."[1]

1.36. *Size of urban households:* The total urban population of India was 6,18,75,123 in 1951; and 7,78,39,900 in 1961. It is usually the practice to treat the family as a unit of the city population. However, the Ministry of Labour in the United Kingdom in 1953-54 called this unit a "household" and defined it as "either a person living alone or a group of two or more persons living together in

[1]United Nations Report—1961, page 96.

the sense of wholly or partly sharing meals and other household expenses." A survey which was carried out recently in Calcutta defined the household as "consisting of a person or a number of persons who live together and stay at night in a particular residence and who have a common kitchen of their own from which they take their meals." This definition more or less corresponds to the one adopted by the Census authorities in 1951. The average size of the household in some of the Indian cities, according to the 1951 Census was as follows:—

Name of City	*Size of household*
Hyderabad-Secunderabad City	6·57
Calcutta	4·97 to 5·38
Jamshedpur	5·8
Hubli	5·4
Poona	4·65
Kanpur	4·36

The average size of the household in most urban and rural areas is not known, but in major cities the number is between 5 to 6 persons. The size of the average household in cities is usually somewhat smaller than the size of the household in rural areas. Taking into consideration the data obtained in five different surveys in an industrial area of Bombay, a conclusion is evident that almost 40 per cent of the population is normally made up of children upto the age of sixteen years, the number of children under six made up between 12 to 15 per cent of the total population; and the rest were adults.[1]

1.37. *Sex and age composition:* The sex and age composition of urban communities differs in various parts of the country.

1.38. *Composition of the worker's family:* A gradual change is occurring in the composition of families of workers. A few decades ago many lone persons lived in the city; then the predominating trend became the prevalence of the small family. Often it remained a part of the joint family, but another part of the joint family remained in the village. Even now, whether the family is rich or poor, the patriarch is respected and obeyed; and brothers continue to share income, land and other properties even when they do not stay together in the family, and sometimes not even in the

[1]There were between 2 and 2·5 adults in each family according to the data obtained in an intensive survey of families whereas other surveys revealed the presence of between 3 and 3·25 adults per family.

same city. The composition of families in large cities is not made up of husband, wife and children only. Poverty and the consequent desire to keep boarders, bringing members of the joint family to the city, and willingness to accommodate persons who belong to the same village communities, lead to the emergence of a complex household, and it cannot be imagined how families afford to accommodate 10 to 15 persons in a one-room tenement. Several members sleep outside the tenement in corridors, and sometimes on pavements outside the building. This problem is not given adequate emphasis in social surveys and it is difficult to describe situations without adequate data. The presence of old persons proves a great help for the care and careful upbringing of children. The presence of more than one female in the household enables a mother to find employment though she may be looking after a child under one year of age. A household with a single woman and a very large number of children is a handicapped family and a family with only male members and very small children is even more handicapped.[1]

1.39. *The sex ratio :* Since the beginning of the Industrial Revolution in India, the sex ratio of the population has been abnormal in cities. The male alone due to pressure of population on the soil, extreme rural poverty, a spirit of adventure, or in order to receive or to give education to children or just to make money, came to the city. The situation regarding this ratio has been improving in Bombay recently.[2] As the population becomes more industrially settled and more secure in employment, it is almost certain that there will be considerable further improvement in the situation. A healthy sex ratio is vital for the social health of the family

[1]Some information regarding the composition of families in a community of industrial workers is given in Appendix A.

[2]The number of females per 1,000 males in the city of Bombay according to the Census Reports, were as follows: 1872—612; 1881—664; 1891—586; 1901—617; 1911—530; 1921—525; 1931—554; 1941—559; and 1951—596.

Survey carried out in a compact area of Bombay City in 1957 revealed a population of 2,023 persons including 1,124 males and 899 females, *i.e.*, 799 females to 1,000 males.

The data of another compact community consisting of Harijan families in Bombay City revealed that out of a population of 1,649, there were 833 males and 816 females, *i.e.*, 979.5 females to 1000 males.

The distribution of population by sex in the various States and important cities of India during 1931—51 is given in two parts in Appendix B, Census of India, 1951, Volume I. pp. 8-9 and pp. 64—74.

and the community for the prevalence of a healthy sex and married life, and for the happiness and health of individuals of both the sexes.

1.40. *Marriage :* During the several thousand years of development of Hindu society, parents seem to have shown their greatest concern for the marriage of their children. In the city, as in the village, from a very early age the child desires to get married, stimulated by the environment that surrounds him. Children play games mimicking marriage parties and feasts. Religion enforces upon the girl the duty to marry and have children; and children are affected by the example of parents and persons in the family and community circle who were married at a very early age. It is, therefore, inevitable that as long as the traditional and rural background of the urban family remains, the marital status will be achieved as early as possible by a large number of young persons.

1.41. As different groups of workers studied reveal a considerable variation in the marriage situation, it is possible that there is no positive pattern where the incidence of marriage in the early age groups is as high as is the case normally in rural areas. There is a positive tendency on the part of the male to marry later than is normally the case in the village; but amongst women, marriages take place earlier. The disparity in the sex ratio of the city population has already been pointed out. Besides, there is a tendency on the part of the city worker to bring a very young bride from the village. Eventually few persons remain unmarried, and if a tendency now develops to delay marriages especially in the case of young men, this may prove for the general good of the community. As the boys in cities are now keen to receive school education, this also is one of the reasons why marriage is delayed to some extent.

1.42. The initiative for marriage is taken invariably by parents. Constant insistence on the part of parents eventually leads the boy to pay a short visit to a village, and give his approval to the parents' careful selection of the girl. There are some young men who select a bridge from the city itself, and this is a romantic marriage which is seldom resisted by parents. The patterns of marriage is likely to continuously change in favour of late marriages, and the number of marriages by selection and personal consent may increase as rural influence and the influence of rural elders decline in the urban community.

1.43. *Monogamy :* Hindu families are not always monogamous. Some cases are known where a husband has more than one wife.

The non-practice of monogamy is not frowned upon in some communities and hence old caste, religious and ritual traditions continue to prevail in some cases. Some Hindu groups have favoured the marriage of a male to more than one woman in case the first wife does not beget a child, and therefore a second marriage is often due to an intense and religious desire to have children. The Government of India has now decided to give employment only to persons who are monogamous.

1.44. Marriages amongst the working classes lack adequate preparations during youth, there is lack of contact between the couple prior to marriage, and in most cases both the partners are illiterate. Yet a stable and normal family prevails as a general pattern. In innumerable houses the couple show a spirit of sacrifice and a measure of understanding. They have the courage and fortitude to meet all the difficulties and eventualities of married life. The 'dharma' concept of marriage is still present, especially in the older generation. The chief criterion for selection are the possession of land, money, the income of the person, the status of the caste and family, and education.

1.45. *Marriage by purchase:* Marriage amongst industrial workers still follows rural and traditional patterns. Marriage by purchase is the prevailing mode, and it is invariably arranged by parents and relatives.

1.46. *Remarriage and divorce:* Remarriage is more frequent, and the Hindu always feels the need of a woman in the family and home. Divorces are known, but they are rare. Divorce has been allowed and practiced in certain groups even in rural areas, and on the whole there is no definite evidence of the prevalence of these due to urban conditions and influence. Cases of desertion are also prevalent in cities, and this problem needs to be carefully studied as it leads to insecurity in the lives of women.

1.47. *Age at Marriage:* It is very evident that in a modern industrial city the practice of child and early marriage still prevails in the industrial working class. The real cause of this is not

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[1]The age of marriage studied in the case of 1,251 women and 622 men in four different Surveys of an industrial community of Bombay revealed that 12 females were married before the age of 5 years, and 107 girls between 6 and 10 years. Only 2 boys were married between 6 and 10 years of age; 509 girls and 27 boys were married between 11 and 15 years of age; 552 young women and 334 young men were married between 16 and 20 years; 62 women and 229 men were married between 21 and 25 years; and 9 women and 30 men were married after the age of 26.

tradition, ignorance and caste; but poverty, excessive population, and the anxiety of parents to get their daughters married so that they may not remain unmarried for life. The rise in the age of marriage will probably be one of the real indications of an improved standard of living. According to the Census of India, 1951 there were 284,595 males and 607,937 females who had married between the ages of five and fourteen years. Of these 265,130 males and 555,275 females belonged to rural areas; and 19,465 males and 52,662 females belonged to urban areas. In the same age group 6,638 males and 13,312 females were either widowed or divorced. There were 6,180 widows in rural areas and 458 in urban areas; and there were 12,104 widows in rural areas and 1,208 widows in urban areas between the ages of 5 and 14. According to the same Census Report, about 15 per cent of the total population of the age group 9—14 were declared to be married. A recent Calcutta survey emphasises the fact that "the data included in the fertility tables show that the average age at marriage of all married women in the city was 15-16 years. The number of young persons aged 9-14 who are married is insignificant amongst the city's population, whilst it is considerably large in many parts of India. For example, in Poona about 3 per cent of young women below the age of 15 were married, as against only 0·3 per cent of this city's female population belonging to this age group." A similar study of fertility control in Delhi revealed that nearly 57 per cent were married between 17 to 18 years.

The child and its immediate environment

1.48. *Housing Conditions* : Some of the western countries have paid a high price for the absence of a sound national policy on housing and town planning and their failure to attend to this problem during the early period of development of urban areas. There has been an unchecked growth of population and slums during this century. Legislation in terms of town planning and Housing Acts have hardly affected the situation. The advantages of technical progress in Town Planning and Civil Engineering have been practically nullified by the uncontrolled rise of land values in cities and the soaring costs of construction; and consequently abnormally high rents prevail. The continuous discussion of the problem of minimum housing standards in Conferences and Seminars in India has yet to produce a tenement for a family with normal comforts, good sanitation, and adequate space for play and normal functions of life which could permit normal growth

and development of the child. Stunted growth, mental backwardness, and prevalence of diseases amongst children under six years of age will be dealt with in a subsequent Chapter.

1.49. The majority of the workers' families continue to live in one-room tenements. The Rent Enquiry Committee of 1939 reported that eightyone per cent of the tenements in the city of Bombay were single room tenements, and more than 50 per cent of the population lived in such tenements. The only improvement at present offers an additional verandah, a small area for a kitchen, and a sink. Private taps, lavatories and urinals are not yet provided as absolutely essential necessities of family life. Sanitation, cleanliness and even beauty ought to be present in the surroundings of little children, and unless the State and society realise the importance of minimum housing standards and good housing management, families cannot be blamed for the squalor and ugliness of their environments. The Committee endorses the often repeated demand for the legal enforcement of minimum housing standard in cities. The minimum area for a tenement ought to be 360 square feet for two rooms, verandah, private lavatory and sink. One of the chief indices for better standards of living should be an improvement of housing conditions. Play space is imperative for the normal growth development and safety of the small child. There must be low staircases, fenced and paved open spaces and covered drainage in all residential areas. Land values in cities must be frozen, and they should only refer to the actual cost of development.

1.50. *Factors governing standard of living and family social health :* The social health of communities of industrial workers depend to a great extent on the two major factors, education of parents and the economic condition of families. The education of adults, and training and education of children together bring about important social changes. The proper care and education of children depend a good deal on these factors. Economic conditions depend upon three factors, capacity to work, employment and income.

1.51. When workers just came from rural areas to the city to find employment, they were invariably unskilled and illiterate; and consequently their wages were low. As members of the family were often distributed between city and village, the income likewise came from two sources and two households had to be maintained for one family. This was an abnormal and unnatural

economy which allowed only the lowest standard of living to a worker even though the price level of commodities was low. Hardly any worker could afford to pay more than Rs. 5 per month as rent for a one-room tenement in the city. In the village the remaining members of the family lived in thatched huts, and produced a little food on a small uneconomic holding. Such a foundation was unfortunate for the family, and it was worse still for children who were born in both the urban and rural environments of the same family.

1.52. *Literacy and education of parents:* Literacy is making considerable progress amongst industrial workers of cities during last two decades.[1] Industrial workers can be illiterate but highly skilled. Likewise, they can be illiterate and yet be very intelligent and affectionate. Literate workers can be more easily intellectually interested to take a keener interest in the problems of the home and the family including problems of child growth and development. On the whole, as has been stated before, there are a large number of mothers and women who are illiterate. However, they are quite intelligent, and willing to appreciate programmes of family planning, ante-natal care, of child-care if there is no economic instability and insecurity in the family. It is experienced that illiterate women who are unhappy and insecure, and who are wives of unemployed husbands, suffer from anxiety and pain complex which makes them indifferent to the problems of child care and needs. Adequate and intensive studies have not been carried out to measure the prevalence of neglect or cruelty towards children to justify conclusions about the relation of such parental behaviours to literacy and intelligence levels of these parents.

1.53. The social impact of the Industrial Revolution in the West has not given emotional stability and social security to all the members of the family who belong to low income brackets. Divorce rates, juvenile delinquency and family disorganisation have increased. The total consequences of these factors are mainly borne by children who are greatly influenced by their home surroundings. Children are unable to understand the social situation around them, and children living in slum environments experience an atmosphere of insecurity and are neglected in terms of the fundamental needs of child care. The high incidence of T.B. in

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[1]The survey of family life of a group of industrial workers in Bombay in 1958 revealed that 59·32 per cent of the industrial workers were literate and 40·68 per cent were illiterate.

cities is only now being controlled; but a large section of the urban population is victim to sub-health. Longevity of life of the female is considerably shortened and infant mortality and child mortality rates are unduly high. The male population falls victim to drugery, social vice and money lenders. Low levels of wages, insecurity of employment, the employment of the mother as a coercive necessity and chronic indebtedness are revealed in almost all the surveys of the socio-economic life of the industrial worker.

1.54. *Important characteristics of urban family life:* The chief characteristics as well as trends of social change amongst urban families may be described as follows :

1. The growing influence of Western society and standards of living on family life.
2. A slow, but inevitable break up of the joint family due to the economic situation, occupational pattern, and the decreasing influence of religion and rural traditions.
3. A gradual emergence of the small family due to prevailing housing conditions, and other social and economic factors.

Vedic Society and joint family

1.55. *The family in rural areas:* The traditional family pattern of Tribal Society, the remaining but vital social elements of Dravidian Culture, and the family concepts of Vedic Society interact on each other to provide the many different family patterns of rural India. The large and joint family in India is a product of a land-based feudal society which absorbs and assimilated elements of the Varna system and the high principles of Vedic social organisation. The size of a joint family in India sometimes exceed even one hundred members; but the Indian joint family never attained the size, consolidation and other characteristics of the joint family in China. The total rural population in India was 294,004,271 in 1951. It has increased to 358,584,529 in 1961 in spite of the rapid pace of the Indian Industrial Revolution. The joint family yet prevails in many rural areas, and the average size of the household will also be somewhat larger than the urban household. Taking the average size of the household to contain 6 persons, though the joint family normally contains 7 to 12 to even 20 and more persons, there are between 50 and 60 million rural households in India.

1.56. It is very necessary to make a special reference to conditions of family and child care amongst the rural masses who live under conditions of chronic poverty.

1.57. Interesting social studies, giving useful data about marriage, family life and children have been carried out amongst agricultural labourers and labourers working in mines, tea gardens and other rural occupations. The general details of family life follow traditional patterns ; but special reference must be made to two types of social patterns prevailing amongst such communities.

1.58. There is a very small section of the poor rural population which maintains a reasonable standard of family health and morality in spite of prevailing conditions of chronic poverty. In spite of their weak economic backgrounds, they try to follow and preserve the influence of healthy traditions of their family life. In the midst of rural poverty, the family is strong and emotionally integrated; children are not only given love and care, but there is a willingness to sacrifice and practice of thrift. A marked improvement in employment and wages has taken place in recent years due to the intensive efforts of community development projects and other programmes of rural development.

1.59. On the other hand there is the presence of an evident undesirable influence of urban life on rural families which leads to drinking, social demoralisation and family disorganisation. The weakening of social morality and the influence of religion leads to the presence of unmarried mothers. The Committee is very much concerned with the inadequacy of measures to prevent family disorganisation in rural areas, and it is recommended that suitable measures be taken to treat the problem of such women and their children in a systematic manner. The problem of drink, rural prostitution, landlessness, the borrowing habit and economic insecurity are causes of family disorganisation in rural areas.

1.60. *The influence of caste and feudalism on the rural family :* Human organisation originates and develops in many different ways. Between two to four thousand years ago the Vedic Aryans were able to develop a social philosophy and thought that was able to influence the organisation of a vast and complex society; and they especially influenced the social, economic and moral basis of the institution of the family throughout India. The vicissitudes of time and history through several thousand years have not been able to prevent the continuous social change which was the result

of the operation of historical, economic and political forces. Yet the influence of this ancient heritage even now remains in all parts of the country, the family traditions and history present complex self-contradictions which are present in the social as well as family organisations of thousands of upper caste and joint families. The influence of the ancient social order has permeated every section of Indian society.

1.61. In the Rig Veda several expressions occur to denote law and order, and indicate the duties and responsibilities of man. These are 'Dharma', 'Rita', and 'Vrata', 'Dharma' emphasising the importance of natural as well as social laws, points out the duties and responsibilities of all human beings. Keith, in his 'Religion and Philosophy' says that 'Dharma' is 'that which supports and that which is supported: it applies to all aspects of the world, to the sequence of events in nature, to sacrifice and to man's life.' It is according to Dharma that the bridegroom brings the heart of the bride under his command. In terms of the problems of the child and the needs of the family, the related 'Dharmas' deal with the 'gnyati' or caste, the 'Kula' or clan and its exogamic sub-divisions called the 'Gotra'. The 'Purusha Dharma' and 'Stri Dharma' regulate the conduct of man and woman respectively. The Dharma of every woman differs according to her status in the family and society, with reference to her role in life as a maiden, wife, mother, widow or an elder of the family. The seeming contradiction of life and the operation of the law of history are explained in terms of the doctrine of Karma, or actions performed in this and previous lives, and their consequences on this and future lives.

1.62. The 'Kalpasutras' developed details in the 'Sraotasutras', 'Grihasutras', and 'Dharmasutras' which dealt with the actual performance of public and private duties by man and woman.

1.63. The Dharmasutra especially 'analysed' the various fundamental directions in terms of which man's life expresses itself. This analysis has indicated four possible forces, the four 'Purusharthas' in the midst of which man has to live his life. Amongst these four, *Artha* refers to the economic and material life of man and his family, and the ways of finding hapiness in the world. *Kama* relates to human desire, and the happiness obtained by man through his sense and sex. The latter satisfaction leads to children, and the duties of parents towards their offsprings.

1.64. To the Vedic Aryan, life was action, and action was worship. Thus the 'Samskaras' deal with the chief landmarks of life; and the most important of these deal with the child and the members of the family. Amongst these vital and spiritual periods of life are 'Garbadhan', the foetus laying rite which is performed at the consumation of marriage ; 'Punsavan' or 'male-making performed three months after conception for vitalising the foetus in order that a male may be born.' It is in this rite that the unfortunate attitude for preferential sex is indicated, which has so much affected the lives of females for centuries. Then there is the 'Simantomayana' rite or hair parting ceremony which is performed 'to mark the separation of the expectant mother from the husband so far as their sex relations are concerned.' The Jatakarma ceremony is performed before severing the umbilical cord. The child is given a name at the 'Namakarana' rite which is performed on the tenth, eleventh or twelfth day after birth. The 'Annaprasana' or food taking ceremony is performed when the child is eight months old. The end of the first stage of childhood is indicated by 'Chudakarana' hair tonsoring ceremony which is performed when the child is three years old. The second stage of childhood is marked by the 'Upanayana' ceremony which marks the initiative of the boy. The girl, even of the Brahmin is considered to be of the fourth or Sudra Varna, and she cannot go through this ceremony. The traditions of tribal society are thus repeated by the civilised Vedic Aryan. Likewise, the 'Mahanamya' ceremony enables the boy to recite the sacred gayatri or hymn to the Sun-God; and 'Samavartan' ceremony is performed to mark the end of the education of the boy under his 'guru' or teacher.

1.65. Thus almost all the major *rites* of life are devoted to mark the great importance that was attached to child by the Aryan society. The importance of the female, the attitude towards female children, and the status of women in later stages of life are important aspects of the culture of any society. The above aspects have been dealt with in different ways by Western and Eastern scholars. For example, Acharya Vinoba Bhave in his *Talks on the Gita*, says "There is a chapter in the Mahabharata describing the conversation between Janaka and Sulabha. Vyasa creates a situation where Janaka approaches a woman to learn wisdom from her. You may go on discussing whether women have the right to study the Vedas; but here we see before our eyes Sulabha teaching divine wisdom to King Janaka. She is an ordinary woman and he an emperor and a profound scholar. But the wise Janaka had not

attained Moksha. And so Vyasa sends them to fall at the feet of Sulabha."[1] On the other hand, there is evidence that the woman, though highly respected, did not enjoy equality with men in the modern sense in which the status of the woman is examined by sociologists. This aspect of social life had different presentations in matriarchal and patriarchal societies; and adequate conclusions cannot be drawn in respect of societies which have developed over four to five thousand years. Meyer, in his "Sex Life in Ancient India", draws inferences from some passages of the Ramayana. Translating from the Ramayana, he says 'The eldest brother is the same as the father, wife and son are a man's own body, his servants are the man's shadow, the daughter is the bitterest woe'. And I, 159 II: 'The son is his very self, the wife of a friend, but the daughter is known for misfortune.'[2]

1.66. Generally it is well known that the status of the woman fell throughout all feudal and supremely patriarchal societies. India may have experienced similar lowering of the status of the female in post-Vedic periods. Modern society, as we have pointed out, is the result of social change and the vicissitudes of history. This problem is, therefore, even important at the present day, as India is being influenced by the West and the social consequences of the Industrial Revolution. With the age-old experience of India, new attitudes could be developed towards children, and especially the demand of equal love, attention and care of the male and female child. Such an attitude will develop the true equality and freedom of the woman in all strata of Indian society.

1.67. One of the remaining two ceremonies marked the beginning of family life. 'Vivaha' or the marriage ceremony was performed as the couple performed the 'Mangalfera' or seven rounds round the ceremonial fire to mark the approaching vicissitudes of the struggle for existence and the entire family life. The 'Antyesthi' or the funeral rite alone can end this mundane existence. The rite of death is significantly related to the 'Sradha' which has to be performed by the son ten days after his father's death. Peace in the other world and in the life to come could hardly be assured till the duty of reproduction had been performed and the desire for children had been satisfied. Here again the secondary importance of the daughter in the family is given emphasis.

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[1]Vinoba Bhave, *Talks on the Gita*, p. 113, para. 43.

[2]Meyer, *Sex Life in Ancient India*, p. 7.

1.68. Hindu society was organised on the basis of Varna or the division of primary functions; and the performance of some of the vital rites are denied to the worker or the Sudra.

1.69. Worship is the vital aspect of life but then all the normal functions of life are contained in the four ashramas. According to the Brahmacharya Ashrama the male is enjoined to practice celibacy till he is 24 years old; and till he completes his education and the preparation for life. Then he enters the Grihastha Ashrama, during which he has to practise the life of a householder. Now the life of a household is not pictured as one of predatoriness, somehow managing the demands of life; nor is it meant for the satisfaction of the nutritive and reproductive needs of life.[1] Man has to live in society and enjoy life. If he has wealth, it has to be shared with others. Thus 'Samsara' or family life is lived with its mundane realities till old age comes and Vanaprastha Ashrama is entered to be spent in the woods, in mediation, in preparation of the fourth or 'Mukti' Ashrama when liberation is obtained and the individual is called upon to renounce all actions and relationships.

1.70. The significant and most natural of all human social organisations is the 'Kula' or family. 'It denotes the home or house of the family ....and by metonymy it means that the family itself is connected with the home.'[2] Kula thus suggest the existence of a system of individual families, each consisting of several nucleii under the headship of the father or the eldest brother whose Kula the dwelling is.[3] It is not the small biological family; but the large family, the joint family. Kula 'refers to the moral, economic, social, tone and timbre of the family.'[4] Kula Dharma again emphasised religious worship and concentrated on the importance of property and inheritance. It also emphasised the secondary role of the female, and on the whole it appears that the responsibilities of child care were not given the importance they deserved.

1.71. *Hindu exogamy:* The Gotra, translated as 'cows tail' or 'herd' consists of a number of families or 'Kulas' which trace descent from a common ancestor. It is thus a clan. Gotra Dharma dealt with exogamy and prohibited in-breeding; and dealt with 'property

[1]Thoothi, p. 140.

[2]Vedic Index 171 quoted by Thoothi, Vaishnavas of Gujarat.

[3]*Ibid,* p. 143.

[4]*Ibid,* p. 35.

rights', adoption and 'sutaka'.[1] Each Gotra is named after a Rishi, animal, plant, or place. The law of marriage laid down the 'prohibited degree' of consanguinity as the seventh in the male line. "The laws of inheritance require that one should be able to trace one's ancestry upto the thirteenth common ancestor."[2]

1.72. *The Caste-Hindu endogamy :* The social organisation which is larger than the Gotra and is made up of kins is the 'Gnyati' or Caste, sometimes considered and loosely called a community. These castes must all belong to any one of the Varnas. There are over three thousand different castes in India. The castes originated in several ways, and they were at times related to the common ancestor, or original residence, or common occupation, or acceptance of religious teachings and principles, or degree of purity, or mixture of blood, etc. The caste was meant to be rigidly endogamous and was the promoter and protector of family interests, caste position, privilege and property. The caste is not able to maintain its integration and influence; and due to several reasons it may break up into semi-castes called 'dasas' or demi-semi-castes called 'panchas'.

1.73. "In matters of marriage, the castes forbid any of its members to marry members of another caste without the express sanction of the castes concerned."[3] In this way the horizon of the family became limited; narrow and exclusive attitudes and prejudices developed, which became at times a characteristic of family life also.

1.74. The caste ruled the individual of both sexes in regard to divorce or marriage.

1.75. Polygamy is sanctioned by Dharma, but is not practised by the higher castes. The marriage of many young girls to rich old men also became a shadow on normal family life which lacked the suitable atmosphere for the bringing up of children.

1.76. Castes which do not belong to the Varnas, are called Jatis. And this word could mean 'a tribe'.

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[1]Vedic Index 171 quoted by Thoothi, Vaishnavas of Gujarat, p. 56.

[2]*Ibid*, p. 143.

[3]*Ibid*, p. 126.

1.77. *The Varnas:* The castes finally beyond to the largest social groupings including the Brahmin, the parent-teacher class, the Kshatriya or ruler-soldier class, or Vaishya or trader-business-commercial class, and the Sudra—the worker and the toiler class. The pancha or untouchable and outcaste was outside all the Varnas.

1.78. *The Joint-Family:* The joint family implied a partnership in worship as "every household has an idol of its family God, the Kula-devta."[1] The family hearth where the food was cooked became the second most important factor of the joint family. This implied the entire expenditure of the joint family on food, clothing, housing, education, medical relief, recreation, worship, etc. Incomes of all the brothers were added to the income of the patriarch. In many cases the family remained joint in income and expenditure, even when the hearths and houses of the brothers had to be separate because of the housing problem or occupation. Property was the third and most coveted factor of the joint family because "all the male members of the family own and have a right to the family property."[2]

1.79. Though no female member of the joint family whether married or unmarried, is a co-partner of the family propery......... She has a right to maintenance by her parents while she is unmarried, and by her husband's family after the marriage and also during widowhood.[3] "Besides she has the absolute possession of her property" which is known as Stri Dhana, "and it is considered sacred, and untouchable by any other than the owner of it: and for any man even to think of his wife's or his mother's or his sister's property covetously is considered both cowdardly and sinful."[4] The Stri Dhana mainly consisted of gifts, jewellery, clothes, etc. In this way the interest of the mother and indirectly her children in case they remained with her, were safeguarded.

1.80. In the joint family, it is the duty of the patriarch and the male members to marry off their children within their castes before they reach the age of puberty.[5] Marriage by love was not at all encouraged and the male as well as female members took special

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[1]Thoothi, p. 145.

[2]*Ibid*, p. 148.

[3]*Ibid*, p. 150.

[4]*Ibid*, p. 151.

[5]Dharma Shastra, IX, 4, 88, 90 to 94.

interest in selecting suitable partners for their children. In several cases the couple had no occasion to see or meet each other even till the marriage day. The law of chastity was to be most rigidly enforced, and 'no man or woman should ever direct his or her affections towards anyone other than his or her wife or husband'.[1] Divorce was not permitted to the woman in the upper castes, though it prevailed in the lower castes. Widow marriage was also not permitted by the upper castes, though in case the wife failed to bear a child, the husband was permitted to have a second wife. The lower castes permitted widow remarriage.

1.81. Emotional tensions and personal conflicts prevailed in the family atmosphere. Conflict with the mother-in-law, jealousy between the several sisters-in-law, prejudicial treatment to children, the unwelcome attitude towards daughters, and lack of psychological opportunities for children to develop their personalities, were inevitable features of the joint family. Conflicts naturally arose between brothers regarding land, property and distribution of wealth. It cannot be said that the joint family offered no advantages. It is possible for a joint family to live economically. There is security during unemployment, and some members even managed to live comfortably without working. The widow and the orphans are looked after by the rest of the members of the family. Children benefitted from the joint family.

1.82. The social philosophy and spiritual and religious background of the social organisation produced a family pattern which had to yield to the economic forces produced by feudalism. The result was the Hindu joint family.

1.83. The joint family is still in existence. In many cases it is too weak to maintain the patriarchal strength and the unit of its members. In many areas it has ceased to exist due to the impact of the social and economic forces of the twentieth century. The influence of the joint family was tremendous as it had helped to develop rigid traditions. The castes were powerful, and they had direct and indirect capacities to inflict punishment. The woman had to yield her personality, she had limited scope of movement, and she had few opportunities for creative self-expression. The consequences of such a family life where the size of the family was sometimes as many as one hundred or even more members, were suffered by the children.

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[1]Thoothi, p. 154.

1.84. The evolution of the feudal and joint family in rural areas has produced fundamental social situations, beliefs, attitudes and problems that have far-reaching consequences on children in general, as well as children under six years of age.

1.85. In the joint family, the girl was invariably confined to the home, companionship with the opposite sex was almost completely prohibited, and courtship with its natural emotional satisfaction and consequent development of womanhood was absent. Early marriage and marriage without consent became social problems of grave importance, and marriages were arranged mainly for material considerations like possession of land, wealth and social prestige.

1.86. *Marriage* : Marriages were arranged before the girl reached the age of five years, and even earlier. All these naturally led to the birth of children when the mother was ignorant and immature.

1.87. Manu has described eight kinds of marriages. Thus there was the 'Avaha' form in which the father handed over his daughter to the bridegroom free and without any price. This was considered to be the best form of marriage for good Brahmins. Then there was the 'Rishi' form in which the father handed over his daughter for two heads of cattle. The 'Deva' form or the 'Prajapatya' form of wedding implied marriage on one's own terms. The 'Gandharva' form is the love marriage. The 'Rakshasha' form was the marriage by capture, the 'Paisace' was the marriage by stealing or getting the wife by some cunning way, the 'Asura' form was the marriage by purchase. The first four were praiseworthy among Brahmins, the Gandharva form was for Kshatriyas and for kings, the Rakshasha form too was commended, and for Vaishya and Sudra, the Asura form was traditional.

1.88. Social changes in the twentieth century, and the influence of commerce, industry and urbanism are gradually leading to the self-assertion of the woman so far as selection is concerned, but still the predominant type of marriage in rural areas is the marriage by purchase. The dowry system is seriously affecting family life, and it prevails amongst communities with higher standards of living. Amongst the poorer sections of the rural population, the husband has to pay a bride price to the father. Romantic and intercaste marriages continue to be rare, demonstrating the strength of tradition and public disapproval in rural areas.

1.89. Maternity services were practically absent in the rural areas, and naturally maternal mortality, high infant mortality and high birth rates became generally prevalent in rural areas. The Sarda Act has only slightly improved the situation, the progress of education amongst girls is very slow, and whatever primary education is received by the girl contributes little to her physical fitness and biological and psychological health. The caste system and rules of endogamy naturally affect the factor of heredity.

1.90. The problem of heredity and the related problem of the quality of the human population have not received any attention in the country where the population is quantitative and ever increasing. The prevalence of poverty and vegetarianism in the rural areas without the presence of adequate milk and other nutritive ingredients of diet, as well as early marriage and ignorance are providing very grave consequences in terms of survival, and physical growth and development of the entire rural population.

1.91. The inferior status of the woman, the unequal laws of inheritance and prohibition of remarriage to women who are sometimes widowed before reaching maturity all lead to the woman's incapacity to give intense love, attention and care to her children.

1.92. The lack of equilibrium in the sex ratio of the population eventually affects sex, marriage and family patterns. The predominance of females over males in the Punjab, especially in the urban areas, has been shown in previous tables. This predominance is present also in the rural areas, though not to the same extent. The phenomenon is common to the whole of Northern Indian. The problem needs a careful study in order to deal with climatic causes, heredity, health and maternity welfare, and other social and economic factors some of which can perhaps be corrected to overcome known and unknown consequences on sex and family life.

1.93. Hereditary deficiencies, stunted growth, imperfect posture, lack of vitality and energy, and lack of capacity for resistance against disease prevail in the midst of unplanned villages lacking even good drinking water at times, and where sanitation is neglected. Small beginnings are being made in small pockets served by community development blocks and the social welfare extension projects, but these are confined to the 558,088 villages of India.

1.94. *Women and mothers in the rural areas:* The pattern of division of labour in the economic life of the family in rural areas is considerably varied. Amongst higher castes and amongst absentee landlords and money lenders, the women do not take to agricultural

labour. But in the general agricultural population of small farmers, tenants and families of agricultural labourers, child care and family welfare are seriously affected as the female is a burden bearer, bearing a large number of children doing domestic chores, looking after children, bringing water and fuel from considerable distances, working in the fields during sowing and harvesting seasons, and working on the threshing floor and grinding grain at home. She has hardly any leisure and she is consistently underfed. She suffers from sub-health and is frequently ill. Anaemia is extensively prevalent amongst mothers in the rural areas. The consequence of such a motherhood are mainly suffered by the smallest children of the family and many of them are unable to survive the first five years.

1.95. *The rural family in transition* : The family in India is now in transition. The population has grown to create a critical social situation where millions of children are suffering in rural areas, victims of mal-nutrition, poverty and conscious neglect. Independent India must take cognizance of social change. The over-riding and evident priorities of economic development must no longer neglect the human factor. After all the child is the inheritor of the future. If the normal child will be neglected today, the destiny of the country is bound to suffer.

1.96. *Education of mothers* : The inferior social status of the woman and conditions of life of the daughter and the young girl led to the hostility of the older generation to the education of the girl, and particularly to co-education. Even at present the education of the girl in the rural areas is lagging for behind the slow progress made by education amongst boys.

1.97. Memories of social demoralisation and the loss of moral values, poverty, social injustice, and innumerable other symptoms of social ill-health will not be corrected only by material prosperity and economic development. It was therefore found necessary that a brief summary of the basis of the caste Hindu family, the joint family, and the struggle of the less developed castes be given briefly in the above paragraphs. The rural areas have not lost the roots of Hindu philosophy and family life, and the essential virtues and qualities still remain in many corners of rural India.

1.98. *Family amongst the primitives and the Scheduled Tribes* : When the family is studied in terms of the country's social background in rural areas, and the influence of Vedic and Aryan culture on rural family life is borne in mind, it is necessary to give

separate attention to family life in the sylvan areas, because the primitive and tribal populations existed in such areas perhaps thousands of years before the beginning of the Aryan influence. Anthropologists, administrators and social workers have taken an interest in the life and problems of what are called the scheduled tribes in India. The problem of the primitive child and children of the scheduled tribes in India should be given very special consideration, chiefly because they live in isolated and undeveloped areas. The administrations and governmental agencies have been mainly concerned with the development of the physical region and the economic aspect of their village communities. Mainly due to a dearth of workers, and especially women workers, the most fundamental social and human problems have been left to the missionaries, and the anthropologists have been content with the mere study of tribal problems.

1.99. The largest concentration of tribal people in the world, with the exception of the African Continent, is in India. The tribal population according to the 1951 Census was 19,147,047 which was 5·30 per cent of the total population. This population figure is based on the schedule of tribes approved by the President according to the requirements of Article 46 of our Constitution. If the Census of 1921 is taken into account, because this Census has taken great pains to obtain accurate data, and if allowances are made for the normal increase of population, then the tribal population in India will be about 30 millions and even more in 1961.

1.100. The population problem amongst the tribals of India has presented difficulties since the census reports were presented by the Commissioner in 1901. Every Census Commissioner had a different approach, and followed different methods of definition and classification with regard to the tribal population so that the study of the problem dealing with the aspect of size, growth or decline of population is practically impossible. There has been a good deal of criticism about the accuracy of the data obtained by Census enumerators in tribal villages. Moreover since 1901 there have been so many changes in the political set up and the demarcation of boundaries of various provinces and states that it is not possible to make a comparative study of the population data in the various physical regions of the country. Tribal populations suffered serious losses during the famine period between 1880-1906, and a large number of tribals are said to have died of starvation during that period. A section of the tribal population also left their ancestral habitat and migrated to different areas. The tribal population was

again affected by the influenza epidemic of 1918 when the Gonds, the largest tribe in India, for example, are said to have lost about one third of their total population. Mal-nutrition and disease, especially malaria, fevers, small pox and other epidemics in virulent forms take a heavy toll of tribal population every year.

1.101. Whatever be the actual rate of growth or change in the statistics of the tribal population, the following three fundamental characteristics of population trends can be discerned amongst them.

I. When a large number of tribals became acculturised as a result of contact with non-tribals, when communications are developed in tribal areas or when tribals migrate in large numbers to other rural areas, a population trend develops amongst them which is more or less similar to the normal prevailing trend of population increase in such rural areas. In such a case the tribal population reveals an increase, but the birth rate as well as the death rate are relatively high amongst them.

II. In isolated and undeveloped tribal areas, it is found that in important tribes the size of the population is not increasing at the same rate at which the rural population is growing in India. This, for example, is the case with the Gonds who have on the whole not increased in population since the beginning of the present century.[1] Tribal communities in such areas normally have a healthy sex life. They marry their daughters at a comparatively later age, and there is companionship and courtship before marriage. Their life is healthy as they generally live in sylvan surroundings. Under such conditions their population should show a normal increase. However, the low rate of increase of population may be due to a high maternal mortality rate, and/or prevalence of diseases amongst them.

III. The third trend which is evident amongst a number of tribes (*e.g.*, the Todas of the Nilgri Hills) shows a gradual decline of the tribal population till some tribal groups even become entirely extinct.

[1]The population of Gond, the largest tribe in India recorded by different Censuses of India in various decades has been as follows:

1891	1911	1921	1931	1941	1951
30,61,680	17,55,141	17,14,898	18,91,835	20,68,179	24,77,024

The phenomenal reduction of population (nearly 43 per cent) in 1911 has not been made up even in 40 years.

1.102. A careful notice of the above trends of population change must be taken into account when measures are taken by the Governments to achieve objectives of family planning. The Committee is of the opinion that special exception should be made in the case of tribal communities, and a special population study must be carried out before it is decided to introduce Family Planning Programmes amongst any tribal group in India.

1.103. It should also be borne in mind that in important tribal areas which are covered by forests, again as amongst the Gonds of the Central Indian highlands, the tribal population is small and occupies a very large area. Such areas are positively under-populated. At present, these areas are undeveloped, but at the same time they are highly developable areas. A larger population will be required when intensive development programmes will be carried out. The tribal population in such areas should be allowed to grow continuously, as rural tribals are averse to immigration to sparsely populated forest areas. A healthy growth of the tribal population will not be possible unless the family and the child receive very special care.

1.104. The aim of the Family Planning Movement is to regulate population, and to help the birth of children where it is found that due to certain hereditary or other factors, birth rate is not sufficiently high to allow a normal growth of population. Some of the tribal areas seem to be distinctly in need of such help; and special research projects must be carried out to study the problem of heredity. As almost all tribes in India are rigidly endogamous, the problem of population trends and in-breeding also need to be studied.

1.105. The tribe has been generally defined by Hunter as a group of families, descending from a common ancestor, bound together by kinship, who live in a defined territory. They have a common history and speak a common dialect. They are invariably endogamous. Some of the tribes of India have been originally matriarchal, and matriarchy prevailed also amongst the Dravidians in the South. The study of matriarchy in India by the anthropologist Dr. Ehrenfelds points out some of the finer qualities of matriarchal societies.[1]

1.106. The 1961 Report of the Scheduled Tribes Commission agrees that no proper definition of a Scheduled Tribe is in existence. Recent studies have suggested that the tribal population consists

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[1]Dr. Ehrenfelds: Matriarchy in India.

of four main types or groups, *viz.*, the primitive tribals, the feudalised or agricultural tribals or the hills and forests, the rural or plain tribals, and the assimiliated tribals who have been absorbed by the Hindu or urban population.

1.107. *The Primitive Tribes :*—The Report of the Scheduled Tribes Commission mentions the following tribes in eleven Indian States and the Andaman and Nicobar Islands which are in an extremely undeveloped stage.

Lingadhari Koya	Pahadi Korwa	
Chenchu	Abuj Maria (Bastar)	Kotia-Khond
Yenada	Birhor	Hill Bhuiya of Bhuiya Pirh
Mikir	Saharia	
Abor	Binjhwar	Lanjia Saora
Birhor	Malayali	Paidi Bhiya of Bonai
Asur	Katkari	Sentinelese
Korwa	Hill Gond (Chanda) District)	Shom Pen
Kharia		Raba
Sauria Paharia	Kadu-Kuruba	Lepcha
Kadar	Jenu Kuruba	Koya
Irrula	Koraga	Baiga in Baigachuk
Paniyan	Jarawa	Bonodo Proraja
Kattunayakan	Onge	
Vishavan	Juang	

Their total population may not exceed one million. There primitive groups live almost completely isolated from the rest of the population in India. They occupy hilly and forest regions and live on a hunting or predatory economy. Some of them live as isolated families and most of them live in small hamlets mostly on the hillsides in clusters of ten to twenty families. Their social organisation is efficient, and their family life is traditional.

1.108. *The Scheduled Tribes :* There are 304 Scheduled Tribes in India. Many of them have a small population. The Report of the Scheduled Tribes Commission mentions only the following seven principal tribes with their respective sizes of population.

Gond ...	32.01.004
Santhal ...	27,32,266
Bhil ...	23,30.270
Oraon ...	11,22,926
Khond ...	7,44,904
Munda ...	7.06,869
Boro Kacharis ...	5 94.979

1.109. The Scheduled Tribes Lists (Modifications) Order of 1956 declared the population of the tribes to be 22,511,854 or 6.23 per cent of the total population. "The largest concentrations of Scheduled Tribes are in the States of Madhya Pradesh (48.44 lakhs), Bihar (38·80 lakhs), Orissa (30·09 lakhs), Gujarat (20·92 lakhs), Rajasthan (17.74 lakhs), Assam (17.61 lakhs), Maharashtra (16.50 lakhs), West Bengal (15.66 lakhs), and Andhra (11.49 lakhs).[1] The above figures do not include the tribal population of the Scheduled Areas. The Scheduled Areas have a tribal population of between 35 per cent to 90 per cent of the total population of the area. 99,693 square miles are covered by the Scheduled Areas containing a total population of 86 lakhs according to the 1951 Census.[2]

1.110. The problem of sex ratio is important and significant in order to maintain the formal qualities and social health of family life. On the whole the sex ratio has been found to be normal in many tribes;[3] but it is certainly not the case amongst all tribal groups. It is desirable to be vigilant about maintaining a normal sex ratio in the tribal population. The sex ratio must be especially normal in the marriageable age-group of 16-40, so that normal standards of family health and morality could prevail.

1.111. In spite of the limited data that is available, the Committee was aware that amongst the various tribes are great variations and differences in the family life and patterns of child care amongst the different tribes in India.

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[1]Report of the Scheduled Areas and Scheduled Tribes Commission, p. 7.

[2]The population of the Scheduled Areas is given in the following table:

Andhra Pradesh	7,67,000
Bihar	24,57,993
Madhya Pradesh	16,86,464
Maharashtra	7,33,948
Gujarat	9,93,653
Orissa	15,22,527
Punjab	2,661
Rajasthan	4,45,394

[3]Three surveys carried out by the Tata Institute of Social Sciences among the Gonds at Tamia, M.P. in the year 1957-58, 1958-59 and 1960 revealed that in a population of 7,376, there were 3,732 males and 3,644 females, *i.e.*, 976.4 females per 1,000 males.

The data on 106 families of Chodras, a tribe of Gujarat revealed 588 persons including 289 males and 299 females, *i.e.*, 966.5 males per 1,000 females.

1.112. As amongst the primitives, marriage is a free and transient union amongst most of the tribes. In spite of contacts and interactions in other communities, tribal marriage retains its supernaturalistic character. Marriage ceremonies are performed by relatives, and the priests and the witch doctors are not even present during marriage ceremonies. Several types of marriages prevail in the tribal population. Some of these types have been found described in the various studies of the Tribes and Castes of India. A recent study amongst the Gonds revealed the presence of the following seven types of marriages; and such types of marriages are typical of the tribal population in general :

I. Marriage by capture (which Westermark accepts as possibly the earliest type of marriage known to the human race) only remains in the memory of the Gond tribe; and they assert that such a form of marriage is no longer in existence amongst them.

II. The most common type of marriage now prevalent is the marriage by purchase. This form is known as 'Bihaw'. The girl receives a bride price from the bridegroom at the time of her marriage. Only among some Raj Gonds, Samars and chiefly feudal tribals, the system of dowry prevails.

III. Another type of marriage which is common to a large number of tribes in India is the marriage by servitude. Known as Lamsena or Lamjana amongst the Gonds, or as 'Khandharia' marriage in Gujarat a poor young man who is not able to afford to pay the bribe price offers himself to become a permanent farm servant in the house of a well-to-do tribal who has a young daughter to offer him in marriage in return.

IV. Widow remarriage is permitted amongst the Gonds, and is known as 'Churi Pahana'. Such marriages are common to most of the tribals.

V. When the poor families find themselves unable to bear the expenses of marriage, they arrange "a marriage by exchange" which is known amongst the Gonds as 'Aat-Sat'. Here the father of the girl offers his daughter in marriage to the son of another tribal. The father of the bridegroom-to-be in turn offers his daughter in marriage to the brother of the girl. Both the marriages take place at the same time and the marriage ceremonies are performed in the same day and at the same place.

Two other types of marriages are not frequent, but are very common amongst the tribals in India.

VI. Marriage by elopement is permissible. When a young man and a young woman find that their parents are not willing to allow them to marry, then by mutual agreement and consent they run away from the shelter of their parents. They report themselves to the tribal panchayat or tribal social organisations, and on certain conditions, that tribal organisation recognises them as man and wife.

VII. Another type of marriage is marriage by intrusion. Amongst the tribals, when courtship is invariably prevalent, an unmarried girl becomes a mother. In this case, the unmarried mother and the father of the child present themselves before the tribal panchayat and declare that they are the parents of the child. The tribal organisation then regularises such a marriage.

1.113. Tribal marriages are thus characterised by common sense and a sense of realism; and yet tribal morality is considered to be important. Great consideration is also given to the importance of human happiness, and allowance is made for human character and behaviour. This lenient attitude is not at all extended to any violation of the law of endogamy. Ex-communication of the family and severe public censure will follow in case of inter-tribal marriages, or marriages between tribals and non-tribals.

1.114. Marriage amongst most tribals is invariably preceded by a courtship which is very often a very formal type of traditional courtship. The so-called youth halls amongst the Mariyas, Gonds and other tribes reveal that if tribals believed in any kind of systematic education, then they gave the highest importance to the education of boys and girls in the subject of sex, courtship and marriage. It is for this purpose that the halls are created; and built at the two ends of a village to permit courtship amongst the young men and women. There is leadership or a type of teacher who regulates the contacts of young men and women as they go through the routine of courtship for a long period which sometimes lasts for two to three years.

1.115. Very early marriage, and marriage without consent of the couple are the consequences of acculturisation, and the result of the unfortunate influence of socially dominant caste on the tribal population who live in the midst of very orthodox caste Hindus. Marriage followed courtship, and studies carried out during the early part of this century had revealed that the age of marriage

amongst the tribals was 18, 21 or even 24 years.[1] Unfortunately, as a consequence of the land system of the British Government, and the desire for inheriting property, early marriages came to be practised by the tribals of rural areas. However, even today, amongst most of the tribes, girls marry at a relatively later age compared to the age of marriage amongst caste Hindus.

1.116. *Duration of marriage :* As the woman and man have equal status amongst the tribals in India, the woman is sensitive, independent, and self-assertive. Trouble invariably begins with the in-laws and with the mother-in-law and she resents work when she is called upon to do the chores in the house of her husband. This is especially the case if the bride belongs to a more or less well-to-do tribal in whose home the daughter had a more or less pleasant life. Jealousy is also the cause of husband-wife tension. In such circumstances, a divorce follows immediately; and the wife seeks a more mature husband who will give her a more comfortable family life. Several studies of the frequency of marriage amongst the tribals have revealed that more than two marriages in a life time are frequent in the life of man and woman; and in some cases the number of times the persons marry is even between three and five times.[2]

1.117. The report of the Scheduled Tribes Commission has paid a tribute to the freedom of the tribal woman, her equality with the male sex, and her capacity to make a creative contribution to

[1]A study of 270 Gond families of M.P. by the Tata Institute of Social Sciences in 1957 revealed that the marriageable age of Gonds was between 15 and 17. The following table shows the distribution of marriage of 270 families.

Under	14 years	15 years	16 years	17 years	18 years	19 years	Total
	14	40	156	39	3	1	270
	(5·18%)	(14·81%)	(57·78%)	(14·44%)	(1·11%)	(0·37%)	(100%)

The age of marriage amongst the Chodras in the beginning of the 19th century was 25 for boys and 20 for girls. The investigation carried out in 1928 amongst the same tribe revealed the age of marriage for boys 20 years, and that for girls 16 years, and of the 188 boys and 123 girls of unmarriageable age only 8 boys and 2 girls were married.

[2]The study of civil conditions of 115 Chodra families having a population of 630 revealed that 13·73 per cent of the married population had married more than once, 12·86 per cent married twice and 0·8 per cent married thrice and out of 67 widowed persons, 35 or 52·2 per cent remarried.

the family and the community. She is invariably free to select her life partner. Some tribes like the Chenchus who have come under the influence of feudalism, permit the woman to jointly inherit properties along with her husband. In many tribes of India the tribal woman does more hard work than the male, making a contribution both in the home as well as to the family economy.

1.118. The average tribal family is usually somewhat larger than even the normal rural family. The Backward Class Commission Report gives the average size of the family in the various states as follows, compared to the average size of the rural family which is 5·21 :

Madhya Pradesh	6·57
Rajasthan	5·40
Gujarat	6·80
Punjab	6·00
Bihar	5·30

The average tribal family therefore usually contains about six persons; and in many cases the number of persons in the household is large.[1]

1.119. Most of the tribal communities are not short of space. In the normal tribal village the families live together in small hamlets which are at a comfortable distance from one another. Each hamlet contains only 15 to 20 families. A large number of such hamlets make up the tribal village community.

1.120. The economic condition of some families is somewhat comfortable. They are accustomed to build a somewhat spacious house with brick, mud and clay, with a thatched roof. This house is constructed according to the traditional tribal architecture. The physical environment in which children grow up is thus natural and healthy.

[1]Studies carried out amongst 2,178 Gond families of M.P. revealed that the average size of the family was 5·8 persons. The range of membership in these families was as follows:

Total No. of families	Range of Membership						
	0—3	4—6	7—9	10—12	13—15	16—20	Over 20
2,178	423	1 084	483	133	31	16	8

1.121. The number of children born to a mother varies amongst the different tribal groups in India.[1] Intensive social studies are required in order to find out the fertility rate amongst tribal women. Her children are born of a number of marriages.

1.122. Children in tribal areas are influenced by Nature which surrounds them. They are virile and active, and yet ill health is invariably present. Absence of drinking water, and water for bathing and washing during summer months cause skin diseases, protruded stomachs, diahorrea, and cholera. Malaria, forest fever, diahorrea, dysentry, small-pox, and cholera and exposure during winter leading to influenza and pneumonia, take a heavy toll of child life in most of the tribal areas. When children are ill, it is only the witch doctor who looks after them. Often children are branded, blood letting is practised, and opium and hemp are frequently administered to the child to keep him quiet. The programme of immunisation is hardly effective, and in spite of vaccination, virulent small-pox epidemics are present from year to year. Medicine men often resort to witchcraft, branding and indigenous herbs as medicines. The eyes of the children are sore and cause trouble from the earliest stage of life. The tribal mother breast-feeds a child sometimes for eighteen months to two years. But after that the traditional tribal diet of barleys and coarse cereal broth, and pulses lead to malnutrition and digestive disorders. The children eat products of the forest like berries, raw mangoes and other seasonal fruits. The problem of health, disease and nutrition are significant and difficult in the first years of life.

1.123. Infant mortality and the death rate amongst children under six years of age is invariably high.[2] Most tribal families are accustomed to suffer the memory of the death of a number of their children during the life-time of their parents. It is not so much

[1]The data of Chodras reveal that the number of children born per mother are often many. The following table shows the number of children born per mother in 198 cases:

No. of mothers	39	26	21	16	18	21	9	19	11	10	2	5	1
No. of children born per mother	0	1	2	3	4	5	6	7	8	9	10	11	12

[2]The following tables show infant mortality and death rate of children below 5 years of age amongst the Chodras:

during maternity, as during the first and early years of the life of the child that survival is found to be difficult. This is mainly due to climatic conditions, absence of proper nutrition, inadequate

TABLE NO. 1(a)

DEATH RATE

Year	*Total No. of deaths*	*No. of Children dead below 5 years of age*	*Percentage to total deaths*
1920	28	14	50
1921	21	13	62
1922	28	16	57
1923	34	17	50
1924	16	11	69
1925	25	11	44
1926		Records destroyed	
1927	13	8	62
1928	20	9	45
1929	23	10	43
1930	25	14	56
Average percentage to total deaths-52·7			

TABLE NO. 1(b)

INFANT MORTALITY

Year	*No. of children born*	*No. of infants dead*	*Infantile death rate per mile*
1927	25	8	320
1928	25	6	240
1929	30	5	133
1930	39	11	282

The following table shows the rate of survival of children per family among the Gonds recorded by 1921 Census which reveal that on an average every family witnesses death of 1:99 children.

clothing, presence of customs and practices which are harmful to the child, and lack of ability on the part of parents to provide proper care of health of the child and look after his real interests.

TABLE NO. 1(c)

Age Group of husband	*No. of families dealt with*	*No. of children born alive*	*Number surviving*	*No. per family*	*Average No. of children surviving*	*Average No. of children dying*
13—17 . .	620	3,859	2,513	6·22	4·05	1·17
18—22 . .	1,242	7,529	4,890	6·06	3·94	2·12
23—27 . .	530	3,098	1,964	6·16	3·90	2·26
28—32 . .	290	1,703	1,078	5·87	3·72	2·15
33—37 . .	87	434	269	6·48	4·02	2·46
38—42 . .	33	211	125	5·39	3·79	2·60
Over 42 . .	11	62	49	5·64	4·45	1·19

Studies carried out among the 2,178 Gond families of M.P. revealed that out of a total death of 106 children below the age of six years, 70·7 per cent. deaths took place during infancy. The following table shows the agewise death of these children.

Age at death	*Boys*	*Girls*	*Children (sex not determined)*	*Total*	*Percentage to total*
1	35	22	18	75	70·70%
2	8	10	..	18	16·30%
3	2	3	..	5	4·60%
4	3	1	..	4	3·40%
5	2	1		3	2·70%
6	1	1	..	1	0·93%
Total .	51	37	18	106	100·0

1.124. Children amongst the tribals are not neglected, nor are they properly looked after. Somehow the children manage to look after themselves. Invariably the tribal mother looks after her last child only; and the eldest girl, even at the age of seven years, has to look after her younger brothers and sisters.

1.125. The tribal mother is affectionate, but the love is not exhibitive and demonstrative. The cool and fatalistic attitudes of the tribals towards children also, have prepared the parents to face all eventualities. Death is as fatalistically accepted, as the tribal mother unsentimentally leaves her children to her parents when she goes to her successive husbands.

1.126. Children are gladly accepted by the parents of the mother when she leaves them, because that is the tradition. Besides this is a purely materialistic attitude, because each child is an economic asset, and he will work on the land and bring wages to the family when he grows up. No tribal child is ever sent to an orphanage because traditionally the duty is imposed on the parents of the bride, or the maternal uncle to provide normal care and shelter to such children. Otherwise any family in the village community will give shelter to the child without adopting it.

Conclusion :

1.127. In this Chapter, an attempt has been made to give a factual and realistic picture of the background of family life in India, with a special treatment of aspects of family life which are closely related to the life of children in the family. The urban family, traditional family life in rural areas, and the general background of the earliest elements of family life. India showed the manner in which social organisation has evolved through centuries. leaving basic social problems to be dealt with by each generation in the different parts of the country.

1.128. A very important section of the Indian Society was conceived through centuries of thought and learning; and elements of biology and sociology are implied in the ancient social order. But society is a living, growing, and changing social organism. The happenings of history and the phenomenon of social change throughout the centuries produced results which at times led to social disorganisation ; and in certain areas and at certain times even threatened social disintegration. The continuous presence of peace and order is not a characteristic of the human race. The Aryan culture was dynamic and dominant and in spite of wars, misrule by conquerors, and natural calamities its influence permeated all sections of Indian society. Even external conquerors came under

its influence; and societies outside India studied and admired the many qualities of an ancient social order and organisation.

1.129. External as well as internal conditions in the country have not produced results which could have made the problems of family and child welfare easier. The materialism and feudalism, the social injustice implied in the Varna and caste systems, the power, position and prestige of the patriarch, the subordination of the woman, the inability of the joint family to withstand foreign conquerors and political organisations which were incompatible and inconsistent with this social system, the emergence of British Rule, the spread of chronic poverty, the emergence of urbanism and industrialisation, the consequences of foreign education system, and the inherent evils of this social order have all jointly and severally produced social consequences of a far-reaching character.

1.130. Between two to four thousand years ago the Vedic religion gave spiritual; social and moral roots to the Hindu social organisation, and especially the family. Perhaps there is no society in the world, which in so early a time received the wisdom of leadership, and the basis of thought to guide the destinies of human families and individuals. The high caste Hindu, and especially the Brahmin ; was meant to set an example of life and conduct which was not to be exclusive for him, and his influence was supposed to permeate the entire Hindu society, especially in the rural areas.

1.131. When any society sets before itself very high ideals and principles of life and conduct, naturally it becomes more difficult for that society to develop and maintain these philosophical, moral and intellectual standards which could help them to build and maintain a social order and organisation which can withstand the vicissitudes of Time and history. On the one hand it can be said that in spite of wars, feudalism, natural calamities and regional social disorder, society in India as such has never lost the traditional ideals, principles, and social philosophy that is the heritage of the country. At the same time, the nation was disturbed, especially since 1100 A.D.; and it is only after Independence that the opportunity for the reconstruction of society has occurred again. The new opportunity must not be lost. When a nation has to be built, the social foundations are the child, his mother, and the protecting shell and shelter that is the family. The health, strength, unity and prosperity of the rural families are vital for the proper care of children, and for the spiritual and moral as well as physical and material qualities of Indian culture and civilisation.

CHAPTER II

CHILD POPULATION AND FAMILY PLANNING

2.1. Child care and welfare are primarily a social responsibility because social health and welfare are dependent on the physical and mental health, character and efficiency of each individual. If the growth, development and training of the individual are based upon proper social objectives and values, then parents and families will know their responsibility for child care and welfare, and they will endeavour to fulfill their responsibilities. Social responsibilities and State programmes are also necessary to fill in the gaps arising from lack of familiar and personal capacities. Two important contributory causes of these lack of capacities are the high denisity of population and the rate of population growth.

Population of India :

2.2. The physical boundaries of India did not remain uniform during British rule; nor did the Census cover the entire country nor was it completely reliable. Even then, the estimated population of the sub-continent in 1871 was calculated at about 254 millions. 1880-91 was a period of devastating famines and the country lost a collosal portion of its population.

In 1901 it was 235·5 millions; and the increase during the previous decade was 0·2 per cent.

In 1911 it was 249 millions; and the increase during the previous decade was 5·7 per cent.

In 1921 it was 248·1 millions, and the influenza epidemic was responsible for the arrest of population growth.

In 1931 it was 275·3 millions, and the increase during the decade was 11 per cent.

In 1941 it was 312·8 millions, and the increase during the decade was 14·23 per cent.

In 1951 it was 356·9 millions, and the increase during the decade was 13·34 per cent.

In 1961 it was 439 millions, and the increase during the decade was 20·49 per cent.

Thus during a half century, the population in India has increased by 121·3 millions or by nearly 51 per cent.

The average density of population in India is 384 per square mile as against 171 per square mile in China, 53 per square mile in the U.S.A., and 23 per square mile in U.S.S.R. With a land area of only 11,27,345 square miles, India has to maintain a population of 438 millions which will increase to nearly 550 millions in 1971. India has the second largest population in the whole world, while it is the eighth largest country in the world. With an area of only 2·4 per cent of the total land area of the world, it has to support about 14 per cent of the total world population.

2.3. Table No. 2 (Page 63-64) shows the size of population and density of population in each State.

Population Expansion in Asia:

2.4. According to an United Nations Report, it is estimated that at the end of 20 years there will be at least 2,268,000,000 people in Asia. In 1950, the population was 1,137,000,000. The biggest increase will be in South-East Asia where the population is expected to rise from 127,000,000 (1950 population) to 348,000,000 in a single generation. At present about 140,000 children are born in the world every day.

Population in 26 Asian Countries in 1960-61

Country	Population
China	669,000,000
India	438,000.000
Pakistan	94,000,000
Japan	92,740.000
Indonesia	89,600,000
Malaya	63,698.000
Philippines	27,000,000
South Korea	24.997,117
Thailand	24,000.000
Burma	20,457,000
North Korea	13,000,000
South Vietnam	13,000,000
Taiwan	10,946.826
Ceylon	9.165,000
Nepal	8,165,000
Mangolia	7,100,104
North Vietnam	6,000.000
Cambodia	5,000,000
Hong Kong	3,000.000
Laos	3,000,000
Singapore	1,611,000
Tibet	1,273,969
Okinawa	865,000
Sarawak	700.000
North Borneo	419,000
Brunei	60,000

TABLE NO. 2

INCREASE AND CHANGES IN SEX RATIO AND DENSITY BETWEEN 1951-1961

	State/Union Territories	*Area in square Miles*	1961			*Variation* 1951-1961	*Percentage increase* 1951-1961	*Density per square mile* 1961	*Density per square mile* 1951
			Persons	*Males*	*Females*				
	1	2	3	4	5	6	7	8	9
	INDIA . . .	1,127,345	436,424,429	224,957,948	211,466,481	77,207,524	21·49	384@	318@
1	Andhra Pradesh . .	106,052	35,997,999	18,175,349	17,802,650	4,862,740	15·63	339	293
2	Assam	47,098	11,860,059	6,318,229	5,541,93[illegible]	3,029,327	34·30	252	188
3	Bihar	67,198	46,457,042	23,328,178	23,128,864	7,673,264	19·78	691	577
4	Gujarat	72,154	20,621,283	10,636,470	9,984,813	4,358,626	26·80	266	225
5	Jammu and Kashmir .	N.A.	3,583,585	1,902,902	1,680,683	317,739*	9·73	N.A.	N.A.
6	Kerala	115,003	16,875,199	8,345,879	8,529,302	3,326,081	24·55	1,125	903
7	Madhya Pradesh . .	171,210	32,394,375	16,598,526	15,795,849	6,322,738	24·25	189	151
8	Madras	50,132	33,650,917	16,915,454	16,735,463	3,331,870	11·75	671	601
9	Maharashtra . . .	118,884	39,504,081	20,419,059	19,085,233	7,501,739	23·44	332	269
10	Mysore	74,122	23,547,081	12,021,248	11,525,833	4,145,125	21·36	318	262
11	Orissa	60,162	17,565,645	8,772,194	8,793,451	2,919,899	19·94	292	243

1	2	3	4	5	6	7	8	9
12 Punjab	47,084	20,298,151	10,866,910	9,431,241	4,163,261	25·80	431	343
13 Rajasthan . . .	132,150	20,146,173	10,558,138	..	..	..	..	..
14 Uttar Pradesh . . .	113,454	73,752,914	38,664,463	35,088,431	10,583,172	16·87	650	537
15 West Bengal . . .	33,928	34,967,634	18,611,085	18,356,549	8,665,248	32·96	1,031	775
UNION TERRITORIES								
1 Andaman and Nicobar Islands . . .	3,125	63,458	39,259	24,179	32,467	104·83	20	10
2 Delhi	573	2,644,058	1,480,708	1,163,350	899,986	61·60	4,164	3,044
3 Himachal Pradesh . .	10,879	1,348,982	700,738	648,244	239,516	21·59	124	102
4 Laccadive, Minicoy and Amindivi Islands . .	11	24,108	11,927	12,131	3,073	14·61	2,192	1,912
5 Tripura	4,036	1,141,492	591,214	550,278	502,463	78·63	283	158

NOTE :—Manipur, N. H. T. A. (Naga Land) and N. E. F. A. are not included in the table as enumeration has not yet been completed in these areas.

@Excludes Jammu and Kashmir State.

*The last Census of Jammu and Kashmir State was held in 1941. For estimating the 1951 population the increase between 1941-51 has been taken as the mean of the increase between 1941-61.

Though Asia occupies only one-sixth of the mass of the world, 56 out of every 100 world citizens will be Asian. Whereas there are 9 persons per kilometer in America and Russia, there are 70 persons per kilometer in Asia. This phenomenon has now come to be known as the *population explosion.*

Consequences of Population Growth on Child Welfare

2.5. So far, wars, natural catastrophies, epidemics, diseases and accidents have been responsible for removing large sections of the human population. Censuses all over the world were not in existence, and yet the magnitude of the problem can be realised when population at the beginning of the twentieth century remained low after more than two million years of human existence on the surface of this globe. Scientific advances, progress and civilisation are endeavouring to remove, or at least control each of the causes of mass deaths mentioned above.

2.6. Since the end of the last war, "thanks to doctors, fewer mothers are dying at child birth, fewer children are dying in infancy, fewer people are dying of disease. Thanks to scientists and engineers, the death and havoc caused by drought and pests are being curbed. The miracles of science have given most of us longer and happier lives." The world may have cause to thank its philosophers, statesmen, leaders and politicians, if horrors of war are spared to mankind. And "yet, now, our statesmen and leaders are learning to look to science to provide an antidote to the frightening bye-product of its own miracle—a population explosion."

2.7. In Asia, Africa and India human lives have yet to attain longevity, happiness and health. It is true of course that progress will be made, will be continued, will be accelerated, and curiously enough, the problem of population will become still worse. The single chief cause of inadequate child care and welfare is the increase in numbers accompanied by a high density of population.

2.8. It must be carefully noted that in India, even the most liberal estimates of the total population that were made since 1951 and used as the basis for the formation of the First and Second Five Year Plans were much lower than the final census figures revealed in 1961. The population in India in 1971 is now expected to be 554·7 millions. A phenomenal increase of 75 millions has taken place in 10 years, or two per cent per year. This is very largely due to a fall in the death rate—the result of better preventive and curative medicine. The battle against disease continues,

economic conditions are improving, and human longevity is on the increase. There will be two important results of this progress- child welfare will become more costly and difficult; our national efforts to improve standards of living will be heavily taxed. One aspect of an improved standard of living is the emergence of more intelligent and more educated parents, and better housing conditions. Increase in population trend retards the growth of educational standards, and puts up enormously the cost of providing more housing, more food, and better welfare. The costs may have to be met to promote emergency measures for the welfare of children, depriving many children of the opportunities and facilities for their growth, training, education and development.

Population Growth in Various States of India

2.9. The following table shows the growth of population in each State between 1901 and 1961. Allowance must be made for the frequent changes of State boundaries.

TABLE NO. 3

POPULATION GROWTH—1901-1961 (*STATE-WISE*)

State/Union Territory	*Decennial percentage variation (Plus Minus)*					
	1901-11	1911-21	1921-31	1931-41	1941-51	1951-61
1	2	3	4	5	6	7
INDIA	5·69	−0·31	11·0	14·23	13·34	21·49
1. Andhra Pradesh . .	12·49	−0·13	12·99	12·75	14·02	15·63
2. Assam	16·73	19·01	19·54	20·08	19·28	34·30
3. Bihar	13·67	−0·66	11·45	12·20	10·27	19·78
4. Gujarat . . .	7·79	3·79	12·92	19·26	18·69	26·80
5. Jammu and Kashmir .	..	5·58	10·21	8·92	10·78	9·73
6. Kerala	11·75	9·16	21·85	16·04	22·82	24·55
7. Madhya Pradesh . .	15·30	1·38	11·39	12·34	8·67	24·25
8. Madras	8·57	−3·47	8·52	11·91	14·66	11·73
9. Maharashtra . . .	10·74	−2·91	14·91	11·99	19·27	23·44
10. Mysore	3·60	−1·09	9·38	11·09	19·36	21·36

1	2	3	4	5	6	7
11. Orissa	10·44	−1·94	11·94	10·22	6·38	19·94
12. Punjab	−9·96	4·35	9·64	17·81	0·21	25·80
13. Rajasthan	6·70	−6·29	14·40	18·01	15·20	26·14
14. Uttar Pradesh	−0·97	−3·08	6·66	13·57	11·32	16·67
15. West Bengal	6·25	−2·91	8·14	22·93	13·22	32·94
UNION TERRITORIES						
16. Andaman & Nicobar .	7·34	2·37	8·78	14·61	−8·28	104·83
17. Delhi	1·98	18·03	30·26	44·27	90·00	51·60
18. Himachal Pradesh . .	3·82	1·34	7·22	10·84	4·89	21·59
19. Laccadive, Minicoy and Amindivi Islands . .	4·85	−6·31	17·62	14·34	14·60	14·6
20. Tripura	32·48	32·59	25·63	34·14	24·56	78·6

NOTE : (1) Manipur, N.H.T.A. (Naga Land) and N.E.F.A. are not included in the table as enumeration has not yet been completed in these areas.

(2) Population of each State or Union Territory has been adjusted as close as practicable to its present area and limits following the merger and reorganisation of States (1956). Figures for 1961 are provisional.

(3) The last Census of Jammu and Kashmir State was held in 1941. For estimating the 1951 population the increase between 1941–51 has been taken as the mean of the increase between 1941–61.

Population in Urban and Rural Areas

2.10. When dealing with the population problem, it is necessary to deal separately with the problem of urban and rural population. The following figures show population distribution in India in 1961 :

	Total	*Males*	*Females*
Rural	359,435,607	18,30,73,975	17,63,61,632
Urban	78,835,939	4,27,39,012	3,60,96,927
Total	43,82,71,546*	22,58,12,987	21,24,58,559

*Excluding Goa, Daman and Diu and N.E.F.A.

It is unfortunate that separate figures are not available to show that population is not increasing and rising at the same high rate amongst the tribals in the 23 per cent sylvan areas of the country where live our mountain and forest dwellers.

Sex Ratio in the Population

2.11. The following figures show the sex ratio in the Indian population between 1901 and 1951 :

TABLE NO. 4

POPULATION CENSUS-WISE

Year	*Total*	*Males*	*Females*
1901	235,478,813	116,789,427	113,673,770
1911	248,995,434	126,776,506	122,218,928
1921	248,120,746	126,878,971	121,241,775
1931	275,468,432	141,218,490	134,249,942
1941	314,804,664	161,806,097	152,997,567
1951	336,879,394	183,333,874	173,545,520
1961	439,235,082*	226,293,620	212,941,462

Census of India, Paper No. 2 of 1963, Page 51.

While the sex ratio may not be a serious problem affecting marriage and family life in the country as a whole, it is an important problem facing the cities in India.

Birth Rates

2.12. Figures relating to birth rates are hardly reliable due to under-registration. However, the present century has witnessed a continuous fall in each successive decade, though the rate of fall is far slower than is desirable. The following figures show the birth rates during the first five decades of this century as per 1961 census report.

Decade	Estimated	Registered
1901—10	48·1	37
1911—20	49·2	37
1921—30	46·4	34
1931—40	45·2	34
1941—50	39·9	28

2.13. The annual figures of the last decade show that there is a tendency for the birth rate level to remain stabilised. The ratio of male births to female births is also nearly constant. The following figures reveal the annual birth rates and the variations in urban and rural areas as well as the proportions of male to female births.

*TABLE NO. 5

BIRTH AND DEATH RATE PER 1,000 *OF POPULATION*

Year	Live birth rate	Death rate
1951	25·8	14·7
1955	26·7	11·7
1956	22·4	10·4
1957	22·0	11·2
1958	22·3	11·5
1959	23·6	9·9
1960	22·8	10·0
1961	23·1	10·0
1962	25·8	10·3

*Abstract of Statistics, Oct. 1963, page 65.

INFANT DEATH RATE

Year	*Infant Death Rate (Per 000 births)*	*Total Live Births* (000)	*Total Deaths* (000)	*Estimated mid-year population of areas covered (in million)*	*Total estimated mid-year population (in million)*
1	2	3	4	5	6
1951 . .	130	5,954	3,386	230·83	363·44
1952 . .	123	6,123	3,363	235·74	269·59
1953 . .	125	6,032	3,570	239·46	376·08
1954 . .	114	6,014	3,061	244·03	382·92
1955 . .	103	6,030	2,637	225·49	390·15
1956 . .	109	5,755	2,684	257·19	397·78
1957 . .	103	7,026	3,587	319·63	405·83
1958 . .	102	7,278	3,757	326·59	414·32
1959 . .	88	7,728	3,255	325·55	423·27
1960 . .	87	7,535	3,295	331·17	432·72
1961 . .	83	7,777	3,389	336·99	442·69

**BIRTH RATES AND DEATH RATES FROM* 1901 *TO* 1960.

	Quasi-Stable Model		*Other Methods*	
	Birth Rate	*Death Rate*	*Birth Rate*	*Death Rate*
1901—1910	52·4	46·8	49·2	42·6
1911—1920	..	..	48·1	47·2
1921—1930	50·8	40·4	46·4	36·3
1931—1940	46·2	33·5	45·2	31·2
1941—1950	43·9	30·8	39·9	27·4
1951—1960	40·6	21·7	40·6	22·7

*Census of India, Paper No. 2 of 1963, page 58.

2.14. Special studies of birth rates always reveal a much higher incidence of births than is shown by figures of registration. A rural study in a village surrounding Delhi revealed that the birth rate was as high as 57. A study amongst the Gonds of Central India

revealed that amongst nearly 1,000 mothers, about 25 per cent delivered during the year. The birth rate was as high as 61·78 in 1959-60.

Expectation of Life

2.15. During 1941-51, the expectation of life at birth in India was estimated to be about 30 years; at present the expectation is reckoned to be about 48 years. The birth rate, as has been stated, does not show any tendency to change, and the increase of population between 1951-61 was 80 millions. A high fertility rate not only tends to a fast rate of population growth; but it also results in an age structure which will retard economic and social development. A high fertility rate leads to a high proportion of children in the country. Almost 40 per cent of the population in India is under 16 years of age. In England and Wales it is 22 per cent and in Japan it is 35 per cent. Every male adult in India has about 1·5 dependents under 16 years of age compared to ·75 in England and Wales. This higher dependency burden affects the volume of family resources, reduces the family resources, and reduces the extent of financial support available for each child. It must also affect the quality of child care.

2.16. The following was the age composition by sex of the Indian population according to the 1951 and 1961 Census:

TABLE NO. 6

(in millions)

Age-Group	1951			1961[1]		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*
0—4	23·9	23·7	47·6	36·7	35·8	72·5
5—9	23·2	22·3	45·5	29·5	28·5	57·9
10—14	20·9	19·6	40·5	25·5	24·2	49·7
15—19	18·5	17·4	35·9	22·1	20·8	42·9
20—24	16·3	15·8	32·1	19·5	18·5	38·0
25—29	14·8	14·2	29·0	17·6	16·7	34·3
30—34	13·4	12·4	25·8	15·7	14·6	30·3
35—39	11·8	10·6	22·4	13·6	12·1	25·7
40—44	10·1	8·9	19·0	11·5	10·1	21·6
45—49	8·5	7·5	16·0	9·7	8·3	18·0
50—54	6·8	6·1	12·9	7·8	6·8	14·6
55—59	5·2	4·8	10·0	6·0	5·4	11·4
60—64	3·7	3·7	7·4	4·4	4·1	8·5
65—69	2·4	2·5	4·9	2·9	12·8	5·7
70 and over	3·8	4·0	7·8	3·3	3·8	7·1
Total	183·3	173·5	356·8	225·8	212·5	438·3

[1]Census of India, Paper No. 2 of 1963, page 35.

Comparative figures of some other countries are given below :

AGE DISTRIBUTION OF POPULATION IN VARIOUS COUNTRIES

Country	Year	Percentage of population in age group		
		0—14	15—59	60 and above
India	1961	41·0	54·2	4·8
Japan	1956	32·8	59·0	8·2
Ceylon	1955	40·7	55·8	3·5
Mexico	1950	41·7	52·7	5·6
Australia	1956	29·3	58·3	12·4
U. K.	1956	23·1	60·5	16·3
U. S. A.	1957	30·4	56·9	12·7

2.17. The Committee is concerned with size of population and the problems affecting the child in the age group Birth to 6 years. The following figures show the size of child population in the last two decades and the number of children expected to be dealt with in 1971 :—

TABLE NO. 7

CHILD POPULATION

(In millions)

Year	*Age-Group*		*Total*	*% of Col. 2 to 4*	*% of Col. 3 to 4*	*% of Col. 2 to 3*
	0—6	0—14				
1	2	3	4	5	6	7
1951 . .	66·48	135·9	356·9	18·68	38·11	48·92
1961 . .	96·8	180·1	438·3	22·0	41·0	53·8
1971 . . Expected Population	120·11	210·2	554·7	23·46	37·89	57·14

A detailed analysis of the total population of each State in terms of children of the age groups 0--3, 4--6 and 7–16 is given in table No. 8.

TABLE NO. 8

SHOWING THE DIFFERENCES OF POPULATION OF EACH SEX AMONG CHILDREN UPTO THE AGE OF 16 BY DIFFERENT AGE GROUPS

Name of the State	*Male* Age-Group			*Female* Age-Group			*Percentage of the population of children upto the age of 16 in different age groups to the total population of the State* Age-Group		
	0—3	4—6	7—16	0—3	4—6	7—16	0—3	4—6	7—16
1	2	3	4	5	6	7	8	9	10
1 Ajmer	217	549	5,912	..	..	..	8·49	13·48	4·21
2 Assam . . .	16,200	17,000	85,800	..	..	..	12·69	9·92	23·35
3 Bhopal . . .	424	661	6,888	..	..	..	10·03	9·18	22·30
4 Bihar . . .	..	15,000	175,300	20,500	..	..	12·16	7·62	22·20
5 Bilaspur . . .	..	..	..	262	1,794	691	12·56	7·77	19·26
6 Bombay . . .	17,92,300	49,300	256,400	..	..	..	10·9	8·17	23·47
7 Delhi . . .	40,300	14,000	32,600	..	..	..	12·48	6·71	22·65
8 Himachal Pradesh .	..	..	5,016	12,215	2,710	..	11·26	6·99	20·61
9 Hyderabad . . .	..	..	..	22,100	29,000	40,000	10·40	8·42	24·19

1	2	3	4	5	6	7	8	9	10
10 Kutch	1,474	851	794	..	..	..	10·78	8·35	23·88
11 Madhya Bharat . .	..	7,400	47,800	11,900	..	..	11·13	8·00	23·24
12 Madhya Pradesh .	30,300	..	121,300	..	9,700	..	11·14	7·93	22·12
13 Madras . . .	..	28,200	..	24,000	..	178,000	9·55	7·50	22·44
14 Manipur . . .	3,787	811	2,101	..	..	..	11·65	8·86	22·98
15 Mysore . . .	..	..	239,800	7,600	18,400	..	10·02	8·27	24·02
16 Orissa . . .	..	..	..	42,600	21,400	160,200	10·16	7·66	22·30
17 Pepsu . . .	20,200	18,300	68,600	..	..	..	12·06	7·86	23·19
18 Punjab . . .	70,600	56,000	165,700	..	..	..	12·44	8·00	23·75
19 Rajasthan . . .	216	165	833	..	..	..	11·35	101·46	21·75
20 Saurashtra . . .	..	9,100	38,100	2,100	..	..	11·32	8·3	26·08
21 Sikkim . . .	..	..	1,091	935	971	..	10·07	8·72	25·64
22 Travancore Cochin .	18,000	22,800	9,100	..	..	..	1·18	19·68	23·56
23 Tripura . . .	3,354	739	270,200	..	..	..	11·82	9·16	23.66
24 Uttar Pradesh . .	..	116,400	783,100	44,200	..	..	10·86	7·84	22·88
25 Vindhya Pradesh . .	..	13,100	71,700	4,800	..	..	9·16	8·08	23·33
26 West Bengal . .	..	..	645	156	10	..	10·43	10.46	23·43

2.20. The excess of males over females is somewhat pronounced in northern India. The problem of sex ratio needs further investigation in Delhi, the Punjab, West Bengal, Tripura and Assam. In Delhi the difference is very pronounced amongst newly born children. It is 2.9 at birth, 0.4 at age one, 0.3 at age two, and 0.5 at age three. The excess continues upto the age of 16. It remains 2.3 in the entire population. In the Punjab it is somewhat higher than in the rest of India.

2.21. The highest ratio of small children to the total population is found in Rajasthan, Vindhya Pradesh and West Bengal. In the whole of India, Assam and Tripura have the lowest ratio of small child population to the total population of school going children. On the whole it can be estimated that one in every 9 to 10 persons in India is between Birth and 3 years of age; and one in every 12 to 14 persons is between 3 and 6 years of age. There is one child of school going age to every 4 or 5 persons in India.

Checking of Growth of Population in India

2.22. It is now accepted in the nation and by society at large that the growth of population in India must be checked. The same cannot be said to be true of the consciousness and sense of responsibility of the family and the individual. The check on growth of population has therefore become a formidable task. Having accepted the policy of Family Planning, the Ministry of Health intends to spend twenty-seven crores of rupees in the Third Plan Period; and more may have to be spent during the Fourth Plan Period. To assist a programme of Parental and Family Education the Ford Foundation of the U.S.A. has given a grant to discover methods of communication so that an educational process may be implemented to achieve practical results.*

2.23. The Committee on Child Care is not very directly concerned with the problems and programmes of Family Planning. Besides, this aspect of our social life has been ably dealt with in a report submitted by the Committee on Planned Parenthood. This Committee is concerned with Family Planning for two main reasons only. Firstly, child care and welfare would improve if there were

*A grant of $ 330,000 in 1959 was given in 1959 to carry out a five-year programme for family planning. Another grant of $ 603,000 was given in 1961 to supplement the grant given in 1959 for this programme.

fewer children to deal with; secondly, the health and capacities of mothers could be improved so that children with healthy constitutions may be born, and they may receive adequate care from their mothers.

2.24. Concepts of scientific family planning and limiting the number of children may be new, but tribal and rural populations in India have been using natural substances and foods for centuries in the hope that they could have fewer children, or avoid conception. During the feudal period most cultures, including our own, set a high value on children and encouraged large families for different reasons. The religious, political and militaristic approach of nations favoured large populations. The reaction came as an aftermath of wars in this century and the consequences of the Industrial Revolution. Now, since wars, disease and calamities take a smaller toll of lives, the need for reduction of population is very urgent. A few centuries ago, even in very advanced countries, life expectancy was not beyond 40 years and high birth rates were matched by high death rates. Now low birth rates must match low death rates, and were up for increased life expectancy. Man is now keen, more than ever, to live to be beyond a hundred years.

2.25. There are many who are scared by the spectre of a world which has for more people than it can feed. Japan has been able to successfully demonstrate how it has been able to halve its birth-rate in only fifteen years. In 1947 the birth rate was 34·3 per thousand; in 1961 it was only 16·7, the lowest on record. As in the field of industrialisation, Japan's success in the field of family planning ought to be an example to other Asian and African countries who have not yet been able to come to grip with their population problem. All countries cannot easily adopt the birth control strategy followed in Japan. Even as early as 1955 there were over 11 lakh abortions in Japan compared with 17 lakh live births showing that the family planning programme could never have achieved the success but for the legalisation of abortion.

2.26. It was suggested to this Committee that abortions should be legalised if married couples jointly seek termination of pregnancy. It should be also permitted as a method of family planning, on medical grounds and out of consideration of the health of the mother. Abortions may also be permitted on grounds of poverty and health of the mother. It is doubtful if legalisation of abortion

will achieve the same results in a country like India which does not have the same hospital facilities to take care of abortion cases. The family planning programme here has to be far more comprehensive—with legalised abortion, distribution of contraceptives, camps for vasectomy operations, and intensive education to teach people how they can best limit the size of their families. Family Planning Programmes should be integrated with MCH services and family welfare and counselling programmes.

2.27. Sentiments, tradition, religious beliefs and the general outlook on life of the average Indian may not make it easy to legalise abortion in India; but abortions are resorted to mainly under abnormal circumstances, and especially when a family is victim to chronic poverty. If the principle of sacredness of life is accepted, and if human sentiments are respected, then the only alternative is not merely to permit the survival of children; but consider it an equally sacred, national and social responsibility that children should be cared for and their optimum growth be made possible, whatever the cost. Whatever be the amount the Government of India is willing to spend for prevention of population increase, it is evident that it must spend adequately to deal with children who have survived after birth. It is clear that the rupees three crores allotted by the Government for developing special child welfare schemes compared to rupees twenty-seven crores at the disposal of the Family Planning Programme, is entirely inadequate to meet the true needs of the situation. A much larger amount must be set aside, so that children who are born may receive proper nourishment, live in a good environment, enjoy good health, and receive the benefits of proper training and education from the earliest period of their lives.

Family Planning in India

2.28. The late Dr. Mrs. Annie Besant began her battle for birth control in England, and Mrs. Pankhurst gave international lead that led to the birth of the International Planned Parenthood Association. In India, Shri Pyare Kishen Wattal published his book on the population problem. The first Birth Control Clinic was opened in Bombay by Prof. Raghunath Karve in 1925. The New Malthusian League was formed in Madras a few years later. The first Government Birth Control Clinic was opened in Mysore State in 1930. In 1932, the Senate of the Madras University decided to give instructions in contraceptives, and the Government of Madras opened a Birth Control Clinic in 1932. In the same

year, at the Lucknow Session of the All India Women's Conference, a decision was taken that "men and women could be instructed in methods of birth control in recognised clinics." The National Planning Committee of the Indian National Congress under Shri Jawaharlal Nehru supported Family Planning Programme in 1935. The Movement could have attained great momentum if it had the forceful support of Mahatma Gandhi. But Gandhiji, because of his concept of divinity and spiritual values, merely declared that "he preferred mind control to birth control." This statement clearly implies that he did not reject, or desire to prevent birth control. In 1935, a Society for the study and promotion of Family Hygiene came into existence. In 1939, the "Birth Control World Wide" opened Birth Control Clinics in U.P.; and the Matru Seva Sangh started a clinic in Ujjain in M.P. The Council of State approved the creation of Birth Control Clinics in 1940. The Bhave Committee in 1943 advocated the creation of Birth Control Clinics mainly for health reasons. The Family Planning Association of India came into existence in 1949.

2.29. During the First Plan Period only a beginning could be made. Programmes were commenced with great caution; attention was given to study and research. Only 65 lakhs were allotted for the Family Planning Programmes.

2.30. A vigorous action-*cum*-research programme was launched in the Second Plan Period when Rs. 497,00,000 were allotted to make a systematic beginning in both rural and urban areas. All parents with a monthly income of less than Rs. 100 were to be given contraceptives free of cost, and those with an income of between Rs. 100 and Rs. 200 at half the cost. Foam tablets and sheaths were distributed free in rural clinics.

2.31. During the Third Plan Period a clear objective has been laid down; "The objective of stabilising the growth of population over a reasonable period". And this must be the very centre of planned development. In this context it has been stated "that the greatest stress has to be placed in the Third and subsequent Five year Plans on the programme of Family Planning". The programme will not be merely a development programme; it will be organised as a nation-wide campaign embodying basic attitudes towards a better life for the individual, the family and the community. The Programme will consist of the following items :

1. Education and motivation for family planning.
2. Provision of clinics and services.

3. A mobile programme including tours and travel.
4. Supply of contraceptives.
5. Organisation of communication and motivation research.
6. Demographic studies and research.
7. Medical and biological researches.

A sum of Rs. 27,00,00,000 (Rs. 27 crores) has been provided for the intensive development of the Family Planning Programme, as stated previously.

2.32. As a result of measures to co-ordinate the efforts of the Central Social Welfare Board and the Family Planning Programme of the Central Ministry of Health, a family planning welfare worker, to be known as a "kulasevika" will be appointed through the Ministry of Health to function as one of the workers of the Social Welfare Extension Projects. The Committee is of the opinion that the National Family Planning Movement and the National Child Welfare Movement as proposed in detail in the Chapter on "Administration" should be so integrated that efforts to promote child care will be synchronized with efforts to promote intensive family planning measures at the family and community level. When mothers and families will perceive true evidence of the real anxiety of the State to look after children born alive, then only many of the parents will be persuaded to give deeper and rational consideration to the principles and needs of planned parenthood.

Programme of the Family Planning Association

2.33. The Family Planning Association of India has an intensive programme of activities including the following items :

1. Medical work : Clinical and the training of personnel.
2. Education and Field Work.
3. Helping formation of new clinics.
4. Organising conferences and seminars.
5. Forming new branches.
6. Promoting research.
7. Supplying contraceptives.
8. Administration, public relations and fund raising.

Spacing a Vital Objective

2.34. The two most vital aims of Family Planning are to achieve parental education and to induce spacing of children after

marriage in order to promote the health of the mother and to enable her to devote her time to efficient child care. Dr. Chandrasekhar has suggested the space between the birth of two children to be two to four years, but a minimum period of 30 months should be made possible through propaganda and education not only by family planning workers, but by every available programme of education of youth, parent and workers; and especially by the concerted efforts of urban and rural community development programmes.

Factors to Promote a National Family Planning Campaign

2.35. The National Family Planning Campaign cannot succeed if it is merely carried out by organisations primarily devoted to Family Planning Programmes. The Family Planning Movement should take the help of every kind of organisation available in the country. Amongst these must especially be women's, family and child welfare, and youth organisations; Universities and Schools of Social Work; the medical and nursing professions; trade unions, missions, professional and trade organisations; the Community Development Organisations in rural and urban areas; the co-operative movement, social education, and religious and cultural organisations, etc. The Armed Forces of the country have already taken a keen interest in promoting family planning amongst the Army, Navy and Air Force personnel.

2.36. The following two tables show the number of clinics organised upto November, 1961 :

TABLE NO. 9

NUMBER OF CLINICS OPENED UPTO THE END OF NOVEMBER 1961

	First Plan	Second Plan		Third Plan		Total
		Regular clinics	Distribution of contraceptives	Upto Oct. 1961	During Nov. 1961	
Rural . .	20	1,079	1,864	162	13	3,138
Urban . .	125	421	330	166	4	1,046
TOTAL .	145	1,500	2,194	328	17	4,184

TABLE NO. 10

STATEMENT SHOWING THE NUMBER OF FAMILY PLANNING CLINICS OPENED UPTO NOVEMBER 1961 IN THE VARIOUS STATES

State	Rural	Urban	Total
Andhra Pradesh	548	71	619
Assam	177	19	196
Bihar	40	98	138
Maharashtra and Gujarat	259	122	381
Kerala	675	14	689
Madhya Pradesh	280	73	353
Madras	523	163	686
Mysore	188	102	290
Orissa	37	88	125
Punjab	84	95	179
Rajasthan	52	27	79
Uttar Pradesh	115	44	159
West Bengal	86	92	178
Jammu and Kashmir	..	8	8
Delhi	..	57	57
Himachal Pradesh	24	19	43
Manipur	..	2	2
Tripura	..	1	1
Pondicherry	..	1	1
TOTAL	3,088	1,096	4,184

2.37. During the Third Plan Period the number of government aided clinics in rural areas will be increased to 6100, and the number of clinics in urban areas to 2100. In addition to this, other facilities will be provided for sterilisation of males and females. The Union Health Minister, Dr. Sushila Nayar, has announced the setting up of a Central Family Planning Communication Research and Action

Centre which would help stimulate, co-ordinate and assist the development of family planning communication activities throughout the country. The activities of this national institute would include training activities, medical, biological and research activities relating to statistical evaluation.

2.38. The Family Planning Campaign should be able to make effective programmes especially in the urban areas. This can only happen if Municipalities take the initiative for creating family planning clinics and developing intensive programmes of community development. Interested practitioners in different urban areas must set up separate clinics with trained and paid workers to cater to all those who can afford to pay. A programme of subsidisation of clinical efforts should be introduced in lower middle class areas. Family Planning Clinics should function along with dispensaries in all large industries.

Expenditure on Family Planning Programmes

2.39. The estimated expenditure on family planning programme upto the month of November, 1961 was Rs. 14·81 lakhs including Rs. 83·84 lakhs released to the State Governments as ways and means advances.

2.40. With the short time at its disposal, the Committee was not able to obtain detailed information about the implementation of programmes that have followed the Report of the Committee on Family Planning.

2.41. The average attendance at clinics in rural and urban areas was 51·2 and 137 respectively.

2.42. The State Governments have concentrated their efforts on the sterilisation programme of 1955. Mobile units are used in several areas. Vasectomy is sought to be made popular, though in most areas the follow-up programme of education is inadequate. Certain cases require assistance to enable them to face the sexual and psychological difficulties or problems that may arise after operation. There have been a few cases of failure, where conceptions have resulted, considerably upsetting the couples concerned. In the absence of clinics for case treatment and guidance, their family lives are likely to be much disturbed.

2.43. Table No. 11 (page 83) shows the number of sterilisation operations carried out between 1956 and November, 1961.

TABLE NO. 11

Year	Male	Female	Total
1956	2,333	5,490	7,823
1957	3,671	9,859	13,530
1958	9,072	16,801	25,873
1959	13,925	21,997	35,722
1960	31,067	15,198	46,265
1961 (upto November) . . .	23,931	8,702	32,633
TOTAL .	83,999	77,847	1,61,845

The Government of Maharashtra has won the State award for outstanding performance under the Family Planning Programme during 1960. During the year, 22,008 sterilization operations were performed in the State (17,361 males and 4,647 females). The total number of sterilizations since the commencement of the programme till 31st December, 1962 is 38,271.

Contraceptives valued at Rs. 2,00,000 were distributed in the colonies of the State.

223,869 or 1·01 per cent of the population came forward for family planning education.

32,622 couples were given advice on the use of contraceptive methods.

Orientation training was given to 1680 persons in 21 Orientation Camps.

102 medical personnel, 66 field workers and 81 health visitors and midwives were trained.

A family planning campaign was carried from November 6, 1960 to December 18, 1960. 216 vasectomy camps were held, 62 new rural family planning clinics were inaugurated.

Contact and Parental Education

2.44. In the initial stages, it is vital to contact large numbers of persons. The number of persons who were contacted for guidance on Family Planning was 112,30,000 upto the end of November, 1961. Of these, 29,02,000 received advice and guidance in the use of Family Planning methods.

2.45. As an example, during November 1961, 1370 general meetings and 1,505 group meetings were held. These were attended by 96,202 and 25,615 persons respectively. During 1961, 15,735 persons attended 85 orientation meetings. During the same year orientation camps were held in 13 States and were attended by 1,077 persons. Considering the size of the country, the time factor involved, and the quality of population dealt with, the family planning staff must continuously maintain a high standard of objectivity, devotion to duty, and hard work. In case their preliminary training is inadequate, as is likely to be the case, a fresh cadre of properly trained persons should be recruited to contact more areas and refresher courses, discussion groups, regional evaluation committees, and regional seminars must keep up the enthusiasm, interest and sustained effort of the workers.

2.46. Surveying the work of the country, the Committee is able to reach four major conclusions :—

1. That progress has been considerably accelerated after 1955; but in view of the vital importance and urgency of the programme, it may still be considered too slow.
2. The organisers have not been able to harness the interests and energies of a large number of organisations who can play very useful roles in the promotion of family planning.
3. There is a lack of ability to use resources available for the movement.
4. There is a great dearth of voluntary workers as well as trained personnel to make such a vital campaign effective.

CHAPTER III

THE BACKGROUND AND CONCEPT OF CHILD CARE AND NEGLECT

Fundamental rights of the child and basic requirements for the promotion of child welfare in India

3.1. Every mother has a natural capacity to care for her children. All the other members of the family also contribute a share to the amount of care children require. The content and quality of the physical, psychological and general care received by a child invariably depends upon the customs, practices and traditions regarding children in the family, the community and the social settings to which the family belongs. It is not therefore possible to lay down positive standards or programmes of child care for the family. The subject merely falls within the scope of parental education. The task before this Committee is to investigate the circumstances and factors that influence the attitudes of parents and families towards children; and the consequent pattern of child care that follows to determine the manner in which children will grow up and develop.

3.2. The general contents of the minimum needs of child care are well known; and the content, quality and standard of child care are influenced by some important factors. For example, the characteristics of the region and climate, the sex life and behaviour of parents, details surrounding marriage and family life, number of children born to the mother, and the social and cultural life of parents influence the eventual pattern of child care amongst all classes of society.

3.3. *The desire for children* : Dr. Chandrashekaran, the Director of the Demographic Training and Research Centre, expressed his earnest conviction that the birth rate in India should fall steeply, and as early as possible. He advised that all children who are born should be divided into two classes : the wanted children; and the unwanted or accidental and inevitable births that are the consequences of sexual life. He believed that the number of children who are born in the second category are far too many.

3.4. The desire for children is known to be instinctive, because this instinct is not only peculiar to the human species, but it has existed for millions of years during which offsprings have been born as a result of bisexual reproduction in hundreds of species. The expression of the desire for children psychologically is not uniform in its intensity in all societies. Regional and climatic conditions seem to affect sexual behaviour. The desire for children seems to develop greater intensity in tropical and equatorial regions. The desire seems to be related to the emotionalism of different racial groups. Where other hungers are more fully satisfied, and where other and numerous desires are satisfied, sex desire is less frustrated and the desire for children is more rational. In modern and highly economically developed countries some women do not desire to have children. The desire for children may be less intense amongst educated women; and especially amongst career women. Life is evidently made up of frustrations where poverty is prevalent, and some social workers in India generally testify to the presence of an intense desire for sexual life amongst agricultural labourers and industrial workers, and also amongst all poor sections of society. Some others hold a contrary point of view. Intensity of sex hunger does not always imply the presence of a positive desire for children.

3 5. In India, the desire for children is environmentally stimulated. Amongst important sections of society, the desire to have many children is stimulated from a very early age. Though the woman is not permitted to be a very keen participant of religious life, yet the young girl often goes alone to the temple to worship, ringing temple bells and offering earnest prayers to God that children may be born to her.

3.6. The age of puberty amongst girls in India is one of the lowest in the world as it is between thirteen and fourteen years. This may be due to a variety of reasons. Sex freedom and companionship of the opposite sex are denied to the female from an early age and absence of this experience along with the general absence of courtship, as well as absence of education, may produce an imaginative concentration on sex life accompanied by a highly stimulated desire for children. But there is a difference always between the desire for the first child, and the desire for subsequent children. Working class mothers, after the birth of a few children, sometimes express their abhorence to enjoy sex life, and have more children. The quality and characteristics of the desire for children also needs examination. Children born after the third child, and especially where the mother has given birth to a large

number of children, are accidental and inevitable consequences of sexual life.

3.7. The quality of child care will be naturally superior when children are primarily desired for their own sake. In the absence of reliable and extensive data regarding the facundity and fertility rates amongst women in India amongst all classes of society, there is little possibility of reaching positive conclusions. The work life of women amongst the poor classes does not seem to affect their fertility rate. Women who are educated and are creatively and volitionally employed have fewer children due to several reasons. In the few studies which have been carried out, especially amongst the poor, fertility rate of the mother appears to be very high. There is a relationship between this factor and the actual natural capacity for child care.

3.8. There is also a psychological consequence of wastage of life; and the death of a number of children in the early years of their life may produce different results on the pattern of child care in the family. As some surveys have shown, two out of every five children born die in their early years and during the life of their parents. In a way, these deaths are due to direct or indirect incapacity for child care; or presence of positive factors of neglect of such children.

3.9. There is a general agreement that all children born should be earnestly wanted and intensely desired by their parents; and the desire must be accompanied by the general awareness of the responsibility involved. It is certain that improved standards of living, spread of education, especially amongst girls, marriage of the girl after maturity, and the presence of creative ability and intellectual and cultural interests in life will lead to fewer, and truly desired children.

Parental Education

3.10. A careful and practical education about sex before marriage, adequate rational guidance and advice about sex life to children by parents, satisfaction of the curiosities about sex life and education of children about reproduction, marriage and problems of the family in all stages of education are essential to create amongst all sections of society the consciousness which associates the need of a quality population with the desire for children.

3.11. The problems of fear of marriage and also of maternity need investigation. The general birth rates prevailing amongst the

middle and upper classes due to peculiar notions of standards of living, the lower birth rates prevailing amongst educated women, and the recent influence of western society on Indian attitudes to sex and family life need to be taken into consideration if India has to develop and emphasise the twin objectives of "wanted children", and "children for a quality population." Child care will be of a very high standard in all cases where children are intensely and intelligently desired, and where there is general awareness of the quality aspect of reproduction.

3.12. Patterns of child care are widely different in different parts of India; and these are related to prevailing traditions, customs and practices prevailing during the previous generation, opportunities and facilities for child care available to the family and in the regional community environment, and the standard of life and education of parents and the family.

3.13. *The meaning of child and childhood:* Before the concepts and implications of child care are dealt with, the definition of the word "child" and the implication of "childhood" need to be properly understood. The League of Nations had dealt with this problem, and the United Nations has approved that persons upto the age of sixteen years should be considered as children. Many countries, by legislation, have accepted that childhood should cover as long a period of human life as possible. These decisions are based upon well meant and practical considerations. This approach and attention given to children for many years compels both society and governments to pay attention to the needs of human life for at least one-third to one-fourth of the average expectation of life.

3.14. The Committee is of the opinion that the decisions and conclusions of the United Nations are wise and acceptable; but at the same time this approach at times minimises and reduces the great importance of the earliest years of the child where problems of both survival and growth are of very great importance, and the dependency of the child on his environment is most real.

3.15. Biologically childhood may be said to be terminated by the time puberty is reached, and reproductive maturity permits the birth of an offspring. Economically a person remains a child as long as the phenomenon of "dependency" imposes upon the family the responsibility to look after the material and educational needs of children. The beginning of youth, which is a period of preparation for work and employment, marriage and social responsibility terminates the period of childhood.

3.16. Generally speaking childhood is essentially the whole period of biological and psychological growth and personality development, leading to a stage of independence when the person develops the skills, capacities and abilities to adjust to environment and is liable to independently control the circumstances and situations of his own life. The emergence of independence and individuality are two important characteristics to suggest a reasonable period for the end of childhood.

Stages of Growth and Development During Childhood

3.17. The Committee, in the different and widely circulated questionnaires, sought the general opinion about the stages of life known as infancy, childhood, boyhood and girlhood, culminating in youth. The majority of the answers suggested that childhood must be treated as a vital and comprehensive stage of life; but for the effective study of the conditions of the child, and for dealing with the problems and needs of children, the sub-stages of childhood must be carefully defined. The majority of Government Departments from all the Stages have expressed the view that the term 'child', 'childhood', and child welfare should be used in a general, but comprehensive sense. Some have suggested that the word 'child' should be used upto 12 years; but the majority have favoured the use upto fifteen or sixteen years. Two experts have even expressed the view that the age of sixteen should be raised to eighteen years.

3.18. The Committee therefore feels that the existing definitions and standards used by the United Nations, and by Social Legislation in all parts of India are satisfactory; but it recommends that the following four stages of childhood should be accepted for all welfare; planning and developmental purposes to cover all children upto the age of six years. Seven experts have suggested the use of separate terms to refer to each specific and defined period of child development. The terms could be: (1) the intra-uterine period; (2) Infancy; (3) Toddlers' stage; (4) Pre-school age. The classification of stages of development as infant, baby, child and boy and girl may be used for general and social literature but the former terms are more specific. from the point of view of welfare and scientific purposes of child welfare. It is of course necessary for the purpose of programme development to combine stages 1 and 2 as it is treated as a single stage of development.

3.19. *The Intra-uterine Period* : In the terms of reference of the Committee, it was asked to deal with all the aspects of the life, problems and needs of children between "zero to six". The Committee was further informed that zero in this case implied the *beginning of life*, culminating in the birth of the child. In the scheme of Nature, conception has a unique place in the birth of offsprings amongst all species. In certain cases, the period of conception may be only a few hours, or days; but the human being has the longest period of conception, which is normally about 280 days.

3.20. Conception is vitally related to the health and birth of the human child. Biology and the other medical sciences have made a very exhaustive study of the whole period of conception with the exception of the first few days. Conception begins with the peculiar functions of the male sperm and the female ova. Originating in a simple single cell, it leads to the formation of the nucleus containing chromosones which includes hereditary characters from both the parents. In case of the human being, the child is believed to inherit 48 characters from both his parents. The Intra-uterine period begins as soon as the child is conceived and end with the birth of the child as soon as survival becomes evident with the performances of the breathing, crying and sucking reflexes of the new born child.

3.21. In India, as in many other countries, attention and interest of the Society and State were aroused by the revelation of the prevalence of a very high infant mortality rate. Society was evidently most concerned with the problem of survival, especially at the time of birth. The difficulties of survival mainly centred around the problem of the *Environment* of the child. The importance of two vitally important factors relating to children is strongly emphasised by this Committee. There is no doubt that the conditions and problems of survival are very important; but equal importance must henceforward be given to the problems of *Heredity*, and every aspect dealing with the *Growth and Development* of the child.

3.22. On the whole, not enough was known about heredity. Many studies are related to the propagation of seeds, and the breeding of animals; but intensive efforts are yet to be made to study the problem of heredity in a country which is ancient, with a complicated history of races, invasions, and social interactions between different ethmic groups for innumerable centuries. In the world of science great achievements have contributed to the progress

of physics and chemistry; and only recently, remarkable progress has been made by biology in the study of heredity. Francis Crick and James Watson at the Cambridge University have prepared scale models of molecules where dimensions are measured in hundred millionth of an inch. The molecules of a substance called deoscyribonucleic acid or DNA is believed to be "the material of heredity, the master substance of life". Heredity thus appears to have a "material basis; the inheritance of specific physical characteristics implies the passing on, through sperm and egg cells, of specific chemical particles from generation to generation". These genes are now believed to be DNA molecules. The study of this problem could greatly assist the process of national integration through proper sex education and the gradual promotion of social organisations based on sound knowledge about selection and marriage.

3.23. The growth of the child begins with the first cell that is the culmination of successful sexual intercourse. There is law, method and purpose in Nature, and unless "good health" is the characteristic of every cell that goes to the building up of the body of the child during the period of conception, the birth and health of the child will be affected. During conception, there is a systematic emergence of organs and parts of the human anatomy, the cranium, head, and the sensory organs; the bony skeleton and all the organs; the muscles and nerves: and all the structures generally that will perform delicate and different functions till the end of life. Development therefore implies the growth of every cell, structure, organ and function that eventually makes human life the most complex, and yet the most supreme expression of life on this planet. Conception is therefore perhaps the most vital and critical stage of human life.

Parental Fitness

3.24. By the terms of reference the Committee is not concerned; directly or indirectly, with the problems of parents, sex, sexual intercourses, maternity, or the problems and needs of parents with reference to the child. Yet the close relationship between the problems of sex, marriage and family life and the life of the child, especially in the earlier stage, is established by the complex and intricate implications of conception.

3.25. The Committee feels itself obliged to make a brief reference to the need of physical, biological and psychological fitness on the part of both the parents to give birth to children. Indeed the fitness

of not only the parents, but even the grandparents and the earlier generations are involved as heredity is accepted as a factor; as vital as environment.

3.26. The emphasis on heredity brings a sense of responsibility to human society. It is a vital element in the contents of the developed social consciousness of a nation which becomes aware not merely of survival; but the importance of the quality and achievements of the human population. Human civilisation, and its expressions and culture, is vitally related to growth and development of every single child. This aspect is sometimes overlooked where millions of children are to be dealt with and therefore inadvertently the rights, privileges, and needs of every child, are lost sight of.

3.27. The Reports of the Planning Commission have laid stress on programmes of National Physical Fitness. After the publication of the First Report, a Committee was appointed by the Ministry of Education to deal with the problems of standards and content of programmes of National Physical Fitness. "The Fitness to Reproduce" is a basic element of the entire problem of National Efficiency. It even vitally concerns the development of basic skills, talents, abilities, and capacities of the child to make the maximum contribution to economic development in the later stages of his life.

3.28. The problem of national unfitness for reproduction needs deep study by the scientists of the nation. The Committee is very strongly of the opinion that in terms of the long-term needs of the nation, steps must immediately be taken to create more scientists, and give greater opportunities, facilities and resources to these scientists who must deal with parents as creative agents of successive generations, and children as the greatest asset for national leadership, organisation and achievement in every aspect of national life.

3.29. Proper studies of the 'Quality' aspects of selected groups of the Indian population, including leaders, nation builders, scientists, intellectuals, workers and parents must be systematically carried out so that the greatness of the nation in future is based not merely upon prosperity, but upon sexual health, integrity and capacity of the mind, the efficiency of human labour, and the high values of the nation's spiritual, moral and cultural life. Meanwhile, legislation is needed to prevent parents proved "unfit" due to disease, etc., from having children.

Health, Sex Life and Parental Education

3.30. The younger generation in India, after Independence, has been gradually showing its recognition of the values of freedom, healthy expressions of love, the need of courtship, and at least the importance of mutual and volitional aspect of consent of both the partners before marriage. These factors by themselves should help to create new social values and a healthy family life. But along with these factors, the Committee pleads the importance of education and the generation of a sense of responsibility and dignity so far as the sexual life of would-be parents and parents is concerned. Marriage must be accepted as a great responsibility and the chief responsibility after marriage are the children. The nation must be convinced that if our society and the family will look after children, the nation will be able to look after itself in the future. In the care of children lies the strength of the nation, and present day care of children should begin with the education of parents.

3.31. *Infancy:* Infancy is generally understood to refer to the first year of life. However, whenever the intra-uterine period is not considered to be a separate stage preceding infancy, then infancy should be considered to refer to the period from conception to the end of the first year of life. Opinion of child welfare workers and institutions was invited to explain the implications of the term "infancy" as used by their agencies. Some of the answers suggested that the period of infancy should extend upto the end of the period of breast-feeding, if that period extends beyond twelve months after birth. Some child welfare programmes dealing with post-natal care are also continued for the benefit of the child till he is eighteen months old. Thus as a means of practical expediency, the period of infancy may extend a few months beyond the completion of the first year. A number of experts and some government departments have suggested that the first stage of childhood after birth should cover a period of thirty-six months. Some experts have suggested that there should be a post-infancy stage from 12 months to 24, 36 or 42 months.

3.32. Infancy is a critical year in the life of the child. The delicate and complicated instrument of the organism which has been carefully built up without the direct assistance and external contact of the parents during conception has to survive and adapt itself to the climatic conditions and the severe and coarse physical environment in which the child is born. The child also contacts

other human beings in his surroundings to experience their capacities to fulfil his hunger and his unexpressed needs in the first stage of the long period of dependency.

3.33. From the point of view of programmes of child care and welfare, the period covers all activities pertaining to ante-natal, maternity, and post-natal care.

3.34. During this period, the Committee is of opinion that the Health Ministry and its Departments in the Central and State Governments; and the Health Department of Municipalities and Zilla Parishads should play the greatest role in providing institutional and clinical care for the welfare of children. They should also make arrangements for (1) education of parents and (2) medical help when necessary through their agencies.

3.35. The Department of Social Welfare, meanwhile could concentrate on the community welfare programmes for infants, aided by the specialised staff of the health and medical services. Infant welfare should become a special item on the general programme of rural and urban community development, while the Medical and Health Department deals with children's hospitals and wards, clinics and dispensaries, and public health nurses lock after all programmes and activities for the welfare of infants. The health visitors service should be more extensively developed as a community service under the Department of Social Welfare. This is necessary in view of the improved standards of the auxiliary nursing service. As direct contact with families, the educational approach, and Home Help Service are the special functions of the Health Visitors' Service; a reorganisation of the function of the latter service is necessary to co-ordinate the programme of infant welfare by Health, Welfare, Community Development, and Community Welfare agencies.

3.36. From birth to 30 or 36 months the child completes its primary growth which brings him in line with developed human beings. Beginning with the very first activities of his first day, he attains at the end of this period three important physical achievements:

I. Standing erect, walking, running, climbing, etc.

II. Cutting about 24 to 28 teeth and consequently being able to chew and eat solids.

III. Speech-articulating with the full use of all vocal organs.

There is no doubt mental growth keeps pace along with all these growing processes. Thus from birth upto 30 to 36 months is the period of primary growth which should be called "Infancy". There are a number of periods like the first 3 months, 6 months, 9 months, 12 months and so on, during infancy. But they need not be separately mentioned and institutionally Creche and/or Day Nurseries or Jhula-ghars can look after all infants together.

3.37. *The Toddler's Age* : With the end of the first year, the child begins a new life, a new experience, and makes new efforts as it gradually achieves the erect posture which is a unique characteristic of the human species on this planet. Now there is a new confidence, an emergence of the capacity to use its senses, a new flow of kinetic energy, and the ability to actively contact the environment and thus acquire its first knowledge and experience of environment. The organism is now not quite delicate, and yet physical growth has no longer to depend upon the carefully prepared food of the mother's milk which Nature had provided for its survival. The dependence on ordinary food, the functioning of metabolism, and the continuous functioning of the body which has yet to become strong and develop immunities, produces hazards to life and dangers to health. This is the period during which the child demands love, protection and detailed care in terms of the provision of its needs which include opportunities for growth and facilities for development.

3.38. The Committee feels that this is a period of life which needs special attention in terms of child welfare programmes. While the State and Society are willing to provide ante-natal and post-natal care during infancy, and post-natal care is continued till the child is 30 months old; the care of the child during this period becomes entirely a responsibility of the family. During this period the mother needs relief from domestic work, besides she needs education and guidance so that she can give her maximum contribution to child care in terms of the physical and psychological needs of the child. In India, where sex life is governed by tropical conditions, and sexual life of parents is conditioned by frustrations, poverty, and ugliness of the physical environments, the mother may have already conceived another child; and therefore the needs of the toddler may be overlooked.

3.39. The number of working mothers may not be very large in India, but the woman who is an industrial worker, who receives a maternity leave of six weeks after delivery, has the advantage

of the "creche" where she may "park" her children with attendants who have the competence to function as baby-sitters and also look after the needs of the child.

3.40. The Committee feels, that as it has been done in Germany and some other countries, a beginning may be made with Day Nurseries to be provided in slum areas, housing colonies, and villages so that the toddler may to some extent overcome the dangerout consequences of squalor, mal-nutrition, and possible neglect.

3.41. *The Pre-School Stage:* By the time the child is 30 months old, it acquires a confidence on its legs and is able to measure its environments, adapt himself to them, and thus begin a period of self-development during which he should receive the co-operation of not only the family and the community, but also of the society and the State.

3.42. The knowledge and human interest in this stage of the child's life has been less conspicuously developed than the realisation of the needs of education after the child is six years old. Plato, Rousseau, Pastalozzi, Co-Maries, and Froebel, in different periods of great human and social development, had emphasised the vital importance of this period which is the "Threshold of Life", the first step on the ladder of education, experience and success.

3.43. Physically the dangers to health are reduced, and the child achieved a number of immunities which protects him from the environment. Metabolism becomes efficient, and physical growth during the period is rapid. As a result of nutrition, the child is now energetic, and therefore the most significant characteristics of this period of life is Activity. "The Principle of Activity" as the guiding principle of child training and development during this period was initiated by the school of experimental child psychologists and educationists in Austria during the early decades of this century.

3.44. This period of child development is of vital importance because of three reasons: (1) During this period the child is most receptive; and he is not much disturbed by complexities of sexual and mental developments which are so characteristic of the seven year cycle when the child grows up between seven to fourteen years (2) This is a formative period when the child can be more easily moulded because of the plasticity of his life, his willingness to be conditioned, and the nature of physical and mental

development which is so much more conditioned by impressions and reflexes, by imagination and sub-conscious direction of his various aspects of life, by the rapid and efficient experience of his developing senses. All these factors contribute towards the emergence of the child's Personality at even so early an age.

3.45. During this period the child is energetic and curious; seeking experience that will help him to develop his own life with the right kind of external aid. He seeks the companionship of other children to fulfill emotional and psychological needs and acquaints himself with the processes of development of human relationships. He seeks courage and develops gradual competence to meet and deal with adults on his own terms. Childhood has now grown out of the internal confusions caused by the unfamiliarity of the organism with its surroundings. The child now delights in expressing itself within the opportunities permitted to him by the home, the pre-school, and society. The expression results in confidence in the overcoming of fear, in the emergence of independence.

3.46. This is the first period of preparation, a preparation for life as the basis of all informal and formal educational processes. But in particular this is a period for the preparation to receive a formal education that will begin after the completion of five or six years of life. The child must pass out of the home to the school atmosphere joyfully, volitionally and without reluctance. This period is therefore a period of introduction to the long period of education that the State and Society will offer to him in terms of his competence, vision and resources.

3.47. The pre-school stage is a period for all round and comprehensive development of the child physically, emotionally, mentally and socially, and especially in terms of three important developments which will affect a good deal of his entire future life. The sensory development of the child, and their efficient functioning begins along with his imagination, to lead to the complex functioning of his mind. Meanwhile reflexes, observations, imitation and activity leads to the formation of habits and development of behaviour patterns that are expressed in all his activities.

3.48. The pre-school stage is the first stage of preparation for a child to become independent in the midst of a period of dependency. It is the beginning of the stage of self-exploration when

by contact, imitation and continuous activity the child develops and accumulates his own fund of life experience. It is thus a period of discovery and acquisition of information and knowledge. It is this first foundation layer of experience, accumulated during a formative and receptive period, that provides for the development of Personality and an all round development of the child in the early years.

3.49. Havelock Ellis, Freud and some other psychologists have pointed out the importance of the sex life of the child during his early years when sex consciousness emerges in the midst of physical, emotional and social contacts with other children of similar age.

3.50. But perhaps the greatest importance of this period is due to the universal acceptance of the pre-school stage as a preparatory stage for the entire formal education that will follow after the age of five years. Over and above the rapid development of the senses, the child's imagination and intellectual curiosity prepares him for the more systematic mental development in the school later on. His emotional life and imagination begins the creative stage of child art, which includes the development of finger skills. Amongst the play and activities of the child, he becomes habituated to the use of skills along with motor activities.

3.51. During the pre-school age the child acquires experience and develops skills which are valuable assets during the rest of his life. The child was already habituated to the use of his senses during the first two years, and they are further developed so that he is able to know, observe minutely, and discover even small differences in the objects which surround him. Thus he gets himself acquainted with the contents of the world which surrounds him. His curiosities are constantly aroused and thus he engages himself in finding out the why, when and how, in short, about everything and whatsoever that forms part of his environment. He now becomes interested in acquiring skills of the fingers and learning to do things by imitating the activities of his parents and companions who surround him. He likes to do all things concerning himself and thus he gradually becomes less dependent on grown up people even when they are keen to serve him.

3.52. From the earliest period of life the child acquires the abilities for communication. Language learning has been considered a most complex and intricate phenomenon which involves

observation, imitation and unknown brain functions which are stimulated by the nerves and emotional functions. The tongue is activised as a result of perception, but the growth of concepts and childhood thinking involved in his speech are only matters of deep interest, study and research by pre-school teachers and social scientists. In any case this aspect requires careful attention and the use of carefully developed techniques based on sound teaching methods.

3.53. The child has to acquire sociability as many children at times appear to be individualistic and selfish. This development may only be the result of the unconscious expression which is acquired from their surroundings, or it is due to the concessions that small children deserve in their helpless situations. Now the child has to develop behaviours to meet, know and associate with other children and elders, respect their rights, from friendships, and benefit by co-operation and pleasant activities. In short the child has to learn social adjustment and cease to be a misfit amongst other children.

3.54. During the pre-school age, children have the creative urge to express themselves, their emotions, and their knowledge of things. This is done through various vehicles of expression which constitute child art and the development of aesthetic appreciation through the various activities of the home in the pre-school.

3.55. All the basic needs of the child at this rapidly growing age of 3 to 6 are to be provided in the pre-school in the atmosphere of freedom and spontaneity. The child must have his first freedom to choose his activity; for his choice he is dictated from within according to the inner needs. He is not to be bound down by time-limit or is not to be compelled to finish an assigned portion in an assigned time. In short he is to be free from the shackles of time-tables and curricula and the dictates of the teacher. The only thing that the child needs in a pre-school is the atmosphere of security, love and willing assistance and guidance whenever needed. The child must feel that the school is just like his home.

3.56. *The Child's Environment:* Environment plays the chief role in the development of human beings. The child in its earliest years grows up in three environments. The family, the community and (some contacts with) the general social environment of the larger society, village or town. These three environments are considered inadequate by educationists as well as social scientists

and therefore the pre-school has emerged out of the efforts of educationist, child specialists and social workers. The pre-school which is in a way a small miniature of the larger world that surrounds the child, and at the same time it is a protected and safe place like home with some loving persons who attend to the children like the mother and other relatives at home. It is a place specially designed for children, and is created and meant for their use. It is a place where everything belongs to them and where no one forbids them to handle things; so they can move about without fear of being scolded or taken to task for having done anything that elders do not like. The pre-school has an atmosphere of joy, happiness and satisfaction, and it provides activities needed by children.

3.57. Thus the pre-school age is a vital stage during the entire period of childhood, and it has far-reaching consequences on the later stages when education will develop and determine his capacities, abilities and skills for all the functions of life. In the pre-school stage the child begins the development of his capacities for self-management, co-operation and leadership.

3.58. The Committee has given careful examination to the problems and needs of child during the four well-defined stages of childhood. Before attention is given to the programmes that deal with these needs, it is essential to examine the Rights of the child at birth.

3.59. *The Fundamental Rights of the Child:* Inspired by the Declaration of Geneva, adopted on September 26, 1924, by the Assembly of the League of Nations, the United Nations took an interest in preparing a Declaration of Rights of the Child in 1946. The preliminary drafting of the Declaration was undertaken by the Social Commission on Human Rights. The first Declaration was prepared by the Social, Humanitarian and Cultural Committee of the General Assembly. By a unanimous vote of seventy-eight countries including India, the Declaration was adopted by the General Assembly of the United Nations on November 20, 1959. Most of the rights and freedoms proclaimed in the Declaration were already mentioned in the Universal Declaration of Human Rights which were adopted by the General Assembly in 1948.[1]

[1]A detailed statement of the Declaration of the Rights of the Child is given in Appendix D.

3.60. The Declaration of the Rights of the Child refers to children upto sixteen years of age; and they deal with the following:

1. In ten carefully worded principles the Declaration affirms the rights of the child to enjoy special protection and to be given opportunities and facilities to enable him to develop in a healthy and normal manner and in conditions of freedom and dignity.
2. To have a name and nationality from his birth.
3. To enjoy the benefits of social security, including adequate nutrition, housing, recreation, and medical services.
4. To receive special treatment, education and care if he is handicapped.
5. To grow up in an atmosphere of affection and security, and wherever possible, in the care and under the responsibility of his parents.
6. To receive education.
7. To be amongst the first to receive protection and relief in times of disaster.
8. To be protected against all forms of neglect, cruelty and exploitation.
9. And to be protected from practices which may foster any form of discrimination.
10. Finally, the Declaration emphasises that the child shall be brought up "in a spirit of understanding, tolerance, friendship, among peoples, peace and Universal brotherhood."

3.61. The preamble to the Declaration declares that the principles of the Charter apply to each and every child. It further affirms that "by reason of his physical and mental immaturity, (he) needs special safeguards and care..............before as well as after birth." The preamble proclaims that "mankind owes to the child the best it has to give." The Declaration of the Rights of the Child merely "sets a standard which all should seek to achieve."

3.62. As a signatory to the Declaration, India owes great obligations and responsibilities towards millions of children. The complex problem of our national life, the actual condition of our

economy, the demand on the nation's limited resources, and the very large number of children involved have naturally made it difficult for the country, since Independence, to do all that needs to be done especially for the youngest citizens of the nation. Yet the contents of the Declaration needs to be widely publicised amongst Government Departments and Officials, Children's Institutions and Welfare Organisations, so that India might set an example of providing the needed resources and programmes of child welfare at any cost, even if it is necessary to sacrifice programmes in other directions of national endeavour.

3.63. *Concepts of Care:* Most children receive some kind of care during the early years of life but the implication of care must be understood and standard must be achieved which will serve the purpose of the child as well as the requirements of national objectives. It may not be possible at present to expect the presence of adequate attention to fundamental needs and details because there is extensive poverty, ignorance and inadequacy of resources, and therefore the only minimum shall be expected for the society and family. The achievement of a high standard of care should be the concern of any civilised society and desirable achievements could be a result of universal and good education, full employment, adequate income, minimum standards of housing, the provision of child welfare services and the presence of social legislation accompanied by vigilant enforcement of laws for the protection of children.

3.64. The Committee considered the presence of elements of child care in the different sections and classes of Indian Society and desired that general understanding of child care should imply the following factors :—

1. Availability of adequate shelter amidst sanitary surroundings.
2. Adequate nourishment in terms of the provision of the right type of food of good quality in adequate quantity.
3. The presence of affection and love in the family environment.
4. Protection to the child from climate, especially protective clothings.
5. Protection against disease, especially providing for comprehensive and timely immunisation against infectious diseases.

6. Protection from hazards of environment endangering personal safety.
7. Protection from cruelty and exploitation for achieving material gains.
8. Opportunity for growth, development and activity in an atmosphere of freedom and in association with other child companions.
9. Opportunities for indoor and outdoor play.
10. Opportunities for training and development of the child within home, community and institutional environments.
11. Provision of adequate care for the early and immediate treatment of physical, emotional, mental and social handicaps and mal-adjustments.

The UNICEF has assisted the achievement of all the above objectives; but realising the importance of the special needs of children, the Report on the needs of children specifically states that representatives of the various countries "indicated their interests in particular aspects of child care such as nutrition, social services, teachers and nurses training and programme participation, health education, handicapped children, tuberculosis and emergency relief." What has been put forward as a demand for the benefit of all the children of the world, are also the special needs of this country, especially at this period of our development. They desire the special attention of the Central as well as the State Governments, and all organisations and institutions working for the welfare of children.

3.65. When children are said to be 'neglected' by their parents and family, the reference is to their failure to discharge their natural and normal responsibilities. The finger of accusation is raised more against attitudes than to failures due to factors like poverty, ignorance and lack of opportunities. Children are not 'neglected' only amongst the poor, and. types of neglect could be also due to self absorption, self-interest and selfishness of parents and members of the family. Unless adequate material resources are accompanied by a developed social consciousness and awareness of social responsibilities and spiritual and moral basis for human culture, neglect of children is bound to be inevitable. Children are neglected due to the failure on the part of the State, Community and Society to provide minimum conditions for the achievement of social health by the family and at least minimum child welfare resources to provide facilities for child care.

3.66. Neglect of children is self evident when there is a failure to provide shelter, nourishment and protection. Other children are exposed to unfavourable climatic conditions and insanitary surroundings. Failure to attend to minor ailments, physical handicaps and chronic sub-health endangers the life of the child. All basic minimum needs of the child must be attended to, and he should not be subjected to undue loneliness and isolation. Amongst anti-social elements, and amongst disorganised or broken families, there is an evident tendency to exploit children, and emotional illnesses amongst parents may lead to cruelty and imposition of suffering upon children. Severe physical punishments imposed upon children, leading to physical injury, emotional illnesses, or mental suffering constitutes cruelty accompanied by neglect.

3.67. Any society must always be indulgent towards parents, and while allowance should be made for the prevalence of social conditions which have inevitable consequences on personal and family life, it is the responsibility of the State at all levels, and upon the society and community to give every possible protection to the child. When due to unfavourable circumstances or conditions or guardians are absent or when children are abandoned, deserted or deprived of shelter and care, then for child welfare purposes, institutions and services must exist accompanied by legislation and organised measures to provide protection and care to such children.

3.68. *Attitudes Towards Children :* The Committee feels that when dealing with the problems and needs of children, it is not only the programmes and services of child welfare that are important; but the development of right attitudes, the recognition of great importance of children, and the approaches to children by the family, the community and the Government at all levels of administration. These attitudes depend upon correct information and deep knowledge of the conditions, problems, and needs of children everywhere. At the present stage of national and social development, the educational aspect is of very great importance, and programmes relating to children should be initiated around all aspects of our national life. It is only when the responsibilities of child welfare are most willingly and yet extensively shared, that at least minimum needs of children will be met.

3.69. Due to numerous causes, India has yet to formulate its social policies. However, as the vital importance of social problems is realised, there is a need to formulate basic directions regarding

child welfare to guide all social programmes in the country; and therefore the Committee recommends the following :—

1. Having accepted the Declaration of the Rights of the Child and naturally programmes relating to family and child welfare dealing with all sections of the people, India will seek to implement to the best of its capacity, the Principles of the Charter.

2. In view of the fundamental differences of approach by political ideologies and systems of Government, it is desirable that it should be the national policy to do everything to strengthen the family, and promote its integration and comprehensive social health so that the family may always remain a fit institution especially to provide a proper environment, and promote the health and welfare of the child.

3. The true well being of all children requires a careful and well-organised Programme of Family Planning, and it should be the national policy to promote a co-ordinated and intensive programme of Family Planning along with Child Welfare.

4. While accepting the national need of an extensive programme of social welfare, it should be the national policy to consider child welfare as an integrated and comprehensive programme which must be implemented by properly constituted agencies of child welfare.

5. The nation must accept the equal importance of all the four stages of childhood for the purposes of planning, organisation and development of child welfare, though local conditions and needs may determine priorities of child welfare activities within the general programme of child welfare. The Committee is of the opinion, that while maintaining and improving the child welfare programmes dealing with all the four sections, special emphasis must be given during the Third and Fourth Plan periods to the organisation and development of Pre-Schools.

6. Whilst recognising the special needs of the handicapped, maladjusted and sub-normal children, the Committee is of the opinion that the State must take full responsibility of CARE of children under six years of age when they

are abandoned by their parents, and when they lack the normal care provided to children in the family. At the same time immediate action must be taken to provide for the proper CARE of normal children, and emphasis must be given to all programmes providing for the growth, training and development of the normal child.

7. The State must recognise the need of assisting private social welfare agencies to promote special programmes of child welfare, especially dealing with the study of children and the organisation and administration of pilot and experimental projects. When extensive programmes have to be developed for the welfare of children in urban, rural and sylvan areas, the State must bear the greater burden and responsibility for the promotion of extensive and standard child welfare services.

3.70. *Gradual Development of Child Welfare Activities :* The problems of child welfare are difficult and extensive resources are needed to deal with the large numbers of children involved. Yet, it should be possible to progressively develop child welfare programmes and service in stages. The Committee believes that the existing programmes of child welfare can only be regarded as symbolic, and a nuclear beginning of child welfare services has yet to be developed. During the Third and Fourth Plan periods *minimum child welfare programmes and services* must be provided for the benefit of children of the masses in urban, rural and tribal areas. At the same time a dynamic National movement for child welfare must be initiated, and its activities must be supported by a National Bureau of Child Welfare. This Movement must gradually lay the foundation of standard national child welfare programmes and services which could be implemented with the beginning of the Fifth Plan period. The Committee is of opinion that simple programmes of child welfare are expedient in terms of the prevailing social conditions in the country; and a proper conception of child welfare requires long-term planning to promote programmes of research, organisation, and training, so that adequate personnel and specialists can be available in the future to deal with every aspect of child welfare.

3.71. *General Measures for Child Welfare :* For the proper implementation of social policies, the efficient organisation of child welfare activities, and the maintenance of reasonably high standards of performance and achievements, the Committee feels that the following general measures are necessary :—

1. Existing private welfare agencies should be strengthened and organised committees in urban and rural areas should be encouraged and provided with resources to develop intensive and comprehensive programmes of child welfare, beginning with activities dealing with children upto six years of age.

2. State Governments are undertaking child welfare programmes and activities, utilising the resources of several Ministries and entrusting activities to a number of Departments. In such a case a permanent, and regularly functioning Co-ordinating Council of Child Welfare will help to maintain common standards and implement common programmes amongst different sections of the people in different areas.

3. At present different types of programmes for the welfare of small children are carried out, and to achieve general integration of their activities, to put at the disposal of all such activities the help of child specialists, and institutions specialising in child welfare, and to provide training facilities of a high standard and catering to different cadres of workers, a national Child Welfare Movement should be created under the patronage of the President of India. The interest of our Prime Minister in the children of our country is well known, and his initiative and general direction will stimulate the efforts of a non-official Movement which will have its official panel in a National Bureau of Child Welfare which should be created and developed by the Central Social Welfare Board.

4. State Governments should create a Division of Child Welfare under an appropriate Department and Ministry, functioning under a Director who should be a child specialist, to give intensive attention, direction and guidance to all programmes of Child Welfare in the State.

5. Extensive programmes of child welfare to benefit very large number of children can only be initiated and supported by self-governing institutions like Municipalities and Panchayats, and either adequate funds should be provided for such activities by the State Government; or they should be permitted to raise resources by taxation and the levying of cesses to promote intensive child welfare programmes.

6. The Central and State Governments should carry out special studies of Legislation effecting child welfare in different countries of the world; and India should have brief and simple legislative measures dealing with child welfare which should be effectively enforced by a competent and adequate staff.

7. There is no aspect of national life which so much requires the assistance of private philanthrophy, charity and endowments to promote and support the welfare of children under seven who are in need of social security and public assistance. Organised efforts should be made to guide philanthrophy in this direction, and available judicial procedures be used to divert funds available for trusts and endowments to be utilised for more appropriate benefits to needy children.

3.72. *Programmes for the Welfare of the Small Child :* The Committee is of opinion that the following programmes should be recognised as specially necessary activities for the benefit of promoting the welfare of children under 7 years of age :—

1. Family Planning Clinics and Family Counselling agencies.
2. Clinics and Community Welfare programmes providing ante-natal and post-natal care; and Health Visitors' service.
3. Maternity Hospitals, Children's Wards in Hospitals, Maternity Homes, Community, Dispensaries and Hospitals for children.
4. Creches and Day Nurseries.
5. Pre-Schools.
6. Institutions and Homes for the care of handicapped, maladjusted and sub-normal children.
7. Schools of Social Work, Institutions of Child Study and Research Institutions promoting programmes of training and research dealing with living conditions, problems and needs of children under seven years of age.

3.73. The Committee recommends that all institutions and organisations dealing with child care must be properly registered institutions, and they should be suject to periodical inspection by properly constituted governmental agencies.

CHAPTER IV

INFANT MORTALITY AND DISEASES AMONGST CHILDREN

4.1. The death of a child is a great sorrow in every home, and it implies a tragic waste of life. The tragedy and amount of waste increases as children continue to die in later periods of childhood. There are great variations in Infant Mortality Rates of the different countries of the world. They range from less than 20 in the highly developed countries to more than 500 in some parts of Africa. They vary in different communities, castes and families with different standards of living. They also vary in different classes of society, ethnic and religious groups, as also in urban, rural and sylvan areas. India's birth rate has hovered around 40 during the last several years. It has declined from an average of 37 in the first decade to 22 in 1968; and it is likely to fall further, however slowly, from its present level. About fifteen million babies are born in India every year, and according to Dr. S. Chandrasekhar "nearly two million infants are the offsprings of parents who have already given birth to three or more children."[1] About two million infants die every year out of about a total of 10 million deaths. About 120 to 150 infants out of 1,000 live births die before they complete their first year,[2] and thus the total infant mortality in India constitutes about a fifth of the total mortality of all ages in a year. The rate was one-fourth less than a decade ago, but some improvement has taken place in recent years.

4.2. National Plans have not been in terms of defined targets so far as major social and human problems are concerned; but national progress can hardly be satisfactory unless both the birth rate and the infant mortality rate register a steep decline as an achievement of planned development. This should not be difficult, since about 50 per cent of the deaths of infants take place in the first four weeks of the birth; and sixty per cent of the deaths in the first month occur during the first week.

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[1]*Infant Mortality*, p. 107.

[2]*Ibid.*, p. 108.

4.3. For all demographic statistical purposes, all children under one year age are called "infants", and all figures of infant mortality refer to mortality among children who are less than one year of age. Infant mortality rate is defined "as the number of infant deaths that occur per thousand live births in any population in one calendar year." This rate does not take into account foetal death or still birth. If these are taken into account, our infant mortality rates will be still higher.

4.4. The W.H.O., early in 1950, has given the following important definitions for international usage :

"Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life; such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born."

4.5. "Foetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, that after such separation, the foetus does not breathe or show any other evidence of life, such as breathing of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles."

4.6. "All live-born infants should be registered and counted as such irrespective of the period of gestation, and if they die at any time following birth they should also be registered and counted as deaths.[1] So, an 'infant death' is the death of any live-born child before it completes its first year of life."

4.7. The term live birth is not yet used in the same sense in all countries of the world, and therefore this factor has to be borne in mind when arriving at conclusions about infant mortality.

4.8. The W.H.O. has recommended that the tabulation of live births and foetal deaths in the following four groups according to the length of gestation measured from the beginning of the last menstruation :—

Less than 20 complete weeks of gestation	Group I
20 completed weeks of gestation but less than 28	Group II

[1]*Foetal, Infant and Early Childhood Mortality,* Vol. I (New York, United Nations, 1954), p. 4.

28 completed weeks of gestation and over — Group III

Gestation period not classifiable in Groups I, II and III — Group IV[1]

4.9. The foetal deaths in Groups I, II and III above were called 'early foetal deaths', 'intermediate foetal deaths', and 'late foetal deaths' respectively, and 'still-births' were considered synonymous with 'late foetal deaths'.

4.10. The Committee recommends that all State Governments who have yet to adopt the above recommendations, should do so as early as possible, unless administrative or other real difficulties compel them to follow the prevailing procedures.

4.11. Infant mortality rates are normally given as the "conventional infant mortality rates" where the number of infant deaths occurring during a given period of time, normally a calendar year, are recorded per 1,000 live births during the same period, in a given population. To achieve greater accuracy and proper understanding of the real progress made towards reducing infant mortality, the Cohort-Analysis Method is adopted, where a "cohort of 1,000 live born children through their first year of life" are recorded together with the record of "the number of deaths among them during that period". This Method may be difficult to follow; but a true insight into the problem can only be obtained by intensive studies in selected areas, especially where infant mortality rates are really high, and where cultural, social, economic and biological factors affecting the health, morbidity and mortality of infants are taken into account.

4.12. The Committee recommends that as the political and administrative integration of the country has now been achieved, the registration of births and mortality amongst infants and children should be thorough and accurate; and this should be achieved before the Census of 1971 is carried out.[2] Dr. S. Chandrasekhar considers the present registration of births as incomplete, inaccurate and defective. Dr. S. Chandrasekhar, Director of the Demographic Training and Research Centre informed the Committee that the present Infant Birth Rate is likely to be 150. Some births and deaths of infants are not registered and the recording of the exact age and the cause of death is defective. Information required at the time of the Registration of the death of the child is given in Appendix E.[3] Due to administrative difficulties, sometimes it takes

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[1]*Foetal, Infant and Early Childhood Mortality*, Vol. I, p. 4.

[2]*Infant Mortality in India* by Dr. S. Chandrasekhar, p. 96.

[3]Appendix D gives details about the information required at the time of registration of the death of a child, as recommended by Dr. S. Chandrasekhar.

a long time and honest perseverence to achieve some very small but vitally important result. The Committee is of the opinion that due to administrative and other reasons, all the information necessary and listed in Appendix E may be difficult to obtain for a long time. But efforts must be made in progressive, advanced and developed areas, and by special research units belonging to child welfare agencies, Universities and Municipalities to continue a proper study of the problem of Infant Mortality.

4.13. Infant mortality rate in India in 1958 was 100 per 1,000 live births as against 150 per 1,000 live births in 1950. The child mortality rate in ndia was 13 per cent amongst children between 1 and 4 years; and 4·7 per cent between 6 to 10 years of the total deaths. Child mortality in the age group 1—4 is 92·5 per 1,000 live birth.[1]

4.14. The figures of infant mortality in India based on registration data show fluctuations on an enormous scale ranging from 116 in 1952 to 267 in 1918. The figures reached a peak at the end of each of the first three decades. It was 232 in 1900, 246 in 1908 and 267 in 1918. A decline seems to have begun about 1935. Paucity of medical service and poor public health and hygienic measures have been important causes of high infant mortality rates, along with social, economic, cultural, religious and health backgrounds in India. The high infant mortality of 1900 was due to one of India's worst known famines; the high rate during 1908 was due to a severe malaria epidemic over the whole of Northern India, and the 1918 peak was due to the world wide influenza epidemic. The small rise during 1944 was due to the severe famine in Bengal. In answers to the questionnaire of the Committee, the following information about infant mortality was supplied by the various State Governments.

TABLE NO. 12

Name of State	Year	Infant Mortality per 1000 births
1	2	3
Andhra Pradesh	1957-58 1959-60	59·00 83·03
Bihar	1957-58	49·17
Kerala	1959-60	40·00

[1]NOTE.—Child mortality rate amongst children between 1 and 4 years in U.S.A. is 4.1 ; and in England and Wales it is 3.2.

1	2	3
Punjab	1959	97·12 (R) 59·60 (U)
Maharashtra	1959 1960	107·00 94·00
Mysore	1959	69·60
Madhya Pradesh	1959	88·60 (U) 101·00 (R)
West Bengal	1959 1960	69·80 75·60
Himachal Pradesh	1959 1960	85·20 77·40
Gujarat	1959 1960	81·00 80·00

4.15. There is a great deal of variation in published figures as given in Census and other literature published by experts. Dr. S. Chandrasekhar in his book "Infant Mortality in India, 1901—1905" says that the infant mortality in the country was 215 at the beginning of the century; and it was 116 in 1951. Dealing with registration areas only, the Infant Mortality rates were as follows during the present century.

TABLE NO. 13

Period :	1901—05	1906—10	1906—11	1911—13	1911—16	1920	1916—21
Infant Mortality	215	209	228	206	204	195	219
Period :	1921—25	1921—26	1926—30	1926—31	1930	1931—35	1931—36
Infant Mortality	182	174	177	178	181	173	174
Period :	1936—38	1936—41	1946	1941—46	1946—50	1946—51	1950 -1951
Infant Mortality	163	161	160	161	131	134	127 116

*Some of the figures given above are from the Report of the Proceedings of the World Population Conference, Vol. I, Pp. 381–96.

The figures for each year were as follows :—

TABLE NO. 14

Year	Rate	Five year average	Year	Rate	Five year average
1	2	3	1	2	3
1900	232		1905	226	
1901	200		1906	225	
1902	209		1907	216	
1903	227	215	1908	246	228
1904	204		1909	202	

1	2	3	1	2	3
1910	200		1932	169	
1911	205		1933	171	174
1912	208	204	1934	187	
1913	195		1935	164	
1914	212		1936	162	
1915	202		1937	162	
1916	202		1938	167	161
1917	205		1939	156	
1918	267	219	1940	160	
1919	224		1941	153	
1920	195		1942	163	
1921	198		1943	165	161
1922	175		1944	169	
1923	176	174	1945	151	
1924	189		1946(1)	136	
1925	174		1947(2)	146	
1926	189		1948(3)	130	134
1927	167		1949	123	
1928	173	178	1950	127	
1929	178		1951	124	
1930	181		1952	116	
1931	179		1953	119	

[1]Until 1946 the registration area comprised the British Provinces in undivided India excluding the Native States.

[2]Partition of the country into India and Pakistan.

[3]For 1948 and subsequent years the figures are for the States (Provinces) of the Indian Union as reconstituted after partition. Registration throughout is officially stated to be incomplete.

4.16. Better living conditions, better care of the health of the mother, better nourishment of some mothers even at State expense, well organised ante-natal and post-natal care within the regional community, parental education, and greater spacing amongst children with the help of Family Planning programmes can lower Infant Mortality Rates in India. The most effective way to reduce infant mortality in India is to deal with the economic factor and improve housing conditions. Establishment of minimum wages and Minimum Housing Standards in urban areas can provide the basis for a more rapid and more satisfactory improvement. Social and cultural life of the people also include vital factors that influence infant mortality. More and better education, especially for girls; raising the age of marriage, more and better recreation and reduced frustrations, anxieties and worries, and a realisation of the need of a quality population in terms of family and community life will help to raise standards of living and reduce infant mortality. Among the methods and programmes used to reduce Infant Mortality Rates in India, the following have been mentioned by 11 State Governments :

1. Improvement in mid-wifery service and opening of more maternity centres.

2. Educating the parents.
3. Proper medical care, check-up and follow-up.
4. Advising the mothers to refer the abnormal child to the nearest hospital for medical treatment.
5. Advising mothers regarding the up-keep of sanitary environments.
6. Provision of drugs and milk from M.C.H. Centres to poor and needy children.
7. Immunization against small pox, whooping cough, cholera, diphtheria, etc.
8. Provision of ante-natal care.
9. Advice about proper feeding of children.
10. Nutrition.
11. Raising the economic standards of the people.

4.17. The Committee is firmly of the opinion that introduction and improvement of every programme of child care and welfare in the community area will make a great contribution to bring down the infant mortality rate in India. Unless this is done, whatever be the economic, material and political progress of the country, India will not be able to take her place amongst the most advanced countries of the world. India must strive to reach the Moderate Group of countries by 1971, if she is to take her place amongst the prosperous, civilised and highly developed countries of the world before the end of the century. The index of Infant Mortality is important not only to deal with a most vital problem of child and society but also because it is "a reliable and sensitive index of the total health conditions of a community or a country."

4.18. *Infant Mortality the world over:* Information regarding mortality amongst children is not available for the previous centuries, and during this century progress has been made throughout the world to reduce death in the early years of the child. "Infant mortality rates for African people range between 150 to 450 per 1000 live births during the last fifty years." Some South American countries come in the second group when the situation is between Africa and a high mortality rate in countries like India. Infant mortality rate is moderate, between 35 and 75 even in countries like Canada, Japan, France, Germany, Italy and Spain. Low infant mortality prevails in economically prosperous and socially advanced countries like all the Scandinavian countries, Australia, U.K., U.S.A. and Switzerland.

4.19. Table No. 15 gives data about Infant Mortality Rates in the various countries of the world during different periods of the present century.

TABLE

INFANT MORTALITY RATES IN GIVEN

Present State	*Basic group infant mortality index*	*Country*	1900	1901-05	1906-10	1910	1911-13	1920	1921-25	1926-30
1	2	3	4	5	6	7	8	9	10	11
Low .	35 and below	Sweden .	94	91	78	75	71	65	60	58
		Holland .	153	136	..	108	..	50	..	..
		New Zealand (excluding Maoris) .	71	75	70	56	56	48	43	37
		Australia .	104	97	79	75	71	66	57	52
		England and Wales .	154	138	117	..	111	80	76	38
		Norway .	..	80	69	105	65	..	52	49
		Denmark .	..	119	108	..	98	..	82	82
		Switzerland .	..	134	115	..	104	..	65	54
		U.S.A. (whites)	..	74	..	..	..	..	74	68
		Non-whites .	..	..	..	..	..	1	71	54
		Finland—whites .	..	..	...	..	..	..	112	104
		Non-whites .	..	131	119	..	112	..	96	88
Moderate	Between 35 & 75	Belgium .	..	154	148	..	145	..	106	101
		Scotland .	..	120	112	..	109	..	92	85
		Canada (1921-25) . .	..	98	..	..	..	..	..	..
		Ireland .	..	94	89	..	89	..	70	70
		France .	..	139	..	..	..	..	..	94
		Germany(F.R.)	..	199	174	..	164	..	122	94
		Japan . .	151	..	..	160	..	168	..	..
		Italy . .	..	167	..	..	..	..	..	..
		Spain . .	..	172	..	..	..	..	149	131

NO. 15

SELECTED COUNTRIES FOR THE AREAS

1930	1931-35	1936-38	1940	1946-50	1950	1947-51	1951	1952	1953	1954	1955
12	13	14	15	16	17	18	19	20	21	22	23
60	50	44	39	24	20	22	21	20	19	19	..
39	..	..	39	..	25	28	25	22	..	..	..
32	32	33	30	24	23	23	23	22	24	24	..
47	41	39	38	27	24	26	25	24	23	23	..
60	62	62	56	57	36	30	35	30	28	..	..
..	45	40	..	31	..	31	26	24	21	..	..
..	71	64	..	38	..	34	29	29	..	..	..
..	48	45	..	36	..	34	30	29	..	..	..
..	59	54	..	32	29	31	28	29	..	..	..
..	54	50	..	30	..	..	..	..	..	..	..
..	90	83	..	48	..	..	..	..	..	..	..
..	72	67	..	52	..	47	35	32	..	..	..
..	80	85	..	63	..	61	58	45	..	..	..
..	81	77	..	47	..	..	37	35	..	..	..
..	..	..	..	..	..	44	38	38	..	..	..
..	68	71	..	57	..	52	45	41	..	..	..
..	78	71	..	52	..	62	51	46	..	..	..
..	74	63	..	71	..	64	53	46 (Western)	..	..	..
142	122	..	124	..	60	64	51	50	..	..	..
..	..	..	..	..	..	72	67	64	..	..	..
..	118	..	..	77	..	72	68	54	..	..	..

1	2	3	4	5	6	7	8	9	10	11
High .	Bewteen 75 & 125	Ceylon .	178	171	180	176	207	182	190	175
		Portugal .	..	144	..	..	..	..	..	..
		India (Registration Area)	232	215	..	209	206	195	182	177
		Mexico .	..	132 (1928-38)	..	..	..	..	..	..
		Brazil . .	..	..	..	..	..	..	..	..
Very High	Above 125	Chile . .	..	264	305	..	301	..	165	299
		Egypt . .	..	..	..	..	..	..	..	..
	Other countries	Mauritius .	..	..	..	..	..	..	..	..
		Union of South Africa European pop. only .	..	..	..	..	91	..	57	..
		Canada (excluding Yukon and N. W. Territory)	..	..	..	..	..	..	98	93
		Israel (Prior 1948 Palestine) .	..	..	..	..	..	..	90	..
		Jewish Population .	..	..	..	..	..	..	126	95
		Muslims .	..	..	..	..	..	..	191	193
		Iceland .	..	101	119	..	72	..	53	53
		Malta .	..	..	..	..	..	270	270	278
		Netherlands.	..	136	114	..	105	..	70	56
		Yugoslavia .	..	..	..	..	..	..	..	151
		Northern Ireland . .	..	108	..	..	..	..	..	..
		Moris . .	..	..	..	..	..	..	..	..

*As from 1946 including Newfoundland.

12	13	14	15	16	17	18	19	20	21	22	23
175	182	161	149	99	84	90	82	78	..	..	..
..	..	..	..	..	..	101 (1947-50)	89	94	..	..	..
181	173	163	160	131	127	128	116	..	..	..	..
..	132	..	..	..	..	..	100	90	..	..	..
..	..	..	..	.	..	..	107	..	..	..	..
..	248	243	..	161	..	159	149	134	..	..	..
..	208	205	..	175	..	139	166	163	..	..	..
..	151	153	..	120*	..	..	84	81	..	..	..
..	63	56	..	36	..	..	34	35	..	..	..
..	75	69	..	44	..	44	38	38	..	..	..
..	..	..	..	..	..	..	40	39	..	..	..
..	76	62	..	41	..	39	39	..	..	..	..
..	166	148	..	..	..	..	..	..	..	..	..
..	51	36	..	24	..	..	26	..	..	..	..
..	277	219	..	108	..	..	100	72	..	..	..
..	45	38	..	31	..	28	25	23	..	..	..
..	153	119	..	117	..	..	140	125	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..
..	98	118	..	76	..	..	88	84	..	..	..

4.20. It is generally accepted that infant mortality rates are affected by economic and cultural factors, housing conditions, and educational standards rather than racial or biological factors. The widespread practice of contraceptives, and housing conditions have produced small families, and therefore great premium is put on the life of new born children.

4.21. It is significant that Ceylon and Japan have made better progress in this than India, and the progress in India must be considered as slow and gradual. Further progress will depend upon the ability of the country to improve housing conditions, success in the Family Planning programme, and ability to achieve better standards of living in terms of health, income, nutrition, and improved and more extensive social services, especially providing more successful and effective community development programmes in cities as well as in villages, and by improving and increasing the health visitor's service, ante-natal care, and maternity services.

4.22. A high infant mortality rate is invariably accompanied by a high birth rate, almost in all countries; and this factor has been already dealt with. Holland is a notable exception where a high birth rate is accompanied by a low infant mortality rate. This may be due to climate, nutrition or the occupational factor.

4.23. The sex ratio, total population, and other important factors will be affected by the infant mortality rate amongst male and female children. The following table gives the infant mortality rates for India by sex between 1905 and 1952.

TABLE NO. 16

INFANT MORTALITY BY SEX IN INDIA

Year	*Males*	*Females*	*Year*	*Males*	*Females*
1	2	3	1	2	3
1905	231	218	1910	217	201
1906	228	218	1911	214	196
1907	222	209	1912	216	199
1908	280	241	1913	193	197
1909	261	227	1914	219	204

1	2	3	1	2	3
1915	208	195	1932	177	160
1916	209	195	1933	177	163
1917	212	198	1934	195	178
1918	274	260	1935	171	176
1919	228	220	1936	171	153
1920	210	188	1937	170	153
1921	105	190	1938	176	158
1922	183	166	1939	163	147
1923	193	168	1942	170	156
1924	197	180	1943	175	162
1925	181	167	1944	175	164
1926	197	180	1948	152	140
1927	174	159	1949	128	117
1928	151	164	1950	132	122
1929	185	169	1951	129	120
1930	189	172	1952	120	112
1931	187	170			

4.24. Only during three years out of 47, infant mortality was somewhat higher amongst girls than boys. This is not only true for the whole of India, but of each of the communities living in India, and it should be true for urban as well as rural areas. Dr. S. Chandrasekhar believes "that the sex distribution of infant mortality reveals the operation of a sexually select mortality removing far more males than females".[1] Besides he confirms the biological facts that "the female infants are biologically better fitted than male infants for survival".[2] In India, it has been pointed out previously that cultural and traditional preference is for the male and preferential treatment for the male in the family will be inevitable; and yet the survival of the female in spite of physical and social hazards is evident. The rate of decline amongst the

[1]*Infant Mortality*, p. 111.

[2]*Ibid.*, p. 110.

two sexes does not show any marked difference, and efforts are naturally always made to bring down mortality rates irrespective of the sex of the child.

4.25. The highest death rate in India was found to be 34 in 1951 in Central India; and the lowest rate of 21 or 22 was found in South India. Corresponding figures for North India was 27 or 28, for East India 26 or 27, for West India 26, and for North West India the rate varied between 24 to 26. The highest birth rate of 44 was in Central India and the lowest, *viz.*, 36 or 37 was in South India. The birth-rate in West India is 42, about the same in North-West India, and 38 or 39 in North and East India. The following table shows the death rate in India between 1901 and 1951 :

TABLE NO. 17

DEATH RATE—1901-1951

Decade	*Registration Data*	*Estimated by reverse survival method*	*Life Table*
1901-11	..	42·6	43·7
1911-21	34	48·6	49·8
1921-31	26	36·3	37·3
1931-41	23	31·2	31·5

TABLE NO. 18

DEATH RATE IN VARIOUS COUNTRIES IN 1951

Country	*Death Rate per 1000 population*
India	27·4
Ceylon	12·9
Japan	10·0
England and Wales	12·5
Sweden	9·9
U. S. A.	9·7

4.26. The lowest natural increase of population is therefore in Central India; it is only 10 compared to 16 in North West India and 16 in West India. In South India it is 15, in East India it is 11 or 12, and in North India it is 11. Greatest attention needs to be paid to the problem of infant mortality in Central India, especially in M.P., in Assam, and in the Punjab.

4.27. As births occur to married women of certain ages, it is their number which is most relevant. According to the Census the relevant age group is 15 to 44. Thus if the number of married women between 15 to 44 are more in a particular part of the country, other things being equal, then the birth rate will also be high in that region. When the birth rate is high, the death rate and possibly the infant mortality rates are likely to be high.

4.28. Detailed statistics are not available for all regions about the possible relation between the fertility of mothers, the total number of children born, the number of children who die, and the number of children who survive. Some important surveys have revealed that the child birth rate amongst mothers is between 6 and 7, the child survival index is between 4 and 5, and the child loss index is about 2. Social Services and child care have to combine the efforts to bring down the birth index to at least five, and the survival index to 4 or even less. The child loss index should be less than one.

4.29. The Census has rightly taken into account the age group of married mothers as between 15 and 44; but a rise in the marriage age should gradually make it 18 and 44 and later on, even 21 and 44. The figures given above are based on "completed maternity experience."

4.30. After the 1951 Census, some experimental Census of Births and Deaths was carried out.[1] The results of the study gave the following results in Kerala State :

	Age Group of mothers	*Child birth index*	*Child survival index*	*Child loss index*
Incomplete maternity experience . .	Under 20	1·2	1·0	0·2
	20 to 24	1·8	1·4	0·4
	25 to 29	2·9	2·3	0·6
	30 to 34	4·2	3·2	1·0
	35 to 39	5·3	4·0	1·3
	40 to 44	6·2	4·6	1·6
Completed maternity experience . .	45 & over	6·6	4·6	2·0
Similar studies in M. P. revealed :—				
East M. P.		6·1	3·6	2·5
N. W., M. P.		6·3	3·6	2·7
S. W., M.P.		6·6	3·[illegible]	3·[illegible]

[1]Dr. S. Chandrasekhar, *Infant Mortality in India.*

4.31. The results are likely to vary amongst rural and urban mothers, illiterate and educated mothers, working mothers and mothers not doing hard work. In any case very important results will be obtained if there is a change of Maternity Types. A rise in the marriage age will bring about important gains and even infant mortality rates may be affected.

4.32. The difference between Kerala and M.P. are due to the difference in the proportion of married women of different age groups to the total population. The child loss index in M.P. is very high, and M.P. has also a very high Death Rate.

4.33. In India there is a general tendency "for the child birth to accelerate until a mid-maternal age is reached and then to relax as age advances." Proper and careful research projects are needed to study rural and urban differentials and social class differentials. The Census of India, 1951 believes that these were not important; but conclusions should be based on more wide spread investigations. The Census Report again says "There is a diminution in the total number of children born when the age of commencement of child birth is postponed, but the difference is not striking." The Committee suggests that such problems need a continuous and more careful study. The need to increase the age at marriage, especially of women, is a vital necessity, and the social gains must be carefully studied in groups where the marriage age is high. It should be expected that the birth rate will decline along with the death rate; and infant mortality will be even more reduced.

4.34. *Ratio of Infant Mortality to Death Rate :* One of the main causes of the high death rate in India is the high rate of infant mortality. The following table shows infant mortality as a percentage of the total mortality rate :

TABLE NO. 19

INFANT MORTALITY AS PERCENTAGE OF TOTAL MORTALITY AT ALL AGES IN INDIA (BRITISH INDIA) 1920-42

Year	*Percentage*	*Year*	*Percentage*
1920	23·8	1931	24·7
1921	23·2	1932	26·2
1922	23·2	1933	27·0
1923	24·6	1934	26·4
1924	22·8	1935	25·6
1925	23·7	1336	24·1
1926	24·6	1937	24·8
1927	23·7	1938	23·4
1928	25·0	1939	23·6
1929	24·0	1940	24·2
1930	24·0	1941	23·2
		1942	22·4

4.35. *Neo-natal Mortality*: The problem of infant mortality can be much better understood when data of Neo-natal mortality is available. Such data was not available in India before 1920, and the recording of death of infants according to their age by months was discontinued from the beginning of the Second World War in 1939. This data is of vital importance, and is useful for the purpose of study, research, and programme planning, and development.

The neo-natal mortality rate in India was as follows:

TABLE NO. 20

SOME DETAILS OF INFANT MORTALITY IN INDIA (BRITISH INDIA) 1920-39 *NEO-NATAL MORTALITY, MORTALITY FOR* 1—6 *MONTHS*, 6—12 *MONTHS AND RESPECTIVE RATIOS FOR* 1,000 *LIVE BIRTHS*

Year	*Under 1 month (per cent of total infant mortality)*	*Ratio per 1,000 live births*	1—6 *months (per cent of total infant mortality)*	*Ratio per 1,000 live births*	6—12 *months (per cent of total infant mortality)*	*Ratio per 1,000 live births*
1920 . .	32·7	86	29·6	43	37·6	..
1921 . .	44·2	87	29·2	58	26·6	55
1922 . .	48·8	85	28·3	50	22·9	40
1923 . .	49·5	87	28·2	49	22·3	39
1924 . .	48·1	91	28·9	55	22·9	43
1925 . .	49·6	86	28·2	49	22·2	39
1926 . .	47·2	89	29·9	56	21·9	43
1927 . .	49·5	83	28·5	48	21·9	36
1928 . .	48·4	84	29·4	51	22·2	38
1929 . .	47·4	84	29·4	52	23·2	41
1930 . .	48·8	87	29·6	53	22·6	41
1931 . .	48·1	86	29·0	52	23·0	41
1932 . .	49·0	83	29·0	48	23·0	38
1933 . .	48·0	82	29·0	50	23·0	39
1934 . .	45·0	84	31·0	58	24·0	45
1935 . .	47·0	77	30·0	49	23·0	38
1936 . .	47·3	77	31·2	35	21·5	35
1937 . .	46·4	78	29·3	48	22·3	36
1938 . .	46·8	78	30·6	51	22·6	38
1939 . .	47·3	74	30·3	47	22·4	35

The survey of the Health Needs of Children in India says : "The largest percentage of deaths is in the neo-natal groups during the first 24 hours and during the first week. Nearly 60 per cent of deaths in the neo-natal period occur during the first week and for almost 30 per cent of the total infant deaths.

4.36. The Neo-natal mortality rate has ranged between 32 and 49 during the twenty years between 1920-1939. The mean rate has been around 47 per cent. Thus nearly *fifty* per cent of infant deaths occur during the first month after birth. According to Dr. Chandrasekhar, the marked decline in infant mortality during this century in Western countries has mainly happened amongst children who died between the second and twelfth month, and this may also be the case in India.

The following table shows neo-natal mortality rate for the city of Bombay in 1956.

TABLE NO. 21

DEATH AMONG INFANTS BY AGE PERIODS, BOMBAY CITY, 1956

Age Period	*No. of cases*	*Percentage to the total infant deaths*
Upto 7 days . . .	2,444	34·2
1— 4 weeks . . .	1,242	17·4
1— 6 months . .	1,757	24·5
6—12 months . . .	1,715	23·9
Total . .	7,158	100·0

More than half the total number of infant deaths are within one month of life, thus giving the neo-natal death rate 56.2 per 1,000 live births.

4.37. Mention has already been made of the unreliability of statistics relating to Infant Mortality. The Population Data Enquiry Committee Report suggested that under-registration is estimated to be about 50 per cent. The practice of cremation quickly after death makes under-registration possible. Age figures are

rarely correct in India, but a lesser error is expected regarding infant mortality. The Committee recommends that information must be obtained everywhere regarding the exact age of the child at the time of death. The decrease in the death rate is at times considered unreliable because factors like housing, environmental hygiene, nourishment, health education, marriage age of the mother, and child welfare services have not been improved sufficiently. Dr. Chandrasekhar believes that the improvement after 1930 is real and not illusory and infant mortality has declined.

4.38. The Committee is in full agreement with the experts that the rate of decline is not satisfactory, registration must be universal, the methods of computation must be improved, and large sample surveys must be regularly carried out in all parts of the country, and amongst all sections of the people.

4.39. *Infant Mortality in Urban, Rural and Sylvan Areas :* Infant mortality rates differ in urban, rural and sylvan areas and yet the reasons of the difference are due to different factors, though some of the factors are common to all the regions. In urban areas, slum conditions and housing are chief causes of a high mortality rate. In rural and sylvan areas absence of maternity, medical and child care services may be the chief causes of the high infant mortality rate. High infant mortality rates are a very serious problem. The under-registration rate must be very high in tribal areas. The forest and its climatic conditions add to the hazards of life. Maternity services are practically absent, and tribals have to depend on their own tribal midwives and practices. The population of some of the tribes has been dwindling, and since about thirty million tribals are involved, special attention must be given to the problem of infant mortality.

4.40. The following table shows the infant mortality rates in urban and rural areas of India between 1932 and 1954.

TABLE NO. 22

INFANT MORTALITY RATES FOR RURAL AND URBAN AREAS

Year	*Rural*	*Urban*	*Year*	*Rural*	*Urban*
1	2	3	1	2	3
1932 . .	167	189	1935 . .	158	213
1933 . .	164	210	1936 . .	157	212
1934 . .	183	218	1937 . .	157	211

1	2	3	1	2	3
1938 . .	164	191	1947 . .	141	169
1939 . .	151	199	1948 . .	126	152
1940 . .	155	202	1949 . .	119	139
1941 . .	153	201	1950 . .	124	140
1942 . .	158	204	1951 . .	122	124
1943 . .	159	212	1952 . .	114	122
1944 . .	164	214	1953 . .	188	119
1945 . .	148	177	1954 . .	133	120
1946 . .	133	163	1955 . .	..	..

Appendix E gives the Infant Mortality Rate for urban and rural areas between 1948 and 1959 in the various States.

4.41. Though poverty is perhaps greater in the rural areas, infant mortality has always been lower there than in the urban areas. It is also evident that medical aid and child welfare services, however poor they are in the cities, are helping to bring down the urban death rate amongst infants to the level of the rural rate. The slower progress in rural areas led to the organisation of maternity and child welfare services through Community Development Project programmes and the activities of the Central Social Welfare Board. Figures after 1955 ought to reveal the effectiveness and utility of programmes during the last five years. As mentioned previously, the slow progress of maternity and child welfare programmes in tribal areas may have contributed to the slow decrease of infant mortality rates in rural areas.

4.42. *Infant Mortality in Major Cities:* As infant mortality is considerably higher in urban areas than in rural areas due to evident prevailing conditions and problems, the Committee strongly feels that very special efforts should be made to bring down infant mortality still further in the cities. The following table shows infant mortality rate between 1925-55 in the different cities of India.

TABLE NO. 23

INFANT MORTALITY RATE IN DIFFERENT CITIES OF INDIA

Year	Poona	Bombay	Surat	Calcutta	Ahmedabad	Madras	Lucknow	Nagpur	Baroda	Allahabad	Delhi	Patna
1	2	3	4	5	6	7	8	9	10	11	12	13
1925 .	611	357	330	326	323	279	260	258	248	236	183	..
1926 .	733	255	453	372	438	282	287	302	313	244	238	287
1927 .	574	316	325	340	287	240	256	254	223	230	201	..
1928 .	553	314	349	276	331	289	301	299	293	234	210	..
1929 .	343	301	364	254	332	257	269	291	239	259	259	..
1930 .	351	298	370	268	356	246	229	270	224	263	199	..
1931 .	367	274	323	244	301	251	266	323	240	256	202	..
1932 .	332	219	269	246	293	239	266	244	218	222	201	..
1933 .	361	270	294	275	275	263	264	248	180	212	233	..
1934 .	334	246	291	259	316	232	275	296	230	252	219	..
1935 .	320	248	292	239	280	227	224	261	..	194	196	..
1936 .	297	250	308	242	303	218	244	287	216	204	170	..
1937 .	344	246	292	253	280	224	224	235	204	246	..	..
1938 .	267	268	268	219	283	222	226	264	182	196	156	..
1939 .	230	212	247	205	267	242	212	204	217	188	170	..
1940 .	329	202	262	213	310	206	214	295	..	231	..	126
1941 .	321	211	242	208	248	209	191	227	183	195	186	65
1942 .	350	97	240	167	294	117	210	276	190	210	..	84
1943 .	..	197	229	428	264	247	189	202	185	203	196	189
1944 .	333	203	261	430	278	234	175	228	189	218	186	149
1945 .	320	190	308	289	187	214	205	225	196	191	154	155
1946 .	332	195	267	243	236	183	165	194	149	143	147	109
1947 .	252	167	201	269	240	196	189	287	130	..	178	88
1948 .	210	166	111	257	203	157	155	306	143	174	..	197
1949 .	220	173	183	..	245	159	143	260	..	142	108	131
1950 .	186	134	176	185	190	188	160	227	97	117	103	253

1	2	3	4	5	6	7	8	9	10	11	12	13
1951 .	154	194	154	203	160	167	133	239	95	99	92	..
1952 .	150	133	191	183	184	164	152	158	104	145	90	137
1953 .	165	134	150	161	165	180	128	227	90	102	95	..
1954 .	156	124	152	137	..	136	124	193	79	106	..	..
1955 .	123	111	145	133	..	143	116	..	85	86	..	..

4.43. It should be borne in mind that the cities have more beds in maternity hospitals and homes, medical staff and specialists are larger in number, with high or at least adequate qualifications. Nurses and midwives are far better trained, and they are at least available when they are needed, parents are literate and better educated in cities, and yet infant mortality is higher in the cities. and on the whole it is highest in the metropolis. This is mainly due to bad housing conditions, unnatural living, perhaps the psychological anxiety complex and worries of the mother, the prevalence of anaemia and diseases amongst mothers, or at least their chronic sub-health, and above all the almost complete absence of the healing touch of Nature. The dangers of the unfortunate concentration of large numbers of human beings in a place, and of human beings living together in too close a proximity are demonstrated by the high infant mortality rates in urban areas.

4.44. The Committee, however, would like to point out the possibility of very great under-registration in rural areas, and unless registration is universal, uniform and efficient, absolutely reliable conclusions are hardly possible.

4.45. Dr. Chandrasekhar points out that "there appears to be a direct correlation between higher mortality rates and overcrowded sections of urban areas".[1]

4.46. In metropolitan and other cities, infant mortality is invariably greater in the industrial areas than in the rest of the city. In the residential slum areas, the infant mortality is likely to be still greater. Appendix F gives Infant Mortality rates for the years 1956-60 and Maternal Death rates for the years 1958-60 in Cities and Towns having population of 1 lakh and above. (Cities and Towns classified according to 1961 Census).

[1]*Infant Mortality in India*, p. 111.

The following table shows infant mortality at Worli, one of the first of the seven islands that made up Bombay, and the second largest industrial area in Bombay covering an area of about one square mile and a population of more than 1,00,000 persons :—

TABLE NO. 24

INFANT MORTALITY BY YEARS (PER 1,000 LIVE BIRTHS)

Year	*Worli*	*Bombay*
1921	640·0	666·71
1931	287·0	272·05
1941	230·0	211·37
1951	184·4	148·39
1955	144·6	118·62
1956	123·3	110·31

An intensive study of community life amongst Harijan and Municipal employees in a slum area of Bombay revealed the Infant Mortality rate to be 181 in 1935 when the city death rate was 250. This could have been due to intensive welfare services for them in the area, and the presence of one of the largest hospitals in the city nearby.

4.47. During the 31 years between 1925 and 1951, the city of Poona had the highest infant mortality rate in India, in 15 years, the second highest in 4 years, and the third highest in 6 years. It is this city which has the highest infant mortality rate in India. Nagpur and Surat had the highest infant mortality rate in 5 out of the 31 years and Patna in one of the 31 years. Ahmedabad had the highest infant mortality rate in 3 years, second and third highest in 11 and 7 years respectively. Calcutta had the highest infant mortality in 2 years, the second highest in 4, the third highest in 4, and the fourth highest in 5 out of the 31 years. Bombay had the second highest infant mortality in one and the fourth highest in 4 out of the 31 years. Madras had the second and third highest infant mortality in two years of each group. Delhi had the lowest infant mortality rate in India in 13 years, and Baroda in 8 out of the 31 years. Lucknow and Allahabad also have low infant mortality rates.

4.48. It is evident that the highest infant mortality rate prevails in the most congested and ill developed cities; and also in very highly industrialised cities. Climatic conditions seem to be a secondary cause for high infant mortality rate. Low infant mortality rates evidently exist in cities with plenty of open spaces, or well administered cities with reasonable provision for maternity and child welfare services.

4.49. *Infant Mortality in the different States:* Region, climate and culture are very important factors; besides, the social policies and programmes of child welfare are under the direction and control of State Governments. But due to the historical and political changes during this century not only after but also prior to Independence, the boundaries of States have been changed so radically, that an intensive examination of the problem of Infant Mortality is hardly possible on a static basis.

4.50. The following table shows Infant Mortality of some of the States in 1951 and 1958.

TABLE NO. 25

BIRTH, DEATH AND INFANT MORTALITY RATES FOR 1951 *AND* 1958 *IN THE STATES OF THE INDIAN UNION*

State	*Year*	*Birth Rate*	*Infant Mortality Rate*	*Death Rate*
1	2	3	4	5
Andhra Pradesh	1951	..	..	..
	1958	18·9	85·9	10·4
Assam	1951	14·4	56·0	7·2
	1958	8·4	77·4	3·8
Bihar	1951	18·1	104·0	12·1
	1958	13·2	74·0	7·[illegible]
Bombay	1951	34·0	117·0	15·9
	1958	28·6	112·6	15·8
Delhi	1951	33·1	84·0	9·0
	1958	29·1	85·3	8·9
Kerala	1951	23·5	..	6·7
	1958	24·3	49·5	7·5
Madhya Pradesh	1951	28·6	194·0	21·1
	1958	17·5	146·7	11·6

1	2	3	4	5
Madras	1951 1958	26·9 27·0	119·0 103·0	25·9 13·1
Mysore	1951 1958	15·1 23·5	. . 70·9	7·3 10·5
Orissa	1951 1958	25·0 25·6	189·0 155·2	21·0 18·4
Punjab	1951 1958	39·7 38·1	123·0 108·4	16·5 14·2
Uttar Pradesh	1951 1958	19·9 15·9	129·0 103·0	11·5 9·7
West Bengal	1951 1958	21·3 22·7	110·3 80·4	12·6 9·5

4.51. The problem of under-registration should be taken into account; and this may especially be the case where tribal populations are large. Assam and Bihar have large tribal populations, and so has M.P. and Orissa. It is evident that Madhya Pradesh, which is the largest State in India in size, and which is seventh in terms of density of population, is in the greatest need of child welfare programmes and services. On the whole, the State may be considered to be underpopulated, and it can illafford to lose a large size of its future man-power during their first year of life.

4.52. Conditions in Orissa are hardly dissimilar from Madhya Pradesh in some respects. Its industrial potentialities and possibilities of development of minerals suggest that this State should give a high priority to programmes of child welfare.

4.53. The rates in Uttar Pradesh, Punjab, Madras and Bombay are a tribute to their efforts for maternity and child welfare, and indicate their responsibility of leadership to provide the best possible opportunities to their families through well organised community programmes and child welfare activities. It is possible for them to reduce the rates still further. The low rate in Bengal, Bihar and Assam may be due to extensive under-registration. Bengal had to face a very difficult situation during the preceding decade. The similarity of figures in different States reveal the danger of the infant mortality rate becoming steady instead of continuing to make a steep decline. Mysore which has the lowest rate in the

country enjoys the benefit of climate; but it has also provided some of the best child welfare services. Information about some States was not available due to the reorganisation of States.

4.54. In order to properly assess the incidence of infant mortality and its causes, a classification of the population according to standards of living will prove of great help. In India, separate figures are available according to religion, and this data could only be of relative help as different economic strata, environmental conditions, health and educational standards are present in all the communities.

4.55. The following table gives the data according to communities.

TABLE NO. 26

INFANT MORTALITY RATES BY COMMUNITIES IN BOMBAY CITY

Period	Hindus (Scheduled castes) •	Hindus (other castes)	Muslims	Indian Christians	Parsees	Europeans
1938-39 . .	332	272	247	236	111	174
1939-40 . .	257	217	182	197	100	68
1940-41 . .	232	209	187	169	99	49
1942-43 . .	245	196	179	190	92	55
1943-44 . .	261	193	181	193	84	53
1944-45 . .	253	204	199	189	68	47
1945-46 . .	286	186	166	164	80	26
1946-47 . .	308	185	189	179	72	37

4.56. Dr. S. Chandrasekhar has drawn special attention to certain vital statistics of the Parsi community, mainly resident in Bombay. A community which is only 0·03 per cent of the nation, with about 20 per cent classified as poor, has the highest literacy rate in India, and has provided good housing to almost the entire community. The marriage age is considerably high for both the sexes. The

community has facilities for accurate registration. This community has shown the most remarkable decline in infant mortality rate during this century, as shown in the following table.

TABLE NO. 27

TOTAL PARSEE POPULATION AND THEIR INFANT MORTALITY RATES AT CENSUS YEARS

Year	*Population*	*Infant Mortality Rate*
1901	93,617	219
1911	99,412	186
1921	101,075	245
1931	108,988	118
1941	114,890	72
1951	111,791	81

4.57. The Parsees are a predominantly urban community, and more than half of them live in Bombay City. The rest are distributed all over India, but most of them live in the State of Bombay. It should be possible for other communities to reach this low mortality record, given relatively high levels of income and education. This illustration only demonstrates that what is possible for a small community living under typical social and material circumstances could be achieved for the entire society if there is only a reasonable improvement in the age of marriage, literacy, housing and health conditions, and family incomes and child welfare services.

4.58. *Causes of Infant Mortality:* The causes of high infant mortality rate in India have been very exhaustively studied by experts. Dr. S. Chandrasekhar, quoting Richard M. Totmus, attributes them primarily to poverty and insanitary urban conditions. To this must be added the factor of socio-economic heritage including undesirable forces of social organisation and chronic economic malaise. Poverty itself is a complex social phenomenon including a vicious circle of low incomes, unemployability, bad housing, sub-health and mental anxiety, malnutrition, and the presence of personal and family disabilities. The Survey of the Health Needs of Children in India carried out by the Ministry of Health, says "Prematurity and congenital debility are responsible for nearly 30 per cent of the infant death."

4.59. The basic causes are grouped under four categories: biological; economic; social, psychological and cultural; medical and pathological. None of the causes are mutually exclusive, nor can they be easily assessed as causes and effects. Experts have repeatedly pointed out that if registration is defective and inaccurate, the registration of causes are far more inaccurate. As a matter of fact conditions in most sylvan areas and many rural areas are such, that in the absence of any medical service or personnel, the mention of the cause can only be described as guess work. At present even simple inquiries into the cause of death of infants has been impossible on account of the absence of post-mortem examination. The Committee also feels that unless very detailed instructions are given, or methods are devised to help the lowest registering authorities, no improvement can be expected in the near future. In this connection, the Committee emphasises the need of improving at least the educational standards or rural administration, and training and supervision may improve the social consciousness of registration authorities.

4.60. Amongst all things that live, some mortality is bound to take place in the earliest stage of the growth of the organism because "under the best circumstances a certain number of infants are bound to die in the first year of life; for the young of all species are subjected to special risks, and sometimes Nature herself does not build well enough to enable the tiny spark of life to survive."[1] The presence of a certain natural rate of infant mortality must be provided for, because "mankind must inevitably lose a certain proportion of his offspring, and with his present knowledge, he cannot hope to prevent this loss."[2] In the opinion of several experts, in the present conditions of India, an infant mortality rate of between 30 and 50 will be inevitable, though it will be very difficult to reach this level unless town planning, economic dwellings, and national planning take into account some fundamental social concepts. Community development programmes, both in rural and urban areas must deal with major and difficult human and social problems, and give them the priority and importance they deserve. It is proper to accept the "natural infantile death rate" as one of the causes of infant mortality.

[1]*Infant Mortality*, p. 102.

[2]Dr. Chandrasekhar says: "It is difficult to surmise what this minimum rate of death for any community is likely to be. It may be 5, 10 or 15 thousand live births." page 115.

4.61. Along with the natural infant mortality, factors of history and physical surroundings and climate should also be considered as inevitable causes of infant mortality. The past cannot be remedied, and likewise the consequences of heredity and historical social developments like early marriages and the caste system are inevitable. Likewise, the hazards of climate at high altitudes in very heavy rainfall areas, and in deep forests cannot be easily overcome. It is for this reason that the Committee believes that the "unavoidable minimum level" to which infant mortality rate can be brought down in India will still be sufficiently higher than amongst the highly developed and less handicapped countries of the world.

4.62. A heavy density of population, and the rapid rate of increase of population are also inevitable and very important cause of infant mortality. The size of the country, inadequate communications, and the numbers involved make it difficult for the Government to provide highly efficient and extensive maternity and child welfare services, unless substantial burdens are borne by the community and the family.

4.63. Among the biological factors, Dr. Chandrasekhar says the highest mortality is "found among first births and the highest in order of birth."[1] Infants born as multiple births like twins, triplets, etc. are likely to find survival more difficult than the single births. The five biological factors pointed out by Dr. Chandrasekhar are general level of mortality, general level of fertility, the mother's age, the birth order, and the "space" between births. Infant mortality is high when the mother is pregnant with the fifth and subsequent children. Too many children also increase the danger to survival. It has been established that "shorter the time interval between the termination of a gestation and the beginning of the next conception, the greater the risk to the survival of the baby."[2]

4.64. *Poverty and Infant Mortality :* The relation between economic poverty and high infant mortality is too well known. It is substantiated by socio-economic surveys and other projects which have been carried out by Universities and Schools of Social Work. Further researches in this direction are needed amongst special groups in terms of "economic class" and "social status".

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[1]*Infant Mortality*, p. 113.

[2]*Ibid*, p. 117.

4.65. That infant mortality has very much to do with family income has been demonstrated by research in England, U.S.A., Germany, Sweden, etc. Even in Sweden, where social consciousness as well as social services are very highly developed, Mrs. Alva Myrdal, writes "when infants die, although medical knowledge knows how to prevent it, the technical development of a civilisation has most cruelly out-distanced its humanitarian development.............. The difference of infant mortality of 4·89 per cent in the two income groups at the extreme ends of the scale is a grave accusation in a society that believes itself to be a democracy. There can be read in such figures what an uneven income distribution does to those who have nothing to do with its causes but all to do with the future of the country. Differences in family income mean differences in food, housing and medical care. A programme of population policy becomes a programme of humanitarian justice when it tries to equalise those very differences."[1] These words are more emphatically applicable to India at the present day.

4.66. Dr. Chandrasekhar says "It is now established, other factors being equal, that poverty is a potent cause for the high incidence of infant mortality."[2] The factor of income influences housing and nutrition. Lack of stamina is aggravated by defective nutrition, leading to still births and neo-natal mortality. Lack of income leads to inadequate and improper medical care. Poverty affects the psychological conditions of the mother, creating fear and anxiety when peace of mind is most essential. This aspect will be dealt with when problems of maternity are referred to in a later part of the Chapter.

4.67. All over the world, poor class wives have more children than the wives in the highest income group, and infant mortality is higher in the poor class. The Committee recommends that infant mortality in India should be recorded according to the principles used in England, but applied to Indian conditions. Classes which could be adopted for the purpose of registration may be as follows :

In tribal and sylvan areas :

1. Agricultural and forest labourers, artisans and small cultivators ;

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[1]Alva Myrdal, *Nation and Family* (New York, Harpers, 1939), p. 60.

[2]Muktha Sen: "Maternity and Child Welfare Work in Singhur Health Centre," *Mother and Child* (London, December, 1950, Pp. 122-123).

2. Shop-keepers, money-lenders, Government servants and small landlords ;
3. Big landlords and rural aristocracy.

In urban areas:

1. Industrial workers and other wage earners ;
2. Shop-keepers, clerks and lower middle class ;
3. Professionals, educated persons and the middle class ;
4. Owners of property and wealth, industrialists, financiers, etc.

4.68. *Cultural, Religious, Psychological and other Social Factors*: Traditions, customs and mores of a country with a long and ancient heritage are bound to affect the day to day life of the family and community. The Committee feels that any reference to the practice of infanticide, or female infanticide, should now be considered a problem of crime rather than a cause of infanticide. The practice has not been present during this century. Vigilance is, however, required especially in Western India, Rajasthan, Gujarat, in order to eradicate the psychology of superstition that inflicted cruelty and death on innocent lives as soon as they were born.

4.69. Dr. Chandrasekhar says : "But if the practice of deliberately doing away with female infants is now confined to a limited area, and even if there is little reason to doubt that in most parts of India, female infants receive far less attention than males, it is almost universally the case that, whereas male offsprings are ardently desired, the birth of female child is unwelcome. It is particularly so where the provision of a husband is a matter of difficulty and expense and where there are already several female children in the family. Consequently even if there is no deliberate design to hastening a girl's death, there is no doubt that, as a rule, she receives less attention than would be bestowed on a son. She is less warmly clad, and less carefully rubbed with mustard oil and prophylactic against the colds and chills to which the greater part of mortality amongst young children in India is due; she also probably is not so well fed as a boy would be, and when ill, her parents are not likely to make the same strenuous efforts to ensure her recovery, seems clear therefore that even if they are constitutionally stronger than boys, girls in this country, especially amongst the Hindus, are less likely than in Europe to reverse the birth proportion of the sexes by a relatively low mortality during early years of life."

4.70. Amongst the social causes of infant mortality great emphasis has been given to the contribution of the insanitary home environment, the habits, behaviour and beliefs of persons in the home environment and especially the unskilled and untrained dai or local assistant who attends to the mother at the time of delivery. Along with housing go other important factors such as drainage, garbage and other refuse disposal, running water and general sanitation and hygiene. These factors have been dealt with in a later part of the Chapter and their contribution to augment the infant death rate cannot be denied.

4.71. Illegitimate birth is a contributing social cause of infant mortality. On the whole it is believed that this problem is not very extensive in India, but adequate surveys have not been carried out to assess the real nature of the problem When registration of births is hardly satisfactory, it is very doubtful if illegitimate births will be properly recorded. Even if it is true that the problem of unmarried mothers is not a serious one in India, it is important that vigilance must be exercised and local situations must be dealt with by the medical and welfare authorities. The rapid rate of industrialisation, greater employment of women in places where men also work, greater opportunities for contact between the sexes and the weakening of moral and religious forces may possibly intensify the problem in some cases in the near future. It is therefore necessary that complacency should be avoided, and this problem should be dealt with intensively in local areas, especially by organisations for women welfare. A problem of this nature will be dealt with in rural areas as well as in urban areas by Maternity and Child Welfare Centres; and all problems pertaining to illegitimate children should be dealt with by State as well as private agencies.

4.72. The problem of Foundlings will be dealt with in a later Chapter. Foundlings are at present dealt with by police, missionaries and other appropriate welfare agencies. Unless this problem is dealt with rationally and humanely and illegitimate children are looked after, the true mortality rate will increase in proportion to the number of illegal abortions.

4.73. Amongst the social causes of high infant mortality rate are innumerable and little details that affects the life of the child. Dr. Chandrasekhar, for example, mentions the cradle, which sometimes causes children to die of Asphyxia. Factors like bad food, clothing and harmful articles and human carelessness, the credulity

of parents and the habit of listening to everybody's advice, and the wish to find short cuts to rapid growth of children are all summed up as evidence of the incompetent mother. "Mothers, unfortunately, have not the instinctive knowledge of a bird or a cat of how to rear their young. In our dirt-dominated and poverty-stricken slums, in our backward villages, and often even in well-to-do urban homes, mothers display an extraordinary lack of knowledge regarding the feeding, clothing and general care of the infant. Mothercraft is a difficult art and many a mother learns it by paying the dear price of the loss of one or two of her infants' lives." Amongst the general causes, the improvidence of parents, excessive number of births, and the lack of spacing leads to the birth of weak children, offsprings of weak and emaciated mothers.

Infant Deaths

4.74. The pathological and medical causes of high infant mortality are generally known: but under the present conditions, the available information cannot be accepted as reliable. The Bhore Commission pointed out that "For improving the accuracy of the registered cause of death medical certification is necessary. In our view, certification of the cause of death should be a by-product if we may so put it, of a normal functioning of an adequate medical service for the community, because a reasonably correct diagnosis of the immediate cause of death can be given only by a physician who has attended the patient during his last illness, while recording of the remoter causes of death will require, in addition, information regarding his medical history.

4.75. Deaths during the neo-natal period, in the first month after birth are "due principally to pre-natal and natal influences. The cause of many a neo-natal death, in fact, is to be found for back in intra-uterine life, even at the earliest period of the individual's existence as a fertilized ovum." Deaths in the post-neo-natal period may be due to epidemic diseases, diseases of the digestive or respiratory system, faulty feeding, insanitary conditions, and such environmental factors. Infant mortality in the neo-natal period is due more to general conditions like ignorance of parents, bad environments, ill-advised pregnancies, over frequency of births, carelessness and complacency of working mothers, malnutrition, absence of ante-natal care and circumstances present at the time of delivery. Amongst other causes are prematurity, congenital debility, congenital malformation, birth injuries, etc. Dealing with the post

neo-natal period, the most accepted causes are premature births,[1] convulsions, fevers, malnutrition, respiratory disease and bowel complaints, measles, whooping cough, diarrhoea, diphtheria, accidents, the poor nutrition of the mother, malaria, syphillis, etc. Still-births are generally said to be due to maternal toxaemia, asphyxia, cranial injury, maternal syphillis. etc. Pre-natal deaths are not included under the records of infant mortality. Death of the foetus may occur in the ovum in the first 14 days; embryo abortions take place between 14 days and nine weeks; and spontaneous and induced abortions between nine weeks to birth. In answer to the questionnaire to State Governments, 15 States have declared the following to be the chief causes of Infant Mortality.

1. Lack of skilled attention and medical aid at birth and during infancy
2. Poverty
3. Infections
4. Nutritional deficiencies
5. Accidents
6. Pre-maturity
7. Gastro-intestinal and respiratory diseases
8. Pneumonia
9. Tetanus
10. V. D. Convulsions
11. Ignorance regarding Child Care
12. Lack of Hygiene
13. Communicable diseases
14. Lack of proper social conditions
15. Neglect of parents
16. Lack of immunisation
17. Inadequate medical facilities at the time of birth
18. Asphyxia
19. Birth injury
20. Primitive child birth practices
21. Congenital deformities
22. Non-spacing of child birth

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[1]Premature births are between 27 and 37 weeks.

4.76. Appendix G gives infant deaths from principal causes in the city of Bombay, Madras, Calcutta and Nagpur. Appendix H gives diseases and illnesses of infants as recorded in two of the largest welfare centres in the city of Bombay.

Child Mortality

4.77. The Survey of Health Conditions in India says that "Child Mortality is on the whole high and forms 45 per cent of the total deaths in the country. The mortality in the age group 1--4 years is 18·6 per cent and in the age group 5 to 10 it is 4·7 per cent of the total mortality. A good proportion of the mortality and morbidity in the age-group 1--4 years is among children aged one to two years." It should be carefully noted that with a low infant mortality rate, the greatest numerical savings of life has been in infants under one year, but the steepest decline in mortality rate has been in the age group one to five years. Appendix I gives the total number of deaths of children between 0 to 14 years in the various States of India during 1951 to 1958.

4.78. The weaning period of the child is followed by 12 to 18 months when the child is given supplementary foods, animal milk and solids. Very often this is done from the seventh month. The resistance of the child is low when he is cutting the teeth. Due to inadequate protection, bad housing and ignorance of parents the child is exposed to insanitary conditions, dirt and infection.

4.79. The most common causes of death during the period of infancy according to the Survey of Health Needs of Children, are anaemia and marasmus, gastro intestinal diseases, respiratory diseases like influenza and pneumonia, communicable diseases like typhoid, small pox, measles, whooping cough and diphtheria, dysentery, diarrhoea, worms, infectious diseases, poliomyelitis, T.B., tonsilitis, skin diseases, cough, cold, bronchitis, broncho pneumonia, whooping cough, measles, mumps, infections of the ear and nose, defective vision, accidents, maramas, tetanus, etc.

4.80. *Diseases and Illnesses of Children :* In a vast country with limited medical services, the true picture of diseases amongst children can hardly be obtained. Most of the available data are drawn from hospital records of a few large hospitals, and the chief amongst them are in urban areas. Due to poverty, ignorance and lack of medical service in proximity of houses, thousands of children who are ill are not taken to hospitals. In the tribal and rural areas millions of sick children are yet dealt with by "witch-doctors".

and home remedies, local remedies are provided to deal with diseases. Minor ailments amongst children are taken for granted, and in many cases such minor ailments lead to serious illnesses and even death. Malnutrition, bad housing, insanitary conditions, bad drinking water and exposure to climatic conditions will be the natural causes of illness. The causes of death amongst children are extremely difficult to determine due to inadequate recording, plurality of causes, and lack of compilation of statistical data. The following are the chief diseases which are mentioned as causes of death of children in 12 replies received from various State Governments: (1) Dysentery; (2) Diarrhoea; (3) Respiratory infection like bronchopneumonia; (4) Virus diseases like measles, small-pox and chicken-pox; (5) T.B.; (6) Whooping cough; (7) Mal-nutrition; (8) Gastro-enteritis; (9) Convulsion; (10) Liver diseases; (11) Tetanus; (12) Rickets; (13) Food poisoning; (14) Septicamia and pyaemia; (15) Meningococeal infections; (16) Acute poliomyelitis; (17) Acute infectious encephalitis; (18) Mumps; (19) Infection with worms; (20) Asthma; and (21) Anaemia.

4.81. The Survey of Health Needs records the presence of children in hospitals suffering from "extreme type of malnutrition and with a special syndrome anaemia, retarded growth, enlarged liver, diarrhoea, stomatitis, peculiar skin conditions, cedema, hair changes described as Kwashiorkor, etc." Gastro-enteritis is a very widely prevalent infection. The report says that nearly two per cent of children between 1 and 3 years suffer from malnutrition, and this could be an under estimation. Round worms, thread worms, and hock worms are present due to environmental conditions. These are accompanying symptoms of anaemia, potbelly, oedema, marasmus, and diarrhoea.

4.82. Tuberculosis is present amongst the small children and "the infection rate in children is 4 per cent amongst the contact cases..............." "At least 10 per cent of the beds are occupied by children with tuberculosis. Figures from the hospital outpatients departments indicate that 5 per cent of the children treated suffer from tuberculosis.".

4.83. Typhoid, which is not a notifiable disease, is prevalent amongst children. Diphtheria is present, especially in urban areas.

4.84. Cirrhosis of the liver, associated with malnutrition and mismanagement of infant feeding, is said to be present amongst 1 per cent of the children attending hospitals.

CHAPTER V

HEALTH AND INFANT WELFARE

5.1. It is well known that preparations for child care have to begin before the child is born; and amongst the first cares of the child will be the problems of his health and nutrition. The human family is an institution, and it is the primary agency for the care of the child. If the family is capable of fulfilling its duties and responsibilities to the child, then the problems of child welfare will be considerably reduced. The total number of families who have the capacity for child care in terms of the presence of proper environmental conditions, both human and physical is not known; but it is not likely to exceed ten per cent of the population. The association of the community (and if possible the organised community) and the State with programmes of child welfare in order to achieve the objectives of child care are therefore inevitable.

5.2. The Survey of the Health Needs of Children in India, which has been prepared by the Health Ministry of the Government of India in 1960 in answer to the national studies of the needs of children carried out by the UNICEF has dealt with the problem of approach. The second recommendation made in the "Summary of Recommendation" says "The services of the child supplemented by such specialised services as are necessary. The approach should be through the family and the community rather than the child as an individual."

5.3. It is essential that work and programmes with the family and the community must be based upon clear concepts to achieve a few fundamental objectives separately, and therefore a "holistic" approach to the problems of child care should be achieved by integrated programmes carried out by the minimum number of trained workers whose activities are co-ordinated through the agencies to which they belong.

5.4. The four main objectives of programmes dealing with child care in the family are : (1) Parental education ; (2) Family contacts by trained workers ; (3) Achievement of Family Planning

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objectives; and (4) Ante-natal care and post-natal care in the first group. Another group of objectives will deal with problems of maternity and post-natal care upto a defined period of time.

5.5. *Parental Education:* The importance of parental education has been emphasised by most experts, and in almost all reports dealing with the needs of child care and social welfare. During the last many years, the attention of the country has been drawn to the need of improving the programme of formal education in the community. Parental education must begin with the earliest age. Modern education must deal with "the education of the whole man", and the "holistic approach" advocated by Sociologists must be applied to education. It must deal with science, including the science of living, from the earliest age. The child education series of text books, known as the "Health Series", for example, has the First Reader only in pictures, and the first picture deals with the family. Adequate education for sex, courtship and selection, marriage, marital hygiene, objectives of family planning, family life, and its economy, health education and standards of living must be given as a part of the education of the child throughout its school and college life. This will reduce the burden of programmes for parental education to the minimum in later years. In all the four regional meetings held by the Committee, a great emphasis was given by participants to parental education, and some persons pointed out that Health Visitors and Social Education Officers were concentrating on the education of the mother, and the education of father was sadly neglected. The Report of the United Nations Children's Fund has emphasised the importance of aid to homecraft and mothercraft projects, and such projects should be increased in all community welfare centres in India.

5.6. Parental education programmes should follow methods of indirect education, instruction and practical demonstration; and a more planned and systematic use must be made of audio-visual aids. Parental education is not always a specific duty of special social workers; and Health Visitors, Public Health Nurses, the newly created Family Planning Social Worker, Gramsevikas, Balsevikas and Social Educators can together make a valuable contribution if there is co-ordination of activities, and monthly and quarterly programmes are planned under the leadership of medical officers in cities and lady S.E.O., S.E.Os., and Primary Health Centres in rural and sylvan areas.

5.7. Parental education programmes have to concentrate on the development of right parental and community attitudes towards

parenthood and childhood, and deal with prevailing customs and practices before, during and after pregnancy. Many of them are positively harmful to the child, and new ones could be introduced in order to develop a comprehensive concept of Child Care and its contents to the family and the community.

5.8. *Family Contact:* The method of direct approach and personal contact is now universally accepted for all community welfare programmes in urban as well as rural areas. The personal contact of the social worker with the family and the community has to be continuous. As communities are large in size and as social workers sometimes work in large neighbourhoods, the number of families to be contacted is very large. In some cases the contacts become intensive. In India, a clear difference is now made between "Social Workers" and "Community Workers". Social workers, with the motivation of aid, go to communities and families as paid and voluntary workers. They generally may not belong to the community. In order to introduce the principle of "Self-help", these social workers must seek and receive the help of community workers who belong to the community. For family contacts, women who are intelligent and literate, and who have an emotional inclination to help others and who can develop mental interests in families and children, are very useful. They should be trained and they can spend a few hours every day in their own areas, chawls and buildings, helping families in different ways. The success of child care programmes on an extensive scale will depend upon the existence of such "community workers" in large numbers who can devote a part of their time to work as voluntary Health Visitors, family planning enthusiasts, and parent educators. Their effort will supplement the technical aid of trained, qualified and paid social workers who are appointed to work in the neighbourhood. The lower the case load on each parent educator, the more effective will be the results. The achievements of family contact programmes are not spectacular, but they are qualitative. Social education must be accepted as a gradual, informal and penetrative process contributing to the gradual development of the "community mind", and "community attitudes" will be developed which will permeate the families and thus develop good homes and happy families.

5.9. *Historical Background:* Mother and Child Welfare Services were started in India in 1886 on the initiative of a number of missionaries and especially the Ramakrishna Mission. In that year the Association for the Medical Aid to Women of India came into existence. The society now known as Bombay Mothers and Children

Welfare Society, came into existence in 1920 soon after the Influenza epidemic in the city. An initial interest in programmes of women and children was taken up by the Government of Madras in 1931 when the Maternity and Child Welfare Bureau was created. A provision of Rs. 1·89 crores was made for opening Maternity and Child Welfare Centres in the First Plan. A provision of Rs. 2.22 crores was made in the Second Plan; but only Rs. 0·49 crores had been spent in the first three years.

5.10. *Ante-natal Care :* Ante-natal care is vital for the benefit of both mother and child in any society. The human child, as it has been pointed out before, has a long intra-uterine life, exceeded only by some of the very large mammals. The cells that begin in the foetus gradually develop into a most complicated organism by the time birth takes place after a long period of about 280 days following conception. Likewise, the period of post-natal maturity is also exceptionally long amongst human beings. Hence, the need for adequate, if necessary, even elaborate preparation to give every child a good start, a good chance to survive to live and develop through a healthy, happy and creative childhood. The growth of the child is most rapid during the intra-uterine life, and for the first six months after birth.

5.11. The three primary aims of ante-natal care are "to conserve the health of the expectant mother in pregnancy, labour and the lying-in period, and, secondly, to enable her to produce a healthy child with the highest possible potentiality of developing into a healthy adult." Besides, the factor of environment has to be dealt with in order to at least protect the child, if it is not possible to provide the most desirable physical and human environments that will contribute to its health, growth and development. "The aim of the ante-natal movement is to make contact with each expectant mother as early as possible in pregnancy and keep her under regular supervision, *viz.*, monthly during the first four months, then fortnightly until the eighth month, and thereafter weekly until confinement." According to the information received from various States and Municipalities, the following are the normal activities of ante-natal clinics:

1. Examination of case history.
2. Maintenance of records of weight of mother.
3. Physical examination of the mother.
4. Urine examination.
5. Blood pressure test.

6. Abdominal palpitation.
7. Provision of family health service.
8. Pelvimetry.
9. Counselling regarding diet, etc.
10. Vaccination.

Domiciliary service includes: (i) Home visits; (2) Health education; (3) Teaching mother-craft; and (4) Referral of abnormal cases to clinics.

The Committee has been informed of more than 120 major voluntary welfare agencies, most of them national or State level which are executing programmes of ante-natal and post-natal care. The States of Andhra, Gujarat, Himachal Pradesh, Kerala, Madhya Pradesh and Maharashtra have expressed their intention of increasing their allocations for infant welfare during the Third Plan Period.

5.12. The essential services that an ante-natal programme should follow must be able to achieve the following objectives:

1. To create reasonably desirable psychological conditions for the expectant mother when she is pregnant, so that she is in a happy, hopeful and confident frame of mind, free of anxieties, sorrows and fears;
2. To diagnose and treat any early complication;
3. To increase the proportion of normal deliveries;
4. To lower the maternal mortality and morbidity rates;
5. To reduce the incidence of premature births, still births, and pre-natal and neonatal deaths;
6. To improve the cleanliness, orderliness, and sanitary conditions of the house in which the expectant mother is living; and
7. To give the minimum parental education required by the mother, especially at the time of the first delivery, in order to provide intelligent and affectionate care to the child from the very beginning after birth.

In a country like India, a systematic record of the number of clinics organised by the State at all levels, and by private agencies can hardly be available. Municipalities and Zilla Parishads have yet to organise their welfare services befitting a modern welfare

State, and maintain systematic records and statistics. The following table gives the number of ante-natal clinics in the various States of India. It is unlikely that the information given by the States includes information from all Municipalities and Zilla Parishads.

TABLE No. 28

State	Ante-natal Clinics	Infant Welfare Centres
Andhra	851	..
Kerala	15,795	..
Punjab	228	288
Maharashtra	725	545
Mysore	12,703	..
Delhi	9	..
Himachal Pradesh	59	..
Assam	164	..
Gujarat	244	..
Bihar	..	93

Only a few States have been able to mention the number of beneficiaries from all child welfare centres. Andhra declares to be looking after 500,000 expectant mothers and children in rural, and 500,000 more in urban areas. Punjab looks after 138,162 expectant mothers, 214,589 infants and 196,983 toddlers. Maharashtra looks after 113,301 mothers as ante-natal cases, and 42,446 as post-natal cases. The number of infants looked after is 165,148. All ante-natal clinics also provide post-natal service.[1]

Information from rural areas is inadequate, and it was not received from all the Community Development Projects. The information relates to 271 C.D. Blocks. Ante-natal service is provided to 41,876 mothers, post-natal service is given to 30,453 mothers, and infant welfare programmes benefit 27,748 mothers. A total of 128,042 mothers are served by all the programmes. From the 271 Community Development Blocks which have replied, 113 claim to have provided good ante-natal and post-natal care. Another 119 have reported that their services are not extensive.

[1]Reliable statistics are not available to show the extent to which ante-natal services are availed of.

The following table gives the distribution of Blocks according to the number of beneficiaries :

TABLE No. 29

NUMBER OF MOTHERS SERVED IN ANTI-NATAL, POST-NATAL AND INFANT WELFARE SERVICES AND TOTAL NUMBER OF MOTHERS BENEFITED BY THESE PROGRAMMES

No. of mothers	No. of Blocks rendering service			
	Ante-natal	Post-natal	Infant welfare	in all the three programmes
1	2	3	4	5
Upto 50	4	5	5	6
51— 100	2	4	..	6
101— 250	19	16	3	14
251— 500	17	13	4	15
501—750	6	11	4	10
751—1000	1	1	1	5
1001—1250	5	1	1	3
1251—1500	3	1	..	6
1501—1750	2	..	1	2
1751—2000	..	1	2	1
2001—2500	2	1	1	6
2501—3000	1	1	1	1
3001 and over	2	1	2	11
TOTAL	46	56	25	86

The Community Development Blocks have reported the employment of the staff for ante-natal and post-natal care as in Table 30 :

TABLE No. 30

NO. OF PERSONS ENGAGED ON RENDERING ANTI-NATAL AND POST-NATAL SERVICES IN THE BLOCKS

Type of Medical Personnel	Men	Women	Total
(a) Qualified medical persons . .	227 (137)	18 (12)	245
(b) Qualified Health Visitors . .	6 (4)	125 (102)	131
(c) Unqualified Health Visitors . .	..	50 (32)	50
(d) Qualified Midwives . . .	..	454 (127)	454
(e) Qualified Dais	..	612 (130)	612
(f) Unqualified but recognised Dais .	..	748 (49)	748
(g) Qualified Nurses . . .	..	116 (23)	116
(h) Unqualified Nurses . . .	..	33 (5)	33
(i) Others (compounders, etc.) . .	2 (1)	..	2
TOTAL .	235	2156	2391

NOTE 1.—Figures in brackets indicate number of blocks supplying the respective information.

NOTE 2.—There is no strict appointment of the staff separately for the ante-natal and post-natal services. As a matter of fact the staff of the P.H.C. and M.C.H. centres and sub-centres looks after both these services.

Ante-natal care in most urban areas is provided four to five months after pregnancy. Delhi State commences the service from early pregnancy, and Assam from the time the knowledge of pregnancy is obtained. Andhra, Punjab and Himachal Pradesh commence the service three months after pregnancy; whilst Maharashtra begins the help at the second trimester. Kerala gives the service after five, Madhya Pradesh after six, and Orissa after the seventh month of pregnancy. Ante-natal care in rural areas has only made a beginning. The following table shows that different practices are followed in the Community Development Blocks as shown by the information supplied by some of them :

TABLE No. 31

DISTRIBUTION OF BLOCKS ACCORDING TO STAGE OF PREGNANCY AT WHICH CONTINUOUS ANTI-NATAL SERVICES ARE RENDERED

Stage of Pregnancy	No. of Blocks	Percentage Total
1	2	3
From time of registration	16	9·6
1 month	1	..
2 months	5	2·7
3 months	36	21·7

1	2	3
4 months	17	9·9
5 months	30	17·8
6 months	28	16·8
7 months	23	13·8
8 months	10	5·9
Primary stage	2	0·9
Normal stage	1	..
Advanced stage	2	0·9
Second trimester	1	..
No specific time	3	..
TOTAL	166	100·0
No reply	105	..
GRAND TOTAL	271	100·0

5.13. The creation of ante-natal clinics and centres must be the primary responsibility of municipalities, housing authorities, panchayats, community welfare organisations, and institutions providing service to large numbers of special groups of women. In better class localities, ante-natal clinics should be created by general practitioners. Hospitals, primary health centres and gradually all health centres in rural areas could provide clinical service. Progressive states should create a statutory service of Health Visitors and/or Public Health Nurses, and Midwives to cater to specified areas and specified number of families. A beginning could be made in areas where there is bad housing, conjested population, insanitary conditions, and conditions of chronic poverty.

5.14. The Committee strongly endorses the recommendations of Dr. Chandrasekhar that "every community must provide what is called the domicilliary service, that is, physicians must examine expectant mothers and assure them that the confinement is likely to be normal. Should the examination reveal the possibility of complications, the mother-to-be must be referred to a hospital

where the necessary arrangements for confinement with the aid of competent obstetrical care can be made, a trained midwife can conduct the delivery in the expectant mother's home."

5.15. As there is now a tendency to create public housing, housing authorities like Housing Boards, Development Authorities, and Co-operative Housing Projects must give high priority to ante-natal programmes for the benefit of the residents of the entire locality. Such clinics should receive grants-in-aid from the Government and Municipalities. Ante-natal services must be provided by Workers' Health Insurance Schemes also.

5.16. Ante-natal services of an inadequate standard are now provided in urban and rural areas. Ante-natal services are difficult but need to be most urgently organised in sylvan areas, as infant mortality is perhaps the highest in India amongst tribals and primitive people.

5.17. Ante-natal care as it exists in India at present, has only a symbolic value. Ante-natal clinics attached to large hospitals serve only the neighbourhoods and those who intelligently use such service. Ante-natal service is also provided by Municipalities, States and private employers, Labour Welfare Departments, and well organised private agencies that came into existence decades ago. Ante-natal clinics in hospitals have a large attendance. About 50 per cent of the cases attending hospitals for ante-natal care, go to the hospitals for delivery, and 10 per cent to 20 per cent of the beds in hospitals are reserved for ante-natal cases. There are about 4,500 urban centres in India. In the rural areas, about 2,000 Primary Health Centres were in existence in 1961 and their number will be increased to 5,000 during the Third Plan Period. It is estimated that they deal with about 20 per cent of the total births in the country and about 5 per cent of the total number of children. Each centre caters to 50,000 to 1,00,000 population, though in tribal areas some of them cater to a somewhat smaller size of population.

5.18. Ante-natal and post-natal services at the clinics are supplemented by a home visiting service by Health Visitors and/or Public Health Nurses and Midwives. In most cases Health Visitors are Matriculates and also registered Midwives holding a senior certificate in midwifery. As midwives they go through a twelve months' course in nursing and midwifery and another six months for the senior centificate. The Survey of the Health Needs of Children

states that a small area consisting of 10,000 population or within 2½ miles radius is defined for the purpose. Activities include health education and guidance given to mothers before and after delivery ; guidance is given regarding breast feeding and nourishment. The follow-up of post-natal mothers is continued beyond the period of six weeks when the health of the new born child is attended to. Supplementary diet is provided in some cases, and minor ailments are attended to. Cases requiring medical attendance are referred to doctors or primary health centres.

Malnutrition Among Mothers

5.19. According to the Survey of Health Needs of Children, "nearly 50 per cent of the women attending hospitals, ante-natal clinics and under supervision of maternity and child welfare centres show signs of malnutrition or subnutrition. The poor health of the mothers can be attributed to poor diet with low protein." The problem of nourishment of mothers requires intensive studies to determine the extent of malnutrition among expectant mothers. As working mothers get three months' maternity leave, and they generally remain at home for a long period after their delivery, Labour Welfare Agencies need to pay special attention to the problem of feeding of expectant working mothers.

5.20. The diet of an expectant mother should include a proper amount of mineral salts, especially calcium, phosphorous, iodine and vitamins besides the usual quantity of proteins, carbohydrates and fats. Calcium and phosphorous deficiency in the mother's diet may predispose the breast-fed child to rickets. 2·47 per cent of infant deaths in Bombay in 1956 were due to rickets. Defective teething in the child leading to carries, etc. is another effect of lack of calcium and phosphorous in breast fed babies. Improper and inadequate feeding has also a marked effect on the health of expectant mothers. Many disturbances of pregancy like cramps, vomitting, uterine inertia, post-partum haemorrhage and osteoamalacia are attributable to calcium deficiency. Milk is very rich in calcium and phosphorous but very few expectant mothers can afford to use. In cases of anaemia and when the mother is very poor, skimmed milk in powder form is given daily to mothers who receive ante-natal care at the clinic but the milk being non-fat, it does not have the same value as whole milk. *Dal*, fruits, vegetables and green leaves are other important sources of calcium and phosphorous. An average woman's meal contains very little of these nourishing articles of food.

5.21. Pregnant women are particularly prone to anaemia because of the demand of the foetus for iron. Hence an adequate quantity of food rich in iron is necessary at this time of their life. An average working class meal is remarkably lacking in iron except for the small amount of green leafy vegetables, rarely fresh, which are consumed by the family. The deficiency of certain vitamins in the diet plays a part in the causation of certain disorders. To ensure vitamin requirements of the body, diet should contain plentiful supply of fresh green vegetables, fruits, dairy products, eggs, etc. It is necessary to ascertain the customary diet or the amount of milk taken daily by women during pregnancy.

5.22. The study of the Health Needs of Children says "Anaemia of pregnancy is one of the most important conditions associated with pregnancy." It is one of the chief causes of maternal mortality. Sri Gopalan of Madras says that about 50 per cent of the mothers have anaemia and low haemoglobin (less than 10 grams), with haemoglobin level as low as 3·5 grams.[1] Anaemia is often accompanied by oedoma localised or general, dyspepsia, diarrhoea, stomatisis and sometimes palpitations and breathlessness. The extensive presence of anaemia in India is due to poverty, malnutrition, short spacing of pregnancies, parasitic diseases, intestinal infection and general sub-health. According to Dr. Miss Jhirad, anaemia was responsible for 26 per cent of maternal deaths in Bombay in 1956.

5.23. Relative incapacity of the patient in the advanced stages of pregnancy or failure to take sufficient quantity of food for proper balanced diet are partly responsible for constipation. Regular action of the bowels is essential for normal health, and it must be particularly insisted upon in pregnancy to avoid any serious complications in that delicate state of health. Proper exercise and diet are most important in the prevention and care of constipation. The normal functioning of the kidneys is also very important. The urine is examined frequently as it often indicates such complications as eclampsis (fits), albuminuria, etc., which are brought under control when detected and treated early. Regular examination of the urine constitutes one of the most important aspects of ante-natal care. Evidence was not available to show that pre-natal care included urine examination in all the cases dealt with by the clinic. The weakness of the digestive system of expectant mothers is very evident and this considerably affects the health of the mother and child at the time of and after delivery.

[1]According to Sri Gopalan, haemoglobin level is 12·7 grams in the first trimester, 12·7 in the second and 11·3 in the third per 100 c.c.

5.24. A study of 1,303 cases of mothers living in a poor class industrial area and attending the Mothers' and Child Clinic in Bombay revealed that only 58 cases or 4·46 per cent of mothers were properly nourished. The nourishment of 1,124 mothers was marked as 'Fair'. 104 mothers had entirely inadequate nourishment and 17 suffered from anaemia. The following table gives the ailments of patients registered for ante-natal care at one of the largest ante-natal clinics in Bombay.

TABLE No. 32

DISEASES AND AILMENTS ASSOCIATED WITH MOTHERHOOD[1]

Diseases and ailments	1955-56	1956-57	1957-58	1958-59	1959-60
Toxaemia . . .	10	..	18	14	49
Anaemia . . .	85	110	69	35	64
Jaundice . . .	3	1	1	3	..
Heart diseases . .	1	1	..	2	..

5.25. *Maternity Welfare :* This Committee is not directly concerned with maternity or maternal welfare. The welfare of the mother as a citizen and as a creator of the child, in terms of heredity, and in terms of social health and human progress is of permanent importance. But during the period of pregnancy, she received a much greater importance because for a considerably long period, her welfare is synonymous with the welfare of the child who has been conceived. The health of the foetus and its rapid growth and development during a period of about 280 to 290 days is of the greatest importance. The health of the child is not dependent upon the environment alone; and its constitution will depend a good deal on heredity. This inevitable link between mother and child creates the importance of her problems and needs for the purpose of our study. The environment is related to "conditions" of the child, and heredity is related to the "constitution" of the child, the vigour, the energy and the inheritance the chromosomes will receive as the foetus develops into a full grown child.

5.26. Considering the paramount importance of the mother and the child, the Committee is first concerned with three important factors. The place in which the mother lives along with the child

[1] "*Child in the Urban Community*" quoting data of Mothers' and Children Society, Worli, Bombay, p. 64.

during her confinement, the place where the mother will deliver the child, the 'dai' and medical assistance the mother will receive at the time of the delivery.

Place of Delivery

5.27. It has been stated that at least about 70 to 80 per cent of the deliveries yet take place in private homes in urban, and sylvan areas. Dr. Chandrasekhar has extensively quoted in several pages the description that was given by Sri K. C. Bose in 1912 of the usual conditions that prevail in a typical Bengalee home at the time of the birth of a child. Shri Bose was not describing conditions among the poor, but amongst those who were better off.[1] Surveys, observations, and experience continue to describe the circumstances, conditions and practices that surround the child in India when it is born. The Committee feels that along with the family, part of the blame has to be given, for their direct and indirect contribution, to Town Planners, Municipalities, Architects, engineers, landlords, and the economic structure of society, as well as those who are responsible for neglecting effective social legislation, for a state of affairs that should not have prevailed in the twentieth century. Only an awakened social consciousness, organised campaigns and intensive programmes of child welfare, together with adequate finances to promote civilisation along with economic development, can remedy the situation where children are born in squalor, insanitary conditions, in unventilated and unclean **rooms**, on beds with unclean coverings, surrounded by ignorant and superstitious members of the family. A member of the Committee described conditions even in an institute where a score of new born children were found lying unwashed on dirty tables in an unclean room, unattended by a single human being in a metropolitan city.[2] In a rural area, new born children were found tied in cloth and hung upon a tripod of bamboos. These tragic situations can be understood and explained in a country with unchecked population, poverty and ignorance; but remedies must be rooted in firm objectivity and a deep sense of social responsibility.

5.28. *Number of beds in India* : It is estimated that about 1,60,000 beds should be provided in India, calculating only one bed for every 100 births. There are about 4,500 beds in rural areas and

[1] *Infant Mortality*, pp. 124-128.

[2] Experience of Hutheesingh Committee to investigate Child Welfare in South and Eastern India.

17,500 beds in urban areas at present. It is not going to be possible to provide facilities and beds for about 15 million babies per year in hospitals and maternity homes for a long time to come. Dr. Chandrasekhar says "there is no reason why home confinements cannot be comfortable and safe, so long as the delivery is a normal one and the mother has received the domicilliary services. The home has certain advantages like domestic help by relatives, less or no expense and sense of security arising out of the familiar surroundings and being in touch with the routine of a running home. On the other hand, certain familiar factors in the average home militate against home confinement. These are over-crowding and the attendant noise of a large family, lack of aseptic conditions and complete rest for the mother. Institutional confinements overcome these difficulties and when the labour is expected to be abnormal the question of confinement at home does not arise at all."[1] Recognising the absence of need and lack of resources for hospitals and maternity homes, he says further, "Nor is it advisable that the available limited resources of building equipment and medical personnel should be diverted for this purpose."[2]

5.29. Maternity and Nursery homes might be a part of the answer in urban areas, for the benefit of those who can afford it. The Committee recommends the creation of 6 to 10 or even 20 maternity beds in large housing colonies in which there are medical attendance and welfare services. A grant-in-aid to such homes, if necessary, organised by a private organisation and supervised by the State can prove economic and save the lives of infants.

5.30. Dr. Chandrasekhar, quoting Dr. Lankester of the Government of India, says "The practices which are found to exist are founded upon three sets of ideas; firstly, the religious belief that a woman at the time of childbirth is ceremonially unclean, more defiling in fact that the lowest outcastes; secondly, the belief that fresh air, whether warm or cold is dangerously harmful for mother and child, being the usual cause of puerperal fever ; and thirdly, a group of superstitious and old fashioned theories as to medical treatment which naturally differ in various parts, but usually tends towards the extreme depression of the mother's physical strength during the laying-in-period.

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[1]Dr. S. Chandrasekhar: *Infant Mortality in India*, p. 144.

[2]*Ibid*, p. 144.

5.31. The Committee recommends that to make maternity welfare and social education programmes active and effective, surveys relating to maternity should be carried out in different parts of India, and pamphlets with rational explanations and material of educational value should be made available to social workers, because such problems require intense human contacts between the people and social workers of different categories.

5.32. *Psychological condition of mother:* Perhaps the most important factor in maternity is the psychological condition of the mother. The presence of fear, anxieties and worries, and the nervous condition caused by pregnancy reduce the capacity of the mother to face the demand of pregnancy and maternity. "While it is difficult to estimate precisely what part of infant mortality is due to maternal overall weakness, the direct relation between the overburdened mother and infant morbidity and death is obvious. A gradual deterioration in the mothers' health would obviously react unfavourably on the infant."[1] Marjorie Rice in "Working Class Wives, Their Health and Condition", says "it is of course a vicious circle the husband and children must come first and as more of her (the mother's) energy and strength are consumed in this first care, she is obliged to omit the extra effort needed for herself."[2] In India very often she omits her food, sleep and peace of mind, and her life becomes a devoted sacrifice to the husband who hardly deserves it, and to her children who are hardly able to benefit by it. A recent study of the Gonds, a trible in Central India, reveals a mother's day to day duties from five o'clock in the morning to nine o'clock in the night; yet her miles of walking, strenuous duties at home, and work in the field and forest are so great, that she is only able to look after her last child, and her daughter aged seven looks after the previous child who is three years old. This investigation merely proves that "too many children too badly spaced can only mean rationed care, not only to the children but also to the mother."

5.33. *The Midwife:* The midwife who has given her humble service to the remotest corner of India for many centuries has naturally come to the described as one of the important causes of a high infant mortality rate. Dr. Chandrasekhar says that "the dai is an illiterate and extremely ignorant woman drawn from one of the most under privileged castes in Indian Society. She is

[1]Dr. Lankester: *Infant Mortality in India*, pp. 127-128.

[2]*Infant Mortality*, p. 121.

divorced from any knowledge of basic and elementary rules of health, not to speak of any understanding of the rudiments of midwifery or gynaecology. Want of knowledge is one thing, but with the dai it is a worst case of rank superstition and old wives tales. Her assistance in normal deliveries is bad enough but in certain cases the result is, more often that not, painful death. And yet it is easy merely to criticise her. She has played a necessary, and if damaging, role in assisting women in confinement through the years.

5.34. The origin of the dai is a humble one. Whenever in a human society functions have to be performed, persons will arise to perform them. Along with the 'witch doctor' the dai has existed in primitive societies for thousands of years when gynaecology and doctors were unknown. Amongst the tribals in India, only a member of the family and a relative of the pregnant woman, living in the same small hamlet, functions as dai. Many have known about the work of dai but the actual experience of thousands of dais working in several thousands of villages is not adequately present with those who criticise her duties. That a low caste woman performs such vital functions is a credit to her caste. The high castes are very much indebted to the low castes for the performance of such vital duties. It is important to realise that it is the community that needs them and summons them for their service. Her material rewards are limited. That the community has not given her status, training, and responsibility is a fault of social organisation and the State. The reason of her existence is the usual inevitability of the function, its need, and its performance.

5.35. The Committee strongly feels that it is necessary that every pregnant woman should have a proper and necessary attention at the time of the delivery of the child. At the same time it is most necessary to take a very realistic view of the need of suffering mothers in remote parts of the country and the conditions that exist in undeveloped rural areas as well as in urban slums.

5.36. Very recently, the Tata Institute of Social Sciences has carried out an extensive survey amongst 679 families of the Gond tribe and the survey was carried out by responsible Government officers and post-graduate students. This survey has revealed that in the course of exactly one year there were 215 deliveries in 18 villages. With the exception of one mother, deliveries took place in their homes in the village. A doctor of the primary health centre attended only one case. A trained midwife attended one more case.

No dai was in attendance in case of seven deliveries. In all other cases, female member of the family or the customary village dai attended the pregnancies. In case of difficult deliveries, a number of elderly experienced women came to the assistance of the woman attending the case. There was no case of maternal mortality. This information was again verified. Infant mortality during the year was 75 and the infant mortality rate was as high as 349. The birth rate was 61·7. Most of the women who gave assistance are good tempered, humane and kind, and they do their work with patience, care, sincerity, and confidence. Special attention is now being given to this problem, and therefore together with the Department of Tribal Welfare, Community Development Project, and the Department of Health, 7 midwives were provided to the area to cater to 187 villages covering an area of 550 square miles. Some of the midwives who belong to the villages have gone through a 90 days' training programme. This improvement reveals that only a small number of villages will be benefitted, and traditional midwifery will have to continue for a long time to come in all the remote parts of the country.

5.37. It is therefore imperative to make extensive surveys in many different areas and amongst different types of people in the country to find out the common weaknesses and local needs and then to overcome by making suitable arrangements to replace traditional practices by some kind of rural service.

5.38. Trained midwives are required in large numbers, and it will be difficult to replace them by another class of woman in all the cases. Besides there is no need to create unemployment and loss of family income. The Committee recommends that whenever local midwives are able to go through the requirement of registration rules and a minimum period of training under a recognised agency, the services of existing midwives should be availed of. In rural areas such training benefits have already been created by the Community Development Authorities with the help of local health and medical authorities. Dr. Chandrasekhar says "that this also means that the midwives should be restricted to the underprivileged, low caste barber women." The class or caste of a woman can no longer serve as an argument against a practice, and rural communities can provide additional midwives if they wish themselves to be served in any particular way. In case of new recruitment, the Committee recommends that a minimum qualification of Middle School education should be required, except in areas where opportunities for the education of girls are not in existence. When

rural midwives have to serve in more than one village, the distance between the villages and the size of the population served should be taken into account.

5.39. Family Planning Welfare Workers who are about to be created in the country may also be trained to work as Health Visitors and midwives in areas where the size of villages is very small. There should be one midwife for a population of about seven thousand persons in rural areas, where the size of villages is very small.

5.40. The Committee supports the suggestion of Dr. Chandrasekhar that the Ministry of Health should enact a Model Midwives' Act somewhat on the lines of the U.K. Midwives' Act of 1936. "Such an Act will only eliminate the untrained dai and forbid any untrained midwives to attend child-birth in any capacity, but provide an efficient midwifery service under the supervision of the Health Officer in urban areas and such rural-*cum*-Medical Officers who may be appointed in the future in the rural areas."[1]

5.41. *Maternal Mortality:* The presence of the mother is an imperative necessity for the welfare of any offspring. She not only has the urge and capacity to love, feed, comfort and protect, but above all to intuitively understand its moods and needs. The death of the mother, therefore, leaves something incomplete in the bringing up of the child, and a void, especially in the first year, that cannot be filled. The death of the mother, therefore, is the greatest handicap of the child, and State and Society have to take adequate measures to prevent maternal mortality to the irreducible minimum.

5.42. A large number of factors affect maternal mortality. Amongst these are season, climate, soil, background of the country, age of mother, home conditions, standard of living, absence of parental care, social customs like purdah, diet, place of delivery, treatment and attendance at the time of delivery, etc.

5.43. The Report on the Survey of Health Needs of Children says that the estimated maternal mortality rate in India is 20 per thousand. It is estimated that 1·8 million die every year, a number three times the annual deaths from tuberculosis. The high incidence of maternal mortality is revealed in the difference of the

[1]*Infant Mortality in India*, p. 145.

death rate of the two sexes in the age groups 15 to 45. The difference is the greatest in the age group 20 to 30 years. The percentage of total deaths in this age group amongst males was 6 per cent, whilst amongst females it was 8·3 per cent, according to the 1951 Census.

5.44. Adequate data for maternal mortality in the whole of India was hardly available in the early decades of the century. Dr. Margaret Balfour carried out a survey of 11,343 deliveries in different parts of India in 1925-26 and found that the maternal mortality was 21·5 per thousand. In 1927-28, the Madras Public Health Administration, basing their data on records of four municipalities, found the maternal mortality rate to be 18·5 per thousand. A survey in Madras by Dr. Mudaliar in 1930-31 found it to be 16·6 per thousand. An extensive survey carried out in 1933 by Sir John Megaw found the maternal mortality rate to be 24·5 per thousand. Dr. Balfour had found the maternal mortality rate in the Assam Tea Gardens as 42 per thousand. A survey of three rural health units by the Rockfeller Foundation had found it to be 5 per thousand. An investigation of 215 birth cases in the Gond tribe, in the Chhindwara District of M.P. had found not a single case of maternal mortality in 1949-60 (from Diwali to Diwali).

The following data on maternal mortality relates to the city of Bombay :

TABLE No. 33

MATERNAL MORTALITY AS RECORDED IN THE CITY OF BOMBAY

Year	Total births including still births	Total maternal deaths	Maternal death rate per 100 live births
1931	27,204	198	7·3
1936	35,905	184	5·1
1941	39,956	152	3·8
1946	53,469	148	2·8
1951	65,679	89	1·3
1956	64,833	67	1·0

5.45. Many of the causes of maternal mortality are due to factors that are related to the absence of medical care at the time of the latest delivery. Besides some of the causes which led to the death of a mother could also endanger the life of the child. These could be classified as follows :

1. Abortion with septic conditions.
2. Abortion without septic conditions being mentioned (including haemorrhage).
3. Ectopic gestation.
4. Other accidents of pregnancy.
5. Puerperal haemorrhage
   (a) Placenta praevia.
   (b) Other haemorrhages.
6. Puerperal septic anemia (not specified as consequent upon abortion).
   (a) Puerperal septic anemia or pyaimia.
   (b) Puerperal tetanus.
7. Puerperal albuminuria and eclamsia.
8. Other Toxaemias of pregnancy.
9. Puerperal phlogmasia albadolens, embolism or sudden death (not specified as septic).
   (a) Onlegmasia albadolens and thrombosis.
   (b) Embolism.
10. Other or not specified conditions of the puerperal state.

5.46. The Survey of Health Needs of the Child states that "75 per cent of the maternal deaths were due to three causes—Sepsis (32%); Anaemia (25%); and Toxaemia of Pregnancy (18%). A survey carried out by the All India Institute of Public Health and Hygiene in Calcutta in 1935 revealed that "the probable cause of death as ascertained after enquiry did not correspond in about quarter of the cases with the cause of death registered.

5.47. Toxaemia is one of the most important and outstanding causes of maternal mortality in India. Other important causes of maternal mortality are puerperal Sepsis, Osteomalacia and Syphilis which is perhaps one of the most important causes of still births and

the high incidence of prematurity.[1] Facilities for the diagnosis and cure of venereal diseases in India are very limited. Services should be available in urban, rural and tribal areas for routine blood examination of ante-natal cases. Equipment should be available with all hospitals, clinics and primary health centres.

5.48. The general situation regarding maternity and morbidity is governed by the type of service and the condition that prevails in the whole country. It is interesting to see the result of organised maternal and child welfare services.

5.49. Where maternity homes and beds are provided in large numbers in community areas, there will be a need to increase the number of beds in hospitals, and other provisions will have to be made to arrange for medical assistance for case requiring special examination and attention, and for the treatment of difficult deliveries. The Committee could not obtain information for the whole country regarding the nature and extent of medical assistance that is normally required by clinics, maternity homes and dais.

5.50. Considering the maternal welfare needs of urban areas, the Committee is of the opinion that provisions for maternity beds and medical service should be immediately made by each Municipality for at least 5 per cent, and if possible 10 per cent of the total number of deliveries that are found to take place normally outside the maternity hospitals and homes equipped for medical service in the city. The Committee also recommends that special ambulances and telephone service ought to be provided in the city to prevent waste of time and to achieve rapid and safe removal of patients in times of emergency. The problem is of quite a different nature in rural areas, and the situation is most difficult, contributing to high infant mortality in these areas. The problem involves difficulties relating to distance from a village to a primary health centre, the absence of good roads, and the paucity of competent medical service. Assistance is at present rendered in many areas by mobile dispensaries and midwives who can be rushed to villages in jeeps. Yet much remains to be done to deal with the difficult cases.

5.51. Adequate data describing conditions of maternity welfare all over the country were not available with the Committee. The following extract is taken from the "Survey of Health Needs of Children, 1960."

[1]According to Sri Gopalan, 40 still births in 1,000 births in Madras in 1956 are due to Syphilis.

"Nearly 20 to 25 per cent of the deliveries in the hospitals are abnormal deliveries including abnormal presentations and obstructed deliveries. Small round or contracted pelvis, poor abnormal support and excessive work during pregnancy often lead to abnormal presentation. Although the contracted pelvis or osteomalacia is not seen as often as was seen 20 years ago, the small round pelvis is seen more often. The border line cases due to this require much more attention and often result in obstructed labour in rural areas. The mismanagement in abnormal deliveries often leads to extensive vaginal and cervical tears, infection and poor health in the mother. Nearly ten per cent of the mothers require expert obstetric care at confinement and demand emergency call from the doctor of the primary health centres. Most often, the cases have had a prolonged interference by the local dai. The incidence of sepsis is high in rural areas. In urban areas a recent study by Dr. J. Jhirad in Bombay (1953-57) has shown that there is reduction in sepsis in Bombay and in most urban areas as compared to the incidence of sepsis in 1937-41 when it contributed to 18 per cent of maternal deaths as compared to 4 per cent in the recent study. There is however an increase in the incidence of post-partum haemorrhages and was an important cause of maternal deaths (17% of the deaths) in the recent study as compared to 8 per cent in 1936-41. The high incidence of post-partum haemorrhages can be attributed to poor nutrition, associated anaemia, and improper management of the third stage of labour. She has suggested that the problem should be studied in different parts of the country."[1]

5.52. It was difficult to obtain extensive data regarding Maternity Welfare in India. However, some very useful data was compiled from the Jerbai Wadia Maternity Hospital in Bombay, one of the largest in India. Information was also obtained from some very large Maternity Homes in Bombay, Ahmedabad and Delhi. These cater to all sections of the population, but the majority belong to the poor and the industrial working class. Data relating to maternity welfare is given in Table No. 34 on page 168.

Intensive information containing pathological laboratory report presentations, obstetric operations, infant mortality, incidence of obstetric complications bleed and plasma, maternal mortality details, and record of anaesthesia are contained in an extract from the annual report of the Jerbai Wadia Hospital, Bombay. (Appendix J.)

[1]Survey on the Health Needs of Children in India, 1960, pp. 30—31.

TABLE NO. 34

JERBAI WADIA HOSPITAL

(COMPARATIVE FIGURES FOR THE LAST 10 YEARS)

Particulars	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
(a) Admissions	10,516	10,642	11,486	11,114	11,961	12,198	12,160	13,684	14,526	13,828
(b) Confinements—full term	7,717	8,062	8,474	8,271	8,872	8,970	8,327	9,363	10,264	9,839
(c) Abortions	600	650	659	661	778	770	806	995	1,097	1,113
(d) Confined outside	168	168	193	222	210	187	172	138	141	128
(e) Prenatal cases	2,799	2,580	3,012	2,843	3,089	3,228	2,855	3,188	3,024	2,748
(f) Maternal deaths	59	56	39	40	46	52	35	48	46	56
(g) Live-births	6,860	7,160	7,523	7,356	7,809	7,934	8,245	9,230	..	..
(h) Still-births	346	330	373	351	365	374	351	397	398	408
(i) Cases of artificial interference	1,514	1,725	1,745	1,547	1,469	1,267	1,603	2,088	2,192	2,555

The following information relates to the Erskine Hospital, Madurai, Madras, for the year 1961 :—

1. Total number of deliveries carried out in the hospital during the year — 3665
2. Number of : (a) Premature born babies — 1026

   (b) Still born babies — 218
3. Maternal mortality — 280 (79%)
4. Number of abnormal and difficult cases and their proportion to the total births — 879 (24·13%).

The following data relates to the two largest M.C.H. Centres for industrial workers in Bombay. They are located in areas having a large concentration of working class population.

TABLE NO. 35

DELISLE ROAD CLINIC, PAREL, BOMBAY

	56—57	57—58	58—59	59—60	60—61
Character of Delivery					
Number of Deliveries	1,671	1,419	1,648	1,661	1,434
Normal	1,671	1,419	1,648	1,661	1,434
Abortions and Miscarriages	..	..	..	..	..
Infants					
Full Form	1,385	1,221	1,471	1,456	1,248
Premature	257	206	185	222	196
Still Births	39	21	28	34	26
Deaths—Full form	11	9	4	6	6
Deaths—Premature	19	11	14	17	15
Twins	10	8	8	17	11
Sterilisation Operation	..	..	..	..	..

TABLE NO. 36

WORLI CLINIC, WORLI, BOMBAY

Character of Delivery					
Number of Deliveries	1,570	1,538	1,772	1,904	1,776
Normal	1,564	1,517	1,759	1,896	1,768
Abortions and Miscarriages	6	21	13	8	8
Infants					
Full—Form	1,469	1,450	1,669	1,786	1,648
Premature	45	48	59	83	82
Still births	50	19	31	31	38
Deaths—Full Form	16	10	10	3	2
Deaths—Premature	14	8	18	32	29
Twins	5	7	8	4	9

TABLE NO. 37

STATEMENT SHOWING THE STATISTICAL DATA ON CHILD HEALTH AND GROWTH ASPECTS IN SOME HOSPITALS AT AHMEDABAD

Particulars	Names of Hospitals					
	Vadilal Sarabhai Hospital	Victoria Jubilee Hospital			Ahmedabad Municipal Corporation's Hospital	
		Years	No.			
Total Number of deliveries carried out in the hospital	4,173	1958	1,844			28,550
		1959	1,522			
		1960	1,316			
		1961	1,364			
			P.	S.B.	P.	S.B.
Number of premature and still-born babies	320	1958	146	1	2,009	433
		1959	136	4		
		1960	140	3		
		1961	109	0		
Maternal Mortality	1·4%	1958	9			
		1959	5			
		1960	3			
		1961	6			
Number of abnormal and difficult cases and their proportion to the total birth	749	1958	71			
		1959	69			
		1960	69			
		1961	84			
Infant Mortality	5·6%	1958	104		5,485	
		1959	88			
		1960	86			

TABLE NO. 38

REPORT OF THE MATERNITY AND CHILD WELFARE CENTRE, KOTLA MUBARAKAPUR, DELHI FOR THE YEARS 1957, 1958, 1959, 1960 *AND* 1961

Particulars	1957	1958	1959	1960	1961
Total number of deliveries carried out in the Centre	609	659	699	625	607
Number of premature babies . .	7	7	6	3	3
Number of still-births . . .	8	8	14	14	7
Maternal Mortality	..	..	..	..	1
Number of abnormal and difficult labours and their proportion to the total births	..	1:110	1:47	1:62	1:01
Infant Mortality	25	22	34	16	18

TABLE NO. 39

REPORT OF A MATERNITY AND CHILD WELFARE CENTRE, DELHI FOR THE YEARS 1959, 1960 *AND* 1961

Particulars	1959	1960	1961
No. of deliveries carried out in the Centre	407	376	447
Maternal Mortality	..	..	..
No. of premature and still born babies	2	..	7
No. of abnormal and difficult labours and their proportion to the total births	1	..	3
Infant Mortality	..	20	22
Information on other points which are relevant to the health and growth aspects of children and infants	..	..	..

TABLE NO. 40

REPORT OF THE MATERNITY AND CHILD WELFARE CENTRE, KINGSWAY DELHI FOR THE YEAR 1961

Particulars	1961
Total No. of deliveries carried out in the Centre	771
No. of premature and still born babies	4
Maternal Mortality	Nil
No. of abnormal and difficult cases and their proportion to the total births .	18
Infant Mortality	26
Information on other points which are relevant to the health and growth aspects of children and infants.	..

TABLE NO. 41

REPORT OF THE MATERNITY AND CHILD WELFARE CENTRE, KANJHAWALA, DELHI FOR THE YEARS 1959, 1960 *AND* 1961

Particulars	1959	1960	1961
Total number of deliveries carried out in the centre . .	166	181	122
No. of premature and still born babies	1	..	..
Maternal mortality	..	..	..
No. of abnormal and difficult cases and their proportion to the total births	2	4	14
Infant mortality	8	16	12
Information on other points which are relevant to the health and growth aspects of children and infants . . .	..	..	..

The following information has been supplied by the Government of Andhra and refers to a major hospital of that State :

TABLE NO. 42

Particulars	1957	1958	1959	1960	1961
Total No. of deliveries (Normal and Abnormal)	4,156	4,690	4,463	4,669	4,939
No. of premature live births . .	325	644	688	780	661
Still born deliveries full term premature	91	101	132	137	132
Maternal mortality	26	15	7	12	15
Abnormal deliveries	361	466	454	469	531
Proportion	8·7%	10·0%	10·1%	10·0%	10·7%
Infant mortality	119	208	162	204	200

N.B.—As regards maternal mortality, the mortality relates to patients who are submitted very often in a moribund condition and majority of them with no ante-natal care. Hence, the high figure.

Abnormal deliveries include forceps delivery besides other operative modes of delivery.

Modern trend is to use forceps liberally in the interest of the mother or baby.

Infant mortality includes deaths of infants mainly from prematurity.

5.53. The Committee has encountered considerable difficulties in the absence of valuable data and information relating to Maternity and Child Welfare. Some of the large institutions in the country are doing valuable, intensive and highly scientific work; but they were ill-staffed or lacked adequate staff, materials, resources and equipment for scientific work. For example, the Jerbai Wadia Hospital in Bombay has excellent statistical data contained in the Registers and its Annual Reports. The Committee had to compile information about the weight of children at birth. The children's hospital at Vizagapatnam, one of the best and largest, was refused finance for cards and stationery for maintenance of records. The Mother and Child Society at Worli in Bombay had good printed record cards, but due to lack of staff, they had been hardly filled in during the last several years. It is recommended that the Ministry of Health at Delhi should have a Statistical Section to receive and compile data for all major hospitals, including district hospitals in India.

5.54. The following is a summary of the main suggestions made by Government Departments, voluntary agencies, and experts regarding the provision and improvement of maternity welfare services in general:

1. The service should be, as far as possible, the same for urban and rural areas, as the objective is to help the mother to recover well from her recent confinement and help the healthy growth of her baby through proper lactation, regular home visits by public health nurses, and visits to the clinics at the end of 10 weeks.

2. Institutional and domicilliary services should be so organised as to supplement the aids given by each of them.

3. The Centres should give advice not only regarding health but also regarding correct attitudes and practices in child-rearing, nutrition, feeding, etc.

4. Protective foods should be given to mothers in need.

5. Intensive health education programmes should be carried out as a part of a large programme of parental education; and special centres for the care of premature infants may be established in areas where there is a large population.

6. All centres should be staffed according to a general staff pattern, and each Centre must have at least minimum equipment. In rural areas, in particular, the adequacy and attitudes of clinical staff must be carefully assessed; and the equipment at the Centre must be continuously replenished.
7. The staff of the Centre should be given decent emoluments and reasonable accommodation facilities.
8. Family welfare units and associations should be started in as many areas as possible; and due importance should be given to ante-natal and post-natal services in their programmes.

5.55. *Post-natal Care :* Post-natal care involves the health of the child and the problem of his growth under new conditions of his existence. The solution of problems causing difficulties depends largely on the intelligence and ability of the mother to look after the child. The difficulties are more pronounced in the case of the first child of a young mother, the more so, when she is illiterate as in a majority of cases. As has been previously stated, "it is the mother and the home that are infinitely more important than all infant welfare institutions and their medical personnel." Sir James Spence, writing of the capacity of the mother, says "if she failed, her children suffered. If she copes with life skillfully and pluckily, she was a safeguard of their health. In spite of lapses and failures, the mother stands out as corner stone of the family structure, and our experience confirms that in all sections of society she remains the chief guardian of child welfare, a fact which is sometimes in danger of being forgotten. A family with a good mother can withstand a reckless or even a vicious father but rarely can a family survive if the mother fails."[1]

5.56. Most mothers have natural capacities and skills to deal with children when they are born, and they invariably also have the benefit of guidance and advice from more experienced grand parents, and neighbours. Yet the intelligence, common-sense and maternal capacities of all the mothers is not of the same degree, kind or quality and therefore both knowledge and capacities must be developed by a number of domicilliary services provided especially in programmes of urban and rural community organisation,

[1]James Spence: *A Thousand Families in Newcastle upon Tyne,* Oxford Univ. Press, p. 120.

in post-natal clinics, by social education, and by every kind of parental education given by employing different kinds of approaches and programmes, using different methods and agencies to achieve this objective. Almost in all cases, as post-natal care follows ante-natal care, it is done at the same place, and the same staff is used to provide the service. The duration of service provided differs as between clinics and as between States. Experts are divided in their opinion on the duration of service. In some States, it is given upto six weeks, in some States upto one year, and in a few States upto five years. Voluntary agencies invariably give post-natal service for a longer period. Some experts prefer intensive and total service to be given for a shorter period which is six weeks, or a longer period of 6 months, which may be upto one year. The majority of experts have suggested the period to be two or three years. The burden of post-natal service can be reduced, and the period shortened if Day Nurseries are organised for children upto 2½ years, and Pre-schools are organised for the benefit of children till they reach the age of six years.

5.57. At this stage it is pertinent to point out the well known shortage of medical personnel, women doctors, and gynaecologists, and especially the great dearth of pediatricians to function in urban and especially in rural areas. The Committee does not favour excessive specialisation as such, but the pediatrician is important on account of the peculiar conditions which are present in the country. Dr. Shantilal Shah, President of the Association of Paediatricians of India, said at Indore "that the problem of child care was the central core in the maintenance and promotion of a State of positive health. To tackle it there ought to be a reorientation in the outlook of the medical profession." He rightly pleaded that "paediatrics should receive more attention in under-graduate teaching, the curriculum of which required a radical revision on a rational basis." He emphasised the considerable scope that existed for planned research in the field of paediatrics. In the first instance, the Committee recommends that a general course in paediatrics must form part of any medical curriculum as a compulsory subject for all medical students; secondly Universities and the State must give proper recognition to paediatrists as specialists; and thirdly, the State must help and take the aid of the recently organised association of pediatricians for the purpose of counselling domicilliary services for preparation of literature and for execution of intensive child studies dealing with physical and health problems and needs of children under six years of age.

M.C.H. Services

5.58. The First Five Year Plan stated that "Maternity and child health is a service that is kept in the forefront in the planning of health programmes. The protection of the health of the expectant mother and her child is of the utmost importance for building a sound and healthy nation."[1] It was appropriate that private welfare agencies initiated programmes of post-natal care; but now the whole burden must be taken up by community organisations in urban and rural areas, aided by the State.

5.59. An ordinary and standard type of Maternal and Child Health Service must be organised by the Health wing of the community development authority and it should be a part of every Welfare Centre programme. The Centre must have on its staff health-visitor-*cum*-family-planner, one dai, one public health nurse, and one peon-*cum*-sweeper to cater to a community or neighbourhood consisting of a population of 5,000 persons. This centre must also function as a Milk Centre. It can be enlarged to provide a Day Nursery. Care should be taken to provide at least one such centre between 20 villages in the Third Five Year Plan, and for every 10 villages where Integrated Programmes for child welfare are to be carried out. Considerations will have to be kept in mind about the size of the population, the distance between villages, and the nature of communications available in the area.

5.60. While welcoming the decision of the WHO and UNICEF assistance for this purpose, and the new efforts of UNICEF to increase its aid to developing countries, careful attention must be given to increase this help. In the First Plan Period, the States made a provision of Rs. 1·35 crores for MCH services, and the Centre gave a small assistance of Rs. 53·48 lakhs.[2] The First Plan provided for the setting up of 725 Health Units in community areas; and the Second Plan was to provide 3,000 such units. The Second Plan made a provision for about Rs. 40 crores, but much of the amount was meant for hospital facilities. The State Governments planned to convert dispensaries into Health Units. The States planned 2,100 MCH Centres in the Second Plan, and actually 4,998 have been created. The Third Plan should not only increase the number of MCH centres, but greater attention should be given to the training of personnel for domiciliary services.

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[1] *Infant Mortality*, p. 149.

[2] *First Five Year Plan*, pp. 509—511.

Personnel for M.C.H. services

5.61. Health services require properly qualified personnel. In the beginning of the last decade there were 59,300 registered medical practitioners. The number had increased to 67,000 in 1954 and the number is increasing. Dr. Chandrasekhar says that about 4,000 more doctors are needed each year. He estimates that there should be one doctor for a population of 5,000; in some tribal areas, at present there is one doctor for a population of 5,000; in some others there is one doctor for a population of 25,000, spread out over an area of 500 square miles. It is found that doctors are reluctant to go to rural, and especially to tribal areas on account of unattractive living conditions, difficult working conditions, and inadequate remuneration. In order to overcome this difficulty, a medical course with two or three years' training may be instituted for the benefit of such areas.

5.62. Dr. Chandrasekhar says. "As norms to aim at there should be one hospital bed for 1,000 population, one nurse and one midwife for every 5,000 population and one health visitor and one sanitary inspector for 20,000 population.[1] The following table shows how the nation progressed in terms of norms laid down by an extremely practical expert :

TABLE NO. 43

	1950—51	1955—60	1960—61	Number needed
Doctors	59,000	70,000	80,0'0	90,000
Nurses (including auxilliary nurse midwives).	17,000	22,000	31,000	80,000
Midwives	18,000	26,000	32,000	80,000
Health Visitors	600	800	2,500	20,000
Nurse-dais and Dais	1,000	6,000	41,000	80,000
Health Assistants and Sanitary Inspectors	3,500	4,000	7,000	20,000

[1]*Infant Mortality*, p. 152.

All the States were not able to give details of staff employed exclusively for child welfare, perhaps because they did not serve children only. The following information has been obtained from the following State Governments :—

TABLE NO. 44

	Andhra	Bihar	Delhi	Gujarat	Kerala	M.P.	Maharashtra	Mysore	Punjab	West Bengal
Qualified medical persons	36	..	..	167	85	1,120	232	..	90	..
Qualified Health Visitors	194	10	22	80	29	180	134	37	260	104
Unqualified Health Visitors	..	10	17	..	..	..	..	..	..	..
Qualified Midwives	826	20	22	525	752	1,098	784	861	760	..
Qualified Dais	..	..	25	200	..	1,010	43	62	736	..
Unqualified but recognised Dais	2,000	..	..	..	..	..	..	..	..	..
Qualified Nurses	..	100	..	..	964	468	125	..	219	1,739
Unqualified Nurses	..	..	..	..	68	..	..	..	..	1,763
Qualified Public Health Nurses	..	..	..	..	10	..	..	..	..	..

5.63. Perhaps the most important medical item in Post-natal Care is the attention to the health of the child and the protection given to him by institutions. Nourishment of the child by the mother, a wet nurse or by artificial feeding is of even greater importance. Human milk yields 20 calories per ounce so that an infant who is a month old, requires about 20 ounces of milk per day. Breast milk secretion rarely exceeds 30 ounces per day. Mothers amongst the poorer classes are not always able to feed their children adequately, the situation in urban areas being worse than in rural areas. Many mothers are said to be able to provide only about one third of what a properly fed and healthy mother would be able to provide. Yield of breast milk can be increased to a certain extent by improving the food of the mother. No systematic and extensive studies of this problem have been carried out

in India as has been done in the U.K. and in the U.S.A. Attention to such studies should be given by the Government and the Research Programmes Committee of the Planning Commission and the Universities and Schools of Social Work.

5.64. General experience as well as scientific observations have established that breast milk is the best for the child. It is not likely to be contaminated. The child must receive, according to Patterson, 2½ ounces or 50 calories per lb. body weight per day. Due to Indian climatic conditions 45 calories are recommended per day.[1] Feeds must be regular and the milk of good quality. Many doctors and social workers today give preference to Demand Feeding rather than Scheduled Feeding, and babies are normally fed when hungry. But the child's expression of hunger, especially amongst the poor classes, is very often suppressed by using opium in very small quantities.

5.65. *Weaning:* Dean and a number of Western experts believe that breast feeding may continue as long as possible. An expert Committee of the League of Nations recommended that breast feeding should be continued at least upto the age of six months, and it may continue later as mixed feeding. The Government of India Health Bulletin No. 23, which has dealt carefully with this problem, suggests that it should continue upto nine months. It recommends that cow's milk and some solid food should be given at the end of 7 months. Breast feeding may stop after 10 months, and cow's milk or any other milk, humanised as far as possible, should take its place as the chief ingredient of the child's diet along with gruel, bread or chapatti, ghee or butter, sugar, thinned pulses, green and leafy vegetables, yolk of eggs, etc.

5.66. Lack of milk in the breast may be due to psychological factors. A shock, sudden bad news, a quarrel, or serious tension may stop the milk temporarily. It is universally recognised that milk is the most vital food for the child for several years as a

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[1]Dietary requirements of infants as per Government of India Bulletin No. 23:

First week—200 calories; 1st month—240 calories; 2nd month—400 calories; 3rd month—450 calories; 5th month—600 calories; 8th month—700 calories; and 12th month—800 calories.

[2]NOTE: A Survey of mothers carried out by the Tata Institute of Social Sciences in an Industrial area of Bombay revealed the weaning period amongst 193 mothers as follows:

3 months—2; 6 months—6; 9 months—4; 1 year—17; 1½ years—20; 2 years—48; 2½ years—20; 3 years—46; 4 years and more—29

vital contributing factor to his growth. Like many fruits, the chief components of milk is water which is 87·6 per cent in cow's milk, 88 per cent in human milk, 85·5 per cent in goat's milk, and 81 per cent in buffalo's milk. It is yet a solid food, because on reaching the stomach, it clots and becomes solid ; and removes the feeling of hunger. It contains about 13 per cent of solid matter including 3·3 per cent protein, 4·8 per cent carbohydrates and 3·6 per cent fat over and above small quantities of minerals and vitamins. As the milk proteins are animal proteins they have great biological value and are easy to digest and assimilate. Milk proteins have excellent types of amino acids like casein (80%) and lactalbumin which are agents to build and maintain the body. At times the casein is separated by clotting it with rennet. This clot, as in curds, contains casein and most of the fat, and also fat soluble vitamins A and D plus mineral calcium and some water with soluble vitamins of the B group, and vitamin C. The carbohydrate in milk is milk sugar or lactose. Chemically it is similar to sugar. It is absorbed into the blood after digestion, and then burnt by the body cells to supply energy for the movements and activities of the child. Calcium contributes to strong bones and teeth. Calcium also satisfies along with it the phosphorous need of the body. Milk, however, is poor in iron. A pound of buffalo milk contains about 530 calories. Even a growing child of six to eight years can thus get almost half the 1,300 calories required in one pound of milk.

5.67. Included in recorded use of animal milk in India is the cow's milk which is most extensively used and which has a calorie value similar to human milk; goat's milk which is extensively used in Bengal, has a slightly higher calorie content and buffalo milk which is rich in fat, yielding about 30 calories per ounce. All these kinds of milk are rich in protein and therefore dilution with water becomes necessary to approximate them to human milk. Human milk contains more sugar (lactose) than animal milk and, therefore, when the latter is diluted, addition of some sugar becomes necessary. Camel's milk is used in the Punjab and Donkey's milk which is closest in its chemical composition to human milk, is often used in Maharashtra and Gujarat. Primary Health Centres in rural areas should take special measures to distribute milk for supplementary feeding of babies in villages. The estimated annual production of milk in India in 1960-61 was 22 million tons. Catering to a population of 438 millions the per capita availability of milk is 4·93 oz. According to *The Agricultural Situation in India*, the production of milk in the country was as follows :—

TABLE NO. 45

Species	1945 Production	1951 Production	Percentage increase(+) or decrease (—) over 45	1956 Production	Percentage increase (+) or decrease (—)over 51	Percentage increase (+) or decrease (—) over 45
Cows	206·24	207·47	(+)0·6	219·15	(+)5·6	(+)6·3
She Buffaloes	261·97	246·05	(—)6·1	294·06	(+)19·5	(+)12·3
She Goats	13·34	12·83	(—)3·8	15·04	(+)17·3	(+)12·8
TOTAL	481·55	466·35	(—)3·2	528·25	(+)13·3	(+)9·7

Although it is difficult to ascertain precisely the quality of milk available for the feeding of children, available indications are that it is in general of a poor quality. The indigenous supplies of milk are increasingly being used for the preparation of sweets, apart from its conversion into curds, ghee, icecreams, cream and cheese for commercial purposes. This leaves very little milk which can be used for the feeding of children. The daily consumption of milk (based on the 1951 census) was as follows during 1956 in the various States of India.

TABLE NO. 46

State	Daily per capita consumption of milk including milk products (based on human population 1951) in ounces	State	Daily per capita consumption of milk including milk products (based on human population 1951) in ounces
Andhra	6·14	West Bengal	2·67
Assam	1·29	Delhi	4·33
Bihar	5·42	Himachal Pradesh	4·73
Bombay	3·56	Manipur	0·82
Jammu and Kashmir	3·04	Tripura	2·91
Kerala	1·46	Andaman	3·44
Madhya Pradesh	4·86	Laccadiv Islands	0·33
Madras	2·71		
Mysore	3·74	TOTAL	5·27
Orissa	1·84	Total milk production based on livestock Census 1956 is 528,257,132 mds.	
Punjab	14·75		
Rajasthan	8·14		
Uttar Pradesh	8·25		

[1]*Agricultural Situation in India*, Vol. XIV, Oct. 1959, No. 7. p. 755.

TABLE NO. 47

UTILISATION OF MILK[1]

(in maunds)

Year	Total milk production	Quantity of milk consumed as fluid milk	Quantity converted into *ghee*	Quantity converted into butter	Quantity converted into curd	Quantity converted into *Khoa*	Quantity converted into ice-cream	Quantity converted into cream	Quantity converted into other products
1951 . .	466,350,933	182,253,731	186,986,278	27,973,765	41,247,834	20,598,318	2,182,532	3,358,626	1,749,849
1956 . .	528,257,132	206,582,601	210,309,976	31,457,032	47,854,400	23,985,172	2,478,648	3,847,741	1,771,562

TABLE NO. 48

CONVERSION RATES OF MILK INTO MILK PRODUCTS[2]

(in seers per maund of milk)

Year	Ghee	Butter	Curd	Khoa	Ice-Cream	Cream	Others
1951	2·21	2·77	34·31	8·27	45·33	3·92	9·0
1956	2·20	2·77	34·53	5·26	45·13	3·93	9·0

[1] *Agricultural Situation in India*, Vol. XIII, No. 12, March, 1959, pages 1150-51.

[2] *Agricultural Situation in India*, Vol. XIII, No. 12, March 1959, page 1151.

It is estimated that only 5 per cent to 10 per cent of the total milk produced in the country is available for the use of children under seven years of age.

5.68. Manufacture of humanised milk was attempted in Bombay but had to be discontinued as the experiment proved to be uneconomical. Humanised milk was produced by the Adarsh Dairy Farm in Bombay. The manufacture of such milk from cow's milk should now be undertaken, especially in areas where State Dairy Farming is accompanied by an efficient distribution system.

5.69. Different supplementary articles of diet are to be given to children as they grow. Early supplementary nourishment becomes necessary when a baby loses weight, is unable to sleep or is continuously hungry.

5.70. Orange, sweet-lime or tomato juice is recommended for all children at the age of one month because of their vitamin C content. A child well nourished by the mother or on good animal milk may not need Vitamin A, but two drops of shark or Haliver oil will provide the necessary Vitamin D. Premature and sickly children need iron in their nourishment in various forms.

5.71. *Baby Foods:* Manufacturers of commercial Baby Foods including milk in powder form object to the use of the word "artificial" for their products. They maintain that there is practically no difference between fresh animal milk and whole powdered milk, except that the latter was safer than the ordinary milk sold in the open market. Evaporated milk is a wholesome product, and only Vitamin C is destroyed in the manufacturing process. Artificial feeding requires a somewhat larger quantity of milk than human milk.

5.72. Other forms of infant foods include evaporated milk and malted cereals; evaporated milk and un-malted cereals; and foods which are composed of cereals only. Infant milk foods are derived from milk. Sugar, iron and vitamin D are added, and the milk is adapted to human milk. Protein, fats and carbohydrates are adjusted in proportions to suit the requirements of babies. Digestibility is said to improve in the process.

5.73. The supply of baby foods are considered inadequate and the manufacturers maintain that whilst they are supplying them at about Rs. 4 per lb. of powder, the retail price of their commodities are excessively high, almost amounting to a 'black' price. That is because of their inability to meet the demand. The Committee is of the opinion that the manufacture of baby's foods should

be increased in India to meet the requirements mainly of the urban population, especially amongst the middle and upper classes because baby foods appear to be preferred to fresh animal milk, the supplies of which are limited, apart from the fact that these foods are prescribed by many doctors. At the same time. other measures are recommended :

(a) Manufacture of humanised milk, bottling of each feed separately and distribution by fast transport

(b) Better dairying and supply of pasteurised milk for the use of infants in both rural and urban areas ;

(c) Consideration of import of foreign milk powder since indigenous milk supply is inadequate to meet the requirements of local manufacturers, and the Committee has been informed that State authorities do not permit the lifting of large quantities of milk till the needs of the local market are met. The import may be considered essential for feeding the children, as import of grain is considered necessary for the feeding of the whole population. At least a careful consideration of the import policy relating to the import of evaporated milk in powder form appears necessary.

(d) As a result of the recent experiment by the Food Technological Laboratories in India, some baby foods have been evolved from ground-nut and other local ingredients. But their manufacture on a Commercial Scale has been entrusted to private firms. The Committee therefore urges the government that they should set up special agencies to manufacture baby foods with the assistance of international agencies like the W.H.O., F.A.O., UNICEF. Practical measures should be devised at an early stage to utilise fully available foreign assistance to manufacture baby foods for children.

5.74. *Supplementary Foods:* There is no country in the world which requires a keener search for extremely cheap foods which are available, or could be cheaply manufactured in massive quantities. Sea weeds in Japan have helped to successfully feed large numbers of children. One hundred and twenty-nine Community Development Project authorities have replied that they are encouraging the growing of fruit trees, and development of poultry farms and vegetable gardens in their areas.

5.75. Soya beans, fish flour, cotton seeds and several other alternatives can be very extensively developed in India. The Central Food Technological Research Institute in Mysore and the All India Institute of Hygiene and Public Health, Calcutta, have successfully conducted experiments in the manufacture of pea nut milk. The Meals for the Million Association have prepared multipurpose food and neurio-biscuits which are very rich in protein contents and they are sold at low prices. Skimmed milk is being used, sometimes with vitamins added for making a very large number of Indian dishes. A number of nutrition surveys have been brought out by the Indian Council of Medical Research. Experiments on the use of soya milk and cow's milk on children between 1—3 years have revealed the higher value of soya milk. The administration of 0·5 oz. of calcium lactation with daily meal has revealed its value to promote the growth—improvement of weight and height of children. Koenigsfeld demonstrated in 1948 the utility of a cheap meal consisting of 2 oz. sunflower oil and 1 oz. wheat flower mixed into a paste to which are added 2 oz. jaggery and 1,000 c.c. of buttermilk. The mixture is allowed to boil for about 2 minutes. The meal was adequate to bring up healthy children including toddlers suffering from marasmus.

5.76. The States must take every initiative to develop industries to promote protein rich foods for the benefit of children. They should be especially organised when raw materials are locally available.

5.77. The UNICEF is aiding programmes for increase of milk supply to urban areas. Nine such schemes have been promoted to Indian cities on the recommendation of a special FAO/UNICEF Consultant. During 1961—64 two projects are being promoted, one at Worli in Bombay, and the other in the city of Kanpur. The aim of these projects is to develop liquid milk supply in defined areas as a part of the national dairy development plan which has the objective of increasing milk production and making enlarged supplies of safe milk available to major urban areas. The State Governments are responsible for the project, working through a Milk Board appointed by the State. A milk processing plant is established in the city of Kanpur, and three cooling centres and a system of collection centres in the milk belt surrounding the city within a radius of 40 miles have been provided for. In the initial phase of the project, between 30,000 litres (Summer), and 50,000 litres (winter) per day will be collected and processed, and milk will be toned or standardized as necessary to ensure a steady daily

output of 50,000 litres. This will be the eighth milk plant assisted by UNICEF in India. Seventy per cent of the output will be processed as low fat milk with 1·5 per cent butter fat, or as toned or standardized milk with 3 per cent butter fat. The remainder will be bottled as three per cent butter fat or full (at 6% butter fat) milk. The low fat high protein milk will be sold at a subsidised price (the subsidy amounting to 25% of its cost) to low income families; and offered for general sale without subsidy to the public. The low fat milk will be distributed through a net-work of booths. About 8,000 families whose income is less than Rs. 100 a month (a total of about 40,000 persons) will benefit from the subsidised milk. About 6,500 pre-school children will receive 1/5 of a litre daily. The Government plans to expand the scheme by stages until 150,000 litres of processed milk are available for distribution at controlled rates to the general public in Kanpur.

5.78. The Bombay Municipality, with the agreement of the Government of India, is seeking progressively to provide enough safe milk for the entire population of the city. Two dairies have been built, one at Aarey and the other at Worli, with a capacity of 150,000 litres of milk daily. The additional assistance now approved will raise the daily capacity of the plant to 300,000 litres. The expansion of Worli Dairy became necessary not only because of the great increase in population of Bombay (29,96,000 to 41,94,000 over the past 10 years), but also because operation at the Aarey Plant will have to be curtailed while it is being overhauled during 1962. It is anticipated that by the end of 1962 the combined output of Worli and Aarey plants will be 450,000 litres (300,000 litres from Worli and 150,000 litres from Aarey). Of the 450,000 litres, 200,000 litres will be processed with 6·2 per cent butter fat, 120,000 litres with 2 per cent of butter fat and 130,000 litres with 1·5 per cent butter fat contents. Under the scheme inaugurated in November 1959, milk from Worli plant (1·5 per cent butter fat, 10 per cent non-fat solids) is sold at 26 nP. per litre, the Government paying a subsidy of 9 to 10 nP. (1·9 to 2·1 U.S. Cents) per litre. As matching during the first phase of the scheme, subsidised milk will be distributed to 40,000 families and the number of families benefitting will be increased when the increase throughout is affected under the present proposal. In addition, there is a school distribution scheme now providing free milk to 64,000 children in Bombay, and this number may also be increased.

5.79. The aid from the UNICEF to the Kanpur Scheme is $650,000; and the Worli Scheme is $665,000. The Amul Dairy, run by the Kaira Union was the first dairy project in India set up with

initial UNICEF assistance. The UNICEF, according to Dr. Egger, Director of the UNICEF in India, has a target expenditure in India of Rs. 12 crores during the Third Plan of which about 25 per cent is earmarked for the dairy industry. The UNICEF has agreed in principle to assist about 15 new dairy projects in India with equipment from abroad. Maharashtra, Gujarat, Uttar Pradesh, Orissa and Madras have so far prepared plans to avail themselves of this opportunity. A total quantity of 67·6 million pounds of milk powder was brought to India in 1961 under an Indo-U.S. agreement. This is almost the normal rate of annual assistance from the U.S.

5.80. The Committee is of the opinion that subsidising scheme can only benefit the middle class as the poor cannot possibly afford to buy even the subsidised milk. Free milk should therefore be provided the cost being borne 50 per cent by the Centre, 25 per cent by the State, 15 per cent by the Municipality and 10 per cent by the family. Free milk, in the initial stages, may be given to selected families on the basis of recommendation and proved need.

5.81. *Skimmed Milk :* Skimmed milk must be replaced progressively by feedings of whole milk. No type of skimmed milk is suitable as the solid food of infants. Its exclusive use is said to be likely to lead to an eye disease called 'Keratomalicia' which is due to Vitamin A deficiency. This is a common cause of blindness. The use of such milk may be recommended if measures are taken to supply addition of Vitamin A. Skimmed milk with Cod Liver Oil, may be given before and after weaning in post-natal clinics. Older children and especially children in pre-schools may benefit by using such milk.

5.82. Skimmed milk Powder distribution programme for 1961-62 by UNICEF is as follows :

TABLE NO. 49

State/Territory	M C H		School	
	Allocation (lbs.)	Proposed No. of beneficiaries that can be fed daily	Allocation (lbs.)	Propposed No. of beneficiaries that can be fed daily
1	2	3	4	5
1. Andamans	80,000	4,000	..	..
2. Andhra Pradesh . . .	270,000	17,409	300,000	25,000
3. Assam	150,000	6,000	75,000	5,000

1	2	3	4	5
4. Bihar	406,000	23,506	3,036,000	396,300
5. Delhi Mun. Corpn. . . .	100,000	6,200	..	..
6. Delhi C.H.S.	120,000	3,575	..	..
7. Gujarat	830,000	39,562	480,000	39,497
8. Jammu and Kashmir . . .	100,000	3,000	..	..
9. Kerala	3,300,000	175,000	550,000	101,000
10. Laccadives	80,000	2,300	70,000	3,300
11. Madhya Pradesh . . .	500,000	50,000	..	..
12. Madras	1,500,000	60,130	..	..
13. Maharashtra	1,139,000	51,500	961,165	79,769
14. Manipur	76,000	2,535	..	..
15. Orissa	1,150,000	126,969	3,000,000	372,818
16. Punjab	645,000	28,487	521,705	40,909
17. Rajasthan	150,000	8,100	..	..
18. Sikkim	..	..	60,000	8,000
19. Tripura	120,000	75,000	..	..
20. Uttar Pradesh	1,000,000	58,080	..	..
21. West Bengal	4,000,000	142,322	1,200,000	96,000
TOTAL . .	16,766,799	816,175	10,253,870	1,168,043

5.83. The Government of the New Zealand has given very substantial assistance to the development of a project at Anand to create and support Amul products as a commercial enterprise, and the grassland areas of the region have enormously helped the increase of milk supply to cities of Gujarat and Maharashtra, especially Bombay.

5.84. *Development of Grasslands and Pastures :* Due to pressure of population on the soil in India, many grasslands have been brought under cultivation. Due to the difficulties experienced by Forest Departments to manage very large forest areas which cover

23 per cent of the total land surface of the country, controlled grazing and systematic grass development has not been promoted in such areas. India has perhaps the largest cattle wealth in the world, with the poorest of breeds, and the lowest of milk yields. Whilst the Community Development Projects are paying very great attention to agriculture and animal husbandry in villages, a definite policy and far greater efforts are needed to develop the few, but rich grasslands in the country, especially near the foothills of our mountain ranges. Whilst cattle breeds are being improved, the problem of pastures for animals, and nation-wide organisation for providing cheap cattle feeds for stall-feeding remain unsolved. Stall-feeding can lead to a vast increase of decentralised milk supply in rural areas, and yet stall-feeding is practically unknown in several States of India.

5.85. Whilst appreciating the work of the Protein Advisory Committee of WHO and FAO, a recent UNICEF Report emphasises the need of conserving local milk supplies and developing local supplies of fish flour, Vitamin A, oilseeds flour, meat meal and legumes. The Committee stresses the urgent need of adopting a policy where all children under three years of age are given priority for consumption of local milk supply. Whenever necessary rationing of milk should be encouraged, and in places experiencing milk shortage, the use of whole milk for manufacture of sweets, pastries, ice-creams, etc. may be prohibited and use of whole milk by hotels and restaurants should be rationed and curtailed to bring about a distinct improvement in the supply position of milk for children.

5.86. Unless nutrition is viewed in the light of its intimate relationships with almost every aspect of health promotion in childhood, most of the expenditures on other child care and welfare programmes will not yield adequate results. Under-nutrition does not merely retard normal growth; it may prevent the growth-potential of the individual being fulfilled. It is for this reason that teams of consultants representing FAO and WHO visited India, and some selected countries of Africa and South America in 1960. As a joint venture of FAO and UNICEF, a pilot project for an expended UNICEF programme has been undertaken in ten villages in a Block per year. One Block has been selected in each District of the Andhra Pradesh to improve the nutritional habits of the people and also to provide better nutrition.

5.87. A report of the Bombay City Branch of the Indian Council for Child Welfare publishes the result of a survey undertaken by the Haffkine Institute covering 337 children. Forty-two per cent of

the children had good health and physique, 52 per cent were under-nourished and 6 per cent suffered from extreme malnutrition and single and multiple vitamin deficiencies.

5.88. Malnutrition frequently predisposes the child to infection, and infection in turn is liable to produce and/or increase malnutrition. Protein starvation is rampant in the whole of India, depresses the formation of bodies and hence the resistance to infection.

5.89. When assessing the food requirements of children, nutrition experts have suggested the use of the following co-efficients.

Children between 1 to 3 years : 0·4; Children between 3 to 5 years : 0·5; Children between 5 and 7 years : 0·6; the scale is somewhat arbitrary, and local variations should be made to suit local conditions, climate, race, diet, physique and other factors.

The calory and other requirements for children are as follows:—

TABLE NO. 50

Age	Net ca orise	Pro teins	Fat	Cal-cium	Iron	Vita-min A I.U.	Thia-mine Vita-min B com-plex	Vita-min B2 com-plex	Asce tic acid	Vita-min D I.U.
1—3 .	100kg	3·5	..	1·0	10	3,000	0·5	..	30 to 50 and over	..
3—5 .	900kg	3·5	..	to	to	to	to	..		
5—7 .	1,200kg	3·5	..	1·5	30	4,000	1·5			

5.90. Foods are broadly divided into cereals, pulses, nuts, oilseeds, vegetables, fruits, milk and milk products, fresh foods, condiments and spices. They contain in general proteins, fats, carbohydrates, vitamins, mineral salts, and water. Protein, fats and carbohydrates are often termed 'proximate principles'—energy yielding food factors—'burnt' or oxidised in the body. Vitamins and mineral salts are not energy yielding but they play an important part in the development of the body. Water is a necessary dietry element. Sufficiency of these are required to live and thrive. A well balanced diet must contain the various factors in correct proportions. Optimum diet ensures functioning of various life processes at their very best, and adequate diet maintains these processes but not at their peak level.

5.91. To assure full and normal growth of any child, there is the need of a balanced rather than a rich diet. In India, the diet of the child will correspond to the staple foods and normal nutrition of the whole family. Special attention has to be given to vegetarian and non-vegetarian diets. The Committee is strongly of the opinion that the diet of the child should not be conditioned at too early an age; and the child must be allowed to adapt itself to forces that may be present in the pre-school and community environments. The essential elements of the diet of the child are given in the following paragraphs.

5.92. *Carbohydrates* are included in glucose, cane sugar, milk sugar, starch, etc. They constitute the body's chief sources of energy. They are common constituents of diet in India, being present in excessive amounts, making the diet ill-balanced. In working out any diet schedule, requirements of proteins, fats, vitamins and minerals should first be attended to adding carbohydrates and rich foods in sufficient quantities to meet energy requirements.

5.93. *Proteins :* Protein is an organic nitrogenous substance and it plays the most important role in the quality of diet. It supplies building materials for the loss of tissues incurred during physical and psychological processes which maintain life. They can also be used as a source of energy, but this could be somewhat wasteful. Most foodstuffs contain proteins but the amounts in different food vary widely. Meat, fish, eggs and milk are rich in protein contents. Among vegetable foods, pulses, and nuts are the richest in protein, often exceeding that of animal food. Soya bean is unique and contains 90 per cent protein. Common cereals such as rice, wheat, barley, etc. contain a fair proportion of protein. Rice is the poorest and wheat is the richest in protein amongst cereals. Leafy and root vegetables and fruits do not have protein but when abundantly present in the diet, they contribute greatly to its efficiency. Growing children require per unit of body weight, more protein than adults. According to modern concepts one gram of protein allowance per kilogram of body weight is adequate. In a growing period it should form a good proportion of the total calories. This proportion may with advantage be about one third of the total calories and should not be less than one fifth. Milk is the best source of animal protein for growing children.

5.94. *Fats :* It is a necessary ingredient of a diet. Optimum of adequate quantities of fat must be included in a well balanced diet but the requirements are not known with any degree of certainty.

Vitamin A in fair quantities is present only in foods of animal origin. Chalmers Watson's estimate of fat requirements for a child of five years works out at 34 per cent. His calorie value of 1,725 is more reasonable than that of 1,270 worked out from Atwater's tables.

5.95. *Mineral Salts :* Mineral salts consists mainly of chlorides sulphates and phosphates of sodium, potassium, magnesium and calcium as well as ammonium salts derived from protein metabolism. This output must be made good by intake, in the case of a growing body, and provision must be made for additional amounts necessary for storage as a constituent of the newly formed substances. Of these the salt of calcium, iron and phosphorous play a prominent part in nutrition. Iron is essential for blood formation.

5.96. *Vitamins :* Organic compounds are present in minute amounts in fresh, natural foodstuffs essential for health and well being. They are broadly divided into two groups according to their solubility, as fat soluble, *i.e.*, Vitamin B complex and C.

(a) Vitamin A is present in animal fats like butter and ghee, in whole milk, curds, eggs yolk, liver, fish, etc. The richest known natural resources is liver oil or certain fish like cod, halibut, shark and raw fish. Vitamin A deficiency is common in India.

(b) Vitamin B or Thiamine has often been referred as 'anti-beri-beri' or 'anti-neuritic' vitamin. It is concerned with the proper utilisation of carbohydrates. Recent investigations have shown some of the constituents of the vitamin B complex like nocotinic acid, tribofiavin pantomernic acid, vitamin B6, etc. which are very important in human nutrition. Various diseases like swelling of the ankles, beri-beri, etc. are due to lack of vitamin B complex.

5.97. Holt and Fabes found that children under 6 years of age required an average of more than 3 grams of fat per kilo. and about 3 grams during the rest of the growth. Reduction of fat in food appears to predispose to infections like tuberculosis and to reduce calcium metabolism. They found that healthy children left to themselves select about half their diets in carbohydrates, one third in fats and one sixth in proteins. For digestion alone, at present 20 to 30 per cent of the calories must be as fat. The food values adopted by the Inter-allied Commission were :

Age group	Daily gross	Calories net	Fat gms.	Percentage fat calories
0—6	1650	1500	62	35

The role of vitamins in diet is described by Mr. Carrison 'as the spark which ignites the fuel mixture of a petrol driven engine, liberating its energy.' Every growing child needs a pint to a quart of milk daily and this may be taken as axiomatic to a modern child's nutrition.

5.98. *Nutritional Deficiencies :* Inadequate diet at any stage during childhood may result in nutritional deficiency changing from gross under-nutrition to sub-clinical mal-nutrition; and there could even emerge deficiency diseases which are especially serious amongst infants and children. Several States and agencies have been conducting surveys at various places in India. They dealt with children's diet, pregnant and lactating women, etc. Invariably, all of them reveal the existence of severe protein malnutrition among children and women.

5.99. Of the nutritional deficiencies, protein malnutrition known as "Kwashiorkar" is the most prevalent especially in under-developed countries. Shortage of protein rich foods in the diet particularly affects children upto 13 months and sometimes even upto two years. Such children in India are very often given only starchy foods as supplementary diet which are poor in protein, vitamin and minerals. After the period of breast feeding with supplementary food, children take to a normal family diet which is a little more varied but still does not satisfy the protein requirements which at that stage of life are required in greater content than what is needed by the adult.

5.100. Beri-beri is due to lack of vitamin Thiamine in the diet, and it is a serious problem where families are accustomed to use highly milled rice. Deficiency of Vitamin A affects the eye and often causes blindness. Rickets are said to be more present in North India than in the rest of the country. Anaemia due to iron deficiency is a serious problem not only amongst pregnant mothers but amongst infants also. It is linked with certain parasites which cause intestinal haemorrhage and is aggravated by an insufficiency of protein, iron and certain vitamins in the diet. Ignorance and prejudice play a considerable role in basic causes of several deficiency diseases. Mothers are not often aware of the nutritive value of certain available foods and sometimes they do not use foods

which are extremely useful because of their cheapness. Rich foods like eggs and fish are taboo in vegetarian families, and very often there is no adequate compensation for the absence of such valuable foods.

5.101. Parental education is a vital factor in the treatment of the problems of under-nourishment of children. By practical demonstration, they should be persuaded to use foods of all kinds which are available; they should avoid loss of food through defective storage and inroads of insects or fungal pests. They must check up malnutrition and avoid loss of food values through improper cooking. They should avoid failure on the part of the child to get full benefit from the food consumed which goes into his mouth owing to mal-absorption, infection or parasite infestation.

5.102. The problem of mal-nutrition amongst small children must be extensively studied in all parts of India, and most especially in tribal areas and backward rural areas. The studies must not only concentrate on certain deficiencies, but also on deficiency of Vitamins A, B and C because it is generally believed that vitamin deficiency is greater in India than protein deficiency, and this factor affects the formation of all tissues. Vitamin deficiencies have already been studied in hospitals and cod liver oil and Vitamins A and D are recommended for children upto 18 months. Shark liver oil is rich in Vitamins A and D. The study of calcium deficiency is also important, and except calcium powder, other articles are not adequately cheap to meet the requirements of poor families. Unfortunately, neither nutrition nor good health are readily available at a price. As UNICEF's Report for 1961 says "one shot of penicillin will cure yaws but one drink of milk will not cure the mal-nourished child."[1]

The true extent of the problem of malnutrition in India cannot be assessed in precise terms but it is clear that it has not been possible to do more than touch its fringes.

5.103. *Immunization:* All infants at birth possess congenital immunity from certain diseases to which the mother was herself immune; but this passive immunity is gradually lost by the child. However, in some countries, immunization of pregnant women against poliomyelitis, tetanus, etc., has been practised for increasing

[1]*See* the detailed recommendations of the School Health Committee Report, page 28.

the infant's resistence to diseases at the vulnerable age. When planning an active immunization programme it has to be borne in mind that during the neo-natal period there was no capacity with the child for producing immune bodies himself.

5.104. India has already accepted to implement a comprehensive programme of immunization against contagious and infectious diseases as early as possible.[1] These measures are needed against small pox, whooping cough, diphtheria, tetanus, cholera, typhoid, poliomyelitis and tuberculosis. A programme of immunization against measles is yet at a very experimental stage in the U.S.A. and Great Britain.

5.105. By the end of 1960, B.C.G. vaccine, introduced by Dr. Camille Guerind, has been used, according to UNICEF for the vaccination of 133 million children all over the world. B.C.G. vaccination is now given as soon as the child is born. It is hoped that the danger and incidence of T.B. will be considerably reduced in India during this decade. The vaccine should be given in the first four weeks after birth.

5.106. By far the most impressive disease control programme is that of the anti-T.B. control programme which is very extensively developed in India. The number of children suffering from T.B. in India is not known but in conditions of widespread poverty and mal-nutrition a large number of children will naturally be exposed to the risk of this infection. The UNICEF Report for 1961 for Asia section points out that B.C.G. Vaccination is by far still the cheapest prevention. While every effort must be made to provide, with the assistance of the UNICEF. B.C.G. Vaccination for all children, it is necessary to realise that the ultimate and most effective resistence against T.B. can only be achieved in all children by a higher standard of nutrition and good health.

5.107. Vaccination against small pox is compulsory and has to be done as early as possible after birth, not later than nine months. Whooping cough requires one inoculation per month for a period of three months, and the inoculation is given when the child is 3 to 4 months old. A booster dose is required when the child is 1 and 2 years old. Inoculation against Diphtheria is done when the child is 6 to 9 months old. Two inoculations are required per month for the first two months. Booster does is given when the child is 1 to 5 years old. Tetanus inoculation is given when the child is

[1]*See* UNICEF Report for 1961, Asia Section.

6 to 9 months old. These inoculations are required at an interval of every two months. A booster dose is required once in every five years.

5.108. At present India has at its disposal about 2,500 litres of triple vaccine every year. The Central Research Institute at Kasuali is expected to produce triple vaccine by the middle of 1962. It is scheduled to produce 4 million doses in the first year raising to 7 million doses in three years. The Haffkine Institute in Bombay has plans to produce this vaccine in the near future. As against the current and estimated production, the total requirements of the country are estimated to be about 44·7 million doses for immunising children under the age of six years, using the service of all available centres of MCH including all primary health centres. Vaccine against poliomyelitis is done with the help of U.S.S.R. and U.S.A. using orally administered vaccine, or the salk vaccine according to the policy of the Department of Health in each State. Cholera and typhoid inoculations, are given before the child is 2½ years old.

5.109. Wherever infectious diseases prevail, great care has to be taken to isolate the child and protect all the other children in the family, the pre-school and the community. The recommended period of isolation for such children is as follows :—

Typhoid Fever—28 days; Chicken Pox—21 days; Measles—14 days; Whooping Cough—14 days; Small Pox—14 days; Mumps—28 days; Diphtheria—7 days.

5.110. In a recent report of the UNICEF it has been recommended that over and above an immunisation programme, very effective measures need to be taken to protect children from trechoma, leprosy, yaws and treponematosis. There is a deep and close relationship between the levels of living and the general standard of health in a country. There is some evidence to suggest that blindness is very intimately linked up with poverty. Apart from the fundamental aspect of poverty, the disease of the eye have a crippling effect on the physical and psychological make-up of the child. The slow progress in the Trachoma Control programme, as mentioned in the Asia Section of the UNICEF Report for 1961, is a matter for concern and efforts should be made to introduce efficacious programmes to treat and protect the eyes of small children.

5.111. *Growth and Development of the Child:* The child must have all possible opportunities to promote its growth, development and activities in an atmosphere of freedom and in association with other child companions. The early growth of the child is promoted by post-natal services which are mainly expected to look after the following chief aspects of the life of the child in the early years. As the first years of the child are mainly spent in the family, the programme will mainly be a part of the larger programme of parental education, as follows :—

(1) The daily routine of the child has to be regular;

(2) The child must be free from nervous excitement;

(3) There must be correct breast feeding accompanied or followed by supplementary feeding and a balanced diet;

(4) There must be the presence of fresh air within a clean and sanitary environment;

(5) There must be a constant and affectionate mothering of the child;

(6) The child should be able to sleep extensively and peacefully for about 20 hours in the first three months, 15 hours between 3 and 6 months, 14 hours between 6 and 12 months, and at least 12 hours a day during the following years;

(7) The child must have opportunities for indoor and outdoor play; in and near the home in the early years, and in the Day Nursery or Pre-school and community playgrounds in later years;

(8) Special attention has to be given to different problems of the child like crying, the presence of fear, the problems of obedience, thumb sucking, bed-wetting, etc.; and

(9) When millions of children are attended to, the vast majority of parents are illiterate, and also when the number of children in different types of institutions is very small, the factors that determine genius are unobserved, and the treatment of child prodigies is naturally neglected. It is necessary that such abnormal expressions during childhood should be detected, enocuraged and developed from a very early age.

5.112. *Anthropometric Measurements:* The most important type of growth of the child is physical growth which is invariably measured from the earliest years. The weight and height of children, the measurement of chest and the girth of the head at birth, the determination of nutrition index, etc. ought to be recorded in all

Institutions where children are looked after. The low weight of the child at birth is mainly due to racial factors, heredity, malnutrition and poverty. This problem by itself needs a very careful study. The Committee has been able to obtain complete information from the largest children's hospitals in India for a period of three years Considerable progress has been made in recent years to gain new knowledge through biology, bio-chemistry, physiology, and psychiatry, together with progressive advances in medical research. This progress has greatly aided the diagnosis and treatment of human ailments thus contributing to the gradual increase in longevity. While the problem of survival has been dealt with to a certain extent, the vital need is to concentrate on the growth and development of normal children, and the prevention and treatment of handicaps and maladjustments. The physical growth of the child depends upon its constitution at birth and the conditions that govern the environment after birth. The differences in weight at birth is attributed to heredity and constitution at birth, climate, diet and general physique of the people, as well as to pre-natal care. In 1930, Dr. Balfur found that the average weight of the normal full term baby was 6 lbs. and 2 ozs. The Institute of Obstetrics and Gynaecology, King George's Hospital, Vizagapatnam, gave the average birth-weight in Andhra Pradesh in 1959 as 6 lbs. and 1 oz. A study of birth-weights in Bombay amongst low income groups and high income groups revealed the average birth-weight amongst the former as 5 lbs. and 13 ozs. and 7 lbs. in the latter group. A study by Dr. Gopalan in Madras revealed that mothers taking a diet with adequate protein and with a decent standard of living had children with an average weight of 7 lbs. and 2 ozs. The average weight of children born in the Erskine Hospital, Madurai, Madras, was 5·65 lbs. The weight of children born in 1960 in the Victoria Jubilee Hospital at Ahmedabad was 5½ to 7½ lbs. and the length of the child was 18″ to 19″. The average weight of children born in four MCH Centres in Delhi was 6 to 6½ lbs. between 1957 and 1961.

5.113. The Survey of Health Needs of Children says that the average birth weight of children in India is 5 lbs. This may be correct, but the figures given above show that the number of children born under 6 lbs. is very large. Information regarding rural areas is entirely inadequate. There is hardly any information about the sylvan areas. Even if the weight factor is somewhat satisfactory in the upper income brackets, the height factor must be taken into account also. Loss of weight and weak constitution may be found even amongst the upper income brackets. The Committee

is satisfied that adequate notice is being taken of this problem, especially by those who work on the medical side; but social workers and research workers should also take a special interest in this problem all over India. The problem is of vital importance not merely from the point of view of the child, but also from the point of view of national physical fitness and national labour efficiency during later stages of life. Data of physical measurements of children between the age of one and six are more scanty. The following table gives the average weights and heights of children between 3 and 6 years as given by the Research Bureau of the Indian Medical Council :

TABLE No. 51

Average Weight and Height of Children between 3 and 6

State	Age	No. of children	Average Height Cms.	Average Weight Kgs.	*State*	Age	No. of children	Average Height Cms.	Average Weight Kgs.
Assam .	3	..	..	..	Madras .	3	..	..	..
	4	..	..	..		4	..	..	..
	5	15	87·9	11·1		5	..	..	..
	6	41	97·5	13·7		6	211	108·7	16·8
Bihar .	3	239	82·0	10·3	Madhya Pradesh.	3	..	..	..
	4	460	91·9	12·3		4	..	..	..
	5	717	99·8	14·1		5	..	..	..
	6	996	106·4	15·8		6	17	105·4	15·4
Bombay .	3	..	..	..	Orissa .	6	63	102·6	14·9
	4	..	..	..	Punjab .	5	18	105·2	15·7
	5	36	95·8	13·7		6	75	111·5	17·6
	6	217	105·2	16·9					
Delhi .	3	..	..	..	Travancore-Cochin.	5	19	98·8	13·3
	4	..	..	..		6	123	104·4	15·4
	5	14	108·0	17·1	U.P. . .	5	16	103·9	15·1
	6	72	110·7	18·1		6	152	111·0	16·9
Hyderabad .	3	..	..	..	West Bengal	4	25	93·0	12·5
	4	..	..	..		5	73	101·1	14·6
	5	335	101·1	14·6		6	80	105·9	15·8
	6	762	105·4	15·6					

In the first instance any State in India must give the greatest attention to the problems of health, nourishment, growth, and physical fitness in the earliest years. Though it may not be necessary to prove that in a poverty-stricken country, chidren are bound to be undernourished due to heredity as well as environmental

factors, all pre-schools and children's centres must maintain records of physical measurements, secure the medical examination of as many children as possible, or concentrate primarily on programmes to build up Health, Strength and Joy through Play, Nourishment and Training. As will be stated later, one of the primary aims of the Pre-School in India should be the achievement of the physical regeneration of the youngest generation of the nation.

5.114. *Creches and Day Nurseries:* In the intensive child welfare programme carried out in Russia immediately after the revolution, the Day Nursery played a commendable part. In 1917 itself, 14 day nurseries existed in industrial neighbourhoods, and by 1922, there were 914 institutions. The day nurseries are now a part of both urban and rural life in the Soviet Union. Day Nurseries are a part and parcel of the pre-school programme in the Soviet Union.

5.115. In India the credit of creating the first creche belongs to the city of Bombay. It was created by the Currimbhoy Ebrahim Workmen's Institute in 1919, and another was created in 1921 by the Tatas. A third was created by the E.D. Sassoon group in 1926. The main reason for creating the creche in Bombay was to reduce absenteeism amongst women workers. The number of creches increased when they were made compulsory for factories employing female labour by the Factory Act of 1934. U.P., Bihar and Madras followed suit. An important reason for promoting creche by legal compulsion was the knowledge that more than 90 per cent of the small children were given opium by their parents in industrial areas.

5.116. The late Dr. Miss Cama, a lady factory inspector of Bombay paid special attention to the four new mills which had opened creches in addition to the three which were already in existence. The creches were not only brought into existence by some of the progressive members of the Mill Owners' Association, but also by the co-operation of the Maternity and Child Welfare Centres and the Bombay Presidency Infant Welfare Society. The Government of Bombay made new rules in 1938 to supplement the Factory Act of 1934.

5.117. A very comprehensive study of the creches in Bombay was carried out by the Tata Institute of Social Sciences only a few years ago. Their report observes that many of the creches were just created for the fulfilment of the legal requirements,

rather than for any humanitarian principles, or after a proper understanding of the true needs of the child, not only as a parking place where the mother is employed, but also for the fulfilment of the child's primary needs of growth and development. The report says that there is a lack of proper administration and efficient leadership in a very large number of creches. In spite of laws and rules which are laid down by the Factories Act of 1948 regarding the location of the creche, the area of construction. and equipment of the creche, it was found that few of the rules were observed in practice. The textile industry in Bombay employed 13,000 women workers out of a total complement of 2,30,000 in 1955, *i.e.*, 11.36 per cent of the total supplement. Considering the number of women employed, the number of children actually attending the creches was very small and the average daily attendance was less than 50 per cent.

5.118. In 1953 there were 3,286 factories in Greater Bombay and 88 of them employed female labour, 66 of the 88 factories had a creche organised according to the requirements of the Factory Act. The average attendance per day was about 45 per cent. In large number of these creches, children aged 5 plus were allowed to attend the creche or day nursery. It is therefore evident that many of the factory authorities were mixing the programmes of the pre-school with the day nursery, though most of them did not provide the very complex programmes of a pre-school. The programmes carried out in the various creches were of such indifferent standards that it is hardly possible to distinguish between the mere provision of activities and the careful and systematic provision of child care. It can merely be said that there was a general lack of objectivity and purpose, and there was a nominal fulfilment of activities like the provision of some kind of nutrition, some toys, siesta and rest. In most of the creches there was some kind of medical assistance by a part-time doctor, but only in a few cases there was an intensive attention paid to the health and growth aspect of the child. All the creches did not provide facilities for bathing and washing, and the standard of even cleanliness varied in the various institutions. Most of the activities provided to a child were not of the type which could give scope to all the children to satisfy their creative urges and use their imagination. It was found that only one creche provided medicated soap to deal with children who had scabbies; and likewise there was only one creche which had provided for the washing of the children's eyes with boric lotion every day in the morning. Sixteen per cent of the creches had no provision for the care of child health at all, except

the maintenance of height and weight records. Only in 40 per cent of the creches the woman caretaker had time to spend with children in some creative manner like telling stories, singing songs, etc. In 65 per cent of the creches children seemed to be sitting idle all the time without any particular activity at all. The creches did not seem to have any specific programme for creche-home contact, and most of the mothers spent only very limited time at the creche with their children. They had no opportunity to receive any parental education at all. Instead of very active co-operation between the employer, the creche and the parents of the children, indifference seemed to prevail all around. Most of the creches did not seem to have any case record of the child, and the importance of records dealing with physical measurements, health and case studies did not seem to have been realised. No comprehensive medical examination of the child seems to have been taken when the child was admitted into the creche. Only 24 per cent of the creches had one ayah between 10 and 15 children, whereas 64 per cent of them had one ayah between 15 and 25 children.

5.119. At the time of the survey when the reorganisation of the State was not carried out, the Government of Bombay had only one lady inspector of Factories for the whole province, who was responsible for the supervision and proper management of the creches. If there was a proper co-ordination between the Labour Department and the Welfare Department, a larger number of officers could have been available at least to supervise the work of the creches and improve their management and programme.

5.120. In most of the creches there was no emphasis whatsoever on any kind of training for the woman in charge of the creche, with the result that children remained in the creche upto the age of six years without any preparation to enter the primary school. Some short term courses were given for the benefit of women-in-charge of the creche at a Women's Home, and by the local association of Nurses. The Indian Conference of Social Work gave a brief in-service training course in 1957 to improve the standard of management of the creche.

5.121. The reason why the creche is not popular in India is due to the rural basis of the urban family, and the strong family ties that are present in the joint family. There is a universal tendency to avoid the institutionalisation of children and there is almost a feeling that only poor and severly handicapped parents will send their children to any institution. Normally whenever there are more

than two female members in the household and there is one more female adult to look after the child, then the mother goes to the factory leaving her child in the custody of the family. It must be frankly stated that lack of interest of mothers in the creche is due to the low standard of leadership and service provided by the creche, and lack of any real programme of creche-parent confact accompanied by a planned programme of parental education. The programme of a creche has to be scientifically planned to provide play, rest, nourishment, freedom of expression and movement, and especially the care of the health of the child. It is unfortunate that the creche is merely understood to be a parking place for the child, and that it is merely provided to facilitate the breast feeding of the child by the working mother during her working hours. Creches, properly organised are proper institutions for the total care of the child, and they can be of great assistance to the family economically. They can give psychological security to parents when their child is properly looked after.

5.122. The following should be the proper objectives, conditions and programmes for the creches and day nurseries:

1. They must provide protection from an adverse environment: and the right type of environment for a child to spend his entire day in attractive and sanitary surroundings.
2. They must provide cradles for small children under 12 months, and for the toddler's a room is provided in order to promote activities that are natural to the child in its earliest period of growth and development.
3. Medical assistance is available to maintain the health of children, look after their ailments, and assure a satisfactory growth.
4. The creche should attend to the entire problem of the nutrition of the child.
5. The creche provides an opportunity for the children of the same age group to come together.
6. The creche provides such reasonable opportunities for play as are possible in terms of the availability of toys and protected playground.
7. The creche helps to develop a relationship with the child and his parents that involves the presence of continuous interest in the child and promotion of efforts to supply all his basic needs.

8. The creche is a centre for parental education.
9. The creche provides a parking place for children when the parents are at work; or when the child is living in an environment which is unfit to promote its health and development.

5.123. The Committee is of the opinion that the reasons which led to the creation of the creche in the early beginning of the Industrial Revolution are only partly present under the present circumstances when more systematic welfare services could be made available to children. The conditions which were served by the factory acts since the first Boiler's Act was enacted and in the present condition when the problems of labour have changed to become more acute and complex. The concepts of welfare have been so much developed that now there is a clear distinction between the concepts of welfare of the worker in the factory, and the welfare of working class communities. A complete overhaul of the system seems to be necessary.

5.124. Industries Labour Administration is now broadly divided into its three separate aspects, *viz.*, personnel management, labour management, and management of labour welfare. As the first two aspects have continued to rightly receive greater emphasis and attention, lesser emphasis is being given to the welfare aspect of the working man. It is being increasingly realised that the true welfare of the industrial worker is so closely related with the welfare of his entire family, it is only a comprehensive welfare programme carried out amongst the communities of industrial workers that a high degree of welfare can be achieved. The Committee is therefore of the opinion that the Labour Department should be induced together with all other housing authorities providing housing facilities, to communities of the working class and the poor, that they should experimentally promote a large number of day nurseries in the community area which will provide almost all the necessary services normally given in a programme of post-natal care. The day nursery should be attended by children upto the maximum age of 3 years, when they should take advantage of a pre-school. Upto the age of three years maximum attention should be paid to the physical and human environment of the child, to the aspects of a physical and emotional growth, and to its general health, nutrition and recreational activities.

5.125. A day nursery should provide cradles for children upto the age of 12 to 18 months and also a children's hall accompanied by verandah, a playground and a protected grass plot or garden.

A day nursery should not contain more than 25 children; and it should have one trained Balsevika to look after a maximum of 20 children assisted by a servant. A part-time medical service should be available for the benefit of the day nursery. Nutrition provided to the children by the home should be supplemented by the day nursery to provide all the requirements for the proper growth of the child. Housing Boards, municipal housing, employers' housing and co-operative housing schemes are most proper agencies to provide Day Nurseries within the community environment to supplement the services already rendered by the creches in the factory area.

5.126. The attention of the Committee was drawn to the absence of Day Nurseries in rural areas. There is a need to carry out experimental programmes and pilot projects with the help of the Community Development Administration. The areas selected must deal with families of small landlords and agricultural labourers where women have to spend many hours doing agricultural work. The creche may be located near the Balwadi, and a special Balsevika could attend to 10 to 15 children under the age of three years. Cradles and outdoor play should be provided, and children should be engaged in play and with stories, music, and such activities. Washing, bathing, feeding and sleeping should be possible during fixed hours of the day. Progressive rural areas in the country should be able to carry out some interesting experiments with the assistance of community funds aided by the Community Development authorities.

CHAPTER VI

THE PRE-SCHOOL

6.1. *Historical Background :* Early educational philosophy and practice were more concerned with various ends of education than with the systematic growth and development of the child from the beginning through the various stages of its life. Vedic India was perhaps the earliest to think of some kind of systematic education for children. Education was for the making of Man, and the end of childhood was patiently awaited so that preparation for manhood and the spiritual life of man could begin. This education was reserved for only a section of society.

6.2. Plato pioneered the beginning of educational philosophy by thinking of the preparation of the young in terms of the needs of society and the State. The teachings of his master Socrates had produced in his mind the importance of reasoning and the achievements of life were to be possible in terms of rational thinking. Besides, he emphasised the need of child care from the very beginning. Romans provided playgrounds for children in their cities.

6.3. Education in Europe followed the direction and leadership of the Church and for a while education was misled by the theory that man was born of sin. Sometimes the practices of punishment and the consequences of compulsion made education more an infliction on the child than a contribution to his growth and development. However, pre-schools came into existence between the seventeenth and nineteenth centuries. The idea was vigorously supported by Co-Marius. He emphasised the importance of health care, and a training programme which was to be based on the normal experiences of child life.

6.4. Rousseau, contemplating a national society, pointed out the realities of a natural life based on natural growth processes, and his ponderings over the education of his child Emile produced elementary thoughts that emphasised the need of very early education for every child. Pastalozzi was a vigorous supporter of the pre-school.

6.5. The pre-school, however, emerged out of the dark realities of Western society and of the consequences of war and the Industrial Revolution. Florence Nightingale, marching with the soldiers, had demonstrated the need of sympathy and care for the sick and the diseased. Dame Octavia Hill who visited the slums had exposed the squalor, vulgarity and human indignity of mothers and thousands of neglected and delinquent children. It was left to Froebel, the Aggazi sisters, Grace Owen, the MacMillan Sisters, Madam Montessori and others to think of the true needs of the child outside the environment of ugly homes and away from their inevitable neglect by ignorant working mothers.

6.6. Pre-school education found purpose and strength in the growth of science and especially in the progress of biology, physiology, and psychology. The experimental psychologists of Vienna attempted to perfect the good work of the socially conscious women leaders of the pre-school in various countries who worked with love and earnestness for the welfare of the child. Biology directed the attention of educationists to the importance of cells that contribute to the growth of the body and the working of the human brain. The process of growth did not begin with birth, but with conception when the sperm and the ova meet to perform functions with systematic thoroughness that produced the first beginnings of the sensory organs and the brain, and then the head, the body, the organs one by one, the muscles, the blood and the complicated nervous system and eventually led to the miracle of the human organism, a masterpiece of structures and functions that was known to make not only life, but human history, social progress, and what Van Loon, the geographer, calls Man's own show ; Civilisation. Biology described metabolism as the process that converted the ordinary food into carbohydrates, proteins, fats, salts and vitamins that produced the energy for childhood "activity", the principle that Vienna educationists contributed to become the basis of pre-school training and education in most of the countries of the world.

6.7. The early contributions of psychology may not have been too valuable for the perfection of educational philosophy and practice. Havelock Ellis dealt with the sex life of the child in its earliest years. He emphasised the importance of the emotional life of the child and especially the relative roles of love and fear in the life of the child. Freud, Jung and Adler may have produced new approaches to child psychology, and the study of the emotions and the sub-conscious revealed the complicated working of the child's 'psyche', his imagination and his visions, his desires, hopes

and longings and his fears, frustrations, angers, tantrums, and vitality that revealed the child to be grown up as a very complex mechanism, fortified by *Heredity*, striving to achieve his adaptation and balance with the total *Environment* that surrounded him.

6.8. Physiology and medical science brought out the great importance of nutrition and protection of health and prevention of disease in order to permit a full and natural physical and psychological growth of the child. Children continued to be exposed to infectious diseases and therefore a programme of immunization had to be continued in pre-school. Height, weight and posture of the child needed very special attention to promote and achieve physical fitness.

6.9. These scientific contributions were essential to introduce the new educational philosophy of the twentieth century. John Dewey gave a concept of educational philosophy and practice which was essentially sociological. The two principles, "The education of the whole man",—preparation for work, reproduction, creative development and social responsibility, and "education for life and living" gave new aims, objectives and purpose to a comprehensive education system which emphasised the Freedom of the child.

Pre-schools the World over

Germany

6.10. Though the word "Kindergarten" was first used by Olga Lodi, the inspiration for the Kindergarten came from Friedrich Froebel (1782-1852) a famous philosopher and educator son of a clergyman. Froebel had a lonely childhood. He was impressed by Nature and the Church, and he became a teacher in Germany. He was a close observer of Pestolozzi's work in Yoerdon from 1808 to 1810. His early thinking was of a philosopher and he leaned towards Rousseau. His failure in his fundamental experiments in science made him turn his attention to little children. He invented a number of play articles or "gifts" as he called them, because he desired a gradual development of a child through self-activity. The task of education, according to him, was "to nurse the awakening senses, translate childish ideas and imagination into words, and fix them by repetition in song." He organised a K.G. in 1840. His "method aimed at making the child through its play feel at home in an orderly cosmos, a process he called rounded life harmony (allorei tige leberseiningung)." He had intense faith in childhood and in a letter written in 1834 he said "no community can progress

in its development whilst the individual, who is a member of it, remains behind; the individual who is a member of the whole body cannot progress or develop while the community remains behind."

6.11. Germany had developed a systematic programme of child care, and the pre-school is a product of educational experiments during many years. Day nurseries look after children even before the pre-school age and the pre-schools are mainly developed for the care of children of the industrial working class. The pre-schools are associated with what have been described as German Labour Schools where the child is given systematic experience of industrial work from its earliest years. The pre-school programme seems to have adopted many elements from the Australian schools based on experiments carried out by educationists and psychologists in Vienna. The German pre-schools support the principles of the basic school and they assert that material education must gradually lead to the intellectual, scientific and spiritual development of the child. Nutrition, physical health and physical growth are given maximum attention in Germany. After ending their brief experiments with Montessori schools, the Russians adopted many elements of the German pre-school. There is an emphasis on the use and recognition of as many raw materials as possible in handwork activities. Likewise the evolution of man as a tool user is recognised and the child develops abilities to use tools, implements and instruments which are classified and graded to suit the age group of the child. The child is given scope for experimentation and individual experience during his pre-school days.

Italy

6.12. Madam Montessori began her work in the industrial slums of Italian cities. She especially developed her interest in pre-school education when she worked with feeble-minded and problem children. Her approach and method did not appeal to Italy. She left Italy to work abroad. She gave full and extensive rights for the manufacture of Montessori apparatus to Philips Tracey and Co., in England. The manufacturing rights concerned all English speaking countries.

6.13. Madam Montessori was preceded by the Agazzi Sisters, who first founded an infant school in Bressia in 1892. The Monpiana Nursery school was started in 1898, and the Nigrisei sisters created the Partomaggiore Nursery school in 1919. The Agazzi sisters, their simple apparatus and their material and programmes were accepted by the School Reform Movement and the Gentile Reform of 1924.

The Italian Nursery school emphasised simplicity and economy of organisation, accompanied by a rich variety of children's activities. The Agazzi method was supported by P. L. Radice who was an enthusiast for "nursery education", and the "Activity School" of Pasquali, the Italian educationist. Whilst the word "Kindergarten" was first used by Olga Lodi, the Italian pioneers of the pre-school claim that they attached the greatest importance to the pre-school being a "children's home" as named by Prof. Contesini.

Great Britain

6.14. Cusden, a student of Nursery Schools in Britain has said "whereas in England the Nursery School was instituted as a remedy for unsatisfactory social and economic conditions, in the United States it developed mainly as a laboratory for psychological research in a middle class setting." "Dame Schools" had existed in England during the seventeenth and eighteenth centuries; but they were private institutions for the benefit of children of the wealthy class.

6.15. The New Lanark pre-school was started by Robert Owen in 1818. Children above 2 years of age were looked after when their mothers were working in mills. Under his influence infant schools were opened in many parts of England. Lord Jeffrey called such a pre-school a "well regulated systematic Nursery"; but in fact they were run on the basis of primary schools.

6.16. England came under the influence of Froebel in the latter half of the nineteenth century, and emphasis as given to environment, joyous activities, free play, and contact with Nature—the four fundamentals of Froebel's K.G. The first K.G. was created by Sir William Mather at Salford in 1873. It was built in a slum area and it was run by a "Kindergartenerian" from Berlin. It provided baths, meals, training, rest and play—the absolute minimum necessities of any pre-school. In 1904 Miss Julia Lloyd, who had taken training at Pestolozzi-Froebel Haus in Berlin, started a people's K.G. with the assistance of Mrs. Barrow Cadbury. This K.G. became a Nursery school in 1917, and with the help of George Cadbury's magnificant grant for a planned Nursery school, it became a leading institution for progressive child care. In 1908 the Board of Education emphasised the need for Nursery schools; but real progress followed the campaign for nursery schools by the MacMillan sisters and Grace Owen.

6.17. Margaret MacMillan's greatest emphasis was on health and nutrition. She was supported by Sir George Newman, Chief Medical

Officer of the Board of Education who consistently directed attention to the poor health, the wastage of child life during the critical age between two and five years, and to the efficacy of Nursery schools as a preventive force. Miss MacMillan was a travelling teacher of hygiene, and she was a qualified sanitary inspector. She was a great enthusiast for school-meals and health centres. A circular of the Board of Education in 1936 emphasised that "the nursery schools have as their primary object the physical and medical nurture of debilitated children.".

6.18. The 1919 Education Act was stimulated by the First World War and its consequences. It empowered local education authorities to provide aid for the provision of nursery schools. The Nursery School Association of England came into existence with Miss MacMillan as the President. Viscountess Astor and women members of Parliament supported the nursery school movement and a decade of parliamentary demand for pre-schools followed.

6.19. In 1933, a movement began for the comprehensive planning of new communities, accompanied by a demand for the selection of sites for nursery schools. A statement declared :

> "It is now widely recognised that the open air nursery school supplies what is wanted in the best way yet devised. It provides the needed space for the little children's active growth, it supplies medical supervision and healthy conditions, it gives each child opportunity for sound and happy mental and social training in close co-operation with the home. Thus physical and mental health for the future is assured, and a measure that may look like a luxury to some is seen to be no less than a national economy."

The Save the Children's Fund also took up the work for creating nursery schools; and the Labour Party published its pamphlet of Promise "From Nursery school to the University."

U.S.A.

6.20. Pre-schools in the U.S.A. are associated with Frobel's work in Germany and great importance is attached to Play, Activity, Freedom, and an atmosphere of freedom wherever children are looked after by the numerous agencies that organise kindergartens and many different types of pre-schools.

6.21. The growth of pre-schools in U.S.A. is not the direct result of the Industrial Revolution. The Child Study Association came into existence in 1888, and a group of mothers worked together to

get an understanding of the problems of parenthood. The National Congress of Parents and Teachers which originated in 1897 and the American Association of University Women carried out surveys and organised study groups devoted to the needs of pre-school children. The American Child Hygiene Association, founded in 1909, which later became the American Child Health Association, paid attention to the problems of health care in the early years of the child. The Department of Labour, founded in 1912, organised the Children's Bureau which collects vital statistics and publishes the monthly bulletin called *"The Child"*. The National Committee of Mental Hygiene, founded in 1909 did important research work regarding the bringing up of children, the care of the pre-school child and the problem of delinquency. The society for research in child development was created in 1933 by the Child Development Committee of the National Research Council. It carried out integrated programmes of research, dealing with the small child. The National Association for Nursery Education and the Association for Childhood Education are products of the International K.G. Movement which helped to create and maintain high standard in the K.G. and Nursery schools of U.S.A.

6.22. As in Europe, a great interest in pre-school education followed the end of the First World War. Americans have used the pre-schools as laboratories for the study of children, child life, and childhood. In 1920, Spelman Rockefeller Memorial helped the creation of a number of pre-schools for such a purpose. The University Departments of Psychology, Education and Home Economics also take a keen interest in the work of these pre-schools. A large number of American Universities created pre-schools as part of their education, study and research programme.

6.23. In 1922, Elizabeth Merill Palmen created a school for home-making and care of children in Detroit. It had a research and training programme for pre-school teachers and its benefit was taken by many college students. This helped to establish a direct link between pre-schools and Home Economics.

6.24. Many Nursery Schools in U.S.A. owe their origin to a demand for parental education in Women's Colleges. A Department of Euthenics was opened at Vassar in 1923, followed by a Nursery School in 1926. Mills College opened a Nursery School in 1927. A Co-operative Nursery School organisation developed as a result of an important movement of wives of faculty members of

the Chicago University in 1915. Gradually they had trained staff members. A training programme of Nursery school teachers was provided by the Rugget street Nursery school in 1922, and later many Universities prompted programmes for the training of Nursery school teachers. In 1925, Mrs. Alfred Alschular created a preschool in a public school environment in the Frendlin Public School of Chicago.

6.25. During the great depression in 1933, the Federal Emergency Relief Association authorised the establishment of Federal Emergency Nursery Schools for the bringing up of children of the unemployed, as well as for giving employment to unemployed teachers. During the thirties, pre-schools came to be organised in a large number of Community Housing Projects. The Farm Security Administration initiated programmes for the care of children in rural areas. A large number of nursery schools in the U.S.A. are attached to adult education programmes, hospitals, woman's prisons, city parks and research centres. A large number of pre-schools are organised by private individuals for the benefit of children in their neighbourhood.

Russia

6.26. Less than one week after the Revolution of 1917 the new People's Commissiarate created a Directorate of pre-school education which has functioned ever since. Some of the largest properties which were confiscated from the Russian aristocracy were put at the disposal of pre-schools. In the beginning, Krupaskaya Lenin took a great interest in problems of child care. Importance was given to the pre-school in Russia due to the recognition that Russians gave to the principle of "the will to change" in giving shape to the entire educational system. The Montessori system was introduced in the beginning for the care and training of small children. The Soviet Union carried out rapid surveys of children's education in Austria, Italy, Germany, U.S.A. and other countries. Child psychologists and educationists undertook special experiments in studies which led to the rejection of the Montessori system on various grounds of unsuitability to social and ideological considerations. The pre-schools of Russia are working on the activity principle and have introduced elements of the German labour school, Froebel and others; but they are firmly rooted in their own studies of children, child psychology, and the contribution of theoreticians as well as practical educationists.

6.27. Vera Fadiaevsky and Patty Smith Hill; in their publication dealing with the nursery schools and parent education in the Soviet Union, point out that two main aims of the pre-school in Russia are firstly to liberate women from the care of their children when they work and study, and to permit them to take an active part in the social and public life of the country; and, secondly, to give children a communist educational foundation. In 1955, there were 623 pre-schools in urban areas and 283 in rural areas. There were 1,410 kindergartens in urban areas and 303 kindergartens in rural areas during the same year.

Japan

6.28. Japan has a very large number of kindergartens and pre-schools. The pre-schools pay very great attention to nourishment, physical fitness and development of courage in small children. They have good physical environments and they try to impress upon the small children the national character of Japan. In 1957, Japan had 6,620 pre-schools, 2,212 of which were public pre-schools. 663,000 children attended these pre-schools which have 28,344 full-time and 4,188 part-time teachers. 23·4 children were looked after per teacher.

6.29. The pre-school, with its different origins in the various countries, has yet to be accepted in India as a vital institution for the benefit of all children. It is only rarely that the needs of the child—physical, mental, cultural and spiritual can adequately be met through the unaided efforts of the mother and the home, and in every type of community there is "need for something more scientific than maternal instinct and the limited experience of mother or nurse."[1] Besides, the movement of populations towards cities and the chronic poverty of rural areas have placed serious social and economic limitations upon family life. Nevertheless, a pre-school is a supplement to the home, not a substitute for it. The home has many contributions to make which are beyond the responsibility, scope or capacity of the pre-school. The Home provides social heritage, ideals, traditions, and moral and spiritual heritage of the family. A proper development of pre-schools, provided they are followed by high standard of primary education, can contribute not merely to the proper growth and development of the child; but can lay a sound foundation for the educational, occupational, and social and cultural life of individuals.

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[1]*English Nurse Schools*, page 39.

6.30. India was amongst the first countries to create schools in ancient times when they functioned as Gurukuls conducted by Brahmins for the benefit of their 'chelas' who orally mastered the wisdom of the Vedas from a very young age. The smaller children must have wandered about in Nature, playing and enjoying rural gamelores. The families were large in size, and keenly interested in their children, and so they were brought up according to tradition. It is stated in Kalidas's 'Kumarasambhava' that Uma in her childhood played with her childmates on the sandy banks of Mandakini, building castles and playing with balls or dolls.

"Mandākinisāikatavekikabhih sa Kundukaih Kritimaputrakaisca
Rame muhurmadhagatā sakhīnam Krīdarasam nirvisatēva balye".

6.31. The pre-school is a product of changed circumstances, and the growing complexities of the physical and human environments. The demands of an energetic and high speed civilisation, and progress of social sciences and the techniques of education has made the pre-school possible.

6.32. The conditions which created the pre-school in Europe and America were not the cause of the beginning of the pre-school in India Both teachers and parents, mostly of the middle class, were interested in the proper training of children. Some missionaries initiated the pre-school at the end of the last century in which they worked; and most of them were kindergartens. Teachers who were trained in K.G. method were brought to India from foreign countries and later on an institution was started in Poona for the training of pre-school teachers. In urban areas, most of the High Schools initiated infant classes, but these served an entirely different purpose Private pre-schools, sometimes run on commercial basis, introduced the Montessori system in the cities of India mostly for the benefit of children of middle and upper classes.

6.33. A deep interest in the Montessori system based on proper understanding of the complex philosophy, ideals, objectives and methods was taken by Shri Gijubhai Badheka. The Dakshinamurti Balmandiras commenced their work in Bhavnagar in 1920. Shri Badheka was mainly inspired by the atmosphere of freedom under which children were trained in the Montessori system, and he was greatly encouraged by his co-worker Shri Nanabhai Bhatt who was the Director of Shri Dakshinamurti Bhavan. The work of Shri Gijubhai influenced many persons in Gujarat, Maharashtra and the Central and other provinces. He did not only inspire areas,

but he was able to influence ladies like Smt. Tarabai Modak, a member of Committee, who has worked patiently since 1924 for the promotion of the Montessori system in India. She has developed a unique experimental centre called the Gram Bal Shikshan Kendra at Kosbad, in the Thana District of Maharashtra, where she still continues to develop experience, method and programmes for the proper development of children of the rural areas between 3 to 6 years of age. The children in the pre-schools also belong to tribal communities like Varlis.

6.34. Dr. Annie Besant had taken great interest in the development of pre-schools at Adyar, the International Headquarters of the Theosophical Society and also at Banaras where a keen interest was taken in the Montessori system. Rukhmini Devi and the late Dr. G. S. Arundale who succeeded Dr. Annie Besant, dedicated a part of Adyar for the development of Montessori system. In 1939-40, in the last years of her life, and after having made a great and at times controversial contribution to child development in so many countries, Madam Montessori found a place where she could dedicate herself to her work for child training and development. She spent eight years of her life in India and contributed her best to create Kalashetra which is now giving a two years' training to Montessori teachers from all over India.

6.35. Mahatma Gandhi had inspired the philosophy and ideals of basic education in India. Shri and Smt. Aryanayakam and the Wardha Ashram established by Mahatma Gandhi created a system of pre-basic education which primarily accepts the "principle of activity" and the "dignity of work" as the two cardinal principles for the development of children of pre-school age. The system, associated as it is with the doctrine of Charkha Economy has particular appeal, especially among those who are dedicated to the Gandhian way of life. Pre-basic schools have been organised by Shri Jugatram Dave, a disciple of Gandhiji who works at the Vedchhi Ashram in Gujarat. Smt. Shanta Narulkar and Shri Nanabhai Bhatt have made a unique contribution to pre-school development in rural India.

6.36. The Kasturba Gandhi National Memorial Trust, dedicated to the memoray of the devoted consort of Mahatma Gandhi, has undertaken programmes for the welfare of mothers, children and women of India. The workers of the Social Welfare Extension Projects, who run pre-schools in rural areas were trained by the Kasturba Trust.

6.37. A number of emergency pre-schools were created for the first time in India at Kurukshetra in 1947 during the communal strife caused by the partition of the Punjab.

6.38. In 1955-56, the Indian Council for Child Welfare, with the support of the Union Home Ministry launched an experimental pre-school development in the highlands of Madhya Pradesh. Children of the Gond tribe attend several experimental pre-schools which are run in remote villages under most difficult conditions, especially because highly qualified women are unwilling to give their leadership in remote and under-developed areas. In such tribal areas, pre-schools are run by practical women, some of whom are not even literate, and others who have received the benefit of inadequate school training.

6.39. In spite of the long duration of British rule in India and the influence of the British system of education in the country, only a few schools in India have been run along methods and programmes of the Margaret MacMillan pre-school movement in England. Kindergarten schools in India provided play and activity for children; but they did not always use the Froebel apparatus exclusively. The K.G.N.M.T. methods have been adopted by several pre-schools in Indian villages.

6.40. Some Universities in India have taken an interest in the training of pre-school teachers and the University of Baroda, S.N.D.T. Women's University, and the Delhi University have started experimental pre-schools. Experts on pre-schools have mentioned other important pre-schools and child education experiments like the Cosmic Education Centre at Allahabad, the Happy School Education at Delhi, Children's Garden School at Mylapore, Madras, Pre-schools at Yeotmal, Chetan Balvadi at Baroda, the Shantiniketan Pre-school, "An Adventure in Education" organised in Bombay by the All-India Women's Conference in 1947, a Pre-primary Training Institute at Jubbulpore, etc. Some of them function as practising schools for students attending different courses of study; while others have, as their purpose, the training of teachers in a particular method of pre-school education.

6.41. The pre-schools have made a good beginning in India. Their value is now usually recognised by socially conscious Governments as well as by intelligent parents. State encouragement to the pre-school is now likely to be given by all the Governments, but special emphasis has been given to the importance of pre-schools by the

Governments of Andhra, Jammu and Kashmir, Maharashtra, Mysore and West Bengal. In many States, grants-in-aid are given to such institutions. Municipalities and Zilla Parishads should now play a leading role in creating pre-schools, supported wherever possible by the Central and State Governments. But both the human as well as material resources, are lacking and the minimum conditions required for pre-schools are absent in many areas. There is a need for a period of concentrated development of experimental pre-schools and a number of well-organised training centres for pre-school workers, and for the rapid development of various sciences that contribute to a proper study and a equally deep understanding of the child.

6.42. *Environment :* Children of the pre-school age must be able to live and grow up in proper environments within the home, the community and the pre-school. It is also desirable that children should be surrounded by Nature and their physical growth and emotional development should take place with the advantage of sunshine, the blue of the sky, the green of the grass and trees, and in surroundings where life is present in various forms. The pre-school, therefore, contains conditions within its surroundings where Nature is bountiful, and where there is adequate space and conditions of cleanliness and beauty which are very often absent in the environment of the home and the community.

6.43. *Growth and Development :* It is a generally accepted fact that the development of any living organism is very much influenced by the conditions to which it is subjected in the early stages of its growth. All children must have opportunities for growth and development irrespective of class, religion, community or society to which they belong. The child has to grow up physically, emotionally, mentally and socially; and such a growth requires opportunities which cannot be easily present on account of poverty, or because of the resources, or due to general ignorance of parents and other members of the family. The pre-school, therefore, seeks to achieve a comprehensive growth of the child, and this aim is extremely difficult to achieve due to lack of adequate resources, especially of those pre-schools which cater to the children of the poor. In order to obtain data relating to the growth and development of children in this age-group, intensive and regional studies of these children, their health and physical conditions, manners of growth and development, and living conditions in home and community should be carried out in different parts of India. Studies

in many parts of the world have revealed basic factors and characteristics which are described below in order to give some particulars and details of growth and development. They especially refer to problems and needs of health, nourishment and physical growth, and training of children in terms of their activities, and in terms of their emotional, mental and social life.

6.44. An average two years old child in a well-to-do family is likely to be between thirty and thirty-seven inches tall and weigh between twenty and thirty-two pounds. Boys are usually slightly taller than girls. The three years old between twenty-five and thirty-five pounds; and gains about 8″ in height after birth. The four year old is between 35″ and 40″ in height and weights between 27 and 40 pounds. By the age of five years the child may be between 38″ and 45″ in height. The chest-circumference is about 18″ to 20″ at two years of age; and it is 21″ to 22″ at five years. The abdomen is of the same size as the chest upto two years of age; but after that, it is decidedly less. The heart gains in weight from 1·87 to 2·40 ounces between two and five years. The brain gains about 7 ounces in weight during the first three years; and muscles and bones grow rapidly. Legs become straight by the age of five years. The circumference of the head is between 17″ and 19″ at two years and it becomes about 20″ by five years. A two year child ordinarily has 16 teeth free from cavities and stain; he has all the twenty milk teeth by about two and a half years of age, many of which remain for several years. The pulse rate decreases from 101·7 to 85 in boys, and from 103 to 90 in girls before two and at five years. The blood pressure increases slightly between two and five years. (Age 2—Boys : Systolic—87·6 and diastolic—63.6; Girls : Systolic—94·0 and diastolic 65.2). The rate of respiration decreases from 25 per minute at two years to 22 per minute at the age of six years."[1]

[1]Height, weight tables for Nursery School Children quoted from *Child Care and Training* by M. L. Faegred and J. E. Anderson.

Height in inches	Weight in pounds					
	Boys			Girls		
	2 Yrs.	3 Yrs.	4 Yrs.	2 Yrs.	3 Yrs.	4 Yrs.
30	22			21		
31	23			23		
32	25			24		

Height in inches	Weight in pounds					
	Boys			Girls		
	2 Yrs.	3 Yrs.	4 Yrs.	2 Yrs.	3 Yrs.	4 Yrs.
33	26	26		25	25	
34	27	27		26	26	
35	29	29	29	29	27	29
36	30	31	21	30	29	30
37	32	32	32	31	31	31
38		33	33		33	33
39		35	35		34	34
40		36	36		40	36
41			38			37
42			39			39
43						40

NOTE.—All the above figures are not meant to be regarded as standard, or applicable to all regions or social groups in India. These are a mere index to convey the importance of different aspects of growth; they may be helpful to assist further studies and find local standards and deviations from this standard in terms of standards of living and environmental conditions.

6.45. *Motor Development*: Motor development of the child is of great importance in the early years. A child of two acquires sufficient control over the muscles of his hand to be able to draw a vertical stroke. The two year old should have no difficulty in running and walking, but cannot perform the complicated skips and hops which he will gradually learn in the play hours of the pre-school. The basic motor co-ordinations involved are walking, running, grasping, climbing, and group and free play. The two year old can enjoy splashing in water, fill and empty small buckets, make sand castles, and dig tunnels. Skills with hands increase rapidly, and the two year old can scribble with a crayon, cut gashes in paper with a small (if possible edgeless) pair of scissors, pile 1″ to 2″ blocks, insert wooden pegs in a hole, string coloured wooden beads, etc.

6.46. The three-year old can stand on one foot, climb and jump from low boxes, build a house with wooden blocks, safely carry a breakable object, affectionately look after a pet, and water small

plants in the garden. Learning in the pre-school is incidental to activity rather than lessons or assignments. Learning is achieved by meeting problems of locomotion and manual co-ordination, problems of getting his way and to express his wants, and problems relating to play, washing, eating and elimination.

6.47. The entire period between two and five years is a period of growth and obvious change. There is an increase in the physical size, language abilities improve and skills develop in the use of muscles of the body, particularly those concerned with fine movements of the hands and fingers. The child's emotional pattern becomes more individual, his curiosities and interests become more stable, his imagination creates for him a unique and wonderful world that is not apparent to his human associates. His social responses become gradually fixed, and develop intelligent and imitative relationships with others according to his latent impulses, and according to opportunities offered by the environment. Play life develops activity patterns where there is display of energy, imagination, fun, leadership and satisfactions based on achievements in play, games, dances and drama.

6.48. *The Free Child :* The need of Freedom in the home and community alike for the child was naturally realised in the background of a Democratic society. But the call for Freedom in the life of the child was the result of the realisation of errors of orthodox educational systems and the conditions that prevailed in feudal societies and industrial slums. Children were treated cruelly and violently; education and punishment were imposed upon them and their life was inhibited and frustrated by taboos. The child is physically virile and energetic, and its physical development is dependent upon Freedom. The child is imaginative and sensitive, and absence of freedom retards its emotional development. Psychologically, the child must be free from the undue impositions and restrictions of adults, especially those who are victims of poverty, ignorance and social disorganisation.

6.49. The greatest importance of this period is the preparation for the entire formal education that follows after 6 years. During this short period of 3 or 4 years the child acquires a great many things that last him for the whole life.

Firstly, he uses his senses the use of which he has already learnt in the first two years of his life, to know, observe minutely and discern the slightest differences of things around him and thus get himself thoroughly acquainted with the world around him. His

curiosity is roused to the highest and he is engaged in finding out the why, where and how, in short, everything about whatever forms part of his environment.

Secondly, the child feels enormous powers in his body and so he is overwhelmingly eager to use his limbs and body. Thus any bodily activity is attractive—running, jumping, climbing, rolling on the ground, turning somersaults, in fact, any and every bodily activity.

Thirdly, he is also interested in acquiring skills of the figures and learning to do each and every thing that he sees his mother, father and others are doing. He also likes to do his own things and get rid of dependence on elders for every small thing.

Fourthly, he has a very big task before him at this age—namely that of learning the language that is spoken around him. This is a very intricate and difficult mental process in which some abstract thinking is required. A good foundation is to be laid regarding this use of language in social intercourse.

Fifthly, the child has to learn to be a social being. So far he is somewhat individualistic, and people around him in his family give him all sorts of concessions to learn to mix with other children of his age, respect their rights, form friendship, learn the benefits of co-operation, and so on. In short, he learns social adjustments and ceases to be a misfit amongst other children.

Sixthly, the child at this age has a great urge to express himself, his emotions and knowledge of things. Language is very undeveloped to satisfy emotional outburst; hence he needs other vehicles of expression like picture drawing, clay-modelling, etc.

All these are to be provided by the pre-school through various activities.

1. *Freedom of Choice :* There must not be any compulsion on the child as to what activity to choose and how long he is to work at it. He should also be left free to do his work by himself or in a group as he likes.
2. *Auto-education :* Constant correction of errors must be corrected, and the child should be left to learn with his own efforts. The Balsevika can show once or twice how things are done neatly and properly.
3. *Individuality :* Each child must be treated as an individual, and he must play and engage himself in activities as best as he can. Any experience of failure has a depressing effect on children. Extreme of solitude and over-protection result in unhappiness.

6.50. *Companionship*: Children should not feel lonely, and they need companionship of children of similar age and of both the sexes, because they contribute to the emotional needs and development of the child besides contributing to play and other childhood activities. Such companions indirectly provide training in social behaviour to develop social relationships. The child naturally grows up rapidly amongst children of his own age-group, irrespective of sex and other differences. Other children provide the experience which promotes psychological development of a child by providing him with opportunities for a life of co-operation, sharing each others' experience of love, joy and sadness, and pressing for the need to support each others, rights. Madame Montessori, in her efforts to promote fundamental principles and philosophy, emphasised the importance of spontaneity, auto-education, and the need to rouse all latent interests in children. The child, as the most complex organism on this earth, is wonderfully equipped to imbibe experience and develop faculties, abilities, capacities, and skills, and only environmental organisation, opportunity, gentle guidance, and emotional stimulus are needed to grow up like the little plant which is environmentally fed by the sun rays, air and moisture to bloom with flowers and fruits by its inherent vitality.

6.51. There are parents who have a notion that childhood is a period of delightful irresponsibility. On the contrary, in the pre-school, children develop correct attitudes towards psychological processes, work and play; towards obstacles and difficulties; and towards developing attitudes and behaviours with other people. A well managed group of children in the pre-school exerts a strong influence on all children. They imitate each other's behaviours and develop sympathies for one another. There may be difficult and aggressive children, but it is difficult for any child to maintain continuous adverse self assertion against the organised feelings of all children and the Balshikshikas. Children reared in an affectionate atmosphere quickly develop attitudes of friendliness. confidence, and consideration for others.

6.52. The importance of the "principle of activity" has already been stated and emphasised. Freedom of choice of activity will be of little value if the scope for activities is limited. Those aspects of Play which consist of the most important activities of children have been dealt with, in detail, in a later part of the Chapter. What is called play is the most vital need of children, because it promotes the free use of their limbs and muscles in big and small movements where they learn to control such movements by their will

and faculties. Children play with their companions, they play with things, they use their energy, express emotions and employ imagination in activities which cover all but the sleeping hours of their life. The pre-school has been created to give the maximum scope and adequate opportunities and facilities for children to play under different types of conditions.

6.53. *Preparation for Primary School:* The importance of primary education has been realised by all societies; but it has been found that children are not willing to go to a primary school due to several reasons. It may be that there are defects in the contents of primary education itself, and therefore the school does not appeal to the child; but it is felt that as the child has been completely accustomed and conditioned to the home environment, he should be gradually introduced to a new kind of environment which is present in the primary school. The pre-school, therefore, serves to conditions the child gradually and slowly to the emergence of a new atmosphere and set of conditions in which there will be need for disciplined conduct, adjustment to the presence of a teacher and in the society of other children of his own age, and the creation of interest in the requirements of learning the various subjects which are a part of the curriculum in the primary school.

6.54. As stated before, one of the most important aims of the pre-school in the United States is the study of the child and the undertaking of research projects to deal with every aspect of the life of the child. Pre-schools are vital centres for research in the many phases of child development. They even provide facilities for introducing teachers of older children to the earlier stages of growth. They should be used to give public health nurses ideas of right habit development in all children. These are evidently fundamental needs which are present in all countries where the child is accepted as a very complex organism requiring very careful study. Experts and others associated with pre-schools, as well as those belonging to the Community Development Administration, have given the following chief reasons why pre-schools are needed in both urban and rural areas:—

1. The presence of undesirable physical environment, like a slum, in which large numbers of children live. Lack of sanitation, space, and good neighbourliness and the presence of overcrowding.

2. Larger employment of mothers in industry, and the work patterns of mothers in rural areas, emphasise the importance of giving some relief to working mothers by reducing their burden of domestic duties.

3. Progress of the material and social sciences revealing the vital importance of the early years in the physical, emotional, mental and social development of the child.

4. Realisation by educated mothers that children require proper care, training and opportunity for play and companionship of other children.

5. Prevalence of illiteracy amongst parents of the working class.

6. Neglect of children due to high birth rates.

7. The pre-schools are needed as a preparatory measure for further education.

Examining the answers from both urban and rural areas, it is evident that public opinion is mainly conscious of the environmental factor. This factor of slum life may be eradicated more quickly in rural areas; whereas slum conditions and problems are likely to continue in urban areas till principles of town planning are firmly established and implemented, and standards of living and management improve. The Committee recommends that the treatment of the housing should be accompanied by programmes of child care, with a pre-school as a necessary part of the total programme of community welfare, organisation and development. The programme for parental education needs to be intensified and the quality of activities improved. Indoor and outdoor spaces, suitable for the use of children is naturally being now provided. With the creation of a cadre of well-trained Balsevikas, supported as far as possible, by voluntary workers from amongst the members of rural and urban communities, a good foundation for pre-school education can be laid immediately. Perhaps the most costly and difficult items of the programme of the pre-school are programmes of health care and adequate nourishment through mid-day meals to supplement and correct the diet received by the child at home.

6.55. All the general aims of the pre-school are naturally not present in determining the goal of every pre-school in the country. Sometimes even the achievement of a single aim is adequate

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reason to create a pre-school in order to help the child in the early years of his life. Besides, the emphasis and priority of aims will be naturally determined by socio-economic conditions that prevail in a particular society. Thus, for example, in England the factor of environment and physical health have been given far greater importance and attention than the scope for comprehensive growth and development of the child. The pre-school in the United States has been more the product of a middle class endeavour in the beginning, and therefore there has been great emphasis on the importance of child study and parental education. It is necessary to point out the importance of right aim as far as India is concerned. These aims will differ in different conditions prevailing in urban and rural areas, and amongst different classes of society amongst whom the pre-schools are organised. Children of the slums, for example, naturally require a proper environment and opportunities for proper physical growth. Otherwise children are neglected and left to the scanty resources of the family when municipalities and the local self-governing organisations are unwilling to bear the burden of child care which is evidently their responsibility.

6.56. The aim of the pre-school in the rural area is also to provide a proper environment to the child; but on the whole conditions in the rural areas are much better in terms of environment of the child than in urban areas. Mal-nutrition is perhaps the greatest problem of the rural child; but there is greater scope for the achievement of the other aims provided it is possible to find and train teachers who can look after the various aspects and needs of children.

6.57. So far as children of the middle and upper classes are concerned, it should be possible for their families to provide opportunities to achieve most of the aims in privately organised pre-schools or in community organised pre-schools within housing projects and in well-organised and resourceful neighbourhoods. As the number of children to be dealt with in India is very large[1], it is necessary that from the very beginning the responsibility for bringing up children is left to families as long as they have the necessary resources to look after them. The major obstacle in the way of pre-schools for middle classes in urban areas is the lack of physical space, and if indoor and outdoor accommodation are

[1]The number of children of pre-school age in India was 281 lakhs in 1951; and the number increased to about 360 lakhs in 1961.

provided, many communities will provide their own pre-schools to be managed with the available resources of those areas. So, in the urban areas, large housing scheme should allow the use of a number of rooms and tenements for the use of pre-schools. When there is no space for playgrounds, terraces may be suitably adjusted in order to provide safety for the children; and terraced pre-schools could be organised in areas where housing projects are developed to provide accommodation to hundreds of urban families.

6.58. *Objectives of the Pre-school:* (1) The physical aspect of the child's life includes the problems of health, nutrition, physical fitness and immunity from contagious diseases. Very great care has to be taken of the physical development of the child in the very early years in terms of his health, nutrition, posture and capacity for activities. (2) Habits of cleanliness have to be developed in the pre-school as well as the home. (3) Children must have nourishment adequate in kind and sufficient in quantity to issue growth of vigorous healthy bodies. (4) They must have facilities for training and exercise in personal cleanliness and hygienic habits. Insufficient sleep or sleep of poor quality, lack of fresh air and unhygienic habits or surroundings also affect nutrition. Psychological difficulties mainly present in sophisticated urban families, frequently give rise to food problems which in turn lead to undernourishment and ill-health. Insufficient or unsuitable diet has its inevitable corallories in various physical defects leading to permanent or intermittent ill-health and low resistance to disease. (5) Playground activities as well as what is known as hand-work activities are necessary to develop all the skills of the child to deal with the environment and to creatively achieve what is dictated by its imagination and its mental curiosities and interests.

6.59. The pre-school has to promote the emotional development of the child. Emotional development is associated with the play life of the child. There is an emotional involvement during the period of his active participation in activities with other child companions. Emotions of the two year old have less variety, and the emotionalisms are briefer in duration compared to the three year old. The five year old is more controlled and reserved. At two the child is very affectionate and becomes easily attached to others; but the three year old can be more deeply attached. Next to affection, anger is a strong emotion in the two year old, but the expression is very brief. The outbursts of temper are more

frequent than before at three. The child of two is volatile, and may have fears of strangers, animals, darkness, storms, water, etc. As the years go by, the emotions become richer and they are expressed to signify laughter, pain, anger, fear, surprise, jealousy, etc. There are more fears in the life of the child at three than at two or four years. The child of two is essentially non-social, though there is an interest in other children; and he may like to watch other children play. Upto two years the child enjoys solitary play. The most striking difference between two and five year old is in their attitudes towards other children. The association of children of the same age leads to the acquisition of fundamental social attitudes and particularly of the experience of the exercise of the rights of each child. The growth of human relations through play, activity and association show distinct patterns of competition and co-operation. Leadership is expressed by five years of age when the child is occasionally a leader, but more frequently a follower. A sense of humour is evident in five years old. The urge for companionship in play seems to begin when the child searches for playmates. The child at this age is self-centre and wants everything for himself. He would ordinarily snatch things from others and his desire to possess things and keep them for himself is very strong. But if properly directed, he is capable of recognising the rights of others and he can even enjoy sharing his things with others and vice-versa. The pre-school has to help the child in emotional adjustments and in getting over his own complexes like fear, shyness, etc. In short, the pre-school clears the way for the right type of emotional development to take place. The pre-school helps the child by removing difficulties in his way. This is the time when the child develops behaviour-patterns—good or bad. He gets the right type of behaviour patterns from the pre-school atmosphere and the timely intervention of the teacher when social adjustment takes a wrong turn. In the pre-school there is a general concern that each individual is given opportunity to start life fortified with adequate emotional control and social adjustment that may obviate many of the later difficulties in adolescent and adult life.

6.60. Problems relating to the mental health of the child are extremely complex and attention during the pre-school is given more to the development of the senses on which depend the total mental life and psychological health of the child. The child has imagination which needs scope and opportunity to develop its entire personality, and to satisfy its mental interests and curiosities. Mentally the two year old is alert, imaginative and inquisitive

about most things. He has a vocabulary of between 200 to 300 words, and makes sentences two to four words long. Speech is a monologue that serves not many social ends, but is an accompaniment of activities. He begins to show interest in pictures, stories and rhythms; in dolls, beads, blocks, pegs, wagons and wheels. At three the child's vocabulary is about 900 words. His sentences are longer. At four the vocabulary may be 1,200 to 1,500 words. The five year old develops a vocabulary of two to four thousand words. As its intelligence quickens, it is quick to detect any alterations and omissions in the telling of his infavourite stories. The number of negative sentences increase, together with questions and comments, at four so that when the end of the pre-school is reached, the child should be able to speak fluently and with uninhibited expression. Learning depends upon the ability to remember, and children will have their special interests like animals, birds, flowers, vehicles, etc.; or in doing things done by the adults around them. Learning is achieved by manipulation, and the child is delighted playing with wooden blocks and beads, painting pictures, or using simple tools like a knife, scissors, or clay modelling tools. Learning is not merely dependent upon these activities, but upon the methods that will be used by the Balshikshika.

6.61. The growth of the child is not complete unless attention is paid to the development of skills, especially finger skills. The activities of the child are natural but conditioned by the opportunities and facilities provided by the environment. The small child is weak and vulnerable. The pre-school as well as the home have to provide adequate protection against hazards and accidents, falls, fire, dangers from traffic and water and against the natural assaults of strangers and of temporarily aggressive children. The pre-school deals with conflicts between the rights and interests of children of different ages.

6.62. *Habits and Behaviours :* Normal, regular and decent living requires formation of right habits from the earliest period of life. Eating, sleeping, elimination and bladder control, self reliance, cleanliness and some other habits begin to be formed at home and they are further developed in the pre-school. Simple toilet equipments are provided and the child gets accustomed to the use of water, soap and towel, etc. in the pre-school. A schedule is planned to use the same type of toilet equipment for each group. Simple and standardised procedures are set up for toilet. Face and hands are washed regularly and toilet problems are dealt with. In rural

areas children learn to go to the trench lavatory or pit with the dead leaves which is used as a urinal. Combing hair and brushing teeth are practised each day. Right eating habits are formed at meal time. A consistent home and school programme can provide guidance, self-help, child care and nature. Guidance is to be given in most problem situations. By three years the child manages to eat by himself, with its hands, and bathe itself in a certain fashion. By four years, he should be able to help with the management of meals, with tidying up and with washing of utensils. Neatness and orderliness must be observed in putting away things, arranging toys, rearranging furniture and in carrying out similar simple adjustments.

6.63. Habits and behaviours are related to character formation, and early traits of character demonstrate the trends of future living in terms of work, family life, success and social relationships. The behaviour of the child is influenced by parents and environment. The inculcation of right habits, decent behaviour and good conduct is a matter of training by example, imitation and guidance. Children are easily well behaved when they are happy because of (1) inner urges being satisfied, (2) their being engaged in activities in which they are interested, and (3) being in the company of other children with whom they like to work. Behaviour of children is also very related to and conditioned by the behaviour of adults in the home, school and environment. They have the tendency to quickly imitate the behaviour patterns, of adults in action, speech and all expressions in general. Behaviour problems need to be noted early and to be corrected by careful and patient guidance. Severe behaviour problems are to be dealt with by specially trained persons. In large cities, special pre-schools for children with behaviour problems are a necessity. Child guidance clinics in the country are also dealing with a number of behaviour problems. Whilst activities develop attitudes and learning, attention must be given to character formation, the development of an aesthetic sense and capacities for appreciation. These are not achieved by lessons, but through participation in activities of play and learning. The daily simple life, the practice of truth and consideration for others, the willingness to help, the satisfaction of normal needs and the sense of constant achievement produce a character in which there is strength, vitality and purpose, truthfulness and love, creativeness and skill. It is necessary that children develop an aesthetic sense. This is greatly facilitated when children are in constant contact with nature and beauty. Simple forms of aesthetic appreciation are innate in the majority of children. They are to be strengthened by

purposeful activities like excursions, gardening, painting and drawing, singing, dancing and similar activities which will be dealt with later.

6.64. *Pre-schools in India :* Conditions for organising a large number of pre-schools for the benefit of thousands of children are hardly ripe in the country at present. Yet a beginning has already been made which is not at all insignificant. It is unfortunate that many controversies have arisen regarding the use of methods and the adoption of systems for the training of the pre-school child. Statistical information regarding the number of pre-schools in India, the number of children attending them, or the system of training followed, etc. are entirely inadequate. Number of state organised pre-schools are very small, and all the States do not seem to have given clear information of aided pre-schools. A special inquiry by the Central Social Welfare Board will help to assess the extent of pre-school programmes in the country. Information from Municipalities is insufficient. Many pre-schools below a minimum standard cannot be called pre-schools, and many in rural areas are of that type. No information is available about a large number of commercial pre-schools which help to look after children in the locality, and they provide part or whole time occupation to women in need. It is only properly organised pre-school associations, and statistical wings attached to the Ministry of Education that can secure more reliable data in the future. The School Health Committee has put the estimated number of children in pre-schools in 1961 at 3,00,000 whereas in 1955-56 it was 75,000; and in 1950-51 it was 28,000.

6.65. *Classification and Types of Pre-Schools :* A pre-school normally caters to children between two and a half and six years of age. But there are many different types of pre-schools, and different standards, content and quality of service. Pre-schools are different in terms of the methods and systems of training and the equipment they use; different types of pre-schools arise as a result of the region and classes of population they serve; pre-schools differ in terms of the objectives they serve and functions they perform.

6.66. Pre-school education must be single-mindedly devoted to the true welfare, growth and development of the child as a vital organism, and a unit of the human species. Ultra-nationalistic considerations, patriotic postures, idealogical attitudes and partiality to personal pre-school leadership, however important, have only reduced in many countries of the world, the possibility for a human

and scientific bringing-up of the child, in his own interest, and in the interest of human society and civilisation. Education should always be free of undue limitations and dogmatism, and due consideration should be given to the reality of living conditions, national resources and human capacities for achievement.

6.67. The Committee is emphatically of the opinion that at this stage of the pre-school development in India, it is necessary for a long time to carry on important experimental projects. At the same time substantial progress must be made in Child Study and Research dealing with problems of growth, heredity, environment and child development as a whole.

6.68. Whatever be the merits or otherwise of the different methods and systems, the real problems involve the availability of competent persons to carry out sincerely and intelligently the demands which are made on the working by the various systems. As pre-schools are required in large numbers in all parts of the country, it is wise at this juncture that the vast majority of the pre-schools, especially in rural and tribal areas, should adopt two principles laid down by the Agazzi sisters. There must be simplicity of training and maximum economy in the management of the pre-school organisation. There must be a large variety of activities to occupy the time and interest of children. As a very large number of Balsevikas will be required to man a large number of pre-schools and as some of them may have a low standard of education, it is not desirable to immediately adopt methods and systems which require highly qualified and trained personnel. No doubt pre-schools of quality and of the highest standards must come into existence to gradually promote better standards in years to come.

6.69. It is necessary to develop pre-schools in order to satisfy the minimum requirements which may include a playground, care of the health and cleanliness of children, development of good habits and correct behaviour, opportunities for training like Nature Study, nutrition, siesta and an active outdoor life. Whatever systems and methods are followed, it is necessary that Balsevikas should first be properly trained in the methods and in the proper use of equipment before these are adopted for use and before the public is made to believe that a particular pre-school is following a particular approach and system. A careful analysis of the answers given by State Governments, private agencies and experts leads to the conclusion that there is as yet an inadequate appreciation and understanding of the problems involved, and an imperfect

understanding of some well-known systems. Opinion has yet to crystalise on the subject, and this should follow proper experiments and deep study, not of systems but also child studies and careful study of children's environments and needs. State assistance should especially be given to qualified and experienced agencies to study the problem and produce literature. At present many seem to favour the idea of not having any system at all, but this could be an un-restricted *laissez faire* attitude. The largest number seem to be inclined to the Montessori system; but at the same time a considerable number of them are inclined to some modification of this system. The adherence to pre-basic principles is based upon the Gandhian philosophy and the interpretation and application of pre-basic concepts are precisely stated. On the other hand, there is some opposition to pre-basic methods. The general kindergarten seems to be accepted as least controversial, as in the U.S.A. Proper libraries, careful study, experimental institutions run by trained persons, and governmental consideration of informed opinion should produce important results during the next five years. It is hoped that pre-school experts, educationists, psychologists and sociologists will take a keen interest in this subject. Pre-school associations and child welfare could help to promote a deeper understanding of the issues involved.

6.70. The Committee is of opinion that the following types of pre-school will helpfully serve the urban and rural regions of India :

1. A half day organisation to be developed as "The Minimum Standard Pre-School."

2. A pre-school of minimum standard should provide a play-ground, look after the health and cleanliness of children, inculcate in them good habits and correct behaviour patterns, and provide opportunities for training in Nature Study, and other subjects which can be easily dealt with by reasonably trained teachers and Balsevikas.

3. Standard pre-schools following some kind of systems like the Montessori, the Pre-Basic, and any other system suitable to rural areas; and any type of pre-school using programmes, methods and techniques suitable for different types of environments in urban areas. (The true meaning of Pre-basic should imply the acceptance of the "principle of activity"). The types of activities must be suitable to the needs of the child and the community.

4. A pre-school project attached to the village primary school, to be located as far as possible in a separate structure or during separate periods, so that classes of the pre-school and primary school are not held together.

5. Infant classes in primary schools and high schools, with training and programmes modified to conform to principles and programmes of the pre-school.

6. Open air pre-schools with playgrounds may be created where facilities and resources are inadequate; or where there are inadequate numbers of children to promote a pre-school as a unit.

7. (a) Pre-schools attached to institutions where unattached women with children are provided with boarding and lodging facilities.

   (b) Special pre-schools in urban areas for sub-normal, feeble-minded and problem children with behaviour disorders.

   (c) Special types of pre-schools to help the care, training and rehabilitation of handicapped children.

   (d) Pre-schools attached to prisons for women with their children.

   (e) Pre-schools with a high standard of service for areas where communities of ex-criminal groups live.

   (f) Pre-schools promoted as a special treatment for areas where juvenile delinquency is extensively present.

6.71. *Names of Pre-schools:* When no particular system or method is directly adopted to become a national basis of pre-school education in India, the Committee is of the opinion that when names are given to pre-schools, they should not be associated with names of systems. This suggestion has been endorsed by almost all experts, and a majority of pre-schools, and all State Governments.

6.72. Several names are used for the pre-schools in India. Some of them using the English language call them Kindergartens. Some of the names for pre-schools include Balmandir, Balwadi, Poora Prathmik Shala, Bal Shiksan Shala, Bal Vikas Kendra, Bal Pathsala, Bal Vikas Mandir, and Bal Vatika. The practice of using an entirely

Indian name is desirable, and should be encouraged. In a large country like India, the use of more than one name cannot be prevented; but the name must have defined implications. All institutions that deal with children between three to six years of age are pre-schools, by whatever name they be called. In the previous chapter, the name of creches and Day Nurseries signify institutions for children under the age of three years.[1] The traditional association of the pre-school with the 'home' and 'the garden' are very appropriate, and it is emphasised that a pre-school is not one type of a school.

6.73. *Pre-school Methods and Equipment :* Whenever a method or a system is used in a pre-school, the method is associated with the equipment that is used by that particular system. It is known that when there is a Montessori school, it is using the Montessori equipment. The word Montessori can be only used when it is certified by the Association Montessori Internationale. This idea also gained currency because some systems gave exclusive rights to a firm of manufacturers for the production of equipments and insisted that only such equipment should be used by pre-schools adopting their particular method. Very few kindergartens, at present, are actually using the original eight 'gifts' which were the standard Froebel apparatus. Most of the Kindergartens are now using a large number of educational toys and handwork materials. There has been a considerable increase in the types of hand-work activities which are suitable for pre-schools. Rigidity in the use of highly standardised and 'doctrinaire' equipments should always be deplored, unless certain equipments are found to be really useful for the training of children.

6.74. Pre-basic schools in India are emphasising several particular types of handwork activities which are used by those who scrupulously followed the Gandhian Philosophy, approach and methods of basic education. The Committee is of the opinion that whilst these handwork activities may be used along with other activities developing work habits and finger skills, the most important thing is to realise the importance of the child as a human being. The system of training must correspond to the fundamental needs of the child and his comprehensive growth and development irrespective of any social, economic, political or philosophical emphasis. By this, it is not at all implied that there is any particular

[1]Twenty-one experts have suggested that a permanent and universally accepted name should be given to the pre-school; and the Committee suggests that the term "Balwadi" is the most appropriate name for the preschool.

philosophy which is very much emphasised by those who adopt the pre-basic system. The true meaning of a pre-basic school should be in terms of the acceptance of the "principle of activity" which was initiated and developed by the psychologists and educationists of Vienna. The type of activity most suitable to the growth of the child should depend upon the physical and social environments of children, and the approach of the educational authority to problems of resources and equipments. For example, in the rural areas where most of the pre basic schools exist, the most important thing is Nature Study and adaptation of the child to needs of agricultural practices. In this the approaches of the Aggazi pre-schools of Italy are very suitable to Indian conditions. Nature, ever present in rural areas is the best environment for the child. Pre-schools in rural areas must function in terms of climatic conditions and they could be of the "open air type". The most suitable activities for such pre-schools are gardening and a pre-occupation with all that is living in Nature, especially in terms of insects, bees, birds, animals, plants, flowers, trees, and so on. It is a good principle that when the child is active and is doing things, he should do the normal things which are done in its family and community environment. These aspects were strongly emphasised in the early pre-schools before the appearance of more rigid and at times pedagogic systems.

6.75. The Committee feels that the concept of pre-basic philosophy and principles are most appropriate to Indian conditions and needs. Children must be active within the environments to which they belong. For example, emphasis is given to agriculture when the child lives on the plain; but the child of a fisherman lives near the shore and his activities will be associated very much with the sandy shore and the sea. Likewise, amongst tribal children living on the mountains, activities could revolve round trees, birds and animals.

Minimum Standard Pre-schools

6.76. For a considerable period most of the pre-schools in rural and sylvan areas will have to be what may be called "Minimum Standard Pre-school". This is mainly due to the inadequacy of financial, material and human resources. It will be difficult to immediately find Balsevikas with a reasonable standard of education. Young women from urban areas may have to be employed for a long time if pre-schools of good standards are to be organised; they will have to be paid a higher salary than what is paid in urban

areas; and they will have to be provided with comfortable boarding and lodging facilities. An improvement of the standards of primary education is necessary if pre-school standards are to improve in rural areas.

6.77. A pre-school of minimum standard can provide a playground, look after the health and cleanliness of children, inculcate in them good habits and correct behaviour and provide opportunities for training like Nature Study and other subjects which can be easily dealt with by reasonably trained women. Nutrition, siesta and an active outdoor life can provide the general background which can lead children to primary and basic schools. They will have to be either morning or afternoon Balwadis, unless more resources are provided for whole day pre-school. Due to inadequacy of structures and buildings, they will have to be seasonal or "Fair Weather Pre-Schools". The Committee recommends that at least 1,000 Minimum Standard Schools should be created in the Third Plan Period. The annual recurring cost of such a Balwadi will be Rs. 3,500 per year.

6.78. If a large number of pre-schools are not possible in urban areas, pre-schools of minimum standards should be organised in slum areas as part of a Slum Prevention or Urban Community Development Programme. As there will be many children to look after, in the initial stages two shifts may be introduced with different Balsevikas to attend to two groups of 50 children in the morning; and two other groups of 50 children in the afternoon. Special attention must be given to play, sanitation and cleanliness, health, nutrition, and siesta. Physical play, handwork, manual activities and outdoor life are needed for slum children. The Committee recommends at least 20 such Balwadis in all major cities, and 5 such Balwadis in all Districts and important Towns of India. The annual cost of a unit of 25 children will be roughly the same as in rural areas. A tentative budget allocation may be made along the following lines :—

	Rs.
Pay to Teacher : Maximum Rs. 100 per month.	1,200
Pay to Helper : Rs. 50 per month	600
Nourishment for 25 children at Rs. 4 per month per child. (The Balwadi will function for 10 months in the year and five half days a week.)	1,000
Equipment and Medicines	300
Annual Repairs to Shelter and Garden Maintenance	300
Contingencies	100
TOTAL	3,500

More minimum standard Balwadis can be created if the cost is borne jointly by Central and State Governments. Minimum standard Balwadis can be improved with funds provided by the community. Additional Balwadis may be created by Municipalities, Zilla Parishads or Janpad Sabhas and Community Development Blocks. There should be one standard pre-school to function as a full day pre-school in each district of India. This pre-school may function as an experimental Pilot Project for a period of three years; so that a pattern of pre-school will be available to create at least ten more such pre-schools in the Fourth Plan Period. Such pre-schools will admit at least two units of 25 children each. The staff will consist of two teachers and one assistant teacher. The approximate annual cost will be Rs. 8,000 to Rs. 10,000 a year including the cost of one mid-day meal. Non-recurring expenditure will be Rs. 3,000 for a structure and garden, and Rs. 1,500 for equipment.

Special Types of Pre-schools

6.79. There are special types of pre-schools to serve special objectives and conditions of community life. Such pre-schools are needed in India to serve the special needs of vulnerable and handicapped groups. Pre-schools should be attached to institutions where unattached women with children are provided with boarding and lodging. Pre-schools for the rehabilitation and assimilation of children of ex-criminal groups were recommended decades age, and this particular Indian problem will achieve a positive solution if pre-schools of a high standard are organised in areas where communities of ex-criminal groups live. Pre-schools are a special treatment for areas with juvenile delinquency; and a beginning should be made with the organisation of pre-schools in prisons for women with attached children. New types of correctional programmes where "good behaviour prisoners" and "first offenders" are allowed a family life in some kind of rural or "farm prison" are also extensively benefited by pre-schools. Special pre-schools are needed, especially in urban areas for subnormal, feeble-minded and problem children with behaviour disorders. Likewise special types of pre-schools can help physically handicapped children.

6.80. Special types of child study and experimental pre-schools should be attached to Universities, Schools of Social Work, and Child Study Institutions. The continuous progress and development of pre-schools will depend on such pre-schools and on their efforts, with the advantages of better resources, qualified staff and help of child specialists.

6.81. *Period of Training in Pre-schools:* The problem of the period of training in pre-schools is closely associated with the problem of the admission age for children in pre-schools. The normal age of admission for a pre-school child is accepted to be 2½ years and he remains in the pre-school till he completes five years of his life. It is, therefore, necessary that a child should remain in a pre-school for a period of about three years in order to complete his training prior to his admission into the primary school.

6.82. Such a long period of training may not be feasible in the initial stages, especially in rural areas. In urban areas, it may be possible for private pre-schools and pre-schools organised by Municipalities to give the children the benefit of a three-year pre-school programme. However, as a very large number of children are to be dealt with, as resources are extremely limited and as advantages should be given especially to the children of the poor, the Committee is of the opinion that for the time being the minimum duration of the child's training in a pre-school should be two years where programmes are undertaken by grants-in-aid from the State. Additional staff and special facilities will be needed to manage children of this age and therefore the cost per child is higher than for children between four to six years. Considerable economy will therefore be effected if children are admitted for the time being when they are 3½ years old and they may then remain in the pre-school for a period of two years.

6.83. There is also a difference in the nature and quality of growth and development of the child in families belonging to different environments and standards of living. It may be possible for children of the urban areas belonging to middle class families to enter primary schools when they complete 5 years; but in backward areas and communities the ability to attend a primary school is reached somewhat later, say at the completion of the age of six years. There was a strong demand in Britain also that the pre-school age should be raised so that the child should remain in the pre-school till it qualifies to profitably take advantage of the primary school.

6.84. In India there is a tendency on the part of parents to hasten the education of the child; but at the same time there is a need to raise the matriculation age to the completion of sixteen years in order to prevent failures and waste of years; and therefore it is desirable that the child should go to the primary school at least one year after it is permitted to do so at present. When the child

goes to a primary school early, it sometimes fails in some class later on. If pre-school education can be provided for three years, then it should be continued till the end of six years especially where children of backward and underdeveloped areas are concerned.

6.85. *Co-education in the Pre-school:* Throughout the world the principle of co-education has been universally accepted for the pre-school and it is vitally necessary for proper emotional development and for the employment of the right type of companionship. The pre-school should insist upon admitting children of both the sexes. Likewise workers should also belong to both the sexes.

6.86. *Admission without Discrimination:* It is very important that children in a given area, that is, belonging to a village community or a street neighbourhood of locality of an urban area should be admitted to a pre-school irrespective of any consideration whatsoever of class, caste, religion or difference in standards of living. The pre-school must be accepted as one of the most important and earliest agencies to achieve national integration and the experience of co-operation and common participation with children of all types in the earliest years will remove some of the barriers which appear to be social in expression and economic in origin, but which are fundamentally psychological.

6.87. *Location of Pre-schools:* As it will not be possible to start a very large number of pre-schools immediately, it is important to discuss the problem of location of pre-schools. The problem of location has to be considered separately so far as urban areas, rural areas and sylvan areas are concerned. So far as urban areas are concerned, pre-school should be first located where a large number of children of the poor class are living in a slum or undesirable types of localities and it should not become necessary for children to walk any considerable distance to attend a pre-school. Due to the need of economy, aided pre-schools should not provide bus transport to children. A proper site, away from unhealthy and insanitary conditions with adequate grounds or even an open air or semi-open air structure should be adequate for the purpose of pre-schools. The normal accommodation required for a pre-school child is accepted as 100 square feet per child including indoor space. But much smaller space will have to suffice if large open areas are not available. It should be possible for a pre-school to be located in a place where there are no playgrounds, if the children could travel a maximum and safe distance of about a quarter mile for their playground activities. Playgrounds should be provided in all

Housing Board Projects or other types of housing schemes so that there is accommodation for a pre-school with at least 80 children, in a community of 500 families.

6.88. Pre-schools in rural areas, except in tribal areas should be located in villages with a minimum population of about 500 persons. Preference should be given to villages which agree to provide land and bear part of the cost of structures, or at least to provide labour for building kuchha shelters. Such pre-schools should have at least two to as much as five acres of land for the benefit of children. It is desirable that, wherever possible, there is a protected well within the compound of the pre-school. Many villages in India will be able to take advantage of the UNICEF support to programme of nutrition for children.

6.89. It is difficult to start pre-schools in sylvan and tribal areas because the village is invariably made up of hamlets each containing a small number of families with distances between hamlets. Under the circumstances pre-schools should be located in villages where the hamlets are close together and where it would be possible for children to walk small distances to the pre-school. Pre-schools are of great importance in tribal areas because they are simple institutions for the introduction of gradual social change in order to avoid the problem of severe impact ; and in order to promote gradual and slow acculturisation with the social, economic and cultural patterns of the rest of the country.

Personnel and Staff

6.90. *Leadership for the Pre-school :* The pre-school in India at present is small and independent institution where a number of children are in the care of one or more pre-school workers who are sometimes called teachers. As the need for the pre-school, and its great importance are realised, a large number of pre-schools and institutions with a high standard of child care and training will require Directors of pre-schools, whilst in the rural areas persons will be required to direct, organise, and supervise a large number of pre-schools. At the same time, a number of child specialists are required to deal with special problems and needs of children. The nature and functions of particular institutions will naturally decide the professional staff needed.[1]

[1]In the U.S.A. and other advanced countries a pre-school is given specialised services by sociologists, educators, research workers, pychiatrists psychologists, paediatricians, parent educators, physicians and nurses. In small schools the pre-school teacher assumes all except medical responsibilities.

6.91. The number of persons required on the staff of a pre-school will depend upon its size, arrangements of the buildings and grounds, the equipment used, the number and age groups of children, on the type of programmes and the training and experience of voluntary and paid workers. Children are fond of old persons, and old persons have great aptitude for work amongst children. Exceptional persons should be provided opportunities to supply the need for pre-school workers for which there is always a great demand.

6.92. Leadership for pre-schools must come from special training institutions offering a two to three years' graduate or post-graduate course; or from Universities, Teachers' Training Colleges, and Schools of Social Work, especially those offering specialisation in child welfare. Specialists are required in methodology of pre-school training. Besides there must be a number of child psychologists, paediatricians, nutrition experts, educationists, etc. University professors and teachers including sociologists, biologists, psychologists and educationists must voluntarily assist pre-schools in their own cities and areas in an organised manner through appropriate organisations like Associations for Child Study, etc.

Balshikshikas and Balsevikas

6.93. Urban and rural areas, for some time, will have to organise separate cadres of pre-school workers. The concept of a teacher or a school teacher does not fit into the pattern of needs of pre-schools. The Institution must not lose its essential association with a home, with a special and less formal atmosphere in which there are freedom and activity. The pre-school woman worker has the character of a parent, companion and a friend rather than a pedogogist. In cities her work will be associated with single institutions where the name of "Balshikshika" will be more appropriate; whilst in rural areas she will be a general and perhaps multipurpose social worker for children and the name "Balsevika" may be appropriately used.

6.94. Pre-school workers are entrusted with the safety, health and comfort of children, and have full responsibility for the careful use of equipment. Indoors they should provide comfortable working conditions for the children. They must have a "motherly eye", and be sensitive to the emotional reactions of children to all pre-school activities. They must have the capacity to guide children in developing acceptable social approaches and responses

to other people. They have to draw on their own knowledge of many organised branches of learning like language, arithmetic, history, science and the social services to bring the facts of the physical world and the human society within the comprehension of children's understanding. Pre-school workers normally should have a capacity to deal with different types of children like shy children, lethargic children, geniuses and over-stimulated children. They have to help children to gain experience, physical skills, social efficiency and emotional control.

6.95. The task of the Balshikshika is to so arrange the children's lives that they are able to develop and practise the kind of behaviour which leads to the establishment of a happy disposition with individuals and the group generally. This is done by keeping the children always occupied in inexhaustible and delightful activities which give knowledge and skills they will need to deal with siutations of all kinds. The Balshikshika, though not functioning as the usual teacher, becomes a friendly dominating force as a member of the group, a leader of the children because of her wider experience and greater skill; but always one with the children's purposes, never inflicting her will and purpose on the children.

6.96. In a large pre-school there is one person responsible for the general conduct of the pre-school as a whole, another person is in charge of the health of children and physical play, yet another for food, and yet another for various activities of children during the day. Such duties may be over and above the responsibility of one particular age group or stage of development of children after admission.

6.97. Pre-schools admitting children with behaviour problems only require a special person on the staff, trained in psychiatry and perhaps in social work. Such a person should be able to understand a child's behaviour and be familiar with successful methods to handle such situations. She must be able to meet the parents and be able to enlist their help and at times help to revise their attitudes towards their children.

6.98. Pre-school workers like Balshikshikas and Balsevikas should normally be young women with a pleasant personality, a bright, cheerful temperament and with capacity for broad human understanding. They must be healthy, active and virile persons, capable of giving guidance and leadership for play. They must be pleasant speakers with well modulated voices; and, above all, they

must have a special aptitude and interest in working for children. The Balshikshika must be able to foresee when her assistance is required. She should be at hand to help the child, and the child should also know that he can go to her if he wants any help from her. At this age there is a strong desire in the growing child to do everything independently and be self-reliant. Balshikshika's assistance should always lead the child to help himself rather than be dependent on her or other attendants.

6.99. In cities, the minimum qualifications could be intermediate trained, or graduates for schools with better standards. In the rural area, the Committee is of the opinion that the minimum qualification should be matriculation; but in exceptional cases, in areas where opportunities for girls' education are limited, even Vernacular Finals should be accepted. Experiments and programmes in tribal areas have revealed that tribal women may not be educated in schools, but they are intelligent, practical mothers who are capable of being specially trained in child care and pre-school management. The pre-school should aim at producing results by overcoming local difficulties, and undue emphasis need not be placed on the employment of educated women. But the Committee is emphatically of the opinion that persons employed should receive adequate training necessary for their duties.

6.100. The employment of young men should not be ruled out for pre-school work. They are especially useful as instructors for practical work like gardening, vegetable gardening, handwork activities, child art activities including drawing and painting, dancing and eurhythmics, and playground work. It is useful to obtain their voluntary services, or they may be given part-time employment. Some young men have special liking and aptitude for work amongst children. Pre-schools need not become an exclusive field for women workers.

6.101. The Committee is of the opinion that each unit in a pre-school must not exceed 30 children, and where children under four years of age are admitted, the work-load per pre-school worker should be from 15 to 20 but in no case more than 25.

6.102. The Committee feels that terms like 'ayahs' or 'servants' are inappropriate for pre-schools; but assistants and helpers are required for the maintenance of cleanliness, helping children to bathe and wash themselves, for the preparation and service of meals, cleaning of utensils and helping to look after unmanageable children.

6.103. Pre-schools with two or three units and not exceeding four should have a Head Shikshika, or Principal or Head-Mistress. Especially in urban areas, pre-schools with four or more units of children under six or seven years of age may have a specially qualified Pre-school Director who is capable of administration work, child studies and research.

6.104. When a number of pre-schools are organised by Municipalities, District Authorities, Welfare Departments and Private Educational and Welfare Agencies, they could also employ Directors, Field Organisers, Field Supervisors and Area Organisers with special training in pre-school work and child welfare.

6.105. *Pre-school Structures and Grounds :* In the early stages of Pre-school development in India, whilst realising the importance of structural efficiency, and functional needs, there should be no undue demand for elaborate structures which can only delay the establishment of a large number of pre-schools. The problem presents different situations and conditions in urban, rural and sylvan areas.

6.106. Shortage of space is mainly in cities; but shortage of funds is everywhere. The most important consideration is the *Child* and the next most important need is the provision of opportunities and facilities for his activities, training and development. Any available clean space, especially an open space and some additional indoor space ought to be adequate to start a pre-school for between 20 and 30 children. Municipalities, landlords, owners of public places like churches and citizens must do everything in their power to see that space and shelter are not denied to children for play and pre-school. The available indoor and outdoor space will determine the type of pre-school which could function in a neighbourhood and the number of children that can be admitted with regular and daily activities. This will be some kind of a short period kindergarten that will provide a companion-teacher and some activities for a minimum of two to four hours a day.

6.107. A proper pre-school must have a playground at least two rooms, running water facilities and lavatory and urinals attached. A large terrace should be available when there is no playground in the neighbourhood. As previously suggested, one or two double room tenements should be made available in an area where about 300 to 500 families live, so that a beginning could be made with a pre-school.

6.108. A proper urban pre-school, if an acre of ground is available, can be a neat and beautiful semi-open structure, providing shelter against heat and cold, rain and inclement weather. When more space is available, about 100 square feet of ground and garden per child is needed for open air activities. For indoor activities, there should be an assembly hall which can also be used for siesta purposes, as well as space for group activities and indoor meetings. A store room and a kitchen, an office room, a staff room and an "isolation" room could always be useful. There should be a locker room for children, if possible, adequate washing and bathing accommodation, taps and toilets for all the children. At least one lavatory is needed for every fifteen children.

6.109. In rural and sylvan areas, there should be no emphasis on the need of pre-school structures. Pre-schools, especially in undeveloped areas, should be "good-weather" institutions. Children should not be called to participate in activities during inclement weather when there are heavy rains or cold. In a warm and tropical country, the main needs are land, water and a cluster of trees. The open air pre-school, or a mere shelter or thatched roof ought to be enough to begin elementary services for children, even if a training programme is not possible due to dearth of Balsevikas or because of lack of resources.

6.110. Village pre-schools should have a homely atmosphere, a farm background and large playgrounds. Two to five acres of land can provide space for a flower garden, a vegetable garden, and a shelter for pets, birds and animals.

6.111. Pre-schools which cannot employ Balsevikas from the village itself, will have to employ Balsevikas from other rural areas, and then lodging facilities should be provided for them.

6.112. Special attention should be paid to the need of clean drinking, bathing, and washing water. Panchayats should be induced to provide a protected community well in the pre-school ground. Where there is a scarcity of water, children should go to a nearby stream for bathing and washing. In village pre-schools, emphasis should be on food, cleanliness, daily bath and good health.

6.113. *Resources and Expenditure on Pre-schools :* Since there are many types of pre-schools in India, it is possible only to lay down certain broad principles, and to indicate several patterns

of expenditure to assist Government Departments and other agencies to plan their budget estimates according to local conditions and needs, and to indicate the importance and scope of service of their projects.

6.114. When providing resources, it is emphasised that in all cases families should contribute according to their "capacity to pay" and local contributions should be obtained from the community in cash, kind, labour or service towards programmes of construction, nutrition, instruction or excursions, etc. Free preschool training should be available for children of families earning less than Rs. 40 per head per month in urban areas, less than Rs. 1,500 per year per family in rural areas.

6.115. *Resources:* Resources are required under the following heads for non-recurring and recurring expenditures:

HEADS OF NON-RECURRING EXPENDITURES

1. Purchase of land.
2. Construction of pre-school structures.
3. Cost for development of open spaces, including playground.
4. Furniture.
5. Basic equipment for training and education.
6. Playground and play equipment.
7. Equipment for the use of pre-school social services like nourishment, bathing, washing, toilet, etc.

RECURRING EXPENDITURES

1. Rent, if buildings and grounds are not owned property.
2. Salary of staff.
3. Cost of snacks.
4. Playground and garden expenses.
5. Education and training equipment.
6. Expenses for excursions and outdoor life.
7. Medical expenses.
8. Cost of constructional repairs and garden rehabilitation.

6.116. *Resources and Estimated Expenses:* When financial resources are provided by the State, then the Central Social Welfare Board should give 100 per cent for pilot projects, projects for the training of pre-school teachers and projects for the training of higher personnel.

Pilot Project Type I : These will be included in the expenditure on integrated scheme for child welfare in each State.

Pilot Project Type II A : A Pilot Project in slum areas of cities and towns.

Pilot Project Type II B : Rural Pre-schools.

Pilot Project Type II C : Pre-schools in tribal areas.

Pilot Project Type III : Pre-school organised in co-operation with and with integrated programmes of Primary education in the semi-urban and rural areas. The cost of primary education should be borne by the Education Department concerned.

6.117. *Land:* Land can be provided (Land where possible requisitioned for community purposes) either by the State Government, local authority, community, private donor, or purchased by the organisers.

6.118. *Structures:* Pre-school building with special functional architecture and plan, without the cost of land:

Rs. 50,000 in cities.

Rs. 15,000 to Rs. 30,000 in rural areas.

Rs. 17,000 in tribal areas.

Semi open air structures in urban areas	Rs. 5,000
Pakka structure with minimum accommodation in rural and tribal areas	Rs. 10,000
Kutcha structure in rural and tribal areas	Rs. 3,000
A room or separate quarters for bal-sevikas may be required in villages.	
Cost of constructing a well in villages, wherever necessary	Rs. 1,500

Initial non-recurring expenditure for garden and playground equipment in urban areas ; Maximum Rs. 3,000 (Rs. 1,500 in special areas)

Standard equipment	Rs. 2,000
Minimum equipment	Rs. 500

Playground equipment includes jungle gym, slide, sea-saws, swings, sandpit, wading pool, etc.

Gardens may include playground without grass, playground with turf, open spaces covered by grass or pavement, green hedges, permanent trees, plants, flower beds, etc.

6.119. *Furniture :* Type of furniture will depend upon the type of seating arrangements and requirements for seista for children. Children may sit on the floor, they may be provided with "moon desks" or some other kind of small desk or a table and a chair may be provided for each child. Small chairs and a table may be provided for groups of six to eight children.

Furniture required in pre-schools :

For office room : one table, 2 chairs, a cupboard, and shelf.

For teacher's room : Table and chairs, and if possible a cupboard.

For class room : Tables, chairs, or mats, blackboard, wall shelves, wall boards for children, pictures, picto-change frames, cupboards and children's museum.

For dining room and kitchen : Minimum necessary for kind of service rendered.

For toilet rooms (including individual lockers where possible).

For Store room : Cupboards and shelves.

6.120. *Non-recurring General Equipment :*

Clock.

Bell or gong.

Buckets and rope, garden implements for children, wheel-barrow and wagons, utensils for kitchen, plate and mug for each child.

6.121. *Educational and Training Equipment :* Plasticine, wheeled toys, other toys, blocks of various kinds, beads of wood and glass, picture blocks and puzzles, children's games, special educational toys and equipments. Total initial cost upto Rs. 1,000. Annual recurring cost about Rs. 200.

Montessori equipments may cost upto Rs. 2,000 whenever used.

6.122. In order to avoid heavy expenditure it is desirable to make use of local raw materials and artisans. Efficient teachers can always make their own educational toys, equipments, etc.

6.123. *Pre-school Staff :* Salary scales of staff will depend upon education, special training, duties to be performed, experience and capacity of the organisers and the capacity to pay. Pre-school workers may be given the same scale of pay as given to primary school teachers.

Recommended Scales :

Graduate teachers with special two years' training	Rs. 175 plus D.A. to Rs. 350
Graduates after short term training	Rs. 120 plus D.A. to Rs. 250
Intermediate Arts after special two years' training	Rs. 150 plus D.A. to Rs. 300
Matriculates after special training	Rs. 90 plus D.A. to Rs. 180
Assistant Teachers—Matriculates with training	Rs. 90 plus D.A. to Rs. 180
Assistant Teachers—Non-matriculates (V.F.) with training	Rs. 70 plus D.A. to Rs. 150
Attendants, cooks and servants	Rs. 40 plus D.A. at prevailing scales in the area.

6.124. *Nourishment :* Free milk, including milk prepared from skim milk powder should be available, wherever possible. Subsidised milk schemes for pre-school children may be organised by Municipalities, Panchayats and State Governments. Snacks may be provided upto 12 nP. per child per day, small or supplementary meals at 25 nP. per day per child, midday meals and snacks at about 44 nP. per day for child. Special arrangements should be possible in urban areas. Meals or snacks are introduced in the pre-schools for two reasons : (1) to supplement the insufficiencies of food in the case of children of poverty-stricken people; (2) for the educative value of having meals in the company of several children of the same age; preparation of food; learning of good manners and orderliness at meal time; etc.

6.125. Annual recurring grants are recommended for building repairs and garden rehabilitation together with a grant of Rs. 100 to Rs. 250 for purchases or repair to equipment, toys, etc.

A Day in the Pre-school

6.126. As the pre-school begins work each day, its fundamental aims and objects must be achieved in practice by providing the right environment and atmosphere and by helping the child to develop correct attitudes to the activities which are carried out. When the child comes to the pre-school, happiness and health are the first pre-requisites. Throughout the major portion of the day he will remain active and this is possible only if he has the desire to be active and acquires the skills to do things. As the daily activities are carried out, the emphasis is throughout maintained on developing sociability, most activities being carried out along with other children. The two most important issues that arise as soon as the pre-school day begins are the problems of getting ready to receive the children in the pre-school and of securing the maximum attendance.

6.127. Pre-schools should normally be run on the basis of self-service and much of the cleaning and orderliness of the pre-school should be looked after by the children themselves. They should work in groups, or by turn, under their own leaders. However, it is necessary that about half an hour before children arrive, the attendant should do a part of the clean-up. The playground and the garden should be swept and cleaned and utensils have to be washed and kept ready for the early morning snacks.

6.128. When work in the pre-school is left to a pleasant and efficient worker, when work and activities in the pre-school are very interesting and when the pre-school begins the day with interesting activities, children will flock to the pre-school in time. Attendance is sometimes dependent upon the weather and on the hour at which the children are accustomed to get up in the morning. The pre-school should begin early, especially in the villages. Children should attend pre-school at about 8 O'clock. As a rule, the practice of carrying children from a distance in buses should be discouraged. Pre-schools should be mainly for the locality.

6.129. The pre-school day should begin with some kind of procedure which would induce the children to attend punctually. In rural areas, it is best that they should come and immediately wash their hands and faces even if they have washed at home. The check up of teeth, nails and general cleanliness of the body follows. The normal practice of a pre-examination of children by a nurse is not possible in India because of the inadequacy of resources to

maintain a large staff. However, it should be ensured that no child or person suffering from any contagious disease is attending the school. Such children or persons should be either isolated or sent home.

6.130. The pre-schools should start the day with a morning assembly so that all children may gather together, meet each other and enjoy companionship. The assembly session may include a silence minute and brief prayers followed by morning songs. The assembly is normally followed by play time when children enjoy open-air games. On some days of the week, children may go out in the early morning for a walk or enjoy an excursion.

6.131. Play may be followed by hand-work activities or some kind of practical work in the flower and vegetable garden. Some children may do school service or look after pets and animals. This may be followed by morning snacks like milk or milk preparations, a plantain or some other fruit. It is necessary to avoid a rigid time-table, and activities should invariably follow the wishes and interests of children.

6.132. The learning hours need not be separate from the time reserved for hand-work activities. Bathing and washing are imperative necessities in a child's life in a warm country; and in many rural areas, the child may have to be given a bath in the pre-school. Contacts between parents and teachers that are normally present will help decide this point. Wherever it is found that there are difficulties in the home or when the parents are not likely to give proper attention to the cleanliness of a child, the child should be given a bath and a wash at the pre-school. At the same time regular visits of the worker to the parents should lead to the education of parents who will be induced to look after their primary responsibilities of family life.

6.133. The problem of nourishment is of vital importance and it is therefore necessary that at least a midday meal should be served at the pre-school. Different kinds of practices are already followed where pre-school programmes are in existence. If the children come somewhat late after taking a heavy morning meal at home, then only a small snack should be given at the pre-school in the afternoon. In some cases children may bring their lunch boxes from home; and in this particular case also the parents should be given some kind of education in the type of nourishment that is most suited to the pre-school child. Besides, food brought from

home could be supplemented by the pre-school. In rural areas where children belong to poor classes, it is most desirable that the Government should provide a midday meal and the community may be asked to assist the midday meal programme in whatever way it is possible for them to do so.

6.134. The dietary needs of the child have already been mentioned. The pre-school child requires between 1,200 to 1,800 calories per day between three and five years of age. Of the total diet, protein content should be 10 to 15 per cent, fats 20 to 30 per cent, vegetables and fruits—10 to 15 per cent and carbohydrates—40 to 50 per cent. The pre-school should aim at providing at least half of the total food requirements of the child.

6.135. Cheap but nutritive foods must be given to children according to local production capacities. Grams, pea-nuts, jaggery, fruits in season, vegetable soups, cocoanut and similar cheap nutritive articles specially produced to benefit children by the State and specially approved industries, have to be supplemented by milk, Vitamin A, etc. Cocoanut may be available cheaply in some places; besides, grams with a little salt is suitable nourishment that can be provided in many parts of India. Experiments are being made in Calcutta by Experts on the gram food for children. Other local nutritive articles may be used in different parts of India, always attempting to keep meal cost as low as possible.

6.136. In many rural pre-schools it may be possible to develop a vegetable garden, grow soya beans, keep 20 to 30 birds, hens or ducks, and maintain a few cows, and goats with the assistance of the village community. These will contribute economy as well as nourishment.

6.137. A zest for eating is a good index of a child's total well-being. It is necessary for pre-school organisers to prepare menus for breakfasts and noon meals. Portions of meals should consist of raw materials. Methods of cooking must ensure preservation of food values. Baked and steamed foods are better than foods cooked for prolonged periods. Fried articles should be given very rarely.

6.138. Correct attitudes to eating should be developed early so that interest in food and its appearance, appreciation of taste and the feeling of satisfaction terminating hunger become a part of the learning programme. Children should be agreeable meal companions. The association of brief prayer before meals, thanks giving after a meal and development of clean and aesthetic habits tend to promote healthy characters of a national culture.

6.139. Children of the pre-school may have certain feeding problems, which are due to several causes. Similarity between home meals and school meals should be maintained, changes being gradual. Careful observation and experimentation will reveal the best liked foods of children—milk, plantains, oranges, sweets containing glucose, jaggery, grams, pea-nuts, certain types of biscuits, etc. There is a marked difference in the amount of time required for meals by different children. Hasty meals are harmful to growth and digestibility. Personality disturbances are often the cause of feeding problems. Anorexia (general lack of hunger) is due to many environmental and psychological factors. Some children have specific allergies, others are intolerant in acceptance of certain articles of food. It is only gradually and by training that Balshikshikas will develop abilities to deal with these problems.

6.140. The child in the pre-school has to be active, and yet he needs protection against fatigue. Playground activities are as fatiguing as making noise, or working in the garden. Irritability, persistent quarrelling, restlessness, flushed faces and apathy are symptoms of fatigue. Activity should therefore be followed by bathing, rest, food and sleep. There must be frequent and scheduled rest pauses during the working day. Two year olds need a total sleep of about 12½ hours, and five year olds need about 11½ hours. Therefore the need for a midday siesta after lunch for 1½ to 2 hours. The siesta implies sleep in fresh air, cool temperature and comparative quiet as children observe compulsory silence. By sleeping or enjoying a long rest in the afternoon, the child is doing something which is vital for its development, growth and good health. When the pre-school works for only half day or when parents insist that children return home for their afternoon lunch, then again parental education must make them realise that the child must have sleep and rest during the afternoon at home.

6.141. After the siesta or rest period, children are again fresh and ready for activity ; and therefore they can begin the afternoon work with activity of a practical kind like work in the garden, or some other activity requiring physical energy. Strenuous hard work, activities engaging attention and finger skills are also suitable after siesta. Or after meals and sleep, children may be engaged in school services. After a learning period, children can enjoy their evening play before returning home. Whole day pre-schools

may work upto 5 O'clock in the evening or they may close earlier at 4.30 as long as children do not have to travel a long distance to reach home.

6.142. Children are kept engaged in play and different types of activities pertaining to hand work, learning and self-service. Whenever children appear to be bored, there could be a few minutes of story-telling or singing and activities could also be varied in terms of single child activity and group activities. It is desirable that during some part of the day the child should be alone and be left to do what it likes.

6.143. The pre-school must have the freedom to arrange the day in such a manner that children always do what they most like to do. A rigid following of the time-table, as in the primary school, is undesirable for pre-schools. The time assigned to different types of activities should vary according to the capacity of children to give attention and their interest in activities or subjects which are handled by the teacher. It is generally believed that about twenty minutes should be adequate to engage the attention or interest of a child on any one subject or activity. However, when children are engrossed in any particular kind of activity, then it is desirable to continue that activity as long as they desire.

6.144. The daily routine of the pre-school must always be so varied and changing, that the child is always curious, interested and enthusiastic to participate in all that is done. It is imperative that the daily programme be planned in advance by the pre-school teacher and varieties of subjects and activities should be introduced every day and changed from day to day so that children may not feel monotony, and they enjoy whatever they do. Teachers should have the liberty to change activities and subjects according to the wishes of the children, and according to the new circumstances that arise during the working day to enthuse and stimulate them.

6.145. A very important part of the routine of pre-school life is the participation of children in important activities for the whole community. In rural areas this should include community activities like sowing so that children participate in and witness the day to day normal activities of their respective communities. Rural children are fond of enjoying dancing with their parents and elders and they take pride in taking a small child by the hand and in leading him to the dance. Children should feel that parents

and elders in the community are vitally interested in their lives. The experience of participation in community life in the early years will contribute to the success of programmes of community organisation and development later on.

6.146. Children must enjoy open air and outdoor life as much as they can. Open air class rooms are easily made by planting large and quick growing trees together in an open space, or by taking advantage of trees that are in the neighbourhood of the pre-school. Children should make as little use of the school building as possible because there is no better place for them than in open air and in a natural environment. In rural areas, children may visit stream banks, hill tops or groves of trees and walk to neighbouring villages, so that they may accumulate experience about the lives of other children and communities. Children in cities could go to a beach or a public garden and they may enjoy interesting activities, play, hand-work and learning outdoors.

6.147. Programmes of activities in half-day schools could be adjusted merely by either reducing the time devoted to each activity or by providing the daily activities of a whole day school on alternate days. Absence of the siesta times, and shorter time devoted to games will help make adequate time for hand-work learning activities. There are many other advantages of the half-day school. For example, parent-teacher contacts could be closer because the pre-school teacher will find more time to visit parents of children attending the pre-school. A half-day pre-school teacher may be able to work simultaneously as health visitor, if such training is given to her.

6.148. Programmes and activities of the pre-school must always be adopted to suit the place, the climate, ability of teachers and the desire of children. It is for this reason that the training of pre-school teachers is of great importance. They should be given a deep understanding of the importance of what they are doing and of the great need to be interested in the child as well as in subjects and activities. It is necessary to bring out small manuals on the Pre-school Day and a subject like nature study, child art, hand-work and learning activities.

6.149. *Records of Physical Growth of Children* : Wherever possible each pre-school must be provided with an accurate weighing machine and physical measurements must be recorded once in three months. Records of height, weight, chest measurements and

data required to find a nutrition index must be kept on individual cards or in registers. Survey of physical growth and development must be carried out in all regions, utilising the services of Health Centres with the help of Mahila Mandals and institutions like Bharat Sewak Samaj.

6.150. *Medical Examination:* Perhaps the greatest weakness in an otherwise efficient pre-school programme in India will be the absence of an adequate health and medical staff. It is very desirable that on entering a pre-school a child be medically examined, and should receive necessary immunisations, preventive and curative treatment to be followed up with a special nutrition programme for under-nourished children and periodical medical check-ups. Normal physical growth cannot be expected till illnesses are reduced to the minimum, and the child is helped to develop a robust constitution capable of muscular activity. It is advisable that along with the children the entire staff receive medical check-up.

6.151. The type and amount of medical supplies, first aid box or medicine chest provided to pre-school will depend chiefly on the service which the pre-school is able to afford. Every school must be equipped to deal with minor accidents and ailments.

6.152. *Pre-school Curricula:* In the daily work of the pre-school three main elements are involved. These include a programme, use of methods, and use of equipments. The following is a list of various items that are generally included in all programmes of a pre-school.

1. *Play activities:*

   (a) Free play including educational and constructional toys, indoor games, and outdoor activities in association with other children;

   (b) physical activities involving rigorous muscular and limb movements;

   (c) play involving contact, acquaintance, imitation and experience of physical, family and social environment;

   (d) organised play group activities and directional play;

   (e) playground activities using playground apparata.

2. Physical training including simple exercises, dance and eurhythmics.

3. Manual activities and play like gardening, simple chores, and participation in simple community efforts.
4. Sensorial education using natural objects and specially constructed apparatus.
5. Handwork and artistic activities involving the use of finger skills and tools; and activities like drawing, painting, singing, music, dancing, etc.
6. Learning activities including language; personal hygiene and health rules; elementary nature studies involving contact with the physical, plant and animal world; counting and arithmetic, etc.
7. Self-service in school eliminating as far as possible the use of servants and adult helpers.

6.153. The general programme of the pre-school includes (1) individual activities, (2) group and collective activities, (3) outdoor activities, (4) personal and social activities involving washing and bath, meals and siesta. None of the four types are evidently mutually exclusive.

6.154. "The essence of individual work is simply that each child occupies himself with what he has to do, without constant supervision and regulation." Individual work involves the use of lots of materials including apparata and toys which must appeal to children and which must at least partly be self-explanatory. The distribution and collection of materials and the maintenance of records of work done are two vital aspects of individual work. It is desirable, wherever conditions make it possible, that each child spends a very brief part of the day entirely alone by himself. The self-occupation enables the expression of imagination and latent qualities and the development of individual mental attitudes.

6.155. The organised group provides opportunity for social development and personal relationships and for the exchange of childhood ideas, adding to the child's fund of information and giving him new experience. Children's groups, lived by themselves consist of four to six children; whilst the Balshikshika engages larger groups according to capacity and facilities and resources available to the group. Group activities include singing, action songs, story telling, dramatics, games, friendly talks and conversation, collective lessons, handwork activities and outdoor activities planned by the Balshikshikas, language games, and self-service programmes like cleaning, meal service, etc.

6.156. Many pre-schools in the world use the "project" method. Children actually "project purposes and plans of their own according to their interests and for which they are prepared to work." The Balshikshika has merely to encourage these plans and get the children to develop their ideas about them, to arrange time and space in the school, so that the purposes can be carried out by the children and then to lead them from the beginning to their completion. The children thus take full advantage of all the opportunities the projects offer for learning useful activities. Projects naturally differ in rural and urban areas but they deal with life, real situations, and community and social functions. Community development programmes should offer great scope for the use of the project method.

6.157. *Play* : Play is perhaps the most important aspect of the life of the child. Ignorant parents wrongly believe that it is merely recreation for the child and some of them even regard it as a kind of nuisance which at best has to be tolerated. Play is the permanent and total expression of the child in the earliest years. Play life of the child is often more than equivalent to the work life of the child because the child can engage himself in play from the moment he gets up from sleep till he goes to bed. Indeed, the insatiable urge for play among children is an expression of their vitality translated in energy and muscular action. When a child plays physically, it may express a certain amount of fatigue; but play and fatigue induce sleep and produce added vigour and greater inclination to play. In Physical play the child demonstrates and develops capacity to play, to manage and organise games, and may develop leadership.

6.158. Play yields continuous emotional satisfaction and therefore the emotional development of the child is also involved. First of all the child who plays is the happy child; and as the child plays it keeps happy till hunger, illness or other environmental factors create experience of frustration and temporary or natural pain. In play the child gradually expresses all his basic emotions. Laughter, crying, shouting, temper tantrums, anger, jealousy and fear are all parts of play life from the very beginning. The child begins by playing alone and then gradually seeks companionship and associates for play. Love, affection, fellowship and sympathy are developed through the medium of free play in much the same manner as contrary attributes—such as irritation, anger, quarrels and fights—are produced by interrupting and inhibiting the play life of the child.

6.159. Play becomes a part of the mental life of the child even when he is only a month old as when in the supine posture his eyes follow a moving, coloured object suspended before him. Play is the chief instrument for experimenting, knowing and learning as well as experiencing reality. Imagination and imitation augment the play life of the child thereby contributing towards his mental development. The extraordinarily complex mechanism of the human eye enables a continuous process of "picture taking" every fraction of a second, and these images are stored in memory to later form the basis of curiosity, enquiry and knowledge. Sensory activities, beginning with the sucking reflex and the testing habit, and sight, touch, hearing and other sensory experiences lead to the early learning of language and other needed information without the presence of a teacher. This learning process is naturally continued in the pre-school.

6.160. The child plays in and with his environment. He plays with life and living objects. Sylvan and rural children are particularly fortunate in that they have a tremendous scope to play and learn in Nature, an advantage which is often unavailable to children of urban areas. The mimicry of life by children was considered to be a main objective of their play from the earliest beginning of the pre-schools. The child plays with the 'doll as a living reality, with pets and animals and with other children, their natural companions. He plays "marriage", "cooking", "policeman", "doctor", thus imitating the adult world and playfully enjoying functions that are imaginatively initiated.

6.161. Play-way has now become an accepted method for the training of children. Innumerable 'Play-way' toys have been invented by manufacturers to please and at the same time to educate the child. Play-way by itself is a philosophy and a landmark in the history of education. Play-way has to be a part of parental education and of training programmes of Balshikshikas. Play-way is a vital subject of educational research by educationists and scientists.

6.162. The play world is so vast mainly because of the Time content and its great scope to contribute to the growth and development of millions of children. From the very beginning it should be the right of the human child to claim indoor and outdoor space, toys and other articles and companions to play with. The denial of space for play in childhood is a contributing factor to stunted

growth, delinquency at a later stage, mental ill-health and inadequate social development of the child. Mere space, any open space is adequate for play.

6.163. The toy is an acquisition for every child. The desire nature of the child is involved in the possession and use of toys. Toy production should not be viewed as a mere commercial venture, it is a national service and a rich gift to national childhood. It is to be expected, therefore, that the toy industry will receive the highest priority and support from the State, the industrialist, the educationist and the scientist. The preparation of the child to live in the New India after the so called "Take off" stage, will in part depend upon the toys produced by the Nation. Training, education, science and invention are four vital factors associated with the toy world of the child and the gamelore of the nation. A separate chapter is devoted to this vital subject.

Free Play

6.164. The gifts of Froebel, simple as they were, have been increased in variety, function and design to provide an immense world of enjoyment and activity for children. Even from the earliest age when the child lies in a cradle it seeks to play with the bright moving coloured objects and put into his mouth these articles which appeal to his fancy. Toys for the child under one year of age help the use, growth and development of sight, hearing; touch and possibly imagination. The small gifts of Froebel were enlarged and increased by Dr. Van Alstyne who created the standard wooden block 6" × 3" × 1½", and also included other shapes like double bricks, half bricks, triangles, circles, cubes, half-cubes, squares, half-spheres, oblongs, etc. They would be adequate for a pre-school and can last for several years. However, since they are bulky, they should be made from light wood like 'fir' or Himalayan Pine. In the toy world the 'cube' made of wood and coloured has made a great contribution to educational toys. Sets include wooden shapes with a standard base of 1" or 1½"; stringing cubes with a hole in the middle, picture cube puzzles, and construction sets to build houses. Wooden beads are used by all pre-schools; and they are coloured and have various shapes. The village of Chennapatan in South India specialises in the manufacture of such beads. Glass beads, usually made in Benaras are also used by children of three and above.

6.165. Tools are introduced in the sand pit, digging pit and garden. Sand play affords unique scope for the child's enjoyment using its imagination and finger skill. Water play, which needs to be introduced more extensively in India, including visits to sea shores and sandy river banks, affords great amusement as well as training to children. Other play includes mosaics, jig saws and puzzles.

6.166. Wooden articles which are solid, unbreakable, durable, attractive and safe evidently have the greatest appeal for children. Their high costs are mitigated by the long years of use by all children in the family, or the pre-school. Rubber articles are also popular, followed by glass and plastics. Wooden wheel toys used in the pre-school are small as well as large.

6.167. The play blocks are followed by the wheel and the waggon. Sufficiently large sized waggons should be available in pre-schools for loading and moving and dragging by children. Some of them are large enough for a child to drag with a pet animal or another child inside it. The metal ring to roll down streets and paths is another item for universal play.

6.168. Animals and birds are items which all children love and enjoy. Animal pictures, cut-outs, picture block puzzles and the use of the animal in paper and scissors craft are known to kindergartens. Children love wooden animals to ride, and real dogs and goats help to pull children's carts. The animal introduces the child to the real problems of life.

6.169. Simple indoor games materials should be prepared by the children and the Balshikshikas. They will supplement or substitute the cheap cardboard games available in the market. They should be designed with the two-fold objective of providing enjoyment and training.

6.170. The doll and doll's house has played a great role in the life of both girls and boys. The life of the child revolves round the family and the child in its world of make believe creates a family of his own with all the attendant pomp and paraphernalia of a household. This play reveals a capacity for deep concentration and facilitates expression of real emotions of love, joy and pleasure.

6.171. The family and the pre-school should take a great interest to provide children with toys which appeal to their imagination and interest. It may, in fact be appropriate to view this as an

integral part of the educational process itself. Children have their preferences and cloth toys and animals and moving toys appeal to them till they are sufficiently grown up to use constructional toys. The modern toy should introduce elementary science to the child. The Heathe text books have introduced a unique collection of toys and play-way articles together with instructions for teachers to deal with science for the pre-school child.[1] Western pre-school teachers use text books for play and arithmetic.

6.172. The greatest fun comes to the child from energetic and muscular play. The child is himself the inventor of games and the gamelore of children is a part of a nation's culture. The Committee recommends an intensive survey of games played by children in all parts of the country in India in urban, rural and sylvan areas. Innumerable text books on children's games for all ages are available, and more such books should be brought out in India for the use of pre-schools and play centres. The outdoor background makes an immense contribution to the play life of the individual child and to the social and recreational life of all children. Equipped playgrounds are now provided in many urban and rural areas.

Physical Fitness and Exercises

6.173. Though open air activities and games are excellent exercise for children, physical exercises suitable to the child and carried out only for a short period of say about fifteen minutes can promote control of movements, discipline, muscle flexibility and good posture. Posture is very much neglected in India, with the result that flat feet, stooping shoulders, downward chins, etc. receive very little attention. Children enjoy physical exercises with rhythm and song and eurhythmics must be taught to Balshikshikas during their training. A Committee of playground instructors, teachers and doctors should prepare a standard programme of exercises and drill including corrective exercises for children. Great care is needed to protect the child from fatigue, falls, cuts, traffic and all kinds of direct or indirect injuries that are likely to be caused during games and physical training programmes.

6.174. The pre-school must have a carefully prepared syllabus of physical training which will include games and exercises. Two short periods a day, excluding the playground hour, are suggested for free play. The morning period may be used for simple

[1]The Heathe Series : Oxford University Press.

exercises, games, running, jumping and climbing and this often may be taken on the playground using simple play apparatus such as balls, ropes, etc. Dancing, action songs, singing games and rhythmic movement may be included in the programme. At present in several pre-schools, small children are taught intricate dancing steps and gestures for items for public performances. This practice is very harmful and must be discouraged. Dancing with free and spontaneous rhythmic movements of the child should be encouraged.

Play and Work

6.175. There is a good deal of controversy about introducing elements of work in the life of a child. There is no doubt that the habit of work should be developed from the earliest of years. Provided a particular work is not irksome, unpleasant or injurious, it is mere play with characteristics of work. "Gardening, manual work, self service, school service, and pleasant performances of chores should form a part of the daily routine of any pre-school. Children should also participate in group efforts involving manual labour. They can always help to carry materials and assist elders in whatever way they can.

6.176. Children begin to move their limbs and eyes with purpose almost in the first month. In the beginning the child's movements are uncontrolled and without purpose. Later on, they are made with purpose—such as following light and sounds with eyes or trying to catch things that attract them by their movements or sounds.

6.177. As the child grows, his movements of the limbs and his use of sense become more controlled and more accurate; but in the first year his inability to move as he likes comes in his way till he gets full control over the different movements of the body. Till then his activity has a limited scope. At the age of two-and-half to three years when he has overcome all his infantile inabilities, his desire is at its highest to use his limbs to do several things that he sees other people about him do and to use his senses to observe the world around him and understand the meaning and the danger or pleasure of handling them. This is the time when the pre-school is necessary to afford him free scope to satisfy his legitimate desire to grow.

6.178. Adults have come to look upon all these activities of the child as mere play; while from the very beginning the child is very seriously engaged in them. It can be said that he is as

serious as a scientist in his experiments. Adults call them 'play' because from their point of view they have no significance, purpose or utility. The child in his early age may not be himself understanding why he does several things. There is a strong impulse to use his muscles and senses, obtain control over movements and acquire skills of bodily movements; so he does them without being conscious of the usefulness of his acquisitions. A student of child growth knows that this is their vigorous preparation for growing into an adult person.

6.179. In the sphere of child education "Play" is a word most loosely used, and it is also used to denote important contents of child education. From the adult point of view the word is used in various ways. For example :

(a) Something that has no meaning.

(b) An activity that is undertaken for merriment, or fun but which has no serious purpose or utility in life.

(c) 'Play' is a word denoting activities which are compared with activities connoted by the word 'work'. Sometimes it is believed that the former is useless while the latter is something useful.

(d) 'Play' is often believed to be something that is unreal whereas work is considered to be 'real'.

(e) Make-believe activities are play while real activities are work. For example, a doll tea party is 'play' because in that nothing is actually done, but only to be imagined as done; while in real parties tea must be actually prepared, poured, served, and so on.

(f) It is often believed that play is something tedious, irksome and boring to the child.

6.180. All these evaluations of grown-up persons are evaluating the child's activities from their own points of view. For the child, whatever it is deeply engrossed in, because it attracts him and satisfies his natural urge, is very serious and important—call it play or work. At the end of it, he has a feeling of satisfaction and is joyous and happy. If he is stopped from doing the activities, he feels frustrated and becomes unhappy. Thus joy and happiness are results accompanying the satisfaction of his deep urges and interests.

6.181. Adults seem to think that make-believe play is what children like; but the same things will be boring if they are real. In fact, this is not so. The child wants to be taken seriously as a helping hand and loves to take part in the work of his parents and other elderly persons. But as a rule he is kept away because grown-ups think that he will make a mess of it and so he has to go into the world of imagination and try to be satisfied with make-believe activities. If a child is given a hand in looking after the little baby in the house or given a pet that belongs to him to look after, he will not care to play with a doll and feign to feed it or sing the doll a lullaby.

6.182. No doubt, there is a significant place in the life for make-believe things like drama. Children while dramatising, imagine themselves and other children to be what they are not—*e.g.*, a king, a wolf, an old woman, etc. As it is not possible to have real experience of each and every thing, we have to gain knowledge with the help of our imagination. This kind of make-believe games and play have a great education value while playing with dolls and make-believe parties, etc., do not satisfy the emotional urges of the child. Besides, it is not at all healthy for children from a psychological point of view to run away from real facts and live in an imaginary world; so children should have contact with reality. In fact, they naturally have a real interest in things happening in their and their neighbour's life.

6.183. *Sensory Education :* Sensory education has been very much elaborated by the Montessori system; and even those who are not equipped with the knowledge of the whole system, could profitably use some of the apparatus, especially if costs are not prohibitive. The proper guided use of the senses in open air life, play, and home life, use of educational toys, periodical medical examinations, especially for the care of eyes and ears, and immediate medical treatment where necessary, can promote sensory development which can help mental growth and prevent mental retardation in later years.

Language and Conversation

6.184. The teaching of language must receive very great attention in any pre-school. The mother unconsciously begins to function as natural teacher of language to the child. Language teaching requires sympathetic understanding and intensive rapport between children and elders. Two aspects of language require preliminary attention. A vocabulary has to develop and pronunciations are

to be learnt in conversation, games and song. Communication about the demands of everyday life, play and work constitute a normal activity of children which needs example, opportunity and guidance. Aproti contributed a good deal to the importance attached by the Agazzi sisters to conversation in the pre-schools. Froebel desired to develop the child's faculty joyously, through his conversation. Language is learnt simply by listening to home and country news, carrying messages, carrying out instructions, participating in conversation which are of interest to children and group singing. During another stage letters are introduced and reading and writing begins. Meanwhile stories create interest in children to describe things and events. Many rhymes and dramatisation adds to the child's faculty of learning language, and to comprehend the symbolic and latent functions of words, gestures, etc.

Handwork Activities

6.185. Play, training and learning meet together in activities which promote the development of finger skills and the aesthetic sense of the child. Handwork provides an opportunity for activities in which there is coordination for physical activities, emotional satisfaction and mental efforts in short periods during which the children enjoy doing things. Handwork activities are essential because children like them, and they are able to plan, devise, and create new things. At the same time, they are pleasant diversions from learning lessons. There are two distinct elements in handwork; the desire to create and the ability to do things. Crayon, pencil, brush, plasticine or clay, paper, cardboard, cloth, wood, knife, scissors, needle and thread, and innumerable other articles, materials and simple tools go towards the planning and development of handwork activities for children. The Kindergarten has developed activities which even the Montessori pre-school could use with benefit. Handwork activities permit a real foundation for pre-basic school. Imagination, skill, the senses, fingers and hands are applied by children in the utilisation of raw materials, simple tools and special equipments prepared for similar activities. Small scale industries must take a keen educational and scientific interest in providing a wide variety of materials and tools for handwork activities in pre-schools.

6.186. By using plasticine which is now manufactured in India, children are able to develop finger manipulation skills with finger as well as imagination and at the same time express their observations of life, things and articles. By using clay, paper, cardboard,

grass and other materials, the child is able to learn the rudiments of a skill to produce objects that are pretty in colour and shape. Paper tearing, folding and cutting lead to using cards, cardboards and other activities which teach manual dexterity and also help to promote artistic expressions which is within the power of the child. Paper cutting activities are carried out in innumerable forms and are guided by special books which are available on the subject. Along with paper, card and cardboard, other objects like crayon, pencil, brush, scissors, knife and glue are used to paint, cut, fold and make toys.

6.187. In handwork the children come across a large number of raw materials which they will use in their work and creative life later on. At the same time they are interested to use tools requiring a graded series of skills which will be used throughout life. Beginning with scissors and knife, using needle and thread, they gradually use tools dealing with timber, metals and other solids.

6.188. Life is surrounded by natural beauty and artistic creations of human beings produce poetry, song, music and beautiful structural forms in clay, stone and metal. Both heredity and environment are capable of shaping the creative and skilled activities of man. The child is able to express his skill and imagination in all forms of child art. Scope, opportunity and facilities are needed in the pre-school to enable the development of the child's aesthetic sense, to be able to appreciate art, song, music, dramas, painting and nature and to engage in activities using artistic materials.

6.189. Colour recognition and appreciation begins in the earliest stage of the pre-school accompanied by the use of crayon, pencil and brush. Music which is a most essential element of the pre-school curriculum gives joy to children and it provides a form of self expression. The brief music hour includes silent listening to song, gramaphone records and radio. India has already created nursery rhymes, and they should be developed in many languages. Special and simple musical instruments should be part of the enjoyment in pre-schools. Singing was a major item in the Agazzi pre-schools because sounds have a great appeal for children and singing is as natural to them as speech, using singing as medium of expression. Singing and listening to music lead to rhythmic bodily movements. Singing, dancing and eurhythmics where song, drama and play are combined need careful and systematic planning to be of value as a method of child development.

6.190. Simple forms of aesthetic appreciation are innate in children, but they appear to be lost in later years due to environmental conditions and lack of opportunities. Aesthetic training fails to fulfil its functions unless it brings children to care for beauty in its healthful forms. Gardening and flower arrangements develops appreciations and gives training in manual dexterity. A child of five could be delighted to carefully pick flowers of varied colours and sizes and to arrange them according to his taste. In doing this the child also learns muscular control of a delicate kind, the eye is trained in the appreciation of colour and form in varied shades and the nose is trained to appreciate delicate perfumes. When practising music children develop a sense of rhythm. The spontaneity with which, children clap, more in time and tune with the beats and sometimes move their heads, produce this sense of rhythm. The training of the child's natural sense of rhythm is very important. It is the basis, not only of much appreciative pleasure in later life such as delight in music and poetry but also leads to grace and dexterity of movements when dancing. They also learn set dances including folk dances. The rhythm and steps of the dance are graded and an interesting variety of dances are provided to suit age groups of children.

6.191. As long as pre-schools are understaffed and Balshikshikas are inadequately trained, it will be difficult to carry out a very vital programme for the proper training and development of the child. It is necessary that the pre-school must have frequent contacts with the mother and home of the child, otherwise a co-ordinated influence of home and training cannot be achieved. Parent participation in the programme of child development and training is of great importance. The contact must be achieved in two ways. The Balshikshikas may organise a Mothers' Union or a Parents' Association which could meet occasionally on the pre-school premises. The problem and needs of children could be discussed and a programme of parental education may be simultaneously carried out. In the Soviet Union there is a parents' corner in most of the pre-schools. Recommended books for children, toys, sample pieces of children's clothing and furniture, recommended types of meals, etc. are demonstrated in the corner for the observation and information of parents. Some kind of voluntary parent-teacher association in which even primary school teachers may join must develop and act as a complement to educate family and community life. Another way is for the Balshikshikas to visit the parents when they are at home.

6.192. The Balshikshika must visit the homes of children to meet parents and maintain contact with the home environments. It is recommended that pre-schools should meet on five days of the week, and the Balshikshikas may spend a half day visiting the homes. She must especially help to improve home environment, recommend family planning, and discuss the food, health, hibits, behaviours and other problems of the child and give proper advice on child care.

CHAPTER VII

HANDICAPPED CHILDREN

7.1. The problems of all children under six years of age are numerous, and it is perhaps for this reason that the terms of reference of the Committee do not indicate that a detailed and intensive study of the handicapped, subnormal and abnormal children in this age-group should be carried out on a national scale. This was partly because the problems of handicapped children require the attention of specialists; and partly because such problems have already been studied by other committees appointed by the Government of India. The Committee has therefore undertaken only a general survey of the following classes and types of handicapped children :

1. Abandoned and destitute children associated with unfit guardians, especially including beggars, prostitutes, etc. ;
2. Foundlings ;
3. Orphans ;
4. Blind and partially sighted, deaf and dumb ;
5. Children affected by chronic diseases like T.B., V.D., etc.
6. Ortheopedically handicapped children, *i.e.*, affected by Poliomyelitis, cerebral palsy, T.B. (bone), haemophlagic, paraplagia, etc., and children crippled by accidents and other causes ;
7. Mentally handicapped children ; and
8. Children of parents who are suffering from chronic communicable diseases.

7.2. As it is difficult to deal with all the handicaps of all children, the above order of priority merely indicates the general approach of the Committee to the problems involved. After all, as

the family is primarily responsible for Child Care, every handicapped child should be first dealt within the family environment. If the family is a part of an organised community, then the welfare programmes of a regional community organisation and development programme should deal with their problems according to their needs and available resources.

7.3. The Committee is strongly of the opinion that so far as children under six years of age are concerned the greatest emphasis must be given to determination and referral of handicaps, and preventive measures. The State should first concentrate on these measures and provide resources and institutions to deal with these aspects. Detection and prevention will naturally become the primary functions of domiciliary services, and regional communities should be assisted by organising a "system of referral" so that families and representative of communities can go to the proper institutions which may be available in the region to help the handicapped children. In urban areas, the State and Municipal Departments of Social Welfare, all major organisations for women and children, and especially the Indian Conference of Social Work, the Red Cross and the Schools of Social Work should organise a local referral system. The referral is helpful because most serious handicaps require institutional aid of a special kind, and the use of the case work method is most appropriate to deal with all types of handicaps.

Detection

7.4. In the treatment of handicapped children, the time factor is of vital importance. Detection is especially important to deal with handicaps Nos. 4, 5, 6, 7 and 8 mentioned in paragraph 7.1. An early treatment is also vitally necessary in almost all cases in order to eliminate or reduce the seriousness of the handicaps, and remove or at least reduce the intensity of suffering of the child. Detection of handicaps is very difficult in a country when the numbers involved are large, and majority of them are victims of poverty, and the standard of literacy is very low. Detection of handicaps will, however, be easy if domiciliary services are available, active and efficient; and if the norms showing the development of the child at various stages are widely published and made available to the Community Development Administration, Welfare Agencies, Institutions, Hospitals and Clinics. A general and careful treatment of the handicaps will also be possible if parents, school teachers and government servants are given sufficient guidance to adopt the right approach to the welfare of handicapped children.

7.5. The Committee recommends the following measures for the early detection of handicaps and effective cure and rehabilitation of cases :

(a) A programme of parental education ;

(b) Pre-school teachers, gramsevikas and balsevikas should have some elementary training to be able to detect early defects which can be referred to School Health and Medical Services ;

(c) A number of experts, officials, and social workers have emphasised the need of organising a "Detection Fortnight" every year, so that guided measures with the help of doctors and a Counselling Service could be taken in institutions, pre-schools and schools, and community areas to detect the handicaps of large numbers of children ;

(d) The staff of Primary Health Centres and even indigenous dais could be trained to detect defects at an early stage ;

(e) Mobile Health Units in rural areas, and all child welfare agencies in urban areas can help the detection of handicaps.

Survey of Handicapped Children

7.6. The real nature and extent of handicaps suffered by children are not known at present. The requests made to the Government by Social Welfare Agencies during the last decade to include a survey of at least the physical handicaps in the census operations of 1961 could not be complied with for various organisational difficulties. The Committee recommends that the problems should again be dealt with before plans and programmes are made for the 1971 census by the authorities concerned. Meanwhile, a nationwide census of the handicapped, or at least the handicapped children should be carried out. District authorities, Gram Panchayats, Social Education and Welfare Agencies, Universities, Schools of Social Work, and Research Organisations can help to carry out such surveys; and such a programme can also be carried out as part of a social service project by college students. Prior to nationwide census of the handicapped, regional, areawise and local surveys can be carried out immediately by the agencies mentioned above.

Study of Causes

7.7. Along with the census of the handicapped, careful investigation and even research is needed to study the causes leading to

the handicaps. General and social researches on these problems can be carried out through the Research Programmes Committee of the Planning Commission; and less comprehensive studies may be carried out by the Schools of Social Work and Universities Special research institutions are needed only to deal with certain major and difficult handicaps; but research sections must be created in institutions specially equipped for the treatment of specific handicaps. A study of causation will naturally be accompanied by a study of methods of treatment and rehabilitation. Amongst the known general causes may be mentioned heredity, poverty slum conditions, malnutrition, parental incompetence, late detection and neglect of the handicap in the early stage

Prevention

7.8. Preventive programmes must be given sufficient importance to separate them from effective programmes of treatment and rehabilitation, though investigations dealing with the latter will always be associated with the preventive approach. As a matter of fact, the special prevention agencies of the Government and voluntary agencies should receive direction and guidance from agencies engaged in the treatment of handicapped cases. General preventive measures should be extensively published through the radio, documentaries and newspapers. Specific programmes of prevention should be undertaken by the Community Development Authorities as well as Creches, Day Nurseries, Pre-schools, Orphanages and Foundling homes and the special children's villages which are recommended for looking after deserted, exploited and neglected children. Special measures must be taken to discourage and even prevent marriages, and sterilize persons who may transmit blindness or any other serious physical or mental defect to the next generation.

7.9. A positive criterion is available to determine the priority that must be given to deal with handicaps of children under six-years of age. This consists of a general evaluation of four factors affecting the life of the child. Special and immediate treatment is necessary if the handicap can be removed immediately or at an early stage ; secondly, the physical and emotional suffering of the child must be taken into account; thirdly if the normal growth of the child is affected by the handicap, then the treatment should be immediate; and finally treatment should be made available if rehabilitation is possible. The Committee recommends that a few large hospitals and rehabilitation centres should be created in the various

states to deal with cases involving long term care and interim treatment for rehabilitation. This should especially be done to deal with cases according to the criterion of priority mentioned above.

Destitute and Neglected Children

7.10. It is well known to social scientists that poverty and prosperity react on each other ; and because man is the focal point of all social phenomena, causes of poverty are related to the causes of prosperity. It is, therefore, not unnatural that the number of helpless and destitute children are increasing in cities and near centres of prosperity. Social research is needed on the problem because it virtually affects the health and efficiency of the nation; and it causes immense and real suffering to helpless and needy children. Children under the age of six years belong to a most special category because if parents and homes fail in their natural duty of parental care, then only a socially undeveloped country or society can fail to make the provision for the care and training which are the birthright of every child. No excuse for lack of resources can be justified because then in such cases the State and society become themselves guilty of neglect. It must be realised that many children are undergoing a severe and inhuman punishment due to social injustice and poverty and the cruelty of their guardians at a most critical stage of their growth. That large numbers of children should be involved in this category is unfortunate; and the care of such children is a measure of the success or otherwise of social prevention and protection of handicapped children.

7.11. In the first place, enactment of new legislation as well as enforcement of old legislation are of vital importance. There is evidence to show that legislation in India regarding children is limited in its scope and it is still far from clear whether any suitable machinery has been devised to carry out the responsibility assigned to Children's Department in a manner so designed to ensure the care of children in keeping with standards which are now accepted as being adequate for the welfare of the child. The Committee feels that the existing Children's Acts are not at all adequate and are hardly even enforced in most parts of the country. There is ample justification for a legislation like the 'Unfit Guardian' Act. The aim of this Act should be to protect the child and guarantee to it the care it needs, and to educate the guardian without undue harshness and punitive measures, taking into consideration the facts of general ignorance and poverty prevailing in the country, and also the fact that such

guardians themselves may not have had the opportunities to grow up as normal citizens. The Act must provide swift action by a humane magistracy, and provision must be made for the legal custody of the child for an interim period till circumstances and conditions are created for the care of the child by his natural parent or guardian.

7.12. The Child Care Committee is essentially concerned with the problems of children from 0-6. The existing legislation, namely, the Childrens' Act in the various States are found to be rather indefinite on this point.

Sections 40, 41 and 42 of the Bombay Children Act, 1948 read as follows :—

Section 40

"Any police officer or other person authorised in this behalf in accordance with the rules made by the State Government, may bring—

(i) before a juvenile court if such is established for the area and is sitting,

(ii) if a juvenile court is not established or if it is not sitting, before a magistrate empowered under section 8 with the powers of a juvenile court, or,

(iii) if there is no court of the kind specified in items (i) and (ii) above, before any magistrate,

any person who in his opinion is a child and who—

(a) has no home, or is found wandering without any settled place of abode and without visible means of subsistence, or is found begging or is found doing for a consideration any act under circumstances contrary to the well being of the child; or

(b) is destitute or is illegitimate without means of subsistance, other than that of charity, or has no parent or guardian, or has a parent or guardian unfit to exercise or incapable of exercising proper care and guardianship, or who is not exercising proper care and guardianship ; or

(c) is known to associate or live with any prostitute or person or persons of criminal or drunken habits; or

(d) is lodging or residing in or frequently going to a place or places used for the purposes of prostitution; or

(e) is otherwise likely to fall into bad association or to be exposed to normal danger, or to enter upon a life of crime.

Section 41

"When any magistrate not empowered to exercise the powers of a juvenile court is of opinion that a person brought before him is a child, he shall record such opinion and submit the proceedings and forward the child to the nearest juvenile court having jurisdiction in the case or where such court does not exist to the (Sessions Judge) to whom he is subordinate.

Section 42

If the child requiring care and protection on any of the grounds mentioned in clause (a) to (e) of section 40, has a parent or guardian who has the actual charge of, or control over, the child, the police officer or other person authorised under Section 40 shall, in the first instance make a report to the juvenile court established for the area or if one has not been established to the nearest magistrate empowered under section 8 to exercise the powers of a juvenile court or to any other nearest magistrate."

Sections 13 and 14 of the Union Territories Children Act, 1960 read as follows:—

Section 13

"(1) If any police officer or any other person authorised by the Administrator in this behalf, by general or special order, is of opinion that a person is apparently a neglected child, such police officer or other person may take charge of that person for bringing him before a Board.

(2) When information is given to an officer-in-charge of a police station about any neglected child found within the limits of such station, he shall enter in a book to be kept for the purpose the substance of such information and take such action thereon as he deems fit and if such officer does not propose to take charge of the child, he shall forward a copy of the entry made to the Board.

(3) Every child taken charge of under sub-section (1) shall be brought before the Board within a period of twenty-four hours of such charge taken excluding the time necessary for the journey from the place where the child had been taken charge of to the Board.

(4) Every child taken charge of under sub-section (1) shall, unless he is kept with his parent or guardian, be sent to an observation home (but not to a police station or jail) until he can be brought before a Board.

Section 14

"(1) If a person, who in the opinion of the police officer or the authorised person is a neglected child, has a parent or guardian who has the actual charge of, or control over, the child the police officer or the authorised person may, instead of taking charge of the child, make a report to the Board for initiating an enquiry regarding that child.

(2) On receipt of a report under sub-section (1), the Board may call upon the parent or guardian to produce the child before it and to show cause why the child should not be dealt with as a neglected child under the provisions of this Act and if it appears to the Board that the child is likely to be removed from its jurisdiction or to be concealed, it may immediately order his removal (if necessary by issuing a search warrant for the immediate production of the child) to an observation home."

Section 8 of the East Punjab Children Act, 1949 reads as follows :—

"(1) Any police officer or such other person authorised in this behalf in accordance with the rules made by the State Government may bring before a court any person who in his opinion is a child and who—

(a) has no income, place of abode, or visible means of subsistence, or is being wilfully neglected by his parent or guardian ; or

(b) is found destitute and his parents or surviving parent or other guardian or in the case of an illegitimate child his mother or other guardian, are or is as the case may be, undergoing transportation or imprisonment ; or

(c) is under the care of a parent or guardian who by reason of criminal or drunken habits is unfit to have the care of such person ; or

(d) frequents the company of any reputed thief or prostitute ; or

(e) is lodging or residing in or frequenting a house used by a prostitute for the purpose of prostitution ; or

(f) is made or allowed to beg or receive alms ; or

(g) is being grossly overworked or ill-treated by his employer ;

Provided that when any such child has a parent or guardian who has the actual charge or control over the child the Police officer or other person, as aforesaid, shall, in the first instance make a report to the nearest court or magistrate having jurisdiction under this Act. Such court or magistrate may call upon such parent or guardian to show cause why the child should not during the pendency of the proceedings be removed from his care; and may on suitable sureties being offered for the safety of such child and for his being brought before the court, permit the child to remain in the actual charge or control of his parent or guardian or may order his removal till the court passes orders under this Act.

(2) The court before which a child is brought under sub-section shall examine the informant and record the substance of such examination and shall, if there are sufficient grounds for further enquiry, fix a date for such enquiry.

(3) On the date fixed for the production of the child or for the enquiry or on any subsequent date to which the proceedings may be adjourned the court shall hear and record all evidence which may be adduced and consider any cause which may be shown why an order sending the child to a certified school should not be passed and make any further enquiry it thinks fit.

(4) If the court is satisfied on the enquiry that such person is a child to whom any of the clauses of sub-section (1) applies and that it is expedient so to deal with him, the court may order him to be sent to a certified school until such child attains the age of 18 years, or for any shorter period."

Section 3 of the U.P. Children Act, 1951 reads as follows :—

"(1) Any police officer or other person authorised in his behalf in the manner prescribed may bring before a court any person apparently under the age of sixteen years who—

(a) is found wandering and not having any home or settled place of abode, or visible means of subsistence, or is found wandering and having no parent or guardian, or having a

parent or guardian who is incapable of exercising or does not ordinarily exercise proper care and guardianship over him ; or

(b) is found begging or receiving alms (whether or not there is any pretence of singing, playing, performing, offering anything for sale or otherwise) or being in any street, premises or place for the purpose of so begging or receiving alms ; or

(c) is found destitute, and whose parents or surviving parent, and in the case of an illegitimate child whose mother, or other guardian are or is, undergoing a sentence of transportation or imprisonment ; or

(d) is under the care of a parent or guardian who, by reason of criminal or drunken habits, is unfit to have the care of the child or who habitually neglects or cruelly ill-treats the child ; or

(e) frequents the company of any reputed thief ; or

(f) is living, lodging or residing in a house or part of a house used by a prostitute for the purposes of prostitution or is otherwise in circumstances calculated to cause, encourage or favour his seduction or prostitution ; or

(g) is otherwise likely to fall into bad association or to be exposed to moral danger, or to enter upon a life of crime ;

Provided that where any such child has a parent or guardian who has actual charge or control over the child, the person or the Officer aforesaid as the case may be, shall in the first instance make a report to the nearest court and such court may call upon such parent or guardian to show cause why the child should not during the pendency of the proceedings be removed from his care and may on suitable sureties being offered for the safety of such child and for his being brought before the court, permit the child to remain in the actual charge of his parents or guardian or may order his removal till the court passes orders under this Act.

Explanation—A child shall not be treated as coming within the description contained in sub-clause (f) if the house in which he is lodging or residing is the house of his mother, who is a prostitute.

(2) If the court is satisfied on enquiry that such person is a child and is as described within the provisions of sub-section (1) and that it is expedient to deal with him the court may either—

(i) order him to be sent to an approved school or to the care of any fit person, whether a relative or not, who is willing to undertake the care until such child attains the age of 18 years or for such shorter period as may be specified ; or

(ii) order his parent or guardian, if any, to enter into recognizance to exercise proper care and guardianship for a specified period not exceeding three years ; or

(iii) without making any other order, or in addition to making another under either of the preceding paragraphs, make an order placing him for a specified period, not exceeding three years, under the supervision of a Reformation Officer or of some other person appointed for the purpose by the court.

3. If after enquiry, the court is satisfied that the child has been living by begging at the instance of and for the profit of any person who is professional keeper of begging children, the court may direct such person to appear before it, and after hearing him, may direct him to pay towards the cost of proceedings any amount not exceeding twenty-five rupees and such cost shall be realizable under the provision of the Code of Criminal Procedure, 1898, as it were a fine."

From the Sections of the Acts quoted above, it would be seen that there is a provision in all these legislation for the care and treatment of cases of children who are in need but are not delinquent. Children within this age-group are covered under such provisions as they authorise legal action in respect of children suffering from a variety of handicaps including unfit guardians. It may also be stated at this juncture that there are no reliable statistics available in this behalf.

7.13. The English Children and Young Persons Act, 1933 has also a similar provision. Section 61 of the said act is quoted below :—

"(1) for the purpose of this Act a child or young person *in need of care and protection* means a person who is—

(a) a child or young person, having no parent or guardian or a parent or guardian unfit to exercise care and guardianship or not exercising proper care and guardianship, is either falling into bad associations, or exposed to moral danger, or beyond control ; or

(b) a child or young person who—

(i) being a person in respect of whom any of the offences mentioned in the first schedule to this Act has been committed ; or

(ii) being a member of the same household as a child or young person in respect of whom such an offence has been committed ; or

(iii) being a member of the same household as a person who has been convicted of such an offence in respect of a child or young person ; or

(iv) being a female member of a household whereof a member has committed an offence under the punishment of Incest Act, 1908, in respect of another female of that household requires cares or protection ; or

(c) a child (or young person) in respect of whom an offence has been committed under section 10 of this Act (which related to the punishment of vagrants preventing children (or young person) from receiving education).

(2) For the purpose of this Section, the fact that a child or young person is found destitute, or is found wandering without any settled place of abode and without visible means of subsistence, or is found begging or receiving alms (whether or not there is any pretence of singing, playing, performing or offering anything for sale) or is found loitering for the purpose of so begging or receiving alms, shall without prejudice to the generality of the provisions of paragraph (a) of the last foregoing sub-section, be evidence that he is exposed to moral danger."

The commentator of the world "Unfit" remarks as under :—

"Unfit"—This obviously refers to a parent or guardian of bad character from whose care the child should be removed, but it is often argued, it may also include a parent or guardian who, through no fault of his own, but by reason of mental or physical disability, is unable to fulfil parental duties.

The word "not exercising" is commented as follows :—

> "Not exercising"—The question arises : does this mean a failure on the part of parent or guardian to do his duty ? Sometime a parent is doing all in his power but is prevented by distance or by the conduct of his child from exercising proper care and guardianship. Each case must be dealt with on its own facts, and the court must have regard to the welfare of the child, but some weight must be attached to the words "not exercising proper care and guardianship", and to the conduct of the parent.

7.14. In spite of the fact that the Children and Young Persons Act, 1933 in England has been in force there for 15 years, it was found necessary to enact a special legislation called the Children Act, 1948 under which, by virtue of Section 22, the local authority can assume the parental rights and can also take the child away from the guardian in the interest of the welfare of the child. A perusal of the various provisions mentioned in the foregoing paragraphs as far as the Children Acts in India are concerned, would show that in general the legislation passed by the States is not definite about the right of the State to take the child away in case he/she is found to be in need of care and protection and provided the parents or guardians are not in a position to look after them.

7.15. One of the conclusions, therefore, would be that a special legislative provision in the existing children Act has become necessary authorising the State to take the child away as in the case under the English Children Act, 1948. It may also be stated, that in the States where there is a good deal of experience of the enforcement of the Children Act and the magistracy has been trained either formally or by experience, in actual practice substantial work is done in respect of children needing care and protection. It has also been found that many people who are not in a position to exercise proper control and cannot afford to look after the children do themselves approach the court and the difficulty with the court is that whether they should treat these as "poverty cases" or as "pre-delinquent" cases. In such cases, the court and the Probation Officer use their discretion after taking into account administrative expediency and, where necessary, the child is given necessary protection and care. There are other States where there is no legislation on children. In some other States the Children Act even if it is enacted, is partly implemented. It is more or less out-dated and because the

Act has remained out-dated the whole thinking of the magistracy is influenced by the letter of the law which tends to be formalistic and the welfare aspect does not receive due importance.

7.16. It is hoped however, that with the latest legislation like the Union Territories Children Act, 1960, it would be possible for the magistracy to consider these problems from the welfare angle. The provision of the *Child Welfare Board* in the Union Territories Children Act needs a special mention. The Board is expected to be manned by persons in the community conversant with various aspects of child welfare and it is hoped that if the Board functions properly, it would go a long way in achieving the objective of child welfare. It may be stated that it will be a bold step but on the authority of the practices in many of the advanced countries we have got a good case to make a recommendation authorising the State to assume parental control and take away children from undesirable surroundings.

7.17. In the absence of such a legislation, there are a good deal of difficulties experienced by workers. For example, a child who is found begging in a place where there is no enforcement of the Beggars Act, cannot be taken away from his parents unless the court steps in and by the time the court steps in, the child is concealed or the family leaves and ultimately it is not possible to take charge of such a child in his own interest.

7.18. Another difficulty about the Indian Children Acts is that there is no uniformity in the provision of these Acts. There are two opinions about this particular question. Because the country is big, the States are autonomous, the subject child welfare is a State responsibility and lastly because all the States have not got proper public opinion built, it may not be possible at this stage to have a uniform legislation throughout the country. On the other hand, it remains a fact that if a new legislation is to be considered it may be uniform as there appears to be a necessity for it. A recommendation to that effect may go a long way.

7.19. The other aspects of the question would be whether in view of the heterogenous practices in respect of the actual implementation of the care and protection clauses as such in the various legislation; it would be possible to have a Central Legislation. This problem needs to be considered further by the Central Government. The only difficulty which might arise out of this recommendation will be whether the resources could be adequate to meet the volume

of work which may come out of such a legislation. It would, therefore, be appropriate to suggest that either the Central Government or the State Government should make a provision for gradual implementation of the legislation so that pilot projects can be organised which might provide suitable and sufficient experience in the provision of welfare services. One such pilot project should be organised in every State of the Union. They should be a part of every Demonstration Project.

7.20. The growth of legislation concerning children in India has a very recent origin, and their growth is haphazard. This is due to the fact that under the Indian Constitution, there are certain subjects which are on the central list while a good many subjects are on the States list and only a small number of subjects is on the concurrent list. The subject of child welfare excepting child welfare in its indirect form and as an aspect of some other activity, is a State subject and, therefore, the uniformity of an all India Legislation concerning aspects of Child Welfare cannot be expected. In a democratic set up where the levels of public opinion vary, the legislation which in its final shape is a crystallised form of public opinion, would also vary. Coming to the specific terms of reference namely the age group from 0—6, the same observations apply. Children in this age group do not seem to come in picture of State Legislation for obvious reasons.

7.21. As regards the Children Act, such children are below the age of responsibility and, therefore, in their case the question of delinquent behaviour as such does not arise. Nevertheless in almost all the Children Acts in the country, there is a provision for the "Care and Protection cases" and such cases should be the primary concern while considering some kind of legislation. The following categories of children needing care in this age-group may be mentioned :—

1. Abandoned children and trafficking in children ;
2. children of unmarried mothers ;
3. orphan children ; and
4. neglected children.

Abandoned Children

7.22. There are no statistical data available on all India basis about the number of children found abandoned but it has been a common experience reported by agencies that an appreciable number of children are found abandoned by persons born of extra-marital relations.

7.23. *Trafficking in Children :* When over-population and poverty are found together, a number of anti-social elements take advantage of the situation and a variety of crimes arise such as trafficking in children. Children are abandoned or abducted and sold by unscrupulous and exploitative groups—sometimes even by parents and relatives—and they are purchased to be disposed off to professional beggars, brothels, etc. Cases of child-lifting, kidnapping and abduction of women and children, with their attendant repurcussions both on the mother and child are a phenomenon in some parts of India. Thus, both mother and child may find themselves in a brothel, where the mother becomes a prostitute and the child may be taught to become a tout or a pick-pocket for the benefit of a group of unscrupulous persons who have, according to available indications, spread their tentacles far and wide. Inter-state groups operate to take away children from their homes, subjecting them to numerous cruelties, before and after they are sold to professional beggars who in their turn, use them for begging, petty crime and prostitution.

7.24. Some studies of these problems have been carried out in India. The States of Andhra, Delhi, Gujarat, Mysore and Rajasthan have indicated that trafficking in children is existing in some form in these States. Maharashtra, West Bengal and possibly some other States are also affected but Jammu and Kashmir has reported that the problem is not present in that State. Children are usually brought from very backward rural areas and they are almost invariably sold in the metropolitan cities. In most cases very small children are bought and sold in this manner. Having regard to these conditions, the Committee recommends a very intensive study of this problem, especially with the help of police authorities.

7.25. When children are found in the custody of beggars, and the guardian is unable to assume parental rights, children should be given to the managers of children's villages for custodial care and attention. At present, even if there is protective legislation, its enforcement is defective because the number of children is said to be large, the police force is inadequate, and the law is found at times to protect persons who are guilty of wilful neglect, even if it is proved that they are not lawful guardians. Instances have been known where children are deliberately maimed and crippled so that they could earn greater sympathy and cash from credulous persons. Cases of the sale of young girls to be brought up by or on behalf of brothels is dealt with by Vigilance Associations, but protection needs to be better organised in the interest of helpless

and innocent young girls who are often the victims of a most despicable kind of criminality. If it is found by investigation that trafficking is severe in certain areas, then the Committee recommends that a special category of the police force may be appointed to deal with the problem. The crime branch must also pay very special attention to this brand of organised illegitimacy, and its efforts should be systematically carried out on an inter-state basis.

Children of Unmarried Mothers

7.26. There is also no reliable statistics available for obvious reasons concerning children who are born of unmarried mothers. A very small percentage of unmarried mothers get themselves admitted in institutions of some kind. Most of these children born in institutions are damaged and a feeling of rejection on the part of their mothers tend to increase the mortality rate among such children.

7.27. There is a tendency on the part of mothers and relatives of the mother to discard the child as early as possible and leave the institution as early as possible to avoid social stigma. As a result, the child is not able to receive nourishment nor are the institutions in general in a position to afford specialised care due to financial limitations. There is no provision to compel mothers to stay on with such children at least for a stipulated maximum duration. Besides there is no activity for educating public opinion on the problem. If the child survives, the rights of such a child are also not well defined. In these circumstances there is a necessity to frame a legislation for the welfare of such children.

7.28. Social statistics in respect of orphaned children are also not available and it is only by guess and the reports made by Welfare institutions as well as information received from administrative reports concerning the administration of children Acts, that we can deduce that the problem needs a legislative action. Most of such children are left to the mercy of neighbours or distant relations, if there are any, in the villages, and instances are not wanting where the property rights of such children are sadly neglected and exploited by unscrupulous persons. Since the field of operation of the Children Acts is limited, it is not possible to bring all these children under proper care with a view to guarding their interests. Therefore, it appears that there is a need to have legislative provisions to see that the interest of these children are properly guarded.

Neglected Childern

7.29. Neglected children are of two kinds :—

(a) children who are neglected because their guardians do not have means to look after them ; and

(b) on the other hand, there are children who are wilfully neglected due to various problems in the home situation.

In Western countries agencies for detecting the neglect and bringing the persons who wilfully neglect children to book, have been in existence for a long time. In India, no arrangements to an appreciable extent exist to do such work and the number of children who are covered under the care and protection clauses of the various children Acts, if there are any, is very small. It indicates, therefore, the necessity to have uniform legislation in respect of such children. It may also be mentioned that the Children Act, 1948 in England was necessitated out of the very considerations which have been mentioned above.

Mentally Deficient Children

7.30. Another important class of children who need attention are the mentally deficient children. The problem of mental deficiency has not received the attention it should have, and as a result the detection of mental deficiency and its treatment have been sadly neglected.

7.31. There is a necessity to have legislation at least in our States to begin with, to cover the problem of mental deficiency within the age group 0-6. The types of mental deficiency which are organic in nature and the progressive deterioration of mental faculties could thus be treated before a permanent damage is done. Medical research has proved that a good deal of mental deficiency of this type could be diagnosed and treated in its early stage.

Preventive Legislation in respect of Physically Handicapped Children

7.32. A large number of children who are susceptible to defects like blindness, deafness, orthopaedic condition, spasticity, heart trouble, poliomylitis, etc., if properly detected in infancy, could be saved from permanent disabilities. The main difficulty, however, is the lack of proper legislation to get such cases registered and there is need to have a legislation for compulsory registration of

such defects in continuation or in modification of the present legal provisions for compulsory registration of birth. This would necessitate more trained personnel and more institutional facilities. It is, however, recommended that a pilot project in this behalf may be organised and a legislation in this behalf may be enforced gradually by the State Government concerned.

Children suffering from Contagious Diseases

7.33. It has been an accepted fact that children in their infancy are more susceptible to certain contagious diseases like leprosy and tuberculosis. If children in their younger age are segregated at an early stage, there is a reasonable possibility of saving them from contagious diseases and mortality.

7.34. The provisions under the Children Acts are meagre in this behalf and unless effective measures are taken for keeping them under proper observation and treatment with a view to their final social rehabilitation, the problem of such children in danger of getting infections cannot adequately be treated. No doubt, there are some agencies to run services for such children, but unless these efforts are backed by legislation the progress of affording necessary welfare facilities to those children is bound to be slow.

Abandoned and Neglected Children

7.35. Considering the answers received from five States. Andhra, Maharashtra and Gujarat have mentioned that the legislative provisions under their Children Acts authorise them to take over charge of abandoned and neglected children. West Bengal has vagrant homes, district shelters and state protection homes. The States of Andhra, Maharashtra, Gujarat, Delhi and West Bengal have mentioned that their States have got some programme to deal with such children. Separate consideration may be given to the problem of orphans; but there is a need to provide very special measures to look after seriously neglected children, waifs and vagrants who are still existing with so-called parents or unfit guardians, especially in the main cities and the platforms of railway stations throughout India. After the problems of legislation and custody are dealt with, there is a need to classify children and distribute them to children's villages, institutions and foster homes. The neglect of thousands of such children due to the defeatism and misplaced sympathy may eventually cause harm to the nation as they may become delinquents, criminals and eventually

unfit parents and guardians. The Committee recommends intensive treatment of this problem in selected urban areas like commercial, industrial and administrative areas and residential areas where they are likely to find support and encouragement. Likewise, progressive Districts in rural areas must commence taking an interest in this problem. Pilot projects should create two major programmes like Children's village and Foster Care programme. Both these are dealt with after examining the problems of foundlings and orphans, as this method and approach is suitable to all such categories of children.

The Care of Foundlings

7.36. Foundlings are at present most generally dealt with by missionaries, and there are Foundling Homes in India with not a large number of inmates. The care of the foundling cannot be separated from the problem of unmarried mothers. The State, in the first instance, must develop a positive and social attitude to this problem. As India becomes rapidly industrialised and as urbanism spreads, life in urban areas is likely to become a complex problem. As in the West, this problem may even increase in the coming decades. At present in some cases there is a tendency to overlook this problem or minimise its importance. Very complex problems of personal psychology, education and training, youthful immaturity and community and family shortcomings are involved in the treatment of most cases of unmarried mothers. It is no longer desirable to deal with this problem as a mere moral issue. A merely sentimental or religious appeal is inadequate to safeguard not only the interest of children, but the future of young persons who will, in their turn, become responsible citizens and parents. The problem therefore is not merely of providing shelter to the child. Properly organised foundling homes with necessary services and special programmes are needed to deal with the foundling as well as the unmarried mother. It may be found, after investigation and research, that such problems are especially prevalent only in certain types of social environments. In that case investigations should be carried out in those areas, and programmes of welfare should be organised.

7.37. When dealing with foundlings and unmarried mothers, problems of law are at times involved. Rape and cruel conduct may be involved, and young persons may seek to escape the law by doing away with the child. In this instance the law needs to be revised so that realisation of error and misconduct may induce the

youth, along with the child, to become and remain good citizens. When a child is born to an unmarried mother his parents are normally in a state of psychological crisis. They may need friendship, advise, guidance and real assistance. At such a time there is a tendency on the part of parents of both the man and the woman, as well as society itself, to condemn, punish and violate the offending parents. It is the basis of fear that leads them to abandon the child. Therefore a foundling home must be able to serve not merely the child, but its parents also. Society should be able to prevent abnormal human relationship to continue; and the child must never go through the consequences of being associated with illegitimacy. He must not grow up in a different way from other children.

7.38. The foundling home is, therefore, in the first instance, a Reception Centre which may be given certain legal powers of custody, secrecy and protection. The reception centre has also the capacity to receive a child if the parents choose to remain incognito. There is need for a most careful and detailed registration; and the child must receive an identification mark on its body, as in certain cases such children are claimed by parents and guardians after a lapse of years. There should always be an opportunity for a child to return to his real parents. The unmarried mother may require shelter to regain mental balance, and opportunities to contact her parents, parents-in-law, and the unmarried father. The complex of abnormal human relationship must be straightened out by a human approach, firm and intelligent handling, and elaborate case study and case work by specially equipped and trained persons. Meanwhile the child must maintain his contact with the unmarried mother and breast feeding and care may be given to the child by her. At the same time the child will be looked after in a well organised nursery where the mother can be a frequent visitor. Of course it is not expected that irregular marriages can be regularised in every case, and broken human relationships can be restored into a normal family; but efforts need to be made, and thus much suffering can be prevented. Otherwise the interest of the child will have to be looked after till an age of rehabilitation, eighteen or twenty-one, is reached.

7.39. The Committee is of opinion that where foundlings are concerned, great care needs to be taken to safeguard the rights of the child, and protect its future interests. At present, out of humanitarian consideration, the custody of the child is allowed to any institution. In certain cases the institution is not even a registered institution. The custody of every child must be given by

the State only to legally recognised guardians. The right of the child to his nationality and religion must be safeguarded. Special measures must be taken throughout the period of care, protection, training and education to see that the child develops a normal personality with capacity for normal relationship with society.

The Orphan

7.40. When dealing with handicaps of children, the shortcomings of the total environment are considered to be the most serious so far as children under six years are concerned. As the child, by himself, lacks the abilities for promoting self dependence for a number of years after birth, the presence of both the parents is considered essential for his existence and growth and the absence of parents is a handicap which creates a void in the life of the child. Traditions and religion have normally suggested responsibilities on other members of the family. But as poverty is a handicap for many institutionalisation of the child has been advocated as a suitable remedy for the rehabilitation of the child. There are orphanages in India and thousands of children are inmates of institutions in rural and urban areas.

7.41. The Committee heard evidence and strong opinion were expressed in almost all zonal meetings for a further consideration of existing practices and services available for the benefit of orphans. It was suggested that it is inadequate to merely give consideration to the traditions, practices and religious beliefs of various communities so far as orphans are concerned. Legislation must be designed to achieve the real and total welfare of the child. Religion and tradition, for example, have overlooked the interest of girl orphans, because adoption is chiefly advocated by religion for the male child only. The Adoption Acts of the various States do not seek to carefully examine the credentials of a guardian as a fit person to adopt the child. The qualification and fitness of the person to adopt the child must be examined by a competent welfare authority. The objective and motivation leading to adoption must be the sole criterion to safeguard.

7.42. The Committee recommends that institutionalisation of children be avoided as far as possible, because children should have the advantage of a home environment and should receive affection as well as appropriate personal care. There are many persons who desire to adopt children, and social conscience must be educated to realise the need on the part of those who have capacity to bear

some personal responsibility for the service of orphans. Appropriate social welfare agencies in India, especially the women's organisations, welfare associations, and branches of the Indian Conference of Social Work have not done enough to promote the idea of Foster Homes for children. The State itself could organise an Adoption Bureau as a part of the Department of Social Welfare. As India is a rural country, the Community Development authorities as well as the C.S.W.B. could promote a programme for the adoption of children by farmers who have adequate land. To achieve success in promoting the Foster Home idea, there is a need for an appropriate Adoptions Act to confer legal custody accompanied by a probation and follow service.

7.43. Conditions within orphanages have been examined and studied by other committees and welfare agencies. Most of these institutions provide minimum shelter and food only. The institutions are not always registered and inspected. The persons in charge are not adequately qualified for social service, child welfare, and institutional management. It should be made compulsory for such institutions to employ Superintendents with minimum prescribed qualifications. If the required qualifications of a Degree or Diploma of a School of Social Work are considered too high, a one year certificate course in institutional management may be introduced, though considering the responsibilities involved, the minimum qualification of a Superintendent of an orphanage must be a graduate. Through grant-in-aid, the State should provide for the salary of such a person to enable orphanages to employ qualified persons.

7.44. There should be regulations, against overcrowding; and the living conditions in orphanages need to be examined. Locality, accommodation and cleanliness of the environment are vital factors to achieve a proper bringing up of children. The States themselves should create their own model institutions to set a standard for voluntary welfare agencies. Most of the orphanages lack adequate playgrounds, beddings are inadequate and unclean, and there are no adequate sanitary facilities in many institutions. State created model orphanages should be located in the Children's Village.

7.45. The Committee is most concerned about admission rules and special facilities in orphanages for children under six years of age. Many orphanages do not admit children under six years of age. A Day nursery and a pre-school should be compulsorily attached to all institutions in which orphans under six are admitted.

The state should provide medical examination facilities and a follow-up service especially in urban areas. The Committee after careful examination of evidence, suggest that the minimum cost of maintenance of a child under six, when provided through grant-in-aid should be Rs. 40 and increasing up to Rs. 50 considering the rise of prices in urban areas. The minimum cost in rural surrounding should be Rs. 30 per child per month.

7.46. Indirectly, the abnoxious principle of least eligibility seems to be applied in most institutions for children. The living conditions and maintenance services are provided in terms of conditions prevailing amongst the poorest sections in any society. The true needs of the child for growth and development do not seem to be realised, appreciated and provided for. It does great harm to the nation when severely handicapped by being without home and parents, and compensatory advantages are needed to enable him to grow up in a sociable atmosphere with personality and ability to cope with the educational, vocational and family's demands and responsibilities of later life.

7.47. Attention of the Committee was drawn to the serious handicaps of children who are deprived of one parent. A father with a number of children, some of whom are very small and requiring the assistance of a mother, needs help if other relations are absent or unable to assist the proper care of the small child. The demands of such handicapped parents may be met by special Short Stay Homes which may be created by the State. The father may be able to pay for the maintenance of his children according to his earning capacity and actual income.

7.48. *Adoption and Foster-care:* Programmes of foster care should be organised as extension programmes of Schools of Social Work and by well-organised and competent private welfare agencies as well as by the Departments of Social Welfare in the various States. A most careful registration, screening and selection must precede—simple legal procedure to confer parental rights with a proper follow-up and supervision programme. Government should also give consideration to the method of subsidisation of poor persons because all well-to-do homes are not necessarily suitable to become foster homes. Human qualities, motivations and social capacities of persons and homes have to be taken into account in determining their suitability for adoptions and placements of children.

7.49. It is desirable to give a special consideration to the problem of approach, agency sponsorship, methods and programmes for the care of neglected or destitute children, especially foundlings and orphans. Physically and mentally handicapped children need to be treated separately as the difference in the nature of social and personal handicaps are of a fundamental nature. The Committee recommends that adoption and foster-care in private homes, organisations of children's villages, care of such children by community and domiciliary services, welfare programmes of the community development projects in rural areas and institutionalisation should be adopted as proper approaches in the above order of priority.

Children's Village

7.50. The concept of a Children's Village must be developed to suit conditions prevailing in India. The majority of children, even if they are in custody in urban areas, will be coming from rural areas. It is therefore desirable, in the first instance, to take large areas of undeveloped rural or forest land and locate a number of Children's Institutions in the area. They must be created to meet the needs of different age, sex and functional categories. Children in those Institutions may require between five and twenty years for their rehabilitation. All the children's institutions in the village shall be of a residential kind. Just as the State is making capital investment to develop natural resources, in the long run an investment in human resources will yield large dividends. Children left in the streets and with unfit guardians who would become criminals and delinquents will on the contrary receive protection, care, education, and training in character formation, discipline, citizenship and even leadership. After reaching sixteen years of age the cumulative energy of a large number of such children can be productively utilised on land, in industries, and for other constructive purposes.

7.51. The present study is concerned only with children under six years of age, though the Children's Village will receive children upto perhaps 14 to 16 years of age. For children under six years, there will be a foundling home, a large Day Nursery and Pre-schools; a special institution for children with behaviour problems; a special institution for handicapped children; and a short stay home. There can even be an institution for mothers with attached children.

7.52. If a Magistrate and Children's Court is located in the Children's Village, all the services for temporary custody and probation staff may be provided at the same time. This unit can maintain contact with the children's court in urban areas. The Children's Village will have especially to deal with stray, waif and destitute children and children found with beggars, prostitutes and other unfit guardians. Powers to deal with unfit guardians should be given to qualified citizens just as powers are given to honorary magistrates. The police must have powers to enforce the law and commit the child to the custody of the children's court. The court administration must be based on modern concepts of treating unfit parents and guardians so that this procedure will seek to achieve the welfare of both the adult and the child. Where criminality is involved, like trafficking in children, cruelty, etc., the normal process of law could be applied to deal with such cases.

Special Care of Neglected and Handicapped Children in Community Development Areas

7.53. For centuries the family and, in its absence, the organised community and its social institutions took upon themselves the responsibility of looking after small numbers of foundlings, orphans and neglected children where they existed in the small, but usually well-defined community area or neighbourhood. The weakening of this institutional protection has led to many different problems; and one of these demands is the creation of a suitable machinery and programme to provide suitable care for unwanted children. In almost all cases of neglegence it should be a matter of social consideration and welfare rather than social control although the second approach will become increasingly necessary in intensive society. But a family counselling service, balsevikas, case workers and probation workers and even workers of a domicillary service can at least help in the detection, counselling and guidance of children and families. Advance communities can provide care, case work and treatment, otherwise the child could be referred to an appropriate institution and even supervised on behalf of the community when they are there. The Government encourages well organised and socially conscious communities to undertake pilot projects, even without government assistance, if they have the means or they can promote productive activities yielding some income which can be used for the care of such children.

7.54. The method of institutionalisation is dealt with in the section on the problem of the orphan, and it is once again examined in the Chapter on Administration. As stated previously, institutionalisation should be avoided as far as possible so far as such categories are concerned. Organised communities may create special institutions in their areas if the number of affected children is very large. Governments are also sometimes dealing with special types of children under the Children's Act and are concerned with institutions and programmes associated with the implementation of the Act. The Committee is of the opinion that the care of children under six years of age and normal children should always be completely separate from institutions meant exclusively for delinquent and sub-normal children.

7.55. The case work method requires mature and properly trained social workers. The implied costs of treatment, follow-up and rehabilitation may also be high. But considering the fact that small and helpless children are particularly vulnerable, this is the most appropriate method to deal with children who lack the protection and care of family life. The case work method and case workers should be increasingly employed in institutions and community areas where children are facing great hardships and difficulties, because they are handicapped by their environments. Small and intensive experiments and pilot projects can be carried out with the help of the UNICEF and special funds to obtain more knowledge and experience for dealing with children of such categories.

The Physically and Mentally Handicapped

7.56. When no reliable figures of the handicapped population in India are available, this absence of information applies more definitely to handicapped children under six years of age. These children may be classified into three groups :—

1. Handicapped children who are in well-to-do families where they can be cared for and looked after by parents and members of the family.
2. Handicapped children amongst the poor where the handicaps may be due to poverty or other causes; and where due to ignorance and lack of resources, handicapped children are neglected.
3. Where handicaps are inflicted upon children by anti-social elements in order to enable them to secure sympathy and charity from a credulous public.

The last category must be dealt with along with other destitute children; and the unfit guardians may be dealt with by law as prevailing in the State. The children should be taken in custody and committed to a special institution which must be created for them in the State Children's Village. Otherwise, they could be lodged in local institutions for the handicapped where they can be looked after like other children.

7.57. The Committee is of the opinion that all handicapped children need the care and protection of the family and it agrees with previous Committee Reports and recommendations dealing with welfare problems, that institutional services for the physically handicapped children should be provided as far as possible. Handicaps amongst the poor are very often due to constitutional disabilities as well as poverty. Bad housing, malnutrition and ignorance of parents worsens the consequences of the handicap. The Committee very strongly feels that when domicillary services and village welfare programmes will help to create detection measures and preventive services, the number of handicapped children will be considerably reduced.

7.58. For the benefit of all handicapped children, there is a need to create more, better and well equipped institutions which are capable of giving timely assistance to families by detecting handicaps, by themselves providing and taking the help of all welfare agencies and increasing the preventive programmes, and by providing adequate facilities for institutional care till total rehabilitation or permanent care is achieved.

7.59. Well equipped institutions should be provided for promoting the care of handicapped children, or where rehabilitation is likely to be achieved after many years of treatment; but as far as possible, institutionalisation of the blind, deaf-mute, and the mentally retarded should be avoided. Institutionalisation should be especially available for orthopaeodically handicapped children, and severely mentally retarded children. Institutions or special wards in hospitals should be created as special units for all ineducable and urban types of mentally handicapped children with behaviour disorders.

7.60. All programmes of parental education in domicillary service, pre-schools, community welfare services, radios and cinemas should provide literature and information dealing with vital precautionary measures against congenital handicaps, handicapping

conditions and socio-economic potentialities of handicapped children. Exhibitions should be held emphasising prevention of handicapping conditions: and a parent and child museum in each State can become a permanent and useful centre for all subjects dealing with parental education. Pamphlets, documentaries and radio talks and tape recorded speeches should be extensively used to educate the public and to deal with the severe nature of the problem of the handicapped.

7.61. Handicapped children should be dealt with as early as possible, and therefore the care of handicapped children under six years of age is of vital importance. It is well known that congenital handicaps can be prevented through adequate pre-natal and medical services if there is an adequately trained staff with such services; but post-natal care and pre-schools must give the greatest attention to detecting all types of handicaps. Handicaps can be checked to a great extent if dealt with at the earliest possible stage. Parents should be given training in self-care of handicapped children and they should always participate in programmes of treatment and rehabilitation. Education and training of the handicapped should start at an early age, if possible in special pre-schools created for them, at least in large cities. They could serve certain defined regions and provide special treatment facilities.

7.62. For the early treatment of the handicaps, the following measures are recommended :—

(i) provision of preventive, diagnostic and referral services ;

(ii) information, guidance and counselling services for parents ;

(iii) medical inspection in pre-schools ;

(iv) provision of visual, accoustic and prosthetic aids even in early childhood, if this is possible ;

(v) placement in institutions, if necessary ;

(vi) introduction of special programmes dealing with all handicapped children as a part of all urban and rural country welfare programmes ;

(vii) execution of special investigations and surveys to study the nature and extent of the problem affecting small children ;

(viii) all major hospitals should provide an effective psychiatric service ;

(ix) promotion and support of agencies engaged in the manufacture of medicines, appliances, tools, equipment and drugs and other ancillary services to children free of cost, or at subsidised rates ; and

(x) mobile dispensaries in rural areas must give aid to families with handicapped children.

7.63. The need for care and protection of human sight right from the time of birth, has been accepted by all medical and welfare agencies. It is necessary that defects of vision are recognised as early as possible, and partial or complete blindness be averted.[1] In about half the number of affected cases the conditions are prevented, if timely help is available to the family. Blindness may be due to trachoma which is contagious, Vitamin A deficiency, V.D., small-pox or other causes. In the cities and larger towns of India blindness at birth due to opthalmia Neonatorum (babies' sore eyes) has been arrested or completely obliterated through the use of 1 per cent silver nitrate, which has become a regular hopsital routine. Mobile hospitals in rural areas should also use this treatment. Detection is always possible when Health Visitors and Public Health Nurses are employed where Community Development Programmes are looking after the general health of the community. A referral system which will promote contact with hospitals and other institutions is the first measure of assistance that can be of advantage to a domiciliary service or to a pre-school. Special training should be given to some Balsevikas for the care and training of the blind children. A few blind children may be permitted to join mixed groups of pre-school children. Blind children need a social life and sympathetic companions and playmates.

7.64. In order to aid children with defective hearing, the committee recommends that audiometric units and counselling services should be attached to all hospitals. The hearing capacity of children should be tested in pre-schools. Speech defects like stuttering

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[1]Various countries have adopted different definitions of blindness. The Social Commission of the United Nations and the World Council for the Welfare of the Blind have suggested the following definitions:—

(a) Total absence of sight.

(b) Visual equity not greater than 10/200 (Sneken) in the better eye after correcting lenses.

(c) Serious limitations of the field of vision not exceeding 20 degrees.

The Government of India is therefore thinking of formally adopting this definition.

and stammering may be due to fear or self-consciousness. Deafness can be detected about twelve to eighteen months after birth; and therefore early treatment should be possible. Diseases which lead to deafness should be treated as soon as detected. A special section should be organised in all schools for deaf-mutes to provide day-care or institutionalisation facilities to children under six years of age. Pre-schools should be manned by Balsevikas specially trained to deal with such children.

7.65. Domicialiary services and medical inspections in pre-schools can lead to early detection of orthopaedically handicapped children. Such children should be referred as early as possible to orthopaedic and paediatric specialists. Early treatment of ailments likely to lead to physical deformities is equally necessary. Orthopaedically handicapped children in several districts are now receiving attention in special institutions and hospitals; but only careful studies can reveal the very small percentage of afflicted children who are thus dealt with. Polio vaccines are given to a large number of children; but the prevalence of poliomylitis appears to be far more extensive, often in rural areas, than is generally known. Modern treatment is now given in Bombay. Treatment shuld be available from the earliest possible age and prosthetic aids should be available to the poor at Municipal centres in urban areas and panchayat institutions in rural areas.

7.66. The Committee endorses the recommendation of the School Health Survey Committee that every State should provide at least one residential Nursery school each for blind and deaf children. This Committee has also recommended a school for the blind and the deaf in each district of India during the next ten years; and if such institutions are created, then the attachment of a pre-school unit could be accomplished at a limited cost and children will have the benefit of assistance at an earlier age.

7.67. Effective measures are already being taken to immunise children against T.B. Periodic B.C.G. vaccinations should be followed by other preventive measures, and children in contact with T.B. patients should be given protection in Short Stay Homes. Preventive and curative measures, institutions for tuberculour children and special wards for T.B. patients in hospitals should help to eradicate T.B. as early as possible.

7.68. In areas affected by leprosy, or where tribal communities are affected by yaws, special measures need to be taken to segregate children from such diseases.

Mentally Handicapped Children

7.69. Mental handicaps of children, unless they are very marked, are not detected or dealt with till the child reaches the school going age. There is need to examine children under six years of age by qualified persons so that mental handicaps could be detected as early as possible. There is no indication whatever at present to assess the nature and degree of feeble mindedness and its causes in both rural and urban areas. Such investigations should be increasingly taken up by child guidance clinics, schools of social work, universities and institutions for child welfare. Unless careful investigations of this kind are carried out, classification of child according to the degree of mental retardation is difficult and it will be a long time before different types of institutions are created to help such children. Financial assistance should be liberally given to the few institutions which are already in existence and which are dealing with this problem.

7.70. While teaching facilities in special institutions for the educable children may be given after the age of six years, at least one experimental pre-school for mentally handicapped children may be started immediately in each major city of India. Universities should organise a special training programme for the training of specially qualified teachers to deal with mentally retarded children in pre-schools and in primary schools for the mentally handicapped.

7.71. As large numbers of mentally retarded children will continue to be treated in their homes, manuals of instructions for the benefit of parents dealing with mentally handicapped children should be available in Hindi and other languages. Detection of mentally handicapped children should be possible with the aid of domiciliary services, welfare programmes of Community Development authorities, and Primary Health Centres.

7.72. The School Health Committee has already recommended the creation of one good school for the mentally handicapped in each State during the Fourth Plan Period; and if such schools are started, then some of them can provide an additional pre-school unit to deal with detection of mental retardation earlier than at the primary school age.

7.73. The Health Committee has recommended that efforts should be made to locate all services to the physically handicapped in one place. It has recommended that institutions should provide for

parental education, physiotherapy, arrangements for surgery, supply of educational aids, vocational training and workshops and residential facilities. When such centralised services are provided, their advantages will be available to comparatively small numbers in important cities. As the need for treatment and care at this earliest stage of emergence and detection of the handicap is of vital importance, it is imperative that a special section should devote its efforts to deal with children under six years of age.

7.74. The Health Committee has given a detailed statement of functions relating to the needs of all physically handicapped children, relating to functions and responsibilities of the Central and State Governments and Local Bodies,[1] and these are stated in the footnote. In the performance of these functions the special needs of children under six years of age must be attended to at all levels by the Governments concerned.

[1]NOTE :

Central Government functions:

1. Compilation and documentation of information in existing services for the physically handicapped.
2. Publication of informative and professional literature on the subject.
3. Forming of a national policy for the development of services for the physically handicapped.
4. Establishment of pilot projects—direct or through State Government or voluntary agencies.
5. Development of facilities for the training of personnel for institutions.
6. Development grant to voluntary agencies.
7. Award of scholarships for technical or higher studies.
8. Promotion of research and surveys.
9. To offer expert guidance to the State Governments and voluntary agencies.

State Government functions:

1. Provision of hospitals, mobile units and other facilities for the early diagnosis and treatment.
2. To provide an effective information and guidance service for parents and others.
3. To establish and administer or give liberal grants-in-aid to special educational and training institutions for the physically handicapped.

4. All physically handicapped children be given necessary facilities for education.
5. Special education aids for all deserving students.
6. Scholarships for physically handicapped.
7. Institution for uneducable and physically handicapped.
8. Inspection and supervision of all services for the physically handicapped.
9. Enactment of laws.
10. Surveys from time to time.

Functions of Local Bodies :

Broad categories of services suggested for Local Bodies:

1. To undertake Home Worker's scheme for the physically handicapped.
2. To undertake Home teaching scheme.
3. Financial aid to the needy individuals for books, aids, etc.
4. Registration of the physically handicapped in their areas.
5. Compulsory notification of congenital conditions causing handicaps by doctors, nurses, midwives, dais and so on.
6. Providing information locally regarding existing services.
7. To provide Home Visitors to guide and advise parents and take advantage of a well organised referral system.

CHAPTER VIII

PERSONNEL AND TRAINING PROGRAMME

8.1. The beginning of child welfare programmes and activities may have been slow; and personnel was created in the past to meet the demand in terms of expediency, economy, and availability of physical and financial resources. Social welfare for children, mothers, women in general, and the family as a whole, has been done in limited areas, sometimes separately for each category, sometimes as one comprehensive programme for all the four categories, and sometimes as a comprehensive part of a total programme of organisation and development of regional communities. Whenever possible, and wherever expert, special, or intensive attention was necessary, problems have been dealt with and needs have been met by creating different types of institutions.

8.2. It has been a very difficult task to provide personnel for all institutions, programmes and services. Even now the task is formidable, and in the first instance there is the need of leadership of different kinds; and five basic types of workers are needed to deal with programmes for the mother and the child, as follows :—

1. *Child specialists* like paediatrists, child psychologists, and educationists; they could work along with other social scientists and different kinds of medical specialists. Amongst these are sociologists, research workers, biologists, gynaecologists, economists, anthropologists, etc.
2. *Administrators* for State and voluntary agencies at national, state, district and community levels.
3. *Child welfare organisers* including regional and community organisers in urban, rural and tribal areas.
4. *Institutional leaders, organisers and workers* for various types of institutions like clinics, hospitals, homes, etc.
5. *Social workers and community workers* to function as grass root workers in neighbourhoods and village communities to meet the needs of all programmes, local institutions and domiciliary services.

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Programmes and Functions for Mother and Child Welfare

8.3. There is a need to analyse the different types of functions that have to be performed at the leadership, organisational and managerial levels by all the above types of personnel. These functions can be generally classified as follows :

1. General welfare functions relating to women's, mothers and children's organisations by chairmen, secretaries, field organisers and supervisors, field counsellors, gramsevikas, etc.
2. Functions pertaining to *parental education* and social education by lady social education organisers, family counsellors, kulasevikas, etc.
3. Functions pertaining to a *Family Counselling* Service by family counsellors, kulasevikas, etc.
4. Functions pertaining to *Family Planning* Programmes to be performed by kulasevikas and others.
5. Functions pertaining to *ante-natal, post-natal and maternity programmes* performed by dais, health visitors or arogyasevikas, public health nurses, and balsevikas.
6. Functions performed in *creches, day nurseries and pre-schools* by balsevikas, nurses, balshikshikas and others.

8.4. There is a possibility of creating two types of personnel. There can be special persons appointed to perform each of the above groups of functions, *e.g.*, a dai, balshikshikas, etc. ; or there can be multi-purpose personnel catering to more than any one of the above categories, *e.g.*, a gramsevika, balsevika, kulasevika, etc. Proper co-ordination of functions and clear assignment of duties are necessary so far as multi-purpose workers are concerned. Different patterns of assignment may become necessary in terms of size of population, physical area to be covered, nature of problems, and types of needs which are met within urban, rural and sylvan areas.

8.5. As a general principle it is suggested, that so far as domiciliary and community services at neighbourhood and village community levels are concerned, the minimum number of workers, with a systematic coordination of functions, be appointed so that an integration of programmes and efforts become possible. Persons performing the same types of functions, but under the auspices

of different State and voluntary welfare agencies should not work in the same area unless the load of work demands an additional number of workers. The same principle should apply to institutions where different kinds of functions are to be performed, and the load of work per worker should be clearly defined.

8.6. The following pattern of coordination of functions is suggested for rural areas :

> *Gramsevikas to function* as multi-purpose family, woman and child welfare workers as well as organisers in a small group of villages within easy distance from each other.
>
> *Balsevikas to function* as multi-purpose child welfare workers who could be associated with creches, day nurseries, pre-schools, playground and play activities, and parental education; and even post-natal care if necessary in the absence of other workers.
>
> *Balshikshikas* and Balshikshaks to function as pre-school teachers and instructors, and they may be also associated with parental education and literary programmes.
>
> *Arogyasevikas* to function as Health Visitors and dais, and attend to domiciliary duties relating to ante-natal and post-natal work and parental education. They may be associated with programmes of family planning also.
>
> *Kulasevikas* to be appointed by the Ministry of Health, to function as family planning welfare workers who could function as parental educators; arogyasevikas, and organisers of women's welfare also.

8.7. It is evident in any area where only a gramsevika is functioning, perhaps along with a dai, it will be difficult to organise efficient programmes of ante-natal care, family planning and pre-schools along with the management and organisation of village women belonging to a Mahila Samaj. The creation of part time voluntary workers in villages to function as honorary Gramsevikas is therefore imperative and possible so that paid women can be employed to perform more specific duties. Just as prominent social workers are appointed to work as Chairmen and members of Project Implementation Committees, and are given a jeep and assigned to work in extensive areas; in the same way leading, capable and prominent village women could function as honorary Gramsevikas (even with a small honorarium) and full time balsevikas, dais, and kulasevikas could work under them.

8.8. The organisation of programmes and the assignment of functions should not be difficult in urban areas, if all types of programmes for community welfare are channelised through a comprehensive programme of community organisation carried out through stages, with the highest priority given to four heads of activities: *viz.*, systematic housing management, wherever possible; child, maternity, woman and family welfare; parental education and family counselling including family planning; and community recreation. Additional activities may be taken up by the community organisation as and when more resources become available.

8.9. There should be a lesser need of employing multi-purpose workers if all agencies, public and voluntary, contributing to community service, coordinate their activities; and services for industrial welfare concentrate as much on real welfare of workers in the community area, as they do on labour management and personnel management in the factory area. A co-ordination of welfare activities in factory as well as community areas, with the community as the main unit of activities can produce an effective welfare personnel, amongst whom the workers for family, woman and child welfare will play a significant role. They will co-operate with housing managers, social educators, teachers and voluntary community workers created from within the community.

Need of a Central Institute of Child Study and Welfare Administration

8.10. Whilst the methods of creating and developing the highest cadre of leadership for child welfare will be dealt with in the Chapter on Administration, Organisation and Management of Child Welfare Programmes, the Committee recommends the immediate creation of a National Centre for Child Study and Welfare Administration. A brief outline of the basic proposals, aims, plans and programmes is given below :—

Basic Proposal : To encourage and promote throughout the country the study of problems relating to childhood, the dissemination of a knowledge of child, hygiene and peusiculture, the initiation of programmes and activities for the training, development and welfare of children, and the technical training of higher personnel for child welfare.

8.11. The general line of policy of the Institute will have as a basis an all embracing conception of the child as an individual. When developing its pilot projects, programmes and activities the Institute will have a holistic approach and will take into consideration factors of history, heredity and social change to develop human communities and groups for the efficient performance of their social destinies.

Location : The training centre will be located in or near one of the Metropolis of India.

Approach and Method of Work : The training programme will consist of lectures, studies, practicals and field work.

8.12. Both long term and short term training will be provided at the centre. Long term training will provide a two or even a three year training to Graduates for higher studies in Administration and Child Welfare Service including a year for specialised training; and a two year training for under-graduates. Short term courses will be organised in terms of 90 days, five months and twelve months programmes, when possible and necessary. As a National Institution, it may develop in course of time as a University for the child, with powers to give a Masters Degree or Doctorate after comprehensive training and research work. The Training Institute will be directly associated with an integrated programme of child welfare in a city neighbourhood, as well as with selected institutions like hospitals; clinics, pre-schools, primary schools, etc.

8.13. The Institute will be in charge of one or more Pilot Projects for child welfare in rural and tribal areas and slum areas; and will work for institutional care of children as in foundling homes, orphanages, homes for handicapped children, short stay homes, children's villages, etc.

8.14. The Institute will develop contacts and cooperation between different specialists for the well being of children like doctors, sociologists, anthropologists, psychologists, educationists, teachers, economists, etc. so that increasing complexities of techniques do not result in specialists confined to their own field only.

8.15. The child's life is conditioned by the prevailing standards of living and education of the family and by the historical, ethical, social and economic background of its environment. Therefore all programmes of physical, emotional, mental and social development of the child will be associated with the aspects of the total

welfare of the communities in their respective settings. The programmes will have close integration with all child welfare schemes of community development, and with Government schemes for public health, education and welfare at all levels. The relation of growth and environment necessitates the construction of good houses, improvement of nourishment, and the promotion of extensive popular education. These three subjects will receive special attention in all programmes of the Institute.

8.16. The Institute will aim to be concrete, practical and adaptable to all kinds of situations which are prevalent in urban, rural and sylvan areas; amongst families and communities belonging to different classes, groups and levels of standards of living. Research projects and studies will be carried out to determine the nature and spread of social problems and those affecting the welfare of children. The institute will also make arrangements for the training of staff, students and research workers. It will hold seminars and conferences on specific subjects related to child welfare and bring out publications on child care and development. It will function as the main source of information on child welfare.

8.17. The Institute will serve as a centre of contact, training and research for the benefit of State Governments and international organisations interested in family, maternal and child care.

8.18. The following will be the types of programmes and activities which the institute may carry out :

1. Participation in and assistance to public health and community development programmes by training key personnel like doctors for social paediatrics and health problems of children, social workers and teachers for maternal and child welfare and child care, statisticians for application of statistical methods to problems of social paediatrics, community workers for child welfare in ante-natal and post-natal problems, and the care of pre-mature children; study groups, seminars and conferences will be held to promote widespread knowledge and awareness of the above subjects.

2. Participation in programmes of family and child care by providing short term courses for the rehabilitation of physically and mentally handicapped children in appropriate institutions for children. Study groups. seminars and

conferences will also deal with homeless children, the leisure of children in rural areas, the benefits of audio-visual aids for children, problems of children suffering from physical disabilities, fatigue and overwork as well as general treatment of all problems of child care and welfare, living conditions of children, juvenile delinquency, etc.

3. The Institute will deal with nutrition programmes and general courses will be held for the benefit of doctors, dieticians and social workers dealing with problems of nutrition, metabolic diseases, food habits and household management.

4. By organising training programmes, study groups, etc., dealing with programmes of disease control dealing with prevention and treatment of tuberculosis and communicable diseases, special diseases prevalent amongst children in India, infectious and parasitic diseases, mental illness, etc. Special attention will be given to immunisation programmes and other public health measures.

5. The Institute will help and carry out programmes of assistance to pre-school training and primary education by training male and female teachers and publishing children's literature, etc.

6. The institute will assist international organisations, State Governments, Universities, Schools of Social work, and National and State Organisations for child welfare to carry out pilot projects, social experiments and research.

   Aims of Training Programme : The aim of the training centre is to meet the shortage of personnel for administration, health and welfare programmes, leadership for educational and child welfare activities, and institutional management. The general training given in India for social welfare administration and allied fields is inadequate for the promotion and development of specialised techniques and programmes for child welfare and for the administration and management of institutions for normal and handicapped children.

7. One of the main tasks of the institute will be to help the Government at all levels to overcome the difficulties encountered in the training of health, education and welfare personnel necessary to implement programmes of maternal and child care.

8.19. The chief aims will be :

1. To make known the latest technical advances, subject them to research, apply them to pilot projects and field experiments and to study their practical application to each special sphere of activity carried out under prevailing local conditions and situations.

2. To demonstrate the interdependence of various specialists, the peculiarities of different situations relating to child welfare in India, and to emphasise the importance of team work for the maximum effectiveness of any undertaking. Particular stress will be laid on the necessity for a close integration of maternal and child welfare programmes with programmes of community development of health, education and general welfare.

3. To stimulate all those who will participate in the various courses, study groups, conferences and seminars with a desire to comprehend the philosophy, objects, methods and techniques for maternal and child welfare and to enthuse them with imagination, initiative and individual skills; and to combat with sense and discretion the rigid routine which are the main obstacles to continued advance in maternal and child welfare and social progress.

Methods of the Training Programme

8.20. The field of activity of the Institute will be mainly among workers responsible for maternal and child care, *i.e.*, administrative staff, doctors, social workers, psychologists, teachers and midwives. Training courses will be given to persons with good basic academic and/or professional training, and who hold responsible positions in institutions, Government Departments in their own fields, either in training professional or auxiliary personnel or in the planning, direction, control or supervision of medico-social services, community development programmes, social welfare programmes and intensive programmes for maternal and child care.

8.21. The Institute will create study groups or organise seminars and conferences when opportunity will be given to highly qualified participants to deal with subjects and problems of topical interest on the different aspects of child care and welfare.

8.22. The Institute will provide opportunities for in-service training to persons in charge of maternal and child welfare activities to improve their knowledge and to learn methods and techniques

of programme planning and development in urban and rural areas and in areas inhabited by special types of human groups like tribals, harijans, etc.

8.23. Training courses will be planned in terms of the needs and demands of the various States from time to time for trained personnel to deal with the following subjects :—

1. General principles, objects, methods and programmes of Child Care.
2. Social paediatrics.
3. Maternal and child care.
4. Pre-natal problems and prevention of post-natal morbidity and mortality.
5. Child behaviour and development.
6. Growth and development of children.
7. Physical and mental health of children.
8. Problems presented by different age-groups of children.
9. Adoption and foster homes.
10. Nutrition, feeding and household management.
11. Management of day nurseries and pre-schools.
12. Play and recreation of children, etc.

8.24. Special training courses will be organised for the benefit of special groups of child welfare technicians, public health nurses, and Health Visitors, Family Planning Social workers, pre-school teachers, medical social workers in children's hospitals, school health workers, etc. In short, it will try to contact for the purposes of training, maternal and child welfare specialists, organisers, social workers and community workers at all levels, and will even assist in the training programmes for grass-root workers.

Social Studies and Research

8.25. The Institute will organise its own Research programme and at the same time promote social studies and research in problems of maternal and child welfare in Universities, Schools of Social Work, and child welfare agencies.

8.26. Social work amongst mothers and children is basically concerned with the maintenance of family and community health and the prevention of family disorganisation and community disintegration. It will be increasingly concerned with problems of rapid socio-economic change and urbanisation. In India, the problems of population control and a higher standard of living require immediate attention.

8.27. The problems of society affecting the family, mother and child need to be defined in order to evolve methods of research and to work out programmes that will meet the needs and difficulties of various situations. The task is to meet the shortage of personnel, and to give rich experience beyond the scope of existing training courses to meet the challenge of reality. The research and study programme will have to be evolved in terms of prevailing needs and conditions in different parts of the country.

8.28. Proposed budget estimates of the Central Institute for Child Study and Welfare Administration are as follows:

TABLE NO. 51

S. No.	Staff	Approximate Salary	Estimated Expenditure Rs.
1	2	3	4
1	Director and Professor of Child Studies . .	Rs. 1,500 plus D.A.	24,000
2	Paediatrist	Rs. 1,200 plus D.A.	1,00,000 (items 2–6)
3	Child Psychologist	Rs. 1,200 plus D.A.	
4	Education Officer	Rs. 1,200 plus D.A.	
5	Welfare Administrator & Research Officer .	Rs. 1,200 plus D.A.	
6	Field Work Officer in charge	Rs. 1,200 plus D.A.	
7	Honoraria to visiting Lecturers . . .	..	30,000
8	Three Field Work Organisers	Rs. 350×3	15,000
9	Two Senior Research Officers . . .	Rs. 450×2	12,000
10	Two Research Officers	Rs. 350×2	10,000
11	Three Research Assistants	Rs. 250×3	10,000
			2,01,000

1	2	3	4
12	Registrar	Rs. 600	10,000
13	Accountant	Rs. 500	6,000
14	Asstt. Accountant	Rs. 350	4,000
15	Librarian	Rs. 400	5,000
16	Asstt. Librarian	Rs. 250	3,000
17	Steno-typists—4	Rs. 250×4	12,000
18	Typists—4	Rs. 200×4	10,000
19	Clerks—4	Rs. 180×4	10,000
20	Peons—4	Rs. 100×4	10,000
21	Servants—4	Rs. 90×4	
			2,71,000
22	Payment of stipends and salaries of in-service trainees, their boarding, lodging, travelling and field work expenses	..	1,00,000
23	Programme expenses	..	50,000
24	Recurring purchase of books and equipments .	..	50,000
25	Contingencies	..	20,000
	Approximate Total .	..	5,00,000

Training Balshikshaks and Balshikshikas for the Pre-school

8.29. The task of the Committee is to recommend effective programmes for the training of different kinds of pre-school teachers. At present several institutes are in existence in India for the training of pre-school teachers. As adequate information is not available with the Committee on this subject, a careful investigation must be carried out in all the States by the various Departments of Education as well as welfare. It should be the policy to support and strengthen all existing training centres, and new ones could be created in areas where they are most needed.

8.30. The evaluation of their work is difficult because of the absence of common standards, the difference in the objectives of training programmes, and the different types of equipments used. Some of them emphasise the system of training, and others emphasise the importance of the community or the environments they

are meant to serve. A few of them cater to the limited objective of preparing them to serve as pre-school personnel. The Committee does not feel that a single standardised type of training programme can be suggested for preparing pre-school teachers. Several types of training programmes are necessary.

8.31. The main institutions of pre-school training must give a two-year training to an educated class of young men and women, the main qualification being an undergraduate. The training programme must impart a proper understanding of the child, including all aspects of his physical, emotional, and mental life ; all factors dealing with home, community and pre-school environment ; the philosophy, aims, objectives of several known methods of pre-school training; the practical handling of each individual child and groups of children ; appreciation of the importance of teaching, feeding, activity and play programmes and methods of handling difficult children. The organisation of institutional life as well as the management of institutions and their finances, resources and equipment should be included in the curricula. Practical training in the actual pre-school will prepare the teachers to translate theory into practical achievements. The detailed contents of any pre-school curricula are given in the Chapter dealing with the pre-school.

8.32. Pre-school training must include the teaching of methods to use pre-school equipments and materials, and educational toys. Teachers should be able to play a large number of outdoor and indoor games ; and likewise they should be able to learn the art of story telling, as well as practise singing, dancing, and eurhythmics. They should be given a useful course in parental education and home contacts, and they should be generally familiar with the history of child welfare and all aspects of social work within the larger field of child welfare.

8.33. The Committee recommends that recognition should be given to five types of training programmes :—

I. An orientation course or refresher course of thirty to ninety days duration. Certificates should be given to persons attending such short-term courses; and recognition must be given to institutions which have the needed wherewithal and personnel to run such courses. Institutions giving a two year training to pre-school teachers, universities granting Bachelor's or higher degrees in education, Schools of Social Work : and National and State organisations of child welfare are especially suited to organise such short training programmes.

The Committee suggests that measures should be taken to see that such certificates should not be recognised for eligibility to become full time pre-school teachers, except under exceptional circumstances. Such a practice in the past has produced three undesirable results :

(i) Teachers with certificates of short-term courses compete unfairly with fully qualified Balshikshikas or with persons with lower educational qualifications who have received specialised training in long-term courses.

(ii) Persons who are keen on finding employment or choosing a career, irrespective of a sense of duty and responsibility for preparation, find an easy way to secure a salary and employment with minimum effort, qualifications, and preparation for the job.

(iii) A large number of commercially organised pre-schools in cities or welfare agencies with lofty aims and inadequate resources manage to find teachers of poor quality on low salaries; and this is detrimental to proper child care and training and the maintenance of reasonable standards in pre-school education.

Short term courses are only meant to stimulate interest, train voluntary social workers, and give employment to part time instructors to deal with specific items of the pre-school curricula.

II. In remote areas where capacities to pay even a reasonable salary are absent, and women with even minimum schooling are not available, the Committee suggests the use of the following methods of training, which has already been effectively used in tribal areas :

The pre-school should work only in suitable climatic conditions, for about 8½ to 9 months in the year. All Balshikshikas should be able to enjoy one month privilege leave with pay. Sixty to seventy-five days should be utilised every year for indoor intensive training of Balshikshikas, with outdoor activities when climatic conditions permit. Each year, the training course must concentrate on fundamentals, methods of institutional management, basic problems of the child, specific programmes to be undertaken in the following year, and one or two items of the curricula may be taken up each year for intensive training. With practical experience, periodical training, and constant guidance by associate teachers, women

with limited educational qualifications, but with love for children and ordinary intelligence, can become good Balsevikas in rural and sylvan areas.

III. As most pre-schools require intelligent and competent assistant teachers, helpers and instructors, a certificate for a five months' training programme should be recognised by Government to provide personnel for pre-schools with limited resources, or to serve in areas where educated women are not available for employment. The minimum qualifications for attending such training programme should be the Vernacular Final or any equivalent of such a standard. The training programme and curricula must include items which deal with the fundamental and most essential part of a two year training, concentrating on practicals, and giving a minimum of theory. A Certificate will be given after examinations to qualify such Balsevikas to become assistant teachers, and instructors only. They may be employed as Balsevikas or as teachers in backward and undeveloped area to serve their special circumstances.

IV. A one year training programme for Balsevikas shall be organised in each State. The Ministry of Education has set aside adequate funds for creating such training centres throughout India. The Central Social Welfare Board, in co-operation with the Indian Council of Child Welfare, has made preparations for these training programmes. A detailed syllabus of training has been prepared; but the same will need revision and adjustment in the light of experience, and the different conditions prevailing in different areas. Each State shall be able to invite and receive the maximum co-operation from Child and Social Welfare Agencies to create a nucleus of Balsevikas to function as child welfare workers in all parts of the State. It is invariably difficult to train workers for urban and rural areas at the same time, and in the same environment. The levels of education, the quantum of resources, and the environmental factors are different in rural areas and urban areas. Perhaps it will be more useful to give priority to the training of rural workers in the first instance. The minimum educational qualifications required will be seventh vernacular only. As soon as these workers are trained, they must be immediately absorbed by the minimum standard pre-schools and full day pre-schools that should be created, in cooperation with the Ministry of Education, all over India. Such institutions should function now under the Social Welfare Board and Social Welfare Extension projects, or the Panchayats.

In urban areas, Schools of Social work or other child welfare agencies approved by the State Government may develop training programmes; and the Ministry of Education and the Central Social Welfare Board may create an agreed number of pre-schools, according to the size of the population. The resources should be supplemented by grants-in-aid from Municipalities, and the State and Central Governments. A number of pilot projects for an integrated programme of child welfare must be created in cities in well defined and carefully selected community areas.

V. Two year programmes for the training of Balshikshikas should be organised by Universities, and Schools of Social Work, or special institutions created to train workers for the benefit of pre-schools. Universities and Schools of Social Work must undertake to give the right type of training provided the State develops a gradually increasing programme of pre-school development to absorb the trained personnel created at the end of each year. The minimum qualification for the two year programme should be graduation ; and undergraduates and even matriculates may be admitted to serve in rural and sylvan areas in exceptional circumstances.

8.34. There should be appropriate authorities including State Governments and Universities to give recognition to the trained Balshikshikas and Sevikas. Certificates, Diplomas and Degrees should be given after determining general standard of training given in the different categories of training centres. There should be recognition for at least three types of pre-school training programmes of general pre-school, kindergartens, and Montessori training school. The certificates and diplomas should be given to those who are able to achieve a prescribed standard of competence by passing an approved system of examination.

8.35. Certificates should be given to those who receive short term training. A Diploma should be given after a one year training to persons with Matriculation as minimum qualification. Vernacular finals may be recognised to work as Balsevikas and Balshikshikas. Both women and men should be eligible to undergo the training.

8.36. The Committee recommends the creation of five zonal centres in India to give comprehensive training to Balshikshikas. They should cater to workers drawn from both urban and rural areas.

8.37. Grants in aid should be given to these centres to equip their institutions and to carry out a training programme approved by a competent committee of persons dealing with pre-schools along with a number of other persons scientifically equipped to deal with all aspects of the life of a child between three and six years of age.

8.38. The Committee has carefully studied the curriculla, periods of training, basic qualifications of trainees, etc., of the training programme for Health Visitors and/or Public Health Nurses. Wherever the Public Health Nurse has completely replaced the Health Visitor the Committee has received the protest of eminent Gynocologists, doctors and child welfare workers. They welcome the appointment of large number of Public Health Nurses: but they believe that the Health Visitor has a distinct role to play in the domiciliary services for maternal and child welfare in the country. The general pattern followed for the training of this category of child welfare workers corresponds to the minimum programme of training dealing with midwives. By receiving a further training of six months or a year, she is given a Certificate or Diploma as a Health Visitor. The Public Health Nurse receives training of a longer duration, which is about two years.

8.39. As State Governments have given adequate thought to frame their policies and programmes of training, and this is primarily a subject to be dealt with by the Ministry of Health, the Committee feels that a rigid national approach to this subject is unnecessary. It is only essential that the training programme of either the Health Visitor or the Public Health Nurse should have a minimum duration of two years, including the period covered by her training as a midwife. Besides, her training should give her a general knowledge of all the types of programmes and activities that cater to child welfare as a whole; but mainly dealing with children upto three years only. She should further develop a sense of cooperation, and understand the methods of coordinating her activities with the other child welfare workers who are functioning in urban and rural areas. Both the Health Visitor and the Public Health Nurse should especially function as part of a team along with the Gramsevikas, Balshikshikas and the Kulasevikas if they are in existence in those areas.

8.40. *Training of Kulasevikas:* The Committee feels that the training programme of Kulasevikas or Family Planning Welfare workers should be determined by the organisers of Family Planning Programmes and the Ministry of Health. However the same

background and conditions governing the training of Health Visitors and Public Health Nurses should guide the working of training programmes of the Kulasevikas except that the minimum period of training should be one year. The Kulasevikas could combine the functions of Health Visitors and Balsevikas if the latter do not exist in the area of her operation.

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CHAPTER IX

ADMINISTRATION, ORGANISATION AND MANAGEMENT OF CHILD WELFARE PROGRAMMES AND INSTITUTIONS

9.1. The concept of child welfare involves services for millions of children who need aid, because upto now their families and the communities to which they belong have not got the capacity and resources to meet their needs. The fulfilment of the needs of children requires leadership with capacity and ideas, resources—physical, financial and human, and organisation of man and resources to achieve results. It must be admitted that private agencies. in the first instance, have functioned as pioneers and created programmes and institutions, whatever may be their efficiency. The Survey of the needs of children carried out by UNICEF has the interest of all governments of the world to strengthen the social services for children.[1] The Committee is happy to note that almost all State Governments are agreed that child welfare should receive the highest priority amongst all Social Services. The West Bengal Government has opined that it should receive equal priority with Health and Education services. Eighteen Departments of various Governments desire that child welfare should receive the highest priority in the field of social welfare. Seventy per cent of answers from welfare agencies request highest priority for child welfare. After Independence, the State is gradually assuming heavy responsibilities, as it should, and therefore a Social Service Administration is arising which has to work in harmony and in close co-operation with private agencies to find resources, lay down correct policies, and create personnel and programmes to achieve concrete results. The initiative has now passed to the State; but the urge, effort and campaigning power yet remains with the national agencies, not only of child welfare; but such agencies working in close co-operation with national agencies for women and family welfare, social welfare and social work agencies, and all agencies working for national and community welfare.

[1]NICEF Report, page 4, Para. 27.

National Child Welfare Movement

9.2. State Governments have expressed their approval for creating a National Child Welfare Movement. They have proposed that Inter-State and Inter-Departmental services should be held responsible to promote this movement. It has been suggested that the nuclear origin of this development should be in the Panchayat programmes; and the Zilla Parishad and District Authorities must take special measures to create a field organisation with the help of lady District Welfare Officers. It is hoped that the Health or Education Departments of the municipalities will also take the initiative to promote, organise and strengthen the National Child Welfare Movement along with labour welfare organisations, Trade Unions. and educational and welfare agencies. District and City Councils of the National Organisations for Child Welfare must co-operate to develop the child welfare movement through District Co-ordination Committees of Child Welfare. The National Child Welfare Movement, under the patronage of the President, should be organised under the leadership of the Prime Minister himself. The Government of the various States should patronise activities of the State Child Welfare Movement.

9.3. The Committee approves a suggestion made by some of the States that the National Child Welfare Movement should be organised along the lines on which the National Scout Movement is organised in the country. Local parents' Association also could be organised to affiliate with the District Child Welfare Organisation. Each local association must develop a minimum programme of child welfare in the representative area. The programme and activities should include domiciliary services. Pre-schools. Children's Parks and Playgrounds, Children's Recreation Centres, Mid-day Meals Schemes, etc.

9.4. To achieve these ends. the Committee recommends the creation of common meeting grounds, and the strengthening of all administrative headquarters of each national organisation mentioned later in paragraph 9.18. They should be able to employ trained and qualified full time workers, and they should concentrate on specialised functions and areas of service, so that concrete contributions can be made to each separate aspect of child welfare. Efforts should be increasingly made to associate child welfare specialists like paediatrists. educationists, and child psychologists. biologists and other social scientists to assist all organisations dealing with child welfare. It is only in this way that social

work can become effective, and a high quality and standard of child welfare programmes can be achieved.

National Division of Child Welfare

9.5. A special wing or organisation in the Ministry of Education, along with the National Bureau of Child Welfare should devote its activities to deal with the welfare of children only. It should work in close co-operation with the Central Social Welfare Board and a National Centre of Child Studies and Welfare Administration, and the National Headquarters of National Child Welfare and Social Welfare organisations. Social Scientists in the University of Delhi may be able to assist the efforts of this Division of Child Welfare. Though Social Welfare and part of Child Welfare is dealt with by the Ministry of Education, the Committee strongly urges the creation of a comprehensive Social Welfare Section in an appropriate Ministry to promote at least a Deputy Minister to aid the Education Minister to promote a national development of social welfare programmes. With a National Division of Child Welfare within it, child welfare may receive the importance, priority and attention it deserves. The Division of Child Welfare may take all the initial measures to create a National Bureau of Child Welfare and a central organisation to give leadership to the National Movement for Child Welfare.

9.6. The functions of this Division, so far as children under six years of age are concerned, may be as follows :—

1. To maintain proper records and statistics dealing with problems and programmes of child welfare;
2. To prepare guidance materials and manuals for the benefit of child welfare programmes, and experimental and pilot projects ;
3. To maintain contact with all research programmes on Child Welfare carried out in the country ;
4. To regulate, initiate and assist all training programmes pertaining to child welfare at National and State levels ;
5. To function as a unit to co-ordinate the activities of all central ministries as far as welfare of the child is concerned.

Functions of Ministries relating to Child Welfare

9.7. Programmes of child welfare can become more effective and efficient if there is a scientific division of functions, and proper

co-ordination of efforts at the Centre. Whatever may be the reorganisational importance of a central agency for Child Welfare and Social Welfare, the most important functions dealing with vital problems of the small child will remain with the Ministry of Health. The Ministry of Health should deal with Family Planning and the co-ordination of this programme with other programmes of child welfare, ante-natal, maternity and post-natal care; the organisation of hospital and domiciliary services for children; programmes for immunization and problems and programmes dealing with the nutrition of children and mothers. Because all these functions are of great importance, in many Commonwealth countries and countries of Europe and America, Child Welfare is dealt with by the Ministry of Health.

9.8. Whatever may be the functions of the Ministry of Education, its major functions today are to deal with training programmes of child welfare workers, pre-school education, child art and literature, care of the handicapped, and the organisational aspect of child welfare programmes through the Central Social Welfare Board.

9.9. The activities of the Ministry of Community Development require further co-ordination and integration with the activities and programmes of the Central Social Welfare Board so that important child welfare services are initiated at the village and street levels through programmes of rural and urban-community development. If the functions of community development, so far as programmes of child welfare are concerned, are entrusted to the joint efforts of the staff dealing with Primary Health Centres and functions of lady S. E. Os., and these officers work in close co-operation with lady District Welfare Organisers dealing with family, women and child welfare, most effective institutional and domiciliary services for child welfare can be created in the country. In fact the Ministry of Community Development can develop the National Field Organisation for child welfare closely associated with the National Bureau of Child Welfare. The Central Institute of Community Organisation and Devélopment should be able to develop field research programmes to discuss the real nature of the problems and needs of child welfare at the community level.

9.10. *Need of National Bureau of Child Welfare:* Many progressive Governments in the world have created a National Bureau of Child Welfare, and such Bureaus are assisted by International Organisations like UNICEF, the International Union for Child Welfare, etc. In India, the national leadership at present officially

belongs to the Ministry of Education which now deals with Social Welfare, and it has created a Central Social Welfare Board. Only a few years ago the Indian Council for Child Welfare had created a National Bureau of Child Welfare as a part of its organisation, and had appointed a Director of the Bureau. It did some useful work, but all the enormous tasks could not be carried out due to lack of resources of a private organisation, however earnest; and it has been appreciated and realised that only a Governmental agency can secure resources to develop a pool of knowledge and competence, a nation-wide financial organisation, and corresponding powerful agencies at the State, Municipal and Panchayat levels to lay down proper foundations of child welfare.

9.11. The Committee feels that though Social Welfare is primarily a State function, a strong lead has to be given by the Central Government, and a heavy burden of providing resources must be borne by it, at least in the initial stages. The Committee is fully aware of the great importance of child welfare which is done by various Central Ministries. So far as children under six years of age are concerned, the Committee has pointed out the vital role of the Ministry of Health, Education and the Ministry of Community Development. The Home Ministry is responsible for the welfare of children of the scheduled castes and tribes; and the welfare of children of industrial workers is looked after by the Ministry of Labour. Some aspects of child welfare are also dealt with by other ministries, directly or indirectly. For example, the Ministry of Housing should be concerned with problems of the physical environment of the child.

Co-ordination of Child Welfare Administration at the Centre

9.12. The problem of co-ordination of child welfare programmes within the Departments of State Governments has faced even highly developed countries. The UNICEF Report which has proposed the initiation of major projects for child welfare throughout the world, points out that "such projects usually required the co-ordination of the work of several governmental ministries, and they required simplified co-ordination procedures among two or more institutional agencies".[1] In order to bring about some measure of co-ordination, a Central Co-ordination Committee for child welfare was set up by the Cabinet Secretariat in November, 1959. This Committee includes representatives of the Ministries of Education, Health, Community Development, Home Affairs, besides the Central

[1]UNICEF Report, Page 12, Para. 96

Social Welfare Board. The Central Social Welfare Board and the Indian Council for Child Welfare are represented on this Committee. It is meant to perform a few simple functions. The need of a permanently and regularly functioning National Council of Co-ordination is very great to achieve and maintain common standards, lay down basic policies, achieve maximum economy in the use of resources and personnel, and take advantage of available results of research and knowledge on all subjects dealing with child welfare. It is desirable to appoint representatives of national child welfare and other social welfare agencies directly associated with the nation-wide execution of child welfare programmes on the Co-ordination Council. Along with the National Co-ordination Council, it is desirable to create a National Advisory Committee on Child Welfare to advise the ministries concerned about the standards of care in programmes and institutions, child welfare legislation, registration of institutions, counselling, etc.

9.13. *National Organisations for Child Welfare:* Whilst the official framework of the national organisation for child welfare is thus strengthened ; the Committee has noticed the existence of a number of important national child welfare agencies. The Indian Council for Child Welfare has been playing an important role in child welfare, and has been associated with the International Union of Child Welfare from which it has received valuable assistance. The Balkan-Ji-Bari and such other organisations have been rendering useful service in the field, though children above the age of six seem to be receiving more special attention. Recently a National Federation of Child Welfare Associations has come into existence, and it could make useful contribution to the promotion of child welfare. As in other countries, the National Council of Women, a National Council for Family Welfare, a National Council for Pre-schools which has yet to come into existence, the Indian Conference of Social Work, and other national organisations directly associated with any aspect of child welfare can make suitable contributions to promote co-ordinated efforts which should all lead to the development of a national campaign for child welfare, as well as the gradual emergence of an organised national movement for Child Welfare.

9.14. The chief functions of a national organisation for child, woman, family and social welfare should be to assist the State organisations to achieve their purposes. They should be entrusted along with Schools of Social Work, to provide guidance and counselling services to all child welfare organisations and institutions.

They should also be entrusted with some experimental and pilot projects. The chief role of the private organisations is to act as pioneers, discover new approaches and methods, organise public opinion for child welfare and act as a correctional agency, where massive programmes for child welfare of the State are concerned. Each national organisation as well as competent Schools of Social Work should be provided with funds to organise a Field Guidance and Counselling Service and organise short and long term training programmes for child welfare workers.

9.15. Important national organisations for child welfare should, in the first instance, co-ordinate their activities by including representatives of each other on their national executives. Each organisation should undertake different spheres of activities, and wherever possible they may exert regional or area-wise influence. By holding seminars and setting up committees of co-operation in each State, greater co-operation can be achieved between the executive officers and full time workers of all the organisations. Each organisation should undertake experimental projects, pilot projects, research surveys and investigations, and develop a common panel of information.

9.16. *Child Welfare Administration at the State level:* Functions and programmes pertaining to child welfare are at present dealt with by a large number of Departments. Replies were received by the Committee from 14 States and 17 Departments dealing with Child Welfare. An analysis of this information reveals that Child Welfare Programmes are dealt with at present by the following Departments —

> Public Health, Medical, Education, Community Development, Women's Welfare, Social Welfare, including Scheduled Castes and Tribes, Labour, Law, Local Boards, Zilla Parishads and Information and Broadcasting.

It appears that a majority of all the States are in favour of entrusting all programmes of child welfare exclusively to the Ministry of Health. Fifteen States and twenty-two Departments have answered this question. Only one State has opposed this policy. The State seems to be further in favour of reducing the number of Departments that handle child welfare programmes. Other Departments that should handle programmes of child welfare are Education, Women's Welfare, Social Welfare Department and the Social Welfare Boards. There is divided opinion about the suitable department to manage pre-schools. A number of States

are of the opinion that pre-schools should be managed by the Department of Social Welfare, instead of Education. Delhi has suggested that this problem needs the consideration of specialists in Administration and Child Welfare.

9.17. *Division of Child Welfare at State levels:* The States of Maharashtra, Andhra, Orissa, West Bengal, Jammu and Kashmir are of the opinion that a separate Division of Child Welfare is necessary to deal with problems and needs of children. Maharashtra has already got such a division. Mysore considers the establishment of woman and child welfare division, a suitable organisation to deal with the problems and programmes of women and child welfare together. Madras has converted the State Social Welfare Board into a Department of the Government to continue to perform all the functions of the State as well as the Board. Punjab and Madhya Pradesh are not in favour of setting up a separate Division. The Committee is of opinion that since a majority of States have already realised the need of a comprehensive Division of Child Welfare, and as Child Welfare is now likely to receive special attention of the Government, and more resources will be available, a Division of Child Welfare should be created in all the States of the country. They should function not under a general administrator, but under a highly qualified Director with special knowledge of Child Welfare.

9.18. The suggested functions of the Divisions of Child Welfare at State level are as follows :—

1. To perform all functions and manage all programmes other than those relating to the health and nourishment of children. These could be performed by the Ministry of Health.
2. Administration and co-ordination of child welfare programmes.
3. Activities pertaining to Social Welfare and the Social Welfare Board.
4. To act as a liaison between all Departments and the Government and private agencies.
5. To manage all training programmes.
6. To conduct or organise research, including child studies, surveys and investigations.

7. To act as a guidance and counselling department and organise pilot projects of child welfare.

3. To promote and organise the production of children's literature and documentaries and children's programmes.

9.19. *Co-ordination at State level:* Almost all the States have found great difficulty in co-ordinating all programmes and activities relating to child welfare. Only Gujarat and Mysore States claim that they have been able to co-ordinate child welfare activities. In West Bengal, the work of co-ordination has been entrusted to the Education Department. Punjab and Gujarat States have taken the help of the Indian Council for Child Welfare in their States to co-ordinate their activities. Co-ordination Committees are already in existence in the Punjab, Kerala, Jammu and Kashmir, Rajasthan and Mysore. Andhra, Delhi, and Gujarat have not created a separate machinery for co-ordination. Five State Governments are making new plans for co-ordination.

9.20. The State Governments have stated that co-ordination is difficult because activities are scattered over very large areas, they are carried out by a large number of State and private agencies, and there are differences of approach, objectives and standards of management everywhere. Almost all the State Governments express need of greater resources, better trained and qualified persons and some agencies or persons to act as guides and counsellors. They agree to the need of a statutory agency with specified powers to co-ordinate the activities of State and private agencies. There is a frank statement by some State Governments that there is a lack of urge and vitality in the efforts which are directed to execute child welfare programmes.

9.21. *Co-ordination of State and Private Agencies:* The Committee has been informed that there is at present no organised efforts in most of the States to co-ordinate programmes of State and private agencies. It has already been suggested that representatives of State Councils of Child Welfare should be included on the Co-ordination Council and Advisory Committee on Child Welfare to be appointed by the State Government. Suggestions have been given that State officials and the staff of Government Departments and private agencies should meet in seminars to discuss problems and suggest ways and methods for improvement of programmes. The final success and improvement of standards of child welfare programmes will depend upon close and continuous cooperation between State and private agencies.

9.22. *Legislation in Child Welfare :* The problem of child welfare legislation must receive continuous attention of Central and State Governments. Proposals for changes and new legislation must come from the national organisations for child welfare, the Central Social Welfare Board, the Divisions for Child Welfare, and even from all other Departments dealing with child welfare programmes.

9.23. Fourteen States and twenty-one Departments have responded to enquiries about legislation made by the Committee. Nineteen answers indicate a need for a comprehensive child welfare legislation, whereas two answers are in the negative. It has been suggested that non-official agencies should have a greater responsibility for the introduction and modification of legislation whilst the administration must bear a greater responsibility for enforcement. There is no child welfare legislation in Orissa and Rajasthan. Seven answers indicate that the words "Child" and "Childhood" have a uniform meaning in law as well as for child welfare purposes. One answer is against such an interpretation. There are invariably no Acts dealing with children under seven years of age, and most of the Children's Acts have a bearing on this age group. The Committee has dealt with some important aspects of legislation in the Chapter on Handicapped Children. Some of the more important acts recently adopted are the Bombay Children's Act, Bengal Children's Act of 1959 and the Panchayat Act of 1960 in Andhra Pradesh.

9.24. The following is a list of important legislation dealing with the child in the various States of India :

List of Legislation in different States

Andhra Pradesh :

1. Public Health Act.
2. Local Board's Act.
3. District Municipalities Act.
4. Panchayats' Act.
5. Hyderabad Children's Protection Act, 1945.
6. Hyderabad Children's Act.
7. Madras Children's Act.
8. Rules under Hyderabad Children's Act
9. Section 363 of the Indian Penal Code is enforced in Andhra.

Maharashtra :

1. Bombay Children's Act.
2. Other Children's Acts.
3. Factories Act, 1948 and 1950.
4. C.P. and Berar Act, 1928.
5. Hyderabad Children's Act enforced in Maharashtra.

Bihar :

1. Factories Act, 1948.
2. The Bihar Maternity Act.
3. Employment of Chldren's Act.

Mysore :

1. Children's Act, 1943.

Gujarat :

1. Bombay Children's Act.
2. Saurashtra Children's Act, 1956.
3. Women's and Children's Institutions (Licensing) Act.

West Bengal :

1. West Bengal Children's Act, 1959.
2. Women's and Children's Institutions (Licensing) Act.
3. Borstal School Act.
4. Maternity Benefits Act.
5. Reformatory Schools' Act.

Delhi :

1. Reformatory Schools Act, 1897.
2. Bombay Children's Act, 1924, as extended to Delhi.
3. Cinematograph Act, 1952 (Rule 45, Clause xii).
4. Suppression of Immoral Traffic in Girls and Women Act, 1956.
5. Bombay Prevention of Beggars Act, 1959.
6. Women and Children Institutions (Licensing) Act, 1956.

9.25. Seven answers given by experts indicate that the inability of the State to enforce legislation is responsible for cruelty to children. Four States have indicated the need for greater deterrent and more severe punishments to deal with proved cases of

neglect and cruelty. Most states have pointed out that improper education and lack of parental education, slum life over and above economic poverty, and unhealthy social influences are responsible for the neglect of children. A number of States have emphasised that organised community life both in urban and rural areas can produce better results than legislation.

9.26. Most of the States and Departments have avoided responding to the Committee's enquiry whether there is absence of capacity in the State to enforce legislation. Only six answers agree that there is lack of capacity in the States to enforce legislation and two answers assert the presence of capacity. The Committee is of the opinion that all States need to develop protective attitudes to legislation, and if there is a law, then every effort must be made to enforce it. This would especially refer to laws that seek the protection of children against anti-social elements and parents. Reference has been made to the lack of inclination on the part of police to enforce child welfare legislation, sometimes due to specific instructions or directions from higher authorities. In some States women constables have been appointed under the Juvenile Delinquency Programme. In Delhi, a Child Guidance Bureau is managed jointly by the State Government and voluntary organisations to provide Child Guidance Service. Voluntary organisations are doing some useful work in other States. The practice of giving special powers to responsible citizens and social workers needs to be adopted by all the States, and the number of such persons, especially educated women, must be increased. It is suggested that representatives of voluntary organisations and Community Development authorities should be given powers to report cases of cruelty and neglect to a competent officer or authority. Panchayats should also be declared to be competent local authorities to act in such cases. The Committee recommends that at least some progressive States with resources should create a small, but effective separate police force to enforce child welfare legislation.

9.27. The Committee further recommends that adequate training in child welfare legislation and enforcement should be included in the curricula of all Central and State programmes for the training of police officers, as it is already done in the curricula of Schools of Social Work.

9.28. The general principle underlying the Children's Act is that every child who is 'in need of care' has a right to special protection and the State in its capacity as the ultimate authority assumes to

itself the right to intervene in the interest of the child. The Children's Act, U.K., 1948 places a duty on a local authority to receive children into their care when it appears to them that their intervention is necessary in the interest of the welfare of the child. An analysis of the Children's Act in force in the States has shown that, keeping in view the various provisions made in these Acts they can be classified into two broad groups :—

(i) those the underlying aim of which is to prevent delinquency and to provide for correctional services for delinquent children ; and

(ii) those which are drawn up with the purpose of providing care facilities for all categories of children whether delinquent or otherwise.

In countries where special children's acts exist, they generally contain provision for the care of homeless children; and they provide in varying degree various measures necessary to prevent deprivation. Such laws specifically provide for (i) a definition of 'Abandoned' and 'Neglected' child broad enough to include all children upto a certain age who are deprived of a normal home life; (ii) legal provision to protect the personal rights and status of the child with regard to inheritance, ownership, etc.—and what is perhaps most important from the point of view of organising child welfare services on a national basis—placing administrative responsibilities for decisions concerning children with a competent body; and lastly organisation of services for children by a public authority and private agency working under official supervsion.

9.29. The Committee has noticed the presence of a general desire to review the operations of the Children's Acts in order to ascertain the capacities of these Acts to provide effective child welfare services for various categories of children. There is also a plea to bring about some measure of uniformity in the provision of legislative measures contemplated under the Acts; whilst central legislation is not possible on this subject because of constitutional disability, there yet seems to be a demand for even a modification of the Constitution with States approval to create a National Children's Act which will broadly define the scope of statutory services for the welfare of children upto a certain age by State Governments, Municipalities and Zilla Parishads. Five experts have recommended that the Acts should be broad enough to serve mentally defective children. The Committee recommends the introduction of a new Adoption Act which can be applicable to all children

irrespective of any discrimination on account of sex, caste or religion, and with adequate safeguards for the personal and customary laws of religious groups. As far as possible this Act should consolidate all legal provisions regarding adoptions.

9.30. *Scope of Child Welfare Services :* Thirteen States and seven Government Departments dealing with child welfare have generally proposed that the Government should provide basic minimum services for large numbers of children; and that such services should be developed on a large scale. Three Departments have favoured the development of comprehensive programmes for small numbers of children. Six Government Departments have favoured concentration of attention towards providing certain special services. The Committee is of opinion that due to lack of finance and trained personnel, expansion of basic services should be developed in states. The Committee welcomes the programme of developing twenty integrated projects in the country during the Third Plan Period. These Pilot Projects should be organised by competent child welfare agencies with maximum governmental co-operation. These projects will deal with children upto sixteen years, but will especially include Health Visiting, Family Planning, Parental Education, Ante-Natal and Post-Natal Care, Day Nurseries and Pre-Schools, and programmes for unprotected children.

9.31. *Resources of the State for Child Welfare :* It is evident that a country like India, immediately after Independence, cannot find adequate resources to meet even the most essential requirements of child welfare Departments, agencies and institutions. The lack of funds, however, must be considered separately from the problems of attitudes and policies of the State regarding the financing of child welfare programmes. Considering the same problems from a world point of view the recent report of the UNICEF says "It would be necessary for UNICEF to adopt to the changing environment. This was all the more important as investment in children, while recognised in the abstract as requiring as much attention as investment in national resources, as intended in practice to receive low priority in the face of more immediate pressure for the development in the industrial or economic fields."[1] These words are even appropriate to the approach of our governments and planners to the needs of child welfare in India. The Report of the UNICEF says "one of the principal tasks of UNICEF is that the 1960s should therefore be able to demonstrate how a reasonable

[1]UNICEF Report : 1961, Page 3, Para. VI.

share of the greater resources available for economic and social development could be directed to the welfare of children. The aim should be fuller development of the country's human as well as its material resources." This statement is also appropriately suitable to guide the Central and State policies regarding Child Welfare in the Third and Fourth Plan periods. Most of the expenditure on child welfare should be regarded as a fruitful investment capable of yielding dividends in terms of better social health of the nation in general, and better character, physical fitness, efficiency and capacity for all round productivity.

9.32. Mention has already been made in another part of this report regarding fund allocations and expenditures of the Central Government and the Social Welfare Board. The following information was obtained from some of the State Governments regarding budget allocations and actual expenditures during the three Plan Periods.

TABLE NO. 52

(Rs. in lakhs)

State	*Department*	*First Plan*		*Second Plan*		*Third Plan*
		Estimate	*Actual expenditure*	*Estimate*	*Actual expenditure*	*Estimates*
1	2	3	4	5	6	7
Andhra	Public Health	1·89	1·89	2·53	1·25	1·50
	Health *			0·11	0·03	17·97
	Scheduled Castes, Tribes & Backward class Allocations					6·97
	Health	1123·08	841·19	914·30	972·99	1198·60
	Social Welfare	N.A.	N.A.	38·84	34·58	83·09
	Community Development	52·45	52·45	1589·64	1552·86	2550·00
	Scheduled Castes, Scheduled Tribes and other Backward Classes	345·12	384·87	459·87	437·64	536·91
	Labour and Industry	119·75	114·62	118·53	1077·34	2078·00

1	2	3	4	5	6	7
	Education	465·88	451·23	1192·03	1235·10	2361·00
	Housing	169·76	162·50	446·17	412·44	335·00
Bihar .	Health		428·82	246·98	121·55	1740·00
Delhi .	Health	21·81	9·20	14·27	6·84	
	Social Welfare .				12.60	73·68
Gujarat	Social Welfare			23.85	15.68	20·99
Himachal Pradesh	Health . .	35·92	30·86	79·65	81·78	171·00
Madhya Pradesh	Health . .	26·69	14·97	84·94	52·10	96·00
Maha-rashtra	Social Welfare			25·39	21·59	
Punjab	Social Welfare			39·95	32·14	81·60
West Bengal	Social Welfare					20·36

9.33. The Committee is of the opinion that the information received is inadequate and there is no justification to reach conclusions as long as replies are not received from all State Governments and the various Departments which incur expenditures for child welfare. The replies received from State Governments, the various departments of the States, from public and private employers and from private welfare agencies all indicate the needs of well defined policies and the use of defined methods of budgeting. There is a universal tendency to use general headings for budget provisions relating to welfare programmes, and the executives are left to determine priorities and allocations in terms of general amounts put at their disposal. It is not possible to ascertain whether there is any previous measurement of needs of specific programmes or specific heads of expenditure.

9.34. The Committee recommends that all State and private agencies contributing to child welfare should recognise the child as a special beneficiary of the country and the nation. It will be advantageous if allocations are made under as well defined heads of expenditure as possible, and for each stage of childhood upto the age of six plus so that expenditure on child welfare for the ages of seven to sixteen are classified separately. Each State,

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Department of welfare agency could make specific allocations under the following heads : Family Welfare, Family Planning, Mothers' Welfare, Children's Hospitals, Infant Welfare, Post-natal Care, Pre-schools, School Feeding Programmes, Children's Recreations, Institutional Care of Children, Welfare of physically handicapped children, Welfare of mentally handicapped children. Other programmes could be specifically mentioned in terms of regional and local needs. The Committee is aware that overlapping of heads of expenditure cannot be avoided; but the aim should be to properly define priorities and allocations in terms of analysed and classified programmes rather than generalisations like "Welfare", "Child Welfare", "Health", "Education", "Women's Welfare", etc. It is also desirable that each State Government should adopt uniform heads of expenditure in each department as determined by its Co-ordination Committee. A similar policy could be adopted by Municipalities and Public and Private employer agencies for child welfare.

9.35. Almost all answers indicate the inadequacy of resources to meet even the major needs of child welfare. It is important to determine methods by which financial resources for child welfare could be augmented. It is taken for granted that the Central and State Governments, Zilla Parishads, Community Development authorities and Municipalities will give a high priority for Child Welfare in terms of the recent statement of the Prime Minister at a Conference where Chief Ministers, Development Commissioners and high officials of the State were present. The Prime Minister stated that it was Man, and not Money which was important. Taxation and even additional taxation for child welfare should be justified in every civilised State. The levying of special taxes and cess should be resorted to for local purposes. But the greatest importance should be given to promote collections for child welfare because it is not only the donations that matter, but the education of a donor regarding child welfare. Suggestions have been made that there should be a President's Children's Fund and/or the Prime Minister's Children's Fund. These funds should be augmented by well organised annual Fund Raising Campaigns to collect donations from the rich and the poor, students and workers from young and old alike. The World Children's Day and the National Children's Day should be special occasions for fund raising.

9.36. The Committee has received emphatic demands that law should assist the diversion of funds available with charity and endowments to provide needs of child welfare. The Commissioners

for Endowments could assist the diversion of charity to proper channels.

9.37. It is recommended that welfare agencies should have a special wing for fund raising as apart from the executives responsible for the organisation and management of welfare programmes. These Committees must devise special Collection Days and Weeks, and organise ingenius schemes to receive aid when donors are in a mood to give on special occasions.

9.38. The Committee is of the opinion that the major burden of child welfare should be borne by local self-government agencies. The failure to obtain adequate information from these agencies is regretted, and the Committee attributes this failure to three major reasons. There is a demand that funds should be allotted to them by the Central and State Governments; and perhaps this will be necessary only during an initial and defined period. Then the rights of taxation are limited and demands for expenditure to meet the needs and services are also limited. It is evident that only in a few areas the priority and importance of extensive child welfare is accepted by Municipalities and Zilla Parishads. There is need of educating the State agencies at the lowest level that they have to play a major role in promoting child welfare activities. India is not able to take major social security measures at this stage, but the need of a public assistance programme to help needy families is as essential as specific programmes of child welfare.

9.39. The Committee feels that inadequate priority and attention are given by child welfare agencies which seem to have or have the capacity of allocating large funds for child welfare. Though this information obtained by the Committee is limited, there is adequate justification to expect the public and the private sector to take a general interest in child welfare. The Defence Sector, Public Utility Services like Railways, Port Trusts, Transport Services, Post and Telegraphs Services, for Class II, III and IV officers, as well as labour welfare programmes of all industrial concerns should set up special committees and make specific allocations for child welfare to achieve concrete and defined objectives. They should develop extensive programmes for Family Welfare and Parental Education, Family Planning, Ante-natal and Post-natal care, Day Nurseries, Pre-schools, Health and nutrition programme and recreation programmes for children. Only a study of the programme for the organisation of creches revealed that more or less these activities merely exist in name, and only a very small number of children are served by these creches.

9.40. The Education Ministry of the Government of India has provided a sum of Rs. 3 crores for Child Welfare Programmes to be utilised as follows :—

	Rs. lakhs
(a) Integrated Child Welfare Services—Demonstration projects.	166·25
(b) Pre-school education schemes including Bal Sevikas' training programmes.	125·00
(c) Research in the study of Child growth	5·00
(d) Grants to the State branches of Indian Council for Child Welfare for maintaining their minimum administration staff	3·75
Total :	300·00

9.41. Over and above the terms of reference given to the Committee, the Chairman of the Social Welfare Board had requested the Committee to make recommendations for the utilisation of Rs. 1,25,00,000 provided for pre-school education schemes. As the terms of reference of the Committee cover all aspects of the life of children under six years of age, the Committee is making some suggestions for the use of the entire grant so far as it relates to children under the age of six years only, as the budgetted amount will deal with children upto the age of sixteen years.

9.42. The Committee feels that children of the country will be greatly benefited by the Demonstration Projects which will be organised in each State. These projects will have the capacity to fulfil three distinct objectives. Firstly, there is need of field experiments to study the practical difficulties and complications that are always involved in such pioneering efforts. Secondly, the success of the project will not only depend upon the ability and competency of those who will carry out each project, but also on the guidance, direction and supervision that must be available to them from Central or preferably zonal field organisations. Thirdly, the Demonstration Projects must take into account the very different

nature of living conditions, problems and needs of rural, urban and tribal areas. The Committee suggests the need of organising some demonstration projects to deal with the problems of neglected, abandoned, and handicapped children. It is suggested that there should be one Rural Demonstration Project in every State, at least five Urban Demonstration Projects in the major cities of the country, and at least one Demonstration Project in a tribal area. A special Committee should be appointed to guide and supervise the planning organisation and development of these projects. The Demonstration Projects will seek to achieve co-ordinated treatment of the different aspects of family life with marriage, maternity, health of the mother and the child, and child care in general through an integrated effort of health visitors and public health nurses, community Dais, Balsevikas and workers associated with the programmes of community development.[1] In this connection the Committee specially recommends the co-ordination of the programmes of Family Planning, ante-natal, post-natal care and family counselling. These will also constitute a very fundamental aspect of social education of the family in the community area. The staff and personnel, location of main and sub-centres, content of programmes, and their financial implications, and other details must be prepared by a competent sub-committee which should include representatives of State co-ordination Committee.

9.43. It should be possible to find resources for the Central Institute for Child Care and the National Bureau of Child Care from the funds available with the Ministry of Education and the Social Welfare Board. The Committee has already made proposals for the systematic and gradual promotion of the pre-schools movement in India, and the training of personnel for such pre-schools in previous chapters of this Report.

Need of Guidance and Counselling Services

9.44. The Committee had a limited scope, in the short time at its disposal, to assess the work and efficiency of State programmes, institutions and private welfare agencies. However, some of the members of the Committee had previous opportunities to study intensively the programmes of child welfare in most of the States, and they are also associated with major programmes of welfare in the country. It is a common experience that there is a good deal of waste of resources due to inadequate training and pay of

[1]Appendix gives details of "The Scheme for Integrated Services for Child Welfare—Demonstration Projects."

personnel, lack of equipment, and general inefficiency. The highest priority must therefore be given to create competent Guidance and Counselling Services. It should be the function of the Schools of Social Work, not merely to train personnel, but to assist the building up of proper welfare services and programmes. As several Universities are giving training in social work, they could help to develop a Guidance and Counselling Service, thus giving scope and opportunity to social scientists, especially sociologists, paediatrists, educationists and psychologists to contribute their knowledge and experience to promote the welfare of the less fortunate classes, and especially the children. It is also necessary that organisations like the Bharat Sevak Samaj, the Scout Movement, the Indian Red Cross and other similar organisations prepare more intensive plans and programmes to deal with women's welfare and different fields of child welfare. Their programmes reveal that it is possible for them to contribute much more than the valuable services they have rendered to children so far. The Committee recommends that Government should give adequate resources to similar agencies to carry out programmes of child welfare.

Resources for a Guidance and Counselling Service, Research, etc.

9.45. The Committee is of the opinion that a sum of Rs. 10 lakhs must be set aside for the creation of Guidance and Counselling services to be organised by competent Schools of Social Work or Institutions promoting child welfare, child study and training and development in general. It has been found that there is not a uniform standard of organisational capacity at the State and District levels, and even programmes of the State Social Welfare Board and organisation like the Indian Council for Child Welfare, etc., will be benefited by the presence of competent Guidance and Counselling services distributed in at least some major areas of the country.

9.46. The Committee feels that the amount of Rs. 5 lakhs set aside for Research in the study of child growth is quite inadequate and at least Rs. 15 lakhs should be set aside for this purpose, excluding the grants that may be made by the Research Programmes Committee of the Planning Commission for major programmes of Child Study and Research in the country.

9.47. It is recommended that a sum of Rs. 15 lakhs be set aside to promote a Central Workshop for the manufacture of equipments, to assist suitable organisations for the manufacture of such equipments, and for assisting the promotion of children's literature and child art.

9.48. Financial resources for major programmes of child welfare are provided by different Ministries for different purposes. A judiciary and planned use of all available resources will keep to increase the scope of child welfare services, improve the efficacy of programmes, and make the services available to large number of children. The Committee feels that this should especially be possible if all the funds provided to the Social Welfare Board and all the funds available for child welfare programmes and Family Planning are channelised to institutions and programmes after careful discussion and planning by the Co-ordinating Committee. Andhra, Punjab and West Bengal have already introduced Family Planning at M.C.H. centres. The Governments of Maharashtra, Himachal Pradesh, Jammu and Kashmir, Gujarat, Madhya Pradesh and Bihar have expressed their willingness to utilise funds available for Family Planning to promote programmes of ante-natal and post-natal care.

9.49. *The Role of the Central and State Social Welfare Boards:* The problem of general administration set-up through Ministries and Departments and a special Division of Child Welfare has already been dealt with. India has adopted special measures and has created suitable machinery to urgently carry out rapidly developing programmes of child welfare. The Central and State Welfare Boards have a special role to play to create a large number of social workers, emphasise the role of women in the social development of the country, and to develop decentralised programmes in rural and urban areas. Such a national instrument for organisation and development must possess resiliance as well as authority and executive efficiency. Administrative efficiency implies the presence of power to control and use authority to promote programmes. The Central as well as State Boards must be administrative structures to efficiently carry out a planned programme of work. They must be able to delegate power and authority to workers and committees to carry out their programmes efficiently. There is a wish to consider the Central Social Welfare Board as a statutory body. The State Social Welfare Boards are receiving different types of consideration in the country at the State level, and the Committee is of opinion that a lack of uniformity in State policies will greatly affect the efficiency of the State Boards which are at present functioning as Advisory bodies. Most of the State Social Welfare Boards seem to desire greater autonomy in the execution of their functions within their States. The Committee is of the opinion that child welfare must receive comprehensive and integrated attention by the Central as well as the State Boards.

Unless there is a careful planning and development of Family, Women and Child Welfare programmes in terms of clearly defined activities, and the use of efficient measures to co-ordinate these activities, administrative efficiency and rapid execution or extension of programmes over widely distributed areas will be difficult to achieve. These problems can best be solved by the creation of a National Bureau of Child Welfare, an efficiently managed field organisation, Divisions of Child Welfare at Central and State levels, and the appointment of sub-committees of the Central and State Social Welfare Boards to deal with child welfare. It may be possible in the initial stage for a section on Child Welfare of the Central Social Welfare Board to function as the National Bureau of Child Welfare. It may be advantageous to carefully study the administrative policies and measures adopted in Britain and the Commonwealth Countries, U.S.A., the Socialist Republics and the Scandinavian Countries to organise and execute extensive child welfare programmes.

9.50. *Programmes of Private Agencies of Welfare* : All the State Governments as well as experts have expressed their opinion that private agencies have a great role to play in the promotion of child welfare in the country. However, the Committee is of the opinion that their role should be properly defined, and executive officers of the State and private agencies should develop a practice of working together in the field, and the problem of co-ordination of State and private programmes at all levels, and especially at the grassroot and village level must receive careful attention.

9.51. The Committee is of the opinion that the available information is not adequate and further investigation and study must be carried out so that continuous records are available, and efforts are made to verify the data and evaluate the services rendered by child welfare organisations and institutions. The existing organisations, institutions and programmes are a suitable nucleus for the promotion of the National Child Welfare Movement. If the National Child Welfare Bureau is able to create zonal and State organisation, if the District Councils of existing child welfare organisations are able to co-ordinate their activities wth the work of State Department and Zilla Parishads, and if adequate help and guidance are given by field officers and Guidance and Counselling Services, then an all-round improvement in the efficacy and quality of child welfare services can be achieved.

TABLE NO. 53

STATE-WISE DISTRIBUTION OF WELFARE ASSOCIATIONS ACCORDING TO SPECIFIC WELFARE SCHEME

Welfare Service or Programme	Assam	A. P.	Bihar	Delhi	Gujarat	Kerala	Madras	Mysore	M. P.	Maha-rashtra	Manipur	Orissa	Punjab	Rajas-than	U.P.	West Bengal	All India
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A. *Residential Services :*																	
1. Orphanage	6	4	6	..	..	7	4	4	..	6	..	3	2	1	3	7	53
2. Children's Home	2	2	3	..	..	1	2	1	..	3	..	..	..	..	2	4	20
3. Foundling Home	1	..	2	..	1	2	1	2	..	4	..	2	1	..	1	1	18
4. Short-stay Home for Children	2	..	2	..	..	2	2	..	..	1	..	..	..	..	..	1	10
5. (i) Home for Blind Children	..	..	3	1	2	..	1	..	..	2	..	..	2	..	1	1	13
(ii) Home for the Deaf, Dumb Children	..	..	..	..	3	..	1	..	1	..	..	..	..	..	1	..	6
(iii) Home for Children suffering from Multiple Handicaps	1	..	..	..	1	1	1	..	..	1	..	1	1	..	..	2	9
(iv) Any other	..	..	..	..	1	..	2	..	..	3	..	..	..	..	..	2	8
6. Maternity Service	1	..	1	..	1	5	3	1	2	3	..	1	..	..	..	5	23
B. *Non-residential Services :*																	
1. Pre-natal Service	3	..	2	..	3	7	3	5	2	3	..	2	..	1	..	9	40
2. Maternity Service	3	..	2	..	1	5	3	3	2	1	..	2	..	1	..	9	32
3. Post-natal Care	3	..	1	..	3	3	3	4	2	3	..	2	..	1	..	7	32

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
4. Family Planning	1	..	1	..	1	5	4	3	..	2	..	1	..	3	..	4	25
5. Infant Welfare Service	1	1	2	1	3	3	3	3	3	3	..	2	..	3	..	12	40
6. Medical and Health Services for Children	2	..	3	..	2	3	2	2	2	5	..	5	..	3	..	17	46
7. Creche/Day Nursery	..	..	2	..	2	7	3	5	..	4	1	..	2	2	2	5	36
8. Pre-school Training	4	..	4	2	5	11	4	9	5	12	..	3	..	4	1	16	80
9. Children's Day Activities . . .	3	3	8	1	2	11	2	9	1	4	1	1	1	6	1	23	77
10. Distribution of Milk, Special Diets, etc.	7	1	6	2	5	19	5	11	5	10	..	5	2	5	2	30	115
11. Other Child Welfare Activities . .	2	2	5	1	1	7	..	7	2	3	..	2	1	2	1	22	58

TABLE NO. 54

STATE-WISE DISTRIBUTION OF ASSOCIATIONS REPORTING NUMBER OF ORGANISATIONS UNDER THEIR CONTROL, THEIR LOCATION AND THE NUMBER OF BENEFICIARIES

State	No. of institutions supplying the information	No. of branches	Urban				Rural				Not available				Remarks
			No.	Beneficiaries			No.	Beneficiaries			No.	Beneficiaries			
				0—6	7—16	Total		0—6	7—16	Total		0—6	7—16	Total	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Assam	6	23	1	50	100	150	18	23,416	9,014	32,430	..	..	..	..	For 4 branches no information is available
Andhra Pradesh	2		2	300	1,500	1,800	..	..	..	..	..	..	..	..	For 5 branches no information is available
Bihar	7	4	6	182	76	258	77	204	..	204	27	10,479	10,592	21,071	
Delhi	2	3	1	30	45	75	2	84	..	84	..	..	..	..	
Gujarat	11	44	5	789	903	1,692	39	270	92	362	..	..	..	..	
Himchal Praesh.	No information.														
Kerala	9	2	2	8	23	..	19	655	449	1,104	..	..	..	..	For 3 branches information is not available.

Maharashtra	10	26	14	1,098	1,304	2,402	10	1,129	6,953	8,082	..	..	..	..	For 2 branches there is no information
Madhya Pradesh	2	3	..	..	..	..	3	100	70	170	..	..	..	..	
Madras	2	9	3	22,476	278	22,754	6	10,885	873	11,758	..	..	..	..	
Mysore	6	19	9	155	233	388	3	50	53	103	7	205	150	355	
Manipur	1	2	2	233	40	140	..	..	..	..	..	..	..	..	
Orissa	12	56	..	..	..	..	40	1,129	6,013	7,142	16	2,813	7,877	10,690	
Punjab	3	27	3	No information			..	..	..	..	..	..	..	..	For 24 branches no information has been supplied.
Pondicherry	1	47	22	2	45	47	25	No information			..	..	..	..	
Rajasthan	8	32	25	262	37	299	7	480	884	1,364	..	..	..	..	
Uttar Pradesh	4	10	1	14	6	20	3	140	60	200	..	..	..	..	For 6 branches information has not been supplied.
West Bengal	24	115	38	7,886	13,310	21,196	59	2,036	2,474	4,510	11	215	484	699	There is no information for 7 branches.
Total	110	487	134	33,352	17,900	51,252	241	40,578	26,935	67,513	61	13,712	19,103	32,815	There is no information for 51 branches.

TABLE NO. 55

THE NUMBER OF UNITS/BRANCHES SERVED BY EACH ASSOCIATION, NUMBER OF BENEFICIARIES, FULL TIME AND PART TIME STAFF AND NUMBER OF VOLUNTARY WORKERS IN EACH SPECIFIC WELFARE PROGRAMME

Specific Welfare Programmes	*Location*			*No. of units/ branches served by each*	*No. of beneficiaries*	*Full-time staff*	*Part-time staff*	*No. of voluntary workers*
	Urban	*Rural*	*No. reply*					
1	2	3	4	5	6	7	8	9
A. *Residential Services :*								
1. Orphanage	9	7	37	26 (9)	5,487 (43)	404 (40)	133 (32)	81 (23)
2. Children's Home	2	3	15	3 (3)	2,048 (13)	76 (11)	38 (8)	39 (9)
3. Foundling Home	2	2	14	1 (1)	928 (13)	95 (9)	15 (7)	32 (8)
4. Short stay Home for Children . .	2	2	6	1 (1)	1,060 (5)	12 (3)	7 (4)	40 (4)
5. (i) Home for Blind Children . .	1	1	11	3 (1)	409 (8)	56 (8)	15 (3)	95 (4)
(ii) Home for Deaf and Dumb Children	..	..	6	No reply	107 (2)	5 (1)	5 (1)	15 (1)
(iii) Home for Children suffering from Multiple Handicaps . .	2	..	7	3 (1)	58 (2)	27 (1)	..	10 (1)
(iv) Any other[1]	1	..	7	1 (1)	341 (5)	50 (4)	13 (2)	7 (1)
6. Maternity Service (hospitalised) .	1	3	19	210 (4)	21,437 (12)	57 (8)	10 (6)	131 (6)

1	2	3	4	5	6	7	8	9
B. Non-residential Services :								
1. Pre-natal Services	1	4	35	27 (6)	33,465 (17)	26 (8)	17 (8)	163 (8)
2. Maternity Services		6	26	36 (6)	21,859 (15)	10 (7)	4 (3)	9 (4)
3. Post-natal Care	..	3	29	31 (3)	17,268 (12)	19 (5)	9 (5)	6 (3)
4. Family Planning	..	5	20	1 (1)	3,386 (7)	13 (4)	19 (6)	29 (5)
5. Infant Welfare Services	2	3	35	2 (2)	43,096 (15)	29 (7)	14 (6)	44 (8)
6. Medical and Health Services	3	6	37	8 (6)	1,06,064 (13)	18 (6)	22 (10)	67 (9)
7. Creche/Day Nursery	4	3	29	21 (5)	10,399 (19)	54 (15)	12 (8)	30 (6)
8. Pre-school Training	4	8	68	22 (12)	6,019 (42)	139 (32)	38 (21)	107 (24)
9. Children's Day Activities	3	9	65	20 (14)	24,432 (29)	29 (11)	32 (10)	364 (22)
10. Distribution of Milk, Special Diets, etc.	6	10	99	40 (10)	1,00,170 (38)	36 (7)	24 (13)	257 (22)
11. Other Child Welfare Activities[2]	2	5	51	20 (9)	4,167 (18)	6 (3)	7 (7)	276 (13)

Figures in brackets are the corresponding number of institutions answering the question.

[1]Home for socially handicapped children.
Home for mentally deficient children.
Home for leprosy children.
Home for protection of young girls.
Widows Home for destitutes and their children.

[2]Tours, picnics, excursions, social welfare camps, celebration of national festivals, etc.

9.52. *Resources of Private Agencies for Child Welfare:* It was difficult to obtain information from private agencies regrading the sources of their income to carry out their programmes with reasonable efficiency. It is evident that most of the institutes tend to depend upon grants-in-aid to find financial resources for their activities. The Committee feels that this tendency should not be considered as unreasonable. The philosophy of philanthrophy was relevant to a feudal and capitalist society when a small section of society had a large surplus of wealth which was concentrated in a few hands. The accumulation of wealth is also related to the national taxation policy, the predominant social philosophy in the country, and the co-operative response of society to the government of the day. Since Independence, a philosophy of self-help is being developed in the country; but wealth is accumulating either with the individual or with the Central Government. The available resources with the regional community or the State, the Municipality, Panchayat, or the Zilla Parishad are limited. The State is correctly following a policy of high taxation for the rich, and this should prevent a concentration and accumulation of wealth; but also this policy fails to promote a charitable disposition amongst the rich. During a period of high taxation and materialistic development, religious sentiments are bound to become weak. Education and literacy programmes must eventually tend to create a robust common sense and rationality and religious sentiments are bound to weaken. Charity is not only not forthcoming from the rich, but the receipients and the beneficiaries who are poor learn to resent charity as only one form of social injustice which is inevitable when social inequality prevails. In a socialistic society, the demand for social services is considered to be Human Rights, and this demand is justified at least as far as children are concerned. Due to inflation and high prices, it is also difficult for charity to meet the constantly increasing demand of resources for child welfare from a small number of wealthy persons.

9.53. There are only four alternatives to find resources for child welfare. The State itself must promote Social Services in a socialistic and Welfare State, and the Central, State and local governments should contribute according to their rights and capacities to earn from direct and indirect taxation. Collection of resources from the communities must be from large numbers of people in terms of small amounts. This will naturally require energetic and persevering efforts, and good organisational capacities. As the philosophy of the Community Organisation and

Development is gradually permeating the country, social and parental education must permeate the country as a whole to contribute towards the welfare of all, irrespective of the direct benefits received by individuals. In many cases it is difficult to find resources in cash; but contributions to child welfare should be easily possible in service and in kind. The Committee recommends the utilisation of services of capable women in the country for child welfare for a period of two to four hours a day. Collection in kind could especially be made from producers especially to provide food and clothing for children in institutions.

9.54. Attention of the Committee has been drawn to the extensive and useful activities carried out by the Social Welfare Bord. Though the Social Welfare Extension Programme is being carried out in the whole country, the actual number of centres to directly serve the communities are very few. Even amongst these few, a number of them had to close down at the end of the stipulated period because local effort was not able to sustain any financial burden. Such occurrences create frustration amongst paid workers, reducing the number of persons who are willing to serve the country on comparatively low salaries. Intelligent and capable persons do not volunteer for service due to insecurity of employment, and the country as a whole is frustrated and a mood of complaint develops against the sponsors of such programmes.

9.55. *Grants-in-aid :* The information given by welfare agencies has been included in the table giving the sources of income of welfare agencies. This information is inadequate and therefore the Committee has given only general consideration to the available data. Considered opinion and information was given to the Committee at the time of the Zonal meetings. The Committee has given only general consideration to the problem of grants-in-aid for child welfare programmes under 0-6, because it forms part of a much larger problem relating to all welfare agencies; and because attempts have been made to lay down a Grants-in-aid Code to guide the work of the Central Social Welfare Board. The Committee is making the following suggestions to relate to only general principles when grants-in-aid are given by any official agency at Central, State or Local Self-Government level :

1. Grants-in-aid should be given to agencies which had evident abilities to reach defined objectives of their programmes and activities.

2. The region or area, and the measured needs of the community as well as their capacity to pay must be given special consideration.

3. Competency and adequacy of organisation as well as paid personnel must be taken into account.

4. The adequacy and quality of the environment and facilities provided by the agency in terms of indoor and outdoor space, structures, cleanliness and equipments must be carefully examined.

5. The previous explanation of the agency to provide satisfactory service should be taken into account.

6. The agency should be able to give continuous service during the duration of the Plan period, and even more wherever necessary.

7. The agency must give reliable guarantee to maintain proper records and give reports and statement of accounts in time; and must agree to carry out suggestions and recommendations of the grants giving agency either directly or through a "guidance and counselling" service.

8. The amount of aid required and the grant to be sanctioned must be delivered after careful investigation and examination of detailed plans and programmes submitted by the agency.

9. The quality of the constitution of service offered by the agency must be given due consideration and the contribution may be divided in service, cash and/or kind as circumstances permit to enable the agency to fulfil its obligations.

10. The agency must agree to strictly adhere to the terms and conditions of grants paid by the grant giving agency.

There was almost universal complaint about the delays in receiving sanctioned amounts, and the Committee suggests that it should be possible to give at least 25 per cent of the grant on the basis of the previous year, another 50 per cent of the amount should be given at the end of the half-yearly period, and the balance of the amount be given after the receipt of half-yearly report.

9.56. The Committee has been informed that adequate consideration has not been given to the separate problems and needs of funds for urban, rural and sylvan areas where the tribal population

lives. In urban areas welfare services are demanded by the working class as a matter of right in a socialistic country and the rich are unwilling to pay due to the apparent high taxation policy or the unwillingness to reveal or display their wealth. In rural areas social consciousness is not adequately developed to make the community respond in cash and kind to even vital welfare programmes. In sylvan and tribal areas the capacity to pay is even now almost entirely absent and they must take to appropriate measures and programmes which are entirely alien to the traditional approach to life and work. The Home Ministry has asserted that in Community Development Programmes the contribution from tribal units should not be expected; and this should especially apply to programmes of child welfare. The Committee was informed that in almost all areas private agencies of welfare are not able to find 25 per cent resources expected of them because of reasons already stated; and because most of them are dependent on grants-in-aid for their increasing programmes.

Programmes for Child Welfare

9.57. *Vital Importance of Child Welfare in Community Development Programmes:* The Thirteenth World Health Assembly resolved by a special resolution that "the health and welfare needs of mothers and children are inseparable from those of the family and the community as a whole". A recent Report of the UNICEF states that "representatives of various countries emphasised the inter-dependence of children's problems and they laid considerable stress on the value of multi-purpose projects which combined several related elements, such as health, nutrition, agriculture and home economic extension, social services and education. In some countries such projects were developed within the Community Development Programmes". The same Report emphasises that "all family and child welfare services of children should be related to local conditions, and the health and nutrition aspect of such services should not be overlooked". The Government of Madras has decided to create 500 pilot projects for child welfare in 21 Community Development Projects. They have merged the Social Welfare Board Administration with the Department of Welfare of the State.

9.58. In some parts of the country, the Government as well as some important private agencies, have the tendency to give consideration to the child in vacuo, and he is provided welfare services as if he is detached from the community of which he is an integral

part. Measures are being taken to promote integrated programmes of welfare in rural community development areas. The proposed Demonstration Projects have been called "integrated programmes of child welfare"; but the Committee feels that in essence they are intensive programmes of child welfare in one integrated programme of community development which in course of time may include intensive programmes of women's welfare, youth welfare, welfare of the handicapped, and welfare of the aged.

9.59. From all the replies received from private welfare agencies and the general opinion of workers expressed at the four zonal conferences, it is evident that there is a public demand to organise child welfare specifically as part of general programme of social welfare carried out by properly organised urban community development agencies as is being done in villages. This method is economical and educative and is conducive to efficient organisation to achieve maximum participation, develop local initiative, create human resources, and introduce methods of self-management which are preferrable to programmes of welfare carried out by social workers. If systematically carried out under proper direction and guidance, it could be possible for community agencies to replace State agencies. The method of community organisation and development is most appropriate to the national philosophy of Panchayati Raj which is not only a programme for rural areas, but is applicable to well defined urban areas, organised localities and well managed housing schemes.

9.60. The sufferings and difficulties of child in urban areas is as great, if not greater than the hardships and handicaps of children in rural areas. It is therefore essential that defined programmes of community area should be prepared in order to promote co-ordination and co-operation of the following programmes to be carried out in the same defined locality. Family contact, parental education, family planning and counselling and ante-natal and post-natal care must be combined to become an efficient domicilliary service in urban and rural areas. Clinical programmes must be associated with their immunisation and registration. Services must include maintenance of vital social statistics, and management of community school health service. Work in the family and the community must be based upon clear concepts and defined objectives, because it is very difficult and also costly to achieve each objective separately. There should be a co-ordination of efforts at the grass-root level in all regional areas to produce the maximum economy and to make the most economic use of personnel.

9.61. Many different methods and approaches are possible to gradually promote programmes of urban community development. In order to develop common basic interests in the community and to promote the development of social consciousness in the community it should be possible to initiate urban community development programmes in stages. In Britain, urban community development programmes begin with recreational activities for youth and workers; and in India it will be advantageous to begin community programmes with a pre-school and child welfare activities, women's welfare activities, parental education and recreational programmes.

9.62. *Children's Centre :* Some of the important organisations for child welfare have organised children of urban and rural areas for specific programmes promoting children's recreations, child art, training of community child welfare workers, etc. A large number of them are affiliated to the Federation of Child Welfare Associations which also includes organisations of pre-schools and other child welfare programmes. The Balkan-Ji-Bari is one of the important such organisations, and there are a few smaller, but similar organisations like the Balvad Sangham in Andhra in different parts of the country. In Maharashtra there are about 600 Balmandirs. TISCO in Bihar as a major national industry, has organised 20 children's centres in 6 bastis of Jamshedpur. Detailed information has been only received for the Punjab where 17 child welfare agencies are managing community child welfare programmes. The State has set aside Rs. 10·20 lakhs for programmes, and Rs. 5·14 lakhs were spent on such activities during the last five years These programmes are most suitable for areas, villages and urban localities where community development or a community welfare agency for child welfare is not in existence. The Scout Movement and the Bharat Sevak Samaj which have their own specific programmes can develop children's centres in areas where Community Development Programmes are absent.

9.63. *Institutional Programmes :* The Committee has emphasised the promotion of child welfare with the family and the community as primary agents. Due to unavoidable reasons, and prevailing traditional practices, the institutional care of children is inevitable.

9.64. The following table gives information about grant-in-aid institutions engaged in welfare programmes for children :

TABLE NO. 56

State	*Child Welfare*	*Women's Welfare*	*Children and Women's Welfare*	*Welfare of the Handicapped*	*Total*[1]
1. Andhra	118	88	41	14	282
2. Assam	139	..	53	8	281
3. Bihar	44	..	60	13	171
4. Bombay (Maharashtra)	..	..	..	34	1,130
(Gujarat)	451	..	153	8	
5. Jammu & Kashmir	..	..	3	4	16
6. Kerala	134	..	156	10	488
7. Madhya Pradesh	86	..	54	8	234
8. Madras	136	..	76	14	345
9. Mysore	131	..	95	12	360
10. Orissa	69	..	41	7	194
11. Punjab	38	..	23	8	144
12. Rajasthan	130	..	38	2	235
13. Uttar Pradesh	79	..	30	28	285
14. West Bengal	252	..	168	18	838
15. Andamans	1	..	..	..	1
16. Delhi	28	..	18	10	86
17. Himachal Pradesh	2	..	4	..	17
18. Manipur	5	..	5	..	22
19. Naga Land	1	..	..	..	1
20. Pondicherry	7	..	5	..	15
21. Tripura	1	..	2	..	5
TOTAL	1,852	88	1,025	199	5,170

[1] These also include the number of organisations working for general welfare.

9.65. *Affiliations of Child Welfare Organisations* : A large number of child welfare organisations are affiliated to National, State and District Organisations. About four per cent are affiliated with

international agencies, and about seven per cent only are affiliated to national welfare organisations. About twenty-four per cent are affiliated to local organisations. Fifteen per cent of the voluntary agencies have stated that they are not affiliated to any other organisation.

9.66. *Beneficiaries of Child Welfare Organisations* : A large number of institutions for orphans are promoted for specific religious groups and castes. There are more institutions to cater to grown up children, than to help children under six years of age. In a secular state like India, all children should be admitted irrespective of class, caste, religion, or other similar reasons. Some private organisations and institutions cater to children on a class basis. There is a need to initiate a special survey in all the States to make a detailed survey of the history, objectives, methods, resources, personnel and programmes of all child welfare institutions in the country.

9.67. *Methods of Management* : Hardly any distinction seems to be made in India between a Society and an Association. Several Societies as well as Associations have created institutions which are managed by them. These function on lines similar to organisations and institutions of the State. The Committee has not been successful to obtain detailed information of Endowments which cater to the welfare of children under six years of age only. Seventy-six per cent of the institutions are managed by Executive Committee and eight per cent are managed by a Board of Trustees.

9.68. As a result of a study of available statistics, the Delhi School of Economics has estimated that 34 per cent of the institutions and organisations have an annual deficit, and 14 per cent show a small surplus. Three per cent of the organisations have declared that they are in a position to balance their budgets every year.

9.69. *Staff and Personnel* : One of the most contributory factors towards the improvement of child welfare services in the country is the availability of adequate and competent staff for administration, institutional management, community development and programme execution purposes. Careful recruitment, proper training, adequate remuneration and efficient direction and guidance lay the foundation of new and extensive programmes of child welfare in the country. The table on page 360 gives a general idea of the personnel now available with various child welfare organisations and institutions.

9.70. The above data is not comprehensive or adequate to reach conclusions; but there is almost a universal employment of low salaried personnel in child welfare programmes. The Committee recommends that the State should give the highest priority to the requirements of staff salaries when amounts are sanctioned as grants-in-aid for programmes and institutions. Good basic qualifications, training suitable for practical achievements on the job, good remuneration and proper supervision should be the chief factors to help raise the standards of child welfare services.

9.71. *Structures, Furniture and Equipment:* Very inadequate data could be obtained by the Committee regarding the physical needs of children's institutions. It is estimated that only 9 per cent of the organisations and institutions have proper grounds, buildings and equipments for their child welfare activities. About thirty-one per cent have been able to afford an average standard of service so far as the environmental needs of the institutions are concerned. The rest of the organisations do not possess even minimum indoor and outdoor space, equipment and materials to maintain even a low standard of service. Child welfare institutions require cheap, durable and efficient equipments in order to provide proper environments to maintain the health and promote the welfare of children.

9.72. Andhra, Orissa, West Bengal, Maharashtra and Punjab have indicated that they are prepared to provide additional funds meeting expenditure on all round improvement in residential and non-residential institutions for children. Andhra, West Bengal and Maharashtra have qualified this statement by saying that this is only possible if Central assistance will be available. Gujarat, Kerala and Jammu & Kashmir have expressed their inability to spare more funds for such institutions.

TABLE NO. 57

VOLUNTARY WELFARE INSTITUTIONS SURVEY

DISTRIBUTION OF STAFF ACCORDING TO THEIR DESIGNATION AND QUALIFICATIONS, TRAINING, SEX, NATURE OF JOB HELD AND THEIR MONTHLY SALARIES

Designation	No.	Qualifications							Training for the period		
		Non-Matric	Matric	B.A. B.Sc.	M.A. M.Sc.	Others	Nil	N.A.	Trained	Untrained	N.A
Field Organisers	227	17	44	7	3	36	2	118	67	26	134
Teachers	1,250	153	210	56	2	189	19	621	707	183	360
Instructors	303	28	57	4	..	18	23	173	134	33	136
Playground In-charge	87	11	28	3	..	..	5	40	13	30	44
Child Art and Craft Instructors	233	33	19	..	1	32	16	132	101	7	125
Assistants	174	23	17	..	..	2	51	81	19	69	86
Servants	472	1	..	..	..	..	471	..	..	472	..

Sex			Nature of Job			Paid	Hon.	N.A.	Full time workers reporting monthly salaries			Part time workers reporting monthly salaries	
Male	Female	N.A.	Full time	Part time	N.A.				No.	Monthly salary	Average	No.	Monthly salary
559	660	108	73	56	98	81	53	93	71	7,732	109	19	612
330	564	356	734	146	370	838	76	336	660	55,379	84	82	2,798
138	97	68	162	54	87	206	21	76	148	11,244	76	45	1,390
45	17	25	15	41	31	37	26	24	13	786	60	20	553
87	105	41	83	71	79	134	33	66	76	5,654	74	60	1,906
64	51	59	84	20	70	86	29	59	80	4,289	54	11	388
44	199	129	240	54	178	301	6	165	231	9,644	42	50	789

Besides, there are 16 (2723) field organisers 13, (1061) teachers, 7(610) instructors, 2(144) Art and Craft Instructors, 21 (1681) assistants, and 196 (8206) servants.

Servants include watchmen, barbers, cooks, house-keepers, drivers, sweepers, peons, care-takers, etc.

NOTE :—The figures in brackets are their monthly salaries in rupees.

CHAPTER X

CHILDREN'S RECREATION :

ART, LITERATURE AND PLAY

10.1. Child Art has been partly referred to in the Chapter on the pre-school. Parents and elders usually believe that child art could only develop in later years but in many cases a manifestation of genius is possible at an early age. Mozart is said to have written his compositions at the age of four. John Stuart Mill learned Greek at the age of three, and Latin at five. Yehudi Menuhin was keen for violin at three, and he was internationally acclaimed by the time he entered primary school. Kenneth Wolf of Cleveland is said to have talked perfectly at the age of four months. The manifestations of exceptional and outstanding talent seem to be early and evident amongst musicians; but even painters, poets, sculptors and other types of infant virtues have been known to appear in the history of many different cultures and countries.

10.2. A person with an Intelligence Quotient of about 135 and above is generally rated as genius. Doctors and biologists are of the opinion that the secret of being a genius lies in mysterious biological factors passed over by parents. Some medical men maintain that the secret lies in the pituitary, pineal and adrenal glands. There is a need for extensive biological, genetic and psychological researches to identify the causes that contribute to the systematic appearance of certain exceptionally gifted children.

10.3. It is not suggested here that Child Art is always the result of the presence of genius. On the contrary, most normal children are capable of artistic expression. The two vital problems involved are opportunity and discovery of talents of children. The environment of the child must provide scope for the expression of any talent or skill. Encouragement, appreciation and materials and equipments are vital necessities which all children should be able to receive in the home, pre-school and community environments.

Child Art is very easily expressed in speech, singing, dancing, acting, writing, clay-modelling, or the use of pencil, crayon, brush, water colours and other simple tools and implements.

10.4. The Government of Maharashtra has prepared a scheme for providing children's literature for implementation in the Third and Fourth Plan periods. The Government of Punjab has decided to set up a centre in their state for the training of authors to produce children's literature. This is in response to the Government of India's scheme to organise "Sahitya Rachanalayas" for the development of children's literature. The scheme provides for a six weeks' training programme for about twenty authors.

10.5. *Children's Literature :* One of the most important recreations of children is literature. Children under six years of age are very much interested in pictures and they use sight, imagination, intellect when they see pictures, and especially coloured pictures. Simple language, poetry, song and story gradually help to develop a section of literature which is a very important part of national culture. The language problem in India is as difficult for children as it is with adults. It is almost an impossibility to produce children's literature in every mother tongue; and yet if mother tongues are to live, then the most important persons to speak them are mothers and very small children. The Committee is of opinion that organised efforts should be made to produce children's literature, especially for very small children. A comprehensive survey of available children's literature in the regional languages should be carried out as early as possible. These should be properly classified as story books, picture books, song books, nursery rhymes, and general children's literature.

10.6. Books for small children should be printed and produced on cloth. Small children do not develop intellectual interests and objectivity, and they lack concentration. They may therefore tear books. Besides they continue to derive pleasure and use the same books with their pictures and stories for a long time. Books, with coloured pictures, printed on cloth with simple literature in bold types are therefore necessary for their use in homes and pre-schools. Printing on cloth is not difficult. Perhaps some special type of lawn cloth can be produced by textile mills for printing purposes. Specially engraved blocks can be made to print coloured pictures on cloth, whereas for large scale printing of cloth books lithograph printing is more suitable.

10.7. Children should have pictures printed on good quality paper. The pictures should be prepared by artists, and to obtain the best results in colour, a modern offset printing press is necessary. The Committee recommends that a national offset printing press to publish children's literature should be established in a central and suitable metropolis. Large-scale printing of books of standard sizes with pictures and adequate unprinted space can provide for the later use of the printed coloured pages by ordinary printing presses all over India which can use bold types to print songs, nursery rhymes, and stories in different regional languages. This can bring down the cost of printed books to the minimum, and other countries in Asia and Africa too will be able to make use of such books.

10.8. Due to many reasons, the English language will remain an important link with the world for a long time to come. Besides there is a fairly large English knowing population in India, and there is a likelihood that this population may even increase. The Committee recommends that children's literature should be permitted for import from English speaking countries.

10.9. The most popular song books are what are known as the nursery rhymes. There are many nursery rhymes in several Indian languages. The English nursery rhymes and their simple tunes are not only common to English speaking peoples, but their music and themes have been used by many other countries where English is not the spoken language. The Committee feels that pre-school education will be benefitted if, along with nursery rhymes in Indian languages, nursery tunes of foreign nursery rhymes are also used along with their themes and stories. Special arrangement must be given to writers to produce nursery rhymes. At least one prize should be given by the President of India for the best nursery rhymes produced each year, and States also should give special prizes and encouragement to produce nursery rhymes in regional language.

10.10. Story books are as important as nursery rhymes. They need to be guided to suit children from 2 to 6 years. Story books are needed for children of each year group. Stories for children must be taken from all over the world as they are most vital to develop a world vision, a consciousness of humanity, and national integration. They must likewise be taken from all our regional and sectional cultures. Children begin to develop an early interest in history, geography and travel through stories.

10.11. The subject of play has been dealt with in the Chapter on Pre-schools. The play life of the child in the home and in the community is as vital as his play hours in the Pre-school. The worst conditions of poverty have not prevented children from enjoying life and finding scope and opportunity to play in the poverty-stricken environment. Recreations, other activities yielding enjoyment, and learning, keep children occupied for many hours every day. Even where toys and material resources are absent children play in Nature with natural objects like earth, sand, water, stones, branches of trees, flowers, seeds and sea shells. But as children begin to live in a civilised society where life is complex, then play life and recreation have also become relatively complex. In undeveloped areas, artisans (like potters, carpenters and blacksmiths) make dolls, wheeled carts, clay animals, rings and a number of toys using paper, clay, cloth, wood and even brass and iron.

10.12. *Toy Making as Home-Craft:* Women's organisations and social education programmes must include toy making as an educational-*cum*-recreational activity which would help to introduce simple toys in the family. Toy-making has already been included in many community development programmes, co-operative activities, and programmes for training in crafts and handicrafts. Toy making is very suitable to give part time employment to poor women so that they can earn during their liesure hours, working at home. It can thus be a good vocational outlet for women who need a supplementary income as well as an vocation for those who are interested in the aesthetics and art of toy making.

10.13. In all such toy making activities, it has to be borne in mind that the toy is not a mere pass time for the child; but it is vitally associated with its physical activities, emotional life, imagination and mental interest. Adequate thought has therefore to be given to avoid making very cheap, rude and ugly articles. In theory, any normal object or article which is present in the total environment of the child and his society could be reduced in size and so simplified that it could be handled, manufactured, and used by the child. But children have their own preferences as previously stated in the Chapter on the Pre-school; but attention has to be given to the selection of material and the shape, size, form, design and colour of toys. They should yield pleasure and information without causing any kind of injury.

10.14. Better toys and play articles, as well as large objects of play like carts and waggons, are made by village artisans. The wooden, paper or cloth doll has a form and shape and appearance

which is unique to the different parts of India so that these play-things have become a part of the people's culture. Toy utensils of wood, clay and brass have been made in India for centuries. The development of industry has introduced similar articles of glass, china, aluminium and plastic. The animal, including all kinds and sizes of animals, have been made of clay, paper, papier-mache, wood or play-wood with and without wheels. The rural toy industry has already been assisted by both Government and private commercial agencies. It is not merely useful to supply toys to the village market; but this industry is vitally useful to occupy spare hours of village craftsmen, and also permit the use of waste and scrap of the carpenter, blacksmith, potter, tailor and others.

10.15. The rural toy industry is thus a factor in India's economic development in so far as it is attractive to the small enterpreneur and skilled artisan, and results in the utilisation of by-products thereby facilitating the evolution of a major subsidiary industry.

10.16. The Union Ministry of Commerce and Industry has undertaken a survey of the toy industry in India in order to promote its development for the internal market, as well as for export. There is a panel for toys and Dolls in the Ministry of Commerce and Industry. This panel should also deal with the problem of manufacturing educational materials and equipment, especially for the pre-schools. The survey will determine the kind of toys which are most in demand and those which can be of educative value. The authorities feel that the industry lags behind such efforts in other countries and is largely confined to big cities. Manufacturers are keen on producing cheap goods to fetch quick profits. Toys of value which contribute to the happiness, activity and the development of the child are few. The total investment is said to be not more than Rupees fifty lakhs. The Survey will try to co-ordinate the efforts of the manufactures of hand-made toys and factory-produced toys; and evolve a plan to make available to children toys within the means of their families.

10.17. The All India Handicrafts Board started four years ago a pilot production centre for wooden toys in Bombay to produce only educational toys. The New York Toy Committee has decreed that no American parent should ever buy a toy without applying a scientific approach to its selection in relation to the personality and character of the child. The opinion poll of International Toy Council which was taken in no fewer than 13 countries has confirmed

the view that toys should be simple but versatile in application so that the imagination of children could be stimulated. They should not be considered mere playthings, but positive and creative contributions to child growth and development.

10.18. *Need of a National Toy-making Industry :* In the National Development Programme, the toy must occupy a position of vital importance as a small scale industry. Some of these small industries will eventually become large industrial concerns manufacturing toys and educational materials vitally needed to prepare the children of India to develop technical and refined finger skills. The toy world has made progress in the West due to the opportunities for the inventor, small scale model maker, and the scientist introducing the most complicated scientific principles in the design and construction of toys.

10.19. The toy invites the eye, stimulates the sucking reflex of the child, and excites its mental life very soon after birth. He commences the use of the toy, lying prostrate in its cradle, before he is able to walk. These early toys are vitally important in terms of shape, colour and sound. To the child they have even their taste. Some of the toys and play articles have been invented to aid teething, walking and other aspects of child growth and development. These are areas that merit study and research on the part of child welfare organisations so that they might educate parents; foster informed public opinion; and give direction and guidance to the toy maker who is otherwise interested only in his sale and profit index.

10.20. Fifteen out of nineteen experts have suggested that equipments should be standardised for pre-schools; and the rest were against standardisation. The Committee feels that a small number of articles may be accepted as standard requirements for pre-schools. Fifteen out of twenty-three admit that the Montessori system of education involves the use of expensive equipment. One answer has opined that such equipment may not prove useful for a normal, intelligent child. Most of the answers agree that a large scale manufacture and use of these articles will reduce the cost of the equipment. The Committee feels that equipments needed for pre-schools should not be rejected merely on the basis of their cost. Proper study, impetus to create new materials and apparatus, standardisation of most useful articles, proper organisation to manufacture both standard and non-standard materials, and play and educational equipments are some of the immediate measures that

might be instituted to deal with a problem of vital educational importance.

10.21. The subject of playground equipment has already been dealt with in previous Chapters. In the past, it was difficult to provide space in the neighbourhood to play. Now-a-days even rural towns have provided children's playgrounds. The Committee is concerned with the needs and special interests of children under six years of age who are invariably neglected due to oversight. Such children require a corner to themselves because bigger children can always prevent their play, not selfishly, but because of their greater energy and more stimulated interests. A large enclosure could serve as a play-pen, including within it a sand-pit and a wading pool. The usual apparatus provided on playgrounds must be equally made separately in similar sizes for use of children under six. Safety and guidance in the use of playground apparatus are needed for protection. Voluntary social welfare organisations could provide girl attendants during special play hours of children in the community area. Playground equipments should be of simple design and small size and they must be durable. At present due to the high costs of material and labour, and limited demand, they have become extremely costly. The Committee is of the opinion that some Municipality or public sector should organise a special industry using metal and timber to supply playground equipment at a low margin of profit, for the use of the municipalities, village panchayats, educational institutions and community welfare centres. This will prove of great service to the children as well as the public, and it will introduce playground equipments of a standard type in urban, rural and sylvan areas.

10.22. *Play-centre Organisation and Equipment:* Children play with toys in the family and neighbourhood. Likewise, communities with love for children can provide them with scope for personal and group recreations. Such recreations will not merely include free play and organised play and use of playground equipment; but can provide them with toys and materials required for creative activities including handicraft, library and opportunities for developing child art. Singing, music, eurhythmics and dancing may be accompanied by scope for drawing, sketching and painting. All these activities can begin in an elementary way at the age of three in the evening hours if a Community Play Centre is equipped in a small way with playground equipment, handwork materials and wheeled toys in addition to the new things that children require for their artistic activities like crayon, colour, plasticine, rangoli power, children's musical instruments, balls, etc.

10.23. The Committee has received information about a few small industries that exist in the country to manufacture toys and educational equipment. Most of these are business organisations with the exception of the Artytoys Industrial Scheme Trust in Bombay, and Kalashetra in Madras. The former was financed by the Tata Charities in 1941 to manufacture toys and educational equipment. They manufactured their articles till 1953 when due to lack of organised demand, competition and inadequate returns for skilled workmen they switched over to other lines. They continue to manufacture educational equipment. The Kalashetra in Madras received the help and guidance of Madam Montessori and it manufactures all Montessori equipment and materials without the use of modern machinery.

10.24. The manufacture of toys is often done with pure commercial motives overlooking consideration of the play and psychological needs of children. Children's toys should be preferably of wood and rubber, and now plastic has also come into the field. Metal toys are used by children of three and above, and the pull-along toys are later followed by mechanised toys which are used by children under six years of age. Cloth is used especially for printing children's books and making cloth dolls, and animals of small and large sizes.

10.25. Industries using all the types of raw materials are few. There are separate manufacturers of wooden toys, rubber toys, cloth dolls and animals, metal toys, wooden beads and glass beads, plastic toys, celluloid toys, papier-mache toys, etc. All these are separate for manufacture of special educational materials for preschools. A few Sports Dealers are manufacturing equipment for children's playgrounds. Wheeled toys, carriages, cycles, etc., are manufactured by small manufacturers.

10.26. The Committee is convinced that most of these manufacturers cater to the middle and upper classes. The total volume of toy sales could not be determined; but it appears to be under one crore of rupees per year. Imports are now limited and hence very few mechanised and scientific toys are imported, especially from England, U.S.A., and Japan. Since children under six are the chief users of toys, the Committee is of opinion that the toy industry must be recognised as a national industry of educational, scientific and cultural value. Careful inquiry is needed in order to find ways of manufacturing cheap educational materials and toys which can reach poorer children as well. The difficulties mentioned by manufacturers are innumerable. Toys, however

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small, require costly and specialised machinery for mass production. Machinery is separately available for wood work, rubber goods, plastic and metal toys. Machinery for printed metal toys and scientific toys require lacs of rupees of investment. However, there is a great scope for the export of good toys; and this measure deserves serious consideration not only because of the opportunity which it affords for inducing foreign capital to enter the Indian market but also that it will serve as an invaluable medium for interpreting the country's culture and heritage to people of other lands.

10.27. The manufacturers face severe difficulties regarding raw materials, their prices and transport facilities. Timber is the most important raw material for toys and educational materials of children under six. Although most of the Kindergarten and Montessori equipments as well as playground equipment require timber, hardly any attention has been given to this problem. Toys must be made of light, durable and as far as possible seasoned timber. Hardwood and plywood are suitable only for certain kind of toys. The most suitable timbers are 'huldur', 'balsa', 'chhil', and Himalayan pines. Huldur is mainly used for turned toys. In South India white timber is used for this purpose. The Dehra Dun Forest Research Institute should devote its special attention to the problem of timber for the manufacture of toys. Because of the high cost, complex skills, dangers of accidents and difficulties for finding timber, commercial concerns are not likely to take an interest in the manufacture of wooden toys, educational materials, and equipments. The Government should therefore sponsor a few small scale industries and support them by supplying timber through the Forest Departments and permit the import of the most modern machinery for cutting, planing and finishing wood with the minimum of waste. As much as 50 per cent of waste is involved in the manufacture of small wooden articles. Children need coloured toys, and unlike Japan, special and safe toy enamels, dipping enamels and wax paints and colours have now been made in India.

10.28. The Committee recommends that adequate grants for the purchase of educational toys and materials should be given to pre-schools. Moreover a few sales centres should be organised to supply standard and cheap equipments to pre-schools.

10.29. Certain types of rubber play articles are needed for very small children and there are adequate small manufacturers to meet the demand. Celluloid industries are not adequately developed

and some small manufacturers of celluloid sheets and moulding industries are needed to manufacture cheap dolls and other light and safe articles. Plastic toys and educational materials have commenced production, but they need the aid of educationists to make really useful articles. Industrial studies in the West have revealed that the child does not take to plastic as readily as he does to wood.

10.30. There is a large demand for wheeled toys, waggons, carriages, cycles, scooters and tiny cars and the manufacture and supply of these is limited to the city only. The child is fond of locomotives, he has to get accustomed to speed in the modern age, and he develops confidence by pulling, hauling, driving and riding large wooden and metal vehicles. Almost all pre-schools should have a few highly durable wooden and metal waggons and vehicles as parts of their play equipment.

10.31. There are few manufacturers of glass and china toys, and even in the West these are being replaced by plastics. Manufacturers of glassware should develop side lines to manufacture glass beads, miniature utensils, and other carefully invented toys.

10.32. The metal toy mainly caters to children after three years, and India has a very poorly developed metal toy industry. Metal toys and scientific toys are needed in an industrial age to develop special interest and skills from a very early age. The two difficulties are mentioned as follows :—

1. Such industries require a very large capital investment, imported machinery, and a large market.
2. Tin plate is short in supply, and special and pliable tin plate is needed for shaping and pressing the metal in highly complicated dyes. Special concessions must be given for the import of tin plates. The new metal box manufacturers in the country have not taken to toy making because supply of tin plate is limited, the cost of manufacture is high, and the profit yielded is smaller than the manufacture of printed box. Some of these are important international and national industries, and they should give due consideration to children's needs. The Committee recommends that a limited quantity of metal toys should be admitted into the country as imports of educational value, along with books, etc. The present imports are able to reach the upper class children only. As the import duties are very high, the price of all foreign and scientific toys are very high.

CHAPTER XI

RECOMMENDATIONS

SECTION I

BASIC RECOMMENDATIONS

Campaign and Movement

1. The Committee recommends that there is a need to organise a Campaign to promote a National Child Welfare Movement with defined objectives, using scientific methods, and promoting programmes of different kinds to suit the different regions and sections of the population in India.

Children's Act

2. That each State in the Indian Union must enact a Children's Act; and the existing national Children's Act, which serves as a model for all the States, should be thoroughly revised. Efforts should also be made to bring about some measures of uniformity in the State legislative enactments contemplated under the Acts.

Division

3. That a Division of Child Welfare be created in the Ministry of Education in order to provide specialised direction and guidance to all child welfare programmes in the country.

Co-ordination

4. That a National Council of Co-ordination be appointed by the Ministry of Education to achieve and maintain common standards, lay down basic policies, achieve maximum economy in the use of resources and personnel, and take advantage of available results of research and knowledge in all subjects which have a bearing on child welfare.

Advisory Board

5. That a National Advisory Committee on Child Welfare be appointed by the Ministry of Education to advise the Ministries

concerned about the standard of care to be maintained in programmes and institutions, child welfare legislation, registration of institutions, counselling, etc.

Section of Child Welfare in the Central Social Welfare Board

6. That the Central Social Welfare Board, which has initiated a large number of welfare programmes in urban and rural areas, should develop a special wing for the exclusive promotion of programmes of child welfare and child study, and for improving the standard of child welfare services in the country.

Children's Bureau

7. That the Division of Child Welfare in the Ministry of Education, or alternatively the Central Social Welfare Board, should create in course of time a National Bureau of Child Welfare which will serve as a clearing house for child welfare information and become the main source of guidance for child welfare activities in the field.

Central Institution

8. That a National Centre for the training of child welfare specialists and general personnel for leadership, administration and direction of field programmes be created in a suitable metropolitan area; and that such a Centre should undertake Pilot Projects, programmes of child study and research, production of literature on child welfare, and other activities to direct and guide State and private agencies in their efforts to promote child care and welfare.

Resources

9. On the basis of the information received, it is found that the resources actually provided for all the child welfare services in all the States are entirely inadequate to meet the demands of even a minimum child welfare service; and therefore special measures be taken to strengthen the Prime Minister's Children's Fund and find other ways to develop financial and other resources by every means possible.

Financial Aid

10. That the existing National, State and local agencies for child welfare should be strengthened by enabling them to expand their services; and to carry out programmes with the special financial assistance of the State, and additional resources provided by the communities.

Demonstration Project

11. That at least one Demonstration Child Welfare Project should be organised in every State. These projects will provide an intensive and integrated programme of child welfare including programmes for the welfare of children under six years. There should be at least five additional Demonstration Projects for the benefit of children in metropolitan areas. These programmes will function according to resources and plans to be provided by the Central Ministry of Education.

Guidance and Counselling Services

12. Competent guidance and counselling services should be created in each State consisting of Field Guides and Counsellors to assist State and private child welfare programmes organised in the State; and a sum of Rs. 10 lakhs be set aside to give grants-in-aid to competent child welfare organisations, Schools of Social Work and Universities who are willing to provide such counselling services according to rules and procedures to be laid down by the Central Government.

Minimum Standard Pre-schools

13. That at least 1,000 pre-schools, described in the Report as Minimum Standard Pre-Schools, should be created in the Third Plan Period; and the annual recurring cost of such a pre-school will be Rs. 3,500 for one unit of 30 children between the ages of three plus and five plus years.

Pre-school Pilot Project

14. That at least one pre-school should be created in each District of India to function as a Pilot Project. The recurring expenditure of such a pre-school will be about Rs. 10,000 per year, and the non-recurring grant in the first year may be Rs. 4,500.

Experimental Pre-Schools

15. Special types of Experimental Pre-schools with a programme of child study should be attached to Universities, Schools of Social Work, and Child Study Institutions. They should be given grants-in-aid by the Central as well as State Governments.

Training Programme

16. One year training programme for the training of Balsevikas must be organised in each State. The trainees should be given general information about the philosophy, objects, methods, and programmes of child welfare together with an intensive training to function as organisers and teachers of pre-schools.

17. That Central and State Governments should support all two-year programmes for the training of Pre-school teachers by recognised voluntary agencies, Universities, and Schools of Social Work.

National Toy Industry

18. That the Central Government should promote a national industry for the manufacture of toys and educational requirements and materials; and it should provide Rs. 15 lakhs to organise at least one such industry which will be able to supply cheap and standard equipment and materials for pre-schools, playgrounds, children's centres, and other child welfare organisations.

Research Programme

19. A sum of Rs. 10 lakhs be utilised for the poromotion of a research programme in Child Welfare, in co-operation with the Research Programmes Committee of the Planning Commission.

20. That in order to meet the expenditures required for implementing programmes mentioned above, an additional allocation of Rs. 35 lakhs be sanctioned by the Planning Commission; or in the alternative the Rs. 3 crores be redistributed to include the suggested programmes for the Guidance and Counselling Service, Research, and the promotion of an Industry for the manufacture of educational materials and toys.

SECTION 2

IMPORTANT AND GENERAL RECOMMENDATIONS

1. As extensive programmes of Social Welfare are being organised all over the country, it should be the national policy to consider Child Welfare as an integrated and comprehensive programme which must be implemented everywhere by properly constituted agencies of Child Welfare in all parts of the country; and that the Family and the Community should play an increasingly important role in the execution of such programmes.

2. That top priority should be given to the provision of adequate welfare services for children, giving proper consideration to the requirements of nutritious foods for infants and children, the dietary articles being supplied to urban slums and villages at very cheap rates.

3. That as a matter of national policy, every effort should be made to promote the social health of the family and its integration. This has also to be attempted by counteracting those social forces which contribute towards family disorganisation and disintegration.

4. That in the future policy of social welfare, the need for a proper reorientation in the welfare schemes for children should be taken into account; and in social welfare, maternity and child welfare services should be given a very high priority.

5. That the existing programmes of child care should be extended so as to benefit a large number of children; and the existing efforts should be intensified so as to deal with all aspects of the life of the child. At the same time, the general quality of services should be improved in order to raise the standard of efficiency of child welfare programmes.

6. That voluntary agencies should work as pioneers in the field of child welfare, dealing with educational and nutrition programmes not covered by normal social services, with experimental programmes for the improvement of existing services, and with programmes for the rehabilitation of children in need of special care. It should also be the function of voluntary agencies to act as mentors of the Government for speedy implementation and execution of child welfare schemes and programmes promoting parental education.

7. That utmost consideration be given to the provision of suitable environment to the child to protect him from climatic and environmental hazards so as to promote his chances for survival, growth and development. Suitable environment may be said to incorporate the following :

(a) availability of adequate shelter in sanitary surroundings;

(b) protection from climate—especially protective clothings;

(c) provision of safety measures so as to afford protection against hazards of environment.

8. That as the funds allotted for programmes of child welfare at present are entirely inadequate to meet the primary needs of survival and normal growth and development of the child, more funds should be raised, and allotments should be made after properly assessing the minimum needs of child welfare in each area.

9. That existing programmes of grants-in-aid for the benefit of children under six years of age should be given a special priority so that as many children as possible could be given help from the very beginning, and so that the cost of later welfare services may be reduced because of benefits derived from earlier assistance.

Social Policy

10. That a general Social Policy should now be laid down by the Central Government, and the following should be adopted as relevant articles dealing with problems and needs of children under six years of age:

(a) Having accepted the Declaration of Rights of Children as defined by UNICEF, all programmes relating to family and child welfare amongst all sections of the people must now be aimed at implementing, to the best of our capacity, the principles of the Charter.

(b) In view of the fundamental differences of approach by political ideologies and systems of Government, it is desirable that it should be the national policy to do everything to strengthen the family, and to promote its integration and comprehensive social health, so that the family may always remain the fittest institution to provide a proper environment to promote the health and welfare of the child.

(c) The true well-being of all families and children requires a careful and well organised programme of Family Planing; and it should be the national policy to promote a coordinated and intensive programme of Family Planning along with Child Welfare.

(d) The nation must accept the equal importance of all the four stages of childhood—Intra-uterine stage, Infancy, Toddler's, and Pre-school stage—for the purposes of planning, organisation and development of child welfare. Local conditions and needs will determine priorities of child welfare activities within the general programme of social welfare.

(e) Immediate action must be taken to provide for the proper care of normal children, emphasis being laid on all programmes providing for the growth, training and development of the normal child. The State should also take full responsibility for the care of abandoned children; and it must recognise the special needs of handicapped, maladjusted and sub-normal children.

(f) The State must recognise the need for assisting private social welfare agencies to promote experimental and special programmes of child welfare, especially those dealing with the study of children and the organisation and administration of pilot and experimental projects; and when extensive programmes have to be developed for the welfare of all children in urban, rural and sylvan areas, the State must bear the greater burden and responsibility for the promotion of such extensive and standard child welfare services.

Stages of Childhood—Definitions

11. That the following stages of childhood should be accepted with their implications in order to provide intensive care to children in the different stages of growth during the earliest period of life :—

1. INTRA-UTERINE :

   From conception to birth : Programmes for maternity and antenatal care; and parental education.

2. INFANCY :

   From birth to 1 year : Programmes for preventing mortality and providing measures for promoting good health and growth of the child.

3. TODDLER STAGE :

   From 1 year to 3 years : To emphasise the need of nutrition, healthy recreation and total environmental care.

4. PRE-SCHOOL STAGE :

   From 3 years to 6 years : To emphasise the need of education and training, health, recreation and nutrition. (It must be noted that these are highly formative years when habits, character, and intelligence patterns are established).

5. PRIMARY SCHOOL STAGE:

From 6 years to 11 years: To emphasise the need of primary education, health and recreation.

Child Care and Neglect

12. That the following should be accepted as the implied contents of a comprehensive concept of Child Care:

(a) Adequate nourishment for the child in terms of provision of the right type of food of good quality in adequate quantity.

(b) Adequate shelter in sanitary surroundings.

(c) Protection from climate, especially protective clothing.

(d) Love and affection in the family environment.

(e) Protection against diseases, especially providing for comprehensive, frequent and timely immunisation against infectious diseases.

(f) Safety measures against hazards of environment.

(g) Opportunities for growth, development and activity in an atmosphere of freedom, and in association with other children.

(h) Opportunity for indoor and outdoor play.

(i) Opportunities for training and development of the child within his home, community, and/or institutional environment.

(j) Protection from unfit guardians, exploitation for material gain, and cruelty inflicted through physical punishment and injuries to his emotional and mental life.

(k) Adequate provision for early and immediate treatment of physical, mental, emotional, and social handicaps and maladjustments.

13. That NEGLECT be defined as isolation of the child, leaving it without love, shelter and protection; and the following be accepted as implied contents of the concept of neglect :—

(a) Failure on the part of the family to provide shelter, nourishment and protection.

(b) Absence of attention to basic needs of children like affection, protection, security, play and companionship.

(c) Wilful exposure of children to unfavourable climatic conditions and insanitary surroundings.

(d) Failure to attend in time to minor ailments, physical handicaps and chronic sub-health.

(e) Exposure of the child to severe physical punishments, emotional shocks or mental injury.

(f) Absence of protection for the child from all kinds of exploitation.

(g) Association of the child with an unfit guardian.

(h) Permitting the child to live without a name or nationality.

Programmes

14. That the following specific programmes be recognised as necessary activities for the purpose of promoting the welfare of children under 6 years of age :—

(a) Family Planning Clinics and Family Counselling agencies.

(b) Clinics and Community Welfare programmes providing ante-natal and post-natal care; and Health Visitors' service.

(c) Maternity Hospitals, Children's Wards in Hospitals, Maternity Homes, Community Dispensaries and Hospitals for children.

(d) Creches and Day Nurseries.

(e) Pre-schools.

(f) Institutions and Homes for children including institutions for the care of handicapped. mal-adjusted and sub-normal children.

(g) Schools of Social Work, Social Work Department in Universities. institutions promoting programmes for the training of child welfare personnel, and research and investigations dealing with living conditions, problems and needs of all children under six years of age.

Family Planning

15. That a national network of family planning clinics should be initiated by powerful national and state organisations, and maximum use must be made of the press, cinema and radio to promote family planning in a national campaign.

16. That efforts should be made to promote "Spacing" as the chief objective of family planning, and parental education must promote a minimum spacing period of thirty months between the birth of the previous child and the conception of the next child. More extensive use of contraceptives must be recommended to parents who have three or more children to prevent a further increase in the size of the family.

17. That the national association for the promotion of planned parenthood must receive maximum support from the State, and its plans and recommendations must be accepted, as far as possible, by all welfare organisations in the country.

Family and Mother's Welfare

18. That the family should primarily undertake the responsibility of adequate child care and that it should receive all possible and necessary help from the regional community or the neighbourhood to which it belongs by implementing programmes contained in the other recommendations of the report.

19. That in Community Development Programmes the social health of the family should receive as much attention as family economy. The Community Development Programmes should take special measures to promote and strengthen the family's spiritual and ethical backgrounds which had constituted in the past to sound social health and family and national integration.

20. That a very careful study of women's participation in different aspects of national economy is required to ensure that the social health of the family is not affected when women undertake employment due to economic reasons.

21. The co-ordination and integration of programmes of health visitors, ante-natal, maternity and post-natal care, social education, housing management, community organisation and every type of domiciliary service is essential to spread the knowledge, and achieve the acceptance of family planning programmes in the shortest time possible.

Ante-natal care

22. That the required services that an ante-natal programme should provide must be able to achieve the following objectives :

1. To create desirable psychological conditions to the expectant mother when she is primigravide, so that she is in a happy, hopeful and confident frame of mind, free of anxieties, sorrow and fears ;
2. To diagnose and treat any early complications ;
3. To increase the proportion of normal deliveries ;
4. To lower the maternal mortality and morbidity rates :
5. To reduce the incidence of premature births, still-births and parental and neonatal deaths ;
6. To improve the cleanliness, orderliness, and sanitary conditions of the house in which the expectant mother is living ;
7. To give minimum parental education required by the mother, especially at the time of first delivery, in order to provide intelligent and affectionate care to the child from the very beginning, after birth.

Post-natal Care

23. That post-natal care must become an efficient instrument for ensuring the health and nutrition of both the mother and the infant during first 12 to 18 months after delivery. The mother should receive advice, assurance and instructions to protect the infant from neo-natal and other familiar infections.

24. That post-natal care must pay special attention to parental education with a view to increase "the mother's ability to cope with life"; and due to inadequate personnel and facilities, this programme should become a primary element in all social education programmes in the country.

Health

25. That Health Services may be provided to children in the following ways :

(a) As a part of basic services necessary for community health such as provision for adequate housing, safe water supply, improved sanitation, avoidance of over-crowding and slum conditions, etc.

(b) As specialised services for mothers and children, such as ante-natal maternity, post-natal and counselling services, creches, pre-schools, children's playgrounds, immunisation programmes against infectious diseases, etc.

(c) That health and nutrition requirements should be integrated with every programme of child care.

26. Recognising that adequate efforts are being made to increase the number of women doctors in the country, and also recognising that even male doctors are inadequate in rural areas, it is still imperative to increase the number of women doctors in the country in such a way that at least one woman doctor is employed in rural areas either in the primary health centre or in charge of an important subsidiary centre.

27. That a special allowance may be given in order to attract medical personnel to work in rural areas. In addition, housing and educational facilities for the children of such personnel should also be provided.

Vital Statistics

28. That all vital statistics which are required for the purpose of social studies should be based upon organised, systematic and efficient registration in all parts of the country; and measures should be taken to perfect this machinery before the commencement of the next census in 1971.

Reducing Infant Mortality

29. That every effort should be made in India as early as possible to see that it leaves the 'high' mortality bracket (with infant mortality above 100) by reducing infant mortality rate to the bracket where it is between 35 and 75; and this could be achieved by improved standards of housing and wages, maximum employment, improved standard of living, and by increasing and improving existing services for the family, mother and child welfare in terms of family planning and parental education programmes and ante-natal, maternity, post-natal care, etc.

Immunization

30. That measures should be taken to protect the health of the child from contagious diseases, and the programme of timely and frequent immunization should be extensively introduced to cover the entire population of children in the country.

31. That whilst immunization programmes are carried out through the various hospitals, clinics, primary health centres and dispensaries; this programme should be accelerated with the co-operation of the urban and rural community welfare centres; and children should be given triple and single immunizations to ensure protection against T.B., Small Pox, Dyphtheria, Tetanus and Polio-myelitis. Moreover, innoculation against cholera and typhoid should be given to all the children before the age of 9½ months.

Nutrition

32. That attention must be given to the problem of infants who are not breast-fed. Humanised milk should be produced and distributed in cities where parents are able to afford their cost. Other measures are needed to keep the supply of substitute powder milk and baby foods commercially produced to meet existing demands, especially in urban areas.

33. That strong and effective measures should be taken to see that babies and children have the highest priority to obtain their needs from the local milk supply; and even rationing and control should be introduced whenever necessary, to prevent the use of whole milk in hotels and for commercial manufacture of sweets, pastries, icecream and such articles.

34. That every efforts should be made to discover and encourage the production of cheap foods. This work should be entrusted to State agencies, so that such foods can be supplied as subsidized foods and the cost of nourishment of children may be kept as low as possible.

Handicapped Children

35. That for the welfare and treatment of all handicapped children, high priority should be given to preventive programmes and the detection of handicaps from as early an age as possible.

36. That in each State the Ministry of Welfare should create "children's villages" for the care of abandoned children, and foundlings, and the village should be fed by sub-centres in urban and rural areas. These villages must consist of Homes which will function as rehabilitation centres which will include a reception service, a counselling service and a case work service for parents and children, and it will also provide shelter, training, education, rehabilitation, etc., to the foundlings till he reaches the age of 18 years.

37. That in order to reduce the pressure of orphanages and other institutions and also for assisting the child to avoid institutional care, foster home services should be organised by responsible organisations of child welfare in both urban and rural areas, and in co-operation with the authorities created for the enforcement of the Children's Act.

38. That adequate measures should be taken all over India to prevent blindness and for correction of defective vision; and for this purpose special measures should be taken for the detection of defective sights of children, in pre-schools, clinics, domiciliary programmes, community centres and all other agencies interested in the welfare of children. The investigation must specifically refer to blindness, and also V.D., Small Pox, Trechoma caused by infection and as a result of Vitamin 'A' deficiency.

Day Nurseries and Creches

39. That for the benefit of working mothers and in environments which are evidently harmful for the health and growth of toddlers between 1 and 3 years of age, Creches, Day Nurseries, or 'Palnaghars' should be created to satisfy health and environmental needs and nutritive requirements of such children.

Pre-schools

40. Since a large number of pre-schools are required in our country, it is desirable that the principles of simplicity of training and maximum economy in the management of pre-school organisation should be adopted, especially in rural and tribal areas, to solve the problem of workers and funds. The pre-school should provide maximum variety of activities to occupy the time and interest of children.

41. That leadership of pre-schools must come from special training institutions offering 2 or 3 years' graduate or post-graduate course in Universities, Teachers' Training Colleges, and Schools of Social Work, especially those offering specialisation in Child Welfare.

42. Considering the need for improved programmes for the training of all kinds of child welfare workers, it is recommended that a Committee be set up to revise the existing programmes, curricula, methods of training, etc., in the various Ministries and Departments

of the State, as well as training programmes organised by the Universities, Schools of Social Work, and private child welfare and educational agencies.

43. That the following varieties of articles are needed for the use of children under six years of age: pre-school educational materials and apparatus; playground equipment; educational toys; general varieties of toys to suit children at different ages and levels of growth and development; picture books, story books and childrens literature ; books printed on cloth.

SECTION 3

RECOMMENDATIONS : CENTRAL GOVERNMENT

Vital Statistics

1. The Recommendations of the W.H.O. regarding tabulation of live births and foetal deaths be endorsed: and that tabulation of live births and foetal deaths be registered in the four groups according to the length of gestation measured from the beginning of the last menstruation.

2. That a Committee should be appointed to examine the existing methods of registration in the States and suggest possible improvements that can achieve the purposes of registration.

3. That the classification of infant mortality rates in the Census Report may be done on the basis of standard of living, rather than on the basis of religion and community as at present. The classification of Infant Mortality on the standard of living basis may be as follows :—

(1) Agricultural and forest labourers, artisans and small cultivators ;

(2) shop-keepers, money lenders, village officials and small landlords ;

(3) big landlords and rural aristocracy ;

(4) industrial workers and other wage earners ;

(5) shop-keepers, clerks and lower middle class ;

(6) professionals and other educated persons and middle class ;

(7) owners of property and wealth, industrialists, financiers, etc.

4. That the disparity of prices at which importers of milk (either in powder form or manufacturing them as children's foods) supply

the market and the market price of the same products should be examined, together with the policy regarding the import of foreign milk in powder form, so that every effort is made to increase the supply of powedered milk and children's foods to meet the full demand of the market for baby foods. This should also be achieved through indigenous manufacture of baby foods.

5. That the assistance given by the UNICEF to increase the milk supply for babies and children should be properly utilised; and further assistance must be given by the Centre to State Governments so that such schemes may be able to serve other cities with a population of more than three lakhs in the first instance.

6. That the import policy regarding babies' and children's food should be carefully examined so that political and economic considerations do not come in the way of the availability of maximum quantities of milk powder at the lowest price till such time as when the entire needs could be met by internal production and that when whole milk supply is inadequate in the country, the import of foreign ingredients for infants' food should be treated as of equal importance with the need of food grains for the use of the adult population.

7. That special efforts should be made to establish one or more plants for the production of cheap and nutritive foods for infants and children.

Legislation

8. That efforts should be made to enact legislation for enabling private Trusts and Endowments to divert their funds from less fundamental purposes in order to provide for the care of children whenever finances are available for the purpose of charity. This should especially be done by taking into consideration the Cypre Act or Law.

9. That a Committee should be appointed to prepare a Model National Midwifery Act to be followed by legislation on the subject in every State.

Teaching of Paediatrics

10. That paediatrics must become a compulsory subject and part of the curriculum in all programmes of medical education; and paediatrists should be recognised as specialists of great importance, and they should be gradually made available to every primary health centre by the end of the Fourth Plan Period.

Pre-schools

11. At the present stage of pre-school development, it is suggested that important experimental projects should be carried out in different types of regions and communities and progress should be made in child study and research dealing with problems of growth, heredity, environment and child development as a whole.

12. Special type of child study and experimental pre-schools should be attached to Universities, Schools of Social Work and Child Study Institutions.

Children's Literature

13. That the Ministry of Education should maintain a Unit consisting of a permanent staff of artists, writers, photographers, cine-technicians, etc., for the writing of children's books, including story books, nursery rhymes and poetry, etc.; and their services should be available to assist the development of children's literature in the various States.

14. That for the printing of children's books, including picture books, books printed on cloth, etc., a national organisation is required with printing establishment equipped for photography, art work, and offset printing. A part of the produced materials without language inscription may be used by different States to imprint the coloured printed materials with appropriate language description in the various regional languages.

15. Whilst appreciating the work done by the Children's Book Trust, the Committee recommends the extension of the work of the Trust in order to enable it to prove of benefit to all the linguistic regions of the country.

SECTION 4

RECOMMENDATIONS : STATE GOVERNMENTS

United Nations Charter for Children

1. That the Declaration of the Rights of the Child adopted by UNICEF on 20th November, 1959, should be extensively circularised amongst Governments and Departments at all levels; and every effort should be made by State Governments and private agencies to achieve the purposes of the Declaration.

Administration for Child Welfare

2. That since existing programmes of child welfare are being carried out by a large number of departments of the various State Governments, it is recommended that a Division of Child Welfare be created in an appropriate Ministry, in order to provide specialised direction and guidance to all child welfare programmes of the States.

3. That a permanent and regularly functioning Coordination Committee should be set up in each State consisting of representatives of each of the Departments dealing with programmes of child welfare in order to serve common objectives, maintain common standards, avoid over-lapping and achieve cooperation between all departments to promote maximum economy and efficiency.

4. That the Co-ordination Committee on Child Welfare in each State should create an appropriate machinery to promote intensive co-operation and close coordination of all State and private effort for child welfare.

5. That in States where the post of a Lady District Welfare Officer has not been created to serve the rural areas, such a post be created with the view to appoint a qualified and trained child welfare officer to organise, guide and supervise all programmes of woman and child welfare in the district.

Legislation

6. That severe and corrective action is needed to deal with persons who are guilty of criminal neglect of any child under their protection, guardianship, or custody. It is necessary and desirable to promote legislation against cruelty and neglect of children; and the law should be effectively enforced and implemented to prevent the sufferings and hardships of any child. It is recommended that a Committee be appointed to review the existing legislation and suggest modifications wherever necessary.

Housing

7. That to strengthen the family socially, the problem of housing should be dealt with not only in terms of minimum housing standards, but also in terms of adequate, proper and systematic housing management where properties, good neighbourliness, health and human relation are looked after.

Vital Statistics

8. That immediate measures must be taken to see that registration regarding births and deaths of children and causes of infant mortality are properly carried out so that the correct situation could be understood. As far as possible, all States should adopt a uniform method of registration of data pertaining to vital statistics and other information for demographic purposes.

9. That there should be a permanent machinery in every State for the maintenance of all vital statistics, and annual reports should be available to cover all areas of the country without exception. If possible there should be a Census Bureau in every State.

Family Planning

10. Whilst facilities for sterilisation and performance of vasectomy should be increased, including the use of mobile service, the training of the entire staff associated with the programme is necessary to increase its efficiency and efficacy. A follow-up service for a brief period is necessary to deal with such cases.

Health and Nutrition

11. Health services should be started for children of pre-school age so that periodical health check up of children of this age group may be carried out.

12. That at least one children's hospital should be created in every State.

13. Efforts should be made to provide adequate milk to all the children, under-nourished children being given a priority.

14. That programmes for the nourishment of children providing the right type of food of good quality and adequate quantity should be introduced in all pre-schools.

15. That cooperative Dairy farming should be developed in rural areas; and milk distribution to mothers and children should be done through the panchayats.

16. That in order to prevent profiteering, welfare centres and cooperatives must become direct distributors of all commercial goods, including milk products produced and imported into the country.

17. That every effort should be made to discover and encourage the production of cheap foods. This work should be entrusted to

State Agencies, so that such foods can be supplied as subsidised foods and thus the cost of nourishment of children may be kept as low as possible.

18. Large scale production of protein rich foods which have already been perfected should be encouraged. That further research should be conducted to discover more articles containing high nutritive value in terms of protein to supplement and substitute the milk supply.

Health Visitors

19. That a Health Visitors' Service is essential in all the States, and the domiciliary service along with properly organised antenatal and post-natal clinics should function even when Public Health Nurses are available to assist the community under the control of the Ministry of Health.

Maternity Services

20. That the existing training programmes for dais need to be increased so that they may function as provisional Health Visitors and as parent educators and instructors in family planning wherever possible, and when special staff is not available for these programmes.

21. That there should be one trained dai for every 20 villages; and for every 10,000 of rural population by the end of the Third Plan Period, to be increased to one trained dai for every 5 villages and 3,000 of rural population by the end of the Fourth Plan Period.

22. That the prevailing system of attention to pregnant mothers in the community at the time of delivery should always be taken into consideration, and till such time as a national midwifery service is properly constituted and organised, the policy of compulsory registration of all the dais must be adopted, accompanied by a period of minimum training for such dais to be organised in every district of the country.

Post-natal Care

23. The post-natal and well-baby clinics should be organised within primary health centres and M.C.H. Centres to supervise the cases up to the age of at least one year, and up to three years wherever possible.

Pre-Schools

24. Government should give substantial assistance to voluntary institutions running pre-primary schools.

25. That different categories of aid should be given mainly to assist the pre-school with equipment, payment of salary of teachers, and to supplement the cost of pre-school feeding programmes, etc. A grant-in-aid should be paid by the Central Government to pilot and experimental projects; and State Governments should promote pilot projects in each district; and Municipalities should develop pre-schools mainly for the benefit of slum areas and to cater to children who do not have the advantage of being brought up in proper physical and human environments.

26. That all under-privileged children should be given an opportunity for pre-school education; but it is not desirable to create separate pre-schools for them.

27. That wherever possible, States should enact a Pre-school Act and all pre-schools should be registered under the Society Registration Act of 1860. All pre-schools should conform to minimum standards which the relevant Municipality or the State may lay down.

28. That the age of admission to the pre-schools should be about 3½ years in all general types of pre-schools ; and children who are 2½ years old may be admitted in pre-schools where there are sufficient number of assistant teachers, and the teacher is not called upon to look after more than 15 children under 3½ years of age.

29. That all pre-schools should be universally co-educational and all the children may wear a common type of dress.

30. That ordinarily a child may spend a minimum of 2 years and a maximum of 4 years in a pre-school.

31. That a normal unit of a pre-school should be of 25 children and one unit of pre-school should not have more than 40 children. In case there are more than 20 children in a unit, the unit should have one additional assistant teacher.

32. *Recommended Scales* :

Graduate teachers with special two years' training	Rs. 200 plus D.A. to Rs. 350
Graduates with short-term training	Rs. 120 plus D.A. to Rs. 250
Intermediate Arts with special two years' training	Rs. 150 plus D.A. to Rs. 300
Matriculates with special training	Rs. 90 plus D.A. to Rs. 180
Assistant Teachers—Matriculates with training	Rs. 90 plus D.A. to Rs. 150
Assistant Teachers—Non-Matriculates (V.F.) with training	Rs. 70 plus D.A. to Rs. 150
Attendants, Sahayikas, Cooks and Servants	Rs. 40 plus D.A. or prevailing scales in the area.

Care of the Handicapped Child

33. That the following classes of handicapped children should be given special treatment in terms of institutional care and other programmes in order to provide opportunities for rehabilitation and normal growth and development.

1. Orphans ;
2. Foundlings ;
3. Blind and partially visioned, deaf and dumb ;
4. Children affected by chronic diseases like T.B., V.D., etc.

34. That a few large hospitals and rehabilitation centres should be created in the various States to deal with the cases requiring long-term care and intensive treatment for rehabilitation.

35. The Committee is of the opinion that the cost of maintenance of majority of children under six years of age in boarding institutions vary between Rs. 40 to Rs. 50 per month per head excluding the cost of treatment ; and adequate grants-in-aid be provided to enable such children to receive opportunities to grow up as normal children.

36. That adequate services are not provided at present for children whose one parent is alive ; and therefore it is necessary to create Short Stay Homes where children could be looked after till their parents are able to undertake full responsibility for the care of children.

37. That the traditional procedures connected with adoption of children are at present inadequate ; and effective measures are necessary to apply amended Adoption Act to all those who desire to adopt children ; and there should be a provision for screening, recommendation and acceptance for a short-term observation in order to protect the true interests of the adopted child.

38. That in each State the Ministry of Welfare should create "Children's Villages" for the care of foundlings and the village should be fed by sub-centres in rural and urban areas. These villages must consist of Homes which will function as rehabilitation centres which will serve as a case work service for the parents and the child, and it will provide shelter, training, education, rehabilitation, etc., to the foundlings till they reach the age of 18 years.

39. That a nation-wide census of handicapped children should be carried out and this work should be the responsibility of Gram Panchayats and District authorities in rural areas, whilst in urban areas the census must be carried out by Municipalities with the help of social welfare organisations and Universities.

40. That in order to detect handicapped conditions, the norms showing development of the child at various stages should be widely published and made available to hospitals, clinics, institutions and welfare agencies.

41. That States should divert some funds from the finances ear-marked for pre-school education to provide special pre-schools for handicapped children.

42. That for the detection of auditory defects, audiometric units should be created in hospitals, and in all institutions for deaf and mutes, etc.

43. Experimental Day Nurseries for the benefit of working and illiterate mothers should be organised in all rural areas where the integrated programme of child welfare will be introduced in the Third Plan Period.

44. That Day Nurseries should be organised in orphanages and Foundling Homes where infant and small children are admitted, and trained nurses should be employed in such institutions. Day Nurseries are also needed in women's institutions, prisons where females are kept, in slum areas and in areas where ex-criminal groups reside.

45. That training programmes should be organised, as far as possible, along with training programmes of Balsevikas, Health Visitors and Pre-school teachers for the benefit of special Balsevikas to serve in Creches and Day Nurseries. The Day Nurseries training curriculum should also become a part of the training of Public Health Nurses. Short-term training programmes should also be organised by aided programmes in Schools of Social Work.

Training

46. That training programmes may be developed in important cities, as well as in all the States, to give a comprehensive in-service training in problems, needs and programmes of child welfare to personnel who are employed to serve in different fields.

SECTION 5

RECOMMENDATIONS: MUNICIPALITIES AND ZILLA PARISHADS

1. That Municipalities and Zilla Parishads should give high priority to welfare programmes for the mother and child by promoting funds for the organisation and efficient management of domiciliary services and M.C.H. Centres providing for ante-natal and post-natal care, family planning, pre-schools, and programmes for the feeding of under-nourished children.

2. That the development of services for the mother and the child should be based upon local needs of the particular place and the particular time

3. That as the funds allotted for programmes of child welfare at present are entirely inadequate to meet the primary needs of survival and normal growth and development of the child, more funds should be raised, and allotments should be made after properly assessing the minimum needs of child welfare in each area.

4. That child welfare at the community level in urban and rural areas should now be carried out by a proper personnel selected and trained for specific functions; and their numbers should be increased according to the increasing resources which are now to be provided for the execution of all integrated programmes, including Family Planning, Health Visiting, Ante-natal and Post-natal Care, Family Contact and Counselling and Parental Education, etc.

5. That special measures should be taken in urban areas to reduce infant mortality especially in slum areas; and intensive programmes of child welfare and ante-natal and post-natal care should be extensively introduced in such areas as early as possible.

6. Children's food should be supplemented through milk centres for the poor in as many urban areas as possible.

7. That the assistance given by the UNICEF to increase the milk supply for babies and children should be properly utilised; and further assistance must be given by the Centre to State Governments so that such schemes may be able to serve other cities with a population of more than three lakhs in the first instance.

8. That in order to provide improved care to new born children, pressure on maternity services in urban areas should be reduced; and this can be done by strengthening and increasing domiciliary services so that all the cases for normal delivery may be attended to outside the institutions.

9. That the existing number of maternity beds in city hospitals should provide over and above their own requirements for accommodating 5 per cent to 10 per cent of the total births outside—properly equipped maternity homes and domiciliary service outside such hospitals.

10. That wherever there is any kind of Housing Authority such as Housing Boards, Housing Co-operative Societies, Development Boards, etc. in existence, efforts should be made to create ante-natal and post-natal clinics in their area ; and grant-in-aid should be given to them by Municipalities and State Governments.

11. That in localities where higher income groups are living, the private practitioner should open Family Planning and ante-natal clinics to serve the locality.

12. That in slum areas and in the localities where lower income groups live, one Health Visitor or Midwife (or Public Health Nurse) should be provided at the rate of 1 to 400 families to provide medical assistance and guidance to them.

13. That specialised services should be provided at maternity and pædiatric hospitals for mothers and children who are referred to them by maternity or child welfare centres, namely regional clinics for investigation and treatment of serious cases such as V. D., E.N.T., eye defects, etc.

14. That ante-natal clinics should carefully supervise the diet of pregnant women, and if required, should supplement them by free meal scheme.

15. That ante-natal and post-natal programmes should be assisted by other welfare workers like Family Planning Counsellors, Family Counsellors, Social Education Workers, Community Organisers, etc.

16. That as deaf children are invariably mute also, and deafness is not normally detected till the child is 12 to 18 months old, post-natal clinics should be mainly responsible for the detection of all the sensory defects of the child.

SECTION 6

RECOMMENDATIONS : COMMUNITY DEVELOPMENT

1. That in a Community Development Programme the social health of the family should receive as much attention as family economy especially through programmes of Home Economics, Social Education and Family Counselling wherever possible. The Community Development programmes should take special measures to promote and strengthen the family's spiritual and ethical backgrounds which had contributed in the past to sound social health and family and national integration.

2. That all panchayats must be associated and made responsible for not only the registration of data, but the supervision of the registration machinery at the lowest level.

Child Health

3. That coverage of primary health centres in rural areas, and Municipal MCW Centres in urban areas should be reduced to a number which could be effectively handled by the staff. The existing staff should not cater to a population of more than 25,000 persons.

4. That special Nutrition Rehabilitation Centres should be started in community areas to provide simple and inexpensive meals to children to help them to recover from deficiency caused by diseases like rickets, beriberi, etc.

5. That courses in nutrition may be included in school curricula ; and besides, education about nutritional needs of children may be imparted to mothers through various centres and domiciliary programmes. Demonstrations should be given dealing with methods of cooking articles and dishes so that the nutrition value of food may not be lost.

6. That there should be one trained dai for every 20 villages; and for every 10,000 of rural population by the end of the Third Plan Period, to be increased to one trained dai for every 5 villages and 3,000 of rural population by the end of the Fourth Plan Period.

7. That a nationwide census of handicapped children should be carried out and this work should be the responsibility of Gram Panchayats and District Authorities in rural areas, whilst in urban areas the census must be carried out by municipalities with the help of social welfare organisations and universities.

SECTION 7

RECOMMENDATIONS : PRE-SCHOOLS

1. That pre-school education must be single-mindedly devoted to the true welfare, growth and development of the human child as a vital organism, and a unit of the human species.

2. That the concepts of pre-school philosophy and principles are appropriate to Indian conditions and needs; that children must be healthy and active within their family and community environments, and grow up and develop during childhood to receive education and become worthy citizens of the nation.

3. That the system of training must correspond to the fundamental needs of the child's comprehensive growth and development irrespective of any social, economic, political or philosophical considerations.

4. That the pre-school programme should be based upon five factors which have been universally accepted and which are stated below :—

(a) Heredity and environment of the child must receive very great attention because the growth and development of the child is largely dependent on these two factors.

(b) That child at all times must live in an atmosphere which is full of joy, contributing to its total happiness.

(c) The child must grow up and develop in conditions of freedom.

(d) The child needs activity in order to spend its energy and to expand its total capacity and abilities, thus accumulating experience which contribute to its total growth and development.

(e) The child needs protection and assistance of parents and other competent persons who are aware of the special needs of children during the pre-school age.

5. In order to increase the number of pre-schools in the whole of India including urban, rural and sylvan areas, it is necessary to organisationally promote self-sufficient pre-schools which could be organised, if possible without the assistance of the State to be managed by regional communities in urban neighbourhoods and large villages. A national pre-school association be created for this purpose.

6. Pre-schools shall be started in urban areas, where people can pay the cost of education of the children.

7. Responsibility for starting pre-schools should be left to voluntary organisations with adequate assistance from the Government.

8. That pre-schools should be of the following types :—

(a) A half day organisation to be developed as "The Minimum Standard Pre-school". A Pre-school of minimum standard should provide a playground, look after the health and cleanliness of children, inculcate in them good habits and correct behaviours, and provide such opportunities for training like Nature Study, and other subjects which can be easily dealt with by reasonably trained teachers and Balsevikas.

(b) Standard pre-schools following some kind of systems like the Montessori, the Pre-Basic, Azzisi and any other system suitable to rural areas ; and any type of pre-school using programmes, methods and techniques suitable for different types of environments in urban areas.

(The true meaning of Pre-Basic should imply the acceptance of the "Principle of Activity" initiated and developed by a number of psychologists and educationists of Vienna. The types of activities must be suitable to the needs of the child and the community.)

(c) A pre-school project attached to the village primary school, to be located as far as possible in a separate structure so that classes of the pre-school and primary school are not held together.

(d) Infant classes in primary schools and high schools, with training and programme modified to conform to principles and programmes of the pre-school.

(e) Open-air pre-schools with playgrounds may be created where facilities and resources are inadequate ; or where there are inadequate numbers of children to promote a pre-school as a unit.

(f) (i) Pre-schools attached to institutions where unattached women with children are provided with boarding and lodging facilities.

(ii) Special pre-schools in urban areas for sub-normal, feeble-minded and problem children with behaviour disorders.

(iii) Special types of pre-schools to help the care, training and rehabilitation of handicapped children.

(iv) Pre-schools attached to prisons for women with their children.

(v) Pre-schools with a high standard of service for areas where communities of ex-criminal groups live.

(vi) Pre-schools promoted as a special treatment for areas where juvenile delinquency is extensively present.

(g) Pre-schools organised in large housing schemes where a number of rooms and tenements are available for their use. Where there is no space for playgrounds, terraces may be suitably adjusted for the purpose in order to provide safety for the children.

9. That all under-privileged children should be given an opportunity for pre-school education; but it is not desirable to create separate pre-schools for them.

10. That a common nomenclature for all pre-schools is not desirable ; but when names are given to pre-schools, they should not be, as far as possible, associated with names of systems and types of equipment used in each pre-school.

11. It is not desirable for pre-schools to have a very large number of children and as far as possible, a pre-school should not have more than four units.

12. That during the whole period of stay of a child in a pre-school, it may go through three or four stages of training. Each stage of the child's training in a pre-school must conform to his physical conditions and nature of growth and development.

13. That pre-school should, as far as possible, be located near places where a large number of families reside ; and as far as possible, they may belong to regional communities, and may be entrusted to their care for management and supervision.

14. That where children have to walk to the pre-school, they should not be expected to go more than one mile from their place of residence each day.

15. Transport facilities may be provided by institutions which are self-sufficient in their resources.

16. That the presence of natural surroundings is necessary for the physical growth and emotional development of children ; and when pre-schools are not open-air schools gardens and playgrounds should be attached to them.

17. Pre-schools in rural areas should be located in villages with minimum population of about 500 persons. Preference should be given to villages which agree to give a site for the structure and playground and bear part cost of structure. or at least provide labour for construction.

In tribal areas where people live in hamlets which are located at considerable distances with small population, the pre-schools should be located in villages where hamlets are close together, and where it will be possible for the children to walk small distances to attend the pre-school.

18. That heavy capital expenditure should not be incurred for the construction of pre-schools. Even open air schools, low cost structures or gardens or open spaces be considered adequate for the use of children.

19. That whenever possible simple structures may be constructed, and they could be 'kutcha' structures in rural areas, using local materials for their construction. The plan of the pre-school should allow sufficient space for kitchen and a washing place, dining and siesta.

20. That a pre-school must have a playground, at least two rooms, a tap, bath room, lavatory and urinals.

21. That municipalities, landlords, owners of public places like temples, churches and all citizens must do everything in their power to see that space and shelter are not denied to children for play and pre-schools.

22. That playgrounds should be provided by all Housing Boards, or other types of housing authorities so that there is accommodation for an open-air pre-school with 80 to 100 children in a community of about 500 families.

23. That for pre-schools with more available space about 100 sq. feet of ground and garden per child are needed for open air activities. For indoor activities there should be an assembly hall, which can also be used for siesta purposes, as well as space for group activities and indoor meetings. A store room and a kitchen, an office room, a staff room, and an isolation room could always be useful. There should be a locker room for children, if possible, adequate washing and bathing accommodation, and taps and toilet for all children, should be provided. At least one lavatory is needed for every 12 to 15 children.

24. That routine programme of activities of the pre-school must always be adopted to suit the place, the climate, the ability of teachers and the wish of children, and pre-schools are invariably 'good weather' institutions, and children should not be called to participate in activities of pre-school during inclement weather when there are heavy rains or cold. Pre-schools should function during seasons and months suitable for different types of pre-school activities.

25. That pre-schools should start their day in the morning assembly so that all children may gather, meet each other, and enjoy companionship. Daily programmes should be planned in advance by the pre-school teachers; and varieties of subjects and activities should be introduced every day like play activities, learning activities, handwork activities, practicals, school service, etc.. Children must enjoy open air and outdoor life as much as they can. The time allotted to different types of activities should vary according to the capacities of children to give attention and their interest in activities or subjects which are handled by the teacher.

26. That children must participate in all important activities of the whole community, and this must be an important part of all-pre-school activities.

27. That at least a midday meal or snack should be served at pre-school; and three meals should be given, if the family and the community are willing to contribute towards the expenses of a light morning breakfast with milk, lunch, and light evening snack with fruits.

28. That a careful study must be made of the sleeping habits of children at home; and there must be a daily siesta of 90 to 120 minutes after the midday meal. When the pre-school works only

for half a day. and when parents insist that children should return home for their afternoon lunch, then parental education must make them realise that the child must have sleep and rest at home during the afternoon.

29. That to meet all pre-school expenses, local contributions should be obtained from the community in cash, kind, labour or service towards programme of construction, nutrition, instruction, excursions and camps.

30. There should be a team of the following scientists to assist pre-school workers' training programme and counsellors of pre-schools : Psychologists, Pædiatricians, Nutrition experts, Educationists, Sociologist, Biologist, and other scientists dealing with the methodology of pre-school training. Their services may be requisitioned from regional Universities.

31. That Balsevikas should be young women, preferably under 25 years of age at the time of employment, as small child normally responds affectionately to young persons or very old persons. The employment of young men (Balmitras) should not be ruled out for pre-school work, because they are useful as instructors for handwork. playground activities and pre-school social service.

32. That pre-school with two or three units and not exceeding four units should have a Mukhya Shikshika, or Headmistress or Principal.

33. A large number of pre-schools and institutions with a high standard of child care and training programme will require a Director for the pre-school, while in rural areas persons will be required to direct, organise, and supervise a large number of pre-schools in each district. A woman District Welfare Officer should be entrusted with this work.

34. That term like 'ayah' or 'servants' are inappropriate for pre-schools. but assistants and 'helpers' or 'Sahayika' are required for the maintenance of cleanliness, helping children to bathe and wash themselves, for the preparation of service of meals. cleaning of utensils. and helping to look after unmanageable children.

35. Pre-school attended by children with behaviour problems require a special person on the staff trained in psychology.

36. *Recommended Scales :*

Graduate teachers with special two years' training .	Rs. 200 plus D.A. to Rs. 350
Graduates with short-term training . . .	Rs. 120 plus D.A. to Rs. 250
Intermediate Arts with special two years' training .	Rs. 150 plus D.A. to Rs. 300
Matriculates with special training	Rs. 90 plus D.A. to Rs. 180
Assistant Teachers— Matriculates with training . .	Rs. 90 plus D.A. to Rs. 150
Assistant Teachers—Non-Matriculates (V.F.) with training	Rs. 70 plus D.A. to Rs. 150
Attendants, Sahayika, Cooks and Servants . .	Rs. 40 plus D.A. or prevailing scales in the area.

SECTION 8

RECOMMENDATIONS : MISCELLANEOUS

1. That courses in nutrition may be included in school curricula ; and besides, education about nutritional needs of children may be imparted to mothers through various centres and domiciliary programmes. Demonstrations should be given on methods of cooking articles and dishes so that the nutritive content and value of food may not be lost.

2. That specialised services should be provided at maternity and pædiatric hospitals for mothers and children who are referred to them by maternity or child welfare centres, namely regional clinics for investigation and treatment of serious cases, such as V. D., E.N.T., eye defects, etc.

3. That ante-natal clinics should carefully supervise the diet of pregnant women, and if required, should supplement them by free meal scheme.

Family Planning

4. Family planning must become a regular habit amongst married adults in rural and urban communities, and extensive co-operative efforts of all social welfare organisations and medical and educational services must achieve this object through family contact programmes and parental education.

Ante-natal Care

5. That the required services that an ante-natal programme should provide must be able to achieve the following objectives :

(a) To create reasonably desirable psychological conditions to the expectant mother when she is primigravide, so that she is in a happy, hopeful and confident frame of mind, free of anxieties, sorrows and fears.

(b) To diagnose and treat any early complications.

(c) To increase the proportion of normal deliveries.

(d) To reduce the incidence of premature births, still-births and parental and neo-natal deaths.

(e) To improve the cleanliness, orderliness, and sanitary conditions of the house in which expectant mother is living.

(f) To give minimum parental education required by the mother, especially at the time of first delivery, in order to provide intelligent and affectionate care to the child from the very beginning, after birth.

6. That wherever there is any kind of Housing Authority such as Housing Boards, Housing Co-operative Societies, Development Boards, etc., in existence, efforts should be made to create ante-natal and post-natal clinics in their area; and grant-in-aid should be given to them by Municipalities and State Governments.

7. That the use of the Rhythm Method is useful to create the knowledge and consciousness of family planning, and to overcome the mental hesitation and antagonism to concepts of planned parent-hood.

8. In recommending and adopting the use of any kind of contraceptive, the psychological reactions of the users and the aesthetics of sexual relations must be kept in mind, together with a consideration for the general moral and social health of the family, youth and society as a whole.

9. That parents, school teachers and Government Departments should be given sufficient guidance in adopting the right approach to the welfare of handicapped children.

10. That for the purpose of early detection of handicaps and effective cure and rehabilitation of cases, the following measures are suggested :—

(a) A programme of parental education.

(b) Pre-school teachers, gramsevikas and balsevikas should have some elementary training to be able to detect early defects which can be referred to School, Health and Medical Services.

(c) The staff of Primary Health Centres and even indigenous dais could be trained to detect defects at an early stage.

(d) Mobile Health Units in rural areas, and all child welfare agencies in urban areas can help the detection of handicapped.

11. That parental education should be provided as an essential part of all Day Nursery programmes.

12. That educational toys and materials should, as far as possible, be manufactured locally.

13. That toys made of rubber, metal and plastics may be manufactured by the private sector ; but they must be suitably guided by educational and child welfare agencies regarding design, construction, costs, etc.

APPENDICES

APPENDIX A

A survey of the composition of Maharashtra workers' families revealed the following data (lone persons were excluded from this survey)

	No. of Children	*No. of Cases*	*Grand Total*	*Total No. of Persons in the Family*
Married couples (No children)	..	24	24	2
Couple with children				
One son and one daughter	2	32		4
Two sons and one daughter	3	17		5
Three sons and one daughter	4	13		6
Four sons and one daughter	5	4		7
Five sons and one daughter	6	2		8
One son and two daughters	3	28		5
One son and three daughters	4	8		6
One son and four daughters	5	3		7
Two sons and two daughters	4	21		6
Two sons and three daughters	5	5		7
Two sons and four daughters	6	3		8
Two sons and five daughters	7	1		9
Two sons and six daughters	8	1		10
Three sons and two daughters	5	5		7
Three sons and three daughters	6	3		8
Three sons and four daughters	7	1		9
Four sons and two daughters	6	2		8
Four sons and three daughters	7	1		9
Five sons and four daughters	9	2		11
Five sons and five daughters	10	2		12
Seven sons and two daughters	9	1		11
			155	

	No. of Children	No. of Cases	Grand Total	Total No. of Persons in the Family
Couple with sons only				
With one son	1	51		3
With two sons	2	32		4
With three sons	3	7		5
With four sons	4	8		6
With five sons	5	2		7
With seven sons	7	1		9
			101	
Couple with daughters only				
One daughter	1	32		3
Two daughters	2	12		4
Three daughters	3	9		5
Four daughters	4	1	54	6
			334	

There was not a single family where a married couple was staying with both the parents of the husband.

A widowed or separated father stayed with his married children in some of the families.

	No. of Children	No. of Cases	Grand Total	Total No. of Persons in the Family
Couple with father and son	1	2		4
Couple with father and two sons	2	1		5
Couple with father and three sons	3	1		6
Couple with father and one daughter	1	1		4
			5	

	No. of Children	No. of Cases	Grand Total	Total No. of Persons in the Family
In a number of cases a lone father stayed with his chidren				
Father and son	1	6		2
Father with two sons	2	4		3
Father with three sons	3	1		4
Father with daughter	1	4		2
Father with one son and one daughter	2	1		3
Father with two sons and one daughter	3	3		4
Father with one son and two daughters	3	2		4
Father with two sons and two daughters	4	1		5
			22	
There were two cases where the husband stayed with his two wives and children				
Husband, two wives and son	1	1		4
Husband, two wives and two daughters	2	1		5
			2	
In one case, a father stayed with his daughter and son-in-law	1	1		3
			1	
In some families the mother stayed with her children's families.				
Mother with married sons :				
Mother, son and daughter-in-law	1	1		3
Mother, son, daughter-in-law and one grandson	2	5		4
Mother, son, daughter-in-law and two grandsons	3	3		5
Mother, son, daughter-in-law and three grandsons	4	1		6
Mother, son, daughter-in-law and four grandsons	5	1		7
Mother, son, daughter-in-law and one grand-daughter	2	1		4
Mother, son, daughter-in-law and 3 grand-daughters	4	1		6
Mother, son, daughter-in-law, 1 grand-son and 1 grand-daughter	3	1		5
Mother, son, daughter-in-law, 1 grand-son and 3 grand-daughters	5	1		7
Mother, son, daughter-in-law, 2 grand-sons and 4 grand-daughters	7	2		9
Mother, 2 sons and daughter-in-law	2	1		4
Mother with her widowed son and her two grandsons and one grand-daughter	4	1		5
Mother, son, daughter-in-law and 2 grand-daughters	3	2		5
			21	

	No. of Children	No. of Cases	Grand Total	Total No. of Persons in the Family
Lone mother stayed with her children in several cases				
Mother and son	1	2		2
Mother and three sons . . .	3	2		4
Mother and daughter	1	2		2
Mother and four daughters . . .	4	1		5
Mother and two sons and two daughters	4	2		5
Mother and three sons and two daughters	5	1		6
Mother, son and her brother . .	1	1		3
			11	
A brother stayed with the family of his brothers in a few cases				
Married couple with brother of husband	..	4		3
Married couple with son and brother of the husband	2	8		4
Married couple with two sons and brother of husband	2	1		5
Married couple with one daughter and brother of husband . . .	1	1		4
Married couple with one son, one daughter and brother of husband. .	2	1		5
Married couple with two sons, one daughter and brother of husband .	3	1		6
Married couple with three sons, one daughter and brother of husband .	4	1		7
Married couple with five sons, two daughters and brother of husband .	7	1		10
Father, son and his brother . .	1	2		3
Father with his mother, brother and son	1	1		4
Father with his daughter-in-law . .	..	1		2
Couple with two sons and mother and brother of husband	2	1		6
Couple with two sons, a father and two brothers of husband	2	1		7
			24	

	No. of Children	*No. of Cases*	*Grand Total*	*Total No. of Persons in the Family*
Nephews stayed in some of the families				
Couple with one daughter and one nephew	2	1		4
Husband, wife and three nephews .	3	1		5
Husand, wife, husband's brother and one nephew	1	1		4
Husband, wife, one nephew, one son and two daughters	4	1		6
Two brothers and one sister . .	..	1	5	3
Total .			425	

APPENDIX B

PART I

Distribution of population by sex in the various states of India in 1951

Name of State	*Males*	*Females*	*Total*
1. Ajmer	5,240	2,774	8,014
2. Assam	2,46,236	1,68,182	4,14,418
3. Bhopal	71,933	64,130	1,36,063
4. Bihar	14,66,270	12,38,461	27,04,731
3. Bombay	61,45,118	50,25,222	1,11,70,340
5. Coorg	9,287	6,968	16,255
7. Delhi	8,19,432	6,17,702	14,37,134
8. Hyderabad	17,64,206	17,11,953	34,76,159
9. Himachal Pradesh and Bilaspur . .	25,600	19,546	45,146
10. Kutch	55,290	58,464	1,13,754
11. Madhya Bharat	7,54,727	6,84,504	14,41,231
12. Madhya Pradesh	14,94,962	13,82,377	28,77,339
13. Madras	56,23,458	55,60,276	1,11,83,734
14. Manipur	1,753	1,109	2,862
15. Mysore	11,36,900	10,41,827	21,78,727
16. Orissa	3,15,876	2,78,194	5,94,070
17. Patiala and East Punjab States Union .	3,65,305	3,00,205	6,65,510
18. Punjab	13,27,439	10,73,493	24,00,932
19. Rajasthan	13,71,260	12,78,107	26,49,367
20. Saurashtra	6,96,821	6,96,340	13,93,161
21. Sikkim	1,628	1,116	2,744
22. Tripura	23,204	19,391	42,595
23. Travancore-Cochin	7,51,146	7,37,146	14,88,292
24. Uttar Pradesh	47,38,717	38,86,928	86,25,699
25. Vindhya Pradesh	1,59,305	1,46,605	3,05,910
26. West Bengal	37,14,028	24,39,235	61,53,263

APPENDIX B

PART II

Distribution of Population by sex in the major cities of India during 1931-51

	1931			1941			1951		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1	2	3	4	5	6	7	8	9	10
1. Agra City	1,27,736	1,02,028	2,29,764	1,56,302	1,27,847	2,82,149	2,06,459	1,69,206	3,75,665
2. Ahmedabad	1,69,356	1,44,433	3,13,789	3,47,102	2,48,108	5,95,210	4,50,010	3,43,803	7,93,813
3. Ahmednagar	21,494	20,396	41,890	27,456	26,737	54,193	41,385	39,488	80,873
4. Allahabad	1,04,162	79,752	1,83,914	1,48,533	1,12,097	2,60,630	1,85,113	1,47,182	3,32,295
5. Amravati	33,228	31,951	70,766	41,114	42,285	90,346	63,028	62,227	1,24,064
6. Amritsar	1,58,985	1,05,855	2,64,840	2,29,199	1,61,811	3,91,010	1,84,923	1,40,824	3,25,747
7. Bangalore	1,62,091	1,46,258	3,08,349	2,14,210	1,92,550	4,06,760	4,13,687	3,65,290	7,78,977
8. Bareilly City	79,389	64,642	1,44,031	1,05,948	86,740	1,92,688	1,12,851	95,232	2,08,083
9. Baroda	62,744	50,116	1,12,860	84,666	68,635	1,53,301	1,13,518	97,889	2,11,407
10. Belgaum	21,453	19,751	41,204	31,744	29,307	61,051	44,938	41,050	85,988
11. Banaras	1,14,551	90,764	2,05,315	1,47,765	1,15,335	2,63,100	1,96,440	1,59,317	3,55,777
12. Bhopal	32,718	28,319	61,037	40,466	34,762	75,228	54,039	48,294	1,02,333
13. Bikaner	45,832	40,095	85,927	69,875	57,351	1,27,226	66,776	63,517	1,30,293
14. Delhi City	2,63,178	1,76,002	4,39,180	3,94,025	2,65,832	6,59,857	7,90,878	5,93,333	13,84,211

APPENDIX B—*contd.*

PART II—*contd.*

Distribution of population by sex in major cities of India during 1931-51

	1931			1941			1951		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
15. Dehra Dun . . .	32,254	17,876	50,130	51,330	26,898	77,228	84,398	59,818	1,44,216
16. Gorakhpur . . .	43,750	31,894	75,644	53,326	45,651	98,977	75,518	57,918	1,32,436
17. Greater Bombay .	8,28,855	4,73,660	13,02,515	10,59,971	6,35,197	16,95,168	17,79,259	10,60,011	28,39,270
18. Greater Calcutta .	13,82,533	6,93,228	20,75,761	23,70,418	11,64,056	35,34,474	28,57,342	17,20,725	45,78,071
19. Gwalior City . . .	70,851	56,098	1,26,949	99,536	82,956	1,82,492	1,27,265	1,14,312	2,41,577
20. Hubli	33,443	24,691	83,494	48,724	38,461	95,515	67,910	61,726	1,29,609
21. Hyderabad City . .	2,47,623	2,19,271	4,66,894	3,84,780	3,54,379	7,39,159	5,45,950	5,39,772	10,85,722
22. Indore	84,918	62,182	1,47,100	1,19,298	88,397	2,03,695	1,67,642	1,43,217	3,10,859
23. Jabalpur City . . .	69,258	55,124	1,24,382	1,02,959	75,380	1,78,339	1,40,224	1,16,774	2,56,998
24. Jaipur	82,245	68,334	1,50,579	93,479	82,331	1,75,810	1,53,631	1,37,499	2,91,130
25. Jamshedpur City . .	56,212	36,247	92,459	96,495	68,900	1,65,395	1,21,055	97,107	2,18,162
26. Jhansi City . . .	44,042	39,452	93,112	49,505	46,007	1,03,254	67,145	62,455	1,27,361
27. Jodhpur	52,165	42,571	94,736	68,815	58,027	1,26,842	96,389	84,328	1,80,717
28. Kanpur	1,43,872	99,883	2,43,755	2,96,416	1,90,908	4,87,324	4,15,292	2,90,991	7,05,383
29. Lucknow City . . .	1,59,458	1,15,201	2,74,659	2,23,916	1,63,761	3,89,177	2,78,604	2,18,257	4,96,876
30. Ludhiana	40,032	28,554	68,586	65,031	46,578	1,11,639	83,820	69,975	1,53,795
31. Madras	3,41,223	3,06,007	6,47,230	4,07,502	3,69,979	7,77,481	7,37,013	6,79,043	14,16,056

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32. Madurai	91,676	90,342	1,82,018	1,20,596	1,18,548	2,39,144	1,83,950	1,77,831	3,61,781
33. Mangalore . . .	34,672	32,082	66,756	40,880	40,189	81,069	58,776	58,307	1,17,083
34. Mathura City . . .	35,502	28,527	64,029	45,294	35,238	80 532	58,350	47,423	1,05,773
35. Meerut City . . .	80,073	56,636	1,36,709	98,829	70,461	1,69,290	1,33,094	1,00,089	2,33,183
36. Moradabad City . .	61,346	49,216	1,10,562	76,895	65,519	1,42,414	87,955	73,899	1,61,454
37. Nagpur	1,16,403	98,762	2,15,165	1,59,352	1,42,605	3,01,957	2,34,043	2,15,056	4,49,099
38. Patiala	33,139	21,990	55,129	40,923	28,927	69,850	54,461	43,308	97,869
39. Patna City . . .	92,238	67,452	1,59,690	1,12,048	84,367	1,96,415	1,55,623	1,27,856	2,83,479
40. Poona	1,46,219	1,19,570	2,65,789	1,90,500	1 54,397	3,44,897	3,21,090	2,67,455	5,88,545
41. Raipur	24,060	21,330	45,390	32,488	30,977	63,465	47,752	42,052	89,804
42. Ranchi City . . .	30,317	26,921	57,238	33,593	28,969	62,562	58,377	48,472	1,06,849
43. Shahjahanpur . . .	45,246	38,518	83,764	62,058	48,095	1,10,163	56,508	48,327	1,04,835
44. Shaharanpur City . .	45,282	33,373	78,655	62,591	45,672	1,08,263	82,219	66,216	1,48,435
45. Sholapur City . .	76,837	67,817	1,44,654	1,11,470	1,01,150	2,12,620	1,44,845	1,32,542	2,77,087
46. Surat	52,958	45,978	98,936	90,305	81,138	1,71,443	1,16,426	1,06,756	2,23,182
47. Tiruchirapalli City . .	84,914	82,592	1,67,506	94,485	91,757	1,86,242	1,29,770	1,25,853	2,55,623
48. Tirunelveli City . .	51,984	57,084	1,09,068	44,305	47,338	91,643	56,330	57,156	1,13,486
49. Udaipur . . .	24,775	21,147	45,922	32,173	27,475	59,648	46,696	42,925	89,621
50. Vijayawada . . .	31,675	28,752	60,427	44,443	41,741	86,184	82,381	78,817	1,61,198
51. Visakhapatnam . . .	29,449	27,854	57,303	35,660	34,583	70.243	54,620	53,422	1,08,042
52. Warangal City . . .	33,326	28,793	62,119	48,036	44,772	92,808	68,143	64,987	1,33,130

APPENDIX C

Declaration of the Rights of the Child

Preamble : Whereas the people of the United Nations have in the Charter reaffirmed their faith in the fundamental human rights, and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom.

Whereas the United Nations has, in the Universal Declaration of Human Rights, proclaimed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.

Whereas the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child of 1924 ; and recognized in the Universal Declaration of Human Rights and in the statutes of specialized agencies and international organizations concerned with the welfare of children.

Whereas mankind owes to the child the best it has to give.

Now therefore,

The General Assembly

Proclaims this Declaration of the Rights of the Child to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon parents, upon men and women as individuals and upon voluntary organizations, local authorities and national governments to recognize these rights and strive for their observance by legislative and other measures progressively taken in accordance with the following principles:

Principle 1: The child shall enjoy all the rights set forth in this Declaration. All children, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

Principle 2: The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration.

Principle 3: The child shall be entitled from his birth to a name and a nationality.

Principle 4: The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

Principle 5: The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

Principle 6: The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of state and other assistance towards the maintenance of children of large families is desirable.

Principle 7: The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him on a basis of equal opportunity to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for this education and guidance; that responsibility lies in the first place with his parents.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right.

Principle 8: The child shall in all circumstances be amongst the first to receive protection and relief.

Principle 9: The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

Principle 10 : The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood in full consciousness that his energy and talents should be devoted to the service of his fellow men.

APPENDIX D

Information Required about the Death of Infants at the Time of Registration

1. The mother's physical condition at the time when the death of the child occurred.
2. The mother's age.
3. Total number of children to her (her parity).
4. Month and season of each birth.
5. Order of births.
6. Interval between births.
7. Employment of the mother during pregnancy and during the life of the last child.
8. Sex of the infant.
9. Duration of marriage.
10. If no marriage, the nature of the union.
11. Information about premature birth (infant weighing 2,500 grams or 5½ lbs or below); or still birth (infant born after 28th week of pregnancy who did not survive).
12. Single or multiple births.
13. Exact age of the infant at the time of death.
14. Type of feeding that was available for the child.
15. Pathological cause of death.
16. Information regarding medical aid received by the child.
17. Occupation of the father.
18. Income of the family.
19. Education status of mother and father.
20. Accurate but brief description of housing conditions.
21. Residence of the family, whether rural, urban, city, town or village.
22. Religion.
23. Mother tongue of the family.
24. Nature of the confinement.
25. Place of delivery.
26. Who gave assistance at the time of delivery?

27. Information of a clinical or case-history nature.
28. Information regarding home and upbringing of mother.
29. Information regarding health, welfare and survival of the mother.
30. The sickness, disability or death of the mother within one year after confinement.
31. Information about abortion (spontaneous or induced), period and the immediate cause.

APPENDIX E

Infant Death Rates (Rural and Urban) from 1948 to 1959

Year	*Andhra Pradesh*	*Bombay*	*Delhi*	*Madhya Pradesh*	*Madras*	*Orissa*	*Punjab*	*Uttar Pradesh*	*West Bengal*	*Assam*	*Bihar*	*Kerala*	*Mysore*
1948													
Rural .	*	137·0	114·0	213·0	129·0	177·0	131·0	93·0	122·0	105·0	178·0	*	*
Urban .	*	153·0	101·0	92·0	123·0	126·0	128·0	169·0	209·0	62·0	137·0	*	*
1949													
Rural .	*	140·0	110·0	189·0	120·0	177·0	135·0	80·0	123·0	97·0	76·0	*	*
Urban .	*	142·0	94·0	167·0	120·0	138·0	112·0	138·0	179·0	63·0	95·0	*	*
1950													
Rural .	*	125·0	125·0	202·0	129·0	159·0	166·0	92·0	112·0	103·0	79·0	*	*
Urban .	*	132·0	91·0	162·0	135·0	120·0	125·0	151·0	175·0	55·0	132·0	*	*
1951													
Rural .	*	113·0	101·0	199·0	117·0	191·0	127·0	129·0	93·0	91·0	89·0	*	*
Urban .	*	125·0	80·0	163·0	124·0	137·0	100·0	130·0	176·0	56·0	104·0	*	*
1952													
Rural .	*	114·0	122·0	174·0	107·0	161·0	132·0	125·0	86·0	84·0	69·0	43·0	65·0
Urban .	*	122·0	77·0	137·0	114·0	116·0	97·0	144·0	157·0	59·0	73·0	36·0	85·0
1953													
Rural .	133·0	117·0	114·0	174·0	113·0	155·0	140·0	118·0	81·0	*	70·0	40·0	72·0
Urban .	108·0	118·0	83·0	140·0	117·0	114·0	94·0	134·0	148·0	*	04·0	36·0	89·0
1954													
Rural .	127·0	110·0	91·0	153·0	100·0	134·0	119·0	105·0	78·8	78·0	77·0	38·0	84·0
Urban .	104·0	137·0	79·0	127·0	101·0	102·0	82·0	128·0	124·0	45·0	84·0	34·0	80·0

1955													
Rural	126·0	100·0	98·0	*	103·0	127·6	112·0	94·0	69·0	88·0	73·1	41·0	73·0
Urban .	105·0	98·0	72·0	*	103·0	109·0	77·0	111·0	120·0	55·0	88·1	36·0	70·0
1956													
Rural .	128·6	92·0	107·1	150·9	121·4	139·8	126·8	102.0	69·3	88·3	72·3	43·0	76·8
Urban .	97·9	96·6	74·3	100·3	107·5	107·8	79·5	112·3	109·7	56·9	78·4	29·7	70·1
1957													
Rural .	95·5	110·6	102·1	145·2	113·7	177·1	106·3	95·9	75·0	94·3	61·5	62·8	*
Urban .	80·1	95·9	71·3	96·5	104·6	121·8	69·6	100·8	125·0	69·1	66·8	49·9	*
1958													
Rural .	88·0	115·2	119·2	149·2	105·4	157·0	115·7	99·5	71·6	81·8	73·1	49·6	75·1
Urban .	77·5	106·4	79·4	128·5	99·5	117·5	73·1	113·3	112·9	46·7	88·1	48·5	69·7
1959													
Rural .	86·7	100·7	95·3	101·0	91·7	120·2	101·9	83·0	62·1	92·0	72·8	50·9	73·9
Urban .	70·5	89·2	71·0	88·7	187·9	117·8	104·8	91·2	109·0	70·1	66·5	43·0	60·3

APPENDIX

Infant Death by age and sex classified

State	Year	Area	Under 1 week			1 week—1 month		
			Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9
Andhra Pradesh	1956	T	12,436	9,963	22,399	7,215	6,153	13,370
		R	10,806	8,698	19,504	6,518	5,531	12,049
		U	1,630	1,265	2,895	697	624	1,321
	1957	T	9,749	7,717	17,466	5,275	4,321	9,594
		R	8,126	6,450	14,576	4,667	3,813	8,480
		U	1,623	1,267	2,890	606	508	1,114
	1958	T	7,797	6,340	14,137	4,835	4,248	9,083
		R	6,162	5,015	11,177	4,181	3,685	7,866
		U	1,635	1,325	2,960	654	563	1,217
	1959	T	7,453	6,112	13,585	5,000	4,056	9,056
		R	5,771	4,792	10,503	4,317	3,487	7,804
		U	1,683	1,320	3,002	683	569	1,252
	1960	T	6,663	5,268	11,931	4,031	3,245	7,276
		R	4,852	3,826	8,678	3,373	2,679	6,052
		U	1,811	1,442	3,253	658	566	1,224
Assam . .	1956	T	867	800	1,667	780	610	1,390
	1957	T	766	670	1,436	625	485	1,110
	1958	T	711	630	1,350	459	391	850
	1959	T	604	562	1,172	562	446	1,008
	1960	T	577	455	1,032	506	425	931
		R	523	399	922	453	336	789
		U	54	56	110	53	89	142
Bihar . .	1956	T	9,013	6,840	15,853	3,908	3,050	6,958
		R	8,537	6,509	15,046	3,708	2,907	6,615
		U	476	331	807	200	143	343
	1957	T	6,259	4,751	11,010	2,895	[illegible]	5,388
		R	5,742	4,421	10,163	2,750	2,345	5,095
		U	517	330	847	145	148	293
	1958	T	6,535	4,834	11,369	3,146	2,145	5,291
		R	5,923	4,425	10,348	2,935	1,970	4,905
		U	612	409	1,021	211	175	386
	1959	T	7,449	4,212	11,661	3,282	1,929	5,211
		R	7,099	3,897	10,996	3,153	1,824	4,977
		U	350	315	665	129	105	234

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by Rural/Urban, 1956--60

1 month—6 months			6 months—12 months			Total death under 1 year		
Male	Female	Total	Male	Female	Total	Male	Female	Total
10	11	12	13	14	15	16	17	18
9,038	7,828	16,866	10.011	10,187	20,228	38.730	34,133	72,863
7,462	6,549	14,011	8,828	9,939	17,867	33,614	29,817	63,431
1,576	1,279	2,855	1,213	1,148	2,361	5,116	4,316	9,432
7,405	6,495	13,900	8,576	8,457	17,033	31,003	26,990	57,993
6,024	5,346	11,370	7,371	7,306	14,683	26,194	22,915	49,109
1,381	1,149	2,530	1,199	1,151	2,350	4,809	4,075	8,814
7,227	6,179	13,403	8,575	8,011	16,586	28,431	24,778	53,209
5,706	4,857	10,563	7,266	6,783	14,049	23,315	20,340	43,655
1,518	1,322	2,840	1,309	1,228	2,537	5,116	4,438	9,554
6,940	5,863	12,803	6,648	6,285	12,933	26,041	22,316	48,357
5,498	4,589	10,087	5,549	5,238	10,787	21,135	18,106	39,241
1,442	1,274	2,716	1,099	1,047	2,146	4,906	4,210	9,116
6,384	5,653	12,037	6,294	6,116	12,410	23,372	20,282	43,654
5,072	4,498	9,570	5,103	4,983	10,086	18,400	15,986	34,386
1,312	1,155	2,467	1,191	1,133	2,324	4,972	4,296	9,268
1,409	1,273	2,682	1,145	979	2,124	4,201	3,662	7,863
1,708	1,663	3,371	1,238	1,133	2,411	4,337	3,991	8,328
1,312	1,265	2,578	1,066	1,046	2,112	3,548	3,341	6,889
1,696	1,584	3,280	1,320	1,268	2,588	4,182	3,866	8,048
1,366	1,337	2,703	1,114	1,112	2,226	3,563	3,329	6,892
1,185	1,247	2,432	941	978	1,919	3,102	2,960	6,062
181	90	271	173	134	307	461	369	830
9,841	7,888	17,729	4,118	3,734	7,852	26,880	21,512	48,392
9,346	7,516	16,862	3,778	3,431	7,209	25,369	20,365	45,732
495	372	867	340	303	643	1,511	1,149	2,660
8,183	6,193	1,437	3,812	3,370	7,182	21,149	16,807	37,956
7,737	5,873	13,610	3,528	3,150	6,678	19,757	15,789	35,546
446	320	766	284	220	504	1,392	1,018	2,410
8,495	7,312	15,807	4,131	3,795	7,926	22,307	18,086	40,393
8,059	6,882	14,941	3,806	3,490	7,296	20,723	16,767	37,490
436	430	866	325	305	630	1,584	1,319	2,903
8,660	5,375	14,035	3,888	2,665	6,553	23,279	14,181	37,460
8,304	5,071	13,375	3,591	2,398	5,989	22,147	13,190	35,337
356	304	660	297	267	564	1,132	991	2,123

APPENDIX

Infant Death by age and sex classified

State	Year	Area	Under 1 week			1 week—1 month		
			Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9
	1960	T	6,494	4,013	10,507	3,902	2,443	6,345
		R	6,068	3,683	9,751	3,752	2,315	6,607
		U	426	330	756	150	128	278
Bombay . .	1956	T	15,299	11,753	27,052	10,444	8,345	18,789
		R	9,698	7,683	17,381	7,553	6,004	13,557
		U	5,601	4,070	9,671	2,891	2,341	5,232
	1957	T	21,607	16,888	38,495	16,732	14,160	30,892
		R	15,265	11,994	27,259	13,211	11,175	24,386
		U	6,342	4,894	11,236	3,521	2,985	6,506
	1958	T	22,973	17,803	40,776	18,097	15,099	33,196
		R	15,368	12,120	27,488	13,458	11,267	24,725
		U	7,605	5,683	13,288	4,639	3,832	8,471
	1959	T	24,707	19,389	44,106	16,921	14,349	31,270
		R	16,620	13,467	30,087	13,021	10,995	24,016
		U	8,087	5,932	14,019	3,900	3,354	7,254
Maharashtra	1960	T	17,009	13,125	30,134	11,229	9,502	20,731
		R	12,125	9,404	21,529	8,685	7,363	16,048
		U	4,884	3,721	8,605	2,544	2,139	4,683
Gujarat .	1960	T	3,876	2,984	6,860	4,023	3,197	7,220
		R	2,230	1,657	3,887	2,869	2,157	5,026
		U	1,646	1,327	2,973	1,154	1,040	2,194
Madras .	1956	T	10,591	8,155	18,746	16,029	12,838	28,867
		R	5,869	4,448	10,317	12,986	10,419	23,405
		U	4,722	3,707	8,429	3,043	2,419	5,462
	1957	T	9,835	7,463	17,298	13,958	10,919	24,877
		R	5,472	4,185	9,657	11,149	8,635	19,784
		U	4,363	3,278	7,641	2,809	2,284	5,093
	1958	T	7,396	5,943	13,339	15,053	12,008	27,061
		R	3,351	2,719	6,070	12,198	9,758	21,956
		U	4,045	3,224	7,269	2,855	2,250	5,105
	1959	T	8,658	6,896	15,554	13,936	10,967	24,930
		R	4,205	3,341	7,546	11,383	8,903	20,286
		U	4,453	3,555	8,008	2,580	2,064	4,644
	1960	T	7,082	5,718	12,800	13,903	11,168	25,071
		R	2,883	2,400	5,283	11,235	9,075	20,310
		U	4,199	3,318	7,517	22,668	2,093	4,761

F

by Rural/Urban, 1956--60

1 month—6 months			6 months—12 months			Total death under 1 year		
Male	Female	Total	Male	Female	Total	Male	Female	Total
10	11	12	13	14	15	16	17	18
5,971	4,119	10,000	4,292	3,466	7,758	20,659	14,041	34,700
5,656	3,832	9,483	4,083	3,298	7,381	19,559	13,128	32,687
315	287	602	209	168	377	1,100	913	2,013
15,289	13,880	29,169	16,600	17,159	33,759	57,632	51,137	1,08,769
10,824	9,789	20,613	11,524	11,575	23,099	39,599	35,051	74,650
4,465	4,091	8,556	5,076	5,584	10,660	18,033	16,086	34,119
23,256	21,209	44,465	23,676	24,109	47,785	85,271	76,366	1,61,637
17,446	51,705	33,151	17,861	17,782	35,643	67,783	56,656	1,20,439
5,810	5,504	11,314	5,815	6,327	12,142	21,488	19,710	41,198
23,780	21,727	45,507	26,843	27,302	54,145	91,693	81,931	1,73,624
17,368	15,528	32,896	20,081	19,983	40,064	66,275	58,898	1,25,173
6,412	6,199	12,611	6,762	7,319	14,081	25,418	23,033	48,451
24,244	21,893	46,137	24,193	24,112	48,305	90,065	79,753	1,69,818
18,382	16,257	34,639	18,211	17,782	35,993	66,234	58,501	1,24,735
5,862	5,636	11,498	5,982	6,330	12,312	23,831	21,252	45,083
13,903	12,093	25,996	14,193	13,602	27,795	56,334	48,322	1,04,656
10,035	8,487	18,522	10,735	9,941	20,676	41,580	35,195	76,775
3,868	3,506	7,474	3,458	3,661	7,119	14,754	13,127	27,881
6,325	5,954	12,279	8,661	9,658	18,319	22,885	21,793	44,678
4,549	4,220	8,769	6,156	12,739	12,739	15,804	14,614	30,418
1,776	1,734	3,510	2,505	3,078	5,583	7,081	7,179	14,260
12,314	11,383	2,23,697	16,862	16,135	32,997	55,796	43,511	1,04,307
77,838	37,229	1,15,067	12,987	12,296	25,286	39,680	34,392	74,072
4,476	4,154	8,630	3,875	3,839	7,714	16,114	14,119	30,235
11,787	10,678	22,465	15,705	15,589	31,294	51,285	44,649	95,934
7,321	6,654	13,995	11,294	11,302	22,596	35,236	30,796	66,032
4,466	4,004	8,470	4,411	4,287	8,698	16,049	13,853	29,902
12,290	10,743	23,033	14,284	13,796	28,080	49,023	42,490	91,513
7,872	6,905	14,777	9,818	9,631	19,441	33,231	29,013	62,244
4,418	3,838	8,256	4,474	4,165	8,639	15,792	13,477	29,261
10,515	9,273	19,788	13,034	12,845	25,897	46,170	39,981	86,151
6,433	5,610	12,043	9,033	8,887	17,920	31,054	26,741	57,795
4,082	3,663	7,745	4,001	3,958	7,959	15,116	13,240	28,356
10,252	9,156	19,408	12,829	12,331	25,160	44,066	38,373	82,439
6,485	5,804	12,289	9,050	8,547	17,597	29,653	25,826	55,479
3,767	3,352	7,119	3,779	3,784	7,563	14,413	12,547	26,960

APPENDIX

Infant Death by age and sex classified

State	Year	Area	Under 1 week			1 week—1 month		
			Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9
					(Below one month)			
Mysore[1]	1956	T	..	..	..	3,747	2,918	6,660
		R	..	..	..	2,497	1,940	4,437
		U	..	..	..	1,250	973	2,223
	1957	T	..	..	..	3,457	2,748	6,205
		T	..	..	..	2,330	1,879	4,209
		U	..	..	..	1,127	869	1,996
	1958	T	..	..	..	8,259	6,190	14,449
		R	..	..	..	6,404	4,724	11,128
		U	..	..	..	1,855	1,466	3,321
	1959	T	..	..	..	7,775	6,002	13,777
		R	..	..	..	5,931	4,582	10,513
		U	..	..	..	1,844	1,420	3,264
	1960	T	..	..	..	6,797	4,922	11,719
		R[1]	..	..	..	6,136	4,469	10,605
		U[2]	..	..	..	661	453	1,114
Orissa	1956	T	7,496	6,229	13,725	6,247	5,801	12,048
		R	7,179	6,020	13,199	6,085	5,648	11,733
		U	317	209	526	162	153	315
	1957	T	8,019	6,812	14,831	7,034	6,324	13,358
		R	7,764	6,614	14,378	6,902	6,239	13,141
		U	255	198	433	132	85	217
	1958	T	7,068	6,217	13,283	6,504	6,161	12,665
		R	6,797	6,002	12,709	6,350	6,407	12,397
		U	269	215	484	154	114	268
	1959	T	7,095	5,947	13,042	6,689	5,629	12,318
		R	6,721	5,590	12,311	6,485	5,389	11,974
		U	374	357	731	204	140	344
	1960			Figures not available				
Punjab	1956	T	9,451	7,620	17,071	8,519	6,666	15,385
		R	8,511	6,896	15,407	7,737	6,183	13,920
		U	940	724	1,664	782	683	1,465

[1]Infant deaths under one week are not shown separately and hence the first set of figures shows deaths below one month.

[2]Excludes Bangalore, Chikkamagalur, Hassan, Chitradurga, Mysore, Mandya, Shimoga, Kolar, Tumkur and Bellari District and Bangalore, Mysore, K.G.F. and Hubli Cities.

F

by Rural/Urban, 1956--60

1 month—6 months			6 months—12 months			Total death under 1 year		
Male	Female	Total	Male	Female	Total	Male	Female	Total
10	11	12	13	14	15	16	17	18
		(Below one month)						
2,001	1,528	3,529	1,527	1,319	2,846	7,275	5,760	13,035
1,084	818	1,902	852	763	1,615	4,433	3,521	7,954
917	710	1,627	675	556	1,231	2,842	2,239	5,081
1,636	1,531	3,167	1,654	1,546	3,200	6,747	5,825	12,572
951	875	1,826	948	822	1,760	4,219	3,576	7,795
685	656	1,341	716	724	1,440	2,528	2,249	4,777
4,283	3,824	8,107	3,596	3,422	7,018	16,138	13,436	29,574
3,217	2786	6,003	2,556	2,475	5,031	12 177	9,985	22,162
1,066	1,038	2,104	1,040	947	1,987	3,961	3,451	7,412
5,041	3,965	9,006	3,980	3,866	7,846	16,976	13,833	30,629
3,826	3,000	6,226	3,004	2,835	5,839	12,761	10,417	23,178
1,215	965	2,180	976	1,031	2,007	4,035	3,416	7,451
3,752	3,475	7,227	2,995	2,774	5,769	13,544	11,171	24,715
3,448	3,150	6,598	2,723	2,514	5,237	12,307	10,133	22,440
304	325	629	272	260	532	1,237	1,038	22,275
8,819	7,684	16,467	5,572	5,276	10,848	28,134	24,954	53,088
8,530	7,403	15,933	5,392	5,100	10,482	27,176	14,171	51,347
289	245	534	190	176	366	958	783	1,714
10,794	9,688	20,482	7,362	6,907	14,269	33,209	29,731	62,940
10,437	9,387	19,824	7,109	6,685	13,794	32,212	28,925	61,137
357	301	658	253	222	475	997	806	1,803
9,738	8,605	18,343	3,646	5,458	11,104	28,954	26,441	55,395
9,435	8,305	17,740	5,354	5,209	10,563	27,936	25,563	53,499
303	300	603	292	249	541	1,018	878	1,896
9,635	8,189	17,824	4,978	4,601	9,579	28,397	24,366	52,763
9,264	7,816	17,080	4,661	4,342	9,003	27,131	23,237	50,368
371	373	744	317	259	576	1,266	1,129	2,395
(Figures not available)								
9,687	8,611	18,298	9,454	9,728	19,182	37,111	32,825	69,936
8,533	7,539	16,072	8,408	8,483	16,891	33,189	29,101	62,290
1,154	1,072	2,226	1,046	1,245	2,291	3,922	3,724	7,646

APPENDIX

Infant Death by age and sex classified

State	Year	Area	Under 1 week			1 week—1 month		
			Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9
	1957	T	9,756	7,620	17,376	8,571	6,850	15,421
		R	8,737	6,820	15,557	7,791	6,162	13,953
		U	1,019	800	1,819	780	688	1,468
	1958	T	10,564	8,345	18,909	9,426	7,610	17,036
		R	9,466	7,564	17,030	8,481	6,849	15,330
		U	1,098	781	1,879	945	761	1,706
	1959	T	9,414	7,665	17,079	8,263	6,928	15,191
		R	8,461	6,874	15,335	7,489	6,251	13,740
		U	953	791	1,744	774	677	1,451
	1960	T	9,452	7,241	16,673	8,169	6,834	14,803
		R	8,279	6,411	14,684	7,266	5,878	13,144
		U	1,159	830	1,989	903	756	1,659
Uttar Pradesh	1959	T	9,254	7,222	16,476	7,089	5,790	12,888
		R	6,282	4,989	11,271	4,610	3,780	8,390
		U	2.972	2,233	5,205	2,488	2,010	4,498
	1960	T	11,232	8,703	19,935	8,711	7,176	15,887
		R	7,959	6,266	14,222	6,027	4,945	10,972
		U	3,276	2,437	5.173	2,684	2,231	4,915
West Bengal	1956	T	9,005	6,871	15,876	6,707	5,195	11,902
		R	5,994	4,545	10,539	5,188	3,952	9,140
		U	3,011	2,326	5,337	1,519	1,243	2,762
	1957	T	7,598	5,803	13,403	5,997	4,728	10,725
		R	4,911	3,847	8,758	4,497	3,535	8,032
		U	2,687	1,958	4,645	1,500	1,193	2,693
	1958	T	7,383	5,481	12,864	6,365	4,695	10,760
		R	4,698	9,551	8,249	4,594	3,403	7,997
		U	2,685	1,930	4,615	1,471	1,292	2,763
	1959	T	7,886	5,754	13,640	6,359	4,727	11,086
		R	5,456	4,039	9,495	4,870	3,605	8,475
		U	2,430	1,715	4,145	1,489	1,122	2,611
	1960		Figures not available.					

F

by Rural/Urban, 1956--60

1 month—6 months			6 months—12 months			Total death under 1 year		
Male	Female	Total	Male	Female	Total	Male	Female	Total
10	11	12	13	14	15	16	17	18
9,780	8,322	18,102	9,198	8,795	17,993	37,305	31,587	68,892
8,577	7,119	15,696	8,022	7,570	15,592	33,127	27,671	60,798
1,203	1,203	2,406	1,176	1,225	2,401	4,178	3,916	8,094
11,052	10,042	21,094	9,814	10,011	19,825	40,856	36,008	76,864
9,712	8,662	18,374	8,629	8,620	17,249	36,288	31,695	67,983
1,340	1,380	2,720	1,185	1,391	2,576	4,568	4,313	8,881
9,902	8,359	17,561	8,058	7,901	15,959	34,937	30,853	65,790
8,086	7,219	15,305	7,096	6,794	13,890	31,132	27,138	58,270
1,116	1,140	2,256	562	1,107	2,069	3,805	3,715	7,520
9,802	8,962	18,764	8,779	9,571	18,350	36,182	32,408	68,590
617	7,847	16,464	7,820	8,422	16,242	31,976	28,558	60,534
1,185	1,115	2,300	959	1,149	2,108	4,206	3,850	8,056
15,122	12,606	27,728	17,277	14,676	31,953	48,751	40,294	89,045
10,893	8,751	19,634	13,654	10,975	24,628	35,438	28,495	63,933
4,229	3,855	8,084	3,624	3,701	7,325	13,313	11,799	25,112
18,685	15,398	34,083	19,772	16,464	36,236	58,400	47,741	1,06,141
14,004	11,028	25,032	15,860	12,732	28,592	43,847	34,971	78,818
4,681	4,370	9,051	3,912	3,732	7,644	14,553	12,770	27,323
9,097	7,430	16,527	3,969	3,848	7,817	28,778	23,344	52,122
6,865	5,324	12,189	2,662	2,397	5,059	20,709	16,218	36,927
2,232	2,106	4,338	1,307	1,451	2,758	8,069	7,126	15,195
10,313	8,881	19,194	5,851	5,535	11,386	29,759	24,949	54,708
7,523	6,252	13,775	3,851	3,314	7,165	20,782	16,948	37,730
2,709	2,629	5,419	2,000	2,221	4,221	8,977	8,001	16,978
9,857	8,539	18,396	5,263	4,821	10,084	28,568	23,536	52,104
7,364	6,219	13,583	3,634	3,148	6,782	20,290	16,321	36,611
2,493	2,320	4,813	1,629	1,673	3,302	8,278	7,215	15,493
8,869	7,403	16,272	5,321	4,716	10,037	28,435	22,600	51,035
6,897	5,696	12,593	4,010	3,420	7,430	21,233	16,760	37,993
1,972	1,707	3,679	1,311	1,296	2,607	7,202	5,840	13,042

Total Number of Deaths among the Children of 0-1, 1-4

Sl. No.	State	Age Group	1951 No. of Deaths	1951 Per cent of Total Deaths	1952 No. of Deaths	1952 Per cent of Total Deaths	1953 No. of Deaths	1953 Per cent of Total Deaths
1	2	3	4	5	6	7	8	9
1	Andhra Pradesh	0—1	..	..	..	..	70,271	20·8
		1—4	..	..	..	..	56,773	16·8
		5—9	..	..	..	..	17,386	5·1
		10—14	Not in existence				10,165	3·0
2	Bihar	0—1	65,097	13·4	52,231	13·1	54,897	13·4
		1—4	89,669	18·4	64,075	16·0	70,648	17·2
		5—9	31,337	6·4	22,238	5·6	24,618	6·0
		10—14	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	3·5
3	Bombay	0—1	1,42,633	24·7	1,42,843	23·1	1,47,208	22·4
		1—4	1,25,708	21·8	1,45,199	23·5	1,54,099	23·4
		5—9	22,340	3·9	22,644	3·7	26,519	4·0
		10—14	13,714	2·4	13,502	2·2	14,456	2·2
4	Delhi	0—1	4,926	30·9	4,897	21·8	5,519	27·7
		1—4	2,464	15·5	4,071	22·2	4,747	23·8
		5—9	629	3·9	898	4·9	943	4·7
		10—14	495	3·1	577	3·2	472	2·4
5	Madhya Pradesh	0—1	1,20,908	26·2	92,711	25·1	1,04,370	22·7
		1—4	89,173	19·8	61,246	16·6	84,025	18·3
		5—9	27,309	6·6	23,185	6·3	27,970	6·1
		10—14	20,087	4·5	19,253	5·2	20,321	4·4
6	Madras	0—1	1,86,286	20·1	1,83,554	20·2	1,10,889	17·7
		1—4	1,55,705	16·8	1,59,744	17·6	1,05,143	16·8
		5—9	41,440	4·5	37,855	4·2	26,928	4·3
		10—14	30,350	3·3	22,674	2·5	15,719	2·5
7	Mysore	0—1	9,700	14·5	11,153	16·8	12,304	17·2
		1—4	11,080	16·5	11,456	17·2	13,376	18·7
		5—9	3,332	5·0	2,841	4·3	3,062	4·3
		10—14	2,003	3·0	1,730	2·6	1,856	2·6
8	Orissa	0—1	37,363	22·5	59,775	21·8	54,943	21·4
		1—4	17,139	10·4	30,727	11·2	31,985	12·5
		5—9	10,814	6·5	16,963	6·2	16,354	6·4
		10—14	9,987	6·0	13,617	5·0	12,901	5·0
9	Punjab	0—1	62,254	29·7	67,621	30·4	70,135	28·4
		1—4	34,739	16·6	47,411	21·3	65,670	26·6
		5—9	11,110	5·3	19,220	4·1	12,416	5·0
		10—14	8,376	4·3	5,745	2·6	6,341	2·6

G

5-9, 10-14 age groups in various states for years 1951—1958

1954		1955		1956		1957		1958	
No. of Deaths	*Per cent of Total Deaths*	*No. of Deaths*	*Per cent of Total Deaths*	*No. of Deaths*	*Per cent of Total Deaths*	*No. of Deaths*	*Per cent of Total Deaths*	*No. of Deaths*	*Per cent of Total Deaths*
10	11	12	13	14	15	16	17	18	19
67,173	22·9	78,251	24·8	72,863	24·8	57,993	27·0	53,209	15·5
47,101	16·0	52,325	16·6	45,767	15·6	52,601	15·5	61,191	17·9
13,673	4·7	15,396	4·9	12,010	4·1	14,946	4·4	17,874	5·2
8,536	2·9	8,601	2·7	8,073	2·8	8,788	2·6	9,728	2·8
57,682	14·1	+	+	+	+	34,947	11·8	40,396	12·7
71,082	17·4	+	+	+	+	55,835	17·9	63,261	19·9
22,515	5·5	+	+	+	+	17,524	5·6	18,730	5·9
14,251	3·5	+	+	+	+	10,354	3·3	11,167	3·5
1,37,123	23·9	1,44,590	24·5	1,08,769	22·7	1,61,637	20·5	1,73,624	20·4
1,45,311	25·3	1,40,261	23·8	1,15,940	24·2	1,83,022	23·2	2,22,134	26·1
21,712	3·8	25,536	4·3	20,197	4·2	40,055	5·1	48,547	5·7
11,522	2·0	10,424	1·8	9,201	1·9	20,806	2·6	24,079	2·8
5,042	29·5	5,171	28·2	5,774	29·4	+	+	5,836	28·0
2,917	17·0	3,701	20·0	3,254	16·5	+	+	3,945	18·9
730	4·3	751	4·1	308	4·1	+	+	867	4·2
514	3·0	420	2·3	478	2·4	+	+	468	2·2
95,046	24·9	+	+	+	+	+	+	70,913	27·1
66,492	17·4	+	+	+	+	+	+	57,564	17·9
24,989	6·5	+	+	+	+	+	+	24,063	7·5
17,288	4·5	+	+	+	+	+	+	18,062	5·6
99,144	19·7	1,21,900	22·9	1,043,307	23·9	95,934	20·9	91,513	21·3
90,264	18·0	96,903	18·2	75,012	17·2	88,278	19·2	86,440	20·1
22,182	4·4	20,642	3·9	15,354	3·6	18,205	4·0	18,397	4·3
11,738	2·3	14,873	2·8	9,878	2·3	10,697	2·3	8,933	2·1
14,409	17·0	15,579	19·3	13,053	15·6	12,572	13·0	29,574	15·2
15,291	18·1	12,568	15·5	10,902	13·0	14,648	15·1	43,056	22·2
4,710	5·6	3,537	4·4	2,808	3·1	3,746	3·9	11,239	5·8
2,378	2·8	2,004	2·3	1,789	2·1	1,931	2·0	4,395	2·3
48,983	22·8	+	+	53,088	24·4	62,940	23·9	55,395	21·6
26,423	12·3	+	+	28,585	13·1	40,117	15·2	40,742	15·9
12,194	5·7	+	+	13,162	6·0	15,264	5·8	16,501	6·4
9,716	4·5	+	+	9,922	4·6	10,479	4·0	10,621	4·1
62,203	32·8	63,440	33·5	69,369	32·1	68,892	28·2	76,864	29.1
37,523	19·8	38,528	24·3	46,783	21·5	45,986	19·2	51,720	19·6
7,423	3·9	8,135	4·3	10,136	4·6	10,257	4·3	11,602	4·4
5,097	2·7	5,330	2·8	6,838	3·1	7,248	3·0	6,922	

1	2	3	4	5	6	7	8	9
10	Uttar Pradesh	0—1	1,61,934	22·3	1,44,214	21·0	1,36,143	19·3
		1—4	1,21,759	16·8	1,22,040	17·8	1,32,488	18·6
		5—9	37,007	6·6	43,289	6·3	48,126	6·9
		10—14	37,907	5·2	33,545	4·9	36,126	5·1
11	West Bengal	0—1	58,140	18·5	56,299	21·2	54,302	24·9
		1—4	44,432	14·1	31,797	12·0	34,360	13·3
		5—9	19,582	6·2	13,231	5·0	12,284	4·7
		10—14	10,807	3·5	7,854	3·0	7,086	2·7
12	Assam	0—1	10,113	17·9	9,719	17·2	+	+
		1—4	8,024	14·2	7,589	13·4	+	+
		5—9	4,132	7·4	4,089	7·2	+	+
		10—14	2,978	5·3	3,132	5·5	+	+
13	Himachal Pradesh (including Bilaspur).	0—1	+	+	+	+	1,471	19·9
		1—4	+	+	+	+	968	13·1
		5—9	+	+	+	+	461	6·3
		10—14	+	+	+	+	398	5·4
14	Hyderabad	0—1	2,885	10·5	+	+	+	+
		1—4	4,600	15·9	+	+	+	+
		5—9	1,480	5·1	+	+	+	+
		10—14	1,392	4·8	+	+	+	+
15	Travancore-Cochin (Kerala).	0—1	9,986	15·9	9,283	16·1	8,498	13·5
		1—4	10,496	16·9	8,859	15·3	9,891	15·8
		5—9	3,171	5·2	2,739	4·7	2,959	4·7
		10—14	1,586	2·6	1,448	2·5	1,553	2·5
16	Andaman and Nicobar Islands.	0—1	+	+	22	14·8	21	13·3
		1—4	+	+	10	6·7	10	6·3
		5—9	+	+	2	1·4	2	1·2
		10—14	+	+	6	4·1	10	6·4
17	Bhopal	0—1	3,358	29·0	3,007	28·6	3,378	23·0
		1—4	1,460	13·0	1,256	12·0	1,823	15·7
		5—9	675	4·0	504	4·9	695	6·0
		10—14	3,240	28·8	334	3·3	437	3·8
18	Manipur	0—1	559	11·7	93	3·2	46	1·8
		1—4	395	8·3	599	20·8	395	15·3
		5—9	554	11·6	240	8·3	217	8·4
		10—14	368	7·7	177	6·2	109	4·2
19	Pepsu	0—1	4,396	19·2	5,951	20·6	5,161	16·2
		1—4	4,026	17·8	4,443	13·4	4,640	14·5
		5—9	1,461	6·4	1,767	6·1	1,904	6·0
		10—14	1,150	5·0	1,399	4·9	1,615	5·1
20	Tripura	0—1	69	6·6	122	11·5	111	11·0
		1—4	101	9·6	68	7·0	102	10·0
		5—9	67	7·7	62	6·5	69	6·8
		10—14	55	6·2	57	5·9	49	4·9
21	Ajmer	0—1	1,899	20·8	2,151	17·6	+	+
		1—4	1,991	22·8	3,660	30·0	+	+
		5—9	327	3·7	562	4·6	+	+
		10—14	304	3·5	342	2·8	+	+

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10	11	12	13	14	15	16	17	18	19
1,20,583	18·6	1,01,032	18·3	1,08,551	18·9	97,446	17·0	1,11,282	16·8
1,22,690	19·0	1,01,544	18·4	1,02,071	17·8	94,346	16·5	1,27,343	19·3
45,159	7·0	41,265	7·5	42,300	7·4	43,644	7·6	55,913	8·4
32,494	5·0	79,195	5·3	30,363	5·3	31,029	5·4	35,061	5·3
51,609	21·6	52,610	22·5	52,122	22·3	54,708	19·3	52,104	19·3
31,146	13·3	31,789	13·6	31,045	13·3	46,621	16·4	42,819	15·9
9,652	4·0	9,356	4·0	9,336	4·0	13,337	4·7	13,408	5·0
5,955	2·5	5,571	2·4	5,063	2·02	6,039	2·1	6,454	2·4
9,201	17·1	8,847	18·7	6,763	16·6	8,324	21·0	6,889	17·8
7,915	14·7	7,506	16·3	4,922	12·1	4,638	11·7	6,032	15·6
3,974	7·4	4,178	9·1	2,436	6·0	2,918	7·4	3,132	8·1
3,685	6·9	3,094	6·7	1,730	4·2	2,843	7·2	2,578	6·6
1,809	24·4	965	9·7	+	+	+	+	+	+
584	7·8	497	5·0	+	+	+	+	+	+
417	5·6	435	4·4	+	+	+	+	+	+
415	5·6	437	4·4	+	+	+	+	+	+
+	+	+	+	..	..	..	..	..	..
+	+	+	+	..	..	..	..	..	..
+	+	+	+	..	..	..	..	..	..
+	+	+	+	..	..	..	..	..	..
7,687	12·4	8,936	14·2	8,611	14·6	21,781	15·2	18,537	16·0
8,927	15·6	11,056	17·6	9,762	16·6	28,270	19·7	21,136	18·3
2,686	4·7	2,990	4·8	2,869	4·9	7,683	5·4	6,646	5·9
1,430	2·5	1,242	2·0	1,223	2·1	3,043	2·1	2,857	2·5
32	12·6	43	19·6	38	17·6	48	20·2	74	18·3
25	9·8	39	17·8	29	13·4	46	19·3	89	22·0
11	4·3	9	4·1	13	6·0	19	8·0	31	7·7
6	2·4	11	5·0	5	2·3	9	3·8	15	3·7
3,083	32·9	3,179	32·5	..	..	..	..	..	..
1,673	17·8	2,415	24·7	..	..	..	..	..	..
488	5·2	419	5·0	..	..	..	..	..	..
300	3·2	276	2·8	..	..	..	..	..	..
29	1·5	+	+	59	3·8	828	31·9	14	2·0
229	11·9	+	+	225	14·6	346	13·3	139	0·1
141	7·2	+	+	135	8·7	258	9·9	92	23·3
83	4·3	+	+	60	3·9	311	11·2	45	16·5
3,722	16·3	6,362	23·9	..	..	..	..	..	..
3,878	16·9	3,054	11·5	..	..	..	..	..	..
1,137	5·0	1,117	4·2	..	..	..	..	..	.
866	3·8	825	3·1	..	..	..	..	..	.
198	8·5	290	9·2	+	+	+	+	+	+
277	11·9	528	16·7	+	+	+	+	+	+
213	9·1	264	8·4	+	+	+	+	+	+
147	6·3	147	4·7	+	+	+	+	+	+
1,697	20·2	2,137	22·8	..	..	..	..	..	..
2,187	26·0	2,531	27·8	..	..	..	..	..	..
409	4·9	379	4·0	..	..	..	..	..	..
209	2·5	206	2·2	..	..	..	..	..	..

1	2	3	4	5	6	7	8	9
22	Madhya Bharat	0—1	..	..	..	..	..	..
		1—4	..	..	..	..	..	..
		5—9	..	..	..	..	..	..
		10—14	..	..	..	..	..	..
23	Coorg . .	0—1	216	12·5	194	10·3	+	+
		1—4	113	6·3	151	8·1	+	+
		5—9	76	0·4	116	6·2	+	+
		10—14	95	5·5	165	8·6	+	+
	TOTAL .	0—1	8,82,632	21·0	8,45,830	20·6	8,39,867	19·3
		1—4	7,23,074	178.3	7,04,401	17·2	7,71,143	17·9
		5—9	2,28,063	5·4	2,02,445	4·9	2,23,283	5·2
		10—14	1,65,455	3·9	1,39,562	3·4	1,44,189	3·4

10	11	12	13	14	15	16	17	18	19
7,734	18·3	5,890	24·0	..	..	..	..	..	..
11,444	27·1	3,780	15·4	..	..	..	..	..	..
1,865	4·5	1,417	5·8	..	..	..	..	..	..
1,734	4·1	1,172	4·8	..	..	..	..	..	..
76	9·5	240	11·6	..	..	..	..	..	..
117	6·3	163	7·8	..	..	..	..	..	..
121	6·5	85	4·1	..	..	..	..	..	..
75	4·1	139	6·7	..	..	..	..	..	..
7,93,675	21·1	6,19,262	22·9	6,03,934	22·8	6,78,050	9·2	7,86,224	19·3
6,93,496	18·4	5,09,188	18·8	4,74,243	17·9	6,54,754	18·5	8,27,613	20·3
1,96,343	5·2	1,63,002	5·0	1,32.059	5·0	1,87,856	5·3	2,47,051	6·1
1,28,439	3·4	83,967	3·1	84,623	3·2	1,13,577	3·2	1,41,385	3·5

NOTE.— (a) Figures for the years prior to 1956 relate to the States before re-organisation.
(b) Figures for the year 1957 and 1958 relate to re-organised States.
+ Not available.

APPENDIX H

Intensive Information containing Pathological Laboratory Reports, Obsteric Operations, Infant Mortality, Incidence of Obsteric Complications, Bleed and Plasma Maternal Mortality, and Record of Anaesthesia as extracted from the Annual Reports of the Jerbai Wadia Hospital, Bombay.

Diseases	*Total Number of Cases Admitted*									
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
1	2	3	4	5	6	7	8	9	10	11
General Infective Diseases										
Acute Becillary Dysentery	15	21	22	17	16	22	7	11	11	17
Amoebic Dysentery	3	4	5	1	2	3	2	4	12	9
Small pox	1	..	2	1	..	3	2	4	2	9
Chicken pox	4	..	..	..	..	..	..	..	..	..
Measles	7	6	7	20	8	15	10	13	13	13
Mumps	..	..	..	2	2	3	3	1	3	2
Acute Rheumatic Fever	7	23	5	8	5	5	3	16	..	22
Typhoid Fever	20	21	20	23	16	14	20	21	25	8
Whooping Cough	6	1	4	3	13	14	6	17	4	8
Septicaemia	2	1	2	..	..	..	..	1	..	..
Tuberculous Infection										
Pulmonary T.B.	98	129	110	67	74	127	112	108	121	128
Tuberculous Meningitis	187	155	110	155	179	157	190	173	..	179
Alimentary System										
Gastro-enteritis	96	63	32	94	152	146	205	225	..	496
Intestinal Parasites										
Round Worms	15	21	6	5	12	11	16	20	12	5
Upper Respiratory Tract Diseases										
Acute Tonsillitis and Pharyngitis	7	25	6	18	21	32	32	45	25	14

1	2	3	4	5	6	7	8	9	10	11
Lower Respiratory Tract Diseases										
Acute Bronchitis	50	35	51	17	26	25	34	37	47	54
Asthma	9	7	4	4	11	10	15	17	15	21
Bronchopneumonia	46	43	47	74	110	114	144	207	192	141
Circulatory System										
Congenital Heart Diseases	11	13	13	22	24	22	30	18	23	19
Diseases of Blood and Lymphatic System										
Anaemia	78	80	107	67	72	93	125	95	124	120
Deficiency Diseases										
Marasmus	26	75	45	136	101	72	126	86	83	113
Rickets	16	14	21	17	18	27	19	22	16	38
Nervous System										
Encephalitis	24	20	26	50	62	49	24	29	43	24
Poliomyelitis	20	70	28	53	34	59	82	57	41	120
Post-Diptheritic Paralysis	..	..	2	..	..	..	..	..	..	5
Convulsions	..	..	26	30	39	43	51	44	27	36
Hydrocephalus	4	5	3	4	5	10	9	9	5	14
Epilepsy	12	3	7	21	20	1	26	20	23	28
Intracranial Birth/Injury	..	..	6	..	1	6	..	7	..	13
Mentally Retarded Deficient	4	5	6	2	..	..	..	..	..	8
Genito-Urinary System										
Acute Nephritis	19	15	24	27	19	21	18	25	28	29
Unclassified										
Congenital Syphilis	31	37	39	49	61	29	21	17	23	19
Premature Baby	12	13	14	24	21	26	31	51	43	24
Tetanus Neonatorum	11	6	1	21	12	4	2	13	30	14
Fever of Unknown Origin	..	35	39	47	32	37	50	..	49	60
Skin Diseases										
Scabies	17	31	7	18	15	19	21	25	47	37

1	2	3	4	5	6	7	8	9	10	11
Congenital Deformities										
Harelip	19	10	22	14	10	12	12	21	18	18
Diseases of Ear, Nose, Throat and Mouth										
Enlarged Tonsils and Adenoids .	369	356	370	259	359	376	401	270	483	379
Bones and Joints										
Chronic Osteonyelitis . . .	27	51	37	40	24	23	41	25	24	2[illegible]
Pett's Disease	21	25	22	31	33	22	43	36	40	3[illegible]
Deformities										
Polioparalysis	13	8	3	12	11	10	14	23	33	46
Diseases of Alimentary System										
Appendicitis	16	14	16	24	12	8	28	18	42	30
Inguinal Hernia	24	36	31	26	33	25	42	47	57	64
Diseases of Glands and Lymphatics										
T.B. Lymphadenitis . . .	..	..	10	..	..	..	..	..	10	16
Diseases of Skin and Subcutaneous System										
Abscesses	62	54	67	59	84	55	49	36	57	41
Diseases of Genito-Urinary System										
Hydrocele	23	7	17	13	15	29	14	12	13	32
Miscellaneous										
Hydrocephalus	22	13	1	7	2	2	12	12	16	9

APPENDIX I

Scheme for Integrated Services for Child Welfare—Demonstration Projects

INTRODUCTION

Traditionally, family has been the most important child welfare agency in India. Health and nutrition, education and recreation of the child was looked after in the family; school entering the picture at a somewhat later stage to complete and formalise the process begun earlier in the family. The welfare services that were organised outside the family were for deprived children. The only child welfare service that was intended for the normal child was in the nature of infant health service, provided under the programme broadly known as "Maternity and Child Welfare". Stresses and strains to which the Indian family is now subjected to, make it obligatory to adequately strengthen the family, so that it could continue to perform such functions in the best possible manner. It has also become necessary to provide in the community such services that can no longer be performed by the family. Secondly, in conformity with the recent trends in social welfare and child welfare services, more emphasis should be laid on preventive and positive services than curative services. This means that the services need to be organised not only for the deprived children but also for the normal children. Thirdly, piece-meal services have to give place to an integral approach. Child welfare services have, therefore, to be planned and organised on a comprehensive basis taking all aspects of the child's personality into account, care being taken to ensure that the child is not isolated from the family and the community to which he belongs. In other words, total child welfare can be conducted only in a total setting. This reasoning holds good not only for the proposed Demonstration projects but for all the social welfare services in general. It is by proper co-ordination of various welfare services that the desired results will follow. Mere excellence of isolated services will not be very effective. The following may be accepted as the guiding principles:—

(i) The aim of child welfare should be the total well-being of the child.

(ii) Priority should be given to the provision of adequate preventive services to the normal child, curative services would also be needed for the special or abnormal child.

(iii) The services should co-relate to the field of Health and nutrition, education and training, and welfare and recreation.

(iv) These services should be provided to all children in the selected area in the age group 0-16, emphasis being laid on the age group 0-12. It should clearly be understood that the group 0-16 means from the date of conception of the child till it attains the age of 16.

(v) All these services should be properly integrated and adequately supplemented.

AIMS AND OBJECTS

2. The main object of the proposed demonstration project for child welfare is to show that given the resources and requisite machinery, a good deal can be achieved through the willing co-operation and concerted effort

of the Government and voluntary welfare agencies. The idea is not only to co-ordinate the existing services and facilities on child welfare which are very insufficient but to build up integrated and comprehensive services to meet the total needs of all the children in a given area.

COVERAGE

3. The Block has already been accepted as the unit of planning and development. Therefore, the areas of the pilot project will be the block and will cover all the children in the age group 0-16 in the selected Block. On the average, the population of a Block is about 75,000. According to the rough statistical data, 40 per cent of the population are in the age group 0-16. The average child population to be covered by each pilot project will, therefore, be about 30,000.

SELECTION OF BLOCK FOR THE DEMONSTRATION PROJECT

4. In selecting the Block for the Demonstration project the following criteria should be borne in mind:—

(a) That a good deal of development has already taken place in various fields of child welfare covering the age group 0-16 such as :—

(i) Adequate facilities already exist or are being planned for providing necessary educational facilities to the maximum number of children in the Block.

(ii) The primary health centre and others have been fully staffed and equipped.

(iii) That the mid-day meal scheme has been introduced in the area, at least on a limited Scale.

(iv) That the school health service scheme has been introduced or is proposed to be introduced.

(v) That considerable work has been done already by the welfare extension projects of the Central Social Welfare Board or under the C.D. programme and Balwadis, Creches, Mahila Mandals, etc. have been established.

(b) That there is sufficient local response and the State Governments are agreeable to assist in the implementation of the pilot projects.

(c) That the local branch of the Indian Council for Child Welfare and other similar voluntary organisations and the State Social Welfare Advisory Board, is ready to help in the implementation of the project.

Efforts will have to be made by the Government of the State in which the project is located that the departments responsible for the various items of service like health, education, planning/development, social welfare, etc. put in sufficient staff so that the existing services can be intensified and all the services can be made available in order to ensure the total well being of all the children in the block. It is needless to say that the co-operation of voluntary organisations will also have to be secured. The assistance of the Central Social Welfare Board will have to be sought for providing services like Creches, Balwadis, Holiday Homes, etc.

SERVICES

5. The services to be covered may include the following according to the requirements of each age group:—

Age group	Services	
0—2	(1) family planning and maternity welfare ; (2) immunisation ; and (3) proper feeding.	Creches and Day Care Centres for both age-groups
2—6	Informal education through play and recreation, providing transition from home to school, development of the five senses, supplementary nutrition.	

6—11 (1) Primary school education with an element of manual skill on the principle of learning by doing ;

(2) Mid-day Meals ;

(3) School health services including physical fitness programmes, mental health and hygiene ; and

(4) Organised group games based on local game lore.

11—14 (1) Upper primary and secondary education ;

(2) Introduction of vocational training ;

(3) School health services as above ,

(4) Introduction of team games ;

(5) Encouragement of hobbies—scientific and cultural ; and

(6) Introduction of scouting and girl-guiding.

14—16 (1) Continuation of secondary education ;

(2) Vocational training ;

(3) School health services ; and

(4) Scouting and girl guiding and/or junior Cadet Corps.

ORGANISATION

6. Some of the services are already organised particularly those services which are connected with the school activities. Out of the school activities some are also organised now-a-days by the State Education Departments, or the community development authorities. Public health departments also cater to some extent to the needs of children in the matter of health services but all these efforts made by the various deparments are far too inadequate for providing comprehensive welfare services for children. The greatest need is, therefore, not only to co-ordinate properly the existing welfare services for children but to supplement them by providing adequate resources and the requisite staff.

7. In many of the States in India, the local administration has already been handed over to the Panchayat Samities at the Block level. It is neither necessary nor expedient to create some other agency for administering these Demonstration projects. It is recognised that the B.D.Os. are very busy officers. They may not have much time to devote to the co-ordination of child welfare services. To make the demonstration project a success, it will

be necessary to select the B.D.O. carefully before it is decided to start the demonstration project in the Block so that he can appreciate the need for special efforts to develop child welfare services. Since the B.D.O. himself is not able to extend all the facilities already available there a new functionary, namely, the Chief Child Welfare Organizer, should be appointed for co-ordinating and developing all the child welfare services in the selected block. If necessary, the B.D.O. should be given a short orientation training. Considering the responsibility that the Chief Child Welfare Organizer will have to carry, the person to fill that post should be very carefully selected. He should be well-trained in the services of child welfare. It is he who will have to be the secretary of a functional committee comprising the representatives of the education, health and social welfare committees of the Panchayat, and direct all the child welfare services in the Block, subject only to the overall co-ordination by the B.D.O. The salary and status of the Chief Welfare Organizer should be equal to that of the B.D.O.—this depending on the scales of pay in different States for posts of comparable responsibilities. The scale of pay it is suggested, should be fixed between Rs. 300 to Rs. 500 per month, average pay being Rs. 400 per month.

8. The programmes should be administered at State level by the Development Commissioner's organization and at the Block level by the functional committee of the Panchayat Samiti. For the purpose of implementing the programme, the Block should be divided into 4 areas. In each of these 4 areas, there may be a small implementation committee and the Child Welfare Organizer should be incharge of the programme. It is also felt that there should be a district committee with the district collector as the Chairman and representatives from among the officials and non-officials as members, the later representing voluntary welfare organizations like the State Social Welfare Advisory Board, the State branch of the Indian Council for Child Welfare, etc.

9. In addition to 4 child welfare organizers the project will also provide for a lady doctor who will function in co-operation with the existing doctor incharge of the Primary Health Centre. The additional staff that will be provided under the demonstration project is meant mainly for co-ordination purposes and the actual programmes will have to be implemented with the help of the existing staff in the C.D. block and that of the State Departments.

10. At the village level, there will be need for functionaries like Balsevaks, creche-workers, Gram-Sevikas, Dais, etc. to implement the actual programme. These services should be made available in the project by the State Departments and the Central Social Welfare Board. The Central Social Welfare Board may particularly help the demonstration projects from out of funds of Rs. 1.25 crores placed at their disposal out of the 3 crores for child welfare programme.

11. The Chief Welfare Organizer should be provided with some minimum staff at the headquarters including one L.D.C. and one peon. As regards providing peons to the 4 child welfare organizers the State pattern should be followed.

12. The headquarters of the pilot project shall be at the headquarters of the Block.

13. The project should begin with a preliminary survey which should be carried out on the basis of the family as the unit. Information about each family and each child in the family should be recorded on separate cards which should go into the folder to be kept for each family. In addition, information has to be collected about the various services already in existence in the area together with notes about their adequacy or otherwise. On the basis of the survey report it will be possible for the State Government and the Block Panchayat Samiti to decide as to which services require improvement or expansion. Eventually, each department or agency of the State Government will have the following set of services operating in the area. The number of units of each type will depend upon the findings of the survey as to the number of children in the different age groups and their requirements: —

A. *Medical and Public Health Department*

1. Family Planning and maternity welfare ;
2. Infant Health Centres providing ante-natal and post-natal services ;
3. School health programme excluding the physical fitness programme ;

*4. Care of the sick child ;

*5. Provision of supplementary nutrition ;

*6. Environmental Sanitation ; and

*7. Health Education.

B. *Education Department*

*1. Primary Schools ;

*2. Secondary Schools ,

*3. Physical Education and Sports ;

*4. Social Education ;

*5. Scouting and girl guiding ;

*6. Hobby Clubs and Craft Education to the extent it is part of the general education ; and

*7. Holiday Homes and Camps.

C. *Social Welfare Department*

*1. Balwadis and creches wherever necessary ;

*2. Care of foundlings, destitutes and orphans ;

*3. Referral service for Juvenile Delinquents ;

*4. Care, education and rehabilitation of the handicapped ;

5. Referral service for children in need of special care ;

*6. Child guidance clinics ; and

7. Special assistance to children belonging to the Backward Classes.

D. *Planning and/or Development Department*

1. Conducting preliminary survey and supplementing such services as are insufficiently provided or not provided at all by other Departments or agencies ; and
2. Evaluation.

E. *Local Body*

1. Provision of physical facilities in terms of play ground, camping sites, buildings.

F. *Labour Welfare/Industries Department*

1. Establishment of regular vocational training schools.

G. *Voluntary Welfare agencies* may organise any of these services not taken up by any of the department or wherever necessary to supplement them.

NOTE.—Services marked with asterisk are particularly suited to be handled by voluntary organisations.

FINANCIAL PATTERN

14. As the salary scales of the additional staff to be appointed will have to have a relationship to the prescribed scales of pay in the particular State in which the particular project is located, it is not possible to lay down the exact estimates. Some tentative estimates are, however, given below:

Recurring Expenditure

Item		Amount
(a) Rent for office building at the Block headquarters (if the existing Block office cannot spare the necessary accommodation).	Rs.	1,200
(b) Pay and allowances of the Lady Doctor at Rs. 500 p.m.	Rs.	6,000
(c) Pay and allowances of the Chief Organiser for child welfare at Rs. 400 p.m.	Rs.	4,800
(d) Pay and allowances of four Organisers of child welfare at Rs. 800 p.m.	Rs.	9,600
(e) Pay and allowances of one clerk-*cum*-typist at Rs. 125 p.m.	Rs.	1,500
(f) Pay and allowances of one peon-*cum*-attendant at Rs. 75 p.m.	Rs.	900
[1](g) Pay and allowances of Driver-*cum*-Cleaner at Rs. 125 p.m.	Rs.	1,500
(h) Maintenance of Jeep-petrol charges, repairs, etc.	Rs.	4,000
(i) Miscellaneous contingencies including T.A. & D.A., etc.	Rs.	7,000
(j) Funds for providing the additional services and facilities.	Rs.	61,700
Total:	Rs.	98,200 p.a

[1] A jeep would be made available either from the common pool of the Block or by Central Social Welfare Board. Hence the cost of the jeep has not been included.

Non-recurring expenditure

Office furniture, equipment and appliances	Rs. 9,000
Total non-recurring expenditure	Rs. 9,000
Estimated cost over a Five Year Plan period per project	
Non-recurring	Rs. 9,000
Recurring	Rs. 4,91,000
TOTAL	Rs. 5,00,000

DURATION OF EACH PROJECT

15. The duration of the Demonstration stage may be envisaged as ranging from 4-5 years.

Evaluation

16. There should be a continuous internal evaluation of each demonstration project under the guidance of the Development Commissioner's organization. For purposes of evaluation it will be useful to draw up a budget statement based on the item-wise details contributed by various Departments for various activities, relating to the age group 0-16. A consolidated budget statement should be used only for purpose of periodical review and assessment of the expenditure incurred by various departments and agencies. The Indian Council for Child Welfare may also be associated in the process of evaluation.

17. At the end of the 5 year period, it may be necessary and advisable to have the project evaluated by an independent external agency with a view to enabling the Government to decide the pattern on which the project could be duplicated or multiplied.

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