

CHILD RIGHTS: WITH SPECIAL REFERENCE TO EDUCATION AND HEALTH: A STUDY

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ABSTRACT

The North East India is one of the most diverse areas of India. The diversity makes the whole area more interesting and unique. Because of the remoteness and communication hurdles, ethnic conflicts, migration, and other continuous problems in the area, it leads to human rights violation and low level of human development attainment among the masses. The paper is a humble attempt to look into the issues of deprivation of human development and human rights especially among the children. Of late, there has been a renewed emphasis on the issues of human development and human rights and to linked both of them as a matter of attainment or deprivation of basic needs. It is in this context that the paper will try to raise the twin issue of rights and development, present status and future course of action in the line of the Sustainable Development Goals (SDG) in North East India. Issues like primary education and health status of children are mainly discussed in the paper. While preparing the paper, government data and report especially human development reports of respective states are analysed. Although significant progress has been made in the area of primary education but regarding health related issues much progress has to be made. Again it is found that there is large diversity among the states and between rural and urban area.

KEYWORDS: N E India, Children, Human Rights, Human Development, SDGs

INTRODUCTION

Children are the future of any society. Both at the national and international level the issue of children and its development has become a matter of renewed attention for the policy makers. Even the latest Sustainable Development Goals (SDGs) as propounded by United Nations in its Goal number three i.e. to ensure healthy lives and promote well being; Goal number four i.e. to ensure inclusive and quality education for all is directly linked to child development which is to be achieved by all the countries by the year 2030 (Technology and Action for Rural Advancement, 2015). India having the largest number of children in the world (UNICEF 2011) any development discourse cannot afford to miss the segment especially when the question is about attaining the Millennium Development Goals or the Sustainable Development Goals.

In this paper an attempt has been made to narrate and analyse the concept of human development in the context of child rights related issues of six north eastern states of India i.e. Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland and Tripura by examining their respective state Human Development Reports (the Human Development Report of Manipur is not available).

Lack of development is one of the major features of the North East region for several decades. The area continues

to be identified by poor infrastructure, communications and low levels of industrialization; ethnic conflicts, immigration and insurgency related problems. Because of its unique strategic locations, the Central government too has paid little interest. The gap between the North East and the rest of the country can be easily marked. Because of that, the region perceives itself as different and not getting the benefits of a growing economy.

N. E. India which comprises of seven states of Indian Union namely Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura constitutes a land surface of 262,179 square kilometers. The region has a geographical area of 8.05 percent of India with a population of 45,587,982 (Govt. of India 2015).

ARUNACHAL PRADESH

Arunachal Pradesh (the Land of Dawn) is the biggest state of the region. For the last three decades, great changes have been taken place in the field of culture, economy and so on. Few decades back the literacy levels in the State were very low. In 1981, the literacy rate in Arunachal Pradesh was 25.55 per cent but in 2001 it became 54.34 per cent further increased to 66.95 per cent in 2011 (Census 2011). However, across the State, the gender gap in literacy is noticed. In the year 2001, there is a difference of more than 20 percentages between male and female literacy rates. Again, there is a wide gap between the urban-rural literacy rates in Arunachal. The urban-rural gap in the literacy rate was 40.94 percentage points. Teacher absenteeism is a serious problem in the state, especially in remote areas.

Life Expectancy at Birth in Arunachal Pradesh is 54.05 years (Govt. of Arunachal Pradesh, 2005) which is 9.25 years less than the national average. The state has an IMR of 77 per 1,000 live births. Malaria is a major disease for the state which appears mainly during every rainy season, is still a matter of concern, especially for the rural people (Govt. of Arunachal Pradesh, 2005). In fact, the expansion of health services in the state is a post-Independence development.

ASSAM

Assam accounts for about 2.4 percent of the country's geographical area. Its 3.12 crore people (Census 2011) are 2.6 percent of the country's population. The State's 27 districts vary considerably in size and population. The state faces many challenges like unrest, agitation, insurgency and flood.

On the positive side, it has education sector, and its development over the last two decades. For example, impressive growth of the elementary education system. It reflects in the significant increase in the number of primary and middle schools, number of teachers and enrolments of students plus improved school infrastructure. Enrolment in schools, measured by gross and net enrolment ratios has been increasing. For the middle school level, the growth rates were highest in India along with a favourable pupil-teacher ratio. Assam's achievements in literacy place it in the mid range, with a literacy rate of 73.18 percent, in 2011, up from 64.28 percent in 2001, and marginally below the national literacy rate. There is large gender gap, as the literacy rate for men being as much as 78.81 percent and for women it was more than 11 percent lower, at 67.27 percent. There is a large urban-rural gap as well. Urban literacy is as high as 89.88 percent for males and 81.03 percent for females. The figures for rural areas are more than 20 percent less, at 69.02 percent for males and 52.25 percent for females. The Census figures for 2001 and 2011 also show a wide divergence in literacy attainments across districts (Govt. of Assam 2014).

During the 1990s there was a positive decline in the Infant Mortality Rate in Assam, from 67 per 1000 live births (2003) to 55 per 1000 live births by the year 2012. This is a positive development, but the IMR in Assam is higher than the national average again, 37.4 percent children below the age of five are underweight in Assam (Govt. of Assam 2014).

The HDI value derived for the State as whole was 0.557 (2014, HDR). There are significant variations across districts. Fifteen districts have HDI values higher the State average. The remaining 12 districts have HDI values lower than the State average, reflecting considerable inequity.

MEGHALAYA

Meghalaya is a hill state in the eastern part of the country with a total area of about 8,700 sq mi (22,720 km²). The population numbered 29, 64,007 (2011 Census).

In 2005, the rank of Meghalaya is 26th out of 35 states and union territories. The IMR is 53 in 2006; according to the National Family Health Survey (1998-99) 63.3% of the women suffered from anaemia and only 17.3% had institutional delivery. Enrolment rates are higher in Meghalaya than the all India average; the literacy rate is 75.48% (Census 2011) which is higher than national rate. The gender gap in education attainments is not very prominent in the state (3.1%) compared to the rest of the country. At the same time it is found that the dropout rate in elementary level is quite high i.e. 62.26%. There is a huge inter-district disparity in Meghalaya in terms of human development indicators which is a serious matter of concern and which need immediate attention for overall development of the state (Govt. of Meghalaya 2008).

MIZORAM

The state of Mizoram is a landlocked state and shares its borders with the neighbouring countries of Bangladesh and Myanmar. The state covers an area of 21,081 sq. km with over 80 per cent of its total geographical area being hilly. Today, the state has been referred to as the most peaceful state in the North-east region although it had long history of unrest. The population of the state is 10.91 lakhs (Census 2011). More than 80 per cent of the households in the state follow Christianity.

Mizoram ranks second in the country in terms of its literacy level which is 91.6 per cent as against the national literacy level of 74 per cent (2011 Census). The Net Enrolment Ratio (NER) for the state as a whole is 94 per cent for the primary stages and 52.5 per cent for the upper primary level. In terms of bringing children to school, the state is far ahead of the nation as a whole, especially in terms of upper primary enrolment.

For Mizoram, regarding dropout rates, the situation is better than the national average and only about 4.5 per cent of the enrolled children drop out before completing primary schooling. The rate at this stage is higher for girls as compared to boys (Govt. of Mizoram 2013). However, if the elementary education stage is taken in aggregate, then the situation is not at all comfortable, and close to 20 per cent of the enrolled children do not complete their schooling for various reasons, major being poverty (Rohmingmawii, 2010). Retaining these students is a major challenge for the policy-makers.

For the healthcare services, records show that only 305 registered allopathic doctors along with 400 nurses and 1100 other health-related workers are working at the government healthcare institutions. However, at present, the healthcare facilities are less than what are needed and there is a wide spatial disparity.

The crude death rate, crude birth rate and total fertility rate are below the corresponding national averages, thereby indicating a better health status in the state. The Infant Mortality Rate (IMR) is almost half of the national average, signalling a better reproductive and childcare condition in the state. About 92 per cent of the children in the state are immunized. However, the upgradation of health institutions with the provision of additional manpower is badly needed in the state. For example, the required number of Paediatricians is 9 but the present position is zero (Govt. of Mizoram 2013).

NAGALAND

Nagaland has total geographical area of 16,579 sq km, and as per Census 2011, it had a population of 19, 80, 602 of which almost 90% are Christians. Article 371 (A) of the Indian Constitution provides special arrangements for the State, and has ensured protection of the unique traditions of the State.

Despite negative elements like insurgency and conflict, the indicators like health in Nagaland are quite impressive. The life expectancy at birth is 73.4 years, way above the national average of 62.3 years. Infant mortality rate (IMR) at 42.2 per 1000 is also much better than the national average of 68 per 1000 live births. Similarly, under-five mortality rate, per 1000 live births, is 63.8 as against the national figure of 96 (Govt. of Nagaland 2004). Other positive achievements like improving sex ratios, absence of female foeticides and low maternal mortality rate. There are almost no cases of malnourishment among women and children. But, very high fertility rate is a matter of concern.

The literacy rate, which was mere 17.91 percent in 1961, today it climbed to 79.55 percent (Census 2011), which is above the national average. Besides the dropout rate for students is lower than national level i.e. 42.98% (Class I to VIII) in 2001 (Govt. of Nagaland 2004).

TRIPURA

Tripura is a land-locked State, surrounded by Bangladesh from three sides. Once a tribal majority state, today only 31.1 % of total population belongs to tribal background.

The situation in Tripura is better than the Indian average, particularly in the areas of health, education and proper system of democratic decentralization. According to the Census of 2011, Tripura had a population of 36,71,032.

Tripura made great progress in the expansion of literacy in the 1990s. In 2011, the literacy rate is 87.75 per cent in Tripura. Among the North Eastern States, Tripura ranked second after Mizoram (Census 2011).

The life expectancy at birth for males and females in Tripura was 71 years and 74 years respectively (2001). Again, in terms of life expectancy, attainments in Tripura are higher than the all India average, i.e. 61 for males and 62.5 for females (Govt. of Tripura 2007).

CONCLUSIONS

After analyzing the six states of north eastern India for the two major indicators of health and education we may come to the conclusion that there is a huge gap between urban and rural setting; among the states and at the same time inter district disparities are easily noticeable (Nayak 2010). It shows that states have to go a long way to bridge gaps within and among the states. Both the indicators have direct bearing on the status of children and rights. Denial of basic education and health services for children directly amounts to violation of human rights for them as our Constitution too speaks for those

basic issues and its realization. Except Mizoram, other states have performed below national level in some areas. However, regarding literacy rate the region as a whole progressed considerably ahead of national level. The policy makers must pay proper attention to the twin issues so that in the coming days we will achieve the Sustainable Development Goals specially Goal number three and four. The task is not that easy as at the global level our rank for Human Development Index is still very low at 130 in the year 2015 (UNDP 2015).

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