

Understanding Childhood Poverty in Rajasthan

Emerging Issues and Strategies¹

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1. Introduction

Recent participatory poverty assessments around the globe clearly document that children are the most vulnerable groups in society as they have little power or influence over the social processes that govern their lives and little ability to protect themselves from abuse (Narayan, et.al. 2000). Childhood is a precious stage in a life-course and deprivation during this period can have long-term adverse impacts on the well being of children. Deprived children lack access to human development opportunities and face serious constraints in their human development (e.g. malnutrition and greater propensity to ill health etc). Their families and communities have little ability to protect and nurture them. This deprivation constitutes child poverty (Harper and Marcus, 1999).

The multidimensional characteristics of poverty i.e. material deprivation, low achievements in education and health, vulnerability, exposure to risk, voicelessness and powerlessness, become relevant in the case of children from poor households and intensify when there is intergenerational transfer of poverty. Further, childhood experiences deeply condition capabilities acquired during adulthood. Children not having a good start in life are likely to be more deprived in the later

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stages of their lives. In the world of policy there has been a rediscovery of this fact and children and childhood have become a focus of poverty studies.

The present paper attempts to analyse the key factors that contribute to childhood poverty in the context of the ongoing primary research in two regions of Rajasthan. The key research questions being addressed by the study are:

- What are the factors that shape childhood poverty in Rajasthan?
- Is there any evidence of Intergenerational Transfer of Poverty?
- What factors help break poverty cycles?
- What are the specific policies and strategies in place to address child poverty?
- What are the intended and unintended outcomes of these policies?

The paper presents some of the findings that have emerged from preliminary fieldwork using focus group discussions, timelines and genealogies. Section 2 gives a profile of children to highlight the state of children's vulnerability in Rajasthan. Section 3 presents the main issues emerging from the field pertinent for understanding childhood poverty in the State. Sections 4 and 5 highlight some areas for future research and policy interventions.

2. Childhood Poverty in Rajasthan: The Context

Familial contexts, cultural practices, belief systems, community linkages and social forces together determine the status and condition of children in Rajasthan as also their growth and socialization. While attitudes to children, and experiences of childhood vary significantly by caste, class, religion, gender, ethnicity and regional locations the lives of children born into poverty can be exceptionally vulnerable. These children face further inequalities in access to crucial resources, leading to exclusion and marginalisation.

According to the Census (2001), the child sex ratio in the State was recorded as 909 in 2001, as compared to 916 in 1991 (The child sex ratio is defined as the number of girls per thousand boys in the age

group 0-6 years). This drastic decline of 7 points during the decade is a matter of serious concern. Out of 32 districts 21 districts reported a decline. None of the districts has recorded child sex ratio favouring girls. The practice of female infanticide, female foeticide and strong preference for a male child in most communities have been seen as factors contributing to this imbalance and clearly point to the low value and secondary status given to the girl child in the state.

Recent official reports point out that the problem of malnutrition in Rajasthan is staggering despite great strides in food production and distribution. Child nutrition increased from 42 percent in 1993 to 51 percent in 1999. In 1998-00, NFHS -2 registered 51 percent children under three years of age as underweight and 52 percent as stunted. Wasting is also very evident and affects 12 percent children. Approximately 30 percent of all new-borns are of low birth weight and start their life at a disadvantage, as low birth weight is another significant underlying cause of death in newborns and infants. Average birth weight still remains at 2.5 to 2.7 kg and 30 per cent of live births fall even below this range (GOR, 2003, NFHS-2, 1998-99).

As seen above, the health and nutrition indicators for both children and mothers are low in Rajasthan: half the child population is under nourished and 90 percent of the women are anaemic; one third of mothers have low BMI and one third of children have a low birth weight. The health delivery system continues to be inadequate with poor outreach especially in remote and distant areas. Hence, poor health and high healthcare related expenditures are among the principal causes of falling into poverty.

Rajasthan continues to remain one of the most difficult areas where educational lag in access, enrolment and achievement remains a challenge. The problems exist at both the demand and supply ends of primary education. The problems of children from underprivileged communities i.e. SC, ST and minorities are further exacerbated by both the lack of and poor quality of teaching and educational facilities and the lack of effort to make the school an inclusive space. A significant number of out of school children are girls (Rajagopal, 2000; Ramachandran, 2003). The present enrolment of girls at the primary

schooling stage is 35.6 per cent as compared to 64.4 percent for boys. At the upper primary stage the enrolment further declines to 27.59 percent, while for boys it is 72 percent (GOR, 2001). The significant gap between enrolment of boys and girls at the upper primary stage substantiates the fact that upper primary education continues to be inaccessible to girls (Rajagopal, 2000). The drop out rate in primary schools is around 55 percent and fewer than thirty percent of children complete education up to the age of over 15 years.

Some traditional beliefs and customs are also not conducive to full development of children. Prevalence of child marriage has serious implications since it leads to early pregnancy and childbirth. This hampers the healthy physical, emotional, and social development of a child. The socialisation processes continue to differentiate between boys and girls, with girls being accorded a low position in society. The cycle of disadvantage starts at birth and continues through childhood to motherhood and is eventually perpetuated in the next generation.

3. Factors Determining Childhood Poverty

A multitude of factors - social, economic, political, environmental - have an impact on children and have lifetime consequences. The following section undertakes an analysis of some of these factors in the light of the key questions being addressed by the ongoing study to identify areas, which can help break poverty cycles.

Children and Education

Absence of quality education, caste prejudices and situation of women and girls continue to impinge on poor children's access to education. Preliminary fieldwork reveals that parents attach importance to their children's education even in poor families. Most children are enrolled in school, however boys have greater access to higher levels of education as compared to girls. It is evident that girls are the main victims of the absence of an upper-primary school in the villages studied. Other factors inhibiting girls' regular attendance are domestic activities including grazing. Both boys and girls were found to be helping in agricultural tasks along with other members of the family.

In one of the villages the dalit hamlet has a separate alternate school with little interaction with the primary school in the main village. It seems obvious that the schooling system itself does not give equal treatment to different sections of the population.

The marginalisation of girls in provision of education is linked to several factors: participation in household chores; distance of schools; strict cultural norms which prevent mobility; belief that too much of education would jeopardize marriage prospects and so on. Policies are required to address the issue of redesigning the process and content of education for promoting gender equality.

Discrimination against under-privileged groups is endemic, and manifests in several hidden forms in many parts of the state. Higher caste teachers continue to consider scheduled caste children 'uneducable', refuse to touch them, make them feel unintelligent and inferior, target them for physical and verbal abuse and use them for menial chores. Recent studies also point out that caste bias is more the norm than the exception and schools do not provide a free and open environment for children to learn. (PROBE, 1999; Nambissan, 2001; P. Sainath, 1999; Vishakha 2002).

While a number of innovative programmes for universalising of primary education have been implemented in the State, the gap between educational attainments amongst boys and girls continues. This gap is more striking among children from the marginalised groups. Future research is required to address issues of sustainability of these programmes, keeping in mind the needs of children engaged in work, girls who cannot attend upper primary schools, children of migrant families, nomads, tribal children and children with disabilities. Policies to address the above issues along with issues of disparities in education with a focus on the special needs of dalit girls should be implemented.

Health and nutrition

It is evident that primary health care has not reached a large majority of poor, especially women, children, dalits and communities living in remote areas. In the areas studied it is evident that the government services to healthcare are not within reach. The ANM is irregular and

does not reach out to poorer hamlets depriving a large majority of women from access to pre-natal and antenatal care. Most deliveries take place at home and institutional deliveries take place only when a case is complicated. There is dependence on the private practitioners for treatment.

The most basic need of children is survival. Beyond staying alive, good physical development, depends largely on nutrition and physical care; this is crucial in terms of poverty transfers. A closely related aspect of childcare is good nurturing, which promotes all aspects of a child's development. Both these areas crucially depend on the presence of adequate family assets, not just to secure necessary food but also to enable sufficient parental or other adult care giver time for child care and nurturing (Harper et al, 2003).

It is understood that malnourishment reduces the resistance of an individual to diseases and infections, which in turn further drains the system of the nutrients that are present in the body. In cases of extreme poverty and malnutrition, the onset of infection and disease results in high rates of mortality (Nayyar. R, 1991).

Availability of safe drinking water is a major concern in all the areas studied and this has direct implications on the health of children as they are prone to water borne diseases i.e. typhoid, jaundice, skin diseases and diarrhoea.

The commonly seen childhood infections often exacerbate malnourishment and at the same time prevalence of under nourishment in children reinforce the consequences of such infections. Adequate nutrition is thus critical for child health and survival, as well as for overcoming the potential vicious cycle of poverty and under nutrition (GOI: 2002).

Preliminary findings from the field area indicate that recent drought conditions have also led to depletion of livestock. This has had a direct impact on sources of nutrition. The intake of milk, buttermilk, curds and ghee has gone down considerably and this can affect children's health. On the other hand supplementary nutrition provided by schemes such as Integrated Child Services Scheme (ICDS) and the Midday Meal

Scheme (MMS) were being supplied regularly though the quality of cooked meal (ghoogry) has been an issue of intense debate.

Gender Disparities

Gender disparities pervade all aspects of life and colour the life chances of the girl child in Rajasthan. This is reflected in the inferior health and educational status of women, the high maternal mortality rate, the neglect of the girl child, the declining sex ratio, lower enrollment in school and subsequent higher participation in the child labour force. Girls are socialised to be care-givers and are expected to do all household chores. The sexual vulnerability of girls also means that early marriage is still a preferred option.

Son preference is clearly manifested in responses like “two sons are essential” since sons are seen as heirs, continuing the family lineage. It is clearly evident that boys are given preferential treatment in access to schooling and health care.

Further, gender discrimination exacerbates the impact of poverty on women and girls due to unequal allocation of food, lower wage rate, and lack of inheritance rights (Padmanabhan: 1999). Gender disparities lead to intergenerational transfer of poverty as children belonging to low income households have a greater risk of falling into the cycle of poverty. Ray (2000) argues that backward classes and female-headed houses do face higher poverty rates than others and the children belonging to these households are particularly vulnerable to the adverse effects of poverty.

Gender is a cross cutting issue and needs to be addressed by both research and policy and at various levels within different institutions i.e. household, community, market and State for ensuring a gender just environment and thereby children’s well-being.

Children and livelihoods

Child work

Findings from the field reveal that children are engaged in various types of work and contribute to household income. These include all

agricultural related activities, cattle grazing, looking after younger siblings, household work, and working at hotels, *dhabas* (roadside restaurants).

In a study conducted by an NGO in Rajasthan, it was found that almost half of the child workers were never enrolled in school and were illiterate. Amongst them the percentage of females (54 percent) is higher as compared to males (46 percent). Although the remaining half enjoyed the opportunity of joining the formal schooling system, most of them (31 percent) have dropped out at the primary school level (Cecodecon, 1999).

The Social Assessment Studies (SAS) carried out in DPEP districts, which specifically looked at children from most marginalised communities' point out that landless labourers in the rural areas of many districts primarily work in the agriculture sector, which is seasonal in nature. Since food stocks for the entire year need to be secured during the limited period, it becomes essential that the opportunity to work be taken advantage of. This means inclusion of all family members, including children, into work. The SAS reports that at times almost 70 per cent of children work with their parents. Further, landless labourers are forced to take loans from the landowners and children often become bonded labourers as they are used as human mortgage, ending all opportunities of development (IDSJ, 2000).

The field research also points out that in the tribal areas, loss of traditional occupations has led to increased migration and children being compelled to work for economic returns e.g. children being sent with pastoral groups (Rebaris). The children are primarily involved in taking care of the flock. They cover long distances, around 30-40 km daily with the flock as part of their routine. The parents usually enter into a written agreement with the Rebaris prior to sending their children with them. According to the family members, the Rebaris treat the children well and as part of their own families. The Rebaris visit the homes of children from time to time and give money to the family as per the agreement.

The high incidence of poverty in forest-based regions is also related to low levels of infrastructure development, the erosion of entitlements

of poor people to access and utilize natural resources and social exclusion. These factors reinforce each other with people from Scheduled Tribes experiencing problems in accessing resources and this is exacerbated by physical and social isolation. Lack of access to productive resources such as agricultural land, farm inputs and minor forest products traps households in poverty. As a large number of households in the forest based regions do not have entitlements to natural resources, they end up with low income and expenditure levels (Mehta and Shah, 2003). This can lead to exclusion, and can have long term consequences, which may, in turn, have an impact on the lives of children, as well as lead to intergenerational transfer of poverty.

Migration

In both the regions selected for the study, migration to neighbouring areas and States e.g. Madhya Pradesh, Gujarat, Haryana is common among all castes. In some households where only men migrate and women take charge of men's work and responsibilities, children also participate in household work and decision making at an early age. In households where both parents have migrated, children are either living on their own or have been left with close kin. Very small children usually accompany the parents. The education and health of children are affected by migration and this could consequently lead to the intergenerational transfer of poverty.

Indebtedness

Field level observations show that the cycle of indebtedness could contribute to intergenerational poverty. The poor are largely dependent on moneylenders, landlords and friends or relatives for loans and usually have to pay exorbitant interest rates, which they can ill afford. For many villagers migration to the urban locations outside the state in pursuit of livelihood is guided by the need for money to repay debts, covering deficits created by losses in agriculture or meeting expenditures of large magnitude on account of marriages, festivals, ceremonies, and so on. There is a need to understand the impact of poverty alleviation programmes in addressing debt cycles and helping families break out of poverty traps.

The poor households face several occupational hazards such as fluctuations in income, risks and uncertainties in incomes through migration, indigenous or acquired skills becoming outdated. How do children relate to these occupational hazards? Do they start participating in economic activities by either helping within the household or as wage labour? What are the other circumstances that drive children into work? How does this affect childhood poverty?

Many of the factors mentioned above affect the world-view of the child and determine her/his participation in social and economic activities. How is the world-view of the poor and non-poor children different from each other? How do they get reflected in attitudes and behaviour? This worldview needs to be understood for different age groups of children. At another level there is a need to probe into the lives of adults who worked as children, to explore whether this helped them break poverty cycles or prevent intergenerational transfers of poverty.

4. The Policy Context

Several programmes addressing health, nutrition and educational needs of children have been initiated in the State since the last two decades. Recently the State government has also formulated the draft of the Rajasthan State Policy for Children. It reiterates that “Every child has the right to the best start in life. Their survival, protection, growth and development in good health and proper nutrition are the essential foundation of human development. Children should be nurtured in a safe environment that enables them to be physically, mentally alert, emotionally secure, socially competent and able to learn” (GOR, 2003).

The programmes, which directly address the needs of children in the state, include:

Integrated Child Development Scheme (ICDS), Mid-day Meal Scheme, Immunisation Programme, Vitamin A Supplement, HIV/AIDS. Where education of marginalized children is concerned several programmes have been initiated i.e. Shiksha Karmi programme, Lok Jumbish, District Primary Education Programme (DPEP), Rajiv Gandhi Swarna Jayanti Pathshala, and the Janshala Programme.

While most of these programmes have been in place since long, development indicators pertaining to children's health and nutrition reflect that both poor nutrition and health continue to play a crucial role in terms of poverty transfers.

The two main programmes addressing issues of food security in the State are the Integrated Child Development Scheme (ICDS) and the Mid-day Meal Scheme (MMS). Several evaluation studies, surveys and micro studies indicate that despite ICDS having been started in the poorest blocks, targeting the poorest households and aiming to change nutrition related behavior, the programme has had only a weak impact on nutritional status even where it has been in existence for a long time. Although the nutritional supplement being provided by the programme seems to be reaching the children in most villages, issues of regularity, quality, exclusion and their effect on the nutritional levels of children are aspects that need to be explored in greater detail.

The MMS, a programme to provide nutritional support to primary education, was launched in 1995 to improve the nutritional status and school retention rates among primary school children. More recently after the Supreme Court order, distribution of dry rations have been replaced by provision of cooked meals (*ghoogri*) in all government and government aided schools in all districts. While there is evidence that mid-day meals have enhanced school attendance (Dreze et al, 2003) the question of sustainability of the MMS and how it can contribute to the overall well being of poorer children are pertinent in the present context. Linking MMS with related inputs such as micro-nutrient supplementation, health services and education pertaining to nutrition, are areas which need further policy attention. More crucially it needs to be analyzed whether the supplementary feeding provided under the scheme is becoming the main constituent of the diet, as parents are too poor to provide any other food to the children.

Several innovative programmes e.g. The Shiksha Karmi Programme, The Lok Jumbish Project and the DPEP have evolved special strategies for ensuring participation of poor children in education. However, a large number of children continue to remain

out of school and are likely to have a life course of poverty due to poor educational achievements.

5. Conclusion

It is apparent that in the context of Rajasthan, children continue to be at a great risk of living in poverty due to inability to access health, nutrition and educational inputs. The effect of child labour on children's well-being and the impact of migration on children are also areas of concern. It is also evident that childhood poverty is an under researched area in the State and further research into issues highlighted above would lead to enhancing the understanding of the social, economic and political processes that underpin continued deprivation of children and intergenerational transfers. Identifying the processes that can help children break poverty cycles also becomes extremely pertinent.

Ongoing work highlights that for promoting children's well-being and preventing poverty transfers, policies that address the multidimensional aspects of poverty have to be implemented. Some of the key areas of intervention would include:

- education for children of the most deprived and marginalised groups especially girls, recognising that social exclusion is contextualised within the school and making the schooling system a more inclusive space.
- tackling malnutrition on a priority basis to prevent long term and intergenerational effects of poor nutrition by provision of food supplements and consumption of micro nutrients by effective implementation of food security policies.
- promoting measures for raising the age of marriage and child bearing.
- ensuring that the health delivery system responds to the needs of the poor, especially children, by effective immunisation coverage.
- enhancing participation of girls and ensuring their ability to access all the crucial resources through gender sensitive implementation of existing policies.

- providing effective economic support to families especially where poverty is a major deterrent to children's education and compels them to work full time.

The research gaps and the policy issues that are emerging, will be addressed by our ongoing study.

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