

Key Terms

Child Welfare Services	: Child Welfare covers the needs of physical, emotional, social and economical needs through comprehensive child welfare services.
Creche	: A creche or day nursery is provided when there are more than 30 women workers working in a factory. The working mother leaves her baby in the creche to be looked after during the working hours.
CARE	: Co-operative in American Relief Everywhere.
CINI	: Child In Need Institute.
FAO	: Food and Agricultural Organisation.
ICDS	: Integrated Child Development Services.
ILO	: International Labour Organization.
ICCW	: Indian Council for Child Welfare.
NGO	: Non-Governmental Organisation.
UNICEF	: United Nations International Child Emergency Fund.
UNESCO	: United Nations Educational Scientific and Cultural Organisation.
USAID	: United States Agency for International Development.
WHO	: World Health Organisation.

7.1 CHILD WELFARE SERVICES AND AGENCIES

INTRODUCTION

Child welfare programs seek to provide supportive services to the families of the children, because one of the important responsibility of the society and state is to assist family in its natural obligations for the welfare of the children. Welfare of the underprivileged children like street children, orphans, handicaps etc. also needs special attention.

CHILD WELFARE SERVICES

Child welfare services involve preventive, promotive, curative, developmental, palliative and rehabilitative aspects of child care. The child health problems are gigantic and the available resources are only supplementary in nature and are designed to meet certain needs

of the most deprived and vulnerable children. Attention is generally focused on three categories of children in the poor socioeconomic groups, i.e., children of working mothers, destitute children and handicapped children.

Comprehensive child welfare services are provided broadly of two types:

- Services for the basic needs of normal children, where the family and the community participate.
- Services for the needs of physically, mentally or socially handicapped children.

Govt. of India adopted National Policy for children in August 1974, keeping in view of the constitutional provisions and United Nations' Declaration of the Rights of the child. Following the enunciation of National policy for children, a number of programs were introduced by the Govt. of India viz ICDS scheme, Programs for supplementary feeding, Nutrition Education,

Unit-7 :: Child Welfare Services

Production of Nutritious Food, Constitution of the National Children Fund' under the Charitable Endowments Acts, 1980, Institution of National Awards for Child Welfare, welfare of the Handicapped children, CSSM / RCH program etc.

Details of National Policy for Children, United Nation's Declaration of the Rights of the Child and the Children Act are discussed in chapter - 1. Health programs for children and child health services are described in chapter - 3. National Programs on Nutrition and Nutritional policy are discussed in chapter 5.

CHILD WELFARE AGENCIES

The important Child Welfare Agencies in India are:

- Indian Council for Child Welfare (ICCW).
- Central Social Welfare Board.
- Kasturba Gandhi Memorial Trust.
- The Indian Red Cross Society.

These voluntary health agencies get financial aid from the government to organise child welfare services in the country. The important activities of these agencies include the followings:

- Day care services for children of working mothers through Nursery Schools, Balwadies, Creches and Day-Care Centers for infants and toddlers.
- Holding homes for children in the age group of 12 to 16 years at hill stations and sea-side resorts.
- Recreation facilities by organization of play centres, public parks, children's libraries and Bal-bhavans.

Besides these national agencies, there are numerous other non-government organizations working for the child welfare in the country like Save-the-Children Fund, Child-in-need-Institute (CINI), SOS village etc.

International agencies are also interested and contributing in child welfare services in our country. Some of those are UNICEF, WHO, International Union for Child Welfare, CARE, FAO of the United Nations, USAID, International Red cross, UNESCO and so on.

ICDS PROGRAMME

Integrated Child Development Services (ICDS) programme was started in 1975 in pursuance of the National Policy for children. It is more than a one nutrition program and aims at total development of the child. There is a strong nutrition component in this programme in the form of supplementary nutrition, Vitamin A, such as prophylaxis and iron folic acid distribution.

The beneficiaries and their services are:

Table:

Beneficiary	Services
Pregnant women	Health check-up, Immunization against tetanus, Supplementary nutrition, Nutrition and health education.
Nursing mothers.	Health check-up, Supplementary nutrition, Nutrition and health education.
Other women 15-45 years.	Nutrition and Health education.
Children less than 3 years.	Supplementary nutrition, Immunization, Health check-up, Referral services.
Children in age group 3-6 years.	Supplementary nutrition, Immunization, Health check-up, Referral services, Non-formal education.
Adolescent girls 11-18 years.	Supplementary nutrition, Nutrition and health education.

Objectives:

The objectives of the ICDS scheme are:

- * To improve the nutritional and health status of children in the age group 0-6 years.
- * To lay the foundations for proper psychological, physical and social development of the child.
- * To reduce mortality and morbidity, malnutrition and school drop-out.
- * To achieve effective coordination of policy and implementation among the various departments working for the promotion of child development.
- * To enhance the capability of the mother and nutritional needs of the child through proper nutrition and health education.
- * To achieve the above objective, the ICDS aims at providing the following package of services.

Scheme of ICDS:

The States and Union Territories are encouraged to undertake additional ICDS Projects on the central platform to cover more beneficiaries. The workers at the village level who deliver the services are called Anganwadi Workers.

Each Anganwadi Unit covers a population of about 1000. A network of Mahila Mandals has been built up in ICDS Project areas to help Anganwadi Workers in providing health and nutrition services. The work of Anganwadis is supervised by Mukhyasevikas. Field supervision is to be done by the Child Development Project Officer (CDPD).

Services:

The services provided under this scheme are discussed below:

- * **Supplementary Nutrition:** Supplementary nutrition is given to children below 6 years and nursing and expectant mothers from low income group.
- * **Nutrition and Health Education:** Nutrition education and health education is given to all women in the age group 15-45 years giving priority to nursing and expectant mothers. It is imparted by specially organized courses in village during home visits by Anganwadi Workers.
- * **Immunization:** Immunization of children against 6 vaccine preventable diseases is being done, while for the expectant mothers, immunization against tetanus is recommended.
- * **Health Check-up:** This includes (a) antenatal care of expectant mothers; (b) postnatal care of nursing mother and care of newborn infants; (c) Care of children under 6 years of age.
- * **Non-formal pre-school education:** Children between the ages 3-6 years are imparted for non-formal pre-school education in an Anganwadi in each village with about 1000 population. The objective is to provide opportunities to develop desirable attitude, values and behaviour pattern among children. Locally produced inexpensive toys and material are used in organizing play and creative activity.
- * **Referral services:** At present, there are two schemes for adolescent girls viz. "Kishori Shakti Yojana" and "Nutrition Programme for Adolescent Girls".

MID-DAY MEAL PROGRAM

The Mid-day meal programme [MDMP] is also known as school lunch programme. The programme has been in operation since 1961, throughout the country.

The Major Objectives:

- * To attract more children for admission to school.
- * For literacy improvement of children.
- * To raise the nutritional status of primary school children. Particularly those belonging to low socio economic group.
- * To improve attendance and enrollment in schools.
- * To prevent dropout from primary school.

Principles:

- * The meal should be a supplement and not a substitute to the home diet.
- * The meal should supply at least one-third of the total energy requirement and half of the protein need.
- * The cost of the meal should be reasonably low.
- * The meal should be such that it can be prepared easily in schools; no complicated cooking process should be involved.
- * As far as possible, locally available foods should be used, this will reduce the cost of the meal.
- * The menu should be frequently changed to avoid monotony.

Model Menu:

A Mid-day school meal

Table:

Food stuffs	g/day/child
Cereals and millets.	75
Pulses.	30
Oils and fats.	8
Leafy vegetables.	30
Non leafy vegetables.	30

The National Institute of Nutrition is of the view that the minimum number of feeding days in a year should be 250 days to have desired impact on children.

School feeding not be considered as an end in itself. The important goals to be accomplished are:

- * Reorientation of eating habits.
- * Incorporation nutrition education into the curriculum.
- * Encouraging the use of local commodity.
- * Improving school attendance as well as educational performance of pupils.

The Mid-day meal programme became part of the minimum needs programme in the Fifth Five Year Plan.

MID-DAY MEAL SCHEME

Mid-day meal scheme is also known as National Programme of Nutritional Support to Primary Education. It was launched as a Centrally sponsored scheme on 15th August, 1995 and revised in 2004.

Objectives of the Scheme:

- * Universalisation of primary education by increasing enrolment.
- * Retention and attendance.
- * Simultaneously importing on nutrition of students in primary classes.

The programme originally covered to the children of primary stage (classes I to V) in Government, local body, Government aided schools, children studying in education guarantee scheme and alternative and also innovative education centers.

Suggestions For Preparation Of Nutritions And Economical Mid-day Meals:

- * Food grains must be stored in a place away from moisture in air containers/bins to avoid infestation.
- * Use whole wheat or broken wheat (dalia) for preparing mid-day meals.
- * Rice should preferably be parboiled or unpolished.
- * "Single Dish Meal" using broken wheat or rice and incorporating some amount of a pulse or soya beans, a seasonal vegetable/grain, green leafy vegetable and some amount of edible oil will save both time and fuel besides being nutritious. Broken wheat pulses, leafy khichdi, upma, dal-vegetable bhath are examples.
- * Cereal pulse combination is necessary to have good quality protein. The cereal pulse ratio could range from 3:1 to 5:1.
- * Sprouted pulses have more nutrients and should be incorporated in single dish meals.
- * Leafy vegetable when added to any preparation should be thoroughly washed before cutting and should not be subjected to washing after cutting.
- * Soaking of rice, dhal, Bengal gram etc., reduce cooking time wash the grains thoroughly and soak in just sufficient amount of water required for cooking.
- * Rice water if left after cooking should be mixed with dhal, if these are cooked separately and should never be thrown away.
- * Fermentation improves nutritive value. Preparation of idli, dosa, dhokla etc., may be encouraged.

- * Cooking must be done with the lid on to avoid loss of nutrients.
- * Overcooking should be avoided.
- * Reheating of oil used for frying is harmful and should be avoided.
- * Leafy tops of carrots, radish, turnips etc., should not be thrown, but utilized in preparing mid-day meal.
- * Only "iodized salt" should be used for cooking mid-day meals.

BALWADI

Balwadi Nutritional programme was started in 1970-71. It is done through Balwadis and Day Care Centers. Balwadi is managed by bolshevik and is assisted by helper, Co-ordination Committees at Center, State, District and Block levels.

Four national level organizations including the Indian Council of Child Welfare Care giving grants to impliment the programme. Voluntary organisations, which receive this funds are actively involved in the day-to-day management.

Objectives:

- * To supply ¼ of calorie requirements and ½ of protein requirement of the preschool child to improve the nutritional status.
- * Locally available food stuff are to be given.
- * Nutritional supplement includes 300 calories and 10gm of protein 1 day per 1 year is to be provided in Balwadis or Day Care Centers.
- * Non-formal education for preschool child

Beneficiaries: Beneficiaries are pre-school children between the age of 3 to 5 years. Priority is to be given to children belonging to low income group.

Activities: The supplementary nutrition consisting of 300 calories and 10 g of protein per child, per day is to be given for 770 times in a year. Apart from nutritional supplementation, the activities for social and emotional development are undertaken at balwadis.

Balwadis are being phased out because of universalisation of ICDS.

ANGANWADI

This scheme was started in the year 1975 under the Ministry of Social and Women Welfare. ICDS scheme is working at village level in rural areas, urban and tribal areas.

Objectives:

- * To improve the nutritional and health status of children in age group of 0-6 years.
- * For proper psychological, physical and social development of child.
- * To reduce mortality, morbidity, mal-nutrition and school dropout.
- * To achieve effective co-ordination of policy and implementation for the promotion of child development.
- * To provide nutritional needs of child through proper nutrition and health education.

Services:

The package services are provided to various groups to achieve the objectives. For children 0-6 years:

- * Supplementary nutrition.
- * Immunization.
- * Health check-up.
- * Referral services.
- * Non-formal preschool education.
- * Pregnant Women.

DAY CARE CENTERS

Day Care Centres: In these centres, mothers help in cooking and feeding one or two days a week and children attend daily to improve better feeding techniques, child care and child education.

As the number of working parents raised, there is an increased need for day-care centers. The basic type of care is home care, either in the parent's home or care-giver's home.

Types of Day Care Centers:

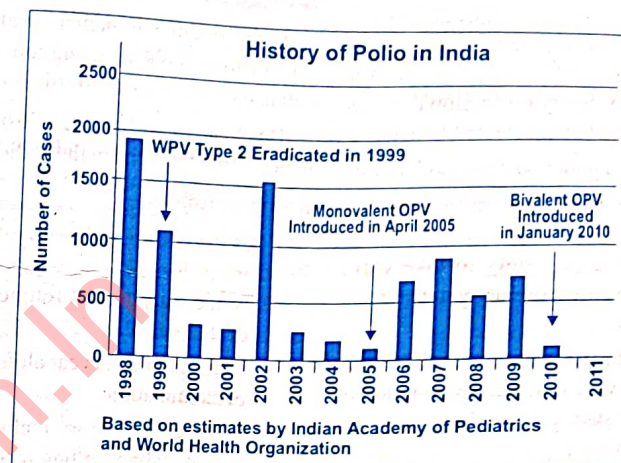
- * **In home care:** It may consist of a full time baby sitter who lives in the home, a full time baby sitter, who comes to the home, co-operative arrangements such as exchange baby sitting or family day-care.
- * **A licensed small family child care home:** Typically provides care and protection for upto six children for part of a 24 hr day and does not include formal arrangements such as exchange baby sitting or care givers in the child's own home.
- * **Large family child care home:** It may provide care for eight to twelve children. It provides care at day time.
- * **Work-based group care:** It is an other option that is becoming increasingly high quality and convenient for child care to their employees.
- * **Child Center-Based Care:** It usually refers to a licensed day care facility that provides care for six or more children, for 6 or more hours in a day.

NATIONAL POLIO SURVEILLANCE PROJECT (NPSP)

National Polio Surveillance Project (NPSP) work to assist in planning and implementing polio immunization activities aimed at eliminating polio from India; and in building and maintaining surveillance for AFP and poliovirus until certification of polio eradication is achieved from the WHO South East Asia Region.

Under the overall guidance of the WHO Representative to India, Project Manager of the National Polio Surveillance Project of WHO-India and the direct supervision of the Regional Team Leader, with a view to achieve the expected results set out in the relevant WCO-India biennial work plans in accordance with WHO's Country Cooperation Strategy with India (2012-2017), as part of the WCO-India team working on health systems, the incumbent will have the following responsibilities in the assigned states/districts of WHO and NPSP sub region:

1. Work in close collaboration with the state and district government officials in the assigned sub-region and provide strategic vision and technical assistance on polio eradication, measles mortality reduction and improvement of routine immunization coverage.
2. Review and monitor the implementation of activities related to polio eradication, measles mortality reduction and routine immunization improvement in the assigned sub-region and share feedback with the state government and the Project Manager, NPSP, WHO-India, on a periodic basis.
3. As a technical expert of WHO in the sub-region, make presentations, draft reports and strategic documents required for decision making and implementing strategic decisions in the sub-region.
4. Provide leadership and support to the NPSP operations in the assigned sub-region by supervising and guiding the activities of Surveillance Medical Officers (SMOs) of WHO-NPSP through field visits and feedback of analysed data.
5. Liaise with other UN agencies, non-government organizations, professional associations and other stakeholders involved with immunization related activities to seek support for polio eradication, measles mortality reduction and routine immunization activities.
6. Coordinate and oversee the planning of WHO-NPSP activities in the assigned sub-region, their linkages to the financial and human resources planning; and monitor the implementation of these plans.
7. Maintain and submit monthly financial reports as per project guidelines.
8. Any other duty as assigned by the supervisors.



The introduction of the National Polio Surveillance project (NPSP) in 1997 strengthened India's polio program and led to the eradication of wild poliovirus type 2 in 1999. Further innovations in the program, including introduction of monovalent and bivalent oral poliovirus vaccines helped reduce India's caseload.

7.2. LAW PERTAINING TO PEDIATRICS

INTRODUCTION

- * Medical professionals were never questioned in their actions. If any death or other mishaps used to occur, it was attributed to the act of God and the public used to accept it without any adverse reactions.
- * Deterioration in moral values, increased value for materialistic things, commercialization of the profession, higher expectation of the patients, awareness of rights and privileges of the patients, increasing consumer activism, media sensationalism, undue interference by the politicians etc.
- * It is prudent on the part of the Nurse to have an understanding of what constitute medical negligence and how to prevent it along with improvement in nurse-patient relationship by good ethical practice.

Civil Negligence:

A Professional can be found guilty under civil negligence by an act of omission or commission in a situation where he has failed to act in a manner, which an ordinary professional of his standing would have been expected to act.

The essential components of the modern tort of negligence propounded by Charlesworth and Percy are as follows:

- * The existence of a duty to take care, which is owed by the defendant to the complainant.
- * The failure to attain that standard of care, prescribed by the law, thereby committing a breach of such duty.
- * Damage, which is both causally connected with such breach and recognized by the law, has been suffered by the complainant.

Standard of care is the standard of the ordinary skilled man exercising and professing to have that special skill at that particular time.

Criminal Negligence:

The jurisprudential concept of negligence differs in civil and criminal law. What may be negligence in civil law may not necessarily be negligence in criminal law.

Other Penal Provisions:

Action can be taken against the medical professional under the Indian Medical Council Act for failure to follow the provisions of Code of Medical Ethics or under infamous conduct. Penal Action also can be taken against the doctors for failing to follow various other rules concerning medical professionals like PNDT, Drugs and Cosmetic Act, Transplantation of Human Organs Act, Biomedical Waste Act, MTP Act, etc.,

PRECAUTIONS TO BE TAKEN DURING TREATMENT

In the practice of medical profession, some precautions have to be taken to make the defense strong in cases of litigations.

But, many cases have been lost due to failure in providing the same in the Judicial Forums.

Documentation:

A medical professional should document the following facts:

- * Name, age, gender, religion and address of the patient.
- * Date, month and year along with the time of examination.
- * All relevant history including details of previous illness along with any history of drug allergy should be noted. If there is no history of drug allergy, it has to be noted. If the patient develops allergy to a drug subsequently, the date of occurrence.
- * The complete examination details including the positive and relevant negative findings.
- * A record of investigations advised with reports.
- * A provisional diagnosis and a working diagnosis should be there before starting a particular line of management.
- * Final diagnosis.
- * Proper follow-up advice with review dates should be given.

Informed Consent:

Currently the courts unanimously treat lack of informed consent as a matter of negligence of the doctor to disclose necessary information. So, the medical practitioner is duty bound to disclose the information as to the risk, which can arise from the treatment of the patient.

A consent given by a child under 12 years is invalid, between 12 years and 18 years is valid, if the court feels that the patient has understood the implication of the consent.

Refusal of Treatment:

Patient has the right to refuse treatment. In situations where there is refusal of treatment the consequence should be explained to the patients/ parents in front of a witness and it is better to get the refusal signed by them.

When a medical personnel advances a plea that the patient did not give his consent to the treatment suggested by him, the burden is on him to prove that non-administration of the treatment was on account of the refusal to give consent.

ETHICS IN PRACTICE AND GOOD DOCTOR-PATIENT RELATIONSHIP

- * **Standard:** A Medical professional should keep up high standard of behaviour as prescribed in Code of Medical Ethics, 2002 of Indian Medical Council.
- * **Choice:** The patient should be given the choice of treatment and doctor. If there is request for reference, proper reference letter should be given.
- * **Accessibility:** The patient should have accessibility to the best treatment in the hospital or referred to a higher center for better care, if necessary. The doctor will earn the respect of the patient and the relatives by doing so.
- * **Non discrimination:** No discrimination should be shown to the patients on the basis of religion, caste or social standing.
- * **Transparency:** The Nurse should be transparent with the patients and relatives on all possible matters. All matters regarding the bill, etc. should be explained.

- * **Accountability:** The Nurse should be accountable to the patient for the treatment.
- * **Imparting information:** The parents and the relatives should be made aware of the condition of the patient. A proper communication can avoid misunderstandings later on. Imparting of information should be done in a sensitive manner.
- * **Quality of service:** Expectations on the part of the patients and relatives are quite high regarding the quality of medical service.
- * **Dealing with complaints:** A medical professional should give serious consideration to complaints brought by the patients and relatives and do proper investigation on the complaints.

7.2A. NATIONAL CHILD LABOUR POLICY

NCLP was amended in 1987 to ban child labour and to provide the targeted children with better facilities for education, nutrition and health.

Main Features of the Act Are:

1. No child under 12 years and no adolescent is allowed to work in any plantation.
2. No child is allowed to work extra hours in any establishment.
3. The period of working hours on each day shall be fixed.
4. Children are not permitted to work in occupations with passenger and railway, weaving, cement industry, building construction, cloth printing, match manufacturers, fireworks, beedi making etc.

NATIONAL CHILD LABOUR POLICY - 1987

The National Child Labour Policy was formulated with the basic objective of suitably rehabilitating the children withdrawn from employment and to reduce the incidence of child labour in areas where there is a known concentration of child labour. The policy consists of three main ingredients:

- Legal Action Plan:** Emphasis will be laid on strict and effective enforcement of legal provisions relating to child labour under various labour laws.
- Focussing of General Development Programmes:** Utilisation of various on-going development programmes of other Ministries/Departments for the benefit of child labour, wherever possible.
- Project Based Plan of Action:** Launching of projects for the welfare of working children in areas of high concentration of child labour.

INSTITUTIONAL FRAMEWORK FOR MONITORING AND IMPLEMENTATION

- A project level society is required to be constituted for each project to supervise the programme with the District Magistrate/Collector of the concerned district as its Chairman and other members comprising representatives of Departments concerned with programmes of non-formal education, vocational training, health etc. and suitable voluntary organization as required.
- The execution of the project is entrusted to a Project Director who is assisted by field officers or social workers and other support staff. The society is a registered body and has a distinct legal status. The

other staff including teachers are engaged either by the voluntary agency or by the Project Society.

ROLE OF STATE GOVERNMENT

- Child labour is a subject on which both the Central Government and State Governments have joint responsibility. Child Labour Elimination Programme is, therefore, a National Programme, which must be supported both by Central and the State Governments by enlisting the involvement of different Ministries/Departments at the Central and the State Government level as also Non-Governmental Organizations. For facilitating the overall monitoring, supervision and co-ordination, Ministry of Labour at the Government of India and the Departments of Labour (or any other designated department) at the level of State Government will be the nodal agencies.

7.2B CHILD ACT

The Child's Act 1960 in India came into force in 1977.

PURPOSE OF CHILDREN'S ACT

- Provides care, maintenance, welfare, training, education and rehabilitation of delinquent, destitute, neglected, socially handicapped and other type of children in need.
- Article 39 (f) of Constitution of India, provides that state shall in particular direct its policy towards securing the childhood

and youth and protect against moral and material abandonment.

The neglected children can be taken charge by the Police (or) Probation officer or superintendent of the observation home. Such children should be produced before a juvenile court within 24 hours.

7.2C. JUVENILE JUSTICE ACT**JUVENILE JUSTICE ACT 1986**

With the implementation of the juvenile Justice Act, 1986, all Children's Acts applicable in different parts of the country have been repealed. The new Act, apart from rectifying the inadequacies of Children's Act, provides a comprehensive scheme for care, protection, treatment, development and rehabilitation of delinquent juveniles. The new Act has come into force from 2nd Oct 1987. Some of the special features of the Act are:

- It provides a uniform legal framework for juvenile justice in the country so as to ensure that no child under any circumstances is put in jail or police lock-up.
- It envisages specialized approach towards prevention and treatment of juvenile delinquency in keeping with the developmental needs of children.
- It establishes norms and standards for administration of juvenile justice in terms of investigation, care, treatment and rehabilitation.
- It lays down appropriate linkages and coordination between the formal system of juvenile justice and voluntary organizations. It specifically defines the roles and responsibilities of both.

JUVENILE JUSTICE ACT 2000

Juvenile Justice (Care and Protection of Children) Act, 2000 (now Amendment Act 2006) is an Act to consolidate and amend the law relating to juveniles in conflict with law and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation.

In order to implement its provisions and procedure, the Act provides for:

- * Juvenile Justice Boards.
- * Child Welfare Committees.
- * Institutional care through children's homes, observation homes, shelter homes, special homes and aftercare organizations.
- * Non-institutional care through Adoption, Foster Care, Sponsorship Act and After Care.
- * Special Juvenile Police Units.
- * Juvenile Justice Fund.
- * Central/State/District Advisory Boards.
- * Selection Committee.
- * Inspection Committee.

7.3. INTERNATIONALLY ACCEPTED RIGHTS OF THE CHILD

Children's rights are the human rights of children with particular attention to the rights of special protection and care afforded to children.

The United Nations Assembly resolution adopted the "Declaration of the rights of the child" on 20th November, 1959 to meet the special needs of the child, which is the first legally binding international instrument to incorporate the full range of human rights.

The basic rights of the child are as follows:

1. The right to affection, love and understanding.
2. The right to be among the first to receive relief in times of disaster.
3. The right to protection against all forms of neglect, cruelty and exploitation.
4. The right to free education and to full opportunity for play and recreation.
5. The right to enjoy these rights, regardless of race, colour, sex, religion, national or social origin.
6. The right to a name and nationality.
7. The right to special care, if disabled.
8. The right to learn to be a useful member of society and to develop individual abilities.
9. The right to be brought up in a spirit of peace.
10. The right to be protected against all forms of abuse and violence.
11. The right to adequate nutrition and medical care.

7.4. REHABILITATION OF DELINQUENT AND DESTITUTE CHILDREN

Destitute (neglected) children are in need of food and shelter. They may be begging, child without home, orphan, parent or guardian does not provide proper care, lives in brothel or with

prostitute, children of beggars and girls in moral danger.

- * They need special setting for rearing and to promote growth and development.

CHILD PLACEMENTS

Orphanage: It may be Government Organization or Voluntary Organization. To develop emotional security and to participate in activities to become a good citizen.

Foster Homes: It cares for the orphans and destitute children. It provides necessary love and affection and security to meet the needs of child.

Borstal Homes: It is an institution for young offenders (delinquents) sent for reformatory training. Boys >16 years difficult to handle in certified schools are sent to borstal homes. They are kept there for three years for training and reformation.

Remand Homes: It is a place where juvenile offenders are kept. The child is placed under the care of physician, psychiatrist and other health care personnel to improve physical and mental well-being. Elementary schooling, various arts, crafts and recreational activities.

Adoption: According to Hindu Adoption and Maintenance Act, 1956 states that laws are for legal adoption of children and adoptive parents' rights and responsibilities.

- * A child <15 years of age is adopted through legal process.
- * Provide legal guidelines to adopt a child.

7.5. ADOPTION LAWS AND SERVICES

HINDU ADOPTIONS AND MAINTENANCE ACT, 1956

PRELIMINARY

Short title and extent: This Act may be called the Hindu Adoptions and Maintenance Act, 1956

It extends to the whole of India except the State of Jammu and Kashmir.

1. Application of Act:

a. This Act applies:

- * To any person, who is a Hindu by religion in any of its forms or developments, including a Virashaiva, a Lingayat or a follower of the Brahmo, Prarthana or Arya Samaj,
- * To any person who is a Buddhist, Jaina or Sikh by religion.
- * To any other person who is not a Muslim, Christian, Parsi or Jew by religion, unless it is proved that any such person would not have been governed by the Hindu law or by any custom or usage as part of the law in respect any of the matters dealt with herein, if this Act had not been passed.

Explanation : The following persons are Hindus, Buddhists, Jains or Sikhs by religion, as the case may be:-

- * Any child, legitimate or illegitimate, both of whose parents are Hindus, Buddhists, Jains or Sikhs by religion;
- * Any child, legitimate or illegitimate, one of whose parents is a Hindu, Buddhist, Jaina and Sikh by religion and who is brought up as a member of the tribe,

community, group or family to which such parent belongs or belonged.

- * Any child, legitimate or illegitimate who has been abandoned both by his father and mother or whose parentage is known and who in either case is brought up as a Hindu, Buddhist, Jaina or Sikh.
- * Any person who is convert or reconvert to the Hindu, Buddhist, Jaina or Sikh religion.

b. Notwithstanding anything contained in sub-section (1), nothing contained in this Act shall apply to the members of any Scheduled Tribe within the meaning of clause (25) of Article 366 of the Constitution unless the Central Government, by notification in the Official Gazette, otherwise directs.

c. The expression "Hindu" in any portion of this Act shall be construed as if it included a person who, though not a Hindu by religion, is nevertheless, a person whom this Act applies by virtue of the provisions contained in this section.

2. Definitions:

In this Act, unless the context otherwise requires :

The expressions "custom" and "usage" signify any rule, which have been continuously and uniformly observed for a long time, has obtained the force of law among Hindus in any local area, tribe, community, group or family.

- * Provided the rule is certain and not unreasonable or opposed to public policy.
- * Provided further that, in the case of a rule applicable only to a family, it has not been discontinued by the family.

"Maintenance" includes:

- * In all cases, provision for food, clothing, residence, education and medical attendance and treatment.
- * In the case of an unmarried daughter, also the reasonable expenses and incidents to her marriage.
- * "Minor" means a person who has not completed his or her age of eighteen years.

COMMENTS

Where the custom is such as to permit the second marriage during the lifetime of the spouse, cannot be given the force of law keeping in mind the statutory provision against bigamy *Raghuvira Kumar v Shankmukha Vadivu* 1970 (2) MLJ 193.

As per the custom prevailing in Himachal Pradesh, daughter is conferred a right where for she can make a representation in non-ancestral property including the property of a collateral- *Ram Rakha v. Ram Rakshi* 1983 HP 18.

A custom is a particular rule, which has existed either actually or presumptively from time immemorial, and has obtained the force of law in particular locality, although contrary to or not consistent with the general common law of the realm. A custom to be held valid and must have four essential attributes. First it must be immemorial; secondly, it must be reasonable; thirdly, it must have continued without interruption since its immemorial origin; and fourthly, it must be certain in respect of its nature generally as well as in respect of the locality where it is alleged to obtain and the person whom it is alleged to affect.- *Halsbury's law of England* 4th ed. vol. 12 para 401.

3. Overriding effect of Act:

Save as otherwise expressly provided in this Act:

- * Any text, rule of interpretation of Hindu law or any custom or usage as part of that law in force immediately before the commencement of this Act shall cease to have effect with respect to any matter for which provision is made in this Act;
- * Any other law in force immediately before the commencement of this Act shall cease to apply to Hindus insofar as it is inconsistent with any of the provisions contained in this Act.

COMMENTS

Where the adoption takes place following the custom, then the custom must be such as not in contradiction of statutory provisions laid down as regards adoption. That adoption, which is against the provision of the Act is invalid.- *Kartar Singh v. Surjan Singh* 1975 (1) SCR 742.

ADOPTIONS

4. Adoptions to be regulated by this chapter:

No adoption shall be made after the commencement of this Act by or to a Hindu except in accordance with the provisions contained in this Chapter, and any adoption made in contravention of the said provision shall be void.

An adoption, which is void shall neither create any rights in the adoptive family in favour of any person, which he or she could not have acquired except by reason of the adoption, nor destroy the right of any person in the family of his or her birth.

5. Requisites of a valid adoption:

No adoption shall be valid unless:

- * The person adopting has the capacity, and also the right, to take in adoption.
- * The person giving in adoption has the capacity to do so.
- * The person adopted is capable of being taken in adoption.
- * The adoption is made in compliance with the other conditions mentioned in this chapter.

6. Capacity of a male Hindu to take in adoption:

- * Any male Hindu who is sound mind and is not a minor has the capacity to take a son or a daughter in adoption.
- * Provided that, if he has a wife living, he shall not adopt except with the consent of his wife unless the wife has completely and finally renounced the world or has ceased to be a Hindu or has been declared by a court of competent jurisdiction to be of unsound mind.
- * *Explanation:* If a person has more than one wife living at the time of adoption, the consent of all the wives is necessary unless the consent of any one of the them is unnecessary for any of the reasons specified in the preceding proviso.

7. Capacity of a female Hindu to take in adoption:

Any female Hindu:

- * Who is of sound mind.
- * Who is not a minor.
- * Who is not married, or if married, whose marriage has been dissolved or whose husband is dead or has completely and finally renounced the world or has ceased

to be a Hindu or has been declared by a court of competent jurisdiction to be of unsound mind,

- * Has the capacity to take a son or daughter in adoption.

COMMENTS

After the completion of the age of eighteen, a woman gets the capacity to adopt even though she herself is unmarried. Where after the adoption, she is married, her husband would be step-father and she herself would remain adoptive mother as earlier. Adoption by an unmarried can also take place despite the fact that she is having an illegitimate child.
- *Ashoka Naidu v. Raymond* AIR 1976 Cal 272.

A married woman has got no right to take in adoption during the subsistence of the marriage. But, where the husband has completely and finally renounced the world or he had ceased to be Hindu or some competent court has declared him to be of unsound mind, the wife can adopt.
- *Dashrath V. Pandu* 1977 Mah LJ 358.

8. Persons capable of giving in adoption:

No person except the father or mother the guardian of a child shall have the capacity to give the child in adoption.

Subject to the provision of [sub-section (3) and sub-section (4)], the father, if alive, shall alone have the right to give in adoption, but such right shall not be exercised to save with the consent of the mother unless the mother has completely and finally renounced the world or has ceased to be a Hindu has been declared by a court of competent jurisdiction to be of unsound mind.

The mother may give the child in adoption, if the father is dead or has completely and finally renounced the world or has ceased to be a Hindu or has been declared by a court of competent jurisdiction to be of unsound mind.

Where both the father and mother are dead or have completely and finally renounced the world or have abandoned the child or have been declared by a court of competent jurisdiction to be of unsound mind or where the parentage of the child is not known, the guardian of the child may give the child in adoption with the previous permission of the court to any person including the guardian himself.

Before granting permission to a guardian under sub-section (4), the court shall be satisfied that the adoption will be for the welfare of the child, due consideration being for this purpose given to the wishes of the child having regard to the age and understanding of the child and that the applicant for permission has not received or agreed to receive and that no person has made or given or agreed to make or give to the applicant any payment or reward in consideration of the adoption except such as the court may sanction.

Explanation: For the purposes of this section-

- * The expression "father" and "mother" do not include an adoptive father and an adoptive mother;
- * "Guardian" means a person having the care of the person of a child or of both his person and property and includes-
 - A guardian appointed by the will of the child's father or mother.

- A guardian appointed or declared by a court.
- "Court" means the city civil court or a district court within the local limits of whose jurisdiction the child to be adopted ordinarily resides.

9. Persons who may be adopted:

No person shall be capable of being taken in adoption unless the following conditions are fulfilled, namely:

- * He or she is Hindu.
- * He or she has not already been adopted.
- * He or she has not been married, unless there is a custom or usage applicable to the parties, which permits persons who are married being taken in adoption.
- * He or she has not completed the age of fifteen years, unless there is a custom or usage applicable to the parties, which permits persons who have completed the age of fifteen years being taken in adoption.

10. Other conditions for a valid adoption:

In every adoption, the following conditions must be complied with:

- * If the adoption is of a son, the adoptive father or mother by whom adoption is made must not have a Hindu son, son's son or son's son's son (whether by legitimate blood relationship or by adoption) living at the time of adoption.
- * If the adoption is of a daughter, the adoptive father or mother by whom the adoption is made must not have a Hindu daughter or son's daughter (whether by legitimate blood relationship or by adoption) living at the time of adoption.
- * If the adoption is by a male and the person to be adopted is a female, the adoptive

father is at least twenty one years older than the person to be adopted.

- * If the adoption is by a female and the person to be adopted is a male, the adoptive mother is at least twenty -one years older than the person to be adopted.
- * The same child may not be adopted simultaneously by two or more person.
- * The child to be adopted must be actually given and taken in adoption by the parents or guardian concerned or under their authority with intent to transfer the child from the family of its birth '[or in case of an abandoned child or child whose parentage is not known, from the place or family where it has been brought up] to the family of its adoption.
- * PROVIDED that the performance of datta homam shall not be essential to the validity of adoption.

11. Effects of adoption:

An adopted child shall be deemed to be the child of his or her adoptive father or mother for all purposes with effect from the date of the adoption and from such date all the ties of the child in the family of his or her birth shall be deemed to be severed and replaced by those created by the adoption in the adoptive family.

PROVIDED that:

- * The child cannot marry any person whom he or she could not have married, if he or she had continued in the family of his or her birth.
- * Any property, which vested in the adopted child before the adoption shall continue to vest in such person subject to the obligations, if any, attaching to the ownership of such property, including the

obligation to maintain relatives in the family of his or her birth.

- * The adopted child shall not divest any person of any estate, which vested in him or her before the adoption.

COMMENTS

The assumption that all the ties of child with the family of his or her birth shall be severed operates only from the day the adoption takes place and from the day the ties are replaced by those created by the adoption in the adoptive family.-Kanwaljit Singh v. State of Haryana 1981 Pun LJ 64.

Adopted girl is conferred an entitlement to succeed the property within the meaning of S.8 of Hindu Succession Act 1956 despite the fact that the property was owned by the deceased by reason of his adoption.-Neelawwa v. Shivawwa 1988 (2) HLR 799.

Under the provisions of S.14 of the Hindu Succession Act, widow becomes an absolute owner, and it is not possible that the child adopted by her is divesting her of the right which has already been vested in her.

- *Dinaji v. Dadde AIR 1990 SC 1153.*

Where the property is in absolute terms vested in a person as the last surviving coparcener a child subsequently adopted cannot divest him of it. - *Krishnabai v. Ananda Sevaram AIR 1981 Bom 240.*

12. Right of adoptive parents to dispose of their properties:

Subject to any agreement to the contrary, an adoption does not deprive the adoptive father or mother of the power to dispose of his or her property by transfer of inter vivos or by will.

COMMENTS

Where the child is taken in adoption by the sole surviving widow, oral relinquishment by her in favour of adopted child is valid and effective. - *Hirabai v. Babu Manika AIR 1980 Bom. 315*

13. Determination of adoptive mother in certain cases:

- * Where a Hindu who has a wife living adopts a child, she shall be deemed to be the adoptive mother.
- * Where an adoption has been made with the consent of more than one wife, the senior-most in marriage among them shall be deemed to be the adoptive mother and the other to be step mothers
- * Where a widower or a bachelor adopts a child, any wife whom he subsequently marries shall be deemed to be step mother of the step mother of the adopted child.
- * Where a widow or an unmarried woman adopts a child, any husband whom she marries subsequently shall be deemed to be the step father of the adoptive child.

14. Valid adoption not to be cancelled:

No adoption which has been validly made can be cancelled by the adoptive father or mother or any other person, nor can the adopted child renounce his or her status as such and return to the family of his or her birth.

15. Presumption as to registered documents relating to adoption:

Whenever any document registered under any law for the time being in force is produced before any court purporting to record an adoption made and is signed by the person giving and the person taking the child in adoption, the court shall presume that the adoption has been made in compliance

with the provisions of this Act unless and until it is disproved.

16. Prohibition of Certain Payments:

- * No person shall receive or agree to receive any payment or other reward in consideration of the adoption of any person, and no person shall make or give or agree to make or give to any other person any payment or reward the receipt of which is prohibited by this section.
- * If any person contravenes the provision of sub-section (1), he shall be punishable with imprisonment, which may extend to six months, or with fine, or with both.
- * No prosecution under this section shall be instituted without the previous sanction of the State Government or an officer authorised by the State Government in this behalf.

MAINTENANCE

Maintenance of children and aged parents:

- * Subject to the provisions of this section a Hindu is bound, during his or her lifetime, to maintain his or her legitimate or illegitimate children and his or her aged or infirm parents.
- * A legitimate or illegitimate child may claim maintenance from his or her father or mother so long as the child is a minor.
- * The obligation of a person to maintain his or her aged or infirm parent or a daughter who is unmarried extends in so far as the parent or the unmarried daughter, as the case may be, is unable to maintain himself or herself out of his or her own earnings or other property.

Explanation: In this section "parent" includes a childless step-mother.

Amount of maintenance:

- * It shall be in the discretion of the court to determine whether any, and if so what, maintenance shall be awarded under the provisions of this Act, and in doing so, the court shall have due regard to the considerations set out in sub-section (2), or sub-section (3), as the case may be, so far as they are applicable.
- * In determining the amount of maintenance, if any, to be awarded to a wife, children or aged or infirm parents under this Act, regard shall be had to:
 - The position and status of the parties.
 - The reasonable wants of the claimant.
 - If the claimant is living separately, whether the claimant is justified in doing so.
 - The value of the claimant's property and any income derived from such property or from the claimant's own earnings or from any other sources.
 - The number of persons entitled to maintenance under this act.
- * In determining the amount of maintenance, if any, to be awarded to a dependent under this act, regard shall be had to:
 - The net value of the estate of the deceased after providing for the payment of his debts.
 - The provision, if any, made under a will of the deceased in respect of the dependant.
 - The degree of relationship between the two.
 - The reasonable wants of the dependant.
 - The past relations between the dependant and the deceased.

- The value of the property of the dependant and any income derived from such property; or from his or her earnings or from any other source;
- The number of dependants entitled to maintenance under this act.

COMMENTS

Quantum of maintenance depends upon a gathering together of all the facts of the situation, the amount of free estate, the past life of the married parties and the families a survey of the conditions and necessities and rights of the members, on a reasonable view of the change of circumstances possibly required in the future, regard being of course to the scale and mode of living to the age, habits, wants and class of life of the parties. - *Baby Rashmi Mehra and Another vs Sunil Mehra AIR 1991 Del.44, 1 (1990) DMC 94.*

Claimant to maintenance should be a Hindu: No person shall be entitled to claim maintenance under this chapter, if he or she has ceased to be a Hindu by conversion to another religion.

Amount of Maintenance may be altered on change of circumstances: The amount of maintenance, whether fixed by a decree of court or by agreement, either before or after the commencement of this Act, may be altered subsequently, if there is a material change in the circumstances justifying such alteration.

Debts to have priority: Subject to the provision contained in section 27 debts of every description contracted or payable by the deceased shall have priority over the claims of his dependants for maintenance under this act.

Maintenance when to be a charge: A dependant's claim for maintenance under this Act shall not be a charge on the estate of the deceased or any portion thereof, unless one has been created by the will of the deceased, by a decree of court, by agreement between the dependant and the owner of the estate or portion, or otherwise.

Effect of transfer of property on right to maintenance: Where a dependant has a right to receive maintenance out of an estate, and such estate or any part thereof is transferred, the right to receive maintenance may be enforced against the transferee, if the transferee has noticed of the right or if the transfer is gratuitous; but not against the transferee for consideration and without notice of the right.

7.6. ADOLESCENT HEALTH PROGRAMS – MENSTRUAL HYGIENE, WIFS PROGRAM AND ADOLESCENT SAFETY PROGRAM

Taking cognisance of the diverse nature of adolescent health needs, a comprehensive adolescent health strategy has been developed. The priority under adolescent health include nutrition, sexual and reproductive health, mental health, addressing gender-based violence, non-communicable diseases and substance use.

The strategy proposes a set of interventions (health promotion, prevention, diagnosis, treatment and referral) across levels of care. These interventions and approaches work towards building protective factors that can help adolescents and young people develop 'resilience' to resist negative behaviours and operate at four major levels: individual, family,

school and community by providing a comprehensive package of information, commodities and services. The priority interventions are as follows:

- * Adolescent nutrition; iron and folic acid supplementation.
- * Facility based adolescent reproductive and sexual health services (ARSH) (Adolescent health clinics).
- * Information and counselling on adolescent sexual reproductive health and other health issues.
- * Menstrual hygiene.
- * Preventive health check-ups.

ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH PROGRAMME (ARSH)

Adolescent Reproductive and Sexual Health programme (ARSH) focusses on reorganizing the existing public health system in order to meet service needs of adolescents. Steps are being taken to ensure improved service delivery for adolescents during routine sub-centre clinics and also to ensure service availability on fixed days and timings at the Primary Health Centre, Community Health Centre and District Hospital levels.

WEEKLY IRON AND FOLIC ACID SUPPLEMENTATION (WIFS)

Ministry of Health and Family Welfare has launched the Weekly Iron and Folic Acid Supplementation (WIFS) programme to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. The long term goal is to break the intergenerational cycle of anaemia, the short term benefit is of a nutritionally improved human capital. The programme, implemented across the country, both in rural and urban areas, will cover 10.25 crore adolescents. The key interventions under this programme are as follows:

Unit-7 :: Child Welfare Services

- * Administration of supervised weekly iron-folic acid supplements of 100 mg elemental iron and 500 µg folic acid using a fixed day approach.
- * Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
- * Biannual de-worming (Albendazole 400 mg), six months apart, for control of helminths infestation.
- * Information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

MENSTRUAL HYGIENE SCHEME

The Ministry of Health and Family Welfare has launched scheme for promotion of menstrual hygiene among adolescent girls in the age group

of 10-19 years in rural areas. This programme aims at ensuring that girls have adequate knowledge and information about menstrual hygiene and have access to high quality sanitary napkins along with safe disposal mechanisms. Key activities under the scheme include:

- * Community based health education and outreach in the target population to promote menstrual health.
- * Ensuring regular availability of sanitary napkins to the adolescents.
- * Sourcing and procurement of sanitary napkins.
- * Storage and distribution of sanitary napkins to the adolescent girls.
- * Training of ASHA and nodal teachers in menstrual health.
- * Safe disposal of sanitary napkins.

Overview

- * The Government of India adopted a National Policy in the year 1974 for the welfare of children in the field of Health, Child Nutrition, Welfare of Handicapped and Destitute Children.
- * International accepted rights were declared by the 14th General Assembly of the United Nations on the 20th November 1959. The rights are for the welfare of Children.
- * "Expanded Programme on Immunization" (EPI) against six, most common, preventable childhood diseases, viz. Diphtheria, Pertussis (whooping cough), Tetanus, Polio, Tuberculosis and Measles. From the beginning of the programme UNICEF has been providing significant support to EPI.
- * International accepted rights were declared by the 14th General Assembly of the United Nations on the 20th November, 1959. These rights are for the welfare of children.
- * The Objectives of CSSM were to reduce infant mortality below 60 per 1000 live births and childhood mortality below 10 per 1000 children. To reduce maternal mortality below 2 per 100 live births.
- * RCH Programme are the programme integrates all interventions of fertility regulation, maternal and child health with reproductive health of both men and women.