CHILDREN IN NEED OF CARE AND PROTECTION IN MIZORAM

By

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Submitted

In partial fulfillment of the requirement of the Doctor of Philosophy

in Social Work, Mizoram University, Aizawl

Dedicated to my late Grandparents,Uncle and Aunty

Mr. C. Lalhmingliana and Mrs. Lalthansangi

Mr. Zalawma and Mrs. Chhiari

Mr. Lalhruaia and

Mrs. Lalduhawmi

DECLARATION

Mizoram University

May 2014

I, Henry Zodinliana Pachuau, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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CERTIFICATE

This is to certify that the thesis **"Children in Need of Care and Protection in Mizoram"** submitted by Henry Zodinliana Pachuau, in partial fulfillment of requirement for the Ph.D Degree in Social Work, had been written under my supervision.

The Scholar has fulfilled all the required norms laid down under UGC Regulation 2009 on Minimum Standard and Procedure for the award of Doctor of Philosophy (Ph. D) Degree. The thesis has not previously form the basis for award any degree of this University or any other and this work is record of the Scholar's personal effort carried under my guidance.

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Abbreviation

AD	-	Anno Domini
APL	-	Above Povery Line
AAY	-	Antyodaya Anna Yojana
BPL	-	Below Poverty Line
CRC	-	Convention of the Rights of the Child
Etc.	-	*et cetera*, and so forth
Et.Al.	-	*et alii* and others
Govt.	-	Government
GOI	-	Government of India
GAWA	-	Guardianship and Wards Act
HIV/AIDS	-	Human Immunodeficiency Virus/
	-	Acquired Immuno Deficiency Syndrome
HAMA	-	Hindu Adoption and Maintenance Act
ICDS	-	Integrated Child Development Scheme
ILO	-	International Labour Organisation
IPC	-	Indian Penal Code
IMR	-	Infant Mortality Rate
MHIP	-	Mizo Hmeichhe Insuihkhawm Pawl
NACO	-	National Aids Control Organsiation
NGO	-	Non Government Organisation
NIPCCD	-	National Institute of Public Cooperation and Child Development
No.	-	Number
NSPCC	-	National Society for the Prevention of Cruelty to Children
Pvt.	-	Private
SPSS	-	Statistical Package for Social Sciences
SSA	-	Sharva Shiksha Abhiyan
SCF	-	Save the Children's Fund
SFR	-	Standard for Full Registration
SL	-	Serial
SLL	-	Special and Local Laws
UN	-	United Nations
US	-	United States
UNICEF	-	United Nations Children Emergency Fund
UNAIDS	-	United Nations Programme on HIV/AIDS
UNESCO	-	United Nations Educational, Scientific and Cultural Organisation
WHO	-	World Health Organisation
YLA	-	Young Lushai Association
YMA	-	Young Mizo Association
&	-	And

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CHAPTER I

INTRODUCTION

This study attempts to highlight the profile of children in need of care and protection. It further explores their situation and examines the services available to them and offers suggestions for policy makers at the national and regional level.

The concern for child care and protection has received great attention from both public and private practitioners around the world. This is due to research on the psycho-social aspects of children. The Convention on the Rights of the Child recognizes the exceptional vulnerability of children and proclaims children as needing special care and assistance. The state must respect and ensure that they get a fair and equitable deal in society. The Convention emphasizes the importance of family and the need to create an environment that is conducive to the healthy growth and development of children. It highlights empowering children and creating a world where all children are able to live securely and realize their full potential in life. Right to protection is one of the basic rights included under the Convention (Baruah, A., 2003).

Attention to children and the concept of childhood have gained more attention in the last few decades (Gupta, M., 2001). Dominelli states that children are central to society. They represent its continuation over time. They are our collective future (Dominelli, L., 2004).

The situation of children holds importance for both the social aspects as well as the economic and political aspects. *'The true measure of a nation's standing is how well it attends to its children- their health and safety, their material security, their education and socialization and their sense of being loved, valued and included in the families and societies to which they are born'*(UNICEF, 2007). This is true because development is based *inter alia* on the standing of children and therefore acts as an important indicator. Jha states that in order to preserve and improve human capital, investment in the child is very important in any plan of economic development. An investment in basic preventive services is a must in order to prevent any other diseases and it will minimize expenditure on the services meant for treatment of many social ills (Jha, J.K., 2001). It would be an undeniable fact to state that for human resource to develop, care and protection of children is a must.

Indicators of development include infant mortality, literacy and life expectancy under the physical quality of life index. The human development index (HDI) includes two indicators relating to children. One is life expectancy at birth which includes health, infant and child mortality and nutrition and educational attainment which includes primary, secondary and tertiary enrollment ratio (Agarwal, A.N., 2001).

Jenson and Fraser highlight that children and their families are the nation's most valuable and perhaps it's most endangered resource. They further elaborate that children and families today face unprecedented challenges, including persistent poverty, eroding family structure, easy access to alcohol and other drugs and violence.' (Jenson, J. M., & Fraser, M.W,. 2006). According to Holt, *'Children are vulnerable and as such need protection from the harshness of the world and around'* (In Bhakhry, S., 2006). Because of this vulnerability care and protection by adults is needed for their survival and development. Care and protection has to be at their best interest. To quote Sherri Y. Terao, *'All children regardless of sex, race, ethnicity, or religious beliefs, should have the opportunity to be raised in an environment free of physical, sexual, and emotional abuse and neglect'* (In Dubowitz, H., & DePanfilis, D., 2000).

However, in spite of the attention gained, the situation of children around the world still remains bleak and their vulnerability is the reason of them being 'at risk'. This cycle of children's vulnerability places them out of the margins of development. *'Social constructions of childhood are ignored by adults to whom children depend upon. As a result of adults' power over children, children become vulnerable to abuse'* (Dominelli, L., 2004).

Children, in the past were seen 'through the lens of deficit and social pathology' (James & Prout in Guy Roberts-Holms, 2005). Children's needs and wants were (often) interpreted by the adults who spoke on behalf of children. Children were seen as lacking in social competency and insight. In short, *'Children's social competencies and their abilities were negated within a pathological model of childhood which centered upon their low chronological age'* (Guy Roberts-Holms, 2005). Stereotypical thinking among adults has led to children being seen as underdeveloped both physically and mentally (David in Guy Roberts-Holms, 2005).

We see evidences of child maltreatment throughout history. (Julie Bywater in Jowitt, M., & O' Loughlin, S., 2005). De Mause is quoted as saying that child abuse is a nightmare that we have only lately become aware of. When we delve into history, children who killed, abandoned, beaten, terrorized and sexually abused have always existed (Jowitt & Bywater in Jowitt, M., & O' Loughlin, S., 2005). Even in today's world, such attitude towards children is quite apparent and adults provide little scope for children to even express themselves in regards to their needs and protection inasmuch as one would wish for them to work *with* children rather than work *for* them .

Adults have the habit of assuming children's understanding of the world. They sometimes either act as if children think and understand just like they do, when children in fact cannot simply understand or behave as if children do not think at all about the world around them. *'Children see adults as big and powerful beings. Adults forget how powerful they seem to children that sometimes they may do things which may be inappropriate for the child's well being'* (Beckett, C., 2003).

Child care workers have the tendency to make mistakes in child care and protection. Cochrane and Myers state that as child protection workers we are still to sharpen the focus of our roles. They state, '*We are not able to deal with them effectively. We label and reject them using sarcastic words, superior intellectual tactics to belittle, unrealistic threats and frightening stimuli to force the child for their submission. These should be avoided and instead we must create an environment that creates a 'positive relationships between children and adult'*. In short, they state that, '*A child does not learn nor grow nor develop nor adapt in an atmosphere of fear'.* (Cochrane, C, T., and Myers, D, V., 1980).

Historically, we see across disciplines that children have not featured much in academic discourse. According to Freeman, in historical events, like the American and the French Revolutions, there was nothing about children (In Bhakhry, S., 2006).The care and protection of children has been largely viewed within the confines of their home and it is only recently that attention has been drawn to understanding this reality. The reason for societal negligence of children may have been because of the reason that children are perceived to be the responsibility of their parents/guardians only. This perception across cultures could lead to a sense of unique

power and authority by parents and guardians over the vulnerable child therefore resulting in different forms of abuse, in some cases. Nevertheless, this does not negate the fact that there are those, even within and across society, who, because of the very nature of human emotions, have always cared and protected their child with utmost sincerity.

Gupta, M. quotes Macfarlan and recounts, *'There are many incidents of parents expressing love and affection for their children before the 18th century. Socio-anthropological studies demonstrate considerable evidence of close child-adult emotional ties despite gross material poverty and high rates of child mortality.'* She also refers to Sommerville that in Mesopotamia, parents were expressing the same sort of concerns about their children as parents are now i.e. that they were not obedient and that they were not working hard enough at school. Further highlighting Stone's work which focused on the 1500-1800 AD where affection and love between spouses and for their children were impossible before the 18th century because of the material conditions of pre-industrial society. Adults did not invest emotionally in children because it was not considered to be worthwhile. Child mortality rates were high, that to preserve their mental stability, parents were obliged to limit the degree of their psychological involvement with their infant children. It was only in the 19th century that children were first seen as individuals with special needs because of their vulnerability (In Gupta, M., 2001).

According to Beckett,C. (2003), the perception on how children should be treated by adults, and about the community's responsibility towards children, have naturally changed in time, although the vulnerability of children was very much evident in the past.

Children have begun to occupy important place in the research process according to Alderson, Lancaster and Broadbent (In Guy Roberts-Holms, 2005). Their participation in the research process has been increasingly carried out. Their views are taken into account and such respect during research process has become widespread (Kirby et al., 2003 in Guy Roberts-Holms 2005). The potentials of children are being recognized through understanding their strengths and capacities. They are rich in potential, strong, powerful, and competent (Guy Roberts-Holms 2005). If adults think of children as such, they act powerful and rise to our

expectation. 'If we choose to stand aside and let them, and see them in their true colours,' then only will we realize their true potentials (Drummond in Guy Roberts-Holms, 2005). Children's role in rapport building during the process of research cannot be denied.

The Government wants children and young people to have more opportunities to get involved in the design, provision and evaluation of policies and services that affect them or which they use (Guy Roberts-Holms 2005).

It is reported that usually, children may not be able to express their thoughts and feelings in words and they may not realize what they are communicating. Therefore they may not be able to explain themselves if questioned about their behavior. As such the authors state the need to be equipped with the skill of listening and observation to know what a child is telling. It should be known that they show their inner selves by acting out and showing what is going on in their minds (Sherman, F., & Holden E.W., in Dubowitz, H., and DePanfilis, D., 2000). The fact that children are often unable to communicate their own needs only underlines the need to have sensitive and caring social work research inputs.

At present child practitioners have the responsibility to understand more about children. New legislations, policies and practice constantly changes the ways in which practitioners must relate and work with the children in their care (Guy Roberts-Holms, 2005).

Such development that leads to participatory and child- centric view is uncommon in India and indeed in Mizoram as well. The patriarchal structures that exist in Indian society do not permit accommodation of a child's right to participation. Therefore, an innovative and pro-active approach where children's voices are heard needs to be taken up by the Government as well as NGOs working for children to deal with matters relating to their care and protection. It is gratifying to note that the last few decades have seen Indian NGOs develop this approach to children's issues. With these challenges in mind, there is a need for a more systematic and child-friendly approaches to the study of children in and around the world.

1.1 Child Abuse

Child Abuse is considered to be a construction of society. It is a product of a particular culture and context and not an absolute unchanging phenomenon. The nature of abuse in a particular society alters over time. Anthropological studies show clearly that what is viewed as abusive in one society today is not necessarily seen as such in another (Gupta, M., 2001). Child abuse is to be understood as a historically and culturally specific phenomenon that is not susceptible to a fixed or universal definition (Davies, M., 2000).

Korbin quoted as citing examples of culturally approved practices in societies in certain regions of the world that we would certainly define as abusive which includes extremely hot baths, designed to inculcate culturally valued traits; punishments, such as severe beatings, to impress the child with the necessity of adherence to cultural rules; and harsh initiation rites that includes genital operations, deprivation of food and sleep and induced bleeding and vomiting. It is thus important to consider culture as important factor that must be taken into account when labeling certain acts as abusive. However, this does not mean that there can be no common standards at all. Some culturally defined practices such as circumcision and clitoridectomy should be universally seen as abusive and addressed as such (In Finkelhor and Korbin, 1988). Besharov considers that definitional inadequacy has had harmful effects on research and that there are thousands of different and conflicting definitions of child abuse and child neglect in use today. Some describe child maltreatment in terms of proscribed parental conduct; some focus on the harm to the child; and many are couched in both. While many definitions share common approaches, elements and even phraseology, the different combinations and permutations seem endless (In Gupta, M., 2001).

The contemporary understanding of child abuse and its classifications are given as under:

Child abuse occurs either through inaction or actions that are detrimental to the well-being and development of a child.

Physical abuse includes deliberate injury to a child through physical means and also covers the denial of physical needs through neglect.

Sexual abuse refers to all sexual activities with children irrespective of whether it is with or without their consent.

Emotional abuse refers to the gamut of activities that are directed at shaming, intimidating, ridiculing, criticizing and creating guilt, fear and directing anger to children in a manner that substantially affects the child.

Neglect can be defined as a condition where basic needs of children (Food, shelter, clothing, education and health etc.) remain unmet.

Howard Dubowitz (In Dubowitz, H., & DePanfilis, D.,2000) has outlined the following types of neglect:

i) Nutritional Neglect which occurs when the children repeatedly experience hunger for hours or a large part of the day, and no food is available.

ii) Clothing Neglect which occurs when children lack clothing so that they are dangerously exposed to the elements-for example, not having shoes or warm clothes for winter.

iii) Homelessness

iv) Neglected Health care which refers to situations in which children do not receive adequate health care, resulting in actual or potential harm.

v) Educational Neglect which occurs when a child is not enrolled in school or when there is significant absenteeism without reasonable cause.

vi) Inadequate supervision which occurs when children are left alone in a manner and for a period of time that is not appropriate for their developmental level.

vii) Protection from environmental hazards which includes dangers in and out of the home.

vii) Inadequate nurturance, love, affection, and support.

1.1.1 Causes of Child Abuse

Gupta, M. (2001) has highlighted a very exhaustive background as to the causes of child abuse. She has also indicated the research of other writers which helps in understanding the dynamics of abuse. Detailed explanations of the theories are in her work. They are summarized here as follows.

i) **Biology and Child Abuse:** According to this, Darwin's theory of natural selection and the survival of the fittest helps us in understanding child abuse as well. Illustration that reveal that animals abuse their young in circumstances where there are aberrations or disturbances in early mother-infant attachment, and where environmental stresses such as overcrowding or lack of social support prevail. The author has referred to others who have compared certain types of child abuse and what is termed the 'culling process' among animals, whereby the weakest in the litter are neglected in times of food shortage.

ii) **Attachment Theory:** This is based on John Bowlby's research immediately after the Second World War who found that 'any significant separation of a child from its mother in the first five years of life could have deleterious effects on its emotional development and could lead to a variety of psychological and social difficulties in later life, such as the development of an affectionless personality and becoming a juvenile delinquent.' According to this theory, 'poor attachment experiences are seen to be both a cause and consequences of child abuse.' (Op.cit)

iii) **Psychodynamic Theory:** This theory highlights 'the importance of internal mental processes in the way in which these relationships unfold'. It theorizes that 'physical abuse was associated with a breakdown in motherliness.' A child frequently abused cannot act in ways that help them to develop. 'They are frustrated by lack of adequate response almost from first contact and therefore, are unlikely to develop the sort of integrated personality that enables them to relate responsively to others. Child abuse is seen to be the result of excessive superego demands.' (Op.cit)

iv) **Learning Theory:** According to this theory, child abuse is a 'result of having learned dysfunctional child-care practices or not having learned functional child care practices.' Adults who experience any kind of abuse are likely to do the same to their children. (Op.cit)

v) Cognitive Approach: The basis of this approach is 'the way people perceive, order, constructs and think about the world is an important key to their behavior.' The value of 'finding out how parents who have abused children perceive that child's behavior' is a key answer to this approach. This explains 'why parents who have not been abused as children do abuse as adults.' It assumes that 'they may have developed a frame or view on a child and or on themselves that leads on to child abuse.' (Op.cit)

vi) Social Psychological Theories: This theory is also known as Individual Interactionist Perspective. It assumes that' behavior is seen to be determined by interactions between people.' It gives great emphasis on the current relationship. 'A climate of abuse can result from parents lacking skills to cope with difficult behavior and from certain children continually exposing that inadequacy.' (Op.cit)

vii) Family Dysfunction Theory: This theory concentrates on the impact of family life on the psychological development of the individual. It argues that family dynamics contribute to abuse. The child is 'subjected to violence by its parents as a means of getting at the other parents.' The child becomes subjected to 'blame' from the parents thereby experiencing abuse. (Op.cit)

viii) Social Ecological Perspective: According to this perspective children 'living in environments that are not conducive to psychological health and development are more likely to be abused than those children who do not live in the same. (Op.cit)

ix) Sociological Perspective: In this perspective, there is a link between child abuse and general social approval of the use of violence to maintain control and order. As such because of this social approval, children are subjected to abuse. (Op.cit)

x) The Socio Cultural Perspective: According to this perspective, violence is a norm and individuals were more likely to be subjected to violent acts within families than outside them. It is 'a socially sanctioned general form of maintaining order and that it is approved of as a form of child control by most people.' This leads to abuse mainly physically both in homes and schools. (Op.cit)

xi) The Social Structural Perspective: This perspective believes that child abuse is 'class related and the contribution of stress caused by poverty and material deprivation causes child abuse.' Children are directly abused 'by failure to provide

adequate facilities for them to lead a fulfilling life and it also create stresses for parents that increase the likelihood of abuse and neglect of children.' (Op.cit)

xii) The Feminist Perspective: According to this perspective abuse takes place as a result of institutionalization of male power over females. As long as patriarchal system is followed abuse will take place against children (girls) to assert men's authority over women. (Op.cit)

xiii) The Children's Rights Perspective: This perspective is explained by two schools of thought namely the protectionist and the liberationist. The protectionist school is of the opinion that 'children have the right to protection from their parents by outside bodies in circumstances where they may be at risk.' On the other hand the liberationist opine that 'children should have the same rights as adults to protect themselves from adult's oppression.' If such protections and rights are endowed to children, they are less likely to be the object of abuse and neglect. (Op.cit)

1.2 Child Welfare and Policy

Historically it would have been the extended family and the community that dealt with abusive parenting. The more the state intervenes in family life, the less the extended family and the community become involved, so that, in the long run, in trying to help, the state ends up weakening society's informal protective networks. In the traditional past, in India welfare provisions were given by the family, caste and religious associations. However, at present, it came to be looked upon as a secular activity that could be undertaken by voluntary organizations after the advent of the British rule in India. Provisions of educational upliftment, prevention of child marriage, facilitating widow marriage, prevention of Beggary, eradication of leprosy formed important priorities under social welfare. Child welfare services includes institutional and non institutional. Institutional services includes Children's Homes, short stay homes, foster homes, residential schools, night shelters, treatment centers. Non-institutional services includes crèches, pre-primary schools, balwadis, anganwadis, holiday homes, library facilities, recreational and hobby centers, school health services, school social work services, child guidance clinic, adoption services, financial aid to dependent children (Jha, J.K., 2001).

Child welfare policy and practice includes provisions and services to assist children and families who face major difficulty which affects the well being, care or control of the child. Each country has its own ways social policies and specific legislations affecting children. However with international standards defined through the UN Convention on the Rights of the Child in 1989, policies and legislations have been adjusted to meet the requirements (Davies, M., 2000).

According to Peter J.Pecora, 'The mission of child welfare has historically been to respond to the needs of children reported to the public child protection agencies as abused, neglected, or at risk of child maltreatment. At present more emphasis is given to involve communities as a whole in the protection and nurturing of children. Efforts to formulate collaborative community strategies aimed at preventing and responding to child abuse and neglect has increased. The primary goal of child welfare services is to protect children from harm, the second is to preserve existing family units and the third goal is to promote children's development into adults who functions normally in their communities. The core goal for child welfare services is keeping children safe from child abuse and neglect. This includes children living with their families and children from institutional and non-institutional care. Child welfare services must prevent children from maltreatment and also keep families safely together. After safety comes permanency, during the process of child protection from abuse or neglect, the state must ensure the child's need for permanent and stable family ties. The State must also ensure the child's wellbeing. Here, the must be safe from abuse or neglect. This requires that a child's basic needs are met and that the child be able to grow and develop in an environment that provides consistent nurture, support and stimulation. Here, we include the need to develop a healthy sense of identity, understanding their ethnic heritage, and skill for coping with racism, sexism, homophobia and other forms of discrimination present in society. Child welfare services must also ensure the family's well-being. It should capacitate the family to care for their children and fulfill their basic development, health, educational, social, cultural, spiritual and housing needs'(In Jenson, J.M., & Fraser, M., 2006). Child welfare work deals with complex and sensitive tasks. It is highly skilled work conducted under a specific national legal remit, although international convections apply (Dominelli, L., 2004).

The application of theoretical and empirical evidence to the design of social policies and programs aimed at improving the lives of children is limited. Social policy is hurriedly created in the context of significant community events or trends that have attracted public attention and compel legislation. In some cases, policies developed in reaction to specific events lead to decisions that fail to account adequately for unforeseen or unintended long term consequences. Ecological perspective must be considered while drafting social policies for children. This will reduce risk and protect them (Jenson, J.M., & Fraser, M., 2006).

Attitudes to child welfare changed over the course of the nineteenth century. The 1833 Factory Act which prohibited children under 9 years of age from working in factories also restricted the working hours of 9 to 13 year olds. However, the employers of nine-year-olds could still quite legally expect them to work a 48-hour week, with a 69-hour maximum working week for 13-to 18-year-olds. The Prevention of Cruelty to Children Act, 1889 empowered police to search premises for children thought to be in danger and to remove them in necessary to a place of safety. Beckett states, *' All kinds of abuse and neglect that happen to children in their homes, can happen too to children who are in public care, including, tragically, to children who have been removed from their own families precisely for the purpose of protecting them against abuse'.* The problems of multiple placements for children in public care can be an instance of system abuse (Beckett, C., 2003).

1.3 Child Protection

Ignorance of the past towards child protection is all too evident. People consider childhood to be an age related phenomenon where laws across countries prescribe legal rights and responsibilities of children across different age group. This is because childhood is construed differently in different countries (Gupta, M., 2001). *'Children in need, child abuse and child protection are all social constructions because its' perception may vary according to culture. Child protection practice aims to keep abused children safely at home in their own families rather than removing them to accommodations for their own safety.' (Sayer, T., 2008).*

According to Charles Wilson and Donna Pence *'Child protection is focused on reducing the risk to the child of future maltreatment and on trying to maintain and*

strengthen as much of the child's family as possible' (In Dubowitz, H., & DePanfilis, D., 2000).

Child Protection refers to the protection of children from abuse, from the illicit use of drugs, and from economic, sexual and all other forms of exploitation. Child Protection work grew considerably during the last two decades of the 20th century, and in the UK, became the dominant form of state child welfare intervention (Davies, M., 2000).

'Child Protection is everyone's business. Child protection is a high profile area of social work. Social workers are frequently faced with the dilemma of, on the one hand, protecting children from harm, for example by their parent/s, whilst on the other protecting the privacy and respect for the family life from overzealous state intervention, resulting at times in much criticism being directed at the individual practitioner' (Julie Bywater in Jowitt, M., & O' Loughlin, S., 2005).

Child protection reflects the dominant focus of social work policy and practice. The more help one affords families the less responsible they become. The quality of children's experiences within the family can impact upon their educational achievement, their employment, their psychological and emotional adjustment, their physical and mental health and the extent to which they feel part of their community and society as a whole (Sheldon, B., & Macdonald, G., 2009).

Some of the important factors addressed by child protection practitioners according to Julie Bywater includes domestic violence, drug and alcohol problem, mental illness/distress in relations to children's development, welfare and safety, legislations, policies, guidance, methods of intervention (In Jowitt, M., & O' Loughlin, S., 2005)

According to Trotter, C. (2004) child protection workers have to keep in mind the following to bring about positive outcomes:

i) Role Clarification: Child protection workers have to clarify their roles. They have to be open and discuss with their clients about the purpose of the intervention, the dual role of the worker as an investigator and helper, the clients' expectations of the worker, the nature of the worker's authority and

how it can be used, what is negotiable and what isn't and the limits of confidentiality.

ii) Collaborative problem solving: They have to work in partnership with the client and try to identify personal, social and environmental issues concerning the client in relations to finances, housing, drug use, family background, current relationship, friendships, work, schooling, health and mental health. They also work in partnership with relatives, doctors, school teachers and police.

iii) Pro-social modeling and re-enforcement: Praising comments made by parents who acknowledge the harm child abuse can cause and modeling the behaviors workers seek from the clients.

iv) Worker/Client Relationship: This skill includes relationship building, empathy, self disclosure; humour and optimism which can help the client change his behavior.

1.4 Children in Need of Care and Protection

According to the Juvenile Justice (Care and Protection of Children) Act 2000 in India, *a child is one who has not completed 18 years of age*. This definition of a child is in consonance with that of the definition made by the United Nations Convention on the Rights of the Child. However, this may not always hold ground for some legislation which defines children variably. As far as this study is concerned, a child will be considered as one defined by the Juvenile Justice (Care and Protection of Children) Act 2000.

According to Howard Dubowitz, *'Basic needs may include adequate food, clothing, a home, health care, education, supervision, and protection from environmental hazards, nurturance, affection, support and love.'* (In Dubowitz. H., & DePanfilis,D., 2000).

Needs of the child includes healthful food, adequate clothing, comfortable home with love and understanding, educational facilities, health services and recreational activities (Jha, J.K.,2001).

Garbarino, Stott & Associates (1989) lists the basic needs of children as nurturance, responsiveness, predictability, support and guidance (In Webb, N.B., 2003)

Gardner, R., (2003) highlights the Children Act 1989 section 17 which defines a child as being in need if

i) He is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by the local authority

ii) His health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

iii) He is disabled

Sayer refers to a framework for assessing children in need where an ecological approach has been highlighted. A triangular figure to represent a child's need is given. On one side it constitutes of child's developmental needs which includes health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills. On the other side is the parenting capacity which includes basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability. The one representing the last side includes family and environmental factors and under this indicators include community resource, family's social integration, income, employment, housing, family history and functioning (Sayer, T., 2008).

Several societal and familial changes at the international and national level have led to the increase in the number of children in need of care and protection. Children in need of care and Protection according to the Juvenile Justice (Care and Protection of Children) Act, 2000 has clearly defined which children are in need of care and protection in Section 2 (d) and (k) of the Act. It States that a child in need of care and protection is *one who has not completed 18 years of age and one who is found without any home or settled place or abode and without any ostensible means of subsistence; who resides with a person (whether a guardian of the child or not) and such person has threatened to kill or injure the child and there is a reasonable*

likelihood of the threat being carried out or has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; who is mentally or physically challenged or ill children or children suffering from terminal diseases or incurable diseases having no one to support or look after; who has a parent or guardian and such parent or guardian is unfit or incapacitated to exercise control over the child; who does not have parent and no one is willing to take care of or whose parents have abandoned him or who is missing and run away child and whose parents cannot be found after reasonable inquiry; who is being or is likely to be grossly abused, tortured or exploited for the purpose of sexual abuse or illegal acts; who is found vulnerable and is likely to be inducted into drug abuse or trafficking; who is being or is likely to be abused for unconscionable gains and ; who is victim of any armed conflict, civil commotion or natural calamity (Juvenile Justice (Care and Protection) Act, 2000, GOI).

As is evident from the very broad definition above, there are several hundreds of thousands of children in need of care and protection in the world. The factors that create situations that place children in vulnerable or difficult circumstances are several and range from broken families, family negligence and abandonment of children, mental illness in parents, abject poverty, marital conflicts, war and its consequences, death of parents and family members, ignorance, to terminal illness of parents. Children are further placed in especially difficult circumstances when they belong to single-headed households, women headed households, when either or both the parents are substance abusers or prisoners or sex workers. It also includes children who are disabled, or children in very poor health and nutrition.

1.5 Magnitude of Problems of Children

1.5.1 International Scenario

Children across the world are challenged by poverty, disease, exploitation and abuse (Bhakhry, S., 2006). *'Abuse of children is now an international issue. Focus is being placed on the quality of life for children across the world'* (Gupta, M., 2001).

The history of International efforts to secure rights of children as well as to care and protect children can be said to have begun formally in 1919 with the setting

up of the Save the Children's Fund (SCF) to help children affected by the ravages of war. It was then followed by the League of Nation's Geneva Declaration on the Rights of the Child in 1924 which established 'means for material, moral and spiritual development; special help when hungry, sick, disabled or orphaned; first call on relief when in distress; freedom from economic exploitation; and an upbringing that instills a sense of social responsibilities'. The Universal Declaration of Human Rights in 1948 drew some attention to the rights of children in article 25 which entitled childhood 'to special care and assistance'. In 1966 the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights were adopted. These covenants insured the rights for children against exploitation and promoted the rights of education for children. Eventually in less than a decade the International Labour Organizations adopted Convention No. 138 on the Minimum Age for Admission to Employment as 18 years ' for work that might be hazardous to an individual's health, safety or morals'. The United Nations General Assembly then adopted the Elimination of All Forms of Discrimination against Women in 1979 which included protection of rights for girls. The Assembly also declared the year 1979 as the International year of the Child and set motion for a 'working group to draft a legally binding Convention on the Rights of the Child'. This commitment culminated in the Declaration of the Convention of the Rights of Children (CRC) in 1989. Twenty State parties ratified the Convention and by the time it was opened for signatures, 61 countries signed the Convention. Currently, this Convention is the 'most widely endorsed human rights treaty in history' having 193 State parties ratifying the Convention. With this landmark, child care and protection became no more optional for State parties but obligatory in nature (UNICEF 2009). New commitments followed this development where children became a priority to peace and development. However, in spite of such commitments made in the international level, the care and protection of children is far from complete. Millions of children do not have access to basic needs. They remain vulnerable to all forms of abuse. Violence against children is estimated to be 500 million around the world and 1.5 billion children is estimated to have experienced violence annually (UNICEF, 2009).

Eleven million children die each year before their fifth birthday, often from preventable causes. An estimated 150 million children are malnourished and nearly 120 million are still out of school. Chronic poverty remains the greatest obstacle to fulfilling the rights of children. Half of humanity remains desperately impoverished, with 3 billion people living much below the subsisting level and 1.2 billion, half of them children, suffer from absolute poverty, struggling to survive (UNICEF, 2001).

The number of the children in the world is estimated to be 2.2 billion (a third of the world's population) .The number of children living in developing countries among this population is 1.9 billion and, the number that lives in poverty is a staggering 1 billion (every second child). These kinds of statistics have led to concerted efforts being made to draw international attention to children and issues related to children. For hundreds of millions of children, the promise of childhood laid down in the Convention on the Rights of the Child already appears broken. They do not inherit their right to a childhood of love, care and protection, in a family environment, encouraged to reach their full potential (UNICEF, 2004).

1.5.2 Indian Scenario

India is home to almost *19 percent of the world's children.* More than one third of the country's population, around 440 million, is below 18 years and constitutes 42 percent of India's total population i.e., four out of every ten persons. According to one assumption *40 percent of these children are in need of care and protection*, which indicates the extent of the problem. In a country like India with its multicultural, multi-ethnic and multi-religious population, the problems of socially marginalized and economically backward groups are immense. Within such groups the most vulnerable section is always the children (GOI, 2007).

Traditionally in India, childcare had been the responsibility of primary institutions in society. A strong knit patriarchal family that is meant to look after its children well has seldom had the realization that children are individuals with their own rights (GOI, 2007). Moreover, with the qualitative changes that took place in these institutions due to the impact of modernization, progressive erosion of the traditional child care began to occur giving rise to new constraints and consequently it resulted in the increase of child neglect, abuse and exploitation. According to GOI

(2007), *'While the Constitution of India guarantees many fundamental rights to the children, the approach to ensure the fulfillment of these rights was more needs based rather than rights based. The transition to the rights based approach in the Government and civil society is still evolving.'*

As far as Indian Tradition is concerned, there were different stages of children from conception to the age of 16 years .The significance of this division highlighted the bio-social development of children in traditional India. Each stage was followed with specific rituals. Bhakhry states that however, girls were excluded from such rituals highlighting the deplorable condition of the girl child in traditional India. Moreover, a mother was respected when a boy child is born. She also refers to Mahabharata and Ramayana narrations about affections of adults towards children and the nature of how they were taught and educated. Even though *Manu Laws* expressed the importance of child protection and to girls specifically, the author states that there were evidences of physical abuse against children which was socially sanctioned to maintain discipline. Girls were married off at a very early age bringing to end their short childhood life. The attitudes of traditional India against the girl child were such that female infanticide was prevalent. In India during the 19th century under the British rule, the status of children belonging to the lower strata of society remained gloomy. The judicial, social, economic and political endeavours undertaken by the British in India indirectly affected the children in-spite of the voluntary efforts undertaken by charity organizations (Bhakhry, S., 2006).

The Government of India (GOI) has recognized that harmful traditional practices like child marriage, caste system and discrimination against the girl child, child labour and Devadasi tradition impact negatively on children and increase their vulnerability to abuse and neglect. Lack of adequate nutrition, poor access to medical and educational facilities, migration from rural to urban areas leading to rise in urban poverty, children on the streets and child beggars, all result in break- down of families. These increase the vulnerabilities of children and expose them to situations of abuse and exploitation. The GOI reported that children in most sections of Indian society are traditionally and conventionally not consulted about matters and decisions affecting their lives. In the family and household, the neighbourhood and wider community, in school or in work place, and across the settings of social and cultural

life, children's views are mostly not given much importance. If they do speak out, they are not normally heard. The imposition of restrictive norms is especially true for girl children. This limits children's access to information and to choice, and often to the possibility of seeking help outside their immediate circle. (GOI, 2007)

In India, the concern for children started during the Social Reform Movement where special attention was given to the girl child who was deprived of her rights in terms of education and marriage. The erstwhile tradition that was held close to the Indian society affected both the male and female child who was initiated into ties of marriage at an obscenely early age. Initiatives were taken by the social reformers and children irrespective of sex were given education, residential places and the age of marriage was eventually increased.

There was wide spread discriminations against Indians especially those belonging to the lower class and lower castes of the practice of equality before law. In the process of westernizing India, Christian missionaries opened modern schools, colleges and hospitals to convert Indians to Christianity. The biggest milestone undertaken by the British officials was outlawing the practice of Sati which was only possible after Ram Mohan Roy and other enlightened Indians and missionaries agitated persistently against the social evil. Other humanitarian efforts were small and meager. (Chandra, B., 1990).

Chandra (1990) talks of the prevalence of female infanticide during this period and after long agitation from the social reformers regulations prohibiting infanticide was passed in 1905 and 1802 however with little effect. Further he states that in 1851, Jotiba Phule and his wife opened a girl’s school at Poona and soon many schools came up. In-spite of the development of education, it failed to reach the masses and in 1921, 92 per cent of Indians remained illiterate. Besides this education for girls was almost neglected because of the customs followed in India. In 1921 only 2 out of 100 Indian women were able to read and write and in 1919 only 490 girls were enrolled in the four top forms of high schools in Bengal Presidency Social service like education, sanitation and public health, water supply and rural communications remained extremely backward in the 19th century.

Chandra's detailed observation highlight the conditions of workers in modern factories and plantations as being miserable where women and children worked the same long hours as men i.e. 12 -16 hours a day. He describes the conditions as hazardous and accident prone and says that the desire for profit and cheap labour led to exploitation of children in the factories. The first Indian Factory Act was passed in 1881 which dealt primarily with the problems of child labour. It lay down that children between 7 and 12 years of age would not work for more than 9 hours a day. Children would get four holidays in a month. In the second Factory Act which was passed in 1891, daily hours for children was reduced to 7. (Chandra, B., 1990).

The Brahmo Samaj elaborated by Chandra opposed caste system and child marriage and supported the spread of modern education to men and women. The Ramakrishna Mission founded by Swami Vivekananda in 1896 also opposed caste system. The Arya Samaj founded by Swami Dayanand worked towards the spread of education, fought vehemently against untouchability and caste system. The customs of early marriage prevailed, and even children of eight or nine years of age were married. (Chandra, B., 1990).

The social reformers of the 19th century worked towards the prevention of child marriage, spread of education. By 1880, modern medicines and child delivery techniques were made available to Indian women. Children of untouchables could not attend schools where children of caste Hindus studied. Mahatma Gandhi founded the All India Harijan Sangh in 1932 to root out untouchability. Joytiba Phule was the first to open several schools for girls of the lower castes. Dr. BR. Ambedkar also fought against caste tyranny and organized the All India Scheduled Castes Federation for this purpose (Chandra, B., 1990).

The second milestone would be the Indian Constitution which came to force after Independence. The Fundamental Rights ensured rights to every individual including children and the Directive Principles of State Policy also laid down provisions for children which every state should follow.

The presence of legislations like Guardianship and Wards Act, 1890, the enactment of Hindu Adoption and Maintenance Act, 1950 and The Orphanages and Other Charitable Homes (Supervision and Control) Act 1960 that were enacted in

India did discuss the care and protection of children. It was not until 1974 however, that India had its first national policy for children and from then on the ICDS scheme was launched as pilot projects around India (NIPCCD, 1980).

The National Policy for Children, 1974, declared children to be a *'supreme national asset'*. It pledged measures to secure and safeguard all their needs, declaring that this could be done by making wise use of available national resources. Unfortunately, ten successive Five Year Plans have not allocated adequate resources to meet the needs of children. An exercise on child budgeting carried out by the Ministry of Women and Child Development revealed that total expenditure on children in 2005-2006 in health, education, development and protection together amounted to a mere 3.86%, rising to 4.91% in 2006-07. However, the share of resources for child protection was abysmally low at 0.034% in 2005-06 and remained the same in 2006-07. Available resources have also not been utilized effectively for achieving outcomes for children. As a result, the status and condition of children have remained far from secure. In India the problem of child abuse has not received enough attention. There have been few and sporadic efforts to understand and address the problem. However, child abuse is prevalent in India as in many other countries and there is a need to understand its dimensions and complexities (GOI, 2007).

The Infant Mortality Rate (IMR) is 67/1000 live births and is much higher than developed countries (5/1000).The percentage of infants with low birth weight is 30/ 1000 as compared to developed countries where the similar percentage is 7/1000 (The World Bank, 2004).

'An estimated 77 percent of India's children live in rural areas. *According to one projection, about 99.4 million children, or nearly two-fifths of the total Indian child population, live in a condition that is dangerous to life.* It is estimated that about 2.5 million children in India are threatened by blindness in early childhood. Over a million children suffer from severe vitamin A deficiency, as a result of which 12,000 to 14,000 children in the 3-6 age group go blind every year. It is estimated that 30 per cent of all school-going children suffer from one form of ailment or another. India has the largest number of working children in the world. The government itself acknowledges that at least 17.5 million children are working. An Indian research institute often cited by the ILO –the Operations Research Group, Baroda – estimates

the number of working children at 44 million. A report of (1997) Crime in India tells us that amongst the 10 types of crimes against children, child rape tops the list followed in descending order by kidnapping and abduction; procuration of minor girls, selling of girls for prostitution; buying of girls for prostitution; abetment of suicide; exposure and abandonment, infanticide; foeticide and marriage of minor children.' (Baruah, A., 2003).

As is evident from above, the status of children in India is still bleak and this is further compounded by the increase in population and decrease in per capita resources. A large majority still lives below the poverty line and have children who are malnourished and deprived of basic necessities.

1.5.3 Regional Scenario

India's North-East region comprises of eight states namely Mizoram, Assam, Nagaland, Tripura, Manipur, Arunachal Pradesh, Meghalaya and Sikkim. Majority of the population are Scheduled Tribe. According to the Census of India 2001, the North-Eastern region of India constitutes 5.6 per cent of the nation's total land area and 1.2 per cent of the total population of India (Butterflies, 2004). This region is flanked away from the mainland India due to its bottle-necked geographical location and as such is considered to be one of the most inaccessible regions in the country. It is a region marked by major social problems of poverty and insurgency *inter alia*. Besides this, its close vicinity with international boundaries of China, Bhutan, Bangladesh and Myanmar and racial background of the people have made the area politically and socially sensitive causing ethnic differences and conflicts and illegal immigration and entrance of refugees to the region.

With little scope of connecting itself with the mainstream society, almost all the states have experienced insurgency and armed conflicts therefore traumatizing those who went through it. The younger generations are more accustomed to western ethics and popular culture of the west is imitated through the influence of technological advancement. This has created a cultural lag and puts children at risk to all forms of abuse. In short, children in North-East are exposed to realities far beyond their rational understanding that they become vulnerable to *psychological acculturation*. These political, economic and social circumstances have put North-

East children at risk to violence and abuse. As such, in this region, we find children affected by armed conflicts, child soldiers, child refugees, child trafficking, children affected by HIV/AIDs, substance abusing children, children-in-conflict with law, children who are physically, emotionally and sexually abused, street children, orphans, destitute and abandoned children and children with disabilities among many other.

1.5.4 Mizoram Scenario

With various developments taking place within the society, social problems have been on the rise even in Mizoram. In Mizoram, there are a number of social institutions-primary and secondary working in a close-knit manner, offering welfare and services to cater to the needs of children.

However, as a result of modernization, here too as in the rest of India, there has been a change in the circumstances that people had been accustomed to. With the increase in constraints, the consolidated family as well as the close-knit society began to lose their hold on individual members leading to further rise in social problems.

The challenges related to children have touched all corners of the world including Mizoram and the children here are as vulnerable to neglect and issues of child care and protection as elsewhere. Further, research on children and their protection have lacked child-centric and child oriented methodology. This could be because of the adult-centric nature of researchers that had led to bias and has neglected important areas of child protection.

There is ample evidence of the care and protection of children as far as the Mizo Customary Law is concerned. However, little is known as to the extent of implementation of the rules in traditional Mizo Society. Nevertheless, the customary law highlights that children do hold importance as far as their care and protection is concerned.

The advent of the Christian Missionaries during the end of the 19th century created a deep impact in Mizo Society. With the introduction of western education, knowledge was developed. The Mizos including children were introduced to schools and health centers and the traditional institutions of family and *Zawlbuk* lost its hold

gradually. Traditional norms and rules were replaced by Christian ethics and principles which guided the Mizo society eventually. Knowledge that was transferred orally in time revealed that the British Missionaries opened their homes as foster centers to look after orphans and destitute children as far back as 1919 in southern part of Mizoram, specifically in Saiha and Lunglei. (Pachuau.H.Z., 2011).

Pachuau elaborates that the Young Lushai Association (YLA) was established with the help of the missionaries in 1935 and it also acted as socializing agent of adolescents where they were to uphold Christian ethic, make use of leisure time and help those in need. Then, the Salvation Army in their effort to provide institutional services to destitute children established the first formal children home in 1938 (Human Rights and Law Network, 2008) Apart from this, the establishment of '*Mizo Hmeichhe Tangrual Pawl'* in 1947 paved way for child protection and among their objectives were promotion of healthy relation between husbands and wives, and providing services for motherless babies in Mizoram. Another development was the establishment of the '*Mizo Hmeichhe Insuihkhawm Pawl'* (MHIP) in 1974, an amalgamation of the entire Women's organization in Mizoram including the '*Mizo Hmeichhe Tangrual Pawl'*. Their objectives include providing welfare services and uplifting the status of women, destitute children, the poor and the handicapped. (Pachuau.H.Z., 2011).

The Baptist Church then established a children home at Lunglei in 1966 and the *Mizo Hmeihhe Trangrual Pawl* to meet their objective established their children home in 1968 according to Pachuau. Further, child protection services gained momentum with the formation of the State Social Welfare Advisory Board in 1972 whose responsibility were to mobilize voluntary efforts and provide services to women, children and the handicapped. Eventually in 1977, the Zoram Evangelical Fellowship established a home for the children who were displaced and orphaned as a result of the disturbance in 1966(Human Rights and Law Network, 2008). It was evident that during the course of the disturbance in Mizoram, there was a series of human rights violations. To curtail to this problem the Human Rights Committee was established in 1974 which received so much public support that eventually they emerged as a politically party to win the State Assembly election in 1978 (Pachuau.H.Z., 2011). The Baptist Church established four other different homes

across Mizoram between 1970 and mid 1980s.Influenced by missionary zeal, the religious institutions as well as the NGOs in Mizoram had a strong belief that *children surrendered/admitted to their homes by parent(s) or relatives were given to them by God and that it was their religious duty to provide care and protection to them*. This is true if we were to consider the number of children's homes run by faith based organizations which amounts to 16. Most are run by NGOs and only one is run by the Government (Human Rights and Law Network, 2008).

Lalkima states that the rise in alcoholism following the seventies resulted in the increase of divorce rates and in such cases of separation both spouse remarries other persons leaving their young children without proper care leading to an increase in the number of destitute children. Further, he states that the increase in the number of children in need of care and protection is because of misuse of sex and loose customary laws of marriage in the Mizo society (Lalkima.C., 1997).

From the above, we see the tendency of NGOs and religious institutions in Mizoram to take up welfare activities and provide services in the field of children, which, due to the changing circumstances and experiences faced by the society, was seen as the need of the hour. This indicates that children were subjected to abuse and as such need secure shelter and services for their protection.

Pachuau, H.Z., (2012) highlighted that the effort of child protection services was strengthened when the Social Welfare Department, which existed as a small unit under the Education Department was declared as a full-fledged agency in 1983 whose responsibilities among others were providing welfare services directly or indirectly through NGOs to women, children, the handicapped, the poor and the destitute. With this the Integrated Child Development Scheme (ICDS) which was implemented in 1978-79 was strengthened. At present there are 27 ICDS project with 1980 Anganwadi Centres in Mizoram catering to 95 per cent of beneficiaries. Other child protection initiatives, services, progarmmes and mechanisms undertaken by the Department at present include the following:

i) Economic Rehabilitation for the disabled

ii) Prosthetic Aids for disabled

iii) Stipend to disabled students

iv) Disability Pension

v) Vocational Training Centers

vi) Unemployment allowance for the disabled

vii) Crèches/Day Care Centre

viii) Pre-School

ix) Grant-in-aid to Voluntary Organizations engaged in the welfare and development of children.

x) Recreational Centre-Cum-Children Library.

xi) State Council for Child Welfare to provide services for Children in need of care and protection and to promote Child Development

xii) National Award for children.

xiii) Enactment and implementation of the Mizoram Juvenile Justice (Care and Protection of Children) Rules 2003 and amendment of the rules in 2006.

xiv) Enactment and implementation of the Mizoram Orphanage and Other Charitable Homes (Supervision and Control) Rules 2003.

xv) Child Adoption (both in-country and inter-country) and foster care services through adoption agencies.

xvi) Child Welfare Committee to rehabilitate and reintegrate children in need of care and protection in all 8 Districts.

xvii) Juvenile Justice Board to rehabilitate and reintegrate children-in conflict with law in all 8 Districts.

xviii) Special Juvenile Police Units to take up cases of children in all 8 Districts.

xix) Implementation of Integrated Child Protection Scheme in Mizoram.

With the development of professional NGOs emerging in the end of the 20th century in Mizoram, proactive approaches to safeguarding the rights of children was initiated. International, National NGOs and Government departments concerned has helped local civil society organizations in implementing programmes and other research based activities in the area of child protection. There is a great deal of public concern about child abuse and its prevalence in Mizoram. No doubt, the changing scenario in terms of development and urbanization brought about by globalization could be one contributing factor that has loosened the primary and other social institutions which defined the social order in the more traditional Mizo society. Like in many other places, such social change has also contributed to other unintended consequences that lead to social problems thereby ultimately increasing the vulnerability of children in Mizoram.

Child abuse in all its forms is not uncommon in Mizoram and therefore, the State must examine and evaluate its interventions so that child-centric approaches are undertaken to protect the rights of children in Mizoram. The responsibility of child protection also lies in the social institutions composed of families, communities, religious units and other grassroots organizations in Mizoram. As such, social support system must also be strengthened so that children in Mizoram will be able to have a safe and secure life.

1.6 Rationale of the Problem

The studies of children in need of care and protection are limited. The paucity of literature makes it difficult to understand the issues and magnitude of the problem in Mizo Society. With the implementation of the child-centric and development-oriented mechanisms such as the Child Welfare Committee (CWC), the Juvenile Justice Board (JJB) etc, there is a strong need to document and make available statistics and data on situations of children who are in especially difficult circumstances. This study will fill the gaps that exist in the current understanding of the situation of children and will offer directions to policy makers and planners of child development services.

1.7 Statement of the Problem

NIPCCD (2002) has compiled a summary of research done in this area in India and it states that there is no precise information available regarding the total number of orphans; children of prisoners, commercial sex workers, chronically ill parent(s), refugee, unwed mothers, mentally ill parent(s); abused children, child victims of violence, child prostitutes, children in conflict with law, children soldiers etc. There are no statistics for many of these children in need of care and protection, but with erosions in values and disorganization of the family due to urbanization and industrialization, the magnitude of the problem is increasing. It further states that because of this, there is a need to conduct a study to highlight information about children in need of care and protection for wider dissemination and understanding of the problems and situations associated with them.

As is evident, nationally and internationally, Concern for child welfare and development has attained an important priority. As far as the discipline of Social Work is concerned, Child Welfare and Development constitutes one of the most important fields since its inception as a discipline. In the state of Mizoram, the magnitude of children in need of care and protection is immense due the interrelated factors of poverty, marital breakdown, drug use, etc. The children in need of care and protection in this state include children who are abandoned, neglected, orphaned, abused, disabled, and terminally ill as well as children of substance abusers, sex workers and prisoners. Hence, the present study attempts a situational analysis of children in need of care and protection in Mizoram from a social work and social policy perspective.

1.8 Objectives

(i) To profile the children in need of care and protection in Mizoram

(ii) To prepare a situational analysis of children in need of care and protection in Mizoram

(iii) To examine the services and resources available for children in need of care and protection in Mizoram.

1.9 Chapterisation

The study is organized in the following chapters.

i)	Chapter I	:	Introduction
ii)	Chapter II	:	Review of Literature
iii)	Chapter III	:	Methodology
iv)	Chapter IV	:	Children in Need of Care and Protection in Communities: A profile, Situational Analysis and Services and Resources
v)	Chapter V	:	Children in Need of Care and Protection in Institutions: A profile, Situational Analysis and Services and Resources
vi)	Chapter VI	:	Conclusion and Suggestions

CHAPTER I I

REVIEW OF LITERATURE

There are numerous literature across regions that highlight the situation of children revealing the level of concern and interest researchers have had in understanding the challenges related to children and their protection. Reviewing literature is an important element in any research process Literature helps in understanding the dynamics of the problem and how social phenomena are affected. It helps in understanding the concepts, theoretical framework, perspectives and the gaps associated with the research topic.

2.1 Children across the World

The UN Secretary General's Study on Violence against Children has given the following overview of the situation of abuse and violence against children across the globe. WHO estimates that almost 53,000 child deaths in 2002 were due to child homicide. In the Global School-Based Student Health Survey carried out in a wide range of developing countries, between 20% and 65% of school going children reported having been verbally or physically bullied in school in the previous 30 days. Similar rates of bullying have been found in industrialized countries. An estimated 150 million girls and 73 million boys under 18 years have experienced forced sexual intercourse or other forms of sexual violence involving physical contact. ILO estimates that 218 million children were involved in child labour in 2004, of which 126 million were engaged in hazardous work. Estimates from 2000 suggest that 5.7 million were in forced or bonded labour, 1.8 million in prostitution and pornography and 1.2 million were victims of trafficking. Only 2.4% of the world's children are legally protected from corporal punishment in all settings (GOI, 2007).

Gupta, M. (2001) has highlighted studies of children across cultures in the world. According to her, many historians believe that childhood did not exist until 17th century. Children were subjected to detached emotional upbringings and severe abuse including infanticide. Quoting Boswell’s study of abandonment of children in ancient times it is noted that there was no general absence of tender feeling for children as special beings among any pre-modern European peoples. Child abandonment also existed because of the need for family planning according to the author. Abandonment of child took place because of poverty, disaster, shame because of physical condition (illegitimate or incestuous), willing guardianship by another who had greater means of supporting the child, disability, neglect. During

Renaissance period, abandonment of children continued as a common practice. It was never openly approved of but never officially outlawed. Church began to be involved and they organized activities and havens for unwanted children in their monasteries. In the early 13 century foundling homes were established. However death rates through diseases in these places were very high. There is little clear evidence about sexual abuse of children in antiquity and medieval times.

According to Beckett, children are subjected to various horrific atrocities that include mistreatment, abuse, death, injury and sexual gratification by adults. Sometimes they are so poorly cared for that their basic requirements for safety, warmth and nutrition go unmet. Often they are treated in ways that may not do any obvious physical harm, but which have long – term emotional and psychological consequences (Beckett, C., 2003).

De Mause's study shows that during Roman Empire, infanticide was not legally a crime until AD 318. Infanticide was a common practice because of evidences of cruelty of the time. The child in antiquity lived his earliest years in an atmosphere of sexual abuse. Growing up in Greece or Rome often included being sexually used by older men. Incest did not become a legal offence in England until the 20th century. It was a crime punishable by death in Scotland from 1757. It is clear that there were strong social and religious taboos throughout Europe. However, lack of legislation would mean lack of concern about or acceptance of the behavior (In Gupta, M., 2001).

Rehabilitation of children in need of care and protection through adoption was evident during the early civilisation of ancient Greece and Rome .During the early part of the European Middle Ages, there was significant increase in the rate of orphans, destitutes and abandoned children in the United Kingdom (UK) and their rehabilitation through adoption was more or less stable with the changing trend in society. (Douglas and Philphot, 2003)

The 19th century saw the growth of child saving movements in terms of legislations, institutional and non institutional rehabilitation and reintegration for children in the West. This was seen as a result of the Industrial revolution which led

to child exploitations in the new industries that were established. Further its impact led to the marginalization and abandonment of children (Bhakhry,S. 2006).

Cohen, N.A. (1992) conducted a research on the rehabilitation of children in need of care and protection in the United States from the multi-cultural aspect. He discusses the need to provide social services and benefits that are more ethno-sensitive, more creative and more comprehensive to children in need. Further Cohen emphasizes the history and early development of the status and position of the children in America and indicated how as a result of poverty, slavery and child labour, children were subjected to unbearable oppressions and states that the United States of America adopted early developments and legislations to protect and preserve the rights of the child.

Many children growing up at the end of the 20th century have been exposed repeatedly to the effects of substance abuse. Various forms of child maltreatment often occur in families with substance abusing parents. These may include neglect, physical abuse and sexual abuse. As such the child's basic needs become neglected. Not only this but the child's growth and development also become affected. Eighty Ninety per cent of young children and three out of four elementary and high school students of colour inn urban areas I the US have witnessed at least one violent act in the home or community. In 1997 there were an estimated 1,196 reported child abuse fatalities among the estimated 2.4 million cases of suspected child abuse and neglect reports filed. From 1 per cent to 5 per cent of children may be victims of incest, and several times that number is subjected to serious physical abuse or see their mothers, brothers and sisters being beaten. In 1997 there were a total of about 850,000 homeless children and youths in the US. 625,330 of them school age and 216,391 pre-school age (Office of Elementary and Secondary Education, 19971 in Children's Defense Fund,2000) The Orphan Project, New York reports that in the year 2000 approximately 72,000 to 125,000 children had been orphaned by AIDS in the US (Webb, N.B., 2003).

Trotter, C. (2004) conducted a study on child protection to examine what child protection workers do with their clients and how this relates to outcomes for those clients. Fifty child protection workers, 282 clients were interviewed. Thirteen interviews between clients and workers were also observed. It was that clients who

were interviewed were generally very happy to talk about their experiences with child protection. In some cases children were too young to participate in the interview. Often children were referred to child protection for more than one reason. The most common reasons were: emotional trauma (56%), Physical harm (38%) failure to ensure safety (27%) environmental neglect (12%) and sexual abuse 10 %). Child protection work is about protecting children and as such the client is the child itself. However the best way to help a child is by working with family members or others involved in the life of the child). For ethical and practical reasons only those over 12 years of age were interviewed. Keeping families together is a common objective in child protection and is viewed as a positive outcome. With regards to problems for clients 62 per cent of the clients identified stress as a problem; 64 per cent of clients family relationship as problem; 35 per cent of clients finances as problem. According to the workers family relationship (42%); parenting skills (25%), drug and alcohol (20%), emotional harm to children (19%), domestic violence 13 %).

Dominelli, L. (2004) states that children from poor families or those that come from forms that do not match a nuclear or joint system are likely to be vulnerable and at risk of being abused. In Britain death of children at the hands of their parents is estimated to be 50 per year. Children continue to be injured, abused and sometimes murdered. *Not only do their own parents or close carers fail them, the system does too. This shows the inadequacy of services in child protection*.

Beckett refers to Fergusson and Mullen who combined a variety of findings of studies and the following weighted average figures were found. Abusers of girls are 97.5 per cent male, while abusers of boys are 78.7 per cent male 10.4per cent of child sexual abuses involved close family members, including parents, stepparents and siblings. The most commonly reported perpetrators were acquaintances of the victim. On average 47.8 per cent of perpetrators were described as acquaintances. Figures of parents as perpetrators are relatively low at an average estimate of 3.3 per cent of child sexual abuse incidents were perpetrated by natural fathers. Chaffen et al., are also quoted by Beckett and their observation found that when parental substance use was a factor in cases of reported child maltreatment, it was a strong predictor of further maltreatment incidents –in fact, the chances of further incidents being reported were three times higher than in cases where parental substance misuse was not

identified as a factor. Extensive detailing by Beckett also highlights the contribution of Gutterman who cites a variety of research studies that have consistently found impaired attachment patters in substance-abusing mothers and their infants, including decreased maternal responsivity and disturbances in infants' attachment behaviors, while other studies suggests that substance-abusing parents often employ ineffective and inconsistent discipline (In Becket, C,. 2003).

In Britain, substance misuse was strongly related to neglect, and cases where substance misuse was a factor were twice as likely to become subject to care proceedings. In 1995, 50 per cent of children on the child protection register in Bolton came from households where substance abuse was an issue'. Poor housing, poverty and unemployment were also identified as predictors of abuse in British and Canadian society (Forrester; Murphy; Greenland in Becket, C,. 2003).

Sayer, T. (2008) highlighted the study made by the Department of education and Skills in 2006. Physical abuse accounts for 16 per cent, sexual abuse 20 per cent, emotional abuse 21 per cent and neglect 43 per cent in the US.

A study conducted by Deb and Senapati in 1993 revealed that illiteracy, unemployment, conjugal discord, lack of attachment and history of victimization in the early life of parents were the causes of child abuse and neglect. The author quotes WHO to refer to abused and maltreated children who may suffer from developmental effects, disability, eating disorders, sleep disorders, alcohol/drug abuse, depression, anxiety, delinquency, violent behavior, self destructiveness, increased probability of becoming and abusing parent, long term reproductive health outcomes, sexual dysfunction and infertility. The report also reveals that in 1996, the financial cost associated with child abuse and neglect in the US was estimated at some 12.4 billion dollars. A large number of parents do not have proper knowledge on child development and or about healthy child rearing practices which results to abuse and neglect (In Deb, S., 2006).

Garbarino and Sherman studied the meaning of risk in relations to area where there are high, or higher than expected, rates of child abuse. They conclude that a high risk area for children was found to be socially impoverished in broader terms (In Gardner, R., 2003)

Beckett, C. (2003) analyzed various studies to reveal that abusers of girls are 97.5 per cent male, while abusers of boys are 78.7 per cent male 10.4 per cent of child sexual abuses involved close family members, including parents, stepparents and siblings. The most commonly reported perpetrators were acquaintances of the victim. On an average less than half of perpetrators were described as acquaintances. Figures of parents as perpetrators are relatively low at an average estimate of 3.3 per cent of child sexual abuse incidents were perpetrated by natural fathers.

Peter J.Pecora has stated the study by US Department of Health and Human Services, 2004 that in 2002, nearly 2 million US children were reported as abused and neglected. Compared with 1990 reports, this represents an increase of some 46 per cent in officially reported victims. The United States federal government recently estimated that 5,32,000 children were placed in foster care in family and non family settings and 8,13,000 children were served throughout that fiscal year (In Jenson, J.M., & Fraser, M.W., 2006).

In the NSPCC study of the prevalence of child maltreatment, based on a random probability sample of 2,869 young people aged 18 – 24, for more than 95 per cent of young women who reported sexual behaviour against their wishes, the adult involved had been the male. For men who reported unwanted sexual contact, the gender of the adult was more mixed, though the proportion of men reporting unwanted sexual behavior was around half that of women. Furthermore, much sexual abuse either occurs outside the family or from family members other than parents. Cawson et al. found more than 6 times as many young people reporting unwanted penetrative or oral sex from people outside their families as within the family. For sexual acts within the family, fathers and step fathers made up only 36 per cent of perpetrators. For both sexual abuse outside the family and abuse by the family members other than parents, however, the majority of perpetrators again were male in Cawson et al's study. The pattern of abusive behaviour amongst adults can often be traced back to adolescence, suggesting a need for approaches to sex and relationship education in schools, which address gender, issues with boys and girls and promote equal and consensual relationship. In order to tackle issues such as sexual violence adequately, gendered understanding need to be incorporated. Government proposals may reduce children's vulnerability by fostering secure and supportive relationships

with family member, but they do not directly tackle the causes of sexually abusive behaviour. (Daniel B., Featherstone B., Hooper C.A. & Scourfield J., 2005)

According to SFR 2007, as in 31 March 2007 there were 6,500 children in residential care in England, 5,200 of whom were in community homes for children that were subject to children's homes regulations. The remainders were in secure units or other provisions not subject to regulation, such as boarding schools. Children in long term care are among the most vulnerable in society. The majority has suffered abuse or neglect and children leaving care have notably poorer education and economic wellbeing (Brian Sheldon, S., & Macdonald, G., 2009).

Children looked after in institutions have long been recognized as experiencing high rates of behavioural and emotional problem. They experience substantially higher levels of mental health problems than children in the general population. And the incidence of behaviour problem remains particularly high. For some children, their behavioral and emotional disturbances have directly contributed to the decision to accommodate them. For others the origin of their behavior will lie in personal histories of rejection and abuse. Children experiencing abuse and neglect may well develop ways of coping which, whilst adoptive in the environment they developed, present problem in the homes in which they are placed. When such placements breakdown, children are likely to experience more rejection and develop more defensive ways of managing their world (Mac Donald, G., & Turner, W., 2005).

2.2 Children in India

Ample literature is available in the area of children in need of care and protection in India. However, research has thus far been conducted only on specific problems of child welfare and services and has rarely been on the issue of Care and Protection as a whole. Nevertheless, there is enough information available so as to get a glimpse of the situation and rehabilitation measures of children in need of care and protection in India.

The issue of child abuse and neglect is very little recognized in the developing countries like India. In India, cases of sexual abuse/harassment are not reported owing to negligence, perceived harassment in the police department and in the court and threat from the perpetrators. Fear on social discrimination and boycott also inhibit

victims to report the case to police. In India, a large number of children belonging to lower social strata especially in the rural areas are neglected and deprived from their basic rights and parents have failed to provide protection and care to their children owing to poverty, negligent attitude, dependence on alcohol and suituational factors (Deb, S., 2006).

According to a study conducted by S. Khana (1987) in the area of child physical abuse in Chandigarh, it was found that parents, siblings and teachers endorsed aggression as a normal, acceptable good way of bringing up a child.

The Government of India (GOI) documents and reports reveal very significant findings in relation to children. According to one report published in 2005 on 'Trafficking in Women and Children in India', 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution. 2.5 million children die in India every year, accounting for one in five deaths in the world, with girls being 50 per cent more likely to die . One out of 16 children die before they attain one year of age, and one out of 11 die before they attain five years of age. India accounts for 35 per cent of the developing world's low birth weight babies and 40 per cent of child malnutrition in developing countries, one of the highest levels in the world. Although India's neo-natal mortality rate declined in the 1990s from 69 per 1000 live births in 1980 to 53 per 1000 live births in 1990, it remained static, dropping only four points from 48 to 44 per 1000 live births between 1995 and 2000.

The 2001 Census data from and other studies from India illustrate the terrible impact of sex selection in India over the last few decades. The population of children aged 0-6 years is 16.4 crores as per the 2001 Census. The child sex ratio (0-6 years) declined from 945 girls to 1000 boys in 1991 to 927 in the 2001 Census. Around 80 per cent of the total 577 districts in the country registered a decline in the child sex ratio between 1991 and 2001. About 35 per cent of the districts registered child sex ratios below the national average of 927 females per 1000 males. In the 1991 Census, there was only one district with a sex ratio below 850, but in the 2001 Census, there

were 49 such districts. India has the second highest national total of persons living with HIV/AIDS after the Republic of South Africa.

According to National Aids Control Organization (NACO), there were an estimated 0.55 lakh HIV infected 0-14 year old children in India in 2003. UNAIDS, however, puts this figure at 0.16 million children. According to the 2001 Census report, amongst all persons living with disabilities, 35.9 per cent were children and young adults in the 0-19 age group. Three out of five children in the age group of 0-9 years have been reported to be visually impaired. Movement disability has the highest proportion (33.2%) in the age group of 10-19 years. This is largely true of mental disability also.

According to a UNESCO report, however, of the total child population, 2.07 crores (6%) are infants below one year; 4.17 crores (12%) are toddlers in the age group 1-2 years; 7.73 crores (22.2%) are pre-schoolers in the age group 3-5 years. The report highlights that only 29 per cent of pre-primary age children are enrolled in educational institutions in India. Services under the ICDS scheme covered only 3.41 crore children in the age group 0-6 years as in March 2004, which is around 22 per cent of the total children in that age group. Supplementary nutrition too was being provided to 3.4 crore children, as against 16 crore children. Of these, 53 per cent were reported to be under-nourished.

Several studies have highlighted the risk of girl children both prior to their and following it. The world's highest number of working children is in India. To add to this, India has the world's largest number of sexually abused children; with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time.

The National Crime Records Bureau (NCRB) reported 14,975 cases of various crimes against children in 2005. Authors have suggested that children in India are subjected to various forms of violence such as child marriage, economic exploitation, practices like the 'Devadasi' tradition of dedicating young girls to gods and goddesses, genital mutilation in some parts of the country which are often rationalized on grounds of culture and tradition. Physical and psychological punishments take place in the name of disciplining children and are culturally

accepted. Forced evictions, displacement due to development projects, war and conflict, communal riots, natural disasters - all of these take their own toll on children. Children also stand worst affected by HIV/AIDS..

In 2002 and 2005 there was a steep rise in the total number of crimes against children. In 2002, 5,972 cases were registered as against 14,975 cases registered in 2005. Incidence of kidnapping and abduction of children were around 2322 in 2002 and 2571 in 2003, which rose to 3,196 and 3,518 in 2004 and 2005 respectively. Although the reported number of cases of procurement of minor girls has decreased by 29.3 per cent in 2005 compared to 2004, media and other reports indicate that the unofficial number is much higher. Reported cases of child rape, one of the worst forms of sexual abuse, have increased in number between 2004 and 2005, from 3542 cases to 4026 respectively, indicating an increase of 13.7 per cent (GOI, 2007).

The census report indicates that child labour in India has decreased from 17 million in 1977 to 13.6 million in 1981 and 11.3 million in 1991. But the new estimation (2001) is indicating an increase of about 2.7 million in the number of working children amounting to 13.99 million (Yadav, A,.2006).

Mutharrayappa, R., (2002) conducted a study on 'Rehabilitatted Bonded Labourers in Rural Karnataka' to examine the nature of bondage of identified labourers and whether the rehabilitation had resulted in any in any increase in any increase in their income and improvements in their living conditions. In his study of four districts in Karnataka on a sample of 387 bonded labourers, it was observed that about 36 per cent of them began to work with their landlords between the ages of 8 – 10 years. About them 22 per cent of them began work by the age of 14 years while the remaining 64 per cent began work as teenagers. A majority of these children work in the unorganized sector, both rural and urban. Though child labour in India is mainly a rural phenomenon but conditions of child labour in urban areas are much more harsh and vulnerable. They are found working in different small industrial establishments, household activities, services and different unorganized occupations, etc. Child labour is mainly a socio-economic problem. The factors responsible for child labour include poverty, unequal distribution of land and other resources, illiteracy, unemployment, social structures and other factors like demand of cheap and docile children in the market. The majority of the children work mainly due to economic constraints.

Yadav refers to the Census in India, 1991, which reflects that about 77 per cent of the children are engaged in agriculture and cultivation, which is literally out of the labour laws, and children are free to work easily as they can. Others includes manufacturing (6.2%); handloom (0.42%); mining, quarrying, plantation etc. (3.07%); transport, service and communication service (0.32%); trade and commerce (2.10 %); others (2.60 %). (Yadav A 2006)

According to ILO (2007) in the age group 5-14 years, the total work force in India is 126.67 lakhs. Out of this, 57.80 lakhs (45.6 2 per cent) are Main Workers and 68.87 lakhs (54.38 per cent) are Marginal Workers. In the age group 5-17 years, the total work force in India is 283.48 lakhs. Out of this, 151.21 lakhs (53.34 per cent) are Main Workers and 132.27 lakhs (46.66 per cent) are Marginal Workers. The share of workers in the country aged 5-14 years and 5-17 years to the respective population total are 5 percent and 9.08 per cent respectively. The share of workers aged 5-14 years and 5-17 years in the total work force of the country is 3.15 per cent and 7.05 percent respectively. In India, amongst Main Workers in the age group 5-14 years, only 14.07 per cent workers were reported to be attending educational institutions. The situation of Marginal Workers was better with 36.68 per cent attending educational institutions. However, a worrying fact is that a substantial number (i.e. 32.35 per cent) of Non- Workers were not attending any educational institution. Amongst Main Workers in the age group 5-17 years in India, only 8.67 per cent were reported to be attending educational institutions. Here also, the situation of Marginal Workers was better with 28.24 per cent attending educational institutions. A substantial number (i.e. 32.44 per cent) of Non-Workers not attending any educational institution continues to remain a worrisome fact.

According to the statistics given by the National Health Survey II, 2000, young children suffering from malnutrition constitute 48 per cent and young children (6-35 months) suffering from anemia 74.3 per cent. Children with various disabilities constitute 5 per cent of the total child population. The percentage of dropouts of school-aged children (6-14 years) on the basis of enrollment as against total child population aged 6-14 years is 33 per cent. The Report on the Progress of Nation (1994) estimates that there are 300,000 child prostitutes in India. According to NIPCCD (2002) there are 400,000 child prostitutes and 400,000-500,000 street

children in six major cities in India (NIPCCD, 2002).

Studies made by Deb found that children from socio-economically disadvantaged families were victimized since the early years of their life through a chain of adversity under uncompromising demands of their parents from the children to avoid schooling and to earn money deceitfully. Deb refers to Pagare study in an observation home in Delhi covering 189 boys, sexual abuse was reported in case of 38.1 per cent of children. On clinical examination, among the sexually abused children, physical signs were seen in 23.8 per cent. The most common perpetrators were strangers. Sexual abuse was significantly associated with domestic violence, solvent/inhalant use and working status. It was found that 76.7 per cent were physically abused. The most common perpetrators were fathers (55.2%). Physical abuse was significantly associated with domestic violence, substance use in family, step parenting, substance use by child, running away and working status (Deb, S., 2006).

A study in South Kolkata by Deb and Mitra in 2002 among migrant child labour observed that 11 per cent of girl child working as maid servant were subjected to sexual abuse and harassment. Another study by Deb and Bandyyopadhyay in 2003 in Kolkata found that 26.67% of male and 16.67 % of female teachers were of the opinion that it is necessary to physically punish children to make them disciplined and obedient. It was also revealed that 60 per cent of male and 53.4 % of female teachers' were physically punished during childhood (Deb, S., 2006).

Salve and Sahastrabudhe in their study on institutionalized children in Pune found that 82.65 per cent of the children admitted were in the age group 6-12 years and 17.34 per cent were above the age of 12 years. There were 62.24 per cent of children who were illiterate or had studied upto primary level and 37.75 per cent crossed the primary level category. Their study also found that 77.04 per cent were from nuclear families and 71.9 per cent from broken families where 39.28 per cent were girls. They also found that most of the children's parents were unemployed and illiterate. Fifty eight per cent of the children were full or partial orphans, 14 per cent of the children had parents who were divorced or separated, 26 per cent had parents who abused alcohol, 14 per cent had discordant families and 7 per cent of the children had parents who had extra-marital affair. Further, they highlight that the children

suffered from psychological problems such as fear, depression, anxiety, suicidal tendency, aggressiveness and psycho somatic disorders like headache and vomiting. Seventy five per cent of the children felt more happy and secure in the institution compared to their homes and more than a quarter felt unhappy and insecure in the institution. It was found that reasons of security were because their basic needs were being provided. The reasons for institutionalization include destitution due to death, divorce or separation, inconducive family atmosphere, poverty, health related problems and delinquency (In NIPCCD, 2002)

Kavitha also conducted a study on three institutionalized children in Coimbatore City. The major findings of her study indicate that the reasons for institutionalization include not having parents, poverty, step-parents' ill treatment, large size of family, child abuse, alcoholic parents and divorce of parents. Majority were because of poverty. Her findings also highlight that 78 per cent of the boys and 46 per cent of the girls had contact with both parents while 14 per cent of the boys and 30 per cent of the girls had no knowledge about their parents. Further, a majority (66%) of the children were healthy. Lesure time activities include socializing with friends, playing outdoor sports and watching movies and 20 per cent of the boys and 40 per cent of the girls wish to continue their stay in the institution for want of security (In NIPCCD, 2002).

2.3 Children in North-East India

There is little literature on children in need of care and protection in North-East India. It is limited to data and statistics highlighted by the Government. Academic discourse on research in this area is lacking and as such, objective review on the situations of children in need of care and protection is difficult. Nonetheless, there are few studies that capture the situation of children in North-East.

According to FORCES (2009), the infant mortality rate in the North-Eastern States except for Arunachal Pradesh and Assam is better than the national average. Mizoram, Manipur, Tripura and Sikkim are above the national average as far as basic vaccinations are concerned. Assam, Arunachal Pradesh and Nagaland are below the national average. As far as ICDS is concerned there is few evidence of success in North-East India with problems of corruption, staff constraints, improper supervision,

lack of proper infrastructure, training and low level of awareness among rural communities.

According to Yadav and Singh, there was little difference found between the proportion of male and female children in North-East region. This shows that gender discrimination is very less while a preference of sex of the child is concerned (In FORCES, 2009).

The average intake of nutrients among children in North East India is inadequate. Education at the higher level needs to be improved. Further, except for Manipur, Mizoram and Tripura which had no reports, crimes against children in the rest of the region include kidnapping, abduction, child rape, procurement of minor girls and child murder (NIPCCD, 2006).

Chakma,S. (2004) stated that continuous armed conflict in North East India creates negative impact on children. He states that '*Children are victims of torture, arbitrary killings, rape and other heinous abuses both by the security forces and the armed opposition groups'*. Further as a result of conflict induced internal displacement, children in North East India are deprived of their basic care and needs. Moreover, due to its geographical location, child sex work and trafficking of female children is also rampant in the region. According to Pinto,L.A. (2004), a large number of children run away from their homes to join the armed opposition groups in North East India because of the political dynamics of armed conflict in the region and the hope that their participation will bring change.

From the above research statistics and findings, we are able to understand the magnitude of the problem children are faced with in India and the need to formulate intervention plans and programmes to prevent the consequences of their vulnerability and weak physical features.

It is not known as to how such findings and concerns for children in need of care and protection will have an impact in Mizoram but it may be true to say that there will indeed be a presence of some similarities of the problems faced by children in need of care and protection.

2.4 Children in Mizoram

The information regarding children in need of care and protection in Mizoram is very much limited and there is little research conducted in the area. However, as little as it may be, some relevant information is available from folk and popular literature which portrays the nature and characteristics of how the Mizo people took care of the young and rehabilitated them in case the need arose.

Traditional Mizo society had within its institutions norms and rules of looking after its children. This is true if we were to study the Mizo Customary Law. Awia highlighted the laws and rules that indicate not only the care and protection of children but also their situations and status in traditional Mizo Society (Pachuau, H.Z., 2012). Outlined below is a translation of the operative part of the Mizo Customary Law related to children by Pachuau.

Chapter 2, Verse 19 shows that among those who need not take part in *Hnatlang* (Community Work) are boys below 15 years, widows, the infirm and the disabled. . According to Verse 31, if a child dies within three months from its birth, it is called *hlamzuih* and in such cases the community may not conduct the natural funeral procession. Verse 34, Clause 8 states that if a person(s) finds anyone including children who need protection and help, that/those person(s) must protect and help straight away.

Chapter 3, Verse 36, Clause 3 highlights that if any couple lives together forming a family without performing the rules of marriage, they are not considered as married even if they bear children.

Chapter 4 , Verse 80 states that if a widow who is the bread winner of the family has an affair with any man, it is still considered as having an extra marital affair. The late husband’s family and her children can throw her out of the house. However, if the children decide that she stays, then she can stay. We also see in Verse 83 that if a husband leaves his wife and children because he wants to marry another, all assets that belong to him is transferred to his children. The mother will hold sole custody of the children. The case is same in case of abandonment (Verse 84). Further, Verse 91 shows that in case of divorce, custody of children belongs to the father. However, if a child has not attained 3 years of age, the child stays with the mother and

the father must not take the child. In such situation the father shall be the sole carer and supporter of the children. And, if the mother is willing to care for the youngest child, the child may stay with her. Other siblings may also stay with the mother through mutual consent. After they have attained majority, the children can decide with whom they want to live. Where ever the child maybe, decisions and responsibility regarding marriage of children shall remain with the father.

Chapter 6 contains a detailed account on the laws regarding child adoption. Verse 96 Clause 1 states that infertile couples can adopt a child. Clause 2 indicates that a destitute child can also be adopted. Lastly Clause 3 states that an orphan who has no one looking after him or her can be adopted. Verse 97, Clause 1 indicates that the adoptive parent' must be of sound mind and both have to agree to the adoption. In Clause 2, we see that the age gap of the adoptive parents and the child must be 21 years. Clause 3 states that if the parents of the child to be adopted are still alive, their consent is needed even if they do not live together. If only one parent is alive, his or her consent is also a must. However, if a parent is found to have abandoned the child, the available parent's consent is needed. Further, Clause 4 states that in case of an orphan, the guardian's or closest kin's consent is enough for adoption to be carried out. Verse 98 shows the form to be filled by both parties which includes the name, age, and signature/thumb impression of the child adopted the names, age, address and signatures of the adoptive parents and the biological parent/guardian/kin, the date of adoption and names and signatures of two witnesses and one legal community authority. Verse 99 states that any adopted child has the same rights as that of a natural born child. Lastly but not the least, Verse 100 contains the rules of confidentiality to be maintained regarding child adoption and the punishment and fines involved with it in case of breach of confidentiality.

Chapter 7 highlights the rules regarding guardianship of children. Verse 102 Clause 1 states that if the father dies, the mother shall be the sole legal guardian of the child/children on the grounds that she is of sound mind, honest, respected and worthy. If she is found not be fit on these terms she has no custody or guardianship of her child/children. Clause 3 indicates that in case of any 'heirship will' made by the father for the children before his death; the mother has no right to change the will. However, in Clause 4 we see that if any child leaves the family without the consent of the

mother, the child shall have no right of heirship. Clause 6 states the provisions of financial security for the children made by the father. However, the child for which insurance is made cannot move the security without the consent of the mother. This is in case the father dies. Verse 103, Clause 2, Sub Clause a to c highlights that in case a child/children is/are orphaned due to death of parents, the paternal grandparent(s) or the paternal uncle(s) can be made to look after and care for the children until they attain majority. And if they are not available, the maternal grandparent(s) or the maternal uncle(s) or paternal aunty or maternal aunty can be made to look after and care for the children until they attain majority. If these are unavailable, then the decision of guardianship is left to the legal authority of the community. Further if both the paternal and maternal grandmothers are married to another besides the real grandfathers of the child/children, they do not have rights of guardianship. Further, Verse 104 includes the responsibilities of guardians upon the children. Clause 1 Sub Clause a states that the guardian has the right to protect the child as far as his/her well being is concerned. Clause 1 Sub Clause b protects the child from any misuse of power by the guardian against the child. Lastly, Verse 105 states that the authority can change guardianship if the guardian is found unfit to look after the child/children.

Chapter 8 highlights the rules regarding cases of illegitimate children. James Dokhuma (1992) has given a clear description of this chapter about '*Sawn*' the case and problem of an illegitimate Mizo child. According to him, if the child is not wanted by his or her father but is accepted by the father as being his child, the child remains with the mother and the father pays '*Sawn Man'* or illegitimate child's price to the mother. If the father does not accept the child as his, the father does not do anything and the child remains fatherless and stays with her mother. The mother and the child suffer from social stigmatization. The child receives no love from anyone accept his or her mother. The child is mocked and is ill treated by the people of the community. However, in Verse 107 Clause 5, an illegitimate child is brought to the father so long as the child needs care.

Chapter 9 highlights the general rules against causing physical harm to another and such acts are punishable by law (Verse 123, Clause 1 to 3). Verse 125 states the rules against murder and that it is the gravest act of all and if one murders the other out of intent, the victim's family can take the life of the murderer. Verse 129 also

gives an account on how to deal with children fighting. If such case occurs, they should be stopped. If any physical harm occurs, the perpetrator's family has to pay half of the amount required for taking care of the injury. Further, strangely so, if adults interfere and help their child thus causing injury to the other child involved in the fight, the adults can be punished accordingly. In Verse 132 we also see that if a person is found ridiculing or teasing any other person at any place, he can be fined. Verse 135 states the rules against sexual abuse in a form of rape which also includes attempted rape. The perpetrator can be fined and if the perpetrator experiences any form of physical harm or injury, it will not be considered. Further, Verse 136 specifically highlights the rules against child sexual abuse and any person found to indulge in such activity can be punished by law.

Lalrinchhana, H.T.C. (2002) in his book states that, in traditional Mizo society, the girl child was given the responsibility to tend to the household chores, weaving and carrying the fire wood. The boy was also given the responsibility to collect the firewoods, go fishing and go hunting and to learn the social life, culture and tradition. The Mizos have a festival celebrated for the children called '*Pawl Kut'* to show their love and concern for the children

In contrast to the above rules for the care and protection of children in traditional Mizo society, there are evidences in other literature that show otherwise. The Mizo mythical story of *Liandova te unau* (Liandova and his brother) highlights the deplorable conditions of children of widows in traditional Mizo society. According to this, Liandova and his brother whose widowed mother abandoned them after marrying another man lived alone hungry in their small house. They suffered from poverty and social stigmatization. Another mythical story of *Fiara Tui* also highlights similar information. In this story Fiara was the son of a widow and both son and mother were stigmatized by the society.

Thankima (1997) wrote about the problems faced by orphans, destitute and abandoned children in Mizoram. To portray the need to rehabilitate children in need of care and protection, he wrote about a boy whose mother abandoned him and later on the boy was orphaned as a result of his father and grandfather's death. He remained under the custody of his uncle where he was treated as a servant.

According to Lalramliana, Rev. (2004), traditional Mizo society had little knowledge about child care. Children were threatened and ridiculed by adults much to their disgrace and would prefer being with their friends rather than their adult family members. Besides this, children were not allowed to be with adults. They were perceived as being noisy and ordered to go away from their company. As such, they spent little time with the family except when it was time to sleep. Children spent their entire days with their friends. Peer group, therefore, was the main agent of socialisation for them. They were made to collect firewood for the bachelors and were taught the norms of society by the bachelors at *Zawlbuk* at night. The girl child was made to do the household chores such as carrying water, looking after babies cooking, grinding, weaving and sewing. A female Mizo girl spent more time at home than the male. However, in times of community feast, *'zulawm'* liquor made for children and food referred to as '*sabebuh*' were specifically made for children. One festival called '*Pawl Kut'* was celebrated on behalf of children. The adults would take the male children to hunting and teach them to cook, carry water and wake up early in the morning. After tilling the land, the children who helped would be given *'thihrin zu'* one type of liquor meant for children. Children were also taught to respect their elders. In his study he wrote that Christianity paved the way for caring and teaching children. Families were oriented about the importance of children and became an important agent of socialization for children.

According to Lalrimawia (1995), Mizo children got their education at home and in the bachelor's dormitory *Zawlbuk* from the elders. They passed on their knowledge to others. When schools were first established by the Missionaries in the end of the 19th century in Mizoram, parents gave little importance. The children were however willing to attend schools, but were prevented by their parents because they felt that children were more useful in the agricultural cultivation and household chores.

Lalbiaknema, C. (2000) highlighted the recreational activities of traditional Mizo children. There were specific activities meant for boys and girls and each had their unique local concepts for recreation. For the boys the activities included *'inhnok'*(Banging each other with either leg folded with the help of the hand), *'kaihbu'* (Spinning top), *'kalchet'* (walking with bamboo stick), climbing on

bamboos, taking fire torch to the jungle and the one who goes deepest wins, '*selem chaih'*, '*inkhawhkar*' and *inchirhtheh*'(Playing with mud). For the girls the activities included *'inkawibah'*, *'invailungthlar'*, *'inkawlvawr'*, '*inbuhvawr*' and '*pawnto*' (Play).

According to Lalrinawma, Rev.VS. (2005), in traditional society, the married life of a Mizo couple was hardly a happy one. The husband showed little care and concern to the wife. The best time for family sharing was during mealtime. Children were not given much importance in the family. Parents were not home much of the time and children therefore grew without proper parental care and concern. The disabled, however, were kept at home and looked after by the family members.

However, family members had a deep sense of duty towards other members of their family. Family served as an important economic unit and there was a clear-cut division of labour between male and female right from childhood. In this process, family was the centre of learning, vocational and religious training for the children because education was linked with the activities of the family. It also acted as a centre of health. He also goes on to say that a female child was regarded as a kind of precious family property which would fetch a *good price (Bride Price which is exchanged at the time of marriage)*. Even today, the birth of a girl child is hailed with the same joy as that of the male child.

In a study conducted by Fambawl, J.R. (2005), the Mizo children in the past never occupied much importance. They were compared to dogs not fit to be inside the house. They were either scorned off by adults to go outside or mocked at with sarcastic words.

According to Lalkima, C. (1997), the ancient social institutions such as the family, religious institutions community curtailed to the social problems in the past. The Mizos have a deep sense of duty towards others especially to their kith and kin. Disabled and handicapped persons are taken care of by their relatives. The institution of *Zawlbuk* categorizes specifically the roles of children (boys) and portrays how they were treated. According to the study, 'young boys of the village were given the responsibility of collecting firewood for burning in the night. A boy would continue to collect firewood till he attained the age of puberty. This was the first step to social

control over the young lads and through it, the young lads were taught the importance of social control or community obligation'. It served, according to the author, as a good system of disciplining the young boys of the village. If a boy failed to bring a bunch of firewood to *Zawlbuk* for a day without prior permission of the monitor, he was liable to receive punishment. There was a peculiar method of initation to adulthood. The monitor so appointed by the youth leader would pull out one hair from his genitals. If it was long enough to be tied around the stem of a bamboo pipe, used for smoking by the men folk, then only will the boy be classed as an adult called *Tlangval*. He would be exempted from the duty of collecting firewood and join the adult group. Therefore, in a semi-primitive Mizo society, the male child soon after he passed the accepted age of infancy became an inmate of *Zawlbuk* and not his parent's house. The priority claim on him would first go to society and not his parents'. This reflects Aries study that children mingled with adults as soon as that was physically possible. They spent much of their time in both work and play (Gupta,M., 2001).

Children were often stated as one that could be easily conceived again without much difficulty when circumstances of death of a child arise to console the parent(s) of the dead child (Lalrinchhana, H.T.C.2002).

In the line of education, the present scenario is that Mizoram hold the second highest literacy rate in India and among the Districts, Aizawl constitutes the highest percentage (96.5%) of literacy. The reason for this development includes proactive and positive role played by religious institutions and civil society organizations, homogeneity of the society and successful government intervention (SSA, 2005).

GOI (2002) reports that there are 340,163 children in Mizoram. In other words, children constitute 38.17 percent of the total population and yet there are innumerable problems faced by them. Considering the fact that children constitute over a third of the population it remains an undeniable fact that children in this state require the greatest attention. Although the IMR in the state according to the 2001 census, is 68/1000(lower than the national average), mildly malnourished children (45.95/1000) in the state are higher than the national average. The severe (1.42/1000) and moderately (16.41/1000) malnourished children in the state however are lower than the national average.

An annual report compiled by SSA, Aizawl District, 2005-2006 shows that the total number of children below 14 years not going to school in Aizawl District is 226 out of which 106 are males and 120 are females. The reasons of dropping out include lack of interest, household work, and migration, earning compulsion, failure and socio-cultural reasons. Other problems faced by SSA, Aizawl District includes lack of qualified personnel, inadequate allocation of fund, lack of basic infrastructure, lack of proper convergence and linkages, ignorance and lack of interest, class structure of schools, inadequate state budget, absence of training institutes for officers, understaffing of teachers, in rural areas, expensive text books, growth of private schools, inadequate pre-school facilities and too much interference from civil society organizations (SSA, 2005).

Pachuau, H.Z. (2012) has compiled data from the Social Welfare Department, Government of Mizoram from 2003 to 2006 from the entire Children's Homes i.e 22 in Mizoram. It indicated that the number of children admitted to children's homes increased yearly. He also highlights the cases reported to the Child Welfare Committee in Aizawl received by them from September 2005 to January 2012 and shows the prevalence of child abuse in Mizoram.

According to ILO (2007) the number of working children between the age 5-14 years has been increasing. In 1981 Census, there were 6314 working children and in 1991 Census working children accounted for 16411 increasing further to 26265 in 2001 Census. The State/UT with the highest share of workers aged 5-14 years in the total population of the State/UT was Mizoram (12.34 per cent).

According to the study on Child Abuse in India conducted by the Ministry of Women and Child Development, Government of India (2007), 84.64 per cent of the children interviewed in Mizoram reported physical abuse in one or more occasions out of which 35 per cent of them belonged to 15-18 age group and 33.83 per cent of them belonged to 5-12 age group. 61. 97 per cent of boys and 38.03 per cent of girls reported that they were physically abused in the family environment; 90. 86 per cent of the children have experienced corporal punishment in schools and 85.71 per cent of boys and 14.29 per cent of girls interviewed has experienced physical abuse in the homes i.e. children homes. As for sexual abuse,16. 20 per cent of the children interviewed have reported as having experienced one or more form of sexual abuse

out of which 59.96 per cent of them are boys and 40.04 per cent of them are girls. According to the study, Mizoram has also the highest in forceful kissing, with as many as 86.18 per cent of its female children having been subjected to this abuse. Teenage girls were also very vulnerable to sexual advances during travel situation, with 57.58 per cent, the highest in India. In sexual advances during marriage situation and exposing children to pornographic materials, Mizoram was also at the top .Further, 33.23 per cent of the children interviewed in Mizoram have experienced one or more form of emotional abuse out of which 44.03 per cent are boys and 55.97 are girls. And lastly, 78.87 per cent of girl child in Mizoram has experienced neglect.

According to Rohmingmawii (2012), in her study on 'Child Sexual Abuse in Mizoram', children between the age of 6 -12 years constitute the highest number of being sexually abused. Majority of the victims of abuse are girls and 90 per cent of the children know the person who abused them. She also found that a child experiencing abuse is likely to experience again either from the same or a different perpetrator. Further, she found that the victims of child abuse do not forget or forgive the abuser. They suffer from mental illness which affects their lives tremendously. Another important finding is that the victims do not go to court as a result of threat and poverty. Her study also highlights that the highest number of perpetrators belong to the age group 19-25 years and most of them belong to poor families.

Further, Pachuau has highlighted a study conducted by Human Rights and Law Network in 27 children's home which revealed a rising trend of children admitted in children's homes. It was found that out of the total sample collected , 61 children were found to have been emotionally abused, 75 physically abused , 19 sexually abused, 70 cases of differently abled, 199 cases with health problem, 61 children with emotional or psychological problem and 7 HIV/AIDS patients. Parents of 379 children were divorced, parents deserted 126 children, 96 children were abused by their family or parents or care givers and 273 children had parents who were alcoholics (In Pachuau, H.Z.,2012).

According to Human Rights and Law Network (2008), the facilities provided to children in need of care and protection in institutions is satisfactory, however health services within the homes need to be improved. Counseling services is non-existent where no professional social workers were found in any of the homes studied.

Counseling was restricted to spiritual or religious counseling. Though there times allotted for visits by parents or relatives, a very few parents/relatives found interest at all in restoring their children. The study also found that the reasons for admission were mainly due to poverty, marital breakdown and substance abuse. It was also found that restoration or reintegration for many of the children was possible, there was little scope for this because laws and rights pertaining to children in Mizoram is not understood fully by the home authorities who rely almost solely on religious or spiritual power. However, there were three homes that provided opportunities for adoption and foster care.

From the above literature, we see that though there are few historical evidence about the care and protection of children in Mizoram, there is little data on children in need of care and protection in Mizoram. Majority of them are statistics collected by the Government. Further, we find research gaps specifically on children in need of care and protection within communities. A comparative analysis on Gender is also non-existent. Therefore, this thesis will attempt to fill this gap to act as an important resource for policy makers and bring out suitable strategies for social work intervention in the area of child protection in Mizoram.

CHAPTER III

METHODOLOGY

The research design is exploratory and the data collected is cross-sectional in nature. The study covered six districts in Mizoram and includes children from communities and children in institutions. In all, therefore, six of eight districts (Refer Map in Appendix) in Mizoram have been covered one way or the other making this, one of the largest studies in reference to children in need of care and protection in Mizoram.

3.1 Sampling

Sampling was done separately for children in communities and children in institutions. A Multi Stage Sampling was used.

3.1.1 Children in Communities

At the first stage, the Districts were selected purposively. The Districts selected were *Saiha, Lunglei, Lawngtlai, Serchhip and Kolasib*. In the second stage one Block from each of the sampled Districts was identified based on their representativeness of both developed and underdeveloped Blocks within the Districts. Representativeness was calculated based on household indicators of development according to Village level Statistics of Mizoram: 2003; Economics & Statistics Department, GOM, 2004. The Blocks identified were *Tuipang Block from Saiha District, Bunghmun Block from Lunglei District, Lawngtlai Block from Lawngtlai District, East Lungdar Block from Serchhip District and Thingdawl Block from Kolasib District.*

In the third stage, one community from the Blocks was selected based on their representativeness within the Blocks as above and they include *Zawngling from Tupang Block, Saiha District, Bunghmun from Bunghmun Block, Lunglei District, Bungtlang South from, Lawngtlai Block, Lawngtlai District, Khawlailung from East Lungdar Block, Serchhip District and Kawnpui South from Thingdawl Block, Kolasib District.*

In the fourth and final stage 10 per cent of children belonging to the age group of 11 – 18 years residing in the community were identified. Children in need of care and protection were selected based on the definition provided by the Juvenile Justice (Care and Protection of Children) Act 2000. The final sample included 112 children from communities.

3.1.1 Children in Institutions

There are 28 homes that offer care and protection to children in Mizoram out of which five homes were identified. At the first stage, the Institutions (Children's Home) were selected purposively based on having the highest number of children in need of care and protection. The names of the institutions are withheld to protect identity and maintain confidentiality as per their request. However, these institutions belong to Saiha*, Lunglei, Serchhip, Kolasib and Aizawl Districts*. In the second stage, 10 per cent of children residing in each institution were identified and out of them, only children between the ages of 11-18 years were interviewed. The final sample includes 62 children from the institutions.

In both samples, gender representativeness was ensured.

3.2 Data Collection

Data was collected from primary as well as secondary sources. Primary sources include collection of data through a semi structured interview schedule. Secondary sources include data and information sourced from published books/reports of Social Welfare Department, Government of Mizoram. Both qualitative and quantitative techniques were used to collect data.

3.2.1Tools of data collection

A semi structured interview schedule was constructed. The attempt was to make a child-centric, exhaustive tool that collects data on the socio-demographic particulars in order to arrive at a categorization and profile of children in need of care and protection. The tool also collects data on the situational analysis of children in need of care and protection and particularly documents data on parental situations, abuse and violence experienced as well as needs related to health, education, recreation. Lastly, the tool collects data on availability of services, resources and social support for children in need of care and protection. In-depth interviews were also conducted to augment data related to situational analysis of children and these are presented in case vignettes.

The interview schedule was translated into Mizo and pre-tested separately with children in communities and children in institutions and several modifications were made for the final tool. One major observation following the pre-test was to arrive at the age group 11 – 18 years since the tool was not suitable for younger age groups. Details regarding the situation of children were found to be cumbersome for children to furnish and therefore these were excluded in the final tool.

3.3 Data Processing and Analysis

The qualitative and quantitative data was analyzed and subjected to analysis using SPSS package. Descriptive statistics and case vignettes are presented to understand children in need of care and protection in Mizoram. The major findings have been summarized and presented in the concluding chapter in a format that lends itself well to comparison across the two settings.

3.4 Ethical Issues

Applications for consent to conduct the research were obtained from the community leaders. Informed consent from the parents and the children were also obtained. Similarly, the same were also obtained from the Social Welfare Department, Government of Mizoram to conduct the research in the selected homes identified. Thereafter, through proper channel, the home authorities received letters enlisting their cooperation from the Social Welfare Department, Government of Mizoram. In reference to the children respondents, informed consent were obtained after the purpose of the study was explained to them and several children who did not give consent were excluded. The home authorities offered consent for particpation only on the promise of confidentiality and this has been ensured. Further, fictitious names have been used in the case vignettes to protect identity of the children.

CHAPTER IV

CHILDREN IN NEED OF CARE AND PROTECTION IN COMMUNITIES: A PROFILE, SITUATIONAL ANALYSIS, SERVICES AND RESOURCES

This chapter deals with the profiling and categorization of children in communities, their situations and the services and resources available to them. Categorisation of children is in two ways; *children in communities and children in institutions form the first categorization; the second categorization which runs through the text is according to gender – boys and girls.* This chapter will discuss the findings in relation to *children in communities.*

4.1 Profile and Categorisation

This section includes demographic profile, social characteristics and family particulars.

4.1.1Demographic Profile

Table 1: Demographic Profile of Children

Sl. No	Profile	Gender		Total N = 112
		Boys n = 57	Girls n = 55	
I	**Age Group**			
	11 - 14 Years	24 (42.1)	34 (61.8)	58 (51.8)
	15 - 18 Years	33 (57.9)	21 (38.2)	54 (48.2)
	Mean Age	*15*	*14*	*14*
II	**Married**	0 (0.0)	2 (3.6)	2 (1.8)
III	**Type of Family**			
	Nuclear	39 (68.4)	38 (69.1)	77 (68.8)
	Reconstituted	2 (3.5)	4 (7.3)	6 (5.4)
	Joint	12 (21.1)	7 (12.7)	19 (17.0)
	Extended	4 (7.0)	6 (10.9)	10 (8.9)

Source: Computed Figures in parentheses are percentages

Table 1 (I) shows the distribution of children according to two age groups i.e. 11- 14 years and 15 – 18 years. Children in the age group 11 – 14 years constitute more than half (51.8%) of the sample size out of which girls constitute almost two

third (61.8%) of the sample than boys who constitute almost half (42.1%) between the age group 11 -14 years. On the other hand children in the age group 15 – 18 years constitute 48.2 per cent of the sample size. Here boys constitute more than half (57.9%) while girls constitute one third (38.2%) only.

Table 1 (II) highlights the number of children who are married. Here, children who are married constitute 1.8 per cent of the sample size. We find cases of child marriage only among girls which constitutes 3.6 per cent.

Table 1 (III) shows the type of families the children live in. The different types of families the children live in are nuclear family, reconstituted family, joint family and extended family. Children who live in nuclear family constitute the highest number (68.8%). The number of boys and girls who live in nuclear family is evenly distributed. Children who live in joint family constitute 17 per cent and more than a fifth (21.1%) are boys while girls constitute only 12.7 per cent. Among the children who live in extended family (8.9%) more girls (10.9%) than boys (7 %) reported as having extended family. Those children who live in reconstituted family constitute 5.4 per cent and there are more girls (7.3%) than boys (3.5 %).

4.1.2 Social Characteristics

Table 2: Social Characteristics of Children

Sl. No.	Characteristic	Gender		Total
		Boys	Girls	N=112
		n=27	n=55	
I	**Sub-tribe**			
	Lusei	22 (38.6)	25 (45.5)	47 (42.0)
	Lai	12 (21.1)	12 (21.8)	24 21.4)
	Mara	8 (14.0)	8 (14.5)	16 (14.3)
	Hmar	3 (5.3)	8 (14.5)	11 (9.8)
	Chakma	1 (1.8)	1 (1.8)	2 (1.8)
	Bru	8 (14.0)	1 (1.8)	9 (8.0)
	Others	3 (5.3)	0 (0.0)	3 (2.7)

II	Religion/Denomination			
	Hindu	1 (1.8)	0 (0.0)	1 (2.7)
	Presbyterian Church	15 (26.3)	11 (20.0)	26 (23.2)
	Baptist Church	13 (22.8)	16 (29.1)	29 (25.9)
	Salvation Army	1 (1.8)	2 (3.6)	3 (2.7)
	United Pentecostal Church	6 (10.5)	4 (7.3)	10 (8.9)
	No Denomination	1 (1.8)	0 (0.0)	1 (0.9)
	Local Church	20 (35.1)	22 (40.0)	42 (37.5)

Source: Computed Figures in parentheses are percentages

Table 2 highlights the social characteristics of the children. Table 2 (I) shows that almost half (45.5%) of the girls and more than one third (38.6%) of boys are from the *Lusei* sub-tribe. This is not surprising since most Mizos belong to the *Lusei* sub tribe. Among the *Lai* sub-tribe (21.4%) the number of boys and girls are evenly distributed (21 %). The number of boys and girls in the *Mara* sub-tribe (14.3%) are also evenly distributed (14%). *Lai* and *Mara*s are predominant in the southern part of Mizoram. Children in the *Hmar* sub-tribe constitute 9.8 per cent of the total sample where there are more girls (14.5 %) than boys (5.3%). Among the children in the *Chakma* sub- tribe the distribution between boys and girls is even. In the case of children of the *Bru* sub-tribe there are more boys (14 %) than girls (1.8 %). In the case of children belonging to *others* (Non-Mizo), boys constitute 5.3 per cent while there are no girls.

Table 2 (II) shows the distribution according to religion or denomination. Almost all the children are Christians. Among these, the highest numbers of children (37.5%) are from Local Church denominations and this is more among boys (40%) than girls (35.1%). This is followed by children from the Baptist Church (25.9%) where more than a quarter (29.1%) of girls and more than a fifth (22.8%) of boys constitute the sample. The number of children from the Presbyterian Church constitutes 23.2 per cent with more girls than boys. The United Pentecostal church which constitutes 8.9 per cent of the children has more boys (10.5%) than girls

(7.3%). Children from the Salvation Army constitute 2.7 per cent of the total sample where we find more boys (3.6%) than girls (1.8%) while there was only one Hindu boy

4.1.3 Economic Characteristics

Table 3: Economic Characteristics in Families of Children

Sl. No.	Characteristic	Gender		Total
		Boys	Girls	N=112
		n=57	n=55	
I	**Occupation of Father/Guardian**			
	Don't Know	15 (26.3)	14 (25.5)	29 (25.9)
	Farmer	26 (45.6)	20 (36.4)	46 (41.1)
	Daily Labourer	3 (5.3)	10 (18.2)	13 (11.6)
	Driver	2 (3.5)	2 (3.6)	4 (3.6)
	Teacher	1 (1.8)	3 (5.5)	4 (3.6)
	Govt. Servant	6 (10.5)	4 (7.3)	10 (8.9)
	Carpenter	3 (5.3)	1 (1.8)	4 (3.6)
	Pensioner	1 (1.8)	1 (1.8)	2 (1.8)
II	**Occupation of Mother**			
	Don't Know	19 (33.3)	15 (27.3)	34 (30.4)
	Farmer	24 (42.1)	18 (32.7)	42 (37.5)
	Daily Labourer	4 (7.0)	9 (16.4)	13 (11.6)
	Govt. Servant	1 (1.8)	2 (3.6)	3 (2.7)
	Pensioner	1 (1.8)	0 (0.0)	1 (0.9)
	Home Maker	6 (10.5)	10 (18.2)	16 (14.3)
	Retailer	1 (1.8)	0 (0.0)	1 (0.9)
	Petty Business	1 (1.8)	1 (1.8)	2 (1.8)
III	**Socio Economic Category**			

	AAY	5 (8.8)	5 (9.1)	10 (8.9)
	BPL	34 (59.6)	23 (41.8)	57 (50.9)
	APL	5 (8.8)	8 (14.5)	13 (11.6)
	No Category	1 (1.8)	1 (1.8)	2 (1.8)
	Don't Know	12 (21.1)	18 (32.7)	30 (26.8)

Source: Computed   Figures in parentheses are percentages

Table 3 shows the economic characteristics of the children's families. It was difficult to obtain information on many of these items as children often do not know the relevant details. Table 3 (I) highlights the distribution of the occupation of fathers. From the table almost half (41.1 %) of the children's fathers are *farmers*. Here there are more boys (42.1%) who have fathers who are farmers than girls (36.4%). More than a quarter (25.9%) of the children had no clue about their father's occupation. This lack of awareness about their father's occupations is evenly distributed between the boys (26.3%) and the girls (25.5%). Children who have fathers working as a *daily labourer* constitute 11.6 per cent of the entire sample. More girls (18.2%) have fathers working as a *daily labourer* than the boys (5.3%). The number of children who have fathers working as a *government servant* constitutes 8.9 per cent of the sample. More boys (10.5%) have fathers working as a government servant than girls (7.3%). Children who have fathers who are pensioners constitute 1.8 per cent of the sample and equal numbers of boys and girls reported the same. The number of children whose fathers are working as *a driver and a teacher* is same (3.6% each). The number of boys and girls whose fathers are working as driver is same (3.6% each) while more girls (5.5%) have fathers working as a teacher than boys (1.8%). Children who have fathers working as a *carpenter* constitute 3.6 per cent of the sample size. Here, there are more boys (5.3%) than girls (1.8%).

Information on Mothers' occupation was also sought. Table 3 (II) shows the distribution of the children's mothers' occupations. There are more number of children whose mothers work as *farmers* (37.5%). Almost half (42.1%) of boys have mothers working as farmers while more than one third (32.7%) of the girls have mothers who are farmers. One third (30.4%) of the children do not know the

occupation of their mothers and more boys (33.3%) do not know their mother's occupation than girls (27.3%). Children whose mothers are *home makers* constitute 14.3 per cent of the sample size. Here more girls (18.2%) than boys (10.5%) reported mothers who are home makers. Children who have mothers working as a *daily labourers* constitute 11.6 per cent of the sample with more girls (16.4%) than boys (7%). The number of children whose mothers work as a *government servant* constitutes 2.7 per cent of the sample with more girls (3.6%) than boys (1.8%). Children whose mothers work in *petty business* constitute 1.8 per cent of the sample. There is similar number of boys and girls (1.8% each) whose mothers work in petty business. Lastly the number of children whose mothers are pensioners and retailers are same (0.9 % each) and only boys reported this.

The socio-economic category of the children's families reveals interesting results. Half (50.9%) of the children come from the *BPL family*. And here more than half (59.6%) of the boys comes from BPL families while 41.8% of the girls report the same. More than a quarter of children do not know the socio-economic category of their family. One third (32.7%) of the girls do not know their category while fewer boys (21.1%) as compared to girls do not know the same. Children coming from *APL Family* constitute 11.6% of the sample where there are more girls (14.5%) than boys (8.8%) who come from APL Family. The numbers of children from *AAY Family* constitute 8.9 % of the sample. Lastly, those children who have no category constitute 1.8 per cent and distribution is equal for both boys and girls .

4.1.4 Monthly Income

Table 4: Monthly Income of Families of Children

Sl. No.	Monthly Income	Gender		Total
		Boys n=57	Girls n=55	N=112
1	Don't Know	43 (75.4)	35 (63.6)	78 (69.6)
2	Rs. 1000 and below	2 (3.5)	2 (3.6)	4 (3.6)
3	Rs. 1000 – Rs. 5000	4 (7.0)	11 (20.0)	15 (13.4)
4	Rs. 5000 – Rs. 10000	4 (7.0)	4 (7.3)	8 (7.1)

5	Rs. 10000 – Rs. 15000	2 (3.5)	1 (1.8)	3 (2.7)
6	Rs. 15000 – Rs. 20000	1 (1.8)	1 (1.8)	2 (1.8)
7	Rs. 20000 and above	1 (1.8)	1 (1.8)	2 (1.8)

Source: Computed Figures in parentheses are percentages

A majority (69.6%) of the children do not know their family income. More boys (75.4%) as compared to girls (63.6%) did not know their family income. Children whose family income falls in Rs 1000 – Rs 5000 constitute 13.4 per cent of the sample. Here, there are more girls (20%) than boys (6%). This is followed by children whose family income falls in Rs. 5000 – Rs. 10000 (7.1%). The distribution of boys and girls falling within this category is the same (7.1% each). Those children who come in the category Rs. 1000 and below constitute 3.6% of the sample with the distribution of boys and girls in this category being the same. This is followed by those children whose family earns Rs 10000 – Rs 15000. This category constitutes 2.7 % of the total sample. Here there are more boys (3.5%) than girls (1.8%). Lastly the number of children that comes from families that earn Rs 15000 – Rs 20000 and Rs 20000 and above is same (1.8% each).

4.1.5 Educational Level of Parents

Table 5: Educational Level of Parents

Sl. No.	**Characteristic**	**Gender**		**Total**
		Boys	**Girls**	
		n=57	**n=55**	**N=112**
I	**Father/Guardian's Education**			
	Illiterate	4 (7.0)	1 (1.8)	5 (4.5)
	Primary Level	9 (15.8)	5 (9.1)	14 (12.5)
	Middle Level	7 (12.3)	8 (14.5)	15 (13.4)
	High School Level	11 (19.3)	22 (40.0)	33 (29.5)
	Higher Secondary Level	3 (5.3)	1 (1.8)	4 (3.6)
	BA Level	4 (7.0)	0 (0.0)	4 (3.6)
	MA Level	0	1	1

		(0.0)	(1.8)	(0.9)
	Don't Know	19 (33.3)	17 (30.9)	36 (32.1)
II	**Mother Education**			
	Illiterate	6 (10.5)	2 (3.6)	8 (7.1)
	Primary Level	6 (10.5)	14 (25.5)	20 (17.9)
	Middle Level	18 (31.6)	10 (18.2)	28 (25.0)
	High School Level	5 (8.8)	9 (16.4)	14 (12.5)
	Higher Secondary Level	0 (0.0)	1 (1.8)	1 (0.9)
	BA Level	1 (1.8)	0 (0.0)	1 (0.9)
	Don't Know	21 (36.8)	19 (34.5)	40 (35.7)

Source: Computed Figures in parentheses are percentages

Table 5 shows the Educational Level of the children's parents. Table 5 (I) highlights the educational level of the fathers. Here almost a third of the children do not know the educational level of their fathers. Children whose fathers have reached the high school level constitute 29.5 per cent of the sample where more girls (40%) than boys (19.3%) have fathers who have reached the *high school level*. Children whose fathers have reached the middle school level constitute 13.4 per cent. Here more girls (14.5%) than boys (12.3%) have fathers who have reached *the middle school level*. And children whose fathers have studied till the *primary school level* constitute 12.5 per cent of the sample. There are more boys (15.8%) than girls (9.1%) whose fathers have studied till the primary school level. Those children whose fathers are *illiterate* constitute 4.5 per cent of the sample. There are more boys (7%) than girls (1.8%) whose fathers are *illiterate*. The number of children whose fathers have studied till the higher secondary level and BA level is same (3.6% each). However, there are more boys (5.3%) than girls (1.8%) whose fathers have studied till the higher secondary level. And there are no girls who have fathers who are graduates while 7 per cent are boys have fathers who are graduates. The numbers of children whose fathers have studied till the *post graduation* level constitute only 0.9 per cent of the sample.

Table 5(II) shows the educational level of the mothers. Children who do not know their mothers educational level constitute 35.7 per cent of the sample where more boys (36.8 %) than girls (34.5%) are unaware of their mother's educational level. The number of children whose mothers studied till the *middle school level* constitutes 25 per cent of the sample. Here there are more boys (31.6%) than girls (18.2%) whose mothers studied till the middle school level. Those children whose mothers studied till *the primary school level* constitute 17.9 per cent of the sample where there are more girls (25.5%) than boys (10.5%) whose mothers have studied till the primary school level. The number of children whose mothers studied till the high school level constitutes 12.5 per cent of the sample. Here, there are more girls (16.4%) than boys (8.8%) whose mothers studied till the high school level. The numbers of children whose mothers are *illiterate* constitute 7.1 per cent of the sample. There are more boys (10.5%) than girls (3.6%) whose mothers are illiterate. The number of children whose mothers have studied till the higher secondary level and *graduation* level is same (0.9%). But only girls (1.8%) have mothers studying till the higher secondary level and only boys (1.8%) have mothers studying till the graduation level.

4.2 Situational Analysis of children in communities

This section will discuss the findings in relation to situation of children particularly parental background, health and mental health, problems faced, education, recreation, social support and experience of abuse

4.2.1 Situation of parents

Table 6: Situation of parents: Marital Status, Death and Abandonment

Sl. No.	Situations	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Marital Status**			
	Married	26 (45.6)	31 (56.4)	57 (50.9)
	Unmarried	0 (0.0)	3 (5.5)	3 (2.7)
	Divorce	12 (21.1)	9 (16.4)	21 (18.8)

	Remarried	10 (17.5)	14 (25.5)	24 (21.4)
	Father Remarried	3 (5.3)	1 (1.8)	4 (3.6)
	Mother Remarried	6 (10.5)	7 (12.7)	13 (11.6)
	Single Parent	11 (19.3)	4 (7.3)	15 (13.4)
	Single Father	3 (5.3)	1 (1.8)	4 (3.6)
	Single Mother	6 (10.5)	0 (0.0)	6 (5.4)
II	**Death of Parents**	18 (31.6)	11 (20.0)	29 (25.9)
	Father Died	11 (19.3)	7 (12.7)	18 (16.1)
	Mother Died	4 (7.0)	2 (3.6)	6 (5.4)
III	**Abandoned**	1 (1.8)	4 (7.3)	5 (4.5)
	Abandoned by Father	1 (1.8)	1 (1.8)	2 (1.8)
	Abandoned by Mother	0 (0.0)	2 (3.6)	2 (1.8)

Source: Computed Figures in parentheses are percentages

Table 6 shows the situation of children with reference to the marital status of parents, death of parents and abandonment. Table 6(I) shows the marital status of parents. Children whose parents are *married* constitute half (50.9%) of the sample. There are more girls (56.4%) than boys (45.6%) whose parents are married. Those children whose parents are *remarried* to different partners constitute 21.4% of the sample. Here there are more girls (25.5%) than boys (17.5%) whose parents are remarried. Children whose fathers are *remarried* constitute 3.6 per cent of the sample and more boys (5.3%) than girls (1.8%) have fathers who are remarried. On the other hand, children whose mothers are remarried constitute 11.6 per cent of the sample. And here there are more girls (25.5%) than boys (10.5%) whose mothers are remarried. Children whose parents are *single* constitute 13.4 per cent of the sample. Here, there are more boys (19.3%) than girls (7.3%) whose parents are single. Children whose fathers are reported as single constitute 3.6 per cent of the sample and there are more boys (5.3%) than girls (1.8%) whose parents are reported as single.

And children whose mothers are reported as single constitute 5.4 per cent of the sample and only boys (10.5%) have mothers who are reported single.

Table 6(II) shows the number of children whose parents have died constitute more than a quarter (25.9%) of the sample. And children whose fathers are reported as *dead* constitute 16.1 per cent of the sample. There are more boys (19.3%) than girls (12.7%) whose fathers are reported as dead. Children whose mothers are reported as dead constitute 5.4 per cent of the sample and there are more boys (7%) than girls (3.6%) whose mothers are reported as dead.

Table 6 (III) shows the number of children whose parents have *abandoned* them and this constitute 4.5 per cent of the sample. The number of children abandoned by their father and mother is same (1.8% each) while only girls (3.6%) are abandoned by their mother and the case of abandonment by father is similar in both boys and girls (1.8% each)

Table 7: Background Situation of Parents

Sl. No.	Situations	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Terminally Ill Parent**	1 (1.8)	1 (1.8)	2 (1.8)
II	**Substance Abusing Parent**	5 (8.8)	9 (16.4)	14 (12.5)
III	**Differently Abled**	0 (0.0)	2 (3.6)	2 (1.8)
IV	**Mentally Ill**	1 (1.8)	5 (9.1)	6 (5.4)
	Mentally ill Father	0 (0.0)	1 (1.8)	1 (0.9)
	Mentally ill Mother	0 (0.0)	3 (5.5)	3 (2.7)
V	**Chronically Ill**	2 (3.5)	2 (3.6)	4 (3.6)
	Chronically ill Father	1 (1.8)	1 (1.8)	2 (1.8)
	Chronically ill Mother	0 (0.0)	1 (1.8)	1 (0.9)
VI	Prisoner	2 (3.5)	0 (0.0)	2 (1.8)
VII	Poor	23 (40.4)	27 (49.1)	50 (44.6)

Source: Computed Figures in parentheses are percentages

Table 7 highlights the situations of parents in respect to their health, substance abuse, imprisonment and poverty. Table 7 (VII) shows children whose parents are *poor* constitute 44.6 per cent of the sample and there are more girls (49.1%) than boys (40%) who are poor. In Table 7(II) we see those children whose parents (fathers) *abuse substances* particularly liquor and this constitutes 12.5 per cent of the sample where more girls (15.4%) than boys (8.8%) have fathers abusing substances (Liquor). Table 7(IV) shows those children whose parents are *mentally ill* constitute 3.6 per cent of the sample out of which 0.9 per cent of children have fathers who are mentally ill and 2.7 per cent of children have mothers who are the same. Here, we see that only girls (1.8%) have fathers who are mentally ill and similarly only girls (5.5%) have mothers who are mentally ill. Table 7 (V) shows those children whose parents are *chronically ill* which constitute 3.6 per cent of the sample. The distribution for both boys and girls in this category is same (3.6% each). Children whose fathers are chronically ill constitute 1.8 per cent out of which the same numbers of boys and girls (1.8 % each) have fathers who are chronically ill while only girls (0.9%) have mothers who are chronically ill. As shown in Table 7 (I), (III) and (VI) the number of children for each category is equally distributed (1.8% each). In the case of *terminally ill* parents equal numbers of boys and girls (1.8% each) have parents who are terminally ill. Only girls (3.6%) have parents who are differently abled and only boys (3.6%) have parents (fathers) who are prisoners.

Table 7A: Substance Abuse in the Family

Sl. No	**Substances**	**Gender**		**Total**
		Boys n = 57	**Girls n = 55**	**N = 112**
1	**Tobacco**	43 (75.4)	55 (100.0)	98 (87.5)
2	**Alcohol**	22 (38.6)	21 (38.2)	43 (38.4)
3	**Adhesives**	0 0.0	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

The table above (7A) shows the number of children who have family members who abuse substances. From the table we find that 87.5 per cent of the children have

members *who smoke or chew /smoke tobacco*. All the girls have some family members who consume tobacco and 75.4 per cent of the boys have family members who take the same. This is followed by children whose members consume *alcohol* and this constitutes 38.4 per cent out of which distribution of boys and girls is almost even. Then there is one (0.9) whose family member takes *adhesives* and this is found among the boys only.

4.2.2 Situation of Child

Table 8: Situation of Children: Work, Health and Disability

Sl. No	Situation	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
1	Working Child	2 (3.5)	1 (1.8)	3 (2.7)
2	Chronically Ill	0 (0.0)	1 (1.8)	1 (0.9)
3	Differently Abled	2 (3.5)	1 (1.8)	3 (2.7)

Source: Computed Figures in parentheses are percentages

Information was sought on various factors however information on only three situations of work, health and disability were received. Table 8 highlights the situation of children with reference to whether they are *working, chronically ill or differently abled*. The table shows that 2.7 per cent of the sample is differently abled and there are more boys (3.5%) than girls (1.8%) who come under this category. Working children constitute 2.7 per cent of the sample where there are more boys (3.5 %) than girls (1.8%) who come under this category. Chronically ill children constitute 0.9 per cent of the sample and there are only girls (1.8%) who come under this category.

Table 9: Drop-out in Education

Sl. No.	Characteristic	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Drop Out**	7 (12.3)	7 (12.7)	14 (12.5)
II	**Level which Drop-Out**			
	Primary Level	5 (8.8)	1 (1.8)	6 (5.4)
	Middle Level	2	2	4

		(3.5)	(3.6)	(3.6)
	High School Level	0 (0.0)	3 (5.5)	3 (2.7)
	No Response	0 (0.0)	1 (1.8)	1 (0.9)
III	**Reason For Dropping-Out**			
	Family Problem	0 (0.0)	2 (3.6)	2 (1.8)
	Lack of Interest	1 (1.8)	1 (1.8)	2 (1.8)
	Poverty	2 (3.5)	1 (1.8)	3 (1.8)
	Health Problem	0 (0.0)	1 (1.8)	1 (0.9)
	Death of parent(s)	1 (1.8)	0 (0.0)	1 (0.9)
	Accident	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 9 shows the number of children who drop-out, the level they dropped-out at and the reason for drop-out. Table 9 (I) shows that 12.5 per cent of the children are drop-outs. Equal numbers of boys and girls have dropped-out from school. Table 9 (II) shows that 5.4 per cent of the children dropped-out at the p*rimary level*. We see that more boys (8.8%) than girls (1.8%) drop out at this level. Those who have dropped out at the *middle level* constitute 3.6 per cent of the children and the number of drop-out among boys and girls is evenly distributed (3.6%). The children who have dropped-out at the *high school level* constitute 2.7 per cent of the children and only girls (5.5%) drop-out at this level. There is one case of girl who had no response to this. Table 9 (III) shows that 2.7 per cent of the children dropped-out due to *poverty*. There are more boys (3.5%) than girls (1.8%) who dropped-out due to poverty. The number of children dropping-out due to *family problem* and *lack of interest* is equally distributed (1.8% each). Only girls (3.6%) drop-out due to family problems. The number of children who dropped-out due to *health problems*, death of parent(s) and accident is equally distributed (1.8% each).

4.2.3 Utilization of Health Care for Health Problems

Health problems faced by children commonly include fever, cold and cough and diarrhea and information regarding health care services was sought to understand the situation of children in regard to utilization.

Table 10: Utilization of Health Care I

Sl. No.	Characteristic	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Suffer from Fever**	49 (86.0)	53 (96.4)	102 (91.1)
	Treatment for Fever			
	Buy Medicine from Store	32 (56.1)	23 (41.8)	55 (49.1)
	Consult Doctor	14 (24.6)	29 (52.7)	43 (38.4)
	Home Made Medicine	6 (10.5)	5 (9.1)	11 (9.8)
	PHC/Sub-Centre	5 (8.8)	0 (0.0)	5 (4.5)
	Govt. Hospital	0 (0.0)	2 (3.6)	2 (1.8)
	No Treatment	1 (1.8)	0 (0.0)	1 (0.9)
II	**Suffered from Cold and Cough**	48 (84.2)	45 (81.8)	93 (83.0)
	Treatment for Cold and Cough			
	Buy Medicine From Store	28 (49.1)	21 (38.2)	49 (43.8)
	Consult Doctor	10 (17.5)	14 (25.5)	24 (21.4)
	Home Made Medicine	6 (10.5)	5 (9.1)	11 (9.8)
	No Treatment	7 (12.3)	3 (5.5)	10 (8.9)
	PHC/Sub-Centre	2 (3.5)	1 (1.8)	3 (2.7)
	Govt. Hospital	0 (0.0)	2 (3.6)	2 (1.8)
	Private Hospital	0 (0.0)	2 (3.6)	2 (1.8)
	Pray	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 10 shows the number of children who have suffered from fever and cold and cough and the utilization of the heath care services for their treatment. Table 10(I) shows that 91.1 per cent of the children have suffered from *fever* out of which 96.4 per cent are girls and 86 per cent are boys. Interestingly, the numbers of children who consult directly from *Medical store* to buy medicines for treatment constitute 49.1 per cent out of which there are more boys (56.1%) than girls (41.8%). This is followed by those children who consult the doctor (38.4 per cent in total of which there are more girls (52.7%) than boys (24.6%)). The numbers of children who use *home -made medicine* for treatment constitute 9.8 per cent out of which 10.5 per cent are boys and 9.1 per cent are girls. Further, the numbers of children who utilize *Sub Centre/Primary health Centre* for treatment constitute 4.5 per cent out of which only boys (5.5%) utilize the same. Those children who utilize *government hospitals* for treatment constitute 1.8 per cent out of which only girls (3.6%) go for treatment in Government Hospitals. And those who do not treat their fever in any manner constitute only 0.9 per cent of the children and only boys responded this.

Table 10(II) reveals that 83 per cent of the children have suffered from Cold and Cough out of which 84.2 per cent are boys and 81.8 per cent are girls. The numbers of children who consult medical shop for medicines for their treatment constitute 43.8 per cent out of which there are more boys (49.1%) than girls (38.2%). This is followed by 21.4 per cent of children who consult the doctor for their treatment out of which there are more girls (25.5%) than boys (17.5%). Children who use home- made medicines for their treatment constitute 9.8 per cent out of which 10.5 per cent are boys and 9.1 per cent are girls. There are those who do not use any health care service and this constitutes 8.9 per cent of the children out of which 12.3 per cent are boys and 5.5 per cent are girls. Only 2.7 per cent of the children go to the sub centre/primary health centre for their treatment out of which 3.5 per cent are boys and 1.8 per cent are girls. Those children who use Government Hospital and Private hospital constitute 1.8 per cent each and only girls' 3.6 per cent each utilize them for treating their cold and cough. Lastly only 0.9 per cent treats themselves by praying and only girls (1.8%) use this form of treating.

Table 11: Utilization of Health Care II

Sl. No.	Characteristic	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Suffer from Fever**	34 (59.6)	35 (63.6)	69 (61.6)
	Treatment for Fever			
	Buy Medicine from Store	21 (36.8)	19 (34.5)	40 (35.7)
	Consult Doctor	6 (10.5)	9 (16.4)	15 (13.4)
	Home Made Medicine	3 (5.3)	4 (7.3)	7 (6.3)
	No Treatment	3 (5.3)	3 (5.5)	6 (5.4)
	Govt. Hospital	0 (0.0)	6 (10.9)	6 (5.4)
	PHC/Sub-Centre	2 (3.5)	1 (1.8)	3 (2.7)
	Private Hospital	1 (1.8)	1 (1.8)	2 (1.8)
	Mission Hospital	0 (0.0)	1 (1.8)	1 (0.9)
	Pray	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 11 shows the number of children who have suffered from diarrhea and the utilization of the heath care services for their treatment. Table 11 shows that 61.6 per cent of the children have suffered from diarrhea out of which 63.6 per cent are girls and 59.6 per cent are boys. The numbers of children who consult *medical shops for* medicines for treatment constitute 35.7 per cent out of which 36.8 per cent are boys 34.5 per cent are girls. This is followed by those children who *consult the doctor* which constitute 13.4 per cent out of which there are more girls (16.4%) than boys (10.5%). The numbers of children who use *home -made medicine* for treatment constitute 6.3 per cent out of which 7.3 per cent are girls and 5.3 per cent are boys. There are again those who do not use any health care service and this constitutes 5.4 per cent of the children out of which 5.3 per cent are boys and 5.5 per cent are girls. Those children who utilize government hospitals for treatment again constitute 5.4 per cent out of which only girls (10.9%) go for treatment in Government Hospitals. Further, the numbers of children who utilize *Sub Centre/Primary health Centre* for

treatment constitute 2.7 per cent out of which 3.5 per cent are and 1.8 per cent are girls. And the numbers of children who use Private hospital for their treatment constitute 1.8 per cent and distribution for both boys and girls is even (1.8% each). Those who use the mission hospital and pray each constitute 1.8 per cent of the children and only girls (1.8% each) treat themselves through these two.

4.2.4 Mental Health of Children

No situational analysis would be complete without adequate attention to the mental health of children who are in need of care and protection. Since the respondents were children specific questions were asked about experiences of loneliness and sadness although both of which are indicative of depression. To understand the intensity and magnitude of this problem, information on suicidal ideation was also obtained. In addition information on anger and anxiety was also sought.

Table 12: Situation of Mental Health: Feelings of Loneliness

Sl. No.	Characteristic	Gender		Total
		Boys	Girls	N=112
		n=57	n=55	
I	**Feeling Lonely**	31 (54.4)	36 (65.5)	67 (59.8)
	Reason for Loneliness			
	No Reason	13 (22.8)	15 (27.3)	28 (25.0)
	Family Problem	7 (12.3)	7 (12.7)	14 (12.5)
	No Friends	3 (5.3)	6 (10.9)	9 (8.0)
	Financial Problem	6 (10.5)	2 (3.6)	8 (7.1)
	Problem in Studies	2 (3.5)	5 (9.1)	7 (6.3)
	Problem with Friends	0 (0.0)	4 (7.3)	4 (3.6)
	No Friends in School	0 (0.0)	1 (1.8)	1 (0.9)
	Unable to go to School	0 (0.0)	1 (1.8)	1 (0.9)
II	**Coping Strategy**			
	No coping Strategy	20	12	32

	(35.1)	(21.8)	(28.6)
Watching TV	3 (5.3)	10 (18.2)	13 (11.6)
Discuss with Friends	2 (3.5)	7 (12.7)	9 (8.0)
Sing, Play or Listen to Musical Instruments	1 (1.8)	5 (9.1)	6 (5.4)
Reading Books	1 (1.8)	4 (7.3)	5 (4.5)
Playing Outdoor	3 (5.3)	1 (1.8)	4 (3.6)
Discuss with Family	1 (1.8)	2 (3.6)	3 (2.7)
Sleeping	0 (0.0)	2 (3.6)	2 (1.8)
Smoking	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 12 shows the situations of mental health of children in respect to *loneliness*. Table 12 (I) highlights that more than half (59.8%) of the children have felt lonely one time or the other. There are more girls (65.5%) than boys (54.4%) who feel lonely.

Table 12 (II) reveals the reasons for children's loneliness. From the table we find that 25 per cent of the children *have no particular reason* for their loneliness and out of this 27.3 per cent are girls and 22.8 per cent are boys. This is followed by those children who feel lonely because of *family problem* which constitute 12.5 per cent of the children out of which the distribution between boys and girls is evenly distributed. Children's loneliness as a result of having *no friends* constitute 8 per cent out of which 10.9 per cent are girls and 5.3 are boys. Loneliness due to *financial problem* was reported by 7.1 per cent of the children out of which 10.5 per cent are boys and 3.6 per cent are girls. This is followed by loneliness due to *problems in studies* which was among 6.3 per cent of the children out of which 9.1 per cent are girls and 3.5 are boys. Those children who are lonely because of *problem with friends* constitute 3.6 per cent and only boys (7.3%) are lonely because of this. Then no friends in school and unable to go to school are another two reasons for children's loneliness and both constitute 1.8 per cent each. Only girls (1.8% each) fall under these reasons.

Table 12(III) shows how the children cope with their loneliness and we find that a significant number of children (28.6%) *have no coping strategy* out of which there are more boys (35.1%) than girls (21.8%). There are those children who cope by *watching TV* and this constitute 11.6 per cent out of which there are more girls (18.2%) than boys (5.3%). This is followed by those who *discuss with friends* which constitute 8 per cent of the children out of which there are more girls (12.7%) than boys (3.5%). Then there are also those who cope by *singing, playing or listening to music instruments* and this constitute 5.4 per cent of the children out of which 9.1 per cent are girls and 1.8 per cent are boys. Some children (4.5%0 cope *by reading books* out of which 7.3 per cent are girls and 1.8 per cent are boys. Those who cope by *playing outdoors* constitute 3.6 per cent out of which 5.3 per cent are boys and 1.8 per cent are girls. Further there are those who cope by *sleeping* which constitute 1.8 per cent of the children and this is found only among girls (3.6%). Lastly, there *smoking* constitute 0.9 per cent and this is found only among the girls (1.8%)

Table 13: Situation of Mental Health: Feelings of Sadness

Sl. No.	Characteristic	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Feeling Sad**	25 (43.9)	30 (54.5)	55 (49.1)
II	**Reason for Being Sad**			
	No Reason	6 (10.5)	11 (20.0)	17 (15.2)
	Family Problem	8 (14.0)	7 (12.7)	15 (13.4)
	Financial Problem	9 (15.8)	5 (9.1)	14 (12.5)
	No Friends	1 (1.8)	2 (3.6)	3 (2.7)
	Problem with Friends	4 (7.0)	1 (1.8)	5 (4.5)
	Problem with Girlfriends/Boyfriends	2 (3.5)	1 (1.8)	3 (2.7)
	Problem in Studies	1 (1.8)	3 (5.5)	4 (3.6)
	Unable to go to School	0 (0.0)	1 (1.8)	1 (0.9)
III	**Coping Strategy**			
	No coping Strategy	14 (24.6)	17 (30.9)	31 (27.7)

	Playing Outdoor	4 (7.0)	3 (5.5)	7 (6.3)
	Discuss with Friends	2 (3.5)	3 (5.5)	5 (4.5)
	Watching TV	2 (3.50	2 (3.6)	4 (3.6)
	Sing, Play or Listen to Musical Instruments	2 (3.5)	1 (1.8)	3 (2.7)
	Sleep	0 (0.0)	2 (3.6)	2 (1.8)
	Drink Alcohol	0 (0.0)	2 (3.6)	2 (1.8)
	Pray	0 (0.0)	1 (1.8)	1 (0.9)
	Reading Books	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 13 highlights the situation of mental health of children in respect to sadness. Table 13 (I) shows that almost half (49.1%) of the children have felt sad at one time or the other. There are more girls (54.5%) than boys (43.9%) who feel sad. Table 13 (II) reveals the reasons for children's sadness. From the table we find that 15.2 per cent of the children *have no particular reason* for their sadness and there are more girls (20%) than boys (10.5%). This is followed by those children who feel sad because of *family problems* which constitute 13.4 per cent of the children out of which 14 per cent are boys and 12.7 per cent are girls. Sadness due to *financial problem* is reported by 12.5 per cent of the children out of which 15.8 per cent are boys and 9.1 per cent are girls. Those children who are sad because of *problems with friends* constitute 4.5 per cent out of which 7 per cent are boys and 1.8 per cent are girls. Further, those children who feel sad because of *problems in studies* constitute 3.6 per cent out of which 5.5 per cent are girls and 1.8 per cent are boys. Those children who feel sad because they have *no friend* and they *have problems with girlfriend/boyfriend* constitute 2.7 per cent each. There are more girls (3.6%) who feel sad because they have no friends than boys (1.8%). And reversely there are more boys (3.5%) than girls (1.8%) who feel sad because they have problems with their girlfriends/boyfriends. Only 0.9 per cent of the children feel sad because of being *unable to go to school* and this case is found only among girls (1.8%)

Table 13(III) shows how the children cope with their sadness and we find that a significant number of children (27.7%) have *no coping strategy* and there are more girls (30.9%) than boys (24.6%). There are those children who cope by *playing outdoors* and this constitutes 6.3 per cent out of which 7 per cent are boys and 5.5 per cent are girls. This is followed by those who *discuss with friends* which constitutes 4.5 per cent of the children out of which 5.5 per cent are girls and 3.5 per cent are boys. This is followed by those who *watch TV* which constitutes 3.6 per cent of the children and both boys and girls are evenly distributed. Then there are also those who cope by *singing, playing or listening to music instruments* and this constitutes 2.7 per cent of the children out of which 3.5 per cent are boys and 1.8 per cent are girls. Those who cope by *sleeping and drinking alcohol* constitute 1.8 per cent each of the children. Those children who *pray and read books* constitute 1.8 per cent each and only girls (1.8%) pray while only boys (1.8%) read books.

Table 14: Situation of Mental Health: Feelings of Anxiety

Sl. No.	Characteristic	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Feeling Anxious**	19 (33.3)	24 (43.6)	43 (38.4)
II	**Reason for Being Sad**			
	No Reason	7 (12.3)	7 (12.7)	14 (12.5)
	Family Problem	3 (5.3)	9 (16.4)	12 (10.7)
	Problem in Studies	3 (5.3)	2 (3.6)	5 (4.5)
	Financial Problem	2 (3.5)	2 (3.6)	4 (3.6)
	Problem with Friends	2 (3.5)	2 (3.6)	4 (3.6)
	No Friends	1 (1.8)	1 (1.8)	2 (1.8)
	Problem with Girlfriend/Boyfriend	1 (1.8)	0 (0.0)	1 (0.9)
	Disability	1 (1.8)	0 (0.0)	1 (0.9)
	Unable to go to School	0 (0.0)	1 (1.8)	1 (0.9)
III	**Coping Strategy**			
	No coping Strategy	12	14	26

		(21.1)	(25.5)	(23.2)
	Discuss with Friends	0 (0.0)	6 (10.9)	6 (5.4)
	Watching TV	2 (3.5)	1 (1.8)	3 (2.7)
	Sleeping	1 (1.8)	2 (3.6)	3 (2.7)
	Discuss with Family	1 (1.8)	1 (1.8)	2 (1.8)
	Sing, Play or Listen to Musical Instruments	1 (1.8)	1 (1.8)	2 (1.8)
	Playing Outdoor	1 (1.8)	0 (0.0)	1 (0.9)
	Reading Books	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 14 shows the situations of mental health of children in respect to anxiety. Table 14 (I) reveals that 38.4 per cent of the children have felt anxiety one time or the other. There are more girls (43.6%) than boys (33.3%) who feel anxious. Table 14(II) shows the reasons for children's anxiety. From the table we find that 12.5 per cent of the children have *no particular reason* for their anxiety and the distribution between boys and girls is even. This is followed by those children who feel anxious because of *family problem* which constitute 10.7 per cent of the children out of which 16.4 per cent are girls and 5.3 per cent are boys. Further, those children who feel anxious because of *problems in studies* constitute 4.5 per cent out of which 5.3 per cent are boys and 3.6 per cent are girls. Anxiety due to *financial problem* and *problems with friends* each constitutes 3.6 per cent of the children and the distribution between boys and girls is even for both cases. Those children who feel anxious because they have *no friend* constitute 1.8 per cent and the distribution between boys and girls is even. *Problems with girlfriend/boyfriend* and *disability* are another reason for the children and each constitute only 0.9 per cent of the children and only boys (1.8% each) fall under these reasons. The other reasons of the children were *disability* and being *unable to go to school* both constituting 0.9 per cent each. In the case of disability there were only boys (1.8%) and in the case of being unable to go school there were only girls (1.8%).

Table 14 (III) shows how the children cope with their anxiety and we find that a significant number of children (23.2%) have *no coping strategy* out of which there

are more girls (25.5%) than boys (21.1%). Children who cope by *discussing with friends constitute 5.4 per cent of the total sample and there are only girls who use this strategy*. This is followed by those who *watch TV* which constitute 2.7 per cent of the children out of which 3.5 per cent are boys and 1.8 per cent are girls. Those who cope by *sleeping c*onstitute 2.7 per cent of the total sample out of which that are more girls than boys. Then there are also those who cope by *discussing with family* and by *singing, playing or listening to music instruments* which constitute 1.8 per cent each. The distribution between boys and girls is even in this case. There are those children who cope by *playing outdoors and reading books* and these constitute 0.9 per cent each. It is only found among boys (1.8% each) in these two reasons.

Table 15: Situation of Mental Health: Feelings of Anger

Sl. No.	Characteristic	Gender		Total
		Boys n=57	Girls n=55	N=112
I	**Feeling Angry**	33 (57.9)	35 (63.6)	68 (60.7)
II	**Reason for Angry**			
	No Reason	9 (15.8)	10 (18.2)	19 (17.0)
	Family Problem	10 (17.5)	11 (20.0)	21 (18.8)
	Problem with Friends	7 (12.3)	6 (10.9)	13 (11.6)
	Financial Problem	2 (3.5)	3 (5.5)	5 (4.5)
	Problem in Studies	1 (1.8)	2 (3.6)	3 (2.7)
	Problem with Girlfriend/Boyfriend	2 (3.5)	1 (1.8)	3 (2.7)
	No Friends in School	2 (3.5)	1 (1.8)	3 (2.7)
	No Friends	1 (1.8)	1 (1.8)	2 (1.8)
	Disability	1 (1.8)	0 (0.0)	1 (0.9)
	Unable to go to School	0 (0.0)	1 (1.8)	1 (0.9)
III	**Coping Strategy**			
	No coping Strategy	18 (31.6)	19 (34.5)	37 (33.0)
	Discuss with Friends	3	3	6

		(5.3)	(5.5)	(5.4)
	Playing Outdoor	5 (8.8)	1 (1.8)	6 (5.4)
	Sing, Play or Listen to Musical Instruments	0 (0.0)	5 (3.6)	5 (3.6)
	Reading Books	1 (1.8)	2 (3.6)	3 (2.7)
	Discuss with Family	1 (1.8)	1 (1.8)	2 (1.8)

Source: Computed Figures in parentheses are percentages

Table 15 shows the situation of mental health of children in respect to anger. Tables 15(I) highlight that 60.7 per cent of the children have felt a lot of anger one time or the other. There are more girls (63.6%) than boys (57.9%) who have felt angry. Table 15 (II) reveals the reasons for children's anger. From the table we find that 17 per cent of the children have *no particular reason* for their anger and out of this 18.2 per cent are girls and 15.8 per cent are boys. This is followed by those children who are angry because of *family problem* which constitute 18.8 per cent of the children out of which there are more girls than boys. Those children who are angry because they have *problem with friends* constitute 11.6 per cent out of which there are more boys than girls. This is followed by children who are angry because *of financial problem* which constitutes 4.5 per cent out of which there are more boys than girls. Further other reasons for anger are *problems in studie*s and *problems with girlfriend/boyfriend* and each of these constitute 2.7 per cent of the children. Problems in studies are reported by more girls (3.6%) than boys (1.8%) and problems with girlfriend/boyfriend are more among boys (3.5%) than girls (1.8%). Anger because they have *no friends* is reported by 1.8 per cent of the children. Distribution of boys and girls in this case is even.

Table 15(III) shows how the children cope with their anger and we find that a significant number of children (33%) have *no coping strategy* out of which there are more girls (34.5%) than boys (31.6%). The children who cope by *discussing with friends* constitute 5.4 per cent of the children. There are those children who cope by *watching TV* and this constitutes 5.4 per cent of which the distribution between boys and girls is also even. Those who cope by *playing outdoors* constitute 5.4 per cent out of which there are more boys (8.8%) than boys (1.8%). Further there are those who cope by *sleeping* which constitute 4.5 per cent of the children and this is found only

among girls (9.1%).This is followed by children who cope by *singing, playing or listening to music instruments* and this constitute 3.6 per cent and the distribution of boys and girls is even. Some children (2.7%) cope by *reading books* out of which there are more girls than boys. Lastly, there are those who *discuss with family* which constitute 1.8 per cent of the children and distribution of boys and girls is even.

Table 16: Situation of Mental Health: Suicidal Ideation

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Ever thought of Committing Suicide**	4 (7.0)	5 (9.1)	9 (8.0)
II	**Reason for thinking of Committing Suicide**			
	Family Problem	1 (1.8)	2 (3.6)	3 (2.7)
	Financial Problem	1 (1.8)	2 (3.6)	3 (2.7)
	Problem with Friends	1 (1.8)	0 (0.0)	1 (0.9)
	Problem In Studies	0 (0.0)	1 (1.8)	1 (0.9)
	Unable To Go To School	0 (0.0)	1 (1.8)	1 (0.9)
	No Reason	1 (1.8)	0 (0.0)	1 (0.9)
III	**Coping Strategy**			
	Discuss With Friends	0 (0.0)	3 (5.5)	3 (2.7)
	Sing, Play Or Listen To Musical Instruments	1 (1.8)	2 (3.6)	3 (2.7)
	Discuss With Family	1 (1.8)	0 (0.0)	1 (0.9)
	Smoking	1 (1.8)	0 (0.0)	1 (0.9)
	No Coping Strategy	1 (1.8)	0 (0.0)	1 (0.9)
	Watching TV	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 16 shows the situation of mental health of children in respect to suicidal ideation. Table 16 (I) reveals that 8 per cent of the children have thought of committing suicide one time or the other. There are more girls (9.1%) than boys (7 %) under this category. Table 22 (II) shows the reasons for children's suicidal ideation. From the table we find that 2.7 per cent of the children each have suicidal ideation because of *Family problem and financial problem*. The distribution between boys and girls for both the cases is even and we find more girls (3.6% each) than boys (1.8% each). This is followed by those children who have suicidal ideation because they have *problems with friend, problems in studies, are unable to go to school and for no particular reason* each constituting 0.9 per cent of the children.

Table 16 (III) shows how the children cope when they have suicidal ideation and we find that 2.7 per cent of the children *discuss with their friends* and only boys use this strategy. Then there are also those who cope by *playing or listening to music instruments* which constitute 2.7 per cent each. This is followed by those who cope *by discussing with family, by smoking, by watching TV and those who have no coping strategy* each constituting 0.9 per cent of the children.

4.2.5 Perception of Health Status

Table 17 Perception of Health Status

Sl. No	Health Status	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
1	Very Good	1 (1.8)	7 (12.7)	8 (7.1)
2	Good	11 (19.3)	9 (16.4)	20 (17.9)
3	Poor	34 (59.6)	20 (36.4)	54 (48.2)
4	Very Poor	10 (17.5)	17 (30.9)	27 (24.1)
5	Don't Know	1 (1.8)	2 (3.6)	3 (2.7)

Source: Computed Figures in parentheses are percentages

Table 17 shows the perception of health status of children. From the table we see that almost half (48.2%) of the children perceive their health status to be *poor*

with more boys than girls reporting the same. Those who perceive their health to be *very poor* constitute 24.1 per cent of the children of which there are more girls than boys again. The numbers of children who perceive their health to be *good* is only 17.9 per cent. Those children who perceive their health to be *very poor* is 7.1 per cent.

4.2.6 Situation in relation to recreation and leisure time

Table 18: Leisure Time and Activities Engaged in Leisure Time

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Leisure time Within A Day**			
	No Leisure Time	5 (8.8)	7 (12.7)	12 (10.7)
	1 - 3 Hours	29 (50.9)	31 (56.4)	60 (53.6)
	4 - 6 Hours	19 (33.3)	15 (27.3)	34 (30.4)
	7 - 10 Hours	2 (3.5)	1 (1.8)	3 (2.7)
	11 Hours and Above	2 (3.5)	1 (1.8)	3 (2.7)
II	**Leisure Time Activities**			
	Reading Book	44 (77.2)	48 (87.3)	92 (82.1)
	Watching TV	49 (86.0)	51 (92.7)	100 (89.3)
	Sleep	36 (63.2)	45 (81.8)	81 (72.3)
	Hang Out With Friends	43 (75.4)	48 (87.3)	91 (81.3)
	Playing Games	46 (80.7)	35 (63.6)	81 (72.3)

Source: Computed Figures in parentheses are percentages

Table 18 shows the leisure time of children and the activities they engage in during their leisure time. Table 18 (I) shows the leisure time of the children in a day.

From the table we see that more than half (53.6%) of the children have between *1-3 hours* leisure. This is followed by the children who have between *4 – 6 hours* which constitute 30.4 per cent of the children. Children who have *no leisure time* follows which constitute 10.7 per cent of the children with more girls than boys. Lastly those children having leisure time *between 7 – 10 hours and 11 hours and above* constitute 2.7 per cent of the children each.

4.2.7 Problems faced by Children and Perceived Social Support

Table: 19 Problems within Self and Social Support

Sl. No	Characteristics	Gender		Total N = 112
		Boys n = 57	Girls n = 55	
I	**Problems Within Self**	15 (26.3)	24 (43.6)	39 (34.8)
II	**Specific Problems**			
	Health	11 (19.3)	15 (27.3)	26 (23.2)
	Study	3 (5.3)	4 (7.3)	7 (6.3)
	Emotional Problem	1 (1.8)	5 (9.1)	6 (5.4)
III	**Most Supportive Person**			
	Mother	6 (10.5)	6 (10.9)	12 (10.7)
	Parents	3 (5.3)	6 (10.9)	9 (8.0)
	Father	1 (1.8)	5 (9.1)	6 (5.4)
	Grandmother	1 (1.8)	2 (3.6)	3 (2.7)
	Grandfather	0 (0.0)	2 (3.6)	2 (1.8)
	Sibling	2 (3.5)	0 (0.0)	2 (1.8)
	Peers	1 (1.8)	0 (0.0)	1 (0.9)
	Teacher	1 (1.8)	0 (0.0)	1 (0.9)

	Husband	0 (0.0)	1 (1.8)	1 (0.9)
IV	**Least Supportive Person**			
	Sibling	4 (7.0)	3 (5.5)	7 (6.3)
	Grandmother	1 (1.8)	1 (1.8)	2 (1.8)
	Parents	0 (0.0)	1 (1.8)	1 (0.9)
	Father	0 (0.0)	1 (1.8)	1 (0.9)
	Mother	0 (0.0)	1 (1.8)	1 (0.9)
	Uncle	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 19 shows the problems faced by children themselves and the social support they receive to cope with their problems. Table 19(I) shows that 34.8 per cent of the children face problems within self and 43.6 per cent of the girls and 26.3 of the boys report the same.

Table 19(II) reveals the different problems faced by the children. From the table we see that 23.2 per cent of the children have *health problems* out of which there are more girls than boys. This is followed by those who have *problems in studies* which constitute 6.3 per cent of the .Then there are those children who have *emotional problems* which constitute 5.4 per cent and there are more girls than boys.

Table 19 (III) shows the *most supportive persons* when children are faced with these problems. From here, we find that 10.7 per cent of children reported their *mothers* to be most supportive and the distribution of support is even between boys and girls. Then, the children who reported *both parents* as most supportive constitute 8 per cent. Further, the children supported by their *fathers* constitute 5.4 per cent. This is followed by children who reported that *grandmothers* are most supportive *Grandfathers, sibling, peers, teachers and husbands* are also included as being most supportive.

Table 19 (IV) shows the *least supportive persons* and we find that children who consider their siblings to be least supportive constitutes 6.3 per cent. *Grandmothers, parents, fathers, mothers and uncles* also feature as least supportive.

Table 20: Problems within Family and Social Support

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Problems within Family**	6 (10.5)	13 (23.6)	19 (17.0)
II	**Specific Problems**			
	Health	0 (0.0)	2 (3.6)	2 (1.8)
	Poverty	4 (7.0)	7 (12.7)	11 (9.8)
	Fighting/Quarreling	1 (1.8)	2 (3.6)	3 (2.7)
III	**Most Supportive Person**			
	Mother	1 (1.8)	4 (7.3)	5 (4.5)
	Grandparents	3 (5.3)	0 (0.0)	3 (2.7)
	Parents	0 (0.0)	1 (1.8)	1 (0.9)
	Aunty	0 (0.0)	1 (1.8)	1 (0.9)
	Government	0 (0.0)	1 (1.8)	1 (0.9)
	Peers	0 (0.0)	1 (1.8)	1 (0.9)
	Relatives	0 (0.0)	1 (1.8)	1 (0.9)
IV	**Least Supportive Person**			
	Sibling	2 (3.5)	1 (1.8)	3 (2.7)
	Mother	0 (0.0)	1 (1.8)	1 (0.9)
	Uncle	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 20 shows the problems faced by children in their families and the social support they receive to cope with the problems. Table 20(I) shows that 17 per cent of the children face problems in their families out of which there are girls than boys. Table 20(II) shows the specific problems faced by the children in their families. From the table we see that 9.8 per cent of the children have problems related to *poverty*. This is followed by those who have problems in relation to *fighting/quarreling* which constitute 2.7 per cent of the children. Then there are those children whose families have *health problems* which constitute 1.8 per cent out of which only girls (3.6%) have this problem in their families.

Table 20 (III) shows the *most supportive* persons when children are faced with these problems. From here, we find that children are supported most by *their mothers.* Only boys felt most supported by their *grandmothers.* Table 20 (IV) shows *the least supportive* persons and we find that children consider their *siblings* to be least supportive. The other least supportive persons are mothers and uncles in relation to problems within the family.

Table 21: Problems with Peers and Social Support

Sl. No	**Characteristics**	**Gender**		**Total**
		Boys n = 57	**Girls n = 55**	**N = 112**
I	**Problems with Peers**	2 (3.5)	2 (3.6)	4 (3.6)
II	**Specific Problems**			
	Fighting/Quarreling	1 (1.8)	1 (1.8)	2 (1.8)
	Emotional Problem	1 (1.8)	0 (0.0)	1 (0.9)
	Ridiculed	0 (0.0)	1 (1.8)	1 (0.9)
III	**Most Supportive Person**			
	Peers	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 21 shows the problems faced by children with their peers and the social support they receive to cope with this. Table 21(I) shows that only 3.6 per cent of the

children face problems in their families and the distribution of boys and girls is even. Table 21(II) shows *that fighting/quarreling* occurs in 1.8 per cent of the children out of which distribution of boys and girls is even. Then, there are those children who *have emotional problems* which constitute 0.9 per. Some children (0.9%) are ridiculed and this is found only among girls (1.8%). Table 21 (III) shows that peers are the most supportive. The rest of the children made no response.

Table 22: Problems in Neighborhood and Social Support

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Problem In Neighborhood**	0 (0.0)	4 (7.3)	4 (3.6)
II	**Specific Problems**			
	Health	0 (0.0)	1 (1.8)	1 (0.9)
	Ridiculed	0 (0.0)	1 (1.8)	1 (0.9)
III	**Most Supportive Person**			
	Neighbours	0 (0.0)	1 (1.8)	1 (0.9)
IV	**Least Supportive Person**			
	Uncle	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 22 shows the problems faced by children in their neighbourhood and the social support they receive for the same. Table 22(I) show that only 3.6 per cent of the children face problems in their neighbourhood and we find this among girls (7.3%) only. Table 22(II) shows that *health and being ridiculed* are the specific problems faced by them in their neighbourhood each constituting 0.9 per cent. Both problems are found only among girls (1.8% each). Table 22 (III) shows that neighbours are the most supportive and that uncles are the least supportive.

Table 23: Problem at School and Social Support

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Problem At School**	6 (10.5)	3 (5.5)	9 (8.0)
II	**Specific Problems**			
	Health	1 (1.8)	0 (0.0)	1 (0.9)
	Study	3 (5.3)	2 (3.6)	5 (4.5)
	Fighting/Quarreling	1 (1.8)	0 (0.0)	1 (0.9)
	Emotional Problem	1 (1.8)	0 (0.0)	1 (0.9)
III	**Most Supportive Person**			
	Grandfather	1 (1.8)	0 (0.0)	1 (0.9)
	Sibling	0 (0.0)	1 (1.8)	1 (0.9)
	Peers	1 (1.8)	0 (0.0)	1 (0.9)
	Teacher	4 (7.0)	1 (1.8)	5 (4.5)
IV	**Least Supportive Person**			
	Sibling	1 (1.8)	0 (0.0)	1 (0.9)
	Mother	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 23 shows the problems faced by children at school and the social support they receive for these problems. Table 23(I) shows that 8 per cent of the children face problems at school. Table 23(II) shows the specific problems faced by the children at schools. From the table we see that 4.5 per cent of the children face *problems in their studies* .This is followed by *health problem, fighting/quarrelling and emotional problems* (0.9% each) and we find these cases only among boys (1.8% each) Table 23 (III) shows the most supportive persons for children who face these problems. From here, we find that children are supported most by their *teachers* who constitute 4.5 per cent. The children get support also from their grandfathers, siblings and peers. Table 23 (IV) shows the least supportive persons and we find that children consider their sibling and mothers to be the least supportive in these cases.

4.2.8 Situational Analysis: Experiences of Abuse

Responses related to physical, emotional and sexual abuse were sought and children were asked to indicate the nature and frequency of abuse. The frequency of abuse was based on rating of *never, seldom, often and always.*

Table 24: Nature and Frequency of Abuse

Sl. No	Nature and Frequency of Abuse	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Getting Beaten**			
	Seldom	26 (45.6)	21 (38.2)	47 (42.0)
	Often	7 (12.3)	9 (16.4)	16 (14.3)
	Always	5 (8.8)	1 (1.8)	6 (5.4)
II	**Being Threatened**			
	Seldom	9 (15.8)	8 (14.5)	17 (15.2)
	Often	6 (10.5)	7 (12.7)	13 (11.6)
	Always	2 (3.5)	2 (3.6)	4 (3.6)
III	**Made to go Hungry As Punishment**			
	Seldom	3 (5.3)	2 (3.6)	5 (4.5)
IV	**Extra Work As Punishment**			
	Seldom	2 (3.5)	2 (3.6)	4 (3.6)
	Often	1 (1.8)	1 (1.8)	2 (1.8)
V	**Received Scolding**			
	Seldom	25 (43.9)	17 (30.9)	42 (37.5)
	Often	15 (26.3)	11 (20.0)	26 (23.2)
	Always	8 (14.0)	9 (16.4)	17 (15.2)
VI	**Deprived of Leisure Time**			
	Seldom	1 (1.8)	0 0.0	1 (0.9)

	Often	1 (1.8)	0 0.0	1 (0.9)
VII	**Received Very Severe Beatings**			
	Seldom	3 (5.3)	1 (1.8)	4 (3.6)
	Often	0 0.0	1 (1.8)	1 (0.9)
VIII	**Had Sexual Intercourse**			
	Always	0 0.0	2 (3.6)	2 (1.8)
IX	**Made Fun Of Or Ridiculed**			
	Seldom	0 0.0	1 (1.8)	1 (0.9)
	Often	2 (3.5)	0 0.0	2 (1.8)
	Always	2 (3.5)	0 0.0	2 (1.8)
X	**Insulted And Humiliated**			
	Seldom	2 (3.5)	1 (1.8)	3 (2.7)
	Often	1 (1.8)	0 0.0	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 24 shows the nature and frequency of abuse faced by children. From the table we find that majority of the children have *received scolding* out of which 37.5 per cent of the children have *seldom* received scolding. Those who have received scolding *often* constitute 23.2 per cent. Children who *always* received scolding constitute 15.2 per cent. This is followed by those children who *get beaten*. Out of those who get beaten, 42 per cent of the children *seldom* get beaten .The number of children who *often* get beaten constitute 14.3 per cent out. Children who *always* get beaten constitute 5.4 per cent.

Of the children who are *being threatened*, we find that 15.2 per cent of the children are *seldom* threatened while those who are *often* threatened constitute 11.6 per cent and *always* threatened constitute 3.6 per cent out of which the distribution between boys and girls is even. Then children who are *made to do extra work as punishment* is another form of abuse and we find 3.6 per cent *seldom* get abused in this form while those *often* abused constitute 1.8 per cent.

Then there are those who receive *very severe beatings*. In this case of abuse we find that 3.6 per cent are *seldom* abused in this form and children who encounter this form of abuse constitute only 0.9 per cent and we find this case only among girls (1.8%). Similarly the same number of children are made *fun of or ridiculed*. Here we find that only 0.9 per cent of children *seldom* encounter this form of abuse and we find this only among girls (1.8%).

Then the number of children who are *made to go hungry as punishment* follows. This form of abuse *is seldom* encountered by 4.5 per cent of the children. In the case of those children *who are insulted and humiliated* we find that 2.7 per cent *seldom* encounter this form of abuse. Then those who *often* encounter this form of abuse constitute only 0.9 per cent we find this case only among boys (1.8%). This is further followed by those children who are *deprived of leisure* time and those who *seldom* encounter this form of abuse constitute only 0.9 per cent and this is found only among boys (1.8%).

Lastly, 1.8 per cent of the children have *had sexual intercourse* and this is found only among girls (3.6%). This case is reported by those *children who are married*. There were no cases of sexual abuse other than this reported by the children.

4.3 Services and Resources for Children

This section discusses the needs in relations to physical, educational, recreational and emotional aspects and further elaborates on the availability, accessibility, adequacy and satisfaction with services and resources.

4.3.1 Needs of children

This section includes satisfaction with quality, quantity and range in food consumed; physical needs (food, clothing and shelter and health), educational needs, recreational needs and emotional needs. It also elaborates on who are the key providers to fulfill the needs of these children.

Table 25: Perceived Satisfaction of Quantity, Quality and Range of Food Consumed

Sl. No.	Characteristics and Perceived Satisfaction	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Quantity Of Food Intake Per Day**			
	Very Satisfied	34 (59.6)	30 (54.5)	64 (57.1)
	Satisfied	19 (33.3)	24 (43.6)	43 (38.4)
	Dissatisfied	4 (7.0)	0 (0.0)	4 (3.6)
	Very Dissatisfied	0 (0.0)	1 (1.8)	1 (0.9)
II	**Quality Of Food Consumed**			
	Very Satisfied	18 (31.6)	22 (40.0)	40 (35.7)
	Satisfied	30 (52.6)	22 (40.0)	52 (46.4)
	Dissatisfied	8 (14.0)	9 (16.4)	17 (15.2)
	Very Dissatisfied	1 (1.8)	2 (3.6)	3 (2.7)
III	**Range Of Food Items Consumed**			
	Very Satisfied	18 (31.6)	20 (36.4)	38 (33.9)
	Satisfied	23 (40.4)	20 (36.4)	43 (38.4)
	Dissatisfied	16 (28.1)	10 (18.2)	26 (23.2)
	Very Dissatisfied	0 (0.0)	5 (9.1)	5 (4.5)

Source: Computed Figures in parentheses are percentages

Table 25 shows the *satisfaction level of children* about the *quantity, quality and range of their food intake.* The table shows the satisfaction level of children about their quantity of food intake per day. In this table we find that 57.1 per cent are *very satisfied* out of which 59.6 per cent are boys and 54.5 per cent are girls. Those who are *satisfied* constitute 38.4 per cent of the children out of which there are more girls (43.6%) than boys (33.3%). Children who are *dissatisfied* constitute 3.6 per cent and

this is found only among the boys (7%). Then those who are *very dissatisfied* constitute 0.9 per cent and this is found only among the girls (1.8%).

In reference to the satisfaction levels of children about the quality of the food they consume, the table shows that 46.4 per cent of the children are *satisfied* with the quality of the food they consume with 52.6 per cent of boys and 40 per cent of girls stating the same. This is followed by 35.7 per cent of the children who are *very satisfied* out of which 40 per cent are girls and 31.6 per cent are boys. The number of children who are *dissatisfied* constitutes 15.2 per cent .Those who are *very dissatisfied* constitute 2.7 per cent of the children.

The table25 (III) shows the satisfaction level of children about the *range of food* items they consume. The table shows that 38.4 per cent of the children are *satisfied* out of which 40.4 per cent are boys and 36.4 per cent are girls. Then this is followed by those who are *very satisfied* which constitute 33.9 per cent of the children out of which 36.4 per cent are girls and 31.6 per cent are boys. Children who are *dissatisfied* constitute 23.2 per cent out of which 28.1 per cent are boys and 18.2 per cent are girls. Lastly this is followed by those who are *very dissatisfied* which constitute 4.5 per cent and this is found only among girls (9.1%).

Table 25 A: Physical Needs

Sl. No	**Characteristics**	**Gender**		**Total**
		Boys n = 57	**Girls n = 55**	**N = 112**
I	**Provision of Food, Clothing Shelter**	52 (91.2)	51 (92.7)	103 (92.0)
II	**Provider**			
	Parents	31 (54.4)	35 (63.6)	66 (58.9)
	Mother	12 (21.1)	7 (12.7)	19 (17.0)
	Don't Know	5 (8.8)	4 (7.3)	9 (8.0)
	Father	4 (7.0)	3 (5.5)	7 (6.3)
	Grandmother	1 (1.8)	2 (3.6)	3 (2.7)

	Grandparents	1 (1.8)	1 (1.8)	2 (1.8)
	Uncle	2 (3.5)	0 (0.0)	2 (1.8)
	Aunty	0 (0.0)	2 (3.6)	2 (1.8)
	Husband	0 (0.0)	1 (1.8)	1 (0.9)
	Relatives	1 (1.8)	0 (0.0)	1 (0.9)
III	**Provision of Health Needs**	48 (84.2)	47 (85.5)	95 (84.8)
IV	**Provider**			
	Parents	26 (45.6)	25 (45.5)	51 (45.5)
	Mother	11 (19.3)	12 (21.8)	23 (20.5)
	Don't Know	9 (15.8)	8 (14.5)	17 (15.2)
	Father	5 (8.8)	2 (3.6)	7 (6.3)
	Grandmother	2 (3.5)	3 (5.5)	5 (4.5)
	Grandparents	1 (1.8)	1 (1.8)	2 (1.8)
	God	0 (0.0)	2 (3.6)	2 (1.8)
	Grandfather	1 (1.8)	0 (0.0)	1 (0.9)
	Uncle	1 (1.8)	0 (0.0)	1 (0.9)
	Aunty	0 (0.0)	1 (1.8)	1 (0.9)
	Husband	0 (0.0)	1 (1.8)	1 (0.9)
	Relatives	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 25 A shows the physical needs of children and discusses who fulfills these needs for them. Table 25A (I) shows that provisions of *food, clothing and shelter* of children are provided to 92 per cent of the children.

Table 25 A (II) shows the care providers of food, clothing and shelter of children. We see that from the table 45.5 per cent of the children's' needs are provided by their *parents.* More girls (63.6%) than boys (54.5%) are provided for by their parents. This is followed by 17 per cent of children whose needs are provided by their *mothers only* out of which there are more boys (21.1%) than girls (12.7%) whose mother provide this care. Then there are those who *do not know* who provides care for their needs. Further those children whose needs are provided by their *father* constitute 6.3 per cent out of which 7 per cent are boys and 5.5 per cent are girls. Then this is followed by those children whose grandmothers provides care to them which constitute 2.7 per cent of the children. The rest are distributed among children whose grandparents, god, grandfathers, uncles, aunties, husbands and relatives.

Table 25 A (III) shows that *health needs* of children are provided to 84.8 per cent of the children. Table 25 A (IV) shows the care providers of the health needs of children. We see that from the table 45.5 per cent of the children health needs are provided by their both *parents* .This is followed by 20.5 per cent of children whose health needs are provided by their *mothers* only out of which there are more girls (21.8%) than boys (19.3%) whose mother provide this care. Then there are those *do not know* who provides care for their health needs. Further those children whose needs are provided by their *father* constitute 6.3 per cent followed by those children whose *grandmothers* provide care to them. Similarly the rest are distributed among children whose grandparents, god, grandfathers, uncles, aunties, husbands and relatives provide care for their health needs.

Table 26: Educational and Recreational Needs

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Provision of Educational Needs**	45 (78.9)	45 (81.8)	90 (80.4)
II	**Provider**			
	Parents	22 (38.6)	29 (52.7)	51 (45.5)
	Don't Know	12 (21.1)	10 (18.2)	22 (19.6)
	Mother	11 (19.3)	10 (18.2)	21 (18.8)
	Father	7 (12.3)	1 (1.8)	8 (7.1)
	Grandmother	2 (3.5)	1 (1.8)	3 (2.7)
	Grandparents	1 (1.8)	2 (3.6)	3 (2.7)
	Aunty	0 (0.0)	2 (3.6)	2 (1.8)
	Uncle	1 (1.8)	0 (0.0)	1 (0.9)
	Teachers	1 (1.8)	0 (0.0)	1 (0.9)
III	**Recreational Needs**	40 (70.2)	38 (69.1)	78 (69.6)
IV	**Provider**			
	Parents	17 (29.8)	24 (43.6)	41 (36.6)
	Don't Know	17 (29.8)	17 (30.9)	34 (30.4)
	Mother	8 (14.0)	10 (18.2)	18 (16.1)
	Father	12 (21.1)	1 (1.8)	13 (11.6)
	Grandmother	1 (1.8)	1 (1.8)	2 (1.8)
	Grandparents	0 (0.0)	1 (1.8)	1 (0.9)

	Aunty	0 (0.0)	1 (1.8)	1 (0.9)
	Teachers	1 (1.8)	0 (0.0)	1 (0.9)
	God	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 26 shows whether provisions of educational and recreational needs of children are provided and who the providers are. Table 26 (I) shows that *educational needs* children are provided to 80.4 per cent of the children and 81.8 per cent girls and 78.9 per cent of boys are having these needs fulfilled.

Table 26 (II) shows the care providers of educational needs of children. We see that from the table 45.5 per cent of the needs in relation to education are provided by their parents with more girls (52.7%) than boys (38.6%) stating their needs are met by their parents. This is followed by 18.8 per cent of children whose needs are provided by their *mother*s with more boys (19.3%) than girls (18.2%) reporting mothers as those who provide this care. Further those children whose needs are provided by their *father* constitute 7.1 per cent .Then this is followed by those children whose *grandmothers* provides for their needs which constitute 2.7 per cent of the children .The rest are distributed among children whose aunties, uncles and teachers provide for the children's needs.

Table 26 (III) shows that recreational needs of children are provided to 69.6 per cent of the children and 70.2 per cent boys and 69.1 per cent girls report the same. Table 26 (IV) shows the care providers of the recreational needs of children. From the table we find that 36.6 per cent of the needs are provided by their parents. Less than half (43.6 %) are girls and 29.8 per cent are boys whose health needs are provided by their parents. This is followed by 16.1 per cent of children whose needs are provided by their *mothers* Further those children whose needs are provided by their *father* constitute 11.6 per cent Then, the rest are distributed among children whose grandmother, grandparents, aunties, teachers and god provide care for their recreational needs.

Table 27: Emotional Needs

Sl. No	Characteristics	Gender		Total N = 112
		Boys n = 57	Girls n = 55	
I	**Provision for Emotional Needs**	40 (70.2)	38 (69.1)	78 (69.6)
II	**Provider**			
	Don't Know	17 (29.8)	18 (32.7)	35 (31.3)
	Parents	20 (35.1)	13 (23.6)	33 (29.5)
	Mother	8 (14.0)	7 (12.7)	15 (13.4)
	Friends	3 (5.3)	6 (10.9)	9 (8.0)
	Father	3 (5.3)	2 (3.6)	5 (4.5)
	God	2 (3.5)	2 (3.6)	4 (3.6)
	Grandmother	1 (1.8)	1 (1.8)	2 (1.8)
	Grandparents	1 (1.8)	1 (1.8)	2 (1.8)
	Sibling	0 (0.0)	2 (3.6)	2 (1.8)
	Husband	0 (0.0)	2 (3.6)	2 (1.8)
	Grandfather	1 (1.8)	0 (0.0)	1 (0.9)
	Aunty	0 (0.0)	1 (1.8)	1 (0.9)
	Teachers	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 27 shows emotional needs of children and who the providers are. Table 27 (I) shows that emotional needs of children are provided to 69.6 per cent of the children.

Table 27 (II) shows the care providers of emotional needs of children. The table shows that children who do know who provides care for this needs constitute

31.3 per cent and this includes 32.7 per cent of the girls and 29.8 per cent boys. Further 29.5 per cent of the needs are provided by their *parents* out of which 35.1 per cent are boys and 23.6 per cent are girls. This is followed by 13.4 per cent of children whose needs are provided by their *mothers* out of which there are more boys (14%) than girls (12.7%) whose mothers provide this care. Then, those children whose needs are provided by their *friends* constitute 8 per cent .The numbers of children whose *fathers* provide care to them constitute 4.5 per cent .Then there are those children who report that *god* provides for this need which constitutes 3.6 per cent and the distribution between boys and girls is even. The rest are distributed among children whose *grandmothers, grandparents, siblings, husbands, grandfathers, aunties and teachers* who provide care for their emotional needs.

4.3.2 Educational Services

Information was sought with regard to availability, accessibility and adequacy of educational services for children.

Table 28: Availability, Accessibility and Adequacy of Private Educational Institutions

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Anganwadi Centre**			
	Availability	2 (3.5)	2 (3.6)	4 (3.6)
	Accessibility	1 (1.8)	2 (3.6)	3 (2.7)
	Adequacy	1 (1.8)	0 0.0	1 (0.9)
II	**Primary School**			
	Availability	31 (54.4)	41 (74.5)	72 (64.3)
	Accessibility	26 (45.6)	35 (63.6)	61 (54.5)
	Adequacy	9 (15.8)	8 (14.5)	17 (15.2)
III	**Middle School**			
	Availability	29 (50.9)	32 (58.2)	61 (54.5)

	Accessibility	27 (47.4)	26 (47.3)	53 (47.3)
	Adequacy	7 (12.3)	9 (16.4)	16 (14.3)
IV	**High School**			
	Availability	14 (24.6)	14 (25.5)	28 (25.0)
	Accessibility	9 (15.8)	12 (21.8)	21 (18.8)
	Adequacy	2 (3.5)	4 (7.3)	6 (5.4)

Source: Computed   Figures in parentheses are percentages

Table 28 illustrates the availability, accessibility and adequacy of private educational institutions for children in the communities. Table 28 (I) shows that *Anganwadi Centre* is *available* for 3.6 per cent of the children and the distribution between boys and girls in regard to this is same (3.6%). As for its *accessibility* 2.7 per cent of the children have access to the centre where more boys (3.6%) than girls (1.8%) have access to Anganwadi Centres. Only 0.9 per cent of the children finds the centre *adequate* with only boys (1.8%) finding the centres adequate.

Table 28 (II) shows that Primary school is available to 64.3 per cent of the children where it is *available* to more girls (74.5%) than boys (54.4%). It is also *accessible* to 54.5 per cent of the children where we find that it is more accessible to girls (63.6%) than boys (45.6%). Further only 15.2 per cent of the children find *primary schools* to be *adequate*.

Table 28 (III) shows that *middle schools* are *available* to 54.5 per cent of the children and the distribution of availability is more among girls (58.2%) than boys (50.9%). *Middle school* is *accessible* to 47.3% of the children .Table 28 (IV) reveals that *high school* is *available* to 25 per cent of the children where distribution of availability between boys and girls is same (25 %). High School is accessible to 18.8 per cent of the children where accessibility is more among girls (21.8%) than boys (15.8%). Only 5.4 per cent of the children find High Schools to be adequate out of which more girls (7.3%) than boys (3.5%) find it adequate.

Table 29: Availability, Accessibility and Adequacy of Government Educational Institutions

Sl. No	Characteristics	Gender		Total N = 112
		Boys n = 57	Girls n = 55	
I	**Anganwadi Centre**			
	Availability	55 (96.5)	55 (100)	110 (98.2)
	Accessibility	51 (89.5)	47 (85.5)	98 (87.5)
	Adequacy	29 (50.9)	26 (47.3)	55 (49.1)
II	**Primary School**			
	Availability	54 (94.7)	53 (96.4)	107 (95.5)
	Accessibility	51 (89.5)	44 (80.0)	95 (84.8)
	Adequacy	30 (52.6)	24 (43.6)	54 (48.2)
III	**Middle School**			
	Availability	48 (84.2)	51 (92.7)	99 (88.4)
	Accessibility	44 (77.2)	41 (74.5)	85 (75.9)
	Adequacy	27 (47.4)	23 (41.8)	50 (44.6)
IV	**High School**			
	Availability	43 (75.4)	48 (87.3)	91 (81.3)
	Accessibility	33 (57.9)	33 (60.0)	66 (58.9)
	Adequacy	14 (24.6)	9 (16.4)	23 (20.5)
V	**Higher Secondary School**			
	Availability	4 (7.0)	3 (5.5)	7 (6.3)
	Accessibility	2 (3.5)	0 (0.0)	2 (1.8)
	Adequacy	1 (1.8)	1 (1.8)	2 (1.8)
VI	**College**			

	Availability	2 (3.5)	2 (3.6)	2 (3.6)
	Accessibility	1 (1.8)	1 (1.8)	2 (1.8)
	Adequacy	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 29 shows the availability, accessibility and adequacy of government educational institution for children in the communities.

Table 29 (I) shows that Anganwadi Centre is *available* to 98.2 per cent of the children where boys (96.5%) and girls (100%) find it available. As for its *accessibility* 87.5 per cent of the children have access to the centre where more boys (89.5%) than girls (85.5%) have access to *Anganwadi Centres*. The number of children who find the centre *adequate* constitutes 49.1 per cent of the children .

Table 29 (II) shows that *Primary school* is *available* to 95.5 per cent of the children where it is available to more girls (96.4%) than boys (94.7 %). It is also *accessible* to 84.8 per cent of the children where we find that it is *more accessible* to boys (89.5%) than girls (80%). Further 48.2 per cent of the children find *primary schools* to be adequate. Here *adequacy* is found to be more among boys (52.6%) than girls (43.6%).

Table 29 (III) shows that *middle schools* are *available* to 88.4 per cent of the children and the distribution of availability is more among girls (92.7%) than boys (84.2%). Middle school is *accessible* to 75.9% of the children where more boys (77.2%) than girls (74.5%) find it accessible. Only 44.6 per cent of the children find middle schools *adequate* where more boys (47.4%) than girls (41.8%) find it adequate.

Table 29 (IV) reveals that *high school is available* to 81.3 per cent of the children where it is available to more girls (87.3%) than boys (75.4%). High School is *accessible* to 58.9 per cent of the children where accessibility is more among girls (60%) than boys (57.9%). Only 20.5 per cent of the children find High Schools to be *adequate* out of which more boys (24.6%) than girls (16.4%) find it adequate.

Table 29 (V) shows that *higher secondary school* is available to 6.3 per cent of the children where more boys (7%) than girls (5.5%) find it available. Only 1.8 per cent of the children find it *accessible* where we find that only boys (3.5%) find it accessible. Similarly only 1.8 per cent of children find it *adequate* and distribution of adequacy is similar between male and female (1.8% each).

Table 29 (VI) shows that 3.6 per cent of the children report that college is *available*. Equal number of boys and girls find it available (3.6%). College is found *accessible* for only 1.8 per cent of the children and distribution between both boys and girls is same (1.8% each). Only a mere 0.9 per cent of the children find it adequate and only female (1.8%) find it adequate.

Table 30: Infrastructure and Facilities in Schools

Sl. No	Characteristics	Gender		Total N = 112
		Boys n = 57	Girls n = 55	
I	**School Going**	50 (87.7)	47 (85.5)	97 (86.6)
II	**School is Well Equipped**			
	Strongly Agree	22 (38.6)	24 (43.6)	46 (41.1)
	Agree	19 (33.3)	13 (23.6)	32 (28.6)
	Disagree	9 (15.8)	11 (20.0)	20 (17.9)
III	**Perceived Educational Performance**			
	Very Good	4 (7.0)	6 (10.9)	10 (8.9)
	Good	37 (64.9)	37 (67.3)	74 (66.1)
	Poor	2 (3.5)	3 (5.5)	5 (4.5)
	Very Poor	1 (1.8)	0 (0.0)	1 (0.9)
	Don't Know	6 (10.5)	2 (3.6)	8 (7.1)
IV	**School Result is Good**			
	Strongly Agree	19 (33.3)	27 (49.1)	46 (41.1)

	Agree	26 (45.6)	16 (29.1)	42 (37.5)
	Disagree	5 (8.8)	5 (9.1)	10 (8.9)

Source: Computed Figures in parentheses are percentages

Table 30 shows that a majority of the children in communities are *school going*. It also reveals their perceived educational performance and their perceptions on school results. In Table 30 (I) we see that 86.6 per cent of the children go to school where more among boys (87.7%) than girls (85.5%) go to school.

Table 30 (II) shows that 41.1 per cent of the children *strongly agree* that their schools are well equipped. There are more girls (43.6%) than boys (38.6%) who strongly agree to this. The numbers of children who *agree* constitute 28.6 per cent of the children where more boys (33.3%) than girls (23.6%) agree to this. There are 17.9 per cent of children who *disagree* to their school being well equipped out of which 20 per cent are girls and 15.8 per cent are boys.

Table 30 (III) shows that 8.9 per cent of the children perceive their educational performance to be *very good* where more girls (10.9%) than boys (7%) perceive their educational performance to be *very good*. The numbers of children who perceive their educational performance to be *good* constitute 66.1 per cent out of which 67.3 per cent are girls and 64.9 per cent are boys. Children who perceive their educational performance to be *poor* constitute 4.5 per cent of the sample .Only 0.9 per cent of the children perceive their educational performance to be *very poor* out of which only boys (0.9%) feels this way. From Table 30 (IV) we find that 41.1 per cent of the children *strongly agree* that their schools have good results. There are more girls (49.1%) who *strongly agree* to this than boys (33.3%).

Table 31: Adequacy of Teachers, Quality of Teaching and Relationship with Teachers in School

Sl. No	Characteristics	Gender		Total
		Boys n = 57	Girls n = 55	N = 112
I	**Number of Teachers are Adequate**			
	Strongly Agree	24 (42.1)	37 (67.3)	61 (54.5)
	Agree	21 (36.8)	6 (10.9)	27 (24.1)
	Disagree	4 (7.0)	5 (9.1)	9 (8.0)
	Strongly Disagree	1 (1.8)	0 (0.0)	1 (0.9)
II	**Quality of Teaching is Good**			
	Strongly Agree	28 (49.1)	36 (65.5)	64 (57.1)
	Agree	20 (35.1)	10 (18.2)	30 (26.8)
	Disagree	2 (3.5)	2 (3.6)	4 (3.6)
III	**Teacher Student Relationship is Good**			
	Strongly Agree	19 (33.3)	28 (50.9)	47 (42.0)
	Agree	23 (40.4)	9 (16.4)	32 (28.6)
	Disagree	8 (14.0)	10 (18.2)	18 (16.1)
	Strongly Disagree	0 (0.0)	1 (1.8)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 31 shows the adequacy of teachers, quality of teaching and relationship of children with teachers in the educational institutions. From Table 31 (I) we find that 54.5 per cent of the children *strongly agree* to the *adequacy* of teachers being adequate out of which more girls (67.3%) find their teachers to be adequate than boys (42.1%). The number of children who agree to the same constitutes 24.1 per cent out of which there are more boys (36.8%) than girls (10.9%). The number of children who disagree to their teachers being adequate constitutes 8 per cent out of which 9.1 per cent are girls and 7 per cent are boys. Only 0.9 per cent of the children strongly disagree to this and only boys (0.9%) have strongly disagreed.

Table 31 (II) shows that 57.1 per cent of the children strongly agree to *the quality of teaching* as being *good* out of which there are more girls (65.5%) than boys (49.1%). Further, the number of children who agree to this constitute 26.8 per cent and there are more boys (35.1%) than girls (18.2%). Table 31 (III) shows that 42 per cent of the children *strongly agree* to *teacher-student relationship as being good* and responses to this are more among girls (50.9%) than boys (33.3%). Children who agree to this statement constitute 28.6 per cent. The numbers of children who *disagree* to the statement constitute 16.1 per cent out of which there are more girls (18.2 %) than boys (14%).

4.3.3 Health Services

Table 32 Availability, Accessibility, Adequacy and Satisfaction of Health Care: Medical Store and Sub-centre

Sl. No	Characteristics	Gender		Total N = 112
		Boys n = 57	Girls n = 55	
I	**Medical Store**			
	Availability	48 (84.2)	49 (89.1)	97 (86.6)
	Accessibility	43 (75.4)	47 (85.5)	90 (80.4)
	Adequacy	29 (50.9)	21 (38.2)	50 (44.6)
	Satisfaction with Quality of Service			
	Very Satisfied	16 (28.1)	14 (25.5)	30 (26.8)
	Satisfied	29 (50.9)	22 (40.0)	51 (45.5)
	Dissatisfied	3 (5.3)	11 (20.0)	14 (12.5)
	Don't Know	0 (0.0)	2 (3.6)	2 (1.8)
II	**Sub-Centre**			
	Availability	46 (80.7)	50 (90.9)	96 (85.7)
	Accessibility	38 (66.7)	39 (70.9)	77 (68.8)
	Adequacy	14 (24.6)	8 (14.5)	22 (19.6)
	Satisfaction with Quality of Service			

	Very satisfied	12 (21.1)	15 (27.3)	27 (24.1)
	Satisfied	29 (50.9)	27 (49.1)	56 (50.0)
	Dissatisfied	2 (3.5)	4 (7.3)	6 (5.4)
	Don't Know	3 (5.3)	4 (7.3)	7 (6.3)

Source: Computed Figures in parentheses are percentages

Table 32 highlights the availability, accessibility, adequacy and satisfaction of health care services with respect to *medical store and sub centres* in the communities. Table 32(I) shows the findings in respect of medical stores. Here, we find that medical stores are *available* to 86.6 per cent of the children. The same is *accessible* to 80.4 per cent of the children .*Adequacy* of medical store goes down to 44.6 per cent and more number of boys (50.9%) find it adequate than girls (38.2%). Those children who find the quality of services as *satisfactory* constitute 45.5 per cent. The numbers of children who are *very satisfied* with the quality of services constitute 26.8 per cent and 28.1 per cent are boys and 25.5 per cent are girls. There are 12.5 per cent of children who are *dissatisfied* with the quality of service. More girls (20%) are *dissatisfied* than boys (5.3%). Those who *do not know* about the quality of service constitute 1.8 per cent of the children and only girls (3.6%) do not know about the quality of service.

Table 32(II) shows the findings in respect to Sub-Centre. Here we find that *sub- centre* is *available* to 85.7 per cent of the children out of which there are more girls (90.9%) than boys (80.7%). *Sub- Centre* is *accessible* to 68.8 per cent of the children out of which it is accessible to more girls (70.9%) than boys (66.7%). Only 19.6 per cent of the children find the centre as *adequate* out of which there are more boys (24.6%) who find it adequate than girls (14.5%). The numbers of children who are satisfied with the *quality of service* constitute 50 per cent out of which 50.9 per cent are boys and 49.1 per cent are girls. Those children who are *very satisfied* with the quality of service constitute 24.1 per cent where there are more girls (27.3%) than boys (21.1%). Only 5.4 per cent of the children are *dissatisfied* with the quality of service out of which 7.3 per cent are girls and 3.5 per cent are boys.

Table 33: Availability, Accessibility Adequacy and Satisfaction of Health Care: Primary Health Centre, Community Health Center and Hospital

Sl. No	Characteristics	Gender		Total N = 112
		Boys n = 57	Girls n = 55	
I	**Primary Health Centre**			
	Availability	35 (61.4)	38 (69.1)	73 (65.2)
	Accessibility	24 (42.1)	30 (54.5)	54 (48.2)
	Adequacy	9 (15.8)	6 (10.9)	15 (13.4)
	Satisfaction with Quality of Service			
	Very Satisfied	14 (24.6)	12 (21.8)	26 (23.2)
	Satisfied	18 (31.6)	21 (38.2)	39 (34.8)
	Dissatisfied	1 (1.8)	3 (5.5)	4 (3.6)
	Don't Know	2 (3.5)	1 (1.8)	3 (2.7)
II	**Community Health Centre**			
	Availability	2 (3.5)	5 (9.1)	7 (6.3)
	Accessibility	2 (3.5)	4 (7.3)	6 (5.4)
	Adequacy	1 (1.8)	2 (3.6)	3 (2.7)
	Satisfaction with Quality of Service			
	Very Satisfied	0 (0.0)	1 (1.8)	1 (0.9)
	Satisfied	2 (3.5)	3 (5.5)	5 (4.5)
	Don't Know	0 (0.0)	1 (1.8)	1 (0.9)
III	**Hospital**			
	Availability	4 (7.0)	1 (1.8)	5 (4.5)
	Accessibility	1 (1.8)	0 (0.0)	1 (0.9)
	Adequacy	4 (7.0)	1 (1.8)	5 (4.5)
	Satisfaction with Quality of Service			

	Very Satisfied	3 (5.3)	1 (1.8)	4 (3.6)
	Satisfied	1 (1.8)	0 (0.0)	1 (0.9)

Source: Computed Figures in parentheses are percentages

Table 33 highlights the availability, accessibility, adequacy and satisfaction of health care services with respect to primary health centre, community health center and hospital. Table 33(I) shows the findings in respect to primary health centre. Here, we find that *primary health centre* is *available* to 65.2 per cent of the children out of which 69.1 per cent are girls and 61.4 per cent are boys. The same is *accessible* to 48.2 per cent of the children out of which accessibility is more to girls (54.5%) than boys (42.1%). *Adequacy* of primary health centre goes down to 13.4 per cent of the children out of which 15.8 per cent are boys and 10.9 per cent are girls. Those children who find the quality of services as *satisfactory* constitute 34.8 per cent of out of which there are more girls (38.2%) than boys (31.6%).The children who are *very satisfied* with the quality of services constitute 23.2 per cent . There are only 3.6 per cent of children who are *dissatisfied* with the quality of service.

Table 33(II) shows the findings in respect to *Community Health Centre.* Here we find that the centre is *available* to 6.8 per cent of the children out of which there are more girls (9.1%) than boys (3.5%). The Centre is *accessible* to 5.4 per cent of the children out of which it is accessible to more girls (7.3%) than boys (3.5%). Only 2.7 per cent of the children find the centre as *adequate* out of which 3.6 per cent are girls and 1.8 per cent is boys. The numbers of children who are satisfied with the quality of service constitute 4.5 per cent. Those children who are very satisfied with the quality of service constitute only 0.9 per cent and only girls (1.8%) are satisfied.

Table 33(III) shows the findings in respect to *Hospital*. We find that Hospital is *available* to 4.5 per cent of the children out of which 7 per cent are boys and 1.8 per cent is girls. It is found *accessible* to only 0.9 per cent of the children and only boys (1.8%) are accessible to it. Hospital is found to be *adequate* to 4.5 per cent of the children out of which 7 per cent are boys and 1.8 per cent is girls. The children who are very satisfied with the quality of services constitute 3.6 per cent out of which 5.3 per cent are boys and 1.8 per cent is girls. Those children who find the quality of

services as satisfactory constitute a mere 0.9 per cent of out of which only boys (1.8%) finds the quality of service to be satisfactory.

4.3.4 Recreational Facilities and Services

Table 34: Availability of Recreational Facilities and Services

Sl. No	Facilities and Services	Gender		Total
		Boys	Girls	
		n = 57	n = 55	N = 112
1	Football Field	55 (96.5)	54 (98.2)	109 (97.3)
2	Sport Tournaments	51 (89.5)	46 (83.6)	97 (86.6)
3	Playground	41 (71.9)	40 (72.7)	81 (72.3)
4	Volleyball Court	42 (73.7)	34 (61.8)	76 (67.9)
5	Badminton Court	38 (66.7)	35 (63.6)	73 (65.2)
6	Library	32 (56.1)	31 (56.4)	63 (56.3)
7	Carom Board	34 (59.6)	22 (40.0)	56 (50.0)
8	Travel And Trips	28 (49.1)	29 (52.7)	57 (50.9)
9	Table Tennis	22 (38.6)	31 (56.4)	53 (47.3)
10	Picnics	29 (50.9)	23 (41.8)	52 (46.4)
11	Film/Television Facility	14 (24.6)	17 (30.9)	31 (27.7)
12	Basket Ball Court	8 (14.0)	8 (14.5)	16 (14.3)
13	Adventure Club	3 (5.3)	1 (1.8)	4 (3.6)
14	Music Instruments	5 (8.8)	0 (0.0)	5 (4.5)

Source: Computed Figures in parentheses are percentages

Table 34 shows the recreational facilities and services available for children in the communities. The table shows that *Football Field* is *available* to 97.3 per cent of the children with 98.2 per cent girls and 96.5 boys reporting the same. This is followed by *sports tournaments* which are conducted for 86.6 per cent of the children

.Then *playground* is available to 72.3 per cent of the children -72.7 per cent of girls and 71.9 per cent of boys. *Volleyball court* is available to 67.9 per cent of the children. *Badminton court* is available to 65.2 per cent of the children .Further, *library* is also available to 56.3 per cent of the children. Games equipment like carom board is available to 50 per cent of the children with more boys than girls having it. Then, 50.9 per cent of the children go for *travel and trips* .This is followed by *Table tennis* which is available to 47.3 per cent of the children .Then 46.4 per cent of the children go for *picnics.* Film/Television facility is available for 27.7 per cent of the children .Further, *Basketball court* is available for 14.3 per cent of the children out of which 14.5 per cent of girls and 14 per cent of boys. Then *adventure club* is available for 3.6 per cent of the children where 5.3 of boys and 1.8 of girls have it. Lastly *Music instruments* are available for 4.5 per cent of the children and it is available only for boys (8.8%).

CHAPTER V

CHILDREN IN NEED OF CARE AND PROTECTION IN INSTITUTIONS: A PROFILE, SITUATIONAL ANALYSIS, SERVICES AND RESOURCES

This chapter deals with the profiling and categorization *of children in institutions*, their situations, the services and resources available to them.

5.1 Profile and Categorisation

This section discusses the information related to the institutions, age group, gender, social characteristics, admission particulars and particulars related to institutionalization.

5.1.1 Profile of the institutions and children

Institutions have been given alpha identification to protect their identity as per the request of the authorities in these institutions.

Table 35: Profile of the Institutions and children

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Name of Institution**			
	Institution A	20 (62.5)	20 (66.7)	40 (64.5)
	Institution B	5 (15.6)	5 (16.7)	10 (16.1)
	Institution C	3 (9.4)	3 (10.0)	6 (9.7)
	Institution D	2 (6.3)	2 (6.7)	4 (6.5)
	Institution E	2 (6.3)	0 (0.0)	2 (3.2)
II	**Age Group**			
	11 – 14 years	20 (62.5)	21 (70.0)	41 (66.1)
	15 – 18 years	12 (37.5)	9 (30.0)	21 (33.9)
	Mean Age	14	13	14

Source: Computed Figures in parentheses are percentages

Table 35 shows the profile of the institution and the children residing in the institutions. From Table 35(I) we see that 64.5 per cent of the children are from *Institution A*, 16.1 per cent from *Institution B*, 9.7 per cent from *institution C*, 6.5 per cent from *Institution D* and 3.2 per cent from *Institution E*. The distribution for both

girls and boys is even except in Institution B because the latter is a home for boys only. Table 35 (II) shows that 66.1 per cent of the children are from the age group 11 - 14 years. Then 33.9 per cent are from the age group 15-18 years .*The mean age of boys is 14 years and the mean age of girls is 13 years*

5.1.2 Social characteristics of children

Table 36: Social Characteristics of Children

Sl. No	Characteristics	Gender		Total
		Boys n = 32	Girls n = 30	N = 62
I	**Sub-tribe**			
	Lusei	22 (68.8)	19 (63.3)	41 (66.1)
	Don't Know	2 (6.3)	6 (20.0)	8 (12.9)
	Lai	3 (9.4)	1 (3.3)	4 (6.5)
	Chakma	3 (9.4)	0 (0.0)	3 (4.8)
	Others	0 (0.0)	3 (10.0)	3 (4.8)
	Hmar	2 (6.3)	0 (0.0)	2 (3.2)
	Bru	0 (0.0)	1 (3.3)	1 (1.6)
II	**Religious Denomination/Religion**			
	Local Denomination	19 (59.4)	19 (63.3)	38 (61.3)
	Baptist	6 (18.8)	4 (13.3)	10 (16.1)
	United Pentecostal Church	4 (12.5)	3 (10.0)	7 (11.3)
	Presbyterian	2 (6.3)	2 (6.7)	4 (6.5)
	The Salvation Army	1 (3.1)	0 (0.0)	1 (1.6)
	Buddhist	0 (0.0)	1 (3.3)	1 (1.6)
	No Denomination	0 (0.0)	1 (3.3)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 36 shows the social characteristics and religious denomination of children in the institutions. From table 36 (I) it is seen that more than two thirds of the children are from the *Lusei sub- tribe* with 68.8 per cent boys and 63.3 per cent girls. This is followed by children *who do not know* their sub- tribe which constitute 12.9 per cent of the children with more girls than boys reporting the same. Children from the *Lai sub- tribe* constitute 6.5 per cent of the total sample with more boys than girls. This is followed by children from the *Chakma sub- tribe* which constitutes 4.8 per cent of the children and this is found only among the boys (9.4%). Then there are those who come under *'other'* category (Non Mizo) which constitutes 4.8 per cent of the children and this is found only among girls. Children from *Hmar sub-tribe* constitute 3.2 per cent of the children. Then, lastly children from the *Bru sub- tribe* constitute 1.6 per cent and this is found only among girls (3.3%).

Table 36 (II) shows the distribution of children according to their religious denomination/religion. From this table, children who come from *Local Church denomination* constitute 61.3 per cent of the children with 63.3 per cent girls and 59.4 per cent boys. Children from *Baptist church* constitute 16.1 per cent of the children. Then children from *the United Pentecostal Church* constitute 11.3 per cent of the children which is more than a tenth of the sample. Children from the *Presbyterian Church* constitute 6.5 per cent of the children. Then the *Salvation Army* and *Buddhism* each constitute 1.6 per cent of the children.

5.1.3 Admission Particulars of Children

Table 37: Admission Particulars of Children

Sl. No	**Particulars**	**Gender**		**Total N = 62**
		Boys n = 32	**Girls n = 30**	
I	**Year of admission**			
	After 2000	26 (81.3)	22 (73.3)	48 (77.4)
	Before 2000	4 (12.5)	5 (16.7)	9 (14.5)
	Don't Know	2 (6.3)	3 (10.0)	5 (8.1)
II	**Age at Admission**			

	5 - 10 years	13 (40.6)	18 (60.0)	31 (50.0)
	10 - 15 years	6 (18.8)	5 (16.7)	11 (17.7)
	Below 5 years	8 (25.0)	1 (3.3)	9 (14.5)
	Don't Know	2 (6.3)	6 (20.0)	8 (12.9)
	15 - 18 years	3 (9.4)	0 (0.0)	3 (4.8)
III	**Reason for admission**			
	Don't Know	9 (28.1)	9 (30.0)	18 (29.0)
	Divorce of parents	4 (12.5)	9 (30.0)	13 (21.0)
	Death of parents	8 (25.0)	5 (16.7)	13 (21.0)
	Poverty	5 (15.6)	6 (20.0)	11 (17.7)
	Abandoned by parents	3 (9.4)	0 (0.0)	3 (4.8)
	To Study	2 (6.3)	0 (0.0)	2 (3.2)
	No guardian	1 (3.1)	0 (0.0)	1 (1.6)
	Differently Abled	0 (0.0)	1 (3.3)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 37 shows the year of admission, age of children during admission, the reasons for admission and the chances the children have for restoration into their families. Table 37 (I) shows the distribution of children according to the year of their admission. The Table highlights that a majority (77.4%) of the children were admitted *after the year 2000* with more boys than girls reporting the same. Then 14.5 per cent of children were admitted before the year 2000 indicating that more girls than boys were admitted *before 2000*.There are those *children who do not know* the year they were admitted and they constitute 8.1 per cent of the children with 10 per cent girls and 6.3 per cent among the boys.

Table 37 (II) shows the distribution of children according to the age at which they were admitted. The table reveals that 50 per cent of the children were admitted when they *were between 5-10 years of age*. This is followed by those children who were admitted when they were *between 10 – 15 years of age* which constitute 17.7 per cent. Then there are those children who were admitted when they *were below 5 years of age* which constitute 14.5 per cent with more boys than girls reporting the same. Further there are those children *who do not know* the age at which they were admitted and they constitute 12.9 per cent of the children with 20 per cent among girls and 6.3 per cent among boys. Lastly, there are those children who were admitted when they were *between 15 – 18 years of age* and they constitute 4.8 per cent and this is found only among boys (9.4%).

Table 37 (III) shows the *reasons* for which the children were admitted in the institution. From here we see that 29 per cent of the children *do not know* the reasons with 30 per cent among girls and 28.1 per cent among boys. The children who were admitted because of *divorce of parents* constitute 21 per cent of the children with 30 per cent among girls and 12.5 per cent among boys. Then there are those children who were admitted due to *death of either parent* and this constitutes 21 per cent of the children with more boys than girls. Children who were admitted because of *poverty* constitute 17.7 per cent. Further, the number of children who were admitted because they were *abandoned by parents* constitutes 4.8 per cent and this is found only among the boys (9.4%). This is followed by children who were *admitted only to receive educational service* and this constitutes 3.2 per cent of the children and this is found only among the boys (6.3%). Children who were admitted because they had *no guardian* constitute 1.6 per cent and this is found only among the boys (3.1%). Lastly, there are those children who were admitted because they were *differently abled* and they constitute 1.6 per cent of the children and this is found only among the girls (3.3%).

5.1.4 Restoration and Visits

Table 38: Restoration and Visits

Sl. No	Characteristics	Gender		
I	**Visited by Family Members and Relatives**	**Boys n=32**	**Girls n=30**	**Total N=62**
	No	14 (43.8)	23 (76.7)	37 (59.7)
	Yes	18 (56.3)	7 (23.3)	25 (40.3)
II	**Will be restored to family**			
	Yes	19 (59.4)	12 (40.0)	31 (50.0)
	No	8 (25.0)	14 (46.7)	22 (35.5)
	Don't Know	5 (15.6)	4 (13.3)	9 (14.5)

Source: Computed Figures in parentheses are percentages

Table 38 shows the number of children who are visited and number of children who perceive that they will be restored. Table 38 (I) shows that 59.7 percent of the children are *not visited by their family or relatives* with far more girls than boys reporting the same. The numbers of children visited by their family or relatives constitute 40.3 per cent of the children. Table 38 (II) highlights that 50 per cent of the children think that they *will be restored* and more boys than girls believe the same. The numbers of children who believe that they will *not be restored* at all constitute 35.5 per cent of the children with more girls than boys believing so. Then there are those children who *do not know* whether they will be restored or not which constitute 14.5 per cent.

1.1 Situational Analysis of children in institutions

The situation of children in institutions was analysed in reference to marital status of their parents, background characteristics, utilization of health care services, health and mental health problems, leisure time and activities, challenges faced by children and experiences of abuse.

5.2.1 Situation of Parents

Table 39: Background Situation of Parents

Sl. No	Situations	Gender		Total
		Boys n = 32	Girls n = 30	N = 62
I	**Marital Status**			
	Divorced	13 (40.6)	12 (40.0)	25 (40.3)
	Remarried	9 (28.1)	10 (33.3)	19 (30.6)
	Married	6 (18.8)	2 (6.7)	8 (12.9)
	Don't Know	1 (3.1)	6 (20.0)	7 (11.3)
	Unmarried	0 (0.0)	1 (3.3)	1 (1.6)
II	**Situation of parents**			
	Poor	18 (56.3)	9 (30.0)	27 (43.5)
	Death of parents	11 (34.4)	8 (26.7)	19 (30.6)
	Substance Abusers	10 (31.3)	8 (26.7)	18 (29.0)
	Abandoned by parents	4 (12.5)	5 (16.7)	9 (14.5)
	Terminally Ill	6 (18.8)	2 (6.7)	8 (12.9)
	Chronically Ill	3 (9.4)	2 (6.7)	5 (8.1)
	Mentally Ill	1 (3.1)	2 (6.7)	3 (4.8)
	Differently Abled	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 39 highlights the marital status and situations of parents of the children. Table 39 (I) shows the marital status of the parents. From the table we find that 40.3 per cent of the children have parents who are *divorced* with an even distribution across gender. Then 30.6 per cent of children have parents who *remarried*. The numbers of children whose parents are *married* constitute 12.9 per cent with more

boys than girls. Those children who *do not know* the marital status of their parents constitute 11.3 per cent. Lastly this is followed by those children whose parents *are unmarried* which constitute 1.6 per cent of the children and this is found only among the girls (3.3%).

Table 39 (II) shows that 43.5 per cent of the children have parents who are *poor* out with 56.3 per cent among boys and 30 per cent among girls. This is followed by children whose *either parents have died*. The number of children who's either *parent's abuse substances* constitutes 29 per cent of the children. Then there are those cases where children are *abandoned by their parents* who constitute 14.5 per cent with more girls than boys. This is followed by the number of children whose either parents are *terminally ill* which constitute 12.9 per cent of the children out of which 18.8 per cent are boys and 6.7 per cent are girls. Further children whose either parents are *chronically ill* .Then there are those children whose either parents are *mentally ill* which constitute 4.8 per cent of the children .Lastly, the number of children whose either parents are *differently abled* constitute only 1.6 per cent and this is found only among the boys (3.1%).

5.2.2 Utilization of Health Care for Health Problems

This study attempted to document the utilization of services for health care among children in Institutions since this is an important indicator of the situation of these children.

Table 40: Utilization of Health Care

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Fever**	29 (90.6)	28 (93.3)	57 (91.9)
	Treatment for Fever			
	Consult doctor	6 (18.8)	19 (63.3)	25 (40.3)
	Buy medicine from store	16 (50.0)	8 (26.7)	24 (38.7)
	Pray	3 (9.4)	3 (10.0)	6 (9.7)

	Sub-Centre/Primary Health Centre	2 (6.3)	2 (6.7)	4 (6.5)
	Government Hospital	2 (6.3)	2 (6.7)	4 (6.5)
	No Treatment	1 (3.1)	1 (3.3)	2 (3.2)
	Private hospital	1 (3.1)	0 (0.0)	1 (1.6)
	Homemade medicine	1 (3.1)	0 (0.0)	1 (1.6)
II	**Cold and Cough**	26 (81.3)	22 (73.3)	48 (77.4)
	Treatment for Cold and Cough			
	Buy medicine from store	13 (40.6)	10 (33.3)	23 (37.1)
	Consult doctor	5 (15.6)	5 (16.7)	10 (16.1)
	Sub-Centre/Primary Health Centre	1 (3.1)	4 (13.3)	5 (8.1)
	No treatment	4 (12.5)	0 (0.0)	4 (6.5)
	Pray	1 (3.1)	2 (6.7)	3 (4.8)
	Homemade medicine	1 (3.1)	1 (3.3)	2 (3.2)
	Government Hospital	1 (3.1)	0 (0.0)	1 (1.6)
III	**Diarrhea**	21 (65.6)	20 (66.7)	41 (66.1)
	Treatment for Diarrhea			
	Buy medicine from store	11 (34.4)	7 (23.3)	18 (29.0)
	Consult doctor	4 (12.5)	7 (23.3)	11 (17.7)
	No treatment	3 (9.4)	3 (10.0)	6 (9.7)
	Sub- Centre/Primary Health Centre	1 (3.1)	3 (10.0)	4 (6.5)
	Government Hospital	2 (6.3)	1 (3.3)	3 (4.8)
	Pray	0 (0.0)	2 (6.7)	2 (3.2)

	Homemade medicine	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 40 shows the number of children who have suffered from fever, cold and cough and diarrhea and the utilization of the heath care services for their treatment. Table 40 (I) shows that 91.9 per cent of the children have *suffered from fever* with 93.3 per cent among girls and 90.6 per cent among boys. The numbers of children who *consult the doctor* constitute 40.3 per cent out of which there are more girls than boys. The numbers of children who utilize *medical store* to buy medicines for treatment constitute 38.7 per cent with almost double the number of boys than girls doing so. The numbers of children who *pray* constitute 9.7 per cent of the sample. Further, the numbers of children who *utilize sub-centre/primary health centre* for treatment constitute 6.5 per cent and the distribution between boys and girls is even. Those children who utilize government hospitals for treatment also constitute 6.5 per cent and the distribution between boys and girls is even. And those who do not treat their fever in any manner constitute only 3.2 per cent of the children and the distribution between boys and girls is even. Children who use *homemade medicine* and utilize private hospitals for their treatment each constitute 1.6 per cent and this is found only among boys (3.1% each).

Table 40 (II) reveals that 77.4 per cent of the children have suffered from *Cold and Cough* out of which 81.3 per cent are boys and 73.3 per cent are girls. The numbers of children who utilize medical store to buy medicines for their treatment constitute 37.1 per cent. This is followed by 16.1 per cent of children who *consult the doctor* for their treatment and the distribution between boys and girls is even. Then 8.1 per cent of the children go to the *sub centre/primary health centre* for their treatment out of which 13.3 per cent are girls and 3.1 per cent are boys.

Table 40 (III) shows that 66.1 per cent of the children have suffered from diarrhea with 66.7 per cent girls and 65.6 per cent boys. The numbers of children who utilize *Medical store* to buy medicines for treatment constitute 29 per cent. This is followed by those children who *consult the doctor* which constitute 17.7 per cent out of which there are more girls (23.3%) than boys (12.5%). There are again those who *do not utilize any health care service* and this constitutes 9.7 per cent of the children

out of which 10 per cent are girls and 9.4 per cent are boys. Further, the numbers of children who *utilize Sub Centre/Primary health Centre* for treatment constitute 6.5 per cent.

5.2.3 Mental Health of children

Mental Health is an important variable particularly when studying children in Institutions.

Table 41: Situation of Mental Health: Feelings of Loneliness

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Feeling Lonely**	19 (59.4)	15 (50.0)	34 (54.8)
II	**Reason for Loneliness**			
	No reason	10 (31.3)	8 (26.7)	18 (29.0)
	Family problem	4 (12.5)	4 (13.3)	8 (12.9)
	Financial Problem	2 (6.3)	1 (3.3)	3 (4.8)
	Problem in studies	1 (3.1)	1 (3.3)	2 (3.2)
	No friends	1 (3.1)	0 (0.0)	1 (1.6)
	Problem with girlfriend/boyfriend	0 (0.0)	1 (3.3)	1 (1.6)
	No friends in school	1 (3.1)	0 (0.0)	1 (1.6)
III	**Coping Strategy**			
	No coping strategy	12 (37.5)	6 (20.0)	18 (29.0)
	Playing Outdoor	1 (3.1)	3 (10.0)	4 (6.5)
	Discuss with friends	1 (3.1)	2 (6.7)	3 (4.8)
	Sleep	3 (9.4)	0 (0.0)	3 (4.8)
	Sing, play or listen to musical instruments	1 (3.1)	1 (3.3)	2 (3.2)

	Discuss with family	0 (0.0)	2 (6.7)	2 (3.2)
	Smoking	1 (3.1)	0 (0.0)	1 (1.6)
	Watching TV	0 (0.0)	1 (3.3)	1 (1.6)
	Reading books	0 (0.0)	1 (3.3)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 41 shows the situations of mental health of children in respect to loneliness. Table 41 (I) highlights that more than half (54.8%) of the children have felt lonely one time or the other. There are more boys (59.4%) than girls (50%) who feel lonely. Table 41 (II) reveals the reasons for children's loneliness. From the table we find that 29 per cent of the children have *no particular reason* for their loneliness and there are more boys than girls. This is followed by those children who feel lonely because of *family problem* which constitute 12.9 per cent of the children. *Loneliness* due to *financial problem* constitute 4.8 per cent of the children those who are lonely due to problems in studies constitutes 3.2 per cent and the numbers of children who are lonely because they have no friends constitute 1.6 per cent and this is found only among boys (3.1%). Those children who are lonely because of problem with *girlfriend/boyfriend* constitute 1.6 per cent and only girls (3.3%) are lonely because of this. Lastly, those children who are lonely because they have *no friends* in school constitute 1.6 per cent and this is found only among boys (3.1%).

Table 41(III) shows how the children *cope with their loneliness* and we find that a significant number of children (29%) have *no coping strategy* out of which there are more boys (37.5%) than girls (20%). Those who cope by playing outdoors constitute 6.5 per cent. This is followed by those who *discuss with friends* which constitute 4.8 per cent of the children. Further there are those who cope by *sleeping* which constitute 4.8 per cent of the children and this is found only among boys (9.4%). Then there are also those who cope by *singing, playing or listening to music instruments* and this constitute 3.2 per cent of the children and distribution is even for both boys and girls. Children who *discuss with family* constitute 3.2 per cent and this is found only among girls (6.7%). Then children who cope *by smoking* constitute 1.6 per cent and this is found only among the boys (3.1%). There are those children who

cope by *watching TV* and this constitute 1.6 per cent and this is found only among girls (3.3%). Lastly, some children (1.6%) cope by *reading books* and this is found only among girls (3.3%).

Table 42: Situation of Mental Health: Feelings of Sadness

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Feeling Sad**	15 (46.9)	13 (43.3)	28 (45.2)
II	**Reason for Sadness**			
	No Reason	6 (18.8)	3 (10.0)	9 (14.5)
	Family problem	2 (6.3)	2 (6.7)	4 (6.5)
	Financial Problem	2 (6.3)	2 (6.7)	4 (6.5)
	No friends	3 (9.4)	0 (0.0)	3 (4.8)
	Problem with friends	1 (3.1)	2 (6.7)	3 (4.8)
	Problem in studies	1 (3.1)	2 (6.7)	3 (4.8)
	Problem with girlfriend/boyfriend	0 (0.0)	1 (3.3)	1 (1.6)
	No friends in school	0 (0.0)	1 (3.3)	1 (1.6)
III	**Coping Strategy**			
	No coping strategy	8 (25.0)	4 (13.3)	12 (19.4)
	Playing Outdoor	0 (0.0)	4 (13.3)	4 (6.5)
	Reading books	1 (3.1)	3 (10.0)	4 (6.5)
	Discuss with friends	2 (6.3)	1 (3.3)	3 (4.8)
	Sleep	2 (6.3)	1 (3.3)	3 (4.8)
	Watching TV	1 (3.1)	1 (3.3)	2 (3.2)
	Discuss with family	0 (0.0)	1 (3.3)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 42 highlights the situation of mental health of children in respect to sadness. Table 42 (I) shows that almost half (45.2%) of the children *have felt sad one time or the other*. There are more boys (46.9%) than girls (43.3%) who feel sad. Table 42 (II) reveals the reasons for children's sadness. From the table we find that 14.5 per cent of the children have *no particular reason* for their sadness. This is followed by those children who feel sad because of *family problem* which constitute 6.5 per cent of the children and distribution is even for both boys and girls. Sadness due to *financial problem* constitutes 6.5 per cent of the children and distribution is also even for both boys and girls. Those children who feel sad because they have *no friends* constitute 4.8 per cent and this is found only among boys (9.4%). Those children who are sad because of *problem with friends and problems in studies* each constitute 4.8 per cent. The distribution between boys (3.1% each) and girls (6.7% each) for both cases is even. Further, there are those children who feel sad because they have *problems with girlfriend/boyfriend* and have *no friends in school* constitute 1.6 per cent each. And the two cases are found only among girls (3.3% each).

Table 42 (III) shows how the children cope with their sadness and we find that a fifth of children (19.4%) have *no coping strategy* with more boys (25%) than girls (13.3%). There are those children who cope by *playing outdoors* and this constitutes 6.5 per cent and this is found only among girls (13.3%). Some children (6.5%) cope by *reading books*. This is followed by those who *discuss with friends* which constitute 4.8 per cent of the children. Those who cope by *sleepin*g constitute 4.8 per cent. This is followed by those who *watch TV* which constitute 3.2 per cent of the children out of which both boys and girls are evenly distributed. Lastly, children who cope by *discussing with their family* constitute 1.6 per cent and this is found only among girls (3.3%).

Table 43: Situation of Mental Health: Feelings of Anxiety

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Feeling Anxious**	14 (43.8)	7 (23.3)	21 (33.9)
II	**Reasons for Anxiety**			
	No reason	9 (28.1)	2 (6.7)	11 (17.7)
	Problem with friends	1 (3.1)	3 (10.0)	4 (6.5)
	Family problem	2 (6.3)	0 (0.0)	2 (3.2)
	No friends	1 (3.1)	0 (0.0)	1 (1.6)
	Problem with girlfriend/boyfriend	0 (0.0)	1 (3.3)	1 (1.6)
	Problem in studies	1 (3.1)	0 (0.0)	1 (1.6)
	No friends in school	0 (0.0)	1 (3.3)	1 (1.6)
III	**Coping Strategy**			
	No coping strategy	9 (28.1)	3 (10.0)	12 (19.4)
	Discuss with Friends	1 (3.1)	2 (6.7)	3 (4.8)
	Sleep	2 (6.3)	0 (0.0)	2 (3.2)
	Watching TV	0 (0.0)	1 (3.3)	1 (1.6)
	Reading Books	1 (3.1)	0 (0.0)	1 (1.6)
	Playing Outdoor	0 (0.0)	1 (3.3)	1 (1.6)
	Sing, Play or Listen to Musical Instruments	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 43 shows the situations of mental health of children in respect to anxiety. Table 43 (I) reveals that 33.9 per cent of the children have felt *anxiety one time or the other. There are more boys (43.8%) than girls (23.3%) who feel anxious.* Table 43 (II) shows the *reasons for children's anxiety*. From the table we find that

17.7 per cent of the children have *no particular reason* for their anxiety with 28.1 per cent boys and 6.7 per cent girls reporting this. Children who are anxious because they have *problems with friends* constitute 6.5 per cent. This is followed by those children who feel anxious because of *family problem* which constitute 3.2 per cent of the children and this is found only among boys (6.3%). Those children who feel anxious because they have *no friend* constitute 1.6 per cent and this is found only among boys (3.1%). *Problems with girlfriend/boyfriend* are another reason for the children's anxiety which constitute 1.6 per cent of the children and this is found only among girls (3.3%).Further, those children who feel anxious because of *problems in studies* constitute 1.6 per cent and this is found only among boys (3.1%). Lastly, children who are anxious because they have *no friends in school* constitute 1.6 per cent and this is found only among girls (3.3%).

Table 43 (III) shows how the children cope with their anxiety and we find that a significant number of children (19.4%) have no coping strategy out of which there are more boys (28.1%) than girls (10%). Children who cope by discussing with friends constitute 4.8 per cent out of which 6.7 per cent are girls and 3.1 per cent are boys. Those who cope by sleeping constitute 3.2 per cent and this is found only among boys (6.3%). This is followed by those who watch TV which constitute 1.6 per cent of the children and this is found only among girls (3.3%). There are those children who cope by reading books which constitute 1.6 per cent and this is found only among boys (3.1%). Then there are those who cope by playing outdoor which constitute 1.6 per cent and this is found only among girls (3.3%). Lastly, there are also those who cope by singing, playing or listening to music instruments which constitute 1.6 per cent and this is found only among boys (3.1%).

Table 44: Situation of Mental Health Problems: Feelings of Anger

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Anger**	27 (84.4)	22 (73.3)	49 (79.0)
II	**Reason for Anger**			
	Problem with friends	13 (40.6)	15 (50.0)	28 (45.2)

	No reason	7 (21.9)	1 (3.3)	8 (12.9)
	No friends in school	3 (9.4)	2 (6.7)	5 (8.1)
	Financial Problem	2 (6.3)	2 (6.7)	4 (6.5)
	Problem in studies	2 (6.3)	1 (3.3)	3 (4.8)
	Family Problem	2 (6.3)	1 (3.3)	3 (4.8)
	No friends	2 (6.3)	0 (0.0)	2 (3.2)
	Problem with girlfriend/boyfriend	0 (0.0)	1 (3.3)	1 (1.6)
III	**Coping Strategy**			
	No Coping Strategy	14 (43.8)	9 (30.0)	23 (37.1)
	Sleep	4 (12.5)	1 (3.3)	5 (8.1)
	Watching TV	3 (9.4)	2 (6.7)	5 (8.1)
	Sing, play or listen to musical instruments	2 (6.3)	3 (10.0)	5 (8.1)
	Playing outdoor	2 (6.3)	2 (6.7)	4 (6.5)
	Reading Books	2 (6.3)	2 (6.7)	4 (6.5)
	Discuss with Friends	0 (0.0)	2 (6.3)	2 (3.2)
	Discuss with family	1 (3.1)	1 (3.3)	2 (3.2)
	Smoking	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 44 shows the situations of mental health of children in respect to anger. Table 44(I) highlight that 79 per cent of the children *felt anger one time or the other. There are more boys (84.4%) than girls (73.3%) who have felt angry.* Table 44 (II) reveals the reasons for children's anger. From the table we find children who are angry because they have *problems with boys*. Then, 12.9 per cent of the children have *no particular reason* for their anger. This is followed by those children who are angry because they have *no friends in school* which constitute 8.1 per cent of the children.

Children who are angry because of financial problem which constitutes 6.5 per cent and distribution of boys and girls are even in this case. This is followed by those children who are angry because of *family problem and problem in studies* both constituting 4.8 per cent each of the children.

Table 44 (III) shows how the children cope with their anger and we find that a significant number of children (37%) have *no coping strategy* with more boys (43.8%) than girls (30%). Those who cope by *sleeping* constitute 8.1 per cent of the children with 12.5 per cent boys and 3.3 per cent girls. There are those children who cope by *watching TV* and this constitute 8.1 per cent of the children. This is followed by children who cope by *singing, playing or listening to music instruments* and this constitute 8.1 per cent of the children ,Those who cope by playing outdoors and reading books each constitute 6.5 per cent and distribution for both boys and girls are even for both cases. The children who cope by *discussing with friends* constitute 3.2 per cent of the children and this is found only among girls (6.3%). And there are those who *discuss with family* which constitute 3.2 per cent of the children and distribution of boys and girls is even in this case. Children who *cope by smoking* constitute 1.6 per cent and this is found only among the boys (3.1%).

5.2.4 Perceived Health Status

Table 45: Perceived Health Status of children

Sl. No	Perceived Health Satisfaction	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
1	Fair	20 (62.5)	11 (36.7)	31 (50.0)
2	Good	5 (15.6)	6 (20.0)	11 (17.7)
3	Very Good	4 (12.5)	6 (20.0)	10 (16.1)
4	Poor	3 (9.4)	7 (23.3)	10 (16.1)

Source: Computed Figures in parentheses are percentages

Table 45 shows the perception of the health status of children. From the table we see that 50 per cent of the children find their health status to be *fair* and this includes more boys (62.5%) than girls (36.7%). Then this is followed by those who

perceive their health status to be good which constitute 17.7 per cent of the children. The numbers of children who are perceive their health status to be *very good* constitutes 16.1 per cent and this is more among girls than boys. Those children who consider their health status to be *poor* constitute 16.1 per cent including 13.3 per cent girls and 9.4 per cent boys.

5.2.5 Situation in relation to Leisure Time and Recreation

Opportunities for Leisure time and Recreation are very important to assess in any study relating to Children**.**

Table 46: Leisure Time and activities engaged in Leisure Time

Sl. No	Characteristic	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Leisure Time in a day**			
	1- 3 Hours	20 (62.5)	19 (63.3)	39 (62.9)
	4 - 6 Hours	6 (18.8)	5 (16.7)	11 (17.7)
	No free time	4 (12.5)	5 (16.7)	9 (14.5)
	11 Hours and above	1 (3.1)	1 (3.3)	2 (3.2)
	7 - 10 Hours	1 (3.1)	0 0.0	1 (1.6)
II	**Leisure Time Activities**			
	Watching T.V	31 (96.9)	26 (86.7)	57 (91.9)
	Hang out with friends	31 (96.9)	23 (76.7)	54 (87.1)
	Reading book	29 (90.6)	22 (73.3)	51 (82.3)
	Sleep	29 (90.6)	22 (73.3)	51 (82.3)
	Playing games	26 (81.3)	20 (66.7)	46 (74.2)

Source: Computed Figures in parentheses are percentages

Table 46 shows the leisure time of children and the activities they are engaged in during their leisure time. Table 46 (I) show the *leisure time of the children within a day*. From the table we see that 62.9 per cent of the children have leisure time between *1-3 hours* with near equal distribution among boys and girls. This is followed by the children who have leisure time between *4 – 6 hours* which constitute 17.7 per cent of the children. Then those children who have *no leisure time* follows which constitute 14.5 per cent of the children. Then those children having leisure time between 11 *hours and above* constitute 3.2 per cent of the out of which the distribution between boys and girls is even. Lastly children having leisure time *between 7-10 hours* constitute 1.6 per cent and this is found only among the boys (3.1%).

Table 46 (II) shows the activities children engage in during their leisure time. Form the table we find that 91.9 per cent of the children *watch TV* out of which 96.9 per cent are boys and 86.7 per cent are girls. Then those children who '*hang out' with their friends* constitute 87.1 per cent which includes 96.9 per cent of boys and 76.7 per cent girls. Further, the number of children *who read books* constitutes 82.3 per cent out. Then children who *sleep* constitute 82.3 per cent. Lastly, those children who *play games* constitute 74.2 per cent more among boys than girls.

5.2.6: Problems Faced by Children and Perceived Social Support

Table 47: Problems within Self and Social Support

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Problems within Self**	13 (40.6)	8 (26.7)	21 (33.9)
II	**Specific Problems**			
	Emotional Problem	5 (15.6)	6 (20.0)	11 (17.7)
	Health Problem	5 (15.6)	2 (6.7)	7 (11.3)
	Problem in studies	1 (3.1)	0 (0.0)	1 (1.6)
III	**Most supportive person**			
	Peers	7 (21.9)	3 (10.0)	10 (16.1)

	Home workers	4 (12.5)	2 (6.7)	6 (9.7)
	Home mother and father	0 (0.0)	2 (6.7)	2 (3.2)
	Parents	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 47 shows the problems faced by children within themselves and the social support they receive because of these problems. Table 47 (I) shows that 33.9 per cent of the children face problems within self. Table 47 (II) reveals the different problems faced by the children within self. From the table we find that 17.7 per cent of the children *have emotional problems*. This is followed by those who have *health problems* which constitute 11.3 per cent of the children with far more boys than girls stating the same. Then there are those children who have *problems in studies* which constitute 1.6 per cent and this is found only among boys (3.1%).

Table 47 (III) shows the *most supportive persons* when children are faced with these problems. From here, we find that children are supported most by *their peers* who constitute 16.1 per cent. Then, the children supported by the *home workers* constitute 9.7 per cent. Further, the children supported by their *home mother/fathers* constitute 3.2 per cent and this is found only among girls (6.7%). This is followed by children whose *parents* support them and this constitutes 1.6 per cent and this is found only among the boys (3.1%). The children have not mentioned anyone who is considered *least supportive*.

Table 48: Problems in Family and Social Support

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Problems in family**	6 (18.8)	4 (13.3)	10 (16.1)
II	**Specific problems**			
	Health Problem	2 (6.3)	2 (6.7)	4 (6.5)
	Poverty	1 (3.1)	1 (3.3)	2 (3.2)
	Fighting /Quarreling	1 (3.1)	0 (0.0)	1 (1.6)

	Problem in studies	1 (3.1)	0 (0.0)	1 (1.6)
III	**Most supportive person**			
	Parents	1 (3.1)	1 (3.3)	2 (3.2)
	Peers	1 (3.1)	0 (0.0)	1 (1.6)
	Uncle	0 (0.0)	1 (3.3)	1 (1.6)
	Father	1 (3.1)	0 (0.0)	1 (1.6)
	Government	1 (3.1)	0 (0.0)	1 (1.6)
	Teacher	1 (3.1)	0 (0.0)	1 (1.6)
	Neighbours	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 48 shows the problems faced by children in families and the social support they receive to cope with these problems. Table 48 (I) shows that 16.1 per cent of the children face problems in their families out of which there are more boys than girls. Table 48 (II) shows the specific problems faced by the children in their families. From the table we see that 6.5 per cent of the children *have health problems* in their family and the distribution is even for both boys and girls. Then there are those children who have problems because of *poverty* which constitute 3.2 per cent and the distribution is also even for both boys and girls. The rest of the problems faced by children are *fighting/quarrelling and problems in studies* and the number of children in these two cases is even (1.6% each) and this is found only among boys (3.1% each) in both cases.

Table 48 (III) shows the *most supportive persons* when children are faced with these problems. From here, we find that children are supported most by their *parents*. The rest of the children who feel that they are supported most are distributed among *peers, uncles, fathers, government, teachers and neighbours*. The children has not mentioned anyone who supports them the least in this case.

Table 49: Problems with Peers and Social Support

Sl. No	Characteristics	Gender		Total
		Boys n = 32	Girls n = 30	N = 62
I	**Problems with Peers**	3 (9.4)	2 (6.7)	5 (8.1)
II	**Specific problems**			
	Fighting/Quarreling	1 (3.1)	2 (6.7)	3 (4.8)
	Health Problem	2 (6.3)	0 (0.0)	2 (3.2)
	Emotional Problem	1 (3.1)	0 (0.0)	1 (1.6)
III	**Most supportive person**			
	Home mother and father	0 (0.0)	2 (6.7)	2 (3.2)
	Peers	1 (3.1)	0 (0.0)	1 (1.6)
	Teacher	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 49 shows the problems faced by children among peers and the social support they receive to cope with these problems. Table 49(I) shows that 8.1 per cent of the children face *problems with peers* and there are more girls than boys. Table 49 (II) shows that 4.8 per cent of the children have problems in relation to *fighting/quarreling* and there are more girls than boys. Then there are those children who have *health problems* which constitute 3.2 per cent and this is found only among the boys (6.3%).Then some children (1.6%) have *emotional problems* and this is also found only among boys (3.1%). Table 49 (III) shows that 3.2 per cent of the children consider *home mothers/fathers as the most supportive*. On the other hand some consider *peers and teachers* as most supportive. No one mentioned who the least supportive is.

Table 50: Problem at School and Social Support

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Problem at school**	3 (9.4)	8 (26.7)	11 (17.7)
II	**Specific problems**			
	Problem in studies	1 (3.1)	10 (33.3)	11 (17.7)
	Fighting Quarreling	1 (3.1)	0 (0.0)	1 (1.6)
III	**Most supportive person**			
	Teacher	2 (6.3)	4 (13.3)	6 (9.7)
	Home mother and father	2 (6.3)	2 (6.7)	4 (6.5)
	Home workers	0 (0.0)	1 (3.3)	1 (1.6)
	Peers	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 50 shows the problems faced by children *at school* and the social support they receive to cope with these problems. Table 50 (I) shows that 17 per cent of the children face problems *at school* and there are more girls than boys.

Table 50 (II) shows the specific problems faced by the children at schools. From the table we see that 17.7 per cent of the children face *problems in their studies* and there are more girls who face this problem than boys. This is followed by those children who have problems in relation *to fighting/quarrelling* which constitute 1.6 per cent and this is found only among the boys (3.1%).Table 50 (III) shows the most *supportive persons* when children are faced with these problems. From here, we find that 4.5 per cent of children are supported most by their *teachers*. Then *home mothers/fathers* supports 6.5 per cent of the children and the distribution between boys and girls are even. There are also some children who are supported most by the *home workers and their peers.* There are no least supportive persons reported here. Children in the institution have no problems in the neighbourhood and with the church.

5.2.7 Situational Analysis: Experiences of Abuse

Table 51: Nature and Frequency of Abuse

Sl. No	Nature and Frequency	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Got Beaten**			
	Seldom	9 (28.1)	15 (50.0)	24 (38.7)
	Often	12 (37.5)	8 (26.7)	20 (32.3)
II	**Received scolding**			
	Seldom	14 (43.8)	12 (40.0)	26 (41.9)
	Often	6 (18.8)	3 (10.0)	9 (14.5)
	Always	3 (9.4)	1 (3.3)	4 (6.5)
III	**Been Threatened**			
	Seldom	6 (18.8)	4 (13.3)	10 (16.1)
	Often	6 (18.8)	1 (3.3)	7 (11.3)
IV	**Received very Severe Beatings**			
	Seldom	6 (18.8)	1 (3.3)	7 (11.3)
	Often	0 (0.0)	1 (3.3)	1 (1.6)
	Always	1 (3.1)	0 (0.0)	1 (1.6)
V	**Extra work or Chores as Punishment**			
	Seldom	3 (9.4)	2 (6.7)	5 (8.1)
	Often	1 (3.1)	0 (0.0)	1 (1.6)
VI	**Deprived of Leisure Time**			
	Often	3 (9.4)	0 (0.0)	3 (4.8)
	Seldom	2 (6.3)	0 (0.0)	2 (3.2)
	Always	1 (3.1)	0 (0.0)	1 (1.6)
VII	**Made fun of or ridiculed**			

	Often	1 (3.1)	1 (3.3)	2 (3.2)
	Seldom	1 (3.1)	0 (0.0)	1 (1.6)
VIII	**Made to go hungry as punishment**			
	Always	3 (9.4)	0 (0.0)	3 (4.8)
	Seldom	0 (0.0)	1 (3.3)	1 (1.6)
	Often	1 (3.1)	0 (0.0)	1 (1.6)
IX	**Insulted and humiliated**			
	Seldom	1 (3.1)	0 (0.0)	1 (1.6)
	Often	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 51 shows the nature and frequency of abuse faced by children. From the table we find that out of those children who *get beaten*, 38.7 per cent of the children *seldom* get beaten and here 50 per cent are girls and 28.1 per cent are boys. Then the numbers of children who *often* get beaten constitute 32.3 per cent and there are more boys than girls.

Then this is followed by children who have *received scolding*. Out of the children who have *received scolding*, 11.3 per cent are *seldom* scolded and there are more boys than girls. Those who have *often* received scolding constitute 14.5 per cent and 18.8 per cent are boys and 10 per cent are girls. Children *who always* received scolding constitute 6.5 per cent and there are more boys and girls.

Further we find the number of children who are *being threatened* and out of those who have been threatened, 16.1 per cent of the children are *seldom* threatened. Children who are *often* threatened constitute 11.3 per cent and 18.8 per cent are boys and 3.3 per cent are girls. Then there are those who receive *very severe beatings*. Among them, we find that 11.3 per cent are *seldom severely beaten* and there are more boys than girls. Those children who are *often severely beaten* constitute 1.6 per cent and this case is found only among the girls (3.3%). Further, children who are *always severely beaten* constitute 1.6 per cent and this is found only among the boys (3.1%).Then children who are *made to do extra work or chores as punishment* follows

and out of them we find that 8.1 per cent of the children *seldom* get punished in this form. This is followed by those children who are *often* abused in this form this is found only among the boys (3.1%). Further, among those children who are *deprived of leisure time*, 4.8 per cent are *often deprived of leisure time* and this is found only among boys (9.4%). Children who are *seldom deprived of leisure* time constitute 3.2 per cent and this is also found only among boys (6.3%). Then children who are *always* deprived of leisure time constitute 1.6 per cent and this is again found only among the boys (3.1%).

This is followed by those children who are *made fun of or ridiculed* .Here, 3.2 per cent of the children are *often* made fun of or ridiculed and the distribution is even for both boys and girls. Then the children who are *seldom* made fun of or ridiculed constitute 1.6 per cent and this is found only among the boys (3.1%).Lastly we also find children who are *insulted and humiliated* and among them, 1.6 per cent *seldom* faces the same. Then there are also some children who *often* face this kind of abuse. Both cases are only found among the boys (3.1% each). There are no cases of sexual abuse reported by the children.

1.2 Services and Resources for children

This section also discusses the needs in relations to physical, educational, recreational and emotional aspects and elaborates on other services provided and available for children.

5.3.1 Needs of children

This section also includes satisfaction with quality, quantity and range in food consumed; physical needs (food, clothing and shelter and health), educational needs, recreational needs and emotional needs. It also elaborates on who are the key providers to fulfill the needs of children in institutions.

Table 52: Perceived Satisfaction of Quantity, Quality and Range of Food Consumed

Sl. No	Characteristics and Perceived Satisfaction	Gender		Total N= 62
		Boys n = 32	Girls n = 30	
I	**Quantity of food intake per day**			
	Very Satisfied	16 (50.0)	17 (56.7)	33 (53.2)
	Satisfied	15 (46.9)	11 (36.7)	26 (41.9)
	Don't Know	0 (0.0)	2 (6.7)	2 (3.2)
	Dissatisfied	1 (3.1)	0 (0.0)	1 (1.6)
II	**Quality of food consumed**			
	Satisfied	17 (53.1)	19 (63.3)	36 (58.1)
	Very Satisfied	8 (25.0)	7 (23.3)	15 (24.2)
	Dissatisfied	7 (21.9)	0 (0.0)	7 (11.3)
	Don't Know	0 (0.0)	4 (13.3)	4 (6.5)
III	**Range of food items consumed**			
	Satisfied	12 (37.5)	10 (33.3)	22 (35.5)
	Dissatisfied	8 (25.0)	5 (16.7)	13 (21.0)
	Very Satisfied	4 (12.5)	8 (26.7)	12 (19.4)
	Don't Know	2 (6.3)	7 (23.3)	9 (14.5)
	Very Dissatisfied	6 (18.8)	0 (0.0)	6 (9.7)

Source: Computed Figures in parentheses are percentages

Table 52 shows the satisfaction level of children about *the quantity, quality and range of food intake in the institution*. Table 52 (I) shows the satisfaction level of children about their *quantity of food intake per day*. In this table we find that 53.2 per cent are *very satisfied*. Those who are *satisfied* constitute 41.9 per cent of the children out of which there are more boys (46.9%) than girls (36.7%). Children who *do not*

know about their satisfaction constitute 3.2 per cent and this is found only among the girls (6.7%). Then those who are *dissatisfied* constitute 1.6 per cent and this is found only among the boys (3.1%).

Table 52 (II) shows the satisfaction levels of children about the *quality of the food* they consume. The table shows that 58.1 per cent of the children are *satisfied* with the quality of the food they consume of which 63.3 per cent are girls and 53.1 per cent are boys. This is followed by 24.2 per cent of the children who are *very satisfied*. The number of children who are *dissatisfied* constitutes 11.3 per cent and this is found only among the boys (21.9%). Those *who do not know* about their satisfaction constitute 6.5 per cent of the children and this is found only among the girls (13.3%).

Table 52 (III) shows the satisfaction level of children about *the range of food items* they consume. The table shows that 35.5 per cent of the children are *satisfied*. Children who are *dissatisfied* constitute 21 per cent and there are more among the boys than among the girls. This is followed by those who are *very satisfied* which constitute 19.4 per cent and there are more girls than boys. There are those *who do know* their satisfaction level which constitute 14.5 per cent and we find this more among the girls than among the boys. Then this is followed by those who are *very dissatisfied* which constitute 9.7 per cent of the children and this is found only among the boys (18.8%).

Table 53: Physical Needs

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Provision of Food, Clothing and Shelter**	31 (96.9)	27 (90.0)	58 (93.5)
II	**Provider**			
	Home Worker	8 (25.0)	13 (43.3)	21 (33.9)
	Home mother and father	10 (31.0)	11 (36.7)	21 (33.9)
	God	6 (18.8)	0 (0.0)	6 (9.7)

	Visitors/Philanthropists	2 (6.3)	1 (3.3)	3 (4.8)
	Mother	0 (0.0)	1 (3.3)	1 (1.6)
III	**Provision of Health Needs**	28 (87.5)	23 (76.7)	51 (82.3)
IV	**Provider**			
	Home Worker	12 (37.5)	14 (46.7)	26 41.9)
	Don't Know	8 (25.0)	7 (23.3)	15 (24.5)
	Home mother and father	4 (12.5)	7 (23.3)	11 (17.7)
	God	5 (15.6)	0 (0.0)	5 (8.1)
	Doctor/Nurse	2 (6.3)	1 (3.3)	3 (4.8)
	Visitors/Philanthropists	1 (3.1)	1 (3.3)	2 (3.2)

Source: Computed Figures in parentheses are percentages

Table 53 shows the physical needs of children and discusses who fulfills these needs for them. Table 53 (I) shows that provisions of *food, clothing and shelter* of children are provided to 93.5 per cent of the children.

Table 53 (II) shows the providers of food, clothing and shelter of children. From the table we find that 33.9 per cent of the children needs are provided by *the home workers*. There are more girls than boys who are provided this care. Then the same numbers of children (33.9%) are provided this care by the *home mothers/fathers*. Then there are those children who feel that these needs are provided by God and this constitutes 9.7 per cent and this is found only among the boys (18.8%). Further those children whose needs are provided by *visitors/philanthropists* constitute 4.8 per cent and there are more boys than girls who claim this. Lastly, this is followed by children whose *biological mothers* provide care to them and this is found only among girls (3.3%).

Table 53 (III) shows that health needs of children are provided to 82.3 per cent of the children. Table 53 (IV) shows the providers of *the health needs* of children. From the table, we find that 41.9 per cent of the children's health needs are provided

by the *home workers* and 46.7 per cent are girls and 37.5 are boys. This is followed by 24.5 per cent of children *who do not know* the providers of their health needs .Then there are those whose needs are provided by the *home mother/father* and they constitutes 17.7 per cent of the children . We find more girls than boys being provided this care by the *home mother/father*. Further those children whose needs are perceived to provided by *God c*onstitute 8.1 per and this is found only among the boys (15.6%). Then, this is followed by those children whose needs are provided by *doctor/nurse* which constitute 4.8 per cent of the children. There are more girls than boys in this case. Lastly, children whose health needs are provided by *visitors/philanthropists* constitute 3.2 per cent and distribution is even for boys and girls.

Table 54: Educational and Recreational Needs

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Provision of Educational Needs**	31 (96.9)	23 (76.7)	54 (87.1)
II	**Provider**			
	Home Worker	7 (21.9)	10 (33.3)	17 (27.4)
	Teacher	8 (25.0)	7 (23.3)	15 (24.2)
	Don't Know	7 (21.9)	7 (23.3)	14 (22.6)
	Home mother and father	2 (6.2)	6 (20.0)	8 (12.9)
	God	5 (15.6)	0 (0.0)	5 (8.1)
	Visitors/Philanthropists	2 (6.3)	0 (0.0)	2 (3.2)
	Mother	1 (3.1)	0 (0.0)	1 (1.6)
III	**Provision Recreational Needs**	25 (78.1)	20 (66.7)	45 (72.6)
IV	**Provider**			
	Don't Know	13 (40.6)	10 (33.3)	23 (37.1)

	Home Worker	7 (21.9)	13 (43.3)	20 (32.3)
	Home mother and father	4 (12.5)	6 (20.0)	10 (16.2)
	God	5 (15.6)	0 (0.0)	5 (8.1)
	Visitors/Philanthropists	1 (3.1)	1 (3.3)	2 (3.2)
	Teacher	1 (3.1)	0 (0.0)	1 (1.6)
	Counselor	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 54 shows whether provisions of educational and recreational needs of children are provided and who the providers are. Table 54 (I) shows that provisions of educational needs of children are provided to 87.1 per cent of the children and 96.9 per cent are boys and 76.7 per cent are girls. Table 54 (II) shows the care providers of educational needs of children. We see that from the table 27.4 per cent of the needs are provided by the *home workers* and more girls are provided this care than that of boys. This is followed by 24.2 per cent of children whose needs are the *teachers*. Then there are those who *do not know* who provides care for their needs and this constitute 22.6 per cent and the distribution is even for both the boys and girls. Further those children whose needs are provided by the *home mother/father* constitute 12.9 per cent out and more girls are again provided this care than boys by the same. Then this is followed by those children who perceive their educational needs to be provided by *God* and they constitute 8.1 per cent and this is found only among boys (15.6%). Further, the children who receive care from *visitors/ philanthropists* constitute 3.2 per cent and this is found only among boys (6.8%). Lastly, children whose *biological mothers* provide this care constitute 1.6 per cent and this is found only among the boys (3.1%).

Table 54 (III) shows that recreational needs of children are provided to 72.6 per cent of the children. Table 54 (IV) shows the care providers of the recreational needs of children. From the table we find that 37.1 per cent of the children *do not know* who provides for their recreational needs .Then 32.3 per cent of the children are provided this care by the *home workers* and we find that this care is provided to more

girls than boys. Then there are those whose needs are provided by the *home mother/father* and they constitute 16.2 per cent and 20 per cent are girls and 12.5 per cent are boys. This is followed by 8.1 per cent of children whose needs are perceived to be provided *God* and this is found only among the boys (15.6%).Further those children whose needs are provided by *visitors/philanthropists* constitute 3.2 per cent and the distribution is even for both boys and girls. Then, the rest of the children needs are provided by teachers and counselors and this is found only among boys.

Table 55: Emotional Needs

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Provision of Emotional Needs**	28 (87.5)	22 (73.3)	50 (80.6)
II	**Provider**			
	Home Worker	10 (31.3)	12 (40.0)	22 (35.5)
	Don't Know	10 (31.3)	8 (26.7)	18 (29.0)
	Home mother and father	4 (12.5)	7 (23.3)	11 (17.7)
	God	5 (15.6)	0 (0.0)	5 (8.1)
	Peers	1 (3.1)	3 (10.0)	4 (6.5)
	Mother	1 (3.1)	0 (0.0)	1 (1.6)
	Teacher	1 (3.1)	0 (0.0)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 55 shows whether provisions of emotional needs of children are provided and who the providers are. Table 55 (I) shows that provisions of *emotional needs* of children are provided to 80.6 per cent of the children.

Table 55 (II) shows the care providers of emotional needs of children. From the table we find that 35.5 per cent of the children's emotional needs are provided by the *home workers* which include 40 per cent of girls and 31.1 per cent of boys. Then there are those children *who do know* the provider of this need and they constitute 29

per cent. Further 17.7 per cent of the needs are provided by the *home mother/father* and there are more girls than boys who are provided this care. This is followed by 8.1 per cent of children whose needs are perceived to be provided *God* and this is found only among boys (15.6%). Then, those children whose needs are provided by their *peers* constitute 6.5 per cent and 10 per cent are girls and 3.1 per cent are boys. Lastly care is also provided by the *biological mothers and teachers* of the children and this is found only among the boys.

5.3.2 Educational services

During the research process, it was observed that only two homes of the sampled institutions provided and managed their own educational institutions. The children from the remaining institutions had access to schools within the communities they are located in. This section will highlight some aspects of services in relation to educational services for children in the institutions.

Table 56: School Going Children, Infrastructure and Facilities in Schools

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Going to School**	32 (100)	29 (96.7)	61 (98.4)
II	**Perceived Educational Performance**			
	Good	14 (43.8)	18 (60.0)	32 (51.6)
	Very Good	14 (43.8)	5 (16.7)	19 (30.6)
	Poor	2 (6.3)	3 (10.0)	5 (8.1)
	Don't Know	2 (6.3)	3 (10.0)	5 (8.1)
III	**School is well equipped**			
	Strongly Agree	17 (53.1)	15 (50.0)	32 (51.6)
	Agree	15 (46.9)	12 (40.0)	27 (43.5)
	Disagree	0 (0.0)	1 (3.3)	1 (1.6)
	Strongly Disagree	0 (0.0)	1 (3.3)	1 (1.6)

IV	**School Result is Good**			
	Strongly Agree	17 (53.1)	18 (60.0)	35 (56.5)
	Agree	13 (40.6)	11 (36.7)	24 (38.7)
	Disagree	2 (6.3)	1 (3.3)	3 (4.8)

Source: Computed Figures in parentheses are percentages

Table 56 shows the number of children going to school, their perceived educational performance, school equipments and their school result. In Table 56 (I) we see that almost all the children goes to school except for one who is differently abled.

Table 56 (II) shows that 51.6 per cent of the children perceive their educational performance to be *good* where more girls (60%) than boys (43.8%) perceive their educational performance to be good. The numbers of children who perceive their educational performance to be *very good* constitute 30.6 per cent out of which 43.8 per cent are boys and 16.7 per cent are girls. Children who perceive their educational performance to be *poor* constitute 8.1 per cent of the sample. The number of children who *do not have* any perception constitutes 8.1 per cent.

Table 56 (III) shows that 51.6 per cent of the children *strongly agr*ee that their schools are well equipped. The numbers of children who *agree* constitute 43.5 per cent of the children where more boys (46.9%) than girls (40%) agree to this. There are only 1.6 per cent of children who *disagree* to their school being well equipped and this is found only among the girls (3.3%). Lastly there are those children who *strongly disagree* and they constitute 1.6 per cent and this is also found only among the girls (3.3%).

From Table 56 (IV) we find that 56.5 per cent of the children *strongly agree* that their schools have good results. There are more girls (60%) who strongly agree to this than boys (53.1%). The number of children who *agree* to this constitutes 38.7 per cent. Then, 4.8 per cent of the children *disagree* that their schools have good results out of which 6.3 per cent are boys and 3.3 per cent are girls.

Table 57: Adequacy of Teachers, Quality of Teaching and Relationship with Teachers in School

Sl. No	Characteristics	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
I	**Teachers are Adequate**			
	Strongly Agree	14 (43.8)	12 (40.0)	26 (41.9)
	Agree	13 (40.6)	9 (30.0)	22 (35.5)
	Strongly Disagree	4 (12.5)	3 (10.0)	7 (11.3)
	Disagree	1 (3.1)	5 (16.7)	6 (9.7)
II	**Quality of Teaching is good**			
	Strongly Agree	21 (65.6)	18 (60.0)	39 (62.9)
	Agree	9 (28.1)	9 (30.0)	18 (29.0)
	Disagree	2 (6.3)	2 (6.7)	2 (6.5)
III	**Teacher-Student Relationship is Good**			
	Strongly Agree	20 (62.5)	15 (50.0)	35 (56.5)
	Agree	12 (37.5)	13 (43.3)	25 (40.3)
	Disagree	0 (0.0)	1 (3.3)	1 (1.6)

Source: Computed Figures in parentheses are percentages

Table 57 shows the adequacy of teachers, quality of teaching and relationship of children with teachers in the educational institutions. From Table 57 (I) we find that 41.9 per cent of the children *strongly agree* to the adequacy of teachers being adequate. The number of children who *agree* to the same constitutes 35.5 per cent out of which there are more boys (40.6%) than girls (30%).Then this is followed by children who *strongly disagree* which constitute 11.3 per cent. Lastly, the number of children who *disagree* to their teachers being adequate constitutes 9.7 per cent and there are more girls who disagree to this than boys.

Table 57 (II) shows that 62.9 per cent of the children *strongly agree* to the quality of teaching as being good out of which there are more boys (65.6%) than girls

(60%). Then those children who *agree* to this constitute 29 per cent out of which there are more girls (30%) than boys (28.1%). And the numbers of children who *disagree* to the quality of teaching as being good constitute 6.5 percent out of which the distribution for both boys and girls is even.

Table 57 (III) shows that 56.5 per cent of the children *strongly agree* to teacher-student relationship as being good out of which there are more boys (62.5%) than girls (50%). Children who *agree* to this constitute 40.3 per cent and we find that there are more girls (43.3%) than boys (37.5%). The numbers of children who *disagree* to this constitute 1.6 per cent and this is found only among the girls (3.3%).

5.3.3 Recreational Facilities and Services

Table 58: Availability of Recreational Facilities and Services

Sl. No	Facilities and Services	Gender		Total N = 62
		Boys n = 32	Girls n = 30	
1	Film/Television facility	29 (90.6)	26 (86.7)	55 (88.7)
2	Playground	28 (87.5)	26 (86.7)	54 (87.1)
3	Sport tournaments	28 (87.5)	25 (83.3)	53 (85.5)
4	Volleyball court	22 (68.8)	21 (70.0)	43 (69.4)
5	Table tennis	18 (56.3)	18 (60.0)	36 (58.1)
6	Travel and Trips	20 (62.5)	15 (50.0)	35 (56.5)
7	Music instruments	18 (56.3)	15 (50.0)	33 (53.2)
8	Judo Club	9 (28.1)	11 (36.7)	20 (32.3)
9	Picnics	9 (28.1)	6 (20.0)	15 (24.2)
10	Carom Board	8 (25.0)	5 (16.7)	13 (21.0)
11	Football field	5 (15.6)	3 (10.0)	8 (12.9)
12	Badminton court	2 (6.3)	3 (10.0)	5 (8.1)

Source: Computed Figures in parentheses are percentages

Table 58 shows the *recreational facilities and services* available for children in the institution. The table shows that *Film/Television facility* is available to 88.7 per cent of the children More boys than girls avail this facility. Then *playground* is available to 87.1 per cent of the children. This is followed by *Sports tournaments* which are conducted for 85.5 per cent of the children. *Volleyball court* is available to 69.4 per cent of the children. This is followed by *Table tennis* which is available to 58.1 per cent of the children. There are more girls than boys who avail this facility. Then, 56.5 per cent of the children go for *travel and trips*. More boys and girls avail this programme. Further, *music instruments* are available for 53.2 per cent. *Judo club* is also available to 32.3 per cent of the children and there are more girls than boys who belong to this club. Then 24.2 per cent of the children go for *picnics* and more boys than girls avail this programme. Then, equipments like *carom board* is available to 50 per cent of the children out of which there are boys (59.6%) than girls (40%). *Football field* is available for 12.9 per cent of the children. Lastly, *Badminton court* is available to 8.1 per cent of the children.

CHAPTER VI

CONCLUSION AND SUGGESTIONS

This chapter summarizes the study and presents a discussion of its major findings. These are presented to facilitate comparison across the community and institutional settings. In the light of these findings suggestions that emanate from the study are highlighted to impact policy making and direct services as well as create awareness of children in need of care and protection in Mizoram from a social work perspective.

Children in need of care and Protection according to the Juvenile Justice (Care and Protection of Children) Act, 2000 has clearly defined which children are in need of care and protection in Section 2 (d) and (k) of the Act. It States that a child in need of care and protection is one who has not completed 18 years of age and one who is found without any home or settled place or abode and without any ostensible means of subsistence; who resides with a person (whether a guardian of the child or not) and such person has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out or has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; who is mentally or physically challenged or ill children or children suffering from terminal diseases or incurable diseases having no one to support or look after; who has a parent or guardian and such parent or guardian is unfit or incapacitated to exercise control over the child; who does not have parent and no one is willing to take care of or whose parents have abandoned him or who is missing and run away child and whose parents cannot be found after reasonable inquiry; who is being or is likely to be grossly abused, tortured or exploited for the purpose of sexual abuse or illegal acts; who is found vulnerable and is likely to be inducted into drug abuse or trafficking; who is being or is likely to be abused for unconscionable gains and ; who is victim of any armed conflict, civil commotion or natural calamity.'

The study entitled 'Children in Need of Care and Protection' seeks to understand the challenges faced by *children in need of care and protection i*n Mizoram. It attempts to profile the children, explore their present situations and unedrsatnd the level of services and resources available for them in reducing their vulnerability in Mizo society.

Children in Mizoram constitute almost 40 per cent of the population. Their all round development is a pre-requisite of a bright and sustainable future. However, inspite of international and national efforts to promote their welfare, children in Mizoram are subjected to various kinds of abuse and neglect which increases their vulnerability thereby putting them in a situation where they are *in need of care and protection*. Although much of the abuse remains behind closed doors, its prevalence has opened windows for researchers and professionals to look into the dynamics of child abuse in Mizoram. Besides this, the pro-active roles played by a few sections of civil society to promote child's rights in Mizoram have put children's vulnerabilities on the pedestal of social and political interest. Though, there is a long road ahead to increase awareness on child protection, the findings from this study will help propel key persons, to have not only the political will but also the social will to protect children from the various actions and inactions of individuals that increases their vulnerability.

The objective of the study is to profile children in need of care and protection in Mizoram. It will also highlight the present situation of the children in regards to their psycho-social aspects and see whether enough support is available in society to cater to the needs of children.

The study was exploratory in nature. The children were categorized as *children in need of care and protection in communities and children in need of care and protection in institutions (Children's Homes)*. A multi stage sampling procedure was employed. *The study covered six districts out of eight districts in Mizoram.* Out of these districts, five communities and five institutions were selected. A total of 174 children formed the sample out of which *112 children were from the communities and 62 from the institutions*. Children between the ages of 11 – 18 years were interviewed. Both qualitative and quantitative approaches were used to collect the data. In-depth interviews were also conducted to augment data related to situational analysis of children and these are presented as case vignettes.

6.1 Findings

Sl.No	Children in Communities	Children in Institutions
1.	The mean age of boys was 15 years and girls was 14 years	The mean age of boys was 14 years and girls was13 years.
2.	The study found two cases of child marriage. This was found only among the girls.	No cases of child marriage found.
3.	Almost all of the children were Christians. However, the children belonging to the Local Church Denominations were more than the predominant ones.	Similarly, like children in the communities most of the children in institutions belong to the Local Church Denominations.
4.	Almost half of the children were from the Lusei sub-tribe.	A majority of the children were from the Lusei sub-tribe.
5.	A majority of the children were from a Nuclear Family. Half of the children's parents were married while almost half of them had parents who were poor. A quarter of the children had one parent who had died. A fifth of the children had parents who were married while a tenth of the children had single parents. More than a tenth of the children had parents (fathers) who abuse substances (alcohol). There were also those children who were abandoned by either of their parents. A majority of the children had family members who consume tobacco. More than a third of the children had family members who drink alcohol.	Less than half of the children's parents were divorced and poor while a third of the children's parents were remarried. A third of the children had one parent who had died. More than a quarter of the children have parents who were substance abusers (alcohol). A significant number of children were abandoned by their parents. There were parents who were also terminally ill, chronically ill, mentally ill and differently abled. More than half of the children were not visited by their parents or relatives. Among those who were visited, more boys were visited by their family than girls. Though half of the children believe that they will be restored, more than a third of the children did not believe that they will

		be restored by their parents. More boys had been admitted into an institution at an earlier age as compared to girls. Among those who know the reason for admission into the institution, the highest number had been admitted because of divorce, death of parents and poverty. There were children who were admitted because they were abandoned by their parents.
6.	A majority of the children's parents were farmers and daily labourers. There were more boys who had fathers working as farmers while there were more girls who had mothers working as a daily labourer. A significant number of children did not know the occupational status of their parents. Half of the children came from BPL families. There were more boys than girls who came from BPL families. A majority of the children did not know their family income. Among those who do, a majority of them comes from families that earn between Rs. 1000/--Rs. 5000/- per month. There were more girls than boys who fall in this category.	All Children in the homes are given the BPL Category.
7.	One third of the children did not know the educational level of their parents. There were more girls	Not applicable for children in the Institution

	whose parents were better educated than boys.	
8.	More than a tenth of the children were drop-outs. There were more children who dropped out at the primary level. The reasons for dropping out include poverty, family problems, lack of interest and health problems.	All children in the institution except for one who was differently abled were school going.
9.	Fever, cold and cough were more common for an overwhelming majority of the children while about two-thirds of the children have had diarrhea. Treatment seeking across these health problems indicate that buying medicines from medical stores followed by consultation of doctors and homemade medicines were all common. A very small number visit government health facilities. The scale of perceived health status among the children was low. In regard to the health services, similarly as the level of health care seeking increases, availability, accessibility and adequacy decreases.	Fever was more common for an overwhelmingly majority of the children. More than two thirds of the children have had suffered from cold and cough and diarrhea at one or more point of time. Similarly, treatments across these health problems indicate that medical stores purchases followed by consultation of doctors and then by using homemade medicines were all common. There were also some children who utilize government facilities. The perceived health status for most of the children was high however more than a tenth of the children perceive their health to be poor.
10.	More than half of the children had reported loneliness at some point of time. Loneliness was more associated with girls than boys. Interestingly, more than a quarter of the children did not have any	Similarly, more than half of the children had felt lonely at one or more point of time and more than a quarter of the children had no reasons for their loneliness. Among those who had, family problems were found to be the

	reasons for feeling lonely. Among those who had, the reasons include family problems, not having friends, financial problems, problems in studies and having problems with friends. More than a quarter of the children had no coping strategy. Among those who had, recreational outlets like watching TV, discussing with friends, singing or listening to music, reading books and playing outdoors were among the positive coping strategy while some children reported sleeping 'it out' and smoking as coping strategies which may be considered as negative.	main reason. There were some children who felt lonely because of financial problems. Among those who felt lonely, more than a quarter of them had no coping strategy. A few of them played, discuss with friends and *slept it out*. There were more boys who felt lonely than girls.
11.	Half of the children reported sadness at one time or the other. There were more girls than boys who had reported sadness. The reasons for sadness were the same as cited above in the reasons for loneliness. More than a quarter of the children had no coping strategy and in this case there were more girls than boys	Less than half of the children reported feeling sad at one point of time or the other. Among those who reported this, a majority of them had no reasons for feeling sad. Other main reasons also included family problems and financial problems. Among those who felt lonely, a majority of them had no coping strategy. Discussing with friends and sleeping 'it out' seem to be the consistent coping strategy for sadness.
12.	More than a third of the children have had a feeling of anxiety at one time or the other. The reasons were also found to be similar as the ones	Similarly, more than a third of the children felt anxious at one or more point of a time. There were more boys than girls who felt this. Similarly,

	found in loneliness and sadness but include disability as a reason for anxiety. Similarly coping strategy is lacking and only girls use coping strategy by discussing with friend. There were more girls who feels anxious.	among those who felt anxious, a majority of them had no reasons, followed by problem with friends and family problem. More children again had no coping strategy and among those who had discussing with friends and sleeping 'it out' were the main strategy. There were more boys who feel anxious than girls.
13.	A majority of the children had experienced anger at one time or the other.The reasons for anger include relationship problems, family and financial problem. More than a third of the children had no coping strategy. Coping strategy when faced with this problem include discussing with friends, watching TV, playing, sleeping etc. There were more girls than boys who experience anger	Similarly, a majority of the children had feelings of anger at one or more point of time because of relationship problems with friends, financial problems, problems in studies and problems in their family. And among those who felt angry, a majority of them had no coping strategy. Among those who had, sleeping 'it out', watching TV, singing, playing or listening to musical instruments, playing outdoors and reading books were the main strategies. There were a few who discuss with their peers. Here, there were more boys than girls who feel angry.
14.	There were also less than a tenth of the children who reported suicidal ideation at one time or the other. The major reasons include family problems and financial problem. Discussing with friends and singing, playing or listening to music were the main coping	There were no children who reported suicidal ideation.

	strategies for this problem. There were more girls than boys who had suicidal ideation.	
15.	More than a third of the children had problems with self which include problems like health, studies and emotions. The most supportive and the least supportive were from within the families and mothers were considered to be most supportive while siblings are considered to be the least supportive	More than a third of the children had problem with self at one point or the other. Their problems included emotional and health problems. The most supportive persons to cope with these problems were peers followed by the home workers. There were more boys than girls who had problem with self.
16.	Almost a fifth of the children faced problem within their families. The problems include health, poverty and fighting/quarreling. The most and the least supportive remained within the family members themselves. There were more girls who had problems with their family.	Similarly, almost a fifth of the children had problem in their families. Health problems and poverty were found to be the main problem. The most supportive persons were confined within the family. Unlike the community, there were more boys who had problems with their family.
17.	There were also some children who faced problems with peers and these problems are handled best by other peers.	Less than a tenth of the children had problems with friends because of fighting/quarreling. The most supportive persons were the home fathers and mothers
18.	Problems in schools are also faced by several children and the problems were associated with problems in studies. Teachers are found to be most supportive in this case. There were more boys who	Almost a fifth of the children had problems in school because of studies. Teachers were found to be the most supportive for this case. There were more girls than boys who had problems in school.

	had problems in schools.	
19.	There are some children who faced problems in their neighbourhood and their problems included health and being ridiculed. These problems were found to be handled best by the neighbours. There were only girls who had this problem.	No children in the institution reported problems with their neighbours.
20.	Information on abuse experienced was sought and the frequency of abuse was rated as never, seldom, often and always. Physical abuse which included getting beaten, received severe beating, made to go hungry as punishment and doing extra work were more common than emotional abuse which were reported by the children which include being threatened, being scolded, deprived of leisure time, often made fun or ridiculed and insulted and humiliated. Sexual intercourse was found only with the girls who were married. There were cases of sexual abuse reported by the children as evident from the case vignettes. There were more boys than girls who were abused. Overall, there were more boys who were abused than girls. However, the nature of physical and emotional abuse was found to occur as disciplinary measures to control	In regard to experience of abuse, emotional abuse was found to be more common than physical abuse. However, in both cases more than half of the children had experienced both emotional and physical abuse. There were no cases of sexual abuse reported by the children. The dynamics of abuse was found to be similar with that of children in the communities.

	the children and the tolerance to such kind of abuse was also found to be high because the children themselves accept that it was their fault that such kind of abuses take place. Nevertheless, it affected their mental health. The place of abuse occurred mainly in their homes and schools and the abusers were mainly the parents, relatives and teachers.	
21.	The scale of satisfaction of the children in the quantity of food intake was high. However, the scale went down when quality is concerned and it goes further down when the range of food intake was concerned.	Level of satisfaction in relation to the quantity and quality of food consumed is higher than the level of satisfaction in relation to the range of food consumed in the institutions.
22.	A majority of the children had their physical needs, educational needs, recreation needs and emotional needs met and the providers of these needs are concentrated within the family members specifically the parents. However, we also find that a large number of children were not provided these needs.	Similarly, a majority of the children were provided their physical, educational, recreational and emotional needs. However, there were a significant number of children whose needs were not being fulfilled. Home workers, home mothers and fathers and teachers were the main providers of these needs. More boys than girls had their needs provided.
23.	As the level of educational service goes up, availability, accessibility and adequacy decrease. However, the availability, accessibility and adequacy was better in Government	Only two institutions had their own schools which were sponsored by both government and private enterprises. For the institutions that had schools, the children availed them. For those who

	institutions than the private ones. The perceived rate of educational performance and the quality and quantity of infrastructure and facilities of the schools is high among the children.	did not have schools, the children availed the schools in the community the institution is located in. The perceived educational performance by the children is high. Similarly the results and equipments of the schools are perceived to be high. The adequacy of teachers, the quality of teaching and relationship with teachers is also perceived to be high.
24.	A fifth of the children have leisure time between 4-6 hours a day. More girls than boys have no leisure time. A majority of the children engaged themselves in recreational activities such as reading books, Watching TV, socializing, playing games and sleeping.	More than two-thirds of the children had leisure time between 1-3 hours only and more than a tenth of the children had no free time. Leisure time activities of the children included watching TV, socializing, reading books, sleeping and playing games.
25.	Though recreational facilities and services were available, there were a large number of children who could not avail the facilities and services.	Although, there were recreational faculties and services available, there were a larger number of children in the institution than the communities who could not avail the facilities and services.

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6.2 Suggestions

- Social response has to be strengthened to reduce marital breakdown and substance abuse that increases the vulnerabilities of children. The functional aspects of customary laws in traditional Mizo society has to be strengthened and improved again to increase the sanction of behaviours that lead to child abuse. Further, legislative laws that protects child's rights have to reach the

grassroots level especially among vulnerable families affected by poverty. Here, law professionals have to be aware about children's rights and take initiatives in reducing the vulnerabilities of children. Social obligation towards protection of child's rights can be strengthened by empowering the children as well as the social organizations such as the YMA, the MHIP, the Churches and other local grassroots organizations that exist within the communities in Mizoram. Specifically, it is suggested that apart from government efforts, civil society organizations may sponsor or provide a *place of safety* within their communities for children in need of care and protection to reduce institutionalization and vulnerabilities of children in communities. This can be done by using the *neighbourhood model* of intervention which is followed informally in Mizo society. Moreover, members of the community must act as *ombudsman* and not act *ostrich* to any events that they experience in their community which leads to child abuse. Further grassroots organizations can also act as monitoring cell and if such cases of abuse arise, they must intervene and report it to the authorities concerned. Lastly but not the least, Children's clubs or organizations may be established to train children and adults about civil citizenship. It is suggested that the children themselves organize these clubs so that participation is ensured.

- Institutions (Children's Home) may be more child-centric in their view. Though philanthropy as a result of religion is the main base behind the establishment of most of the Homes, spiritual development is not necessarily ensured for most children. Therefore, professionalism may be infused among the workers of the institutions to understand the sensitivity of institutionalization and the effects it may have on the child to ensure that child friendly standards and environment are maintained. Institutions may be made to have more referral services which will ultimately place children in families. This can be done through proper networking with the communities and the relatives of the children with quality social investigation and home visits. It is also suggested that all *the institutions should have qualified and professional social workers and counselors to* cater to the psycho-social aspects of children in the institutions. The departments concerned that cater to child protection must take initiatives and lobby with authorities of the institutions for these

suggestions to be implemented. Besides this, civil society may also act as pressure groups against any activities that may be detrimental for the children's development. Lastly, laws in relations to institutionalization must be adhered to and penalty given as per law if one deviates from it. This is the responsibility of the government departments concerned. Machineries of child protection may also be strengthened to promote re-integration and restoration and propel the services of sponsorships, adoptions, foster care and after care services for children in need of care and protection in institutions.

- Health care services and facilities need to be improved and introduced, if absent, for both children in communities and institutions with sensitivity of recognizing the dynamics related to children in need of care and protection. These services should be extended to parents to reduce morbidity and mortality which will ensure or prolong the lives of parents of children in need of care and protection. The present National Rural Health Mission can be utilized to strengthen the health services of children in need of care and protection. The ASHAS working under the mission should also be sensitized about child's rights and protection and should be made to act as alternative monitors for cases of abuses in communities and the children's homes. This can be done through a dialogue between the Health Department and the Social Welfare Department so as to come up with a collaborative approach in reducing the vulnerabilities of children in need of care and protection in Mizoram. Any other authorities and personnel of health schemes for children that exist should also be sensitized about the situations of children in need of care and protection to ensure that facilities and services do reach the children and the families.
- Further, there should also be a collaborative effort made across departments in relations to educational services and facilities in Mizoram. Though, perceptions of children regarding the educational services are at the higher level, it must also be remembered that expectations of children in need of care and protection because of their vulnerability is low. Therefore, 'taking it for granted' is not a solution. Rather, schools may be sensitized to cater, nurture and protect children to encourage maximum potential for growth. School Social Work intervention is suggested and if this is not possible, teachers may be trained in child protection and look into the issues relating to children in need of care and

protection. They can monitor school children who are more vulnerable to abuse and intervene accordingly. It is hoped that these interventions will reduce drop-outs. Moreover, parents-teachers associations should be established for the interest of children and such association can look into the issues that place children at *risk.* The Education Department should facilitate for such interventions and work in collaborations with other departments to ensure safety to the child and promote child's rights. Besides this, the services of education at the higher level must be extended. If this is not possible, it is also suggested that open schoolings and correspondence education cell be established in each communities or a club of communities to cater to children in need of care and protection.

- Poverty Alleviation Programmes or employment generation programmes should consider consequences of poverty on children and suitable measures to reduce their vulnerability need to be undertaken. Here, the departments concerned should also work in collaboration with other departments that cater to the services of children in different areas. Grassroots organizations may also be mobilized to identify families that severely affects children's development because of poverty and unemployment which ultimately increases scope for child abuse. Children's club, if established, can also act as pressure groups in policy formation and implementation so that such are proposed taking in view the affects it can have on children or whether such proposal do actually increase children's vulnerability. If children in need of care and protection become a criteria of selection of beneficiaries, this will change the attitude of adults towards their children and reduce the prevalence of abuse among vulnerable groups in society.
- Mostly, it was observed that children in need of care and protection have taken their situations and challenges for granted. They are less aware about their vulnerability. To empower them, life skill development programme is urgently required. Here, social organizations such as the church can be used. Schools can also introduce *life skill development* subjects to strengthen the coping capacity of children when faced with problems. The departments concerned should take immediate actions to conduct programmes and develop projects which will ensure active participation of children. This can be initiated through

children's club, children's camps, excursions and other recreations which are educational in nature. There is also a need to develop a gender child sensitive approach in these programmes.

- A comprehensive set of packages of services need to be developed and extended to strengthen parenting skills, relationship skills and life skills to reduce marital break down and child abuse. Adults have become accustomed to the way they live and tolerance to child abuse is high. This is because of the social approval certain kinds of abuse receive so long as discipline or order is maintained. There is, therefore, an urgent need to change the attitude of society at large in relation to child abuse. This can be done by utilizing the present schemes of child protection in Mizoram. *A house to house campaign* is suggested or else social action is also suggested. This can also be done through the method of community work in social work.
- The scope of *social work in reference to children* is wide in Mizoram. There are numerous institutional and non institutional services that exist for children in Mizoram. However, the actual impact these services have remains to be seen. Therefore, the principles and methods of social work are more than applicable to promote child's rights, to understand the dynamics of child abuse and to introduce new models of intervention for children in Mizoram. Social work methods like Case work, Group work and Community work need to be introduced more in the field of children in Mizoram. Social Action as well as Social Welfare Administration are also necessary for pressure and understanding the machineries that are engaged in child protection. Further, Social work research related to physical abuse, emotional abuse, child marriage, consequences of poverty and marital breakdown on children and children of substance abusers are required. A comparative study on different communities and institution is also required to understand the variations on the profile, situation and the services and resources for children in need of care and protection.
- The State Commission for Protection of Child Rights must be established to propel the activities and programmes for empowering children and protecting their rights.

Case Vignettes

Case I

Mami (fictitious name) is a teenage girl of 13 years who lives in a village in Kolasib District. She was abandoned by her father during childhood and lives with her mother. Both her parents had remarried. Her mother earns a living by making and selling illicit local liquor. Both her mother and step father drink liquor.

Her mother was never supportive about her going to school. She use to call Mami home from school and forced her to do household chores and to look after her small half brother. She eventually dropped out from school when she was studying in class 4.

Mami was forced to help her mother in their illicit business. At times when the liquor was lost, her mother would blame her and she would receive severe beatings from her mother. One time her mother broke her arms from her beatings.

Mami's mother drinks liquor every evening and often she returns home at late hours. And when she does come home and finds that Mami had already eaten her supper, she gets angry, and Mami would be made to go hungry as punishment the next morning.

In one incident when her step-father was drunk, he took Mami into the forest, tied her up and sexually abused her. After she went home, she told her cousins about the horrific incident and then eventually, it was reported to the police. At present her step father is behind bars.

Mami is not fond of her mother and calls her *'a very bad person'*. She wants to stay away from her mother and instead wants to live with her biological father. However, for Mami, all her wishes seem impossible because her step mother does not want Mami to stay with them. Sometimes Mami wishes to run away from all this and live in any other home rather than face her everyday ordeal. She wants to continue her studies but her mother does not allow her.

Discussion of case 1

The above case depicts the vulnerability of girl Children which affects opportunities for development (No access to School), Reflects abuse, exploitation and neglect (in terms of physical, sexual and economic exploitation and neglect). The culmination of abuse has resulted from a host of factors including illicit liquour selling and drinking behavior in parents, abandonment by biological father following break up of her parents marriage, consequent remarriage by both parents, vulnerability due to a step parent who was sexually abusive, mother's poor parenting skills and abuse and neglect by her mother. .

Case II

Mapuii (fictitious name) is a 14 year old girl who lives with her parent in a remote District in Mizoram. She has one younger brother. Her father is a teacher and her mother is a daily labourer.

Mapuii's father is an alcoholic and because of this he suffered from mental illness since 2003. Her father does not allow Mapuii and her brother to go school. She dropped out from school while studying in the fourth standard. Later she rejoined school in class 6 and stayed in a hostel. However before the session was over, her father took her out and forced her to drop out again.

Her father physically abuses her mother, her brother and her. He beats and kicks them. He deprives them of recreation and does not even allow his children to go out and play with their friends. At times he locks them away in the room and even threatens to kill them if his commands were not obeyed.

Even if the community people try to intervene, he beats them up. So, there is little anyone can do for Mapuii and her family. Mapuii feels that she has become a victim of her fathers anger and she is filled with fear and anger every time she sees her father. Because of her situation Mapuii wishes to die many times and has often thought of committing suicide. As any young girl would, she has dreams. She wishes to become an air hostess, however under her present circumstances, it is not known

whether she will ever achieve her dream. She does not know if she can ever achieve her dreams.

Discussion of case II

The case illustrated above reflects the vulnerability of a child whose father is mentally ill and who abuses alcohol. Such children, as the case illustrates are witness to domestic violence and experience it themselves. This traumatic childhood makes a young girl experience intense fear and anxiety and since she is unable to even continue school and further as she sees no hope for herself in the future, she harbours suicidal thoughts too.

Case III

Mama (Fictitious name) was born in Manipur but was raised in Mizoram and is a teenager now. He has 3 siblings, one younger sibling, one elder brother and sister. Soon after his younger brother was born, his mother passed away.

His father remarried and soon thereafter, Mama along with his siblings was admitted in a Children's Home.

Mama is a very shy boy and talks very less. He does not remember his parents very well however he remembers his father saying ,(before he was admitted in the children's home) 'I will come and visit you when Christmas comes' but Mama laments , ' He never came and since we left, I have not seen his face'. Mama feels that he will never see his father again.

He is an average student and enjoys good health. However, he feels sad and angry about what has happened to him and his siblings. He suffers from low-self esteem because he has no parents. This has also affected his desire to go to school and socialize among friends.

Discussion of Case III

This case is of a young boy who is institutionalized following the death of his mother and subsequent remarriage of his father. He and his siblings are abandoned even when they have a father who is living. Institutionalization in these circumstances

have lead to sadness, anger and low self-esteem with a realization that his father had given him false hopes and that they will never meet him again. The institution is no substitute for a child who has a living parent and the trauma and lived experiences of such children result in low levels of confidence coupled with mixed emotions.

Case IV

Manuni(Fictitious name) is a girl of 12 years who lived in a small village in Aizawl District. She lived with her grandfather and uncle who supported her with little means they had. She has little clue about the whereabouts of her mother and knows nothing about her father. She knows that her mother is still alive but does not know where she lives.

Over time the grandfather was unable to afford her stay and having no other options, her grandfather decided to place her with relatives who lived in Aizawl so as to ensure better education and care for Manuni.

However, the plight of Manuni worsened. In the beginning, she went to school but soon after she had to *drop- out* because she was forced to do household chores by her new guardians. Not only was she abused emotionally but she was also physically abused and punished by her guardian who she calls *'aunty'.*

Reports of her abuse became evident and the community people could not bear the victimization of Manuni. She was quickly restored by the authorities of the Social Welfare Department to be placed in a Children's Home.

She was very happy about her leaving her guardian. She felt relieved. After intervention, it was found that she was also sexually abused by her maternal uncle while she was living with her grandfather in her village. She hated her uncle and missed her grandfather. She also knows that she had a small sister who was placed in another Children's Home. She misses her sister. She longs for a '*normal' f*amily.

Manuni is a slow learner. She had never attended proper school in her life. So she was admitted in Class 1 to start from the beginning. She quickly cultured into her new life. At present she has good results in her exams and wishes that her grandfather

would quickly take her back home to her village so that she can have a normal life like anyone else her age.

Discussion of Case IV

A young girl is raised without any knowledge of her parents, their whereabouts. The love of a grandfather ensured that she survived and was raised with affection. With the promise of better opportunities she was sent to the' city' however she was emotionally and physically abused until a *kind and caring neighbourhood* complained of her plight and she was sent to an institution . The trauma of a disturbed childhood as a result of sexual abuse, emotional abuse and physical abuse has resulted in Manuni being average in studies, with little hope for her future other than being reunited with her grandfather.

Case V

Dini (Fictitious name) is a girl of 9 years old who lived with her mother and two younger siblings in a small village in Aizawl District. She loved playing with her friend and siblings near her house. Her maternal uncle used to visit them from Aizawl.

One day while she was playing with her friends, her uncle took her to a room. Her uncle held her hand tight. She tried to force herself out of it but was overwhelmed by her uncle's strength. She even tried to shout but her uncle threatened that he will kill her if she shouts. Soon after, she was sexually abused by her uncle. She cried and blamed herself. After all was over, her uncle threatened her with her life and warned her NOT to report it to anyone else. She was petrified.

However, her fears were too much to keep it a secret. She told her mother and grandmother. However, much to her surprise and dismay, they did not believe her and scolded her for saying such *'indecent'things*. Words quickly spread around the neighbourhood about the incident and a leading organization for women reported the case to the police. Her uncle was kept under police custody and jailed.

Dini was quickly placed in a Children's Home for safety by the Child Welfare Committee. After intervention, it was found that Dini has been raped by her uncle on atleast four occasions in the past.

During the process of the court, her mother and grandmother pleaded for release of her uncle **in spite** of his crime. They even blamed Dini stating that the incident has *brought shame* to their family.

Dini fears her uncle so much and is afraid that her uncle will be released by the court. She felt unsafe even with her mother and grandmother for not understanding her pain. She is doing well in her studies and has made good friends in the children's home . But she is anxious about the result of the court's decision.

Discussion of Case V

The case illustrates the culture of silence surrounding incest, the trauma of children who have to bear victimization, guilt and shame even when they are in need of psychological help for sexual abuse and assault. A non- caring and non supportive environment in the family which blames her rather than understand her and support her , her institutionalization as a respite and substitute home and her fear that her uncle on his release will harm her renders this child as a most vulnerable child in need of care and protection .

Analysis of Five cases

The above cases illustrate the extreme vulnerabilities of children in need of care and Protection in Mizoram. Factors that increase vulnerability are poor socio-economic backgrounds, substance abuse in home environments, mental illness in parents, divorce or death of parents, abandonment by parents, remarriage, care by relatives, physical abuse and sexual abuse. Institutionalization offers respite in many cases but the absence of any mental health services like counseling means that children often grow up with mental health consequences of the vulnerabilities described above in the cases. The resultant fear, anxieties, sadness, anger, depression and suicidal ideation of young adolescents is not being addressed by any of the support systems (Primary, secondary or tertiary). Direct implications of these suggest that social work intervention addresses this and works at Prevention and rehabilitation of children in need of care and protection.

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Interview Schedule

Children in Need of Care and Protection in Mizoram

Research Scholar
Mr. Henry Zodinliana Pachuau
Assistant Professor
Department of Social Work
Mizoram University

Research Supervisor
Dr.Kalpana Sarathy
Associate Professor
Department of Social Work
Mizoram University

Schedule Number : ***Date and Time:***

I Profile of Child

1. My Name is (Optional) :
2. I am a : **Boy / Girl**
3. I am :________________ years o
4. My Sub tribe :
5. My Religion/Denomination is :
:
6. The name of my Community/Institution is :

7. Which of the following categories apply to you? Please **Tick(√)** where applicable ***(Only for children in communities)***

Sl. No	Statement	Tick(√)
i	I live in a nuclear family	
ii	I live in a joint family	
iii	I live in an extended family	
iv	I live in a reconstituted family	
v	I live alone	
vi	Any Others **(Specify)**	

8. Which of the following apply to your parents?

Sl.No	Statement	Tick(√)	Remarks
i	My parents are still married		
ii	My parents are not married		
iii	My parents are divorced		
iv	My parents are remarried (Specify who in remarks)		

v	My parent(s) have died (Specify who in remarks)		
vi	My parent(s) have abandoned me (Specify who in remarks)		
vii	My parents suffer from terminal illness(Specify who in remarks)		
viii	My parent(s) are substance abusers(Specify who in remarks)		
ix	My parent(s) are differently abled(Specify who in remarks)		
x	My parent(s) suffer from mental illness(Specify who in remarks)		
xi	My parent(s) are poor		
xii	I have single parent(s) (Specify who in remarks)		
xiii	My parent(s) suffer from chronic illness(Specify who in remarks)		
xiv	My parent(s) are prisoners(Specify who in remarks)		
xv	My parents are refugees		
xvi	Please specify any others (If any)		

9. Admission Particulars ***(Only for children in Institution)***

Sl. No	**Statement**	**Answer**
i	I was admitted in the year	
ii	When I was admitted my age was	
iii	I was admitted in the Home because	
iv	Do I think that my parents will take me back from the home? (Please Tick(√))	**Yes / No/ Don't Know**
v	My parents/relatives use to visit me (Please Tick(√))	**Yes / No/ Don't Know**

10. Which of the following apply to your present situation?

Sl.No	**Statement**	**Tick(√)**	**Remarks**
i	I suffer from terminal illness		
ii	I suffer from Chronic Illness		
iii	I am mentally ill		
iv	I am disabled		
v	I am a refugee		
vi	I am made to do sex work		
vii	I am married		
viii	Please specify if there is any other		

11. Fill the column if you know the following occupational and income characteristics of your parents and family ***(Only for children in communities)***

Sl. No	Statement	Answer
i	My father works as a	
ii	My mother works as a	
iii	The monthly income of my family is	

12. The socio economic category of my family is (Please Tick(√) where applicable) ***(Only for children in communities)***

Sl. No	Category	Tick(√)
i	AAY	
ii	BPL	
iii	APL	
iv	No Category	
v	Do Not Know	

13. Fill the column if you know the following educational level of your parents. ***(Only for children in communities)***

Sl. No	Statement	Answer
i	My father studied till	
ii	My mother studied till	
iii	My mother is illiterate (Please Tick(√) if applicable)	
iv	My father is illiterate (Please Tick(√) if applicable)	

II Education

14 Pattern of school going:

Sl. No	Statement	Answer
i	I go to school (Tick(√) if yes)	
ii	I dropped out from school (Tick(√) if yes)	
iii	If yes, I dropped out when I was studying in	
iv	I dropped out because	

15. Availability, Access, Adequacy of educational Institutions. Please (**Tick √**) where applicable ***(Only for children in communities)***

Sl. No	Institution	Available		Accessible		Adequate	
		Pvt.	**Pub.**	**Pvt.**	**Pub.**	**Pvt.**	**Pub.**
i	Anganwadi/Pre Schools are						
ii	Primary Schools are						
iii	Middle Schools are						

iv	High Schools are						
v	Higher Secondary Schools are						
vi	Others(**Specify)**						

16. My performance in school is: Please Tick(√) where applicable

Very Good	Good	Poor	Very Poor	Do Not Know

17. Perception related to quality of school: Please (**Tick** √) where applicable

Sl.No	**Statements**	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
i	My school is well equipped				
ii	Our school produces good results				
iii	There are enough teachers who teach at my school				
iv	My teachers are very good in teaching				
v	I have a good relationship with my teachers				

III Health and Nutrition

18. Are the following services/facilities available in your Community Please (**Tick** √) where applicable**.** ***(Only for children in Communities)***

Sl. No.	**Service/ Facilities**	**Available**	**Accessible**	**Adequate**	**Quality (Tick √) where applicable**			
					Very Satisfied	**Satisfied**	**Satisfied**	**Very Dissatisfied**
i	Medicine shop is							
ii	Sub-Centre is							
iii	Primary Health Centre is							
iv	Community Health Centre is							
v	Hospital							
vi	Others **(Specify)**							

19. Illness and treatment pattern

Sl. No	Types	Tick(√)	Treatment(Tick √)									
i	I have suffered from Fever		0	1	2	3	4	5	6	7	8	9
ii	I have suffered from Cough and Cold		0	1	2	3	4	5	6	7	8	9
iii	I have suffered Diarrhea		0	1	2	3	4	5	6	7	8	9

Treatment code: 0 No Treatment; 1Consult Doctor; 2Home Remedies; 3Buy Medicine from Store;4 Spiritual Healer; 5Sub Centre/Primary Health Centers; 5 Govt. Hospitals;7Private Hospitals; 8Missionary Hospitals, 9 Any Others **(Specify_________________)**

20. Mental Health Problems:

Sl. No	Problems	Tick(√) if applicable	Perceived reason(PR)	Coping strategy(CS)
i	I feel lonely			
ii	I feel sad			
iii	I feel anxious			
iv	I feel angry			
v	I think about committing suicide			
vi	Any Others **(Specify)**			

Perceived Reasons Codes: 0 No reason; 1 Family Problem; 2 Financial problem; 3 No friend; 4 Problems with friends; 5 Problems in studies; 6 No friends in school; 7 Problems with girlfriend/boyfriend; Any Others **(Specify______________________)**

Coping Strategy Codes : O No Coping Strategy; 1 Discuss with family; 2 Discuss with Friends; 3 Watching Television; 5 Read Books; 6 Sleeping 7 ;Playing outdoors 8 Sing, Play Or Listen To Musical Instruments Music; 9 Smoking; 10 Drinking Alcohol 11 Sniffing glue 12 Taking Drugs 13Any Others **(Specify______________________)**

21. Perception related to food intake: Tick (√) where applicable

Sl. No	Items	Very satisfied	Satisfied	Dissatisfied	Very Dissatisfied
i	Quantity of food intake per day	4	3	2	1
ii	Quality of food consumed	4	3	2	1
iii	Range of food items consumed	4	3	2	1

22.Please rate your perception on your health. Please Tick(√) where apllicable

Very Poor	Poor	Fair	Good	Very Good
1	2	3	4	5

IV Recreation and Leisure Time Activities

23. How many hours of leisure time do you have in a day? __________

24. Leisure Time Activities .Please Tick (√) where applicable

Sl. No	Leisure time activity	Tick
i	I read books	
ii	I watch TV	
iii	I sleep	
iv	I hang out with friends	
v	I play games	
vi	Any other (**Specify**)	

25. Please Tick (√) whether the following Recreational facilities and services are available in your community/home/institutions

Sl. No	Facilities	Available (Tick √)
i	Football Ground	
ii	Play Ground	
iii	Badminton court	
iv	Volleyball court	
v	Table Tennis	
vi	Library	
vii	Carom Board	
viii	Films/Television facility	
ix	Music Intruments	
x	Adventure club	
xi	Picnics	
xii	Sports Tournaments	
xiii	Travel and trips	
xiv	Any Other (Specify)	

III Social support

26. How is Care and Support provided in reference to your needs?

Sl. No	Items	Care provider
i	My Basic Needs are provided by	
ii	My Health Needs are provided by	
iii	My Educational Needs are provided by	
iv	My Recreational Needs are provided by	
v	My Emotional Needs are provided by	

27. Indicate the kind of support given to you when you are faced with problems.

Level at which problems occur	Specific problem	Most supportive person	Least Supportive person
With Self			
In Family			
With Peers			
At School			
In Neighbourhood			
In church			
Others(**Specify**)			

IV Abuse Particulars

28. Does any of the following occur in your family/institution?

Particulars	Tobacco	Alcohol	Illicit Drugs	Adhesives	Others(Specify)
By Whom					

29. Which of the following statements apply in reference to you?

Sl. No	Statements	Frequency (Tick √)			
i	I get beaten	3	2	1	0
ii	My life has been threatened	3	2	1	0
iii	I am made to go hungry as punishment	3	2	1	0
iv	I am given extra work or chores as punishment	3	2	1	0
v	I get scolded regularly	3	2	1	0
vi	I am deprived of leisure time	3	2	1	0
vii	I have received very severe beatings	3	2	1	0
viii	I have been touched/held in a manner that I dislike	3	2	1	0
ix	I have been kissed in a manner that I dislike	3	2	1	0
x	I have had sexual intercourse	3	2	1	0
xi	I am often made fun of or ridiculed	3	2	1	0
xii	I am insulted and humiliated often	3	2	1	0
xiii	If any other (Specify)	3	2	1	0

Frequency: 3 Always; 2 Often; 1 Seldom; 0 Never

Your cooperation in answering the above is deeply valued and will go a long way in helping children have a better place in Mizoram. Thank You.

Henry Zodinliana Pachuau

(In Mizo)

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Associate Professor
Department of Social Work
Mizoram University

Schedule Number : *Hun leh Ni :*

I Naupang Chanchin :

1. Ka Hming chu :
2. Mipa nge Hmeichhia I nih :
3. Ka kum zat chu :
4. Ka hnam hming chu :
5. Ka Kohran/Sakhua chu :
6. Ka Veng/ Children's Home Hming chu :

7. I nihna/dinhmun zawnah a hnuai ah hian thai rawh ***(Khawtlang naupangte tan chauh chan tur ani)***

Sl. No	Dinhmun	Thai (√) rawh	Sawibelhna
i	Min hringtu(te) leh unau diktakte te nen kan cheng ho		
ii	Min hringtu(te) bakah ka pi leh put e nen kan cheng ho		
iii	Mi hringtute leh pi leh put e bakah ka chhungte dang nen kan cheng ho		
iv	Ka pi leh pute emaw ka chhungte inah mi hringtu(te) nen kan cheng ho leh		
v	Mahni chauhvin ka cheng		
vi	A dang sawi tur a awm chuan ziak lang rawh(____________________)		

8. A hnuai ah hian Nu leh Pa chungchanga I nihna/dinhmun zawnah thai (√) rawh

Sl.No	Dinhmun	Thai (√) rawh	Sawibelhna
i	Ka nu leh pa an innei		
ii	Ka nu leh pa an inneilo(Sawifiahtur)		
iii	Ka nu leh pa an inthen (Sawifiahtur)		
iv	Ka nu leh pa in nupui/ pasal dang an nei leh(Sawifiahtur)		
v	Ka nu emaw pa emaw in min boral san (Sawifiahtur)		

vi	Ka nu emaw pa emaw in min tlanbo san(Sawifiahtur)		
vii	Ka nu emaw pa emaw in natna khir tak an tuar(Sawifiahtur)		
viii	Ka nu emaw pa emaw in ruihhlo an ngai (Sawifiahtur)		
ix	Ka nu emaw pa emaw pianphunga rualbanlo an ni(Sawifiahtur)		
x	Ka nu emaw pa emaw in rilru buaina an nei(Sawifiahtur)		
xi	Ka nu leh pa chu sum-ah an harsa(Sawifiahtur)		
xii	Ka nu emaw pa emaw kawppui an neilo(Sawifiahtur)		
xiii	Ka nu emaw pa emaw in natna benvawn an vei(Sawifiahtur)		
xiv	Ka nu emaw pa emaw Lung In –an tang(Sawifiahtur)		
xv	Ka nu emaw pa emaw Raltlan an ni(Sawifiahtur)		
xvi	A dang sawi tur a awm chuan ziak lang rawh(____________________)		

9. A hnuaiah awl ah hian I nihna ziak rawh ***(Home a naupang awm te tan chauh chan tur ani)***

Sl.No	Dinhmun	Channa
i	Home a ka awm tirh kum chu…	
ii	Ka awm tirh a ka kum zat chu	
iii	Home a ka awm chhan chu	
iv	Ka nu leh ka paten min lak let leh ka ring em? (A dik zawnah thai rawh)	**Aw/Aih/ Hre lo**
v	Ka chhungten min tlawh thrin (A dik zawnah thai rawh)	**Aw/Aih/ Hre lo**

10. A hnuai ah hian tuna I dinhmun nena inmil zawnah thai √) rawh:

Sl.No	Dinhmun	Thai (√) rawh	Sawibelhna
i	Natna khirh tak ka tuar (HIV/ AIDS, Cancer)		
ii	Natna benvawn ka vei (TB, Diabetes, Lung thalo)		
iii	Ka rilru a buai		
iv	Pian phunga rualbanlo ka ni		
v	Naupang raltlan ka ni		
vi	Ka taksa ka zuar thrin		
vii	Nupui/Pasal ka neih tawh		
viii	A dang a awm chuan, a ziah theih		

11. Nu leh pate eizawnna leh sum lak luh zat ***(Khawtlang naupangte tan chauh chann tur ani)***

Sl. No	Thuhma	Channa
i	Ka pa hna thawh chu	
ii	Ka nu hna thawh chu	
iii	Ka chhungte sum lakluh zat chu	

12. I Chhungte khawsakna dinhmun zawnah thai (√) rawh***(Khawtlang naupangte tan chauh chann tur ani)***

Sl. No	Dinhmun	Tick(√)
i	AAY	
ii	BPL	
iii	APL	
iv	No Category	
v	Do Not Know	

13. Nu leh pate lekha thiamna dinhmun ***(Khawtlang naupangte tan chauh chann tur ani)***

Sl. No	Thuhma	Channa
i	Ka pa zir thlen chu	
ii	Ka nu zir thlen chu	
iii	Ka nu in ziak leh chhiar a thiam lo (A dik chuan thai(√) rawh	
iv	Ka pa in ziak leh chhiar a thiam lo (A dik chuan thai(√) rawh	

II Zirna Dinhmun

14. Sikul kai leh kai loh dan

Sl. No	Thuhma	Channa
i	Sikul ka kai mek (A dik chuan thai (√) rawh)	
ii	Sikul ka ban san (A dik chuan thai(√) rawh	
iii	Ka ban laia ka pawl zat chu	
iv	Ka ban chhan chu	

15. I awmna hmuna lekha zirna awm that tawk leh tawk loh dan thai (√) rawh :
(Khawtlang naupangte tan chauh chann tur ani)

Sl.No	**Zirna In**	**A awm em**		**I tan a awm hnai remchang em**		**A tam tawk em**	
		Private	**Sorkar**	**Private**	**Sorkar**	**Private**	**Sorkar**
i	Anganwadi/Pre-Sikul (Wadi)						
ii	Primary Sikul (P/S)						
iii	Middle Sikul (M/S)						
iv	High Sikul (H/S) K						
v	Higher Sikul (HSS) Pawl 11 leh 12						
vi	A dang sawi tur a awm chuan ziak lang rawh(___________)						

16. I zirna a I tih that leh that loh rin dan thai (√) rawh:

Ti tha lutuk	Ti tha thawkhat	Tichhia	Tichhe lutuk	Ka hrelo

17. I Sikul that dan thua I ngaihdan zawnah thai (√)rawh :

Sl.No	**Sikul chungchang**	**Ka pawmpui khawp mai**	**Ka Pawmpui**	**Ka Pawmpui chiah lo**	**Ka Pawmpui miah lo**
i	Kan Sikul in zirna hmunhma leh hmanrua te nei a tha				
ii	Kan sikul chuan result a nei tha				
iii	Kan Sikul zirtirtute an indaih				
iv	Kan sikul zirtirtute naupang zirtir				

	ah an tha				
v	Kan zirtirtute nen inlaichinna tha tak ka nei				

III **Hriselna leh taksa chakna lam**

18. Hetiang ang thilte hi i awmna veng ah in dawng /nei em, A dik zawnah thai(√) rawh *(Khawtlang naupangte tan chauh chann tur ani)*

Sl.No	Inenkawlna/ hmanrua	Nei nge nei lo	I hmang tangkai thei em?	A tam tawk em?	That tawk dan (√)			
					A Tha lutuk	A Tha	A Chhia	A Chhe lutuk
i	Damdawi dawr							
ii	Sub-centre							
iii	Primary health centre (PHC)							
iv	Community health centre (CHC)							
v	Damdawi In							
vi	A dang ziah tur a awm chuan ziak lang rawh)							

19. Damlohna leh inenkawlna chungchang : A dik I tihna zawnah thai rawh :

Sl. No	Natna	Thai (√) rawh	**Engtinnge I inenkawl?									
i	Ka khua a sik thin		0	1	2	3	4	5	6	7	8	9
ii	Khuh leh hritlang ka vei thin		0	1	2	3	4	5	6	7	8	9
iii	Ka kua a thalo thin		0	1	2	3	4	5	6	7	8	9

**‘Engtinge I Inenkawlna’ tih hnuaia number sawifiahna : 0 (Bial) tihna chu inenkawl lo; 1 tihna chu doctor in entir ; 2 tihna chu siam chawp damdawi hmanga In-a inenkawl; 3 tihna chu damdawi dawr atanga lei chawp hmanga inenkawl; 4 tihna chu Tawngtai damthei hnena kal a inenkawl; 5 tihna chu PHC/Sub Centre a inenkawl; 6 tihna chu Sorkar damdawi in-a enkawl; 7 tihna chu Private damdawi in-a enkawl; 8 tihna chu Mission hospital-a enkawl ; 9 tih na chu a dang sawi tel loh a awm chuan nangman I ziak ang________________________)

20. Rilru lam harsatna : A a dik I tihna zawnah thai (√) rawh :

Sl. No	Harsatna	I dinhmun a zirin a dika thai(√) rawh	*A chhan nia I hriat	**I in hnem dan
i	Ka khua a har thin			
ii	Ka Ngui thin			
iii	Hlauthawnna ka nei thin			
iv	Ka thinrim thin			
v	Mahni intihhlum duhna ka nei thin			
vi	A dang sawi tur a awm chuan ziak lang rawh (_________________)			

*‘A chhan nia I hriat’ hnuaia number sawifiahna : 0 tihna chu chhan hre lo ;1 tihna chu Chhungkua a harsatna; 2 tihna chu Sum leh paia chhungkaw dinhmun harsatna; 3 tihna chu Thiantha nei lo; 4 tihna chu thiante nena inkarah harsatna; 5 tihna chu bialnu/bialpa inkar a harsatna; 6 tihna chu zirna lama harsatna; 7 tihna chu midangte nena school-a inbiakpawhna lama harsatna; 8 tih na chu a dang sawi tel loh a awm chuan nangman I ziak ang___________________)

**‘I in hnem dan’ tih hnuaia number sawifiahna : 0 tihna chu inhnem lo;1 tihna chu Chhungte sawipui; 2 tihna chu Thiante hrilh; 3 tihna chu TV en; 4 tihna chu lekhabu chhiar; 5 tihna chu Mut; 6 tihna chu Infiam; 7 tihna chu Music ngaihthlak/tum/zai; 8 tihna chu Meizuk; 9 tihna chu Zu in ; 10 tihna chu Damdawi ruih ; 11 tih na chu a dang sawi tel loh a awm chuan nangman I ziak ang________________________)

21. I ina/awmna a I chaw ei chungchang thu-ah I ngaidan zawnah thai (√) rawh:

Sl.No	Chaw ei chungchang	Ka duhthu a sam zan	Ka duhthu a sam	Ka duhthu a sam lo	Ka duhthu a sam lo lutuk
i	Ni khat a chaw I ei tam dan	4	3	2	1
ii	Chaw tha ei tam dan	4	3	2	1
iii	Ei tur chi hrang hrang ei tam dan	4	4	4	1

22. I hriselna chungchanga I ngaihdan thai (√) rawh:

Ka hrisel tha hle	Ka hrisel	Ka hrisel pangngai	Ka hrisel lo	Ka hrisel lo hle

IV Hun awl hman leh intih hlimna neih dan

23. Ni khatah hun awl engzat vel nge I neih (a darker in) : ____________________

24. Hun awl hman dan

Sl.No	Hun awl hman dan te	Thai Rawh
i	Lekha ka chhiar thin	
ii	TV ka en thin	
iii	Ka mu hahchawl thin	
iv	Ka thiante nen kan inkawm ho thin	
v	Ka Infiam/inkhel	
vi	A dang sawi tur a awm chuan ziak lang rawh	

25. I Veng ah emaw, inah emaw home ah emaw naupang tana hun awl hmanna leh intih hlimna hmunhma/hmanraw neih chuan thai(√) rawh:

Sl.No	Hmunhma/Hmanrua	Neih chuan thai rawh
i	Football Field kan nei	
ii	Infiamna kawt zawl kan nei	
iii	Badminton court kan nei	
iv	Volleyball court kan nei	
v	Table Tennis kan nei	
vi	Library kan nei	
vii	Carom Board kan nei	
viii	Film/TV enna hmun kan nei	
ix	Music tumna hmun kan nei	
x	Adventure club kan nei	
xi	Picnic –a kan kal thin	
xii	Sport tournament kan nei thin	
xiii	Kan zin khawthawn thin	
xiv	A dang sawi tur a awm chuan ziak lang rawh	

V **Chhungkua/Enkawltute leh khawtlang tanpuina**

26. I mamawhna a tanpuina I dawn dan ziak rawh:

Sl.No	Mamawhna	Tanpuitu che tunge?
i	Ka Nitin mamawh pek ka ni (Thawmhnaw, ei leh in,mutna bungrua, incheina, intihfaina bungrua)	
ii	Ka Hriselna atana tul pek ka ni (Damdawi, intihfaina bungrua)	
iii	Ka zirna atana ka mamawh pek ka ni(Lekahbu, bag, pen, pencil, zirna hmun)	
iv	Ka intihhlimna atana thil tul pek ka ni(Infiamna bungrua leh hmun)	
v	Ka rilru lam atana ka mamawh pek ka ni (hlauhthawnlohna, Muanna,hlimna, himna..)	

27. Harsatna I tawha tanpuina I dawn dan ziak rawh :

Sl.No	Harsatna thlenna	Harsatna I neih bik	Tuinnge tanpui ber che	I harsatna ngaihsak lo ber che
i	Mahni ah			
ii	Chhungkua ah			
iii	Thiante ah			
iv	School ah			
v	Thenawm-ah			
vi	Kohranah			
vii	A dang thlenna a awm chuan ziak rawh			

VI Himna chungchang :

28. A hnuaia ruihthei thilte hi nagman emaw In chhungkua-ah emaw Naupang enkawlna in (Children Home) ah emaw hetiang harsatna hi i(n) nei em?

A titu ziak rawh	Ruitheih thil chi hrang hrang,				
	Vaihlo	Zu	**Damdawi**	**Hnim /Hip Chi**	**A dang a awm chuan ziak rawh**

29. A hnuaia mite hi I dinhmun nena a inmil dan in thai/ ziak rawh :

Sl.No	Dinhmun	A thleng zing em? A dik I tihna a Thai(√) rawh			
	Vuak ka ni thin	3	2	1	0
i	Min vau thin	3	2	1	0
ii	Hrem ka nih in chaw min ngheitir thin	3	2	1	0
iii	Hrem ka nih in hna dang min thawhluih tir thin	3	2	1	0
iv	Min hau thin	3	2	1	0
v	Hun awl pek ka ni ngailo	3	2	1	0
vi	Vuak hrep ka ni tawh	3	2	1	0
vii	Ka duh loh chugin ka taksa hmun hrang hrang ah min khawih	3	2	1	0
viii	Ka duh loh chungin min fawp	3	2	1	0
ix	Ka duh loh chungin Hmeichhiat/mipatna ka hmang tawh	3	2	1	0
x	Hmeichhiat/mipatna ka hmang tawh	3	2	1	0

xi	Chhaih nawmnah fo ka ni	3	2	1	0
xii	Hmusit leh zahthlak taka tih nawmnah fo ka ni	3	2	1	0
xiii	A dang a awm chuan ziak lang rawh	3	2	1	0

*'A theng zing em?' tih hnuaia number sawifiahna : 3 tihna chu A thleng fo; 2 tihna chu tihna chu Engemaw changa thleng 1 A thleng zeuh zeuh;0 tihna chu Thleng ngailo

Zawhna zawng zawng min chhan sak avangin lawmthu ka hrilh che a, min thawhpuina hian Mizorama naupang zawng zawng a puih ka beisei.

Ka lawm e

Henry Zodinliana Pachuau

BIO- DATA

NAME	:	Henry Zodinliana Pachuau
DEGREE	:	Doctor of Philosophy
DEPARTMENT	:	Social Work Department
DATE OG BIRTH	:	29th August 1978
Fathers Name	:	Lalfelkima
Address	:	Dawrpui Vengthar, Aizawl, Mizoram
E-mail	:	henryzodinliana@rediffmail.com
Marital Status	:	Married
Occupation	:	Teaching
Designation	:	Assistant Professor
Employee	:	Mizoram University

Educational Details

Sl. No	Board/University	Year	Examination Passed	Department/Name of Institution	Percentage
1	Mizoram Board of School Education (MBSE)	1994	High School Leaving Certificate(HSLC)	Mt.Carmel School, Aizawl	69.5%
2.	Indian School Certificate (ISC)	1997	Indian School Certificate Examination (ISCE)	St.Pauls Darjeeling	62%
3	Calcutta University	2001	BA (Hons.) in Sociology	Presidency College	52.8%
4.	Mizoram University	2004	MSW	Department of Social Work	68.31

Work Experience

Sl. No	Designation	Employer	Period
1	Social Worker	Friends of Children, Social Welfare Department	1 year 6 months (2005-2007)
2.	Co-ordinator	Adoption Co-ordinating Agency, Social Welfare Departrment	1 year (2005 – 2006)
3.	Guest Lecturer	Mizoram University	1 Semester (2006)
4.	Asst. Professor	Mizoram University	(1st February 2007 - present)

Seminars Workshops Attended etc. in relation to children

Sl.No	Workshop/Seminars etc.	Organisers	Date
1.	Consultation Workshop on Child Sexual Abuse and Rape	Social Welfare Department, Aizawl	28th May 2007
2	World Day against Child Labour	Centre for Peace and Development	18th June 2009
3	Shillong Convention –Regional Consultation on Early Childhood Care and Education (ECCE)	Committee for Legal Aid to the Poor (CLAP) and National Campaign for ECCE Rights	25th -26th September 2008
4.	Children's Literature of North East : The changing Scenario of Reading Habits	National Book Trust, New Delhi in collaboration with Department of Library and Information Sciences, Mizoram University	29th – 30 th March 2011
5	Child Sexual Abuse in Mizoram : A Qualitative Study	Social Welfare Department, Government of Mizoram	3rd August 2010

Paper Presented in Seminars /Workshops etc. in relation to children

Sl.No	Paper Presented	Name of	Organisers	Date

		Seminar/Workshop etc.		
1.	Non-Instituional Care for Rehabilitation of children in need of care and protection	Orientation Training Programme on Legal Adoption oif children for concerned officials, boards, and NGO's	CARA, Ministry of Women and Child Development	24th -25th October 2007
2	Juvenile Justice (Care and Protection of Children) Act 2000	Awareness on Child's Rights	Department of Home Science, Govt. Zirtiri Residential Science College,Aizawl	1st October 2007
3	Working with victims of Child Abuse	Regional Training Programme on Counselling Skills for Street Educators	Department of Social Work,Mizoram University and NISD, Ministry of Social Justice and Empowerment	26th March 2009
4.	Early Childhood Care and Education in Mizoram	North East Regional Consultation on the Status of a Young Child	Forum For Creche and Child Care Services (FORCES), Delhi	23rd -24th March 2009
5.	Procedures of Handling Children in Conflict with Law under Juvenile	NISD Sponsored State Level Training Programme on Social Defence	Department of Social Work, Mizoram University	30th March – 1st April 2009

	Justice(Care and Protection of Children) Act 2000		NISD, Ministry of Social Justice and Empowerment	
6	Role of Communities and Voluntary agencies in Implementing Juvenile Justice(Care and Protection of Children) Act 2000	Training Programme on Juvenile Justice (Care and Protection of Children) Act 2000	Social Welfare Department, Govt. of Mizoram and Centre for Peace and Development, Aizawl	27th March 2008
7.	Early Childhood Care and Development in Mizoram	North East Regional Consultation on the Status of a Young Child	Forum For Creche and Child Care Services (FORCES), Delhi	23rd -24th March 2009
8.	Children as Indicators of Social Development: The Mizoram Experience	Social Development in North East	School of Social Sciences, Mizoram University	4th March 2011
9.	Situational Analysis of Children in India in the Perspective of Child's Rights and Protection with Specific Reference to Mizoram	Orientation Training on ICPS for State Child Protection Society, District Child Protection Societies and Other Functionaries of ICPS for the State of Mizoram	National Institute of Public Cooperation and Child Development (NIPCCD) and Social Welfare Department,	10th – 13th April 2012

			Government of Mizoram	
10.	Need Assessment of Children	One Day Training Programme on Need Assessment of Children in Mizoram	Mizoram State Child Protection Society, Social Welfare Department, Government of Mizoram	2nd February 2012
11	Historical Development of Child's Rights in Mizoram	Training Programme for newly recruited staff at Social Welfare Department	Mizoram State Child Protection Society, Social Welfare Department, Government of Mizoram	14th February 2012

Books, Articles etc. Published

Sl. No	**Name of Book/Article**	**Publisher/Journal**	**ISSN/ISBN No**	**Year of Publication**
1	Hriatloh Aurawl	By Self	N/A	2008
2.	NGOs in Mizoram	Contemporary Social Scientists	ISSN No 2230-956X	2011
3.	Child Protection in Mizoram	Contemporary Social Scientists	ISSN No 2230-956X	2012

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PARTICULARS OF THE CANDIDATE

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DEPARTMENT	:	Social Work Mizoram University
TITLE OF DESERTATION	:	'Children in Need of Care and Protection in Mizoram'
DATE OF PAYMENT OF ADMISSION	:	23rd March 2006
APPROVAL OF RESEARCH PROPOSAL:		
1. BPGS	:	17th May 2006
2. SCHOOL BOARD	:	23rd May 2006
REGISTRATION NO. & DATE	:	MZU/Ph.D/117/23.5.2006
EXTENSION (IF ANY)	:	YES

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