

The Effect of Poverty on Child Development in rural Rajasthan

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Abstract

Poverty affects a child's development and beginning in the earliest years of life, both directly and indirectly through moderated and transactional processes. The concept of childhood poverty focuses on the major deprivations which children face in childhood, especially in terms of health and nutrition, education and work. Family income is a key determinant of healthy child development. Children who do not have a 'good start' in life are likely to be more deprived in the later stages of their lives.

Rajasthan is India's largest state, with a total geographical area of about 0.35 million square kilometers. The population of Rajasthan is over 56.5 million, and the population density is about 165 persons per square kilometer. The state is overwhelmingly rural, with more than three-quarters of the population still residing in rural areas.

In Rajasthan, the relationship between childhood poverty, livelihoods and well-being is influenced by the status and conditions of children, as well as by their growth, socialisation, cultural practices, belief systems, community linkages and social relations.

Child poverty is not only an economic or political problem. It is also an ethical issue and a matter of social justice and is increasingly recognized as a significant public health concern. Children's early experience with poverty affects their health not only when they are young, but also later in adulthood. The present article describes the health consequences of poverty and how it exerts its effects during childhood, as well as the long-term impact of childhood poverty on adult health. We also identify health sector strategies to address poverty experienced by families with young children.

Keywords: Child development, Child health, Family income, Health sector, Poverty

Introduction

Childhood is a precious stage in a life-course and deprivation during this period can have long-term adverse impacts on the well being of children. Deprived children lack access to human development opportunities and face serious constraints in their human development (e.g. malnutrition and greater propensity to ill health etc). Poverty is a persistent problem throughout the world and has deleterious impacts on almost all aspects of family life and outcomes for children. Child poverty is not only an economic or political problem. It is also an ethical issue

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The present article describes the health consequences of poverty and how it exerts its effects during childhood, as well as the long-term impact of childhood poverty on adult health. This paper examines the mechanisms through which poverty affects child development. Specifically, this paper examines: 1) the concepts of poverty and child development; 2) mechanisms through which poverty affects child development. 3) Programs and policies that have alleviated the negative effects of poverty on children's development and have promoted child development and education; and 4) recommendations for future research, programs, and policies to reduce the negative consequences of poverty and promote universal education.

Definition of Poverty

The economic definition of poverty is typically based on income measures, with the absolute poverty line calculated as the food expenditure necessary to meet dietary recommendations, supplemented by a small allowance for nonfood goods. According to the United Nations Children's Fund (UNICEF) "children living in poverty are those who experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society".

Childhood Poverty in Rajasthan

Rajasthan continues to remain one of the most difficult areas where educational lag in access, enrolment and achievement remains a challenge. The problems exist at both the demand and supply ends of primary education. The problems of children from underprivileged communities i.e. SC, ST and minorities are further exacerbated by both the lack of and poor quality of teaching and educational facilities and the lack of effort to make the school an inclusive space. The present enrolment of girls at the primary 328 schooling stage is 35.6 per cent as compared to 64.4 per cent for boys. At the upper primary stage the enrolment further declines to 27.59 per cent, while for boys it is 72 per cent (GOR, 2001).

Some traditional beliefs and customs are also not conducive to full development of children. Prevalence of child marriage has serious implications since it leads to early pregnancy and childbirth. This hampers the healthy physical, emotional, and social development of a child.

The socialization processes continue to differentiate between boys and girls, with girls being accorded a low position in society. The cycle of disadvantage starts at birth and continues through childhood to motherhood and is eventually perpetuated in the next generation.

Poverty and Families

Families are the primary socializing agents for their children.²³ In addition to providing basic necessities, such as food, shelter, and clothes, families transmit cultural and educational values and help children adapt to societal demands and opportunities.

Definition of Child Development

Child development refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence, as the individual progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence yet having a unique course for every child. It does not progress at the same rate and each stage is affected by the preceding types of development. Because these developmental changes may be strongly influenced by genetic factors and events during prenatal life, genetics and prenatal development are usually included as part of the study of child development. Related terms include developmental psychology, referring to development throughout the lifespan, and pediatrics, the branch of medicine relating to the care of children. Developmental change may occur as a result of genetically-controlled processes known as maturation or as a result of environmental factors and learning, but most commonly involves an interaction between the two. It may also occur as a result of human nature and our ability to learn from our environment.

Impact of poverty on child health

Children in families with greater material resources enjoy more secure living conditions and greater access to a range of opportunities that are often unavailable to children from low-income families. Living in poverty has a negative impact on the health of family members. Poverty frequently equates to poor housing conditions, inadequate nutrition, stress as a result of the ongoing clash between trying to meet basic needs on an insufficient income. Furthermore, poverty affects children's health not only when they are young, but also later in their lives as adults. This negative impact on health should not be an accepted reality. This health inequity leads to unfair and avoidable differences in health status among populations. The health sector should provide services to mitigate the health effects of poverty, and articulate the health-related significance of child poverty, in collaboration with other sectors to advance healthy public policy.

It is important to note that poverty is a public health issue. For families living in poverty, significant concerns include inadequate nutrition, obesity, higher rates of smoking, partner abuse, dental caries, iron deficiency anaemia, and suicide.

Impact of poverty on Children's Education

Access to education, nutrition and health resources and services in Rajasthan is much more significantly mediated by gender, caste and class than in other parts of India. Girls, children from lower castes, and children living in rural and remote areas are likely to have higher infant, child and maternal mortality rates, poorer nutrition, access to healthcare and other services, including particularly education. Education for girls is not accorded a high importance by many families

Factors Determining Childhood Poverty

A multitude of factors - social, economic, political, environmental - have an impact on children and have lifetime consequences. Many of the effects of poverty on children are influenced by families' behavior. Low-income families often have limited education, reducing their ability The following section undertakes an analysis of some of these factors in the light of the key questions being addressed by the ongoing study to identify areas, which can help break poverty cycles.

1. Children and Education

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

2. Health and nutrition

It is evident that primary health care has not reached a large majority of poor, especially women, children, dalits and communities living in remote areas. In the areas studied it is evident that the government services to healthcare are not within reach. Most deliveries take place at home and institutional deliveries take place only when a case is complicated.

The most basic need of children is survival. Beyond staying alive, good physical development, depends largely on nutrition and physical care; this is crucial in terms of poverty transfers. A closely related aspect of childcare is good nurturing, which promotes all aspects of a child's development.

3. Gender Disparities

Gender disparities pervade all aspects of life and colour the life chances of the girl child in Rajasthan. This is reflected in the inferior health and educational status of women, the high maternal mortality rate, the neglect of the girl child, the declining sex ratio, lower enrollment in school and subsequent higher participation in the child labour force.

4. Children and livelihoods

a) Child work

Findings from the field reveal that children are engaged in various types of work and contribute to household income. These include all agricultural related activities, cattle grazing, looking after younger siblings, household work.

In a study conducted by an NGO in Rajasthan, it was found that almost half of the child workers were never enrolled in school and were illiterate. The high incidence of poverty in forest-based regions is also related to low levels of infrastructure development, the erosion of entitlements of poor people to access and utilize natural resources and social exclusion.

b) Migration

In some households where only men migrate and women take charge of men's work and responsibilities, children also participate in household work and decision making at an early age. In households where both parents have migrated, children are either living on their own or have been left with close kin. Very small children usually accompany the parents. The education and health of children are affected by migration.

c) Indebtedness

The poor are largely dependent on moneylenders, landlords and friends or relatives for loans and usually have to pay exorbitant interest rates, which they can ill afford.

Many of the factors mentioned above affect the world-view of the child and determine her/his participation in social and economic activities. This worldview needs to be understood for different age groups of children.

The Policy Context

Recently the State government has also formulated the draft of the Rajasthan State Policy for Children. It reiterates that "Every child has the right to the best start in life. Their survival, protection, growth and development in good health and proper nutrition are the essential foundation of human development.

The programmes, which directly address the needs of children in the state, include: Integrated Child Development Scheme (ICDS), Mid-day Meal Scheme(MMS), Immunisation Programme, Vitamin A Supplement. Where education of marginalized children is concerned several programmes have been initiated i.e. Shiksha Karmi programme, Lok Jumbish, District Primary Education Programme (DPEP), Rajiv Gandhi Swarna Jayanti Pathshala, and the Janshala Programme. The two main programmes addressing issues of food security in the State are the Integrated Child Development Scheme (ICDS) and the Mid-day Meal Scheme (MMS).

By ICDS scheme nutritional supplement being provided by the programme seems to be reaching the children in most villages.

By MMS programme to provide nutritional support to primary education, was launched in 1995 to improve the nutritional status and school retention rates among primary school children. After the Supreme Court order, distribution of dry rations has been replaced by provision of cooked meals (ghoogri) in all government and government aided schools in all districts.

Several innovative programmes e.g. The Shiksha Karmi Programme, The Lok Jumbish Project and the DPEP have evolved special strategies for ensuring participation of poor children in education. However, a large number of children continue to remain out of school and are likely to have a life course of poverty due to poor educational achievements.

Conclusion

It is apparent that in the context of Rajasthan, children continue to be at a great risk of living in poverty due to inability to access health, nutrition and educational inputs. Child development during the early years occurs at a pace that is unsurpassed during later stages and lays the foundation for subsequent development. The effect of child labour on children's well-being and the impact of migration on children are also areas of concern. It is also evident that childhood poverty is an under researched area in the State and further research into issues highlighted above would lead to enhancing the understanding of the social, economic and political processes that underpin continued deprivation of children and intergenerational transfers. Children living in low-income families or neighbourhoods have worse health outcomes on average than other children on a number of key indicators, including infant mortality, low birth weight, asthma, overweight and obesity, injuries, mental health problems and lack of readiness to learn. Identifying the processes that can help children break poverty cycles also becomes extremely pertinent.

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

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

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