

Child Population in Karnataka: Issues and Challenges

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Abstract

Children are considered to be a very important asset and the future of our nation. They constitute significant proportion of total population, but they are the most vulnerable section of society. Several factors contribute towards the vulnerability of children including individual, family, and environmental aspects. With changing social, economic and environmental situation in recent years, the vulnerability of children is at its peak. The recent pandemic Covid-19 has further increased the vulnerability of children all over the world. Investing in child welfare related issues is a good proposition in their overall socioeconomic growth. Hence, efforts are being made at various levels i.e., international, national, state, and local level to improve the well-being and development of children. Karnataka is one of the largest, in terms of area and population, and rapidly developing states in India. The state has invested significant proportion of its budget for the welfare of children in the State. But the recent Covid 19 pandemic seems to have adversely affected the children, especially belonging to vulnerable sections. In this context, this paper tries to present the situation of children in Karnataka state based on the secondary data collected on various issues related to children. The paper finds that the incidences of child marriages, child labour, neglect of children have risen after the Covid 19 pandemic. There are also large gaps that still exist in sex ratio between male and female in rural and urban areas. The roles of communities, households and NGOs are crucial along with government efforts in protecting children from shocks, such as Covid 19. Creating awareness among the communities about child issues, collecting accurate information, providing adequate resources, and establishing accountability mechanisms can result in positive change.

Keywords: *Child Welfare, Child Budget, Vulnerability, Child Health, Child Education, Covid 19*

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Introduction

Children are regarded as a nation's most valuable asset and the most vulnerable segment of society. Compared to adults, all children are vulnerable by nature, but some are more critically vulnerable than others. Child vulnerability is a downward spiral where each shock leads to a new level of vulnerability, and each new level opens for a host of new risks. In other words, with each shock, the likelihood that a child will suffer a negative outcome increase. Over the years, child protection has undergone significant change. The traditional approach of custodial care in an institution is being replaced because of a strong conviction that the right of family is one of the most basic rights of a child. Recognizing this right of a child to a family, all interventions must try and ensure that the physical, social, emotional, and educational needs of the child are met in a secure, nurturing family environment. The primary focus of social work intervention is the strengthening of the family, prevention of the family disintegration and abandonment of children. Traditionally in India, the child without parents was taken care of by the joint or extended family, but these systems slowly disintegrated and the problem of child destitution has been on the increase. While institutional care has been one of alternatives, even the best of institution cannot be a substitute for the individualized care that a family can provide.

The institutional long-term care i.e., traditional approach has resulted in children being separated from the family environment. Research studies and experiences have shown that the negative and painful experience in large, de-personalized institutions could result in an "Institutionalized Child Syndrome" accompanied by serious psychological problems. The predominance of institutional care may lead families to seek institutionalization as an option for caring for their children, when faced with crisis. The cost of child care in an institution also far outweighs its advantages, and even the best of institutions cannot substitute the care in a family. It is therefore better to support families in crisis through alternative family-based and community-oriented non-institutional services so that children can be cared for in their own home environment.

Table 1: A Paradigm Shift in Approach to Child Protection

From	To
A Needs Approach	A Rights Based Approach
Welfare of Children	Development of Children
Institutional and Residential Care	Non-institutional and Family Based Alternative Programs
Custodial Care in Institutions	Holistic Development through Quality Child Care in Institutions
Segregation and Isolation from Society	Inclusion and Mainstreaming in Society
The Child Being a Beneficiary and Recipient of Services	The Child Being a Participant and Partner in his/her own Development and decisions that affect his/her life

The United Nations General Assembly adopted United Nations Convention on the Rights of the Child (UNCRC) in 1989. The basic principle of the Convention is that children (below 18 years) are born with fundamental freedoms and the inherent rights of all human beings. But it was felt that they require special

care because of their vulnerability. Children's survival, development, protection, and participation are the important pillars for their development and wellbeing (UNCRC). UNCRC empowers children with over 40 fundamental rights along with respecting individual traditions and cultures in parenting. It has been written in such a way that it can be implemented in a wide range of nations with varying legal systems. Its language is universal and can be used in many ways. After adoption of UNCRC, many governments immediately endorsed this convention and enacted laws, established mechanisms and taken various creative steps to ensure the protection and realization of the rights of persons under the age of 18 (Bhakhry, 2006).

The Constitution of India recognizes the vulnerable status of children and ensures their rights for protection. Special attention is therefore guaranteed to children by protecting their rights through necessary and specific laws and policies in accordance with the principle of protective discrimination in article 15. The articles 14, 15, 16, 17, 21, 23 and 24 provided the right to equality, the protection of life and personal liberty and the right against exploitation. This confirms the country's commitment to the protection, safety and well-being of all citizens, including children. The Chapter on Directive Principles of State Policy in the Constitution of India instructs that the State shall, in particular, direct its policy towards securing protection of the children. However, despite many efforts at different levels (international and national), children remain vulnerable as the number of people in need of care and protection continues to grow. The government of India adopted the National Policy for Children in 2013 based on the Constitutional mandate and UNCRC in there was a shift from a "need-based" to a "rights-based" approach (Govt of India, 2016).

Importance of investment towards betterment of children has been well recognized both by researchers and policy makers. In the mid-1990s to early 2000s the child budget analysis has been initiated in South Africa, Brazil, Uganda, Kenya, Tanzania and India. The child budget analysis subsequently led to public financial management (PFM) policy. In India also Child budgeting has become as a PFM policy. The scope and methodology of the exercise of Child budgeting varies across the countries, while the main purpose is child welfare. The Child Budgeting assess the fiscal efforts of the government towards development of children and fulfilment of their rights. The findings from such assessment are used typically to guide decision making in the PFM processes (UNICEF, 2016 and GoI, 2016). From the experiences of Mozambique, Ecuador, Brazil and Mexico, it could be inferred that instead of child budgeting, conditional cash transfer programmes targeting vaccination, nutrition, health and education among children can lead to better outcomes. So even if budgeting is done, transfer of funds should be conditional to get the desired outcome (UNICEF, 2019). Chelsea Marshall, Laura Lundy and Karen Orr (2016) found that involvement of children's views in child budgeting would help in improving efficiency, equity, and accountability of public spending.

The child budget work was started by the government of India along with the Centre for Child Rights in 2000, taking into account the decadal analysis of the child perspective in the Union Budget. Following the Centre for Child's report, the government of India in 2005 announced that it would be undertaking child budget in the Centre as well as States (HAQ). The Centre for Budget and Policy Studies (2020) has prepared a manual to prepare a Child Budget or carry out an analysis of public expenditure on children with special reference to India, particularly at the level of the Indian states. Andhra Pradesh, Himachal Pradesh and Orissa took initiatives to prepare the Budget for Children (BfC). In 2005, state of Jharkhand was added and in 2006, Uttar Pradesh, West Bengal and Assam too were included. The government of Karnataka presented its first child budget on 6th March 2020 (2020-21 budget). The budget has allocated Rs 36340 crore for children, which constitutes 15.28 per cent of the total budget of the state. There were 279 programmes and these are related to child survival, protection and development from different

departments. The maximum funds in this Budget are from the Department of Primary and Secondary Education and the Department of Women and Child Development (The Hindu -March 6, 2020).

Thus, many efforts right from the international arena in the past (UNCRC onwards) have culminated in child protection efforts at the national, provincial, and finally at the micro level. The statement, 'Future of India is the future of the children' indicates the importance of children in the development and welfare of the country. Therefore, concerted efforts have been made to improve the welfare and development of children. Karnataka, one of the largest and populist states in India has also made many efforts for the welfare of the children in the State. The State has made a notable economic growth in the recent past decades and invested more in the areas of social development, including health and education (Economic Survey, 2020-21). Despite rapid economic growth, significant proportion of households still depend on rain-fed agriculture which cannot adequately generate employment and income. Most of these agricultural families belong to weaker sections of the society i.e., SC and ST, who often migrate to other places in search of employment along with children. The recent pandemic, Covid 19, has seriously affected the vulnerable sections of the society. In this process of shocks, most of the children, who constitute 33.9 per cent of the total (below 18 years) population in Karnataka, are neglected and hence most of their rights are denied. In this context, the present paper tries to sketch out the conditions of vulnerable Children and the efforts that protect their interests as well.

Situation of Children in Karnataka: Issues and Challenges

In this section an attempt is made to analyze the situation of children in Karnataka with a focus on realisation of child rights. In line with human-rights approach, an effort has been made to highlight the immediate, underlying structure and causes of non-realisation of children's rights. The situation analysis of the children has been presented based on secondary literature review; which included NFHS surveys, Census 2011, Economic Survey of Karnataka, and National crime records bureau, etc.

Child Population and Child Sex Ratio

Karnataka is having significant proportion of child population i.e., 33.9 per cent of the total (below 18 years). The share of children in age group 0-6, 6-14 and 14-18 years are 11.7 per cent, 14.5 per cent and 7.7 per cent respectively. Sex ratio is an important social indicator to measure the extent of prevailing equity between males and females in a society. It is defined as the number of females per 1000 males in the population. Table 1 shows sex ratio in Karnataka and India. It reveals that the overall sex ratio in Karnataka has increased but the child sex ratio has declined from 973 in 2001 to 943 in 2011. The decline in the child sex ratio is attributed to neglect of girl child, female infanticide, foeticide, selective abortions, and misuse of diagnostic procedures. The DLHS-4/AHS- 2012-13 and NFHS-4 (2015-16) data (NIPCCD, 2018) on sex ratio by residence indicate that the sex ratios in urban areas are less compared to rural areas indicating misuse of diagnostic procedures even after the ban. The PNDT Act was introduced in 1996 to prevent misuse of medical technology for pre-natal sex determination and abortion of the female foetus. Because of inadequacies and practical difficulties in the implementation of the Act, it was amended in 2003 and thereafter called Pre-Conception and Pre-Natal Techniques (Prohibition of Sex Selection) Act.

Table 2: Sex Ratio in Karnataka and India

Particulars	Year 2011	Year 2001
Sex Ratio of Karnataka	968	964
Child Sex Ratio of Karnataka	943	973
Sex Ratio of India	940	933
<i>Source: Census, 2011 & 2001</i>		

Efforts are also being made to improve the sex ratio by creating awareness among the people about the girl child. The government of Karnataka in 2006 introduced Bhagya Laxmi scheme to provide financial incentives to BPL families having girl child to eradicate the social evils like female foeticide, child labour, child marriage and child trafficking. The scheme also has child tracking system. The beneficiary children are being monitored till they attain the age of 18 years, by using the software developed with assistance from NIC. The software, so developed, enables the viewer to know the status of the beneficiaries with regard to health, education, migration from one place to another and benefits availed from other departments under different schemes. Changing the mindset of the people especially in rural areas of certain communities would be a challenging task in this regard.

Death Rate, Malnutrition and Vaccination

Early onset of sexual activity after marriage and the persistent pressure on a girl child to conceive can have irreparable and adverse consequences for the health of both the mother and the child. According to National Family Health Survey (NFHS), children born to mothers under the age of 20 years are much more likely to die in infancy than those born to mothers in the prime child bearing ages. Mortality rate for children is considered by UNICEF as the basic indicator to determine the degree of progress a country has in the areas of social and economic development. Child mortality is the mortality of children under the age of five. The child mortality rate, also under-five mortality rate, refers to the probability of dying between birth and exactly five years of age expressed per 1,000 live births. It encompasses neonatal mortality and infant mortality (the probability of death in the first year of life). Reduction of child mortality is one of the Sustainable Development Goals (United Nations) which aimed at reducing the same (under 5 child) by 25 per 1,000 live births. Neonatal and infant mortality deaths account for a large percentage of child deaths, in India and Karnataka (Table 3). Mortality during neonatal period is considered a useful indicator of both maternal and new-born health and care. Neonatal death refers to number of deaths during the first 28 completed days of life per 1000 live births in given year or period. Infant mortality is defined as the number of deaths in the first year of child's life per thousand live births in the given year.

Table 3: Child Mortality Rate in Karnataka & India

Year	Karnataka			India		
	Neo-natal mortality rate	Infant Mortality Rate	Under-five mortality rate	Neo-natal mortality rate	Infant Mortality Rate	Under-five mortality rate
1992-93	45.3	65.4	87.3	49.0	78.5	109.0
1998-99	37.1	51.5	69.8	43.0	67.6	94.9
2005-06	28.9	43.2	54.7	39.0	57.0	74.3
2015-16	18.5	32.0	31.5	30.0	41.0	50.0
2019-20	15.8	25.4	29.5	25.0	35.0	42.0

Source: NFHS-1 to NFHS-5 survey

The above table reveals that child mortality rates (IMRs), neo-natal, Infant Mortality Rate and Under-five mortality rates have been declining over the period in India and Karnataka. However, Karnataka state has shown better performance in reduction of IMRs as compared to all India average during 1992-93 to 2019-20. The government has been trying to control the problems of mal-nutrition and under-nutrition through implementation of various programmes like; supplementary nutrition programme under ICDS (Integrated Child Development Services Scheme) and Ksheera Bhagya scheme. The government has also set up Severe Acute Malnutrition (SAM) wards to treat the mal-nourished children. The major reasons for infant deaths in the State are; prematurity or low birth weight, Pneumonia, Heart Disease and birth asphyxia (Economic Survey, 2021-22). The Sustainable Development Goal (SDG) which aim at reducing neonatal mortality to 12 per cent per 1000 live births and Under-five mortality rate to 25 per 1000 live births are expected to be realised in the State.

Nutritional Status indicates health of the children. Good nutrition is indispensable component of healthy life and access to healthy diet and optimum nutrition are important to good health. Better nutrition means stronger immune systems, less illness and better health. Whereas developing countries such as India are experiencing micronutrient malnutrition and undernutrition. The negative externalities of undernutrition are many, especially among the younger age group. Nutritional deprivation and infectious diseases among pre-schoolers feature prominently among the major public health concerns in developing countries (UNICEF). Poor child health and nutrition impose significant and long-term economic and human development costs, especially on the poorest countries and communities, further entrenching their status. Improving child health and nutrition is not only a moral imperative, but also a rational long-term investment. Children below the age of five years constitute the most vulnerable segment of the community. Children's nutritional status is a sensitive indicator of community health and nutrition, and under-nutrition among them is one of the greatest public health problems in India. Table 4 shows nutritional status of under-five children in India and Karnataka.

Table 4: Nutritional Status of under-five Children in India and Karnataka (%)

Year	Stunted		Wasted		Underweight	
	Karnataka	All India	Karnataka	All India	Karnataka	All India
1992-92 (NFHS-1)	47.6	52.0	24.2	17.5	46.4	53.4
1998-99 (NFHS-2)	41.9	45.5	25.1	15.5	38.6	47.0
2005-06 (NFHS-3)	42.4	44.9	18.9	22.9	38.0	40.4
2015-16 (NFHS-4)	36.2	38.4	26.1	21.0	35.0	35.8
2019-20 (NFHS-5)	35.4	36.0	19.5	19.0	32.9	32.0

Source: NFHS-1 to NFHS-5 survey

The above table shows that nutritional status of children has been improving in India and Karnataka over the period. The State has been trying to attain the sustainable development goal of Zero hunger by providing food grains to all the households including poor through the public distribution system. During Covid lockdown, the government of India provided food grains at free of cost for 8 months. The special efforts to improve the nutritional status of children are made through various programmes like; Supplementary Nutrition Programme (SNP), Ksheera Bhagya, Srushti Scheme, Supplementary nutrition for Severely Malnourished Children, Mathru Poorna Scheme, Health and Nutrition Education, and the like. Thus, efforts are being made to provide food and nutrition security to the people. But nutrition situation still needs significant attention as indicated by NFHS-5 (Economic Survey, 2020-21). The north Karnataka which is called as Kalyan Karnataka has high incidence of malnutrition. Nutritional status of children

depends on many factors including personal aspects of health along with environmental factors like water and sanitation. Efforts are also being made by the government to impart knowledge about the health of mothers and children. But despite significant efforts by the governments, still large proportion of children are suffering from under-nutrition. It seems that early marriage and giving birth before the age of 20 year would certainly affect the health of both mothers and children. In this context, the people, especially belonging to vulnerable communities, should create awareness to avoid early marriages. It can be observed that mothers below 20 years of age cannot take care of their children and themselves. Therefore, the role of all the stakeholders i.e., communities, households, and mothers, etc are crucial in improving the nutritional status of children in the State.

Immunization is the process whereby person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccine stimulates the body's own immune system to protect the person against subsequent infection or disease. Immunization is one of the most important and cost-effective strategies for the prevention of childhood sicknesses and disabilities and is thus a basic need for all children. India's UIP provide free vaccines against 11 life threatening diseases- Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, Hepatitis B, Pneumonia and Meningitis due to Haemophilus Influenzae type b (Hib), Measles, Rubella, Japanese Encephalitis (JE) and Rotavirus diarrhoea. (Rubella, JE and Rotavirus vaccine in select states and districts). Table 5 reveals that Karnataka has made better progress in terms of vaccination compared to all India and is expected to eradicate epidemics by 2030.

Table 5: All Basic Vaccination Coverage (%)

Year	Karnataka	All India
1992-93	52.2	35.4
1998-99	55.0	42.0
2005-06	60.0	43.5
2015-16	62.6	62.0
2019-20	84.0	77.0

Source: NFHS-1 to NFHS-5 survey

Out of School Children

Every child in the age group of 6 to 14 years has right to get free and compulsory quality elementary education as per the 'Right to Free and Compulsory Education act 2009'. Karnataka has achieved significant progress in improving the literacy rate from 66.64 per cent in 2001 to 75.36 per cent in 2011. The literacy rank of the State was 9 among 16 major States (States with a population of more than 100 lakh) during 2011. Table 6 shows literacy rates by gender in rural and urban areas in India and Karnataka.

Table 6: Literacy Rates by Gender in Rural and Urban Areas in India & Karnataka (%)

INDIA									
Year	Rural			Urban			Total		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
1951	19.02	4.87	12.1	45.06	22.33	34.59	27.16	8.86	18.33
1961	34.30	10.10	22.50	66.00	40.50	54.40	40.40	15.35	28.30
1971	48.60	15.50	27.90	69.80	48.80	60.20	45.96	21.97	34.45
1981	49.60	21.70	36.00	76.70	56.30	67.20	56.38	29.76	43.57
1991	57.87	30.62	44.69	81.09	64.05	73.10	64.13	39.29	52.21
2001	70.70	46.13	58.74	86.27	72.86	79.92	75.26	53.67	64.84
2011	79.00	59.00	69.00	90.00	80.00	85.00	82.14	65.46	74.04
KARNATAKA									
Year	Rural			Urban			Total		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
1951	24	5	14	47	23	35	29	9	19
1961	-	-	20	-	-	44	36	14	25
1971	35	15	25	60	42	51	42	21	32
1981	42	20	31	65	48	57	49	28	38
1991	60	35	48	82	66	74	67	44	56
2001	70	48	59	87	74	81	76	57	67
2011	77.61	59.71	68.73	90.04	81.36	85.78	82.47	68.08	75.36

Source : Indiatat.com, Karnataka.com and Census 2011

(http://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/Chapter_3.pdf)

The above table reveals that Karnataka has made good progress compared to all India. But, there is large gap between female and male literacy in urban and rural area in Karnataka. The urban male literacy rate has crossed 90 per cent, but the rural female literacy rate is just 59.71 per cent. Hence, efforts should be made to improve the female literacy rate in rural areas.

The door-to-door survey conducted, after the Covid 19 lockdowns in Karnataka reveals that there are over 10 lakh children out of school in Karnataka (Indian Express, 19 October 2022). Out of 10,12,800 children, 4,54,238 are in the 0-3 age group, while 5,33,205 are 4–6-year-olds. Among children in the age group of 6-14, 15,338 are out of school, while 10,018 never enrolled in schools. Of the total population of 17,70,081 children in the 0-18 age category, 2,73,936 (0-3 years) and 3,02,088 children (4-6 years) never enrolled in anganwadis. Of 11,83,929 children in the age group of 6-14 who enrolled in schools, 2,162 have dropped out. Another 1,545 never enrolled in schools. The major reasons for the same are; closure of anganwadis during pandemic, non-supply of food and migration of labourers. According to Samagra Shikshana Karnataka (SSK) most of the drop-out children belong to Vijayapura, Bidar, Yadgir, Kalaburagi, Koppal, Ballari, Dharwad, Raichur, Gadag, Haveri, Chikkodi, Chitradurga, Davanagere, Chikkaballapura, Kolar and Chamarajanagar districts. The education department has been implementing bridge courses, conducting Chinnara Angala programme and home-based education for disabled children to bring back out of school children to schools. Poverty seems to be the main reason for children to be out of school. Usually poor

agriculturists take their children to field especially during peak seasons and assign the works such as cattle/sheep/goat rearing. The other reasons are; child labour, migration of households from the village, negligence of parents, children having no interest in learning and longer distance to be covered to reach the school, bad habits of parents and lack of responsibility of officers also has effect on this. It seems that out of school children are mostly working as child labours or potential child labours. Hence, efforts must be done to bring out of school children to schools. SDG of providing access to complete free, equitable and quality primary and secondary education to girls and boys can be realised with the proper implementation of education programmes such as Chinnara Angala, Residential bridge courses, Non-residential bridge courses, Seasonal bridge courses, running Tent schools, mobile, and feeder schools, providing transportation facility and homebased education, etc ([ssa karnataka Interventions Schools](#)).

Children With Special Needs (CWSN)

India has ratified the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and has undertaken the obligation to ensure and promote the full realization of all human rights and fundamental freedom for all Persons with Disabilities without discrimination of any kind based on disability. In fulfilment of this international commitment, the country is obligated to enact suitable legislation in furtherance of the rights recognized in the UN Convention. A special survey conducted under SSA Karnataka in 2011 identified in Nine Categories of CWSN children- Visual Impaired, (Low vision, Total blind) Hearing Impaired, Speech Impaired, Orthopedic Impaired, Multiple Disability, Mentally Retarded, Learning Disability, Cerebral Palsy, and Autism Spectrum Disorder (SSA: Draft Policy on Education for Children with Special Needs ([ssakarnataka.gov.in](#))). The Economic Survey 2020-21 reports that there are 85,200 CWSN children in the state. Among them, 81,014 children are enrolled into schools and 4,186 children who need special care are provided with home-based education under SSA.

Child labour

National Child Labour Programme (NCLP) and State Child Labour Programme (SCLPs) are initiated to rehabilitate working children. Major activities undertaken under the NCLP are the establishment of the special schools to provide non-formal education, vocational training, supplementary nutrition, etc to children withdrawn from employment. According to Census (2011) Karnataka ranks eighth in the list of states with a high number of child labourers in the country with around 4.2 lakh children engaged in child labour. Higher number of child labours are found in Bengaluru urban, Raichur, Yadgir and Koppal districts. An analysis by Child Rights and You (CRY) indicates that more than 60 per cent work in agricultural sector, and children working in the service industry saw a rapid and sharp increase (Deccan Herald, 8 March 2020). The government has formulated a Standard Operating Procedure for the enforcement of the Child Labour Act to prevent child labour. Accordingly, some efforts have been made to identify child labour and place them in shelter homes. Under child labour project special training centres (STCs) are established to provide education, day-care and stipend. Special schools (bridge schools) for child labour have been started wherein the children are given free meals and hostel facility. Srushti NGO provides hostel facility to child labours. District welfare committees provide Rs. 1000/- for child labours. But it seems that people lack awareness about the availability of facility (residential bridge camp). However it is observed that the overall performance in this direction is dissatisfactory due to the absence of a strong monitoring and review mechanism. Absence of consistent action against those indulging in child labour and poor penalisation are the major problems in this regard. Poverty and ignorance of the parents are the major causes of child labour in the state.

It seems that the recent Covid 19 pandemic has adversely affected the children in the State. The Hindu (07 February, 2022) reports that a total of 127 children were rescued between July 2021 and January 2022 by the Child Safety Net team of the non-profit organisation Bosco. The male children in the age group of 11-18 were from poor families and had been trafficked into the city (Bangaluru) over the last six months. The agents paid advance payment to parents and brought the children to the city. The children were forced to work longer hours in unhealthy conditions. They were exposed to Covid 19 virus and many of these children tested positive for Covid 19 pandemic when rescued. It seems that it could be very difficult to reach the SDG of eradicating child labour in the State by 2025 in the prevailing conditions in the State.

Incidence of Child Marriage

According to the report of a Core Committee, headed by Justice Shivaraj Patil (2011), child marriage is violation of child rights, namely; right to live, right to protection, right to development and right to participation. It finds correlation between poverty and illiteracy on one hand and higher incidences of child marriages on the other. It further states proportion of child marriages is high in north Karnataka compared to that in south Karnataka. DLHS-RCH (2007-08) study also indicates that nearly 1/4th of the girls in the state are married before attaining the age of 18 years (i.e., 22 per cent). Child Marriage Prohibition Cell has been established in the department of Women and Child Development to create awareness among the general public and to stop child marriages in the State. During the year 2020-21, 1918 child marriages have been prevented in the State (Economic Survey, 2020-21). The recent newspaper reports indicate that the number of child marriage cases increased during the Covid 19 pandemic, especially in rural areas of North Karnataka. Therefore, efforts must be made by District protection committees to identify the vulnerable areas and communities to eradicate child marriages before 2030.

Child Abuse, Neglect and Abandoned Children

Abused, neglected, and abandoned children are the victims of people who are unable or refuse to accept the responsibilities of raising a child. For no fault of their own, these children are put into a complex, chaotic and uncertain environment. In order to facilitate the placement of orphaned, abandoned, and surrendered children for adoption, the Juvenile Justice (Care and Protection of Children) Amendment Act 2006 empowers the State Government to recognize one or more of its institutions or voluntary organizations in each district as Specialised Adoption Agency (SAA). The SAA shall identify vulnerable families and children for foster care support and prepare the Individual Care Plan of the child and recommend the case to the CWC for issuing appropriate order. Once the child is placed in foster care, the SAA will supervise and monitor the progress of the child and periodically report to both CWC and the DCPS. The district administrations have been rendering its duties in this regard for proper care of the needy children. SDG aims to eliminate all forms of violence, including trafficking and sexual, against women and girls by 2030. There are child welfare committees, 35 Juvenile justice boards, 79 Children homes, and 17 observation homes are working in Karnataka for protection of children. The child adoption programme has also been initiated in the state to rehabilitate orphan, abandoned and destitute children.

Most of these abused, neglected, and abandoned children are seen on street engaged in begging and rack picking, etc. To provide emergency services and long-term care and rehabilitation services 24/7 a child line service has been established in the State. The service can be accessed by any child in crisis or an adult on the child's behalf by dialling a four-digit toll free number (1098). The street, begging or missing children can use this service and get the required facility. Under Integrated Programme, these children who are without homes and family ties are provided food, clothing, shelter, non-formal education, and referral services for the children. It is found that due to the social impact of Covid 19, there has been a sharp rise

in the number of children missing in India (Deccan Herald, 28 May 2022). Therefore, it was felt to strengthen the child protection committees, sensitising, and training parents, along with increasing the budget allocation.

Because of problems in the family, neglect of parents and due to inspiration by bad elements, use of mobiles, internet, influence of TV and movies, the young children get addicted to bad habits such as using pan, tobacco, and intoxicants. The availability of the products near the schools also influences the children to use them. It is reported that some of the children are using FEVI BOND as a proxy for alcohol. These problems also need to be tackled wherein parents, and communities can play crucial role. During the Covid 19 lockdowns, the online classes forced children to depend on gadgets having internet connection. The unmonitored internet connection, paved way for criminals to target the children (Deccan Herald, 31 August 2022).

Child Trafficking

Trafficking of women and children has been increasing in an alarming rate in Karnataka in recent years (Times of India, 19 March 2022). Between 2017 and February 2022, there were 763 anti-human trafficking cases but only 10 convictions were made indicating failure of police. To control the menace, the government has set up anti-human trafficking units at Bangalore, Mysore, Hubli-Dharwad, Belgaum and Dakshin Kannada districts and special training programmes have also been conducted. It is the duty of the civilized society to prevent this and rehabilitate women and children who are being trafficked. In order to control this organised menace, the women and child welfare department felt the need to create awareness at district, taluk, and village levels. The CHILDLINE, a 24-hour emergency phone outreach service (1098), has been provided in the state. But it has been observed that the services have not been effectively working in some of the areas because of lack of staff and equipment. The CHILDLINE service also needs to be spread effectively, especially in schools and GPs.

Children Infected and Affected by HIV

HIV/AIDS in parents would profoundly affect children at many levels. A child's family and community can be hard struck by the effects of HIV/AIDS as parents get sick, are not able to work or are not there to protect their children. The results of this can disrupt children's lives and put their health and security at risk. Karnataka State AIDS Prevention Society (KSAPS) under the Directorate of Health and Family Welfare implements HIV/AIDS prevention, care, and support programs in the State. The State has adopted 'Treat All' policy; hence all the HIV/AIDS patients are given free ART treatment and there are 68 ART Centres and 311 Link ART Centres in the State at present. Table 7 shows progress of ART centres in Karnataka.

Table 7: Cumulative Status report on ART (till November - 2020)

Indicator	Adult Male	Adult Female	TS/TG	Child Male	Child Female	Total
Pre ART-Registration	169761	162720	908	10207	8434	352030
Ever Started on ART	135796	133128	690	7831	6382	283827
Alive on ART	69345	87937	412	5617	4690	168001
Reported on ART Death	48996	29771	159	1426	1050	81402

Source: Economic Survey, 2020-21

The above table shows that currently the state has 3,52,030 registered HIV cases out of which 10,207 are male children and 8,434 are female children. The HIV/AIDS infected and affected children are being neglected by the society and they need some moral support apart from financial support (Annigeri,

Revankar and Kulkarni, 2021). In Karnataka, these children are being given financial assistance as sponsorship and foster care KSAPS. The government of Karnataka has initiated Chethana scheme for rehabilitation of women sex workers. Under the scheme, the women development corporation provides Rs.50,000/ loan assistance to take up income generating activities. During 2020-21, 795 sex workers are benefited by this scheme. In this direction, all commercial sex workers need to be identified along with their children. As per the local newspapers and TV news channels, the HIV/AIDS affected and infected children faced very difficult time as they could not get the required medicine and treatment during Covid 19 lockdowns.

Concluding Observations

Karnataka has been making significant efforts towards the survival, development, and protection of children in the State. As a result of this, there has been improvement in the situation of children in terms of improving the sex ratio, reducing the death ratios, improving nutritional status, development of health and education, and protection of children from ill practices like child marriage, child labour, neglect, abuse, and child trafficking, etc. Efforts are also being made to protect the rights of CWSN children, HIV/AIDS infected and affected children, street, begging or missing children, children of prisoners and commercial sex workers. But despite significant progress there are many deficiencies in protecting the rights of children. There are disparities between male and female sex ratios in rural and urban areas and deficiencies in nutritional status. The Covid 19 pandemic has adversely affected the situation of children in the State. Many incidences of child marriage and child labour, and child neglect are being reported in the pandemic. To protect children from such shocks, all the stakeholders, including community, households, and NGOs, etc, should play their crucial role. Therefore, the State should involve the communities in planning and implementation of child related policies and programmes and significant investment will have to be channelled to direct engagement with communities, organizing communities, and providing them with information, knowledge, and the tools to address protection concerns to eliminate harm to children. Developing critical awareness of one's reality, or the process of sensitization, leads to increased willingness and openness to take action to change the reality. Awareness, therefore, is often the first step towards preparing individuals and communities to initiate action. While awareness is critical, resultant action depends upon having the necessary tools to take actions based on this awareness. Accurate information, availability of resources, and established accountability mechanisms can facilitate necessary action, and lead to a positive change.

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