Tamil Arasu

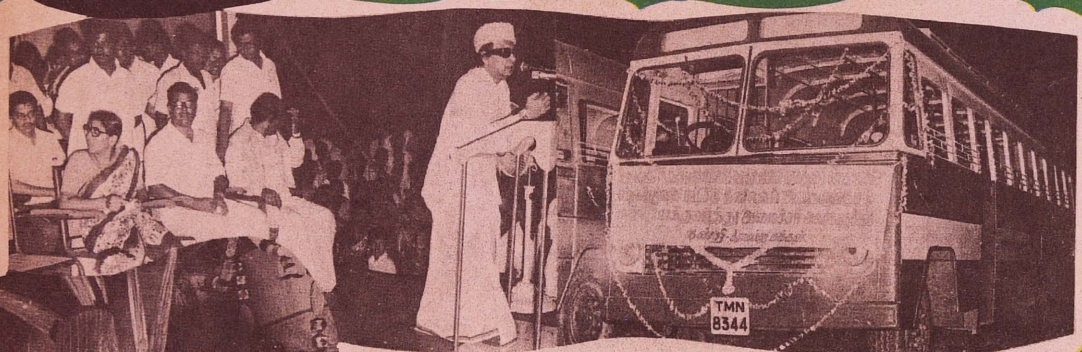
NOVEMBER 1979 50 P.

CHILD WELFARE NUMBER

A weaver's Co-operative Society was opened on 18—10—79 at Yamaneswaram in Ramanathapuram District.

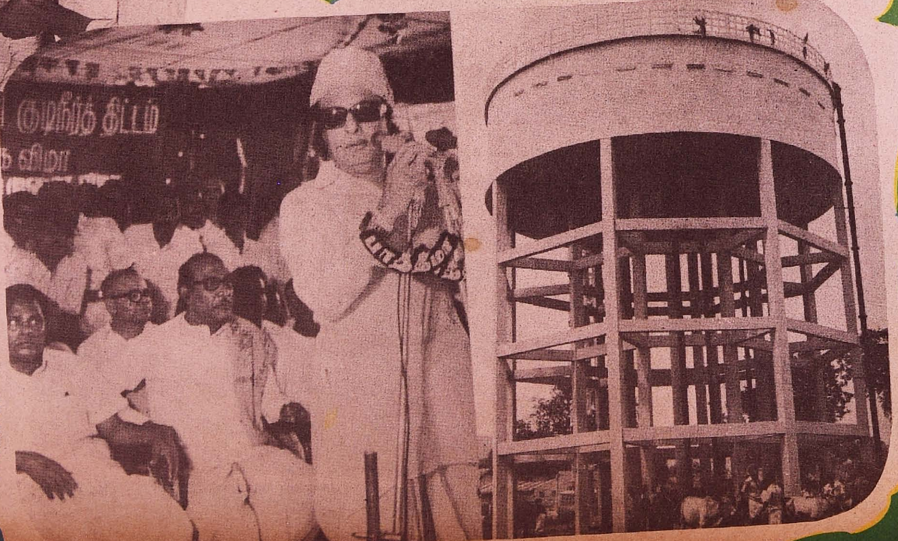
The foundation stone was laid for the Illayangudi Harijan hospital on 18—10—79.

C. M. IN SOUTHERN DISTRICTS

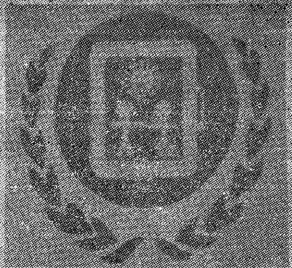


A new bus route was started near M. Reddipatti in Ramanathapuram District on 19—10—79.

Coconut seedlings were distributed to cultivators in Sayalgudi village on 19—10—79.



A drinking water supply scheme was inaugurated on 21—10—79 in the Natham, Periyakulam area in Madurai.



" Yours is the golden tomorrow
Yours are the hands that will reap
Dreams that we sow while you sleep
Fed with our hope and our sorrow
Rich with tears that we weep."

—*Sarojini Naidu.*

THE LEADERS OF TOMORROW

JAWAHARLAL NEHRU

Nehru loved humanity especially children. Children's bright eyes and innocent faces always held a fascination for him, because they held so much promise for the future. Children all over the world, appear outwardly different in many ways, speaking different languages, wearing different kinds of clothes and yet are so very like one another. If you bring them together, they play or quarrel. But even their quarrel is some kind of play. They do not think of differences amongst themselves, differences of class or caste or colour or status. They are wiser than their fathers and mothers. As they grow, unfortunately their natural wisdom is often eclipsed by the teaching and behaviour of their elders. At school they learn many things which are no doubt useful but they gradually forget that the essential thing is to be human and kind and playful and to make life richer for ourselves and others.

I try to study the millions of faces I see wherever I go and I have seen a good proportion of India's vast population. Although I see them in crowds and in groups, I look into their eyes and try to read what lies behind those eyes. I do this, especially when I meet young men and women, because I am deeply concerned with the future of India which they represent to me.

The future of this country ultimately depends on her young men and women, most of whom are in colleges and universities today. I am very anxious to find out what stuff they are made of. They are large in number; but what really counts, if our country is to progress, is the quality of our human material. The future of India does not depend on her numbers or even on her past, except in so far as the future grows out of the present and the present grows

out of the past. It is possible for a country to make progress to some extent even with people of mediocre quality. India has a large number of them. Obviously that is not enough. If a great country like India is to be greater, it is essential for her to have men and women who must be more than mediore. We produced men and women of quality in the past. Subsequently, however, that quality seemed to have worn off and we became a nation that more or less lived on its inheritance. Of course, nothing is more advantageous and more creditable than a rich heritage; but nothing is more dangerous for a nation than to sit back and live on that heritage. A nation cannot progress if it merely imitates its ancestors; what builds a nation is creative, inventive, and vital activity.

To the youth of the country I would make a special appeal for they are the leaders of tomorrow and on them will be cast the burden of upholding India's honour and freedom.

My generation is a passing one and soon we shall hand over the bright torch of India, which embodies her great and eternal spirit, to younger hands and stronger arms. May they hold it aloft, undimmed and untarnished, so that its light reaches every home and brings faith and courage and well being to our masses.

There is a time for work and a time for play, just as there is a time for laughter and there is a time for tears. And today is the time for work in this nation.

In the year of the child, your child may be Lucky!

Buy a ticket for him (her) and make a memorable gift with the prize amount!!

TAMILNADU RAFFLE BUMPER DRAW

Date of Draw: 24-11-79

2 SPECIAL FIRST PRIZES OF RS. **5 LAKHS** each

3 SPECIAL SECOND PRIZES OF RS. **1 LAKH** each

Other Prizes increased from 1307 to 2709 and **Prize amount** from Rs 2.80 lakhs to Rs 4.50 lakhs for each series to make more families Happy.

Cost of Ticket: Rs 2/-

EP/DIPR/

the nation builders of tomorrow

" The Nation marches on tiny feet ", said Jawaharlal Nehru. Today, Child Welfare is gaining in importance. A number of social welfare programmes are being implemented by the Government. In order to understand the measures taken by the Government of Tamil Nadu during the "Inter-National Year of the Child", the Minister for Social Welfare **Selvi P. T. Saraswathi,** was interviewed for **'TAMIL ARASU'**.

"MANKIND owes to the child the best it has to give." It is universally acknowledged that a child is a nation's most precious resource. A strong, healthy, mentally alert child grows into a useful and productive citizen. On his work, skills and initiative depend the prosperity of his country.

In the Declaration of the Rights of the child, the children's charter entitles the young to relief and protection in all circumstances ; a name and nationality ; social security to grow up and develop in health ; education; special protection to develop physically; mentally and morally ; special treatment if handicapped ; love and under-standing in the care of parents ; protection against exploitation ; a spirit of friendship among peoples.

In the developing countries, the rise in population outstrips production and there is not enough food to go around.

The children suffer from the effect of malnurition; apathy, stunted growth and are prone to infection. They do not have the will to learn nor do they have the energy to work.

The UNICEF plays a vital role in combating hunger with the supply of milk powder and vitamins, dairy products and plants for processing protein-rich foods; nutrition knowledge etc.

In the fight against disease, the U. N. assists Governments in building up a network of health services, in producing anti-biotics and in improving sanitation and water-supply.

The enormity of the child development project is so great, that in order to understand the measures taken by the Government, the Minister Selvi P. T. Saraswathi was interviewed.

The Minister said that the child welfare project was gaining great importance today and that various measures were being taken to help implement various programmes.

" First let us take the programme of providing nutritious food for children. As you are aware, ours is a developing country and the rise in population outstrips that of production. There is not enough food to go around. Children need nourshing food especially between the years from six months to three years. Therefore, the Government of Tamil Nadu has come forward with massive programme to meet the needs, by launching the special nutrition programme during the year 1980. This project would cover 6 districts in Tamil Nadu with assistance from the world Bank to the tune of Rs. 51 Crores. Pregnant women and lactating mothers also will be benefitted by this scheme. 13,500 child welfare centres will be opened in these 6 districts. Employment opportunities will be provided for about 20,000 women and 1,000 men.

Thus if we provide nourishing food for the child in his formative years, he will definitely grow into a healthy adult and will turn out into a useful and productive citizen.

The question of taking steps for the welfare of the physically handicapped children and mentally retarded children, came up during the interview to which the Minister replied :

" 300 hearing aids were distributed to school going children upto 12 years of age during 1978-'79. During the International Year of the Child an additional 700-hearing aids will be distributed, bringing the total to 1,000. Besides this, it is proposed to distribute prosthetic utilities like 1,000 calipers to the crippled, orthopaedically handicapped children during the International Year of the child.

There is also a proposal to sanction the payment of stipends to physically handicapped children studying in schools upto the VIII Standard at the rate of Rs. 25 per child towards purchase of books, note-books etc.

Answering the question whether physically handicapped children will be extended free transport facilities, the Minister said that there is a proposal to provide similar facilities either in the form of free bus transport or in the form of cash assistance of Rs. 10 or Rs. 15.

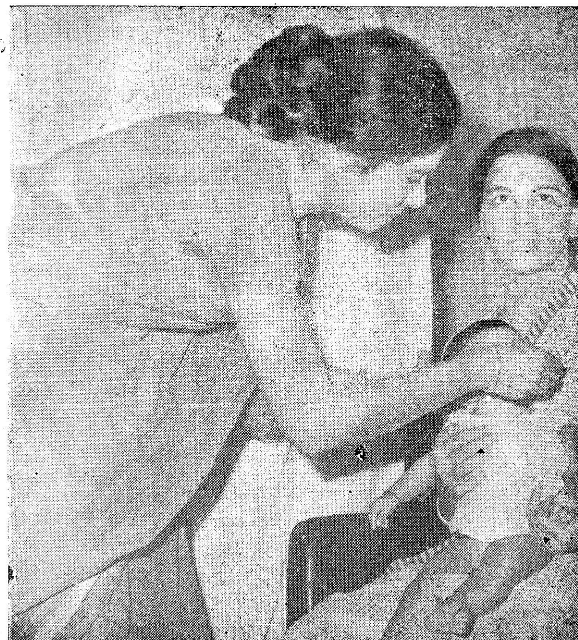
Coming to the mentally retarded children. The mentally retarded children constitute the weakest section of the community. There are only a few private institutions which run Homes for the mentally retarded, where they are given education, vocation training & training in social skills etc. These institutions charge exhorbitant fees ranging from Rs. 200 and above. This is beyond the reach of the poor, among whom the incidence of mental retardation is high and who are neglected and uncared for. To remedy this situation, it is proposed to set up an Institute for 60 mentally retarded children during the International Year of the child.

To the question whether there is any proposal to start orphanages, the Minister said, " Yes, for the first time, the Government has passed an order to start 4 orphanages in Tamil Nadu. Each orphanage will accommodate 250 orphans. There is a proposal to start 6 more orphan Homes.

To another question, whether special funds were being raised, the Minister replied that this being the International Year of the Child, the Government has proposed to start a Chief Minister's Fund to collect Rs. 1 crore which will be utilised for the Welfare of the Children. It is also proposed to hold a special raffle, during November besides special collection drives thus mobilizing resources for the Children's Fund.

During the International Year of the Child which is coming to a close, a number of baby shows had been conducted and sports organized throughout the state as part of the Programme.

The Honourable Chief Minister of Tamil Nadu takes a keen interest in the Welfare of the Children who are the citizens of tomorrow and has promised that the Government will do all that is required to promote the Welfare of the Physically handicapped and destitute children.



CHILD WELFARE IN THE

INTERNATIONAL YEAR OF THE CHILD

A. S. AHLUWALIA, I. A. S.,
Commissioner
and Secretary to Government,
SOCIAL WELFARE DEPARTMENT

WILLIAM Wordsworth said that the child is the father of man. A discerning reader can glean a world of sense packed into this utterance. Indeed development of mankind very much depends on the proper development of the child. But the plans for economic development in the past have paid only marginal attention to problems of social development, including the problems of child development. Social development plan differs from economic development plan in terms of its tools of analysis and its concepts, and therefore requires a different calculus of planning. It is however important to note that social development is as much or even much more a pre-requisite for economic growth as is economic development. Without equitable distribution of the gains of development, there can be no growth with justice.

Even from a purely developmental angle, the ethical untenability of inequality of income is now strengthened by the economic necessity for an increased share in the flow of income to the socially weak and vulnerable groups so as to sustain effective demand and continuously higher standards of living. And children form one of the most neglected of the weak and vulnerable groups of our society. Their proper development can therefore brook no delay.

A view is very often expressed, surprisingly enough even in learned circles, that child development programmes can wait for better days and that economic development programmes should be our immediate concern. The argument advanced in support of this thesis is that capital formation and economic development will take care of all other problems in a developing economy. But this argument is unsustainable. Child development programmes cannot and should not wait for better days. An irrigation project or a power project, for instance, can wait for better days but a hungry child cannot. A deprived, hungry or malnourished child cannot wait, for it simply dies in the process of waiting. Even among developmental economists there is now in evidence a growing recognition of human resource as a form of capital, a product of investment, and hence a determinant of economic growth.

It can thus be seen that child development is a sure basis for human capital formation and through that for the normal capital formation and growth too. During the International Year of the Child, the problems of child development and the need to tackle them on a war - footing will, hopefully, be brought into fuller focus.

The task of bettering the condition of the children and ensuring the provision of even the minimum necessary requirements of nutrition, clothing education and hope for the future, is a stupendous one and calls for a massive mobilization of resources. But the problem is more than just a quantitative one. A child is a special sort of human being by reason of its being in a state of growth. Physically and psychologically, a child is far more vulnerable than an adult. It has been proved that malnutrition or dietary imbalance in the early formative years or even in the pre-natal stage can cause severe, permanent and irreversible mental retardation. Any material or mental deprivation

that a child suffers can lead to chronic physical and emotional strains which will tell upon its later efficiency as a productive member of the society. It must be admitted that though a sense of social justice and equitable rights has largely replaced the earlier feudal, charity-based concept of social welfare, little has been done to enhance public consciousness about the status of children. Not only does the attitude towards children remain unchanged, but, worse than that, the victims of this attitude remain helpless.

Among children there are groups that are most unfortunate and severely deprived such as those who are exploited as a source of free or cheap labour, those who are destitutes and those who are handicapped. When coupled with poverty, their deprivity becomes acute. The problems of these groups deserve priority tackling.

India was one of the first Asian countries to formulate a national policy for children, as recommended by UNICEF. In 1973, it was received by the Union Government that it shall be the policy of the State to provide adequate services to children both before and after birth and to ensure their full physical, mental and social development. The growth of the children were to be achieved within a reasonable time. Again, in 1974, a comprehensive national policy for children was adopted and the National Children's Board was established.

Government have been implementing the balwadi programme and recently the ICDS programme which are nutrition-based child development programmes. But these programmes have at best touched only the fringe of the problem. A larger effort, a massive effort appears warranted to make any real dent on the problem.

In the coming years, the Government propose to address themselves to these problems more vigorously. The International Year of the Child is verily the starting point for such vigorous action.

The Government of Tamil Nadu are fully seized of the problem of the children of this state, who would be the citizens of tomorrow. The Government are preparing to launch a massive, integrated nutrition improvement project in Tamil Nadu with assistance from the World Bank. The project would cover children in the vulnerable age-group of 6 months to 5 years and pregnant and nursing mothers. With nutrition intervention as the core component, the project would have support programmes of health delivery, and nutrition communication. All these programmes would zero in on the integrated adequate and balanced growth and development of the child. This Project will really be a boon to these halpless victims of social callousness.

The proposal of the Government to start a Chief Minister's Children's Fund with Rs. 1 crore, is clearly a silver lining in the cloud. It augnurs well for the future of child development programmes in the state.

Out of about 2.35 lakhs of physically handicapped persons in the state, about 75,000 are children below the age of 16 years. Commencing from the International Year within a period of about 3 to 5 years, it is proposed to help all these physically handicapped children with artificial limbs, hearing aids and other prosthetic utilities. There is also a proposal to sanction the payment of stipends to physically handicapped children studying in schools upto VIII Standard at the rate of Rs. 25 per child towards purchase of books, note-books etc. In the city of Madras, facilities for the free transport of the blind exist already. Likewise, it is proposed to give such facilities to physically handicapped children also, either in the form of free bus transport or in the form of cash assistance of Rs. 10 or 15. It is also proposed to hold a special raffle, besides special collection drives, for mobilizing resources for the children's Fund.

It is encouraging to note that the Honourable Chief Minister of Tamil Nadu has promised that in the coming financial year the Government will do all that is required to be done for the welfare of the destitute children. The decision of the Government to extend all benefits now enjoyed by children belonging to socially handicapped sections, to children born of widow remarriages, is a positive step and a significant step towards responsible child development.

The media, especially in developing countries, are often criticised for not providing sufficient coverage to the problems of the young, both handicapped and normal. It is heartening to note that the Government propose to undertake a fairly massive media coverage to bring into focus the problems of malnutrition and the ways of tackling them as also the other aspects of child development. It will be doubly advantageous to start this programme in the International Year of the Child as considerable public interest in the problem would be generated in this year which can be mopped up and utilised for the maintenance of continued momentum for all child development programmes in the years to come.

With these positive and optimistic overtures on the part of Government, and given the enormity of public interst that the Year would generate, the advent of the International Year of the Child augurs very well indeed for the citizens of tomorrow and let us on this solemn occassion re-dedicate ourselves with resolve, will and confidence for the cause of caring for our young so that in the near future these hapless children can hopefully start receiving decent treatment which they richly deserve.

CHILD LABOUR

C. RAMACHANDRAN, I.A.S.
Secretary,
LABOUR & EMPLOYMENT DEPARTMENT.

IT was not too long ago that the exploitation of young children through employment in factories, mines, plantations and fields was not only condoned but approved. Employing young children, however, cheaply, was looked upon as a form of philanthropy and approved by employers, public officials and parents almost all over the world. It is only recently that there is a radical change in the outlook. People now look upon unregulated child labour as incompatible with their way of life. And this view has received a special stimulus in 1979, the International year of the Child.

But the evil still persists. As recently as in 1978, in one of the countries in the Far East, the police swooped down on a factory and found a total of 56 girls aged 8 to 15 who were confined to the premises and had to work from 6.00 a.m. to 11.00 p.m. wrapping toffee. They were alleged to be beaten by the employer's minions and ill-treated, given one poor meal a day, and kept in such appalling living conditions that two children died. The children had to squat down on the floor and remain in that position for such long hours that some of them lost the use of their legs and had to be carried to their place of work every day.

Even in a modern and highly developed island in the Pacific, child labour is employed in contravention of the law. In 1969/70, 541 cases of prosecution were brought before the courts for illegal employment of children involving 928 young ones ; in 1971/72, there were 207 cases involving 268 children ; and in 1972-73, there were 294 cases involving 360 children. "Special raids", have also to be conducted from time to time, one of which in August 1969, is reported to have resulted in 400 factory owners being prosecuted in respect of 1708 children, 52 of whom were under 10 years. Female children are found in metalwork factories, in the manufacture of hosiery, gloves, garments, wigs, and electric light bulbs and on the assembly line in plastics and electronics factories. Male children are found working as apprentices in engineering works, in motor repairs, shipyards, foundries, the printing and engraving trades, glassware factories, and establishments manufacturing camphor-wood boxes, furniture and leather footwear.

Child labour is not found in Asian countries only. Even in the affluent countries like United States of America, children are found working (International Labour Organisation Year Book). But, of course, Child labour as a social menace is rampant in the developing countries, like India, where it is prevalent extensively in the lower socio-economic groups, not only because of economic compulsions but also because of the lack of appreciation of the importance of education.

The concept of child protection was not unknown to Ancient India. Manu Smiriti says that it is the duty of the King to punish parents who do not send their children after 8 years of age to schools of education. But still the evil of child labour was there. The children of less than 8 years of age were purchased like chattel for doing low and dishonourable work.

Near the middle of the 19th century, mechanised industry raised its head in India. Many children came to be employed in cotton and jute mills and even for underground work. With the awakening of public opinion and the recognition of the need for regulation of work in factories, the first statutory provision for the protection of child labour was incorporated in the Indian Factories Act of 1881. This Act provided a little protection for children by forbidding employment of children under seven years of age in factories. However this Act applied only to factories employing 100 or more persons. There was also the lack of adequate enforce ment machinery. Therefore the evil of child labour continued. In 1891, the Indian Factories Act was reenacted whereby the lower age limit was raised from 7 to 9 years. The children were not allowed to work at night. In 1901, the Mines Act was passed which prohibited the employment of children under 12 years of age.

The Factories Act of 1911 reduced the working hours of children to 6 hours a day and also required that they should possess a certificate of age and fitness for employment. The next step in the history of child labour law was the

Indian Factories (Amendment) Act of 1922. The definition of the factory was extended to cover any premises using power and employing 20 or more persons. The child was also defined as a person who had not completed 15 years of age. In 1931, the Act was amended so as to impose penalties on parents for allowing their children to work in more than one factory on the same day.

With all this legislation, in 1931, the Report of the Royal Commission on Labour revealed that children as young as five years were being employed to do work for 10 to 12 hours daily for very low wages. On the recommendation of this Commission, the Government passed the Children (Pledging of Labour) Act in order to fight the evil of the pledging of the labour of young children by their parents for a loan or an advance. In 1934, the Factories Act was completely overhauled whereby the employment of children under 12 years was prohibited. In 1938, the Employment of Children Act was enacted in order to prevent the evil of employment of children in workshops other than factories such as bidi making, carpet weaving, cloth printing, dyeing and weaving, match manufacturing, explosives and fireworks making, mica cutting and splitting, shellac manufacture, soap making, tanning and wool cleaning.

After India became independent, the Factories Act of 1948 was passed forbidding the employment of children below 14 in factories.

In December 1974, a National Children's Board was set up by the Government of India in order to focus public attention on the problem of child labour. The then Prime Minister observed that while the exploitation of children was one side of the coin, the other side was the opportunity given to them for education through work.

In spite of all the legal framework to regulate child labour and to protect children from exploitation, the employment of children in the country has been steadily growing. According to the last census, about 42% of the total population were children below 15 years. The total number of child workers in the country was estimated at 10.74 million, representing 4.7% of the total child population or 6% of the total labour force. Child labour was prevalent in various sectors like agriculture (43%), plantation, livestock, forestry etc. (8.2%) manufacturing and processing industries (6%) and household activities (6%). It is also observed that child labour is more prevalent in rural areas and in unorganised sectors.

Various issues spring out of this problem of child employment. First of all there is the element of risk of accidents. Figures for children under 14 working illegally are not available but for the age group 14 to 18, for example, the figures for 1971 and 1972 show 5,352 young people were injured (2925 boys and 2427 girls), 11 of them fatally.

Secondly there is the problem of the lenience of courts of law. In an article in the South China Morning Post of 7th November 1969, labour inspectors were reported as expressing disappointment that the courts had in some cases been fining employers of child labour as little as 90 U. S. Cents hardly an adequate deterrent. The maximum fine permissible in law for the employment of children in industry is US Shelling 900.00

Then there are children employed in industry who escape detection. First there is the system of " out-work " whereby adult workers may take away from the factory raw materials for the completion of work, which, if it were done in the factory, would be regarded as industrial employment and prohibited to children. A parent then hands over the work to the child and either they do it together, or the child does it alone. One process frequently carried on in this way is the manufacture of plastic flowers.

Another problem facing the inspectors in this regard is the difficulty in determining just how old are some of the young people who apply to work in factories. Upon application, a child might borrow and present the identity card of another child old enough to be employed and be supported in this subterfuge by parents who need the money the child can earn. The need for introduction of identity cards with photographs has since been recognized and this device should make the process of determining a child's age easier.

Finally, there is the question of the adequacy of the resources of the inspectorate. If the number of visits in a year is divided by the number of labour inspectors on strength, it becomes apparent that every inspector would have to inspect more than four factories a day for 365 days in the year to produce the number of inspections; when the holidays and the other official responsibilities of the inspectors are taken into account, it is hard to avoid the presumption that the inspections are pretty cursory. This is not to suggest that there is no sympathy in the Labour Department for the task confronting it. It is only a pointer that if there is to be an adequate number of inspectors the Government must put its hand deep into its pocket to finance it.

On one hand we have the evil of exploitation of children. On the other we have the abject poverty of the parents who have no employment and depend on the meagre earnings of their children for their subsistence. In this anomalous situation, total eradication of child labour is neither feasible nor desirable in the foreseeable future. When millions of families are below the poverty line and depend on their children for a bare subsistence, any action to totally prohibit child labour would only aggravate their misery. It is therefore necessary to take action to eliminate or minimise the impact of adverse and undesirable areas of child labour.

Some of the remedial measures are :

(i) Compulsory education of children ;

(ii) Vocational training of young people under 14 ;

(iii) Strengthening of inspectorate to enforce the laws relating to child labour ;

(iv) Evolution of a National Children's Code consolidating the laws relating to the employment of children with model rules, uniform standards and norms governing the employment of children in various sectors and vocations ; and

(v) Provision of social security to poor families in the form of compensatory economic aid so that children could be weaned away from work and sent to school.

CHILD LABOUR PROBLEMS AND PROTECTIONS

S. NARASIMHAN, I.A.S.,
Commissioner of Labour.

Pandit Jawaharlal Nehru once said, " Somehow the fact that ultimately everything depends upon the human factor gets rather lost in our thinking of plan and schemes of national development in terms of factories, machines and general schemes. It is very well important that we must have them, but ultimately of course, it is the human being that counts and if the human being counts well, he counts much more as a child than as a grown-up " The child is said to be the father of man and the citizen of to-morrow. On his growth development, physical and mental capabilities depends the future of the manpower capital of every country. In a country as populous as ours, the development of children and utilisation of their talent and energy should form an important segment of Social, Cultural and Economic policy.

The early years of a child are meant to equip itself with knowledge, techniques and skills for one's different adult roles in the Society. If the socio-economic conditions compel the children to take up a job at a young age to support themselves or supplement the family earnings, it is bound to affect the very process of their growing up. Every child labourer is a child with all the needs of other children. He needs opportunity for growth not only physical but in mind and personality, through all the activities and experiences, which properly belong to childhood. When the business of wage earning is thrust on them, it affects their growth and education and the social evil of child labour becomes evident.

Legal Protection :

The framers of our Constitution have taken this factor into consideration and Article-24 of our Constitution lays down that " no child below the age of 14 years shall be employed to work, in any factory or mine or engaged in any other hazardous employment." At present, there are as many as 13 major legislative enactments providing legal protection to children in various occupations such as Factories Act 1948, Plantation Labour Act 1951, Motor Transport Workers' Act 1961, Employment of Children Act 1938, Beedi and Cigar Workers (Conditions and Employment) Act 1966, Shops and Commercial Establishments Act, etc. They not only prohibit the employment of children below a particular age but they have also provisions for improving the working conditions of child labour above a particular age permitted to be employed in such industries or establishments. This is to mitigate and safeguard the adverse effects of employment on their health, personality, etc.

Conditions in our country and State :

Inspite of the legal protections as mentioned above, the problem of child labour exists in our country. There are not enough statistics to prove the magnitude of problem though many assessments made by different agencies have revealed the problem as very acute. It is estimated that there are about 17 million children being employed in various occupations. About 42.7% are employed in Agriculture, 8.2% in livestock, forestry, fishing, hunting, plantations, orchards, etc., 6% in manufacturing and processing services, another 6% in household and other industries and 2.4% in Trade, Commerce, Transport, Storage, Communication, etc. Child labour is employed more in Rural areas than in Urban areas.

In our Tamil Nadu State also, the employment of children is prevalent in many of the above said occupations. The problem is very acute in match and fire works industries especially in Sivakasi area, cashew industries in Kanyakumari District, handloom and weaving industries, beedi and cigar works, etc. and to some extent in plantations hotels and restaurants. They are being employed in Agriculture and house-hold employments also. The exact number of children employed in these occupations cannot be furnished as no in-depth study has been made in respect of this problem. During 1976, the Government had appointed Thiru Harbans Singh, I.A.S .as one man commission to

conduct an 'in-depth study covering all aspects of the problem of child labour in various factories and industries in Ramnad District'. The report of the study is limited and it does not cover the whole State. Even in this study, it was clearly stated that the statistical information in respect of employment of children is inadequate.

The working conditions of the children are generally very poor in all the occupations. In handloom weaving industries it can be noticed that every weaver has on hand a child of school-going age. These children leave their home early in the morning, say about 7 A.M. with their lunch in a small aluminium box. Except for 15 minutes they are allowed to take their lunch, all other times they are required to work and they leave for their homes in the evening by about 6.30 p.m. They are paid a meagre sum of Rs. 30 to 50 p.m. In match and fire works industries, children even below the age of 10 years are being employed inspite of strict enforcement of the provisions of the Factories Act prohibiting the employment of children. They are paid mostly on piece-rate basis which provides incen tive for them to work long hours continuously, much more than prescribed under the Act and Rules. The potential for the employment of children in these industries are so great that they are being transported from nearby villages since the entire labour force in these areas has been fully utilised. These children also leave their homes at 6.00 in the morning and return to their homes only after 6.30 in the evening. In Beedi and Cigar works, these children are utilised for beedi rolling, labelling, packing, etc. They are mostly required as home workers. Their working conditions at home are more pitiable than the working sheds of the factories. Since they are also paid on piece-rate basis, these children actually work the whole day apart from looking after their household works and younger children in their houses. Cashew industries mostly situated in Kanyakumari District also employ children for peeling and shelling works. They are also paid on piece-rate basis and their working conditions are very poor. In shelling process, they come into contact with the cashew oil which is an irritant likely to cause skin diseases like dermatitis. The working conditions of children in unorganised sectors like Agriculture, household works, etc. are still worse with no fixed working hours, no fixed quantum of work and no fixation of minimum rates of wages. The employment of children is being exploited with impunity in all the trades.

Socio-Economic Reasons :

A child born in a family which is big and poor, may first attempt to go to a school. It will find that the atmosphere there is totally different, the other children who are on a higher economic level looking down upon it, the standards of education too rigid for it to cope-up, ultimately resulting in self isolation and longing to leave the schools where one finds itself out of place. For the parents, the problem of foremost importance is to supplement the family income to the extent of meeting normal human needs of its members. To the child and the family the issue of child labour is only secondary. To the employer it is a source of cheap labour supply and to the society it is a means for producing articles at cheaper cost.

By and large majority of people think only in terms of satisfying the present needs rather than improving the future. They want quick returns and child labour is an investment that brings quick results. It can be seen that child labour is both a cause and effect of illiteracy, unemployment and low standards of living. It may be noted that while poverty is the root cause for child labour, child labour itself adversely affects adult labour by reducing their bargaining power increasing the extent of adult unemployment.

Remedial Measures :

1. There are no reliable statistics to clearly assess the magnitude and depth of the problem in various sectors. Steps should be taken to make in-depth studies to identify the problems in full.

2. The existing statutory provisions and the machinery to enforce them are not adequate to combat this problem even in organised sector. Strict enforcement of the laws may mitigate the problem to a certain extent in the organised sector. But the problem will get shifted to the unorganised sector where the working conditions are still worse. As for the unorganised industries the job itself, in a country of the magnitude and size of India, with its manifold diversities poses a formidable challenge. Comprehensive measures should be taken for removing the inadequacies in the existing provisions and extending the coverage to the uncovered secstor also.

3. The employment of children is both an economic and a social problem. The economic aspect can be solved by increasing the income of the parents. If the father gets more income, he may be less inclined to send his child to the labour market. The economic development is the long-term answer to the problem. Social conciousness on the evils of child labour should be aroused through mass media like cinema, radio, etc.

4. The education level of the children as well as the parents has to be raised. The system of education should be re-oriented to suit the present day needs, providing more vocational training facilities. Where it is not possible to force the children to attend the regular classes and discontinue their jobs, special provisions should be made to start part-time or night classes. The scope of social security should be extended to cover families that might temporarily suffer due to their child being sent to school rather than to work. Monetary incentives may be provided to the poor parents who send their children regularly to schools.

Conclusion :

To conclude whether child labour is an economic or social problem, it cannot be indefinitely tolerated when it denies the opportunity to children for their proper physical development and education. To quote the National Commission on Labour—

> "While the economic difficulties are real, a way has to be found to give the child the necessary education in his more receptive years."

Crime and Adolescence

R. L. HANDA, I.P.S., *I. G. of Prisons*

Swami Vivekananda compared mind to the seed of a banyan tree saying that just as the whole expanse of a banyan tree is contained in a seed as small as the seed of a mustard, the whole world of a man's life is contained in his mind. Life pattern changes according to the changes in a man's mind. If the mind is under proper control, a well disciplined life will follow. An uncontrolled life is the outcome of an uncontrolled mind.

Crime is only a behavioural product of man. So, whether it is a child, adolescent, middle aged man or an old man, when the problems of criminal tendencies in them come, control of the mind, mending it, developing it and making it move on the right track, form the basis of any project of plan that has to be conceived.

World of a child is made up of dreams. The adolescent period being between the age of 14 and 25. (12 and 21 in women as per Oxford Dictionary), the world of an adolescent is made partly of dreams and partly of reality. The dream part will recede only gradually as he grows and gets knocked about in life and becomes a middle aged man.

This stage in a man's life, compounded of dreams and reality, is a very crucial stage. Lacking the strength of mind to form definite likes and dislikes or follow a particular path, the impressions and experiences gained at this stage will have far reaching consequences in the stages in life that would follow.

Hereditary, environmental, social, physical and psychological factors, influence a man's life, behaviour and actions.

Sir Cyril Burt, in his book, "The Young Delinquent," says that "what is hereditary is necessarily inborn; but what is inborn is not necessarily inherited." So mental abnormalities need not be limited to particular families alone. But when it is established that heredity is at the bottom of the criminal behaviour of a person, rooting out the evil, handed down to the unfortunate individual by generation of his forebears, is practically an impossibility. Lombrose says " Born criminals, including hopeless recidivists and morally insane, should be regarded as incurable ; all of them should be confined for a life in a criminal asylum or relegated to a penal colony, or condemned to death." But, condemning to death, a person for whom behavioral patterns hereditary factors are responsible should not be even thought of in these days of enlightened thinking. Complete segregation with enough comfort of life for such a person may be the solution befitting the modern times.

Coming to environmental conditions, it cannot but be admitted that, the environment into which a child is introduced first in his home and a good part of his adolescence is also spent mainly in home and amidst people near and dear, indifferent or inimical. Making a thorough study of environmental conditions with reference to home condition, Sir Cyril Burt writes " It is

clear that the commonest and the most disastrous conditions are those that centre about the family life. In one respect or another, among what is by far the majority of my delinquent cases, the child's domestic circumstances are demonstrably inimical'. Evidently, a pleasant home or an unpleasant home will make or mar the mental development of a child and it is during the adolescent period a good or a bad home will have lasting beneficial or disastrous effects.

Children have the habit of imitating their parents in their behaviour in particular. This is only a childish fancy. But when it comes to an adolescent, it becomes reality in part at least and this part will dominate the other part if it has taken hold of him more. So, elders have to be very careful and discerning in talking and behaving in the presence of adolescents at home, and in sex relationship in particular.

Next to home condition, the home surroundings influence the life of a person considerably. If crimes are prevalent more among slum-dwellers, it is because the norms of conduct, generally considered as decent and beneficial to all, exist only in a very small measure among them. If, during the highly impressionable stage of adolescence a person has to live in a place which is a hotbed of crimes, or other anti-social activities, it won't be surprising if he quite naturally takes to a path of crime or indulge in activities, considered as anti-social. Only poor people live in slum areas. Eradication of poverty may not be possible even in the near future. But, if at least some basic amenities are made available for those who live in poor localities, good change in the habits and attitudes of those living there will result. Slum clearance scheme now being carried out steadily and assiduously is a step in the right direction. The starting of Boys' Clubs in localities where youngsters in the normal course will not have the facilities for recreation or association in a healthy atmosphere, has also been a progressive step calculated to discourage growth of unhealthy tendencies among juveniles and adolescents.

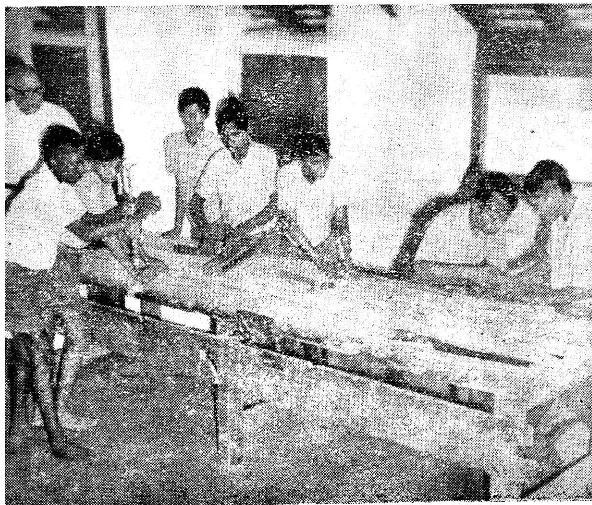
Educational institutions are the other places where character formation on the right path has to be aimed at and insisted upon. It is a well known fact that youngsters coming out of reputed educational institutions have a high standard of sense of discipline, morality and conduct. Good schools and colleges have become an envy of poor students. Sense of frustration and disillusionment creeps into them when they find that just because of social backwardness or poor circumstances they are denied the privilege of spending their most impressionable and enjoyable years in educational institutions reputed to impart the best of education, not only in the usual routine matters, but also in all the spheres touching on proper development of mental and physical calibre.

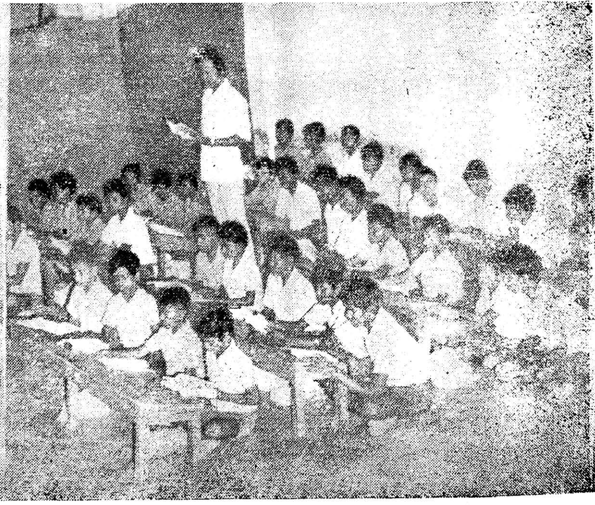
It may not be possible to convert all educational institutions to high-class ones soon. But sincere efforts have to be made to see that all educational institutions maintain a fairly high standard in the matter of educating young people on the proper lines. Good amount of attention should be paid on physical development also. A healthy mind contained in a healthy body will definitely enable a young person to march forward in life with hope and confidence.

Due to the inbalance of mind during the developing and most impressionable years of man's life, i.e. adolescence, the proness to fall a prey to the evils of sex, drug, petty crimes and even lenious crimes, is really great. Unfortunately this is aided and abetted by the mass media such as cinemas, catchy journals and social clubs catering to the baseness in man.

So, society as a whole has a responsibility in the proper upbringing of juveniles and adolescent. For the mistakes committed by the society in the proper development of the mental make-up of juveniles and adolescents, it will have to pay heavily and dearly one day or other. On the other hand, by going all out for the proper care and upbringing of juveniles and adolescents the society will reap benefits that will have lasting and far-reaching influence on the life of the nation itself.

It is a wise saying that if the paise is taken care of, the rupee will take care of itself. It can be confidently assured that if the juveniles and adolescents are properly cared for, the nation will take care of itself.

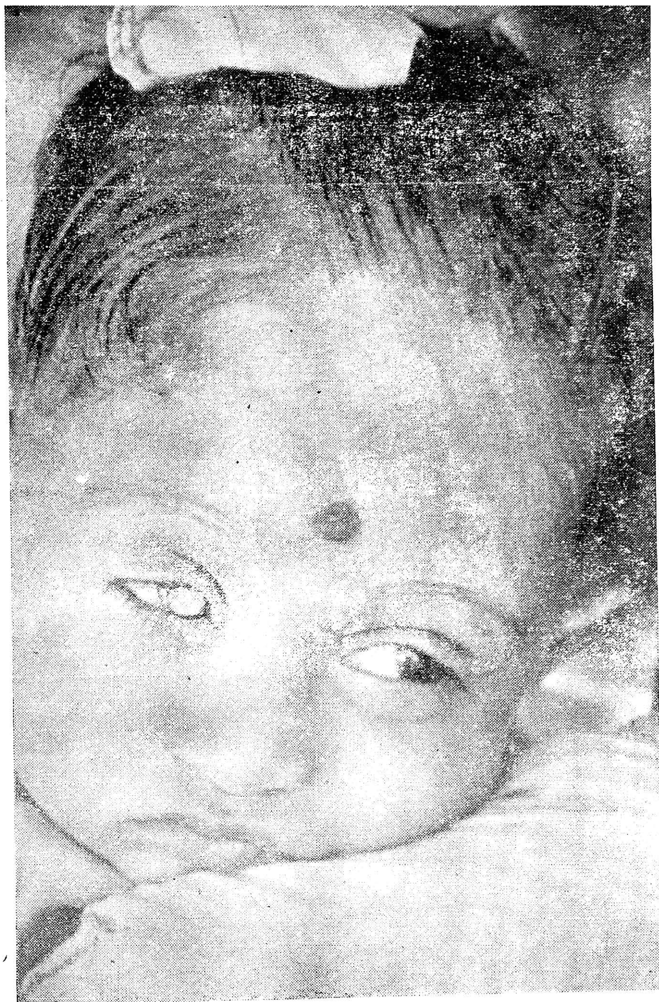




Child Health

Dr. K.A.KRISHNAMURTHY
DIRECTOR AND SUPERINTENDENT,
Institute of Child Health and
Hospital for Children.

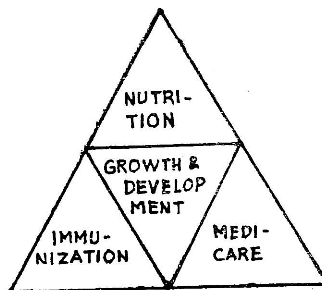
Dr. A. PARTHASARATHY
ASST. PROFESSOR OF PEDIATRICS AND
ASST. SURGEON,
Institute of Child Health and
Hospital for Children.



The International Year of the Child is almost coming to a close, however, the momemtum gained through its celebration, is taking an accelerated shape. 'Happy Child Nation's Pride '—' Healthy child sure future '—' Healthy child Happy Motherhood ' etc., are the slogans towards which the Child Welfare measures are being implemented. The Government, the Voluntary Agencies, the Pediatric Medical and Para Medical Personnels, have all thrown themselves into action to achieve the above laudable goals. But then what is the role of ours, the proud parents, for the welfare of whose children all these programmes are being implemented ? It is on this aspect we want to focus your attention on a few facts of " Child Health ".

A child is born ; there is immense happiness, enormous expectation and above all an eternal bliss in the whole family. Be it rich or poor the reaction is the same. Every child is a precious one for its parents. But then what happens as he grows up ? It is here that as parents we deviate from our responsibilities partly because of ignorance but mainly because of negligence ! Negligence in the sense—the-socalled 'for want of time' attitude—if you are a middle class member you are busy in your daily official duties, the so called daily wage earners have to concentrate on their work and the affluent, apart, have to depend on the Ayas and Dadi's to bring about their dear young ones ? What is the solution, then ?

The answer to this question is very simple—that whether you are an educated parent or illiterate, *the ignorance is the same*, and what is the need of the hour is just to focus the parents' attention on a few important aspects of care and nurture of the child. If you look at the growth and development of the child three important aspects have to be cared for as shown below: viz., Nutrition, Immunization and Medicare.



We draw your attention to the figure once again. There are four triangles, in the above figure of which three are stable with their bases down but only one being unstable with its base up and apex down. It is this unstable triangle which denotes the Growth and Development of the child that we have to concentrate. We can make it stable to a great extent if only we could care just the following three aspects only viz., Nutrition, Immunization and Medicare.

First let us take up Nutrition. By simple definition Nutrition is the sum total of Ingestion, Digestion and Absorption. So when you are aiming at a better Nutrition for your child you will have to mainly take care of his intake and if the intake is adequate and proper the digestion and absorption will follow suit. For a growing child Nutrition is important at three different levels viz.,

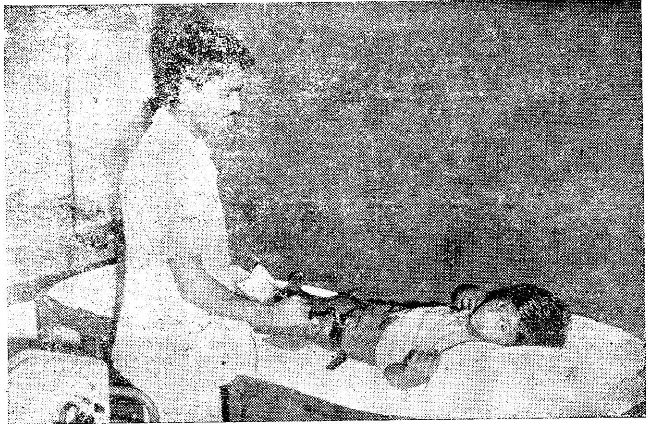
(i) **Intra Uterine Nutrition.**

(ii) **Nutrition of the child while on breast feeding. and**

(iii) Nutrition of the Pre-School child.

As far as Intra Uterine Nutrition is concerned all that the pregnant mother needs is just a few extra calories (Energy) and Protein along with adequate Iron and Folic Acid. One need not be alarmed at this statement. The Government have taken allout efforts to advise the pregnant mothers on these aspects. It is up to us to go to the nearest Government Medical Centre and get the benefits of these services. To put it in simple terms, the pregnant as well as lactating mothers need to supplement their usual daily diet with food items like Raghi, Gingili oil, Ground Nut oil, Green Leafy vegetables etc., If we do not observe these simple facts the result is that the Mother is deprived of her 'Calorie Bank' and subsequently not only that the child is born small but also he suffers during lactation. For the benefit of the economically weaker sections of the Mothers several simple recipies are taught and Folifer tablets distributed free of cost be it at an urban major hospital or a rural Primary Health Centre.

Coming next to the Breast feeding practices, the main slogan of advice should be 'Breast feed your baby as far as possible with the only precaution of supplementing his feeds, with solids as early as the 3rd or 4th month. Many mothers forget the simple fact that only repeated sucking by the baby increases the flow of breast milk. There is also no scientific basis to believe that the Breast milk becomes stale and spoilt when it is given after long intervals as is the doubt of many working mothers. If the Breast milk is insufficient then start the baby on Cow's milk or Buffalow's milk. If one can afford, go in for the tinned milk powders. A word of caution here will be on the recent trends in Infant feeding world over viz., the dilution of cow's or buffalow's milk could be restricted upto the first one or two months and that *Bottle feeding is to be totally avoided* by using the cup and spoon or tumbler and spoon. If tinned milk foods are used kindly remember that for every level measure of the powder you need to add only 30 ml. of water increasing one measure every month upto a maximum of 6-8 measures and 180-240 ml. of boiled cooled water respectively. In other words a standard Milk powder should be used maximum for a week or 10 days and not beyond that. If you over dilute the result will be Under Nutrition.



As far as the diet for the Pre-schoolers are concerned all that is needed is to supplement their daily diet with adequate quantity of Rice, Green leafy vegetables, Gingili oil Ground Nut oil, Raghi and Bengal gram preparation. This will prevent by and large the occurrence of protein energy Malnutrition, Vitamin Deficiencies and Iron Deficiency, Anaemia in this vulnerable age group.

The next important aspect of Child Health is Immunization. "Immunization of your child, should be the first step before he takes his first step" should be the Motto of every parent. The Primary immunizations should be completed before the child's first birth day as otherwise delayed Immunization may not produce the desired effects. The following simple schedule of immunization can be followed by every parent irrespective of their educational/economical status :

The following tips in Immunization should be remembered.

1. Have your child vaccinated against Tuberculosis and small pox as early as possible.

2. Give him all 3 doses of Triple Antigen and Oral Polio Vaccine as also the 2 Booster Doses without fail.

3. You need not follow a rigid schedule as far as Immunization is concerned—it is enough if you give all the three primary doses within the 1st one year starting from 4th month.

4. Do not breast feed your baby with Mother's milk at least 2 hours before and after the administration of Oral Polio Vaccination. This does not mean that you should starve him. You can very well give him the other available feeds.

5. Whenever there is a contact (i. e. a person affected with a particular disease like Typhoid/Cholera/Measles is in your viscinity) do not refuse to have Typhoid/Cholera/Measles inoculations.

Sl. No.	*Age of the Child*	*Name of Primary vaccine.*	*Booster Dose I*	*II*
1..	3rd month	BCG, small pox	Every 3 years.	
2.	4th, 5th, 6th month,	Triple Antigen, Oral Polio Vaccine	$1\frac{1}{2}$ years.	$4\frac{1}{2}$ years.
3.	7th, 8th, 9th month.	Cholera, Typhoid, measles.	Whenever there is an Epidemic or contact	

6. Remember that there are only three contra-indication for Immunization i.e.

(i) Local skin conditions like Eczema and Scabies.

(ii) High temperature and

(iii) Persistent Diarrhoea. In all other situations you can readily immunize your child.

In commemoration of the International Year of the Child the Rotarians of Canada have come forward to help us with Measles vaccines. So, shortly we will be approaching the parents for their full co-operation in implementing this programme successfully. Please have all your children in the age group of 9 months to 3 years pro tected with Measles vaccination provided they have not suffered from Measles previously.

Coming to the third important aspect of Child Health we want to stress the need for early Medicare with protected water supply and good environmental sanitation. Needless to say here that personal hygiene plays an important role in eliminating diseases like Scabies, Dental caries, worm infestations etc., You can easily prevent the occurrence of Malnutrition by giving adequate protein and calories as per advice available in all Government Pediatric Medical Institutions and with the team of Para Medical Personnel of Voluntary and other agencies. Complications of Meningitis following undetected or irregularly treated Primary Complex cases, Dehydration following unattended to diarrhoeal disorders, Pneumonia following Measles or other severe viral respiratory infections, loss of eye sight following neglected cases of Night blindness due to Vitamin 'A' deficiency- are all easily preventable if only early medical aid is sought and appropriate adequate treatment have been instituted. The responsibility lies entirely in parents and solely it is our duty to prevent the innocent young ones from the cruel hands of death.

Before we conclude, we would like to draw the attention of the parents and Medical Personnels as well, to the following 'Rules for Better Child Care' well delineated by the UNICEF.

Breast feed your child as long as possible.
Start to feed your young child soft food when he is four months old.
Feed your child five or six times a day.
Continue to feed your child when he is ill.
Give your child extra water, when he is ill, especially if he has Diarrhoea.
When your child is ill, seek help early from the nearest health centre.
Get your child Immunized.
Keep flies off food.
Wash your own hands and your child's hands before feeding him.
Give your child clean water to drink.
Have only two or three children.
Make sure there is two to three years space between each child.

Thus it may be seen that by observing simple day today practices we can certainly build a better future for our children. Superstitious beliefs should not find a place in child care and Nurture. Indiscriminate use of laxatives for constipation, forgetting the simple fact that constipation by itself is due to insufficient milk feeding should be discouraged. The use of "soothers" as an alternate to proper feeds when the child cries is to be totally condemned. The ambitious desire of the poor mothers to resort to bottle feeding with tinned milk powders, abandoning, breast feeding, should be abandoned by continuous Health Education. Facilities provided by the Governmental and Voluntary agencies should be fully utilised by the Parents. These agencies should take care to see that their work is not duplicated merely for the sake of statistical purposes. Thus it may be seen that the responsibility of building a better Nation with healthy children is a collective one and it can be achieved through coordinated efforts only. The task is truly magnificient and is solely ours.

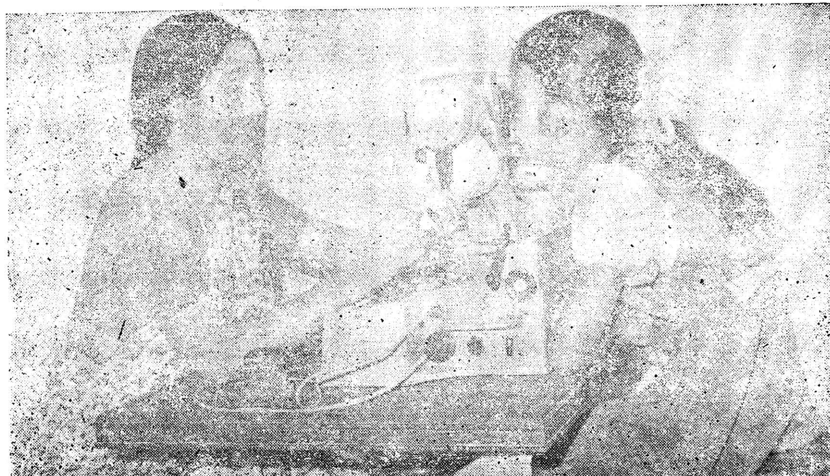
Before you complete reading this article kindly answer the following questions in the affirmative and if you do so you are indeed a responsible parent and your child will certainly be a healthy child with a dedicated sure future.

(1) Are you giving your child adequate better Nutrition and treat his illness at the earliest possible opportunity?

(2) Have you immunized your child in the appropriate manner with Primary and Booster Doses?

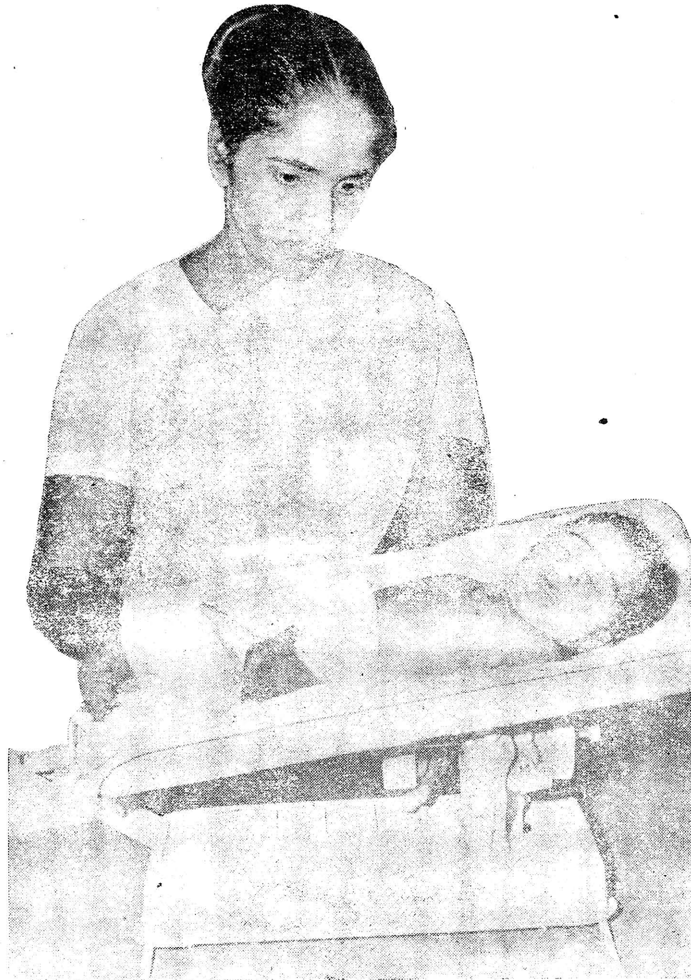
(3) Are you an eligible couple for the Family Welfare Programme?

As pointed out earlier your answers to the above three questions should be "Yes, Yes, Yes" and if so our Nation will be proud of you because you are caring for the health of your child and thereby the health of your Nation too!



MATERNITY AND CHILD WELFARE

Visalakshi R. NEDUNCHEZHIAN
Assistant Director of Public Health Maternity and Child Health



Mothers of child bearing age (15-45 years) and children upto 16 years form the vulnerable section of our population apart from being the major portion of our population (60%). Since mothers have added risk to their lives due to child bearing and children have special risk to their health due to the rapid rate of their growth and development in younger age, care of mothers and children should receive the highest priority in all health programmes. Thus maternity and child welfare (M. C. H.) Services is one of the eight major programmes envisaged in the package system of health care delivery.

Organisation of M. C. H. Services of good standard has always been one of the aims of the Government.

M & CW Organisation in rural areas:

To improve the M. C. H. Services in rural areas various programmes were launched during the first, second and third five year plans. During 1955-56 (under the backward area scheme). 19 main centres with sub-centres attached to each were opened for the whole state. These centres continue to function even now as state sponsored schemes.

With regards to the staff pattern, there is one health visitor and an ayah in each main centre and one maternity assistant and one ayah for each sub-centre. The entire expenditure for this scheme is met from state funds. These backward area centres come directly under the control of district health officers.

Further M. C. H. programme in rural areas are catered to women through maternity centres established by panchayat unions.

As per sections 65 (*c*) of the Madras Panchayat act 1958, it is the responsibility of the panchayat union council to open and maintain M&CW centres at the rate of one M & C W centre for every 10,000 population. These M&CW centres are also called as sub-centres and are staffed with one A. N. M./Maternity assistant and one ayah. They function as domiciliary midwifery units, providing skilled assistance before, during and after delivery by trained maternity assistants even in the remotest rural areas.

M & CW services are further extended in rural areas by the Institute of Public Health, Poonamallee through 7 maternity homes and one maternity centre under state funds.

The panchayat unions receive 2/3 grants from the State Government for the first three sub-centres and from the Central Government under the family welfare programme as per the pattern prescribed for the remaining sub-centres in the block. Thus now there are 2880 sub-centres on the whole in Tamilnadu run by 374 panchayat unions.

Apart from these, Government have opened primary health centres at the rate of one for every Community Development Block. In a few blocks, additional primary health centres have also been opened. Hence there are now 383 primary health centres in Tamilnadu. These primary health centres are the main nuclei from which M & C W services cater to the mother and children in rural areas through the net work of their sub-centres. The Medical

Officer (general or family planning) in the primary health centre forms the team leader to render M. C. H. services through the ancilliary staff of health visitors and A.N.Ms. posted to primary health centres and sub-centres. Further, in every primary health centre., there are six beds of which 4 are exclusively for maternity cases for conducting normal delivery. Difficult cases are referred to nearby hospitals by the doctors in primary health centres.

The sub-centres of primary health centres are now under the administrative control of Panchayat Union Commissioners. Technical control only is vested with the Director of Public Health and Preventive Medicine.

M&CW Organisation in UrbanAreas:

The maternity and child health services in municipal areas are organised through maternity centres and homes established and maintained by municipal councils as per norms fixed by the Director of Public Health and Preventive Medicine. There are 430 municipal maternity homes and M&CW centres in our state. In 44 municipalities women medical officers assist the municipal health officers in rendering M.C.H. services. The municipalities are being given a government grant equivalent to 1/4th of the recurring expenditure incurred by them towards the maintenance of M&CW centres based on the audited figures received from the Examiner of Local Fund Accounts, Madras. A sum of Rs. 20.03 lakhs was sanctioned to various municipalities spreading all over Tamil Nadu for the M. C. H. Services rendered during the year 1977-78.

M&CW Services

M.C.H. services comprise ante-natal care services, natal care service, post-natal care service, infant care service, pre-school care service and school health. Anti-natal clinics, post-natal clinics, well baby clinics and school health clinics are conducted at primary health centres and sub-centres in rural areas and maternity centres and homes in municipal areas. The A. N. Ms. register new-ante-natal cases, visit homes periodically to examine advise and to treat them. The mothers get further service at sub-centres and primary health centres by doctors and health visitors by way of getting their ailments treated early, getting tetanus toxoid immunisation, having their anaemia corrected etc. Family welfare advice is given by A. N. Ms. and health visitors and mothers are motivated to adopt family planning.

Immunisation Programme :

Children get immunisation (D.H.T.) in the centres, in the schools and also in their own houses by A.N.Ms. and health visitors, under supervision by medical officers of primary health centres in rural areas. A scheme for the D. P. T., Immunisation of children in rural areas was launched in the State of Tamil Nadu during 1964 through the agency of primary health centres and sub-centres. The children under 5 years are taken up for immunisation with triple vaccine generally but children from birth to 3 years of age receive concentrated attention from 1979. Each child has to be given three doses of D. P. T. at an interval of 4 to 8 weeks between each dose. A target of 1,000 children annually for every primary health centre has been fixed for D.P.T immunisation. Now this scheme is implemented as a part of package services under family welfare schemes and an annual target has been fixed by the Government of India as 5.70 lakhs of children for D. P. T. immunisation and 0.70 lakhs for receiving booster doses.

Further, government have sanctioned for implementation of the special D. P. T. programme in 110 primary health centres during the years 1974-75 to 1978-79 a staff of one additional health visitor for each of these primary health centres and 13 district public health nurses at the rate of one for each district to guide and surpervise the programme. Thus a 3rd health visitor has been added to 110 primary health centres now under the scheme immunisation programme.

The total number of children immunised in rural areas under this programme during 1977-78 is2,51,445 This is 83.8 percentage achievement when compared with a target of 1000 beneficiaries per primary health centre. (Immunisations are also under-taken by voluntary agencies, government hospitals and urban family welfare units)

The triple vaccine (D. P. T.) is now being supplied by the Central Research Institute, Kausauli directly to 4 regional areas to district family welfare medical officers. This is airlifted by Government of India. Since the supply is not made regularly either on a quarterly or a half yearly basis, difficulty is experienced in achieving targets, specially in the first quarter of the year. Further cold storage facilities and conveyance facilities should be strengthened for the peripherally located centres.

School Health :

The special scheme of school medical inspection programme was first sanctioned in 1965 for implementation in selected primary health centres in the state. Now the scheme has been extended to 63 primary health centres and 5 municipalities.

As per the programme, the medical officers at primary health centres should carry out medical inspection in respect of 2000 school children per annum in the age group of 6—11 years. In order to assist the medical officer in this work, one extra health visitor is posted to each primary health centre. The students showing signs of ill health after medical check up, have been treated with medicines and are provided with diet supplements etc. from the primary health centres. Some patients who require specialised treatment are referred to the nearby hospitals for such specialised treatment as may be necessary.

As regards the urban units, one medical officer, two health visitors and one last grade government servant have been posted in each municipality under this programme. Each medical officer in the urban areas will have to examine 10,000 school children per annum in the age group of 6-11 years.

The number of children examined under special school health programme during 1978-79 is 1,29,516. This is 88% of the target fixed. Cumulative health records are being maintained.

School health programme which is one of the components of total comprehensive M. C. H. programme is being supervised, guided and evaluated by the school health officer at state level, who undertakes frequent tours and offers necessary guidance and instructions in the

matter to the district public health nurse and staff of primary health centres.

Apart from special school health programme routine school health programmes are also carried out in all primary schools by all other primary health centre medical officers and atleast 1000 children per year are expected to be examined by each primary health centre medical officer, Besides school medical check up D. T. coverage is given to students and health education is being imparted.

Training of health visitors :

Health visitors training is being imparted in the Government Training School for Health visitors, Madras under the control of the Director of Public Health and Preventive Medicine. Two kinds of training viz. regular course of 18 months duration and integrated course of 2½ years duration are being conducted in the school at present. The candidates who are in possession of Midwifery/ANM. qualifications are being selected to undergo the regular course and for Integrated course, S.S.L.C. passed candidates are recruited. All these candidates are being paid a stipend of Rs. 50 per month during their training period. The total intake of students for regular course is 50 and for integrated course 75 per year.

The government training school for health visitors is housed in a permanent building of its own constructed in the compound of K. G. Hospital. Superintendent in the grade of health officer is in-charge of the school who is assisted by a nursing tutor, one public health nurse, two health visitors and a domestic science teacher on the teaching side.

The health visitors are posted to work in primary health centres in rural areas for implementing MCH. schemes including family welfare, immunisation, school health education etc.

Health visitors employed under government and local bodies are given refresher courses for one week in the government training school for health visitors, Madras.

In addition to the government training school for health visitors, Madras, health visitors training is being conducted at the Gandhigram Institute of Rural Health and Family Planning, Gandhigram on a permanent basis. 10 candidates for regular courses and 25 candidates for the integrated courses are being recruited every year as non-stipendiary candidates. 30 candidates have been trained so for by Gandhigram.

The infant mortality rate has been brought down ot 117.5 in 1977 from 133.0/1000 live births in 1972 as per sample registration figures. There is also a definite downward trend in maternal mortality rate and the rate is estimated to be 2.29/1000 live and still births in 1977.

Courtesy: Southern Scientist

Every year a total grant of Rs. 40,000 is being given to Voluntary Institutions at the rate of Rs. 30 per month per child for maintaining children in the age group of 8 to 16 years, who are affected with polio, cerebral palsy, mental, retardation and also for maintaining deaf and dumb, blind and ortho paedically handicapped children. Similarly Rs. 40,000 is given every year to Voluntary Institutions for the maintenance of children suffering from leprosy and for the maintenance of children of leprosy patients.

Mental Sub-normality

DR. R. SARASA BHARATI,
M.D., Ph.D., F.I.C.A.,
Professor of Neuropathology,
Madras Medical College.

The state of mental subnormality cannot be easily defined, since it could vary depending upon criteria employed to determine capacity and capability. Thus, apart from intelligence per se and the varying methodologies involved in measuring it, social competence and presence or absence of incentive factors such as environment, family, personal motivation and educational capability all play important roles in determining mental agility. However, for purposes of further discussion certain definitions are presented.

Definitions : The term 'subnormality' can be taken to indicate a state of arrested or incomplete development of the mind including subnormality of intelligence, the degree of which requires medical treatment or special care or training of the patient. In contrast, the severely subnormal individual will be incapable of living an independent life, requiring help and attention even for daily needs.

One of the continuing deficiencies in regard to further understanding of mental subnormality is the absence of any lesion in the brain in many cases. In most cases of severe mental deficiency however, a demonstrable organic disease or pathology may be appreciated. Thus patients with mental deficiency automatically be classified into two categories.

(*a*) those who are organically diseased.

(*b*) those who are apparently normal but behaviourally sub-normal.

While nothing much perhaps could be done for those under the first category it is likely that further indepth study of the aetiological factors leading to the production of children who are apparently normal but with behaviour subnormality, could result in the creation of more successful methods of approach in the salvage of these children so that the affected individuals could atleast form part of an useful society rather than remain as parasites. Thus the study of these latter cases assumes great importance and significance.

Aetiology : A very large number of factors appear to play a major role in the production of a subnormal child. These could be classified as follows : (1) Those due to genetic abnormality, determined either prior to, or at the moment of conception or any stage later.

2. Social and environmental factors which interfere with development of the brain during pregnancy, or at any other stage in the child's life before the mechanical development of intelligence has been reached.

1. **Genetic Factors :** These are inherent being present even prior to conception in parental or more remote ancestral germ cells and thus the consequent abnormalities may be determined either at the moment of conception or during later stages of division of the fertilised ovum.

These genetic defects may be either (*a*) harmful genes or (*b*) aberrant chromosomes. These may occur either sporadically or in families, being frequently transmitted in one of the recognizable genetic patterns. In all, over 200 different types of syndromes or inherited disorders have been described found in association with mental subnormality. While a detailed account of these is not the object of this paper, a listing of the some of more frequently met with syndromes will be made.

(*a*) Conditions due to harmful genes : These may be due to (*i*) autosomal dominant abnormalities (*ii*) autosomal recessive abnormalities (*iii*) x linked abnormalities.

(*b*) Conditions due to aberrant chromosomes would include the following :—

(*i*) Autosomal aberrations (*ii*) Sex chromosomal aberrations.

(*a*) Conditions due to harmful genes :

(*i*) Autosomal Dominant Abnormalities : In these cases, a single defective gene may be transmitted by a parent of either sex to half the off-spring. This defective gene may originally be the result of a mutation taking place in the parent, or be an inheritance from his parent. If the mutation occurs for the first time in the parent, the parent may not actually suffer from the disease. However, if he had inheritated the defective gene, the parent himself may show mild affliction.

Many conditions can be cited as examples of this variety of defective gene.

(*i*) Tuberose sclerosis (Epiloia)

(*ii*) Neurofibromatosis

(*iii*) Craniofacial dyostosis (Crouzon's disease)

(*iv*) Hypertelorism.

(ii) Conditions due to autosomal recessive abnormalities : Here both the parents must be carriers of the genes such as occurs in parents who are already blood relations. Thus parental consanguinity is an useful pointer to the presence of the rare recessive inherited defects. These diseases include a variety and there may be an abnormality in the i) protein metabolism ii) Carbohydrate metabolism (iii) Lead metabolism (iv) Cu metabolism (v) Connective tissue formation (vi) Other inborn deficiency such as G6 PD deficiency) (ii) Thyroxine deficiency

(iii) X-Linked Abnormalities : The presence of an additional x chromosome generally carries with it an increased risk of subnormality. As there are two X chromosomes in females and 1 only in males, the genes for recessive defect on the X-Chromosomes have different effects in the two sexes i.e. males with 1 such harmful gene with X chromosomes would be effective sufferers, whereas females with 1 gene on X-Chromosomes would be heterozygrous carriers. These females would be affected only if they were homozygous for the gene in question.

The following are some of the conditions (1) Hemophilia which however does not produce much mental subnormality (2) Gargoylism (3) Oculo-cerebral degeneration (4) Leach Nyhan syndrome (5) Nephrogenic diabetes insipidus (6) Hydrocephalus etc.

(*b*) **Conditions due to aberrant chromosomes :**

(1) **Autosomal Aberration :** In these cases there is an extra large or small chromosome in the chromosamal pairs. The striking featur e here is the fact that occurrence of extra large chromosome upto the 13th pair of chromosome is incompatible with life and it is only when they occur beyond the 13th to 15th pair that foetuses are viable. But even here, often there are gross physical abnormalities and life expectancy is short. Their frequency of occurrence is not definitely known but is

believed to vary between 0.1 to 0.8 per thousand live births.

Different varieties of Trisomy such as those involving the 13-15 pair (Group D-Patau's syndrome (*b*) 17-18 Group E Edward's syndrome (*c*) 21, Group G-down syndrome—etc.) may occur. Other autosomal chromosomal abnormalities include partial trisomies involving Group B (4.5) Mosaic Trisomy B Partial Trisomy 15 etc. Further, chromosomal deletions involving either the short arm or long arm may be seen. Thus (1) the cri-du-chat syndrome, (chromosome 5 deletion of short arm) (2) Wolf's syndrome (chromosome 4, deletion of short arm) may be seen. Partial deletion of long arm especially in chromosome 18 or 21 may also be seen. Ring chromosomes may also occur. These are rare and involve Group C and D chromosomes.

(ii) **Sex Chromosomal Aberration :** Aberrations of the sex chromosome can occur which are closely associated with various abnormal clinical states.

These include the following :—

(1) Klien Felters syndrome in the male (2) Triple X conditions (super female) (3) Double Y condition and others such as Turner's syndrome. Sex chromosome mosaics may also be seen.

II. Subnormality due to social and environmental factors are many and varied.

While it is impossible to consider any of these factors in their entirety a listing of the different aetio-pathological factors associated with many of the abnormalities will be made. These factors could influence solely the foetus primarily or secondarily. Thus factors could be foetal or maternal, or both and they could act prenatally, natally or even post natally.

Ante-Natal Factors : Factors which interfere with the nutrition of the foetal brain or the proper oxygenisation of the brain or factors which destroy previously normal brain cells can result in amentia.

Here, it would be interesting to recall that the growth of the brain shows two spurts of activity. During the first spurt, i.e. between 15th and 20th week of pregnancy, the neurones multiply and soon reach the adult number. During the second spurt i.e. between 25th week onwards and continuing upto the first 2 years of life, there is an enormous glial cell multiplication. Thus any factor which results in interference during the two spurts of activity can result in amentia.

Nutritional Factors : From the above it can be seen that deficiency of food factors such as protein will result in subnormal growth of cells leading to mental insufficiency.

During intrauterine life-placental insufficiency forms the most important cause of poor foetal growth. Placental insufficiency may be due to a variety of developmental abnormalities in the placenta or due to maternal disorders such as cardio-vascular disease, ante-natal haemorrhage, chronic renal disease, toxaemia of pregnancy or severe diabetes mellitus.

Smoking by the mother will also cause foetal underdevelopment.

Early recognition of retarded foetal growth may be possible by investigation of amniotic fluid-Neonatal hypo glysemia when the blood glucose levels is low, (on all estimations below 20 Mgms per 100 cc) leads to permanent brain damage and mental subnormality. The babies disclose poor sucking reflex. apnoeic attacks, convulsions, restlessness and abnormal sensitivity to auditory and tactile stimuli. The babies respond to these stimuli with widespread tremors.

(2) Anoxia : This may be due to placental insufficiency associated with development placental abnormalities. pre ecalmptic toxaemia, retro-placental haemorrhage, prolonged second stage of labour, prolapse of the umbilical cord, heavy maternal sedation resulting in neonatal respiratory depression etc.

(11) Infection: These may occur either in the mother or in the child.

Maternal Infections : These may be due to viruses such as (*a*) rubella. (*b*) cyto-megalo virus infection and (*c*) Varicella or other organisms such as (*d*) Spirochaetes (*e*) Toxo plasma gondi or other different types of organisms.

Childhood Infections : Infective disorders due to viruses resulting in diffuse encephalitis in the foetus are rare. But they may occur even with common organisms producing meningitis. If these factors are severe, they may lead to severe brain damage and dementia.

(3) **Trauma :** (1) Direct trauma to the mother during prenancy is a very rare cause of amentia.

(4) Precipitate labour with consequent cerebral trauma at birth occurs more commonly especially in multipara.

(5) Contraceptives and aborti facients used to prevent conception or to induce abortion may result in terato-genetic abnormalities.

(6) Toxic substances such as Lead. Manganese, Strontium, etc. may also lead to destruction of neurones and subsequent gliosis.

(7) Exposure to excessive radiation. Exposure to even diagnostic X-ray examination during the first trimester, may result in microcephaly of the child, a large number of pregnant women in Hiroshima exposed to atomic radiation had microcephalic infants.

Other Social and Environmental Factors : In a large majority of the children found mentally insufficient, psychological factors such as isolation of the child and parental rejection appear to be the important causes.

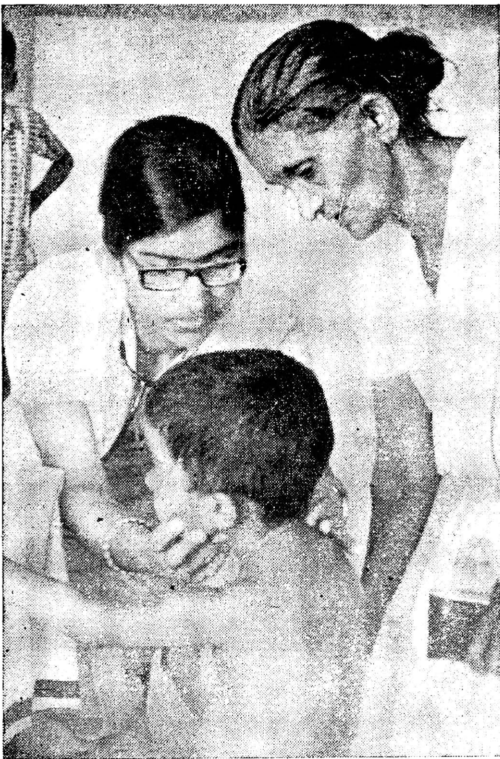
Isolation Amentia : It is agreed on all hands that the proper development of the mind (whatever that reallymeans) requires proper external stimulation. The latter implies not only the proper functioning of the sensory organs such as the eyes, ears, nose etc., but also of the motor system, the muscles and bones. Thus a sound physique is also necessary as also the development of the sensory organs. Thus early thorough examination of the child is necessary to exclude deafness, a deficiency in visual acuity etc.

In addition, an important cause in the development of the mentally insufficient child appears to be the prolonged isolation of often the single child from other companions.

Parental rejection : More important than the above appears to be the rejection, conscious or unconscious by one or both parents which the child often senses and reacts to. Thus a satisfactory child parent relationship is an important factor necessary for proper mental development.

From the above it can be seen that the etiological factors when not associated with genetic causes are probably preventable and therefore these are the factors which have to be given greater attention to and much work remains to be done in these fields.

It is therefore but proper that in this year of the International Year of the Child, studies are undertaken to determine the social and environmental factors which lead to the mental sub-normality in children so that such children are returned to society and be made useful members of it.



the handicapped child

Dr. V. BALAGOPALRAJU, M.D. (Ped.), F.A.M.S.F.I.A.P. D.C.H.,

A handicapped child may be defined as one who suffers from any continuing disability of body, intellect or personality which will interfere with his normal growth, development, activity and capacity to learn. In other words handicaps in children will be mainly physical, mental and or emotional.

Major types of handicaps.

1. Mentally sub - normal children. 2. Deaf children. 3. Blind children 4. Physically handicapped children right from birth. 5. Physically handicapped due to diseases like Polio, infections affecting brain like meningitis and encephalitis which can cause mental handicap also.

A large group of emotionally disturbed children, due to broken homes, neglect of parents willfully or out of ignorance, poverty etc.

Extent of the problem : Colossal to say the least ! For example 1. 1-3 per cent of our population are said to be mentally retarded.

2. Education commission (1966) has stated that there are 14,00,000 mentally retarded children of school going age in our country.

3. 6% of India's population are deaf of whom 1% are so severely deaf as to have speech defects.

4. 23% of total deaf people are school going children (6-16 years).

5. 3 Million people are totally blind in our country and another 6 million are economically blind (that is, those who cannot count fingers if it is held more than 2 metres away)

6. There are one million children who are blind due to Vitamin A deficiency. 14,000 children go blind every year due to vitamin A deficiency.

7. One pre school child out of 500 get paralytic poliomyelitis which in most of the cases cripples the child for life. (In Newzealand there are *No* polio cases at all and in U.S.A., just 7 cases per year).

8. There are no reliable data with regard to number of cases of physical handicap due to cerebral palsy. In technologically advanced countries the incidence is 2.5 per thousand school going population.

To care for and to rehabilitate these children will be a stupendous task by Governmental voluntary organisations. However the felt needs of the people are to be satisfied. Tamil Nadu State stands in the forefront among all the states in treatment and rehabilitation of handicapped children through various agencies and Government institutions. Voluntary organizations and some private organizations are doing an excellent job.

But yet the only way that the incidence of handicapped children can be reduced to minimum will be through prevention. Most of the conditions are preventable.

Some of the major steps in prevention will be

(1) Prevention of crippling disease Poliomyelitis through immunization. This immunization which is given orally (3 doses at monthly interval) must be given to all children before the end of first year of life. Again once at the end of another year, once again at 5 years of age. The only bottleneck in mass immunization is that the vaccine should be stored in cold storage. In deep freeze it can be kept for even upto 2 years. But in freezer compartment of refrigerator for about 2 months and in refrigerator for one week. When taken out for immunization it should be kept in ice box or in thermos flask with ice for not more than few hours. The cost of vaccine itself is not prohibitive considering the havoc the disease causes. The mass production for the vaccine in the country should not present any insurmountable difficulties.

(2) Prevention of deafness occuring in children; 90% of deafness which occur in children can be prevented if children are properly treated for throat and

ear infections, especially if children are not allowed to remain without proper treatment when pus oozes out of the ear for months together. Pelople should be educated that a leaky nose may be tolerated but never a leaky ear.

(3) Prevention of blindness : Energetic steps are being taken through Vitamin A administration by Government voluntary and private agencies. But yet there is still greater need to educate the lower economic strata population on inclusion of green leafy vegetables and seasonal fruits like mangoes, cheap but neglected fruits like papayya and also use of oils like gingelly oil more for food than for bath.

Prevention of mental retardation and even physical handicaps like cerebral palsy can be achieved to a very large extent if complications at the time of birth can be anticipated and prevented by good Antenatal care and delivery by competent midwifes and by doctors. Major points in prevention in this regard will be:

(*a*) Avoidance of use of any medicine to Mother during the first three months of pregnancy without doctor's specific instructions. Indiscriminate taxing of medicine at this period may produce physical or even mental handicaps to the baby.

(*b*) Avoiding injections of streptomycin to pregnant mother during the last three months of pregnancy as this may lead to deafness to the child.

(*c*) Regular check up during pregnancy by competent health personnel or doctor.

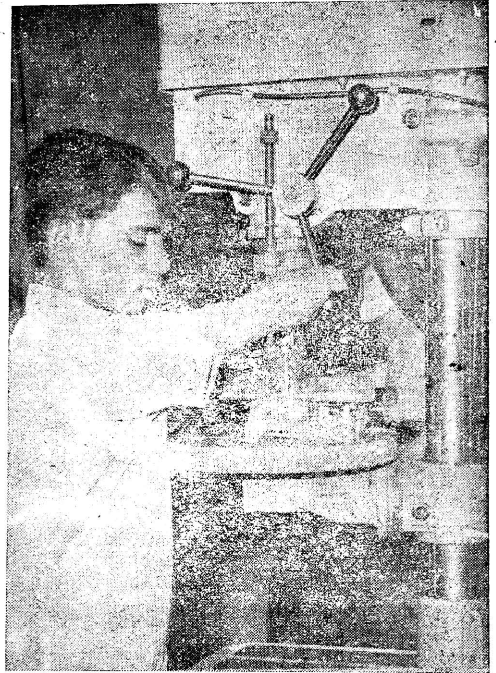
(*d*) Delivery should be by a competent doctor if

(i) Mother is very short (less than 4.5 feet in height)

(ii) If the previous deliveries were complicated

(iii) If the pregnant mother has swelling of feet and face, has highblood pressure, heart disease, anemia, diabetes, or bleeding.

(iv) If mother is too young (less than 18 years) or too old especially over 35 years of age or if it is 5th child or more number of children. It is safer even for the first pregnancy, to be in an institution or under the direct care of a doctor if the mother delivers her first child after the age of 29 years, as complications to the child and even for mother are more likely in such cases.



Health education to masses especially in rural communities on the above lines may be productive of immense benefit to both mother and child.

Lastly it is much more effective and more practical and feasible if loving parents themselves look after the handicapped child at home, with proper supervision and education of parents than to institutionalize a child, in most of the cases.

juvenile delinquency

R. VIJAYALAKSHMI, I.R.S.

THERE is a woman walking in a crowded bazaar. A boy makes his way through to her and suddenly there is a cry of "thief, thief" but before anyone can spot what has happened the boy has vanished with the woman's gold chain.

A car is standing near the pavement and there is no one in or near the car for some time. A young boy walks up with a spanner in his hand and matter of factly removes a hub cap and walks off with it. The passers by ignore the wholething on the assumption that the boy is a mechanic's assistant.

These are a few instances of delinquent behaviour of children which are not uncommon these days. There is increasing consciousness today of the expanding problem of delinquency. There is a variety of socio economic factors responsible for the growth of criminal behaviour on the part of children and adolescents which require to be analysed and understood. A sympathetic and intelligent approach may help to mitigate this problem.

India as a whole had not experienced the problem of criminal behaviour on the part of children on account of the shelter provided by the ancient joint family system. But a host of factors is slowly demolishing this ready social shelter. Urbanisation, industrialisation the necessity to move to distant places in search of jobs, the pressure of population, all these are factors contributing to the demolition of the joint family system. Children losing one or both parents are left very much to the indifferent fate of the roads if there is no property which can support them. Even when there is property instances are, many when relatives appropriate the property and children are turned out on the streets.

When parents face unemployment then children are left to their own devices. Among the poorer sections of Society there is minimum control and supervision and even this is reduced when the parents do not have the means of feeding their children. It is in these circumstances ces that destitute and near destitute children roam the streets scrounging for a living and very often turn criminal since they always lack not only the basic necessities but also basic social values.

According to the 1971 census there are 32 million children out of 230 million in the 0—14 age groups, classified as beggars, vagrants, destitutes and victimised children.

It is from this group that delinquency behaviour pattern emerges; though there might be cases of criminal behaviour from among better cared children, depending on various other factors.

It should also be appreciated that there is a constant recruitment to this group. Inspite of the liberalisation of abortion laws, annually about 1.15 million babies are thrown away, (out of 15 million born). They are abandoned near temples, churches, poor homes, toilets ,garbage cans, doorsteps etc. and are severely mauled by stray dogs and may be maimed or scarred for life. It is estimated that atleast 2% of the total child population is physically handicapped and 4% mentally retarded.

From this rich material there are anti social factors recruiting beggars and also criminals. It is a known fact that in bigger cities gangs exist which recruit little children, maim them and train them to be beggars who are expected to turnover their earnings to the gang in return for a subsistence maintenance.There are also gangs which teach petty thievery from shops, pedestrains and even house breaking to children.

The Government steps in only when the behaviour of this enormous army of waifs turn criminal. There are special courts in many states to try the offences committed by children and there are also correctional institutes either run by the Government or subsidised by the Government.

It is increasingly realised that delinquent behaviour of children is not inherited but is a product of environment. Parental neglect, growing up in an atmosphere of social irresponsibility, lack of education, need to fulfil basic necessities as well as recognition in a group, these are some of the contributing factors. Adult cruelty to children or even the absence of humane and kind treatment which triggers off latent aggressions which result in antisocial behaviour.

There was a recent film which showed a young adolescent boy meeting brutal treatment at the hands of elders ultimately turns homicidal and quite manic. The fact that such a theme could be so effectively portrayed shows a recognition of the inherent social malaise. However, treating delinquency after it has surfaced as criminal behaviour actually complicates the issue. It is mostly the enormous backlog of vagrants and waifs which contributes to the rise in the incidence of delinquency. As mentioned in an earlier para the presence of nearly 32 million of these in India and the assurance of constant source of recruitment to this body shows the levels at which this problem ought to be tackled so that the incidence of delinquency is avoided on a large scale. Vigourous steps are being taken to cater to the physical and social needs of these millions of children who are being exploited by unscrupulous persons to behave in antisocial and criminal fashion; the children, out of sheer necessity, turn into little thieves, dacoits, cheats and murderers before they can be taught the difference between right and wrong.

There are three juvenile guidance bureaux functioning at Madras, Madurai and Vellore. The main functions of the Bureaux are to observe, test, evaluate and counsel the children referred to by the Juvenile camps as well as by private agencies and the Public.

The research programmes relating to recurrence of delinquency in juveniles living in economically backward families as well as those due to broken homes and negligent parents are also undertaken with the help of a full time psychologist employed at the Juvenile guidance bureau.

The Department of Correctional Administration is entrusted with care, custody, training, educational and vocational, after care and rehabilitation of the juvenile delinquents, destitutes, youthful offenders, uncontrollables dealt with under the Tamil Nadu Children Act, 1920.

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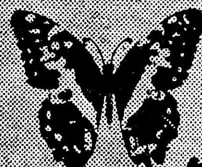
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PROBLEM CHILDREN

K. V. KALIAPPAN
Department of Psychology,
University of Madras.

The importance of childhood in human life is well realized by the society over a few centuries. A poet proclaims : " The child is the father of the man." The father of Psychology Sigmund Freud has also given lot of importance to the childhood period. He even claims that unsolved conflicts during childhood lead to neurosis and psychosis at later age. We also witness a changing trend, which marks less paying more importance to children than the family heads in our modern families. The importance of childhood is realised even in dealing with criminal behaviour of children. Unlike adult offenders, society takes a lineant attitude towards juvenile delinquents. Moreover in India, children *gain* much importance as they constitute about 42% of the population.

Psychology can be defined as the biological science of behaviour. It is pervasive in dealing with every aspect of human behaviour. Child Psychology, especially has contributed very much in understanding the prediction and control of children's behaviour.

According to Psychology human beings are not born equal. By birth individuals differ in their intelligence, memory and other personality predispositions. Moreover they are presented with varied environment. Some environment stimulus lead to the development of human potentialities whereas certain other environments retard the potentialities. As the human child needs protection and care from the parents the childhood becomes a vital period in human life. The shaping of personality depends mainly upon the home environment in which the child lives throughout the vital period of childhood.

Family :

Family as a highly important institution in India, should provide adequate opportunities and stimulation to the stable personality growth of the child. Psychology imparts knowledge to parents of the better ways of upbringing children. Parents with some psychological knowledge can succeed in the paramount duty of shaping up stable personality. First of all it is essential that the child's intelligence, memory and other personality predispositions should be clearly understood by the parents. In this regard, a psychologist's help becomes inevitable. Secondly parents should present reasonable demand on the child.

Personality Types

In a family there may be two children both of whom are brothers. One boy may be an extroverted type of personality—a happy-go-lucky person mixes freely with others and thick skinned. But on the contrary, the other boy may be an introverted type of personality, who is sensitive not a good mixer and the opposite of sociable. Parents of these boys, cannot afford to treat them alike. The sensitive boy should be handled gently whereas the extroverted fellow should be dealt with strictly. If strictness is used excessively with the sensitive boy he may turn out to be a person suffering from inferiority or depressive illness. If strict discipline is not used with the extroverted boy, he may turn out to be a 'deviant'.

Overstrictness on the part of parents does harm the children. The case of Joseph may illustrate this. Joseph coming from a respectable, educated and orthodox christian family often steals watches from his parents, uncles and other-people known to his family. He admits that he steals to irritate his parents. He complains that his over strict parents do not allow him to do, anything freely, like dressing according to his wishes, going to movies, playing cricket etc.

Overdemanding Parents

Overdemanding on the part of parents is often seen largely with educated parents. The son and daughter may be average in intelligence. But many parents do think that their son is 'extraordinarily bright' or genius in intelligence and often demand too much from the child. Due to the over demand the child is not able to cope up and develops problems like hysteria, phobia, stammering, feelings of inferiority, delinquency acts etc. By ignoring the interest and aptitude of the child some parents do thrust their ambition upon the child. "My son is going to be an I. A. S. Officer," may be the wishes of a father who has failed to become an I. A. S. Officer in his life. A boy highly talented in mathematics may be compelled by the parent to take up M. B. B. S. course to fulfil their wish.

Another significant problem is that in our country we don't have enough facilities to find out children who are just below average in intelligence and coach them up separately instead of putting them in normal schools. They may be borderline in general intelligence, but highly talented in certain special abilities such as music, painting, drawing etc.

Over permissiveness

Some parents are overpermissive and allow their children to do anything. A good example is the case of Ramu. Ramu as a young boy was given lot of freedom and he even went to the extent of smoking " Ganja " before his father. He used to ask his father 'Father, why don't you join me in smoking this great stuff, you may even see heaven by this." Ramu became an addict and suffered from mental torture.

Rejection by Parents

In the present highly competitive sociality if both the father and mother are employed most of the time they are away from home and spend very little time with their children. One may even come across a father replying that he does not know in which standards his sons are studying, whether they have passed or failed in the last year. Sometimes, parents may be hostile and rejecting due to their emotional difficulty.

School Environment

Next to the family, teachers and school play a vital role in shaping up the personality of children.

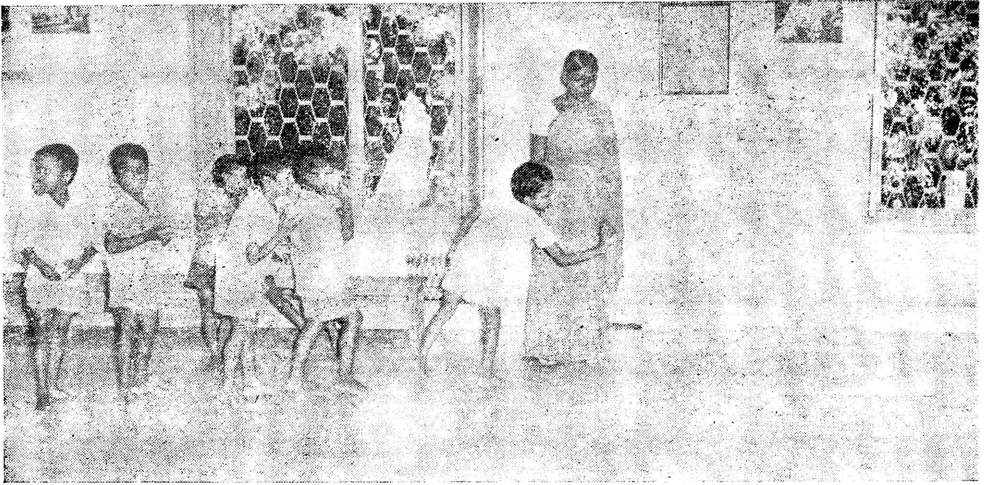
Educational Psychology has given adequate guidelines in this regard. Segregation of children according to their intelligence may save lot of expenditure in human energy and economic wastage. Moreover separation of dull and gifted children will solve many problems of children. The same way a routine, monotonous syllabus may lead to problems. Most of the schools in our country do not segregate children according to their intelligence and creativity. Nurturing creativity will not only lead the nation to have many inventors and scientists but also curb mental ill health and antisocial activities to a great extent.

Rich Environment with Adequate Stimulation

Children should be provided with adequate care and affection within home and school. Naturally, broken homes, family tension due to frequent quarrel between parents, methods of parental control, parental emotional stability and family economics play vital role in affecting the family in providing rich environment to children. The rich family environment provides adequate security. Providing security does not mean that children should be overprotected and never exposed to stresses. Every child should be exposed to mild and moderate stresses and made to learn. A child who is spoonfed by the mother and then left alone suddenly without the support of the mother is found to suffer from lack of confidence. In some families, mothers used to study from the K. G. to 10 plus 2 stage, to coach their children. Such children will not be able to study without the mother's support evenafter the passing of childhood. Family and society should provide rich environment for the children, wherein they get all comforts love and at the same time stresses of moderate intensity which make them immune from severe stresses. They are to be protected from severe stresses, which may damage their personality. Stimulation is another important factor in making children get stable personality. By stimulation we mean that enough opportunities are given to the children to learn and develop the potentialities. Every parent should shine as a model to be followed up by their children. Children may be adopting the courage and confidence of parents.

Psychological knowledge can be utilised to enlighten parents and teachers who deal with children and in a way they are the people who play a major role in creating problem children. Prevention is always better than cure. Psychology can play a major role in preventing the development of problem children as the causes which create problem children are only psychological in nature. Psychology can also play a major role in correcting the children who are already problematic to the society.

'Parents and teachers, do leave children to grow freely, let them breathe the air of freshness. Let them not wither with your strictness. Nurture their creativity. Do understand them but don't trust yourself in every endeavour of them. Leave the flowers that give fragrance without plucking them. Do learn a little psychology and live happily and let your happiness radiate to your children.'



School For The Blind And The Deaf

LITTLE FLOWER CONVENT

The Little Flower Convent school for the blind and the deaf founded in 1926 has been recognised by the Government of Tamil Nadu and has become a full fledged high school since 1975.

Children are admitted from the age of four and they undergo 12 years of schooling. Education is imparted through the braille method.

Special emphasis is given to mobility training, sense training, braille and normal, home science and other extra curricular activities, such as games, drama, gardening etc., Physical education receives special attention. Sports day is an annual feature. Excursions are arranged. Since June 1979, special normal letter writing classes have been introduced for partial sighted children in a specially lighted room, with low vision aids.

Sheltered workshops for the blind are run where training is given in mat-weaving, basketry, cloth weaving, and simple machining. Training is also given in type writing.

The deaf girls at High school level are given training in Home science, cutting and tailoring and typewriting. Adult deaf girls have a sheltered workshop where they earn their livelihood through embroidery.

Special importance has been given to integrated education of deaf students and open employment. At present 51 students are studying in normal schools.

In March 1978, a new home was started for the deaf working girls at K. K. Nagar. Camps have been conducted for prevention of deafness and blindness in 20 villages.

INSTITUTE FOR CHILD HEALTH AND HOSPITAL FOR CHILDREN

Prior to 1948, there was no separate department for Pediatrics. In 1948 a unit with 28 beds was started with 40 children visiting as outpatients per day, and treated by physicians. Since 1949, doctors were trained to become pediatricians.

In 1953 the Pediatric wing was completely reorganised. In 1957 the Department was upgraded and a whole time Director was appointed. Diploma in child health and M. D. (Pediatrics) courses were started in 1957 and 1961. The Institute of child health and hospital for children, started functioning since 1968. The hospital has 250 beds and the clinical and auxiliary departments function in the hospital.

The clinical departments consist of pediatric medicine including infectious diseases units, child guidance clinic, New born services and a separate premature baby unit, pediatric surgery, new born surgical unit, orthopedics, E. N. T. and Dental department.

The auxiliary departments include Radiology, Biochemistry, Bacteriology, Clinical Pathology and Blood bank.

The hospital has the latest modern equipment and has all facilities for the treatment of children. The doctors, staff, the professors and Readers have the requisite qualifications.

Peripheral pediatric clinics :

Four Peripheral pediatric clinics are run by the staff of the Institute and clinics are situated in the same campus as maternity and child welfare centres of the corporation of Madras at Choolai, Kilpauk, Egmore and Saidapet. In 1958, a few families were registered. Today, in each clinic, about 6,000 families have been registered. Children below 12 years attend the clinics for all minor ailments.

a. Registration of children *b.* maintenance of family folders *c.* Health education of mothers regarding the care of children *d.* Nutrition counselling and demonstration *e.* immunization *f.* home visiting *g.* teaching of

medical and para-medical personnel and *h.* research on common problems are the highlights in the functioning of these peripheral pediatric clinics.

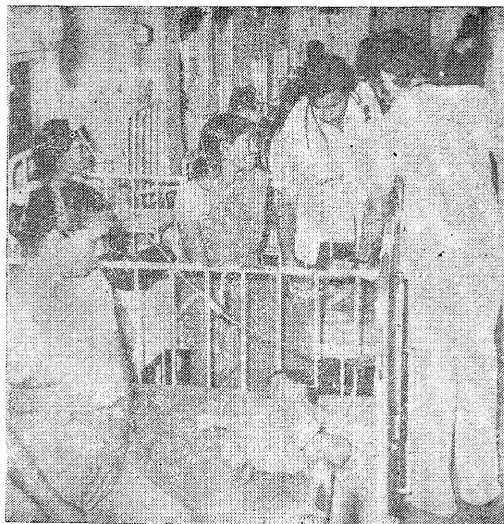
Medical Records Department

The Medical Records department started functioning from 1969. A medical record committee is functioning in this hospital which guides the Medical Record Officer in the efficient administration of the Medical Records department. The primary purpose of this committee is to review all the medical records of expired patients and a few of the discharged patients qualitatively, to evaluate the quality of medical care rendered to the patients and quantitatively to see that the medical records contain sufficient data written in events to justify the diagnosis, treatment and end result.

After the establishment of this department, the quality of medical care rendered to the patients has reached high standards. The medical records serve as a mine of information which serve as a media for post-graduate and under-graduate teaching. They provide adequate and accurate source of material which is essential for group study. The recorded observation serve as the basis for Scientific Research in Pediatrics. The case sheets are analysed and various administrative statistics are prepared which helps the hospital administrator to identify the problems, to formulate remedial measures and to plan for the future.

Integrated Child Development

The Government of India with the help of the State Government have launched a package service programme in 33 selected areas all over the country, for the vulnerable population of 0-6 years and antenatal and lactating mothers. Madras slum area is one among the projects. The Institute of Child Health and hospital for children, is actively involved in the planning, monitoring and services of the health components in this



integrated child development scheme and in the training of Anganavadis and other workers.

The study of common salt fortified with iron to cambat anaemia has been taken up. The Institute of Child Health has been chosen as one of the four centres in the country to conduct the field study regarding the acceptability and efficiency of the common salt fortified with iron by the Government of India. It has been proposed to create a parent craft centre (Mother's museum) in the Institute to give health education to the parents who visit the hospital and also establish correspondence with different categories of personnel with child health.

The hospital staff have undergone training in the health education courses. As an offshoot of the health education given to the hospital staff, a sanitary committee was formed by grade IV staff who are maintaining the hospital campus clean. This is the first of its kind in the whole of our state and perhaps in the whole country.

Pediatric ortho Department

The department of orthopedics was started in 1972. The department conducts the outpatient on all days except sundays. Two special clinics are run; one for congenital club foot and the other for poliomyelitis. The department attends to all types of orthopedic problems in infancy and childhood. The department of Physiotherapy and rehabilitation has the necessary equipment and facilities to treat the children affected with polio, cerebral palsy etc. There is a complete range of Electro therapy equipment available. Proposal for Hydrotherapy is under consideration.

A special school is run for the physically handicapped children, undergoing long term treatment in the hospital. The child guidance clinic functions on two days a week. Multi disciplinary approach is made use of in the clinic. About 100 cases are treated every day. The types of cases treated are : mental retardation, cerebral palsy, epilepsy with behaviour problems, speech problems, school problems, neurotic problems and psychotic problems.

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2. Public Provident Fund (15 years)	7.5%	At maturity	Minimum Rs. 100/- & Maximum Rs. 30,000 p.a.	A B C
3. Cumulative Time Deposit (10 years)	6.75%	At maturity	1,000 p.m.	A B C
4. National Savings Certificate II (7 years)	6.5%	At maturity	75,000 total Rs.1,50,000 for two adults jointly.	A E
5. National Savings Certificate III (7 years	6%	Annually		A E
6. National Development Bond (5 years)	13.4% simple	At maturity Rs.100 becomes Rs.167	No limit	D E
7. National Savings Certificate IV (7 years)	10.25%	Annually	No limit	D E
8. National Savings Certificate V (7 years)	14.93% simple	At maturity Rs.100 becomes Rs.204.50	No limit	D E
9. National Savings Annuity Certificate (Rs. 3,200 & 6,400 denomination)	10.25%	..	No limit	D E
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(*c*) 2 years	8.5%	Annually		D E
(*d*) 1 year	8%	At maturity		D E

* Commencing at the end of 5 years, monthly payments are made for a period of 7 years. After the end of 12 years, a lump sum amount is also paid.

****Glossary of Tax Concessions:**

A. Interest is free of Income-tax.

B Investments qualify Income-tax Rebate under Section 80 C

C. Total Investment is free from wealth-tax.

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For details:

Director of Small Saving, Madras-600 002

Regional Director, National Savings, Madras-600 002

The Commissioner, Corporation of Madras/ All District Collectors/Your Nearest post Office.

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