POST GRADUATE DIPLOMA
IN
CHILD RIGHTS AND GOVERNANCE

BLOCK II

DCG103: Vulnerabilities of Children in the North East

OFFERED BY

CENTRE FOR OPEN AND DISTANCE LEARNING
TEZPUR UNIVERSITY
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DCG-103:Vulnerabilities of Children in the North East

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BLOCK INTRODUCTION

The course of ***DCG 103: Vulnerabilities of Children in the Northeast*** is divided into two blocks. Each block contains two units. The present block contains Unit 3 and 4. **Unit 3** is designed to develop the conceptual clarity on drug abuse, child labour, HIV/AIDS infected/affected children, children with disability, child marriage, child sexual abuse, poor and malnourished children; resilience in the context of micro issues. The unit would also focus on causative factors along with the magnitude of the problem.

Unit 4 is focusing on the macro issues of Northeast India. This unit includes topics like natural disaster, displacement, armed conflicts, children in international borders and relief/ rehabilitation camps and finally the resilience building of the affected population. The prime purpose of this unit is to highlight commonly faced challenges in the region while highlighting the extent to which it affects the life of young children.

UNIT 3:
CHILD VULNERABILITIES IN THE NORTH-EAST: MICRO ISSUES

Structure:

3.1 INTRODUCTION

Children belong to a group, which is always dependent on the adults. Being dependent on the adults makes them vulnerable to multiple threats which results in abuse, exploitation, violence, and neglect. There are multiple drivers of vulnerability for children that include social, economic, cultural, as well as psychological aspects. Children with disability, children of migrant families, slum children, and children infected/ affected with HIV/AIDS, victim of sexual abuse are in much more threat zone in comparison to children with protective family environment. The present unit focused on the different kinds of vulnerabilities encountered by the children in Northeastern states of India.

3.2 LEARNING OBJECTIVES

- To develop conceptual clarity on different micro issues like drug abuse, child marriage, child sexual abuse, children with disability, child labour and their causes;
- To learn about different causative factors relating to the vulnerabilities encountered by the children; and
- To know about the magnitude of the problem in the context Northeast India.

3.3 DRUG ABUSE

The usage of drug is very common among human being. The drugs used can be grouped into three categories depending upon the legality. The legal drugs include caffeinated soft drinks, aspirin, or prescription medications. Again some drugs are available for consumption by the adult population such as alcohol or cigarettes while the third category includes the products that are illegal for everyone, such as cocaine or

methamphetamine. But, there is always a possibility and tendency on the part of the consumer of the above mentioned product to misuse the same. The misuse of the drug begins with the dependency that an individual develops for a product after using it for a considerable period. Such misuse of the drugs may be termed as drug abuse.

Drug abuse may be perceived as both deviant behavior and as a social problem. In the former sense, it indicates individual's social maladjustment; in the latter sense, it is viewed as a widespread condition that is affecting the society at large and could be corrected through collective effort. Drug abuse refers to the excessive use of drugs, whether they are legally prescribed medications or the use of illicit drug resulting into a physical or psychological harm. It includes smoking ganja or hashish, taking heroin or cocaine, injecting morphine, and so forth. The abusable drugs may be divided into six categories such as alcohol, sedatives, stimulants, narcotics, hallucinogens, and nicotine. Likewise, there are different types of treatment for drug abuse. Nevertheless, it is important to prevent drug abuse at the first place. To prevent occurrence of drug abuse we should first learn the causes of drug abuse. The ensuing segment would deal with causative factors of drug abuse.

The phenomenon can also be described as is a brain disease, which causes drug-seeking behaviour despite of knowing its harmful consequences. Drug addiction is not only harmful to the addicted but it also affects the family and community associated to the addict. Addiction may begin with curiosity characterized by occasional intake of a drug and gradually the person becomes dependent on it. In other words, the intake of drugs become essential as the person loss his/ her ability to resist the desire for intake of drugs.

From many years, drug abuse is a public health issue. It is directly or indirectly affects the community. It has become a root cause for many major social problems, such as drugged driving, violence, stress, child abuse, homelessness, crime, and missed work etc. Unborn babies are also affected by addictive behaviour of their parents.

3.3.1. Causes of Drug Abuse

Adolescents and youths are always in more vulnerable and threat situation to drug abuse due to the following reasons:

• Lack of knowledge among the young people about the harmful consequences of misuse of drugs.

• Urge to try something new, and the presence of constant curiosity to explore the unknown.

• Peer pressure and peer influence take the young people to a vulnerable situation to experiment with cigarettes, alcohol and other harmful substances.

• The understanding of the misconception that drug helps to get freedom from depression, stress and fatigue may encourage young people to abuse these substances.

• The youth are always under pressure from family or friends to perform beyond their capacity in any field related to academics, sports or winning over friends. This pressure makes the individual fall into the vicious cycle of drug abuse.

• The parents or elders of the family who are engaged with drug abuse influences the young people to start taking drugs.

• Easy availability of drugs and adverse community and family situations creates a sphere of vulnerability, which pushes the young to get into substance abuse.

3.3.2 Situation of Drug Abuse in North East

In the Northeastern states' alcohol is the most commonly used substance, except for Mizoram. It is worthy to mention here that the sale of alcohol is prohibited in the states of Manipur, Mizoram and Nagaland. After the opiate users, alcoholics are the second largest population in those states who are seeking treatment. Further, inhalant and codeine- based cough syrup users constitutes the third largest group seeking treatment services in the states of Manipur and Mizoram respectively. On the other hand, cannabis users are the second largest group in the states of Assam, Meghalaya, and Tripura who are seeking treatment.

The Eastern most three Northeastern states of India i.e. Manipur, Mizoram and Nagaland bordering Myanmar, are the most vulnerable states as drug trafficking occurs with ease in those areas. Heroin and amphetamines in moderate quantities are entering the Indian Territory from Myanmar. In addition, the illicit cultivation of opium and cannabis and the trafficking of pharmaceuticals such as dextropropoxyphene and codeine-containing cough syrups from other parts of the country to Northeast India increasing the woes (UNODC).

According to a study (Singh et al, 2013), namely “Inhalant Use among School children in North-East India: A Preliminary Study” inhalant use appeared to increase with age, from 7.6% at an age of 12 years to 25% at an age of 18 years. The main reasons for initiating use of inhalants included curiosity (34.4%), to forget problems at home and schools (23.7%), being in fashion of the present day (19.3%), and to get high/kick (15.9%). Common inhalants misused by the students included adhesives (28.4%), adhesive with correcting fluids (15.4%), and adhesives with

others inhalants (11.5%). Other misused inhalants were nail polish and nail polish remover, fuels (petrol, kerosene and diesel), shoe polish, marker pen, paints and thinner, perfumes, and deodorants. Nearly 75% of the inhalant users wanted to stop the habit or had tried to stop in the past (79.1%).

The situation of drug abuse in the state of Northeast appears to be very grim. Easy availability of drugs clubbed with inadequate implementation of laws and porous international boundary increasing the number of drug abusers in the Northeastern states. It is a social problem affecting the community at large while putting the children at risk either as an abuser or as a victim but in both the instances it is an unwelcoming fact.

3.4 CHILD LABOUR

According to the constitution of India, a child is anyone below the age 14 years while United Nations Convention on the Rights of the Child (UNCRC) defines anyone below the age of 18 year is a child. According to International Labour Organization (ILO), children or adolescents who participate in work that does not affect their health and personal development or interfere with their schooling, is not child labour; rather it may generally be regarded as being something positive. ILO further suggests child labour may include any work which is socially or morally harmful to children and interferes with their ability to attend regular school, or work that affects in any manner their ability to focus on academic activities or experience healthy childhood. In 2000, ILO observed:

"246 million child workers aged 5 and 17 were involved in child labour, of which 171 million were involved in work that by its nature is hazardous

to their safety, physical or mental health, and moral development. Moreover, some 8.4 million children were engaged in so-called 'unconditional' worst forms of child labour, which include forced and bonded labour, the use of children in armed conflict, trafficking in children and commercial sexual exploitation."

Child labour is conventionally defined as an engagement of any individual between the age of 5-14 years in economic activities either paid or unpaid. The Child Labour (Prohibition and Regulation) Act of 1986 defines child as a person who has not completed his fourteen years of age.

The 2001Census, defined child labour as engagement of a child less than 17 years of age in any economically productive activity with or without compensation, wages or profit. This work includes part-time help or unpaid work on the farm, family enterprise or in any other economic activity such as cultivation and milk production for sale or domestic consumption. Indian government classifies child labourers into two groups: ***main workers***, those who work 6 months or more per year and ***marginal child workers***, those who work less than 6 months in a year.

3.4.1 Constitutional Provisions against Child Labour

In India, there are number of legislations, which prohibit the practice of child labour but its poor implementation results into ever-increasing magnitude of child labour in the country. Child labour can be seen in all the states though there are laws against it. There are five articles in the Constitution of India, which directly or indirectly address the issue of child labour in the country. The articles are:

- **Article-21(A):** Provision of free and compulsory education of children of the age of six to fourteen years (86th Constitutional Amendment Act, 2002).
- **Article-23:** Prohibition of traffic in human beings and forced labour.
- **Article-24:** Prohibition of employment of children below the age of 14 years in factories, mines, or in any other hazardous employment.
- **Article-45:** Provision of early childhood care and education for children until the age of six years (86th Constitutional Amendment Act-2002).
- **Article-51-A (k):** Fundamental duties of parent or guardian to provide opportunities for education of children between the age of six and fourteen years.

3.4.2 Factors Effecting Child Labour

There are different factors like illiteracy of the parents, adult unemployment, and loss of head of the family and indifferent attitude towards socially and economically disadvantaged communities compel children to work. In this section an effort has been made to highlight the factors that are fuelling the practice of child labour in India.

- ***Educational qualification of parents*** plays a vital role in ensuring a healthy childhood to children. Educated parents are expected to be more sensible towards the educational requirement of their children comparing to the parents with no/ less education.

Accordingly, children with less educated parents tend to enter the workforce at a tender age, risking their health and life.

- ***Unemployment or joblessness of parents*** is another situation which compels the children to get engaged in income generating activities to support the family expenses. Such situation might lead a child towards forced labour and trafficking.
- ***Low income*** refers a condition where parents/ guardians/ primary care givers fail to meet the family expenses with their limited income. In such a situation, children are considered as a vital resource in enhancing the family income by joining the labour force or by extending support to the earning members. To extend support to the earning members of the family a child might get engaged with household chores which include cooking, washing utensils, cloths, looking after the younger siblings etc. which directly interferes with their schooling and academic achievements.
- ***Children with drug addict or alcoholic parents*** are also at the risk of losing childhood at a very early age. The parents who are addicted to alcohol or any drug might earn inadequately to either meet the family expenses as they are jobless because of their habits or spend their whole income on addiction. Likewise, children had to assume the responsibility to meet the family expenses by engaging in income generating activities.
- Inadequate implementation of ***laws and legislation*****s** pertaining to child rights is another major factor, which is consistently contributing to the practice of child labour.

3.4.3 Situation of Child Labour in Northeast

Amongst the Northeast states, Assam has a significant presence of child labor. The child labor problem in Assam, in fact, is less severe comparing with the industrially advanced states of the nation. The undeveloped agrarian sector, poor industrial growth, low-per capita income, low level of literacy, economic poverty and the peculiar social fabrication with people of different ethnic groups, coupled with immigrants that contributed to the sizeable growth of child labor in the state (Burra, 1995).

In Assam, the total percentage of child labour is 4.0 percent of which 3.7 percent belong to the category of 'main workers'. The district of Nagaon has the highest rate of child labour in rural areas followed by Darrang, Sonitpur, Kamrup and Dhubri. The urban area of Kamrup has witnessed higher incidence of child labour in comparison to other districts of Assam.

The presence of child labour in the Northeastern states indicates the violation of the basic rights of children. But here we need to understand the nature of work with which the children of northeastern states are engaged. The Northeastern states, in one hand, are blessed with natural resources, while on the other hand; the region is devoid of large factories, industries, and prominent employment generating avenues. Therefore, engagement of children in factories/ industries is less likely. In Northeastern states children are majorly engaged in agrarian activities, mostly with their families. In the context of Assam, a considerable number of child labour could be seen in tea gardens. In urban areas, child labour could be seen in the form of domestic help or as helper/ assistant in hotels/ roadside dhabas.

The factors that are propelling the instances of child labour in the region are the lack of cash with the village people and inadequate market facility to sell the agricultural produce. Having cash currency has never been a priority of the villagers and most significantly among the schedule tribe dominated villages. Inside the villages, majority of the transaction pertaining to sale and purchase were done in kinds which are popularly known as barter system. But introduction of modern technology and global economy generated the urge for cash currency among the villagers and thus the earning made through the agriculture and animal husbandry soon found to be less sufficient to meet the family expenses. In addition, the problem of insurgency has derailed the developmental activities which just added woes to the life of children and people in general. It is worthy to mention here that illiteracy among parents and parental addiction to alcohol/ drugs also contribute to the magnitude of child labour in the Northeastern states.

3.5 HIV/AIDS INFECTED/AFFECTED CHILDREN

Children who are affected by HIV/AIDS lack parental care and affection while children infected by HIV/ AIDS face multiple problems like discrimination leading to social isolation, and had to engage as child labour in order to survive and most likely to become school drop-out. Further, many children are exposed to abuse, exploitation and neglect because of a loss of a parent(s) or guardian. There are many situations that put children at higher risk of getting infected with HIV/ AIDS such as recruitment into army, trafficking, displacement, etc. In 2005, UNICEF estimated that about 2.3 million children below the age of 15 years are infected with HIV while 570,000 (approximately) children were found to

have died from AIDS. The estimation further claims that 80% of children orphaned by AIDS live in Sub-Saharan Africa.

In 2008, there were 2.1 million children in the world are living with HIV/AIDS. Every hour, 31 children around the world die because of the disease. Parental infection with HIV/AIDS largely affects children, as they (children) have to end up being the sole breadwinners of the family and head of their households. Infected Children are in much more vulnerable situation as they have weak immunity system and are easily affected by other diseases like Tuberculosis and other life threatening infections. Further, the infected children don't have access to the correct medicine by virtue of lack of awareness and social stigma associated with the disease (UNAIDS, 2008).

According to UNICEF (2005), in India there are 220,000 children infected with HIV/AIDS. It is approximated that every year 55,000 to 60,000 children are born with HIV/ AIDS. According to National AIDS Control Organization (NACO) (2015), there are 2-3 million people in India living with HIV/AIDS. In addition, it estimated that 70,000 children below the age of 15 years infected with the virus. HIV infection progress in a much faster rate in children is especially fatal. Young children with immature immune system are at much higher risk of progression of HIV infection than adults. It is estimated that 33% of children with HIV infection die within the first 12 months while 50% by 24 months and 60% by 36 months. For young children early detection, nutritional supplements and medical treatment especially antiretroviral therapy is essential for survival. Children living with the disease experience a great deal of social stigma and discrimination. This results in children being marginalized from essential services such as education and health.

An approximation for the number of children infected and affected by AIDS varies greatly. Roughly, AIDS has orphaned 1,500,000-2,500,000 children and another 6,000,000-10,000,000 children have an HIV positive parent. The Mother to Child Transmission (MTCT) is one of the major causes of HIV infection in children. Orphan children with HIV infection are the most vulnerable ones.

3.5.1 Status of HIV/ AIDS Infected/ Affected Children in Northeast

The states like Nagaland, Mizoram and Manipur have a greater proportion of HIV/AIDS infected people than the other states of the country. According to the NACO (2015) status report, there are more than 25,000 people registered as HIV/AIDS infected in Manipur and their children, whether infected or not, live in a fear of being discriminated. It is worthy to mention here that the state of Manipur is very close to Myanmar and eventually it is close to the Golden Triangle. The place is famous for two reasons firstly it accommodates international boundaries of countries namely Thailand, Laos, and Myanmar and secondly for the production of opium and supply.

In Manipur, HIV prevalence among injecting drug users is around 20%, and the virus is no longer confined to this group because the virus has spread further to the female partners of drug users and their children. The HIV prevalence at antenatal clinics in Manipur has exceeded 1 % in all recent years. In India, especially in the North Eastern states, the spreading of AIDS is a major problem.

In Nagaland, drug use has become a driving force behind the spread of HIV. The HIV prevalence at antenatal clinics was 0.93%, and the rate among female sex workers was 16.40%, as reported in 2006.

From above discussion, we can say that AIDS is a life threatening disease. Children, whether infected or affected by HIV/ AIDS tend to encounter social isolation and destitution by virtue of social stigma associated with it. In the ensuing segment, we would discuss the issues of children with disability.

CHECK YOUR PROGRESS

1. Match the following

a)	Child labour	i) Trafficking
b)	Article 21 (a)	ii) 14 years
c)	Article24	iii) Social stigma
d)	HIV/AIDS	iv) Right to Education

2. Enumerate the factors contributing towards the practice of child labour.

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3.6 CHILDREN WITH DISABILITY

UNICEF has defined the term 'children with disabilities' as children below the age of 18 who have any form of impairment which hinders their full and active participation in society. According to the Alternative Report on India (CRC Committee on the Rights of Children with Disabilities in 2011), children with disabilities are the most marginalized group of children in India. India ratified the UN Convention on the Rights of Persons with Disabilities and its optional protocol on October 1, 2007. The U.N. Convention on the Rights of the Children (UNCRC) speaks about the entitlements of children with disability. For example, Article 2 and 23 of the UNCRC emphasize the rights of children with disability and their right to equal treatment and equal opportunity. In compliance with

UNCRC, the government of India has undertaken many initiatives starting from framing policies for the welfare of disabled and amending various laws to include persons with disability.

A child with disabilities is such a subgroup in society, which is always under the risk of being marginalized and socially excluded because of multiple factors. The factors include stigma, lack of awareness and understanding, negative cultural and religious view about disability, lack of support services and unfavourable environment for personal growth and development. Further, poverty plays a vital role as it multiplies the impact of the disability on a child. Children with disability who belong to the lower economic background have lack of access to healthcare facilities and services to meet their special needs clubbed with malnutrition, unsafe and hazardous homes environment.

3.6.1 Disability and the Violation of Child Rights

Children with disability encounter many challenges and which poses limitations on the enjoyment of their basic entitlements. According to the Constitution of India, every child below the age of 14 years has the right to free and compulsory education. In addition, the existing legal documents prescribe for special services to children with disability to meet their unique needs. However, in reality, the right to education of children with disability is grossly violated. According to the law, there should be a special educator for the children with disability but hardly seen.

The school buildings should be barrier-free but many of the schools in urban areas are inaccessible to children with disability by virtue of their physical limitations. The policies and schemes meant for the wellbeing of children with disability are implemented properly. The children with

mental disability hardly receive any services to which they are entitled. However, the special services are available in some of the urban areas but such services in rural areas are absurd. Many children with disability are being referred to institutional care for better support and care facility but such institutions are a with limited number of seats and beyond the reach of many distantly located rural families as these institutions are majorly located in cities. Further, children with disability are always at a high risk of sexual and physical abuse, particularly from caregivers, which violates their right to protection from sexual and physical abuse.

3.6.2 Status of Disability among Children in Northeast

Over the last few decades, the percentage of disabled people is decreasing among the North East states of India. According to the Census 2001, the percentage of persons with disability was 2.1% of the total population of the Northeastern region while in the 2011 data the percentage was 1.9%. The 2001 data shows that the highest prevalence is in Arunachal Pradesh (3%), followed by Assam (1.9%) and Mizoram (1.8%). In all other states, the percentage of PWDs was even lower. According to Census 2011, the number of children with disability in Arunachal Pradesh was 8,438, followed by Assam 134,479, Manipur 16,181, Meghalaya 17,413, Mizoram 3,748, Nagaland 7,740, and Tripura 16,509. It is worthy to mention here that the majority of these disabilities are preventable with early detection. Therefore, major emphasis should be placed on early detection and prevention.

3.7 CHILD MARRIAGE

Child marriage as a term is used interchangeably with terms like early marriage, forced marriage and under-age marriage in day-to-day life as well as in many international documents. This ambiguity about the

terminology itself creates many issues, specifically in the implementation of government policies and programmes.

Child marriage can be described as an arrangement or marriage of two persons in which at least one of the parties is a child. But this statement is also very contradictory as many scholars state that the term marriage is itself a legal issue and when a marriage is happening with one or two children it is not possible that it will be legal. But it needs to be understood that the term is used for two reasons, firstly, to emphasis on the practice of marrying young girls which is widely prevalent and the secondly as it is a common term used by law professionals, social workers and legislators in India and many other countries.

The basic point, which needs to understand, is that child marriage no matter happening with a boy or a girl is always an issue of violation of human and child rights. The right to free and full consent to a marriage is recognized in the 1948 Universal Declaration of Human Rights (UDHR). When a child gets married, he or she is considered as a woman or man. Child marriage results in the seizure of childhood. It has a very multi-dimensional and deep impact on the physical, intellectual, psychological, and emotional health of a child. Child marriage takes away all kinds of opportunities for education and personal growth of a child. It leads to early pregnancy and childbearing among girls, which has a profound impact on their health, education, and emotional development.

The present century, which is booming with modern technologies and amenities still, child marriage is a common affair and mostly imbibed in the culture and tradition of many countries. Countries like Somalia, Sudan, Zimbabwe, Angola, Mali, Gambia witness a high rate of child marriage.

Asian countries where child marriage prevails with extremely high rates of are Afghanistan (54%) and Bangladesh (51%) girls are married by the age of 18. In Nepal 7 per cent of girls are married before they are 10 years old and 40 per cent by the time, they are 15.

India is one of the top ten countries reporting high child marriage among girls. According to the 2011 census in India, 17 million children got married between the age group of 10-19, which is 6 percent to the total children in the country. Girls account for 76 percent of the total children who got married between the age group of 10-19 years.

The National Family Health Survey (NFHS) is one of the important data sources in the country. The most recent survey (2015-16) was conducted after a gap of ten years. In this survey data was collected regarding percentage of women aged 20-24 years who were married before the legal age of 18 years. According to this particular section of NFHS-4 data, in Nagaland13.3%, in Arunachal Pradesh 23.5%, in Assam 32.6%, in Manipur 13.1%, Meghalaya 16.5%, and in Mizoram 10.8% of women from the age 20-24 years got married under the age of 18 years. The percentage of women from the age 20-24 years got married under the age of 18 years of India is 26.8%. In the North-East as per the data collected by NFHS 4 Assam tops the chart in case of child marriage.

3.7.1 Causes of Child Marriage

The causal factors of child marriage are multilayered and they change from region to region. Let us examine the major causes in detail.

Poverty is one of the key influencing factors of child marriage. Child marriage acts as a method of economic survival for the families. In the

regions, where there is a prevalence of dowry girls are considered as an economic burden. In addition, there is a demand for young girls. Hence, parents from poor as well as middle-income households marry off their daughter at a younger age to avoid paying a huge dowry. In areas with acute poverty and communities where paying bride price is a practice, marrying young girls to older men is seen as a strategy to escape poverty.

Patriarchy is the most vital factor for the increment in the level of child marriage. In Indian society, male folk assume the role of bread earner of the family and thus they are entrusted with decision-making power. However, the power to take a decision is not only because of the family economics but it has also a religious, social, and cultural connotation. Male folk enjoy the power to decide each and everything in a family and is also responsible for controlling the behaviour of its family members including women and children. In this context, child marriage can be as a manifestation of prevailing patriarchy in the society.

Declining female sex ratio exhibits the prevalence of gender-based discrimination. Practices like female feticide; female infanticide resulted in the declining female sex ratio and created a demand for girls for marriage. This demand leads to purchase or even trafficking of the girl child to the states (Haryana, Punjab, Rajasthan, Madhya Pradesh etc.) with most adverse female sex ratio.

Child marriages practiced ***to protect the respect and dignity of the family***. Early marriage of daughters is considered as one of the tools or strategies to protect the girl child from sexual violence because any kind of sexual or physical violence to the girl child may earn bad name for the family. Again, in conflict affected areas child marriage is seen as strategy to

protect the respect and dignity of the family as in such situations girls are abuse that is more vulnerable to physical and sexual.

Educational status of parents plays a major role in the upbringing of children. Parents with poor or no education tend to arrange early marriage for their children as they fail to recognize the challenges associated with early marriage.

3.8 CHILD SEXUAL ABUSE

WHO Consultation on Child Abuse Prevention in 1999 stated that:

"*Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:*

- *the inducement or coercion of a child to engage in any unlawful sexual activity;*
- *the exploitative use of a child in prostitution or other unlawful sexual practices;*
- *the exploitative use of children in pornographic performance and materials*" (WHO).

Child sexual abuse is not limited to: — the inducement or coercion of a child to engage in any unlawful sexual activity; — the exploitative use of a child in prostitution or other unlawful sexual practices; — the

exploitative use of children in pornographic performance and materials (WHO, 1999).

According to Human Rights Watch (2013), in India more than 7,200 children including infants are raped every year. In India child sexual abuse happens very often though the number of complaints is very less as the children are mostly abused at home by relatives, by neighbours, at school or residential institution. This kind of abuse creates very negative impact on the psycho-social development of the children. According to the World Health Organization (2003),"*child sexual abuse is defined as the involvement of children in any sexual activity for which children are not developmentally prepared and for which they cannot give consent."*

Child sexual abuse is very much different from the adult sexual abuse. It needs different kind of approach to be dealt with as it consists of innocence, physical vulnerability and ignorance of children. WHO (2003) has outlined certain specific features of child sexual abuse, such as:

a. Physical force/violence is very rarely used; rather the perpetrator tries to manipulate the child's trust and hide the abuse.
b. The perpetrator is typically a known and trusted caregiver.
c. Child sexual abuse often occurs over many weeks or even years.
d. The sexual abuse of children frequently occurs as repeated episodes that become more invasive with time. Perpetrators usually engage the child in a gradual process of sexualizing the relationship over time (i.e. grooming).
e. Incest/ intra familial abuse account for about one third of all child sexual abuse cases (WHO).

3.8.1 Types of Child Sexual Abuse

Child Sexual Abuse can be categorized as touching and non-touching behaviours. Touching behaviours include fondling a child's body for sexual pleasure, kissing a child with sexual undertones/inclinations, rubbing genitals against a child's body, sexually touching a child's body, and specifically private parts (like genitals), making a child touch someone else's genitals, or playing sexual, encouraging or forcing a child to masturbate, with the child as either a participant or observer, encouraging or forcing a child to perform oral sex, inserting objects or body parts inside the vagina, mouth, or anus of a child, includes attempts of these acts.

Non-touching behaviours include encouraging a child to watch or hear sexual acts either in person or lowering the bars of privacy, looking at a child sexually, exposing one's private body parts to a child, watching a child in a state of nudity, such as while undressing, using the bathroom, with or without the child's knowledge, an adult making suggestive comments to the child that are sexual in nature. Commenting on the sexual development of a child; encouraging or forcing a child to read/watch pornography, giving pornographic material or using the child in pornography

3.8.2 Situation of Child Sexual Abuse in Northeast

According to the Ministry of Women and Child Development, Government of India (2007) 53.22% of children reported having faced one or more forms of sexual abuse. Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of child sexual abuse. There are 21.90% children facing severe forms of sexual abuse and 50.76% other forms of sexual abuse. Out of the child respondents, 5.69% reported being sexually

assaulted. Children on street, children at work and children in institutional care reported the highest incidence of sexual assault. Among the total population of abusers, almost 7.50% abusers are persons known to the child or in a position of trust and responsibility. Ironically, most of the children who were victims did not report the matter to anyone.

According to "A Study on Child Abuse: India" (2007), out of the total number of children reporting sexual assault, half of them were from the four states Delhi (14.77%), Andhra Pradesh (13.67 %), Assam (11.78%) and Bihar (10.34%). Children on street, children at work and children in institutions are more prone to sexual assault. The highest percentage of children being forced to fondle or touch private body parts of the perpetrator was reported from Assam (43%) followed by Delhi (26.61%) and Bihar (23.74%). Sexual Abuse during travel is highest in Mizoram (57.58%), followed by Kerala (54.22%) and Assam (47.52%). Assam has the highest percentage of children who are being forced to exhibit private body parts. The state of Assam (64.72) topped in the highest percentage of children forcefully exposed to pornography followed by Andhra Pradesh (54.66%) and Mizoram (45.65%).

CHECK YOUR PROGRESS

1. Enumerate the challenges encountered by the children with disability.

   _____

   _____

2. Highlight the causes of child marriage in India.

   _____

   _____

3. Name the type of child sexual abuse.

   _____

   _____

3.9 POOR AND MALNOURISHED CHILDREN

UNICEF defines the term child poverty as the lack of material and social support services essential for the growth, development, and well- being of children. According to the Childhood Poverty Research and Policy Centre (CHIP)-

"*Childhood poverty means children and young people growing up without access to different types of resources that are vital for their well-being and for them to fulfil their potential. By resources, we mean economic, social, cultural, physical, environmental and political resources*."

According to the United Nations Development Programme (UNDP) (2004), a child carries the burden and faces the impacts of child poverty through its life. The first impact of child poverty on a child is that the child gets deprived of material conditions which lead to malnutrition. Malnutrition results in poor health like stunting and wasting which again has intense effects on the long-term development of children.

Malnourishment also leads to poor educational achievements, skills, and qualifications. Apart from all these effects, child poverty creates such a situation for the child that he or she has to take care of the financial aspects of the family and might join in economic/ labour force responsibility like caring of siblings which results to child labour as well as negative consequences for physical and cognitive development. Poverty also leads to other forms of exclusion and exploitation like child marriage and gender discrimination.

3.9.1. Dimensions of Child Poverty

- **Poverty is not only monetary**

Poverty is measured on the basis of the income of the household. Mostly the labeling of a person to be rich or poor is done based on monetary achievement or income. The constraint with this approach is that it focuses only on the measurement of poverty in monetary terms. This approach does not consider the household structure, gender, and age, which results in the disproportionate distribution of the burden of poverty. Again, it does not recognize that the needs of children are different from adults.

- **Poverty affects children and adults differently**

As mentioned previously, the need of children is different from the adults thus the concept and experience of poverty of the children differ from that of the adults. Children are hugely deprived of many scopes, opportunities, and resources because of poverty which includes education, health, nutrition, and overall wellbeing of the children. Inadequate provisioning of safe drinking water and sanitation facilities leads to infectious diseases which are the major cause of death among children below the age of five,

can be seen among the families residing in slums or close to railway lines and dump yards.

- **Human Rights-based approach to child poverty**

The UNICEF's approach to addressing child poverty is based on human rights principles and values. Human rights-based approach understands child poverty as leading to the human rights violation. Rights of an adequate standard of living, health care, education and services of the children get violated because of child poverty. It again violates rights like participation in decision making processes that affect their lives and freedom from abuse, exploitation and discrimination.

3.10 RESILIENCE IN THE CONTEXT OF MICRO ISSUES

While dealing with the methods of resilience to deal with micro issues related to the vulnerability of children it becomes very important to know the root cause of the vulnerability. Problems related to children like child labour, child marriage or child sexual abuse might sound like micro issues but in a country like India, the issues have deeply rooted. In India, we have a highly diverse population in the context of caste, class, religion, tradition and culture thus none of the child-related issues has any specific reason behind it. In every case, the reason can be different which calls for a customized service to match the unique requirement. The process of resilience can be divided into different levels (micro, mezzo and macro). But at all the three levels interventions are more likely to fit children's needs when they are conceived holistically keeping in mind their culture, economics, language, health and social services, all in accordance with children's rights and their need for social status (Nieuwenhuys, 2008).

At the macro level, the efforts should be directed to the protection, promotion and rehabilitation of children through legislation and policy. The legislative and policy level initiatives will only be advantageous if they are prohibiting the most exploitive forms of crimes which makes the children vulnerable, and if children have the participation in the decisions which will determine their future.

At the mezzo level, the implementing authorities' need to follow the rules and regulations properly for creating a better future for the children of the nation. Until the policies and the legislation get implemented and monitored properly, the effect of those cannot be seen in reality. Again, area-specific drives also need to be undertaken to reach out the hard to reach children. Engaging children with political elites and policymakers may be a potential approach to address the issues pertaining to child rights (Liebel, 1998). It can be an effective tool for decreasing discrimination against children in multiple ways and to control and restrict crimes against children.

At the micro level, it is the citizens which include the parents, neighbours, community people and society to take the responsibility of providing the children with the resource, and care to grow and develop as the future citizen of the nation. This can only happen with the mass level awareness and sensitization regarding the various kinds of crimes against the children and by developing sensibility among the citizens of the country.

CHECK YOUR PROGRESS

TRUE or ***FALSE***

1. Poverty affects children and adult differently. _____
2. Child poverty restricts children from enjoying other entitlements. _____
3. Child participation should not be encouraged at any level of the decision making process as they lack maturity. _____
4. Children living on streets are not vulnerable to sexual abuse. _____
5. Touching and Non-touching are two types of child sexual abuse. _____

3.11 SUMMARY

In this unit, we discussed various child-related issues, such as drug abuse, child labour, children affected/ infected by HIV/ AIDS, children with disability, child marriage, child sexual abuse, malnutrition etc. It is important to mention here that Government of India along with state government has enacted different legislation from time to time along policies/ schemes to address such issues. However, we could achieve very less. Still, a large number of children are out of school but do not have any authentic record of such dropouts. Child trafficking is on the rise but we have laws with us but with very little success. Likewise, we have a law on child labour, child marriage, sexual abuse of children but with a very poor rate of conviction rate. Such situation calls for an effective implementation of the legislation and government-funded policies and programmes.

Capacity building of the staff entrusted with the implementation of child-related programmes and schemes should be the top priority. In addition, the awareness generation among the community along with different stakeholders is also important, as it would build a sense of ownership among the community people. In short, the situation demands a collective effort.

Suggested Questions

1. What is drug abuse? What are the causal factors of drug abuse?
2. Define child labour. Describe the causative factors of child labour.
3. Illustrate the situation of the children affected by HIV/AIDS in India.
4. What is child marriage? Discuss the factors influencing the practice of child marriage.
5. Define child sexual abuse. What are the different types of child sexual abuse?

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UNIT 4:
CHILD VULNERABILITIES IN THE NORTHEAST: MACRO ISSUES

Structure

4.1 INTRODUCTION

India's Northeastern region comprises of the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The term Northeast is used as an umbrella term to refer to the particular geographical area comprising of the states mentioned above, but the complexities that characterize each of the states and the region warrants extreme caution considering the social, cultural, political and economic aspects of this region. For an instance, the largest state in the region,

Assam, can be in no way compared historically and economically with other states in the region. However, in spite of having such variance there are some similarities in terms of the problems and vulnerabilities shared by these states. The common macro issues and challenges encountered by the Northeastern states are under development, armed conflict, natural disasters, human trafficking, poverty and ethnic violence.

The above mention challenges not only affect the adult citizens but also affect the children to a large extent. Children who are affected by natural disaster, armed conflict, forced displacement etc. are vulnerable to multiple vulnerabilities by virtue of their dependency on primary care givers for their wellbeing. Further, many of them are even forced to get involved directly in the vicious cycle of conflict as child soldiers. Armed conflicts disrupt families and social networks that support children's physical, emotional and social well-being and development. In such situation children become vulnerable to trafficking, sexual abuse and other kinds of exclusions. The following unit will discuss some of the macro issues of Northeastern states of India.

4.2 LEARNING OBJECTIVES

At the end of this unit, a student is expected:

- To understand the socio-political and cultural context of child vulnerabilities in the Northeast;
- To know how the natural and man-made disasters affects the children of the Northeastern region; and
- To understand the macro aspects of the child-related vulnerabilities in the Northeast.

4.3 NATURAL DISASTERS

The Northeast region, due to its unique geographical location and physical features is prone to earthquakes, perennial floods, landslides, cyclones and occasional drought.

4.3.1 Earthquakes

The tectonic and geological complexity of the Northeast region makes it prone to earthquake of the Richter magnitude 8 and above at least once in every 100 years. The region especially the Assam valley witnessed two earthquakes of the Richter magnitude 8.7 in 1897 and 1950. Further, the region has also witnessed as many as 20 earthquakes of the Richter magnitude 6 to 7. According to records, the earthquake of 1897 was one of the most powerful earthquakes in the Indian sub-continent. The earthquake caused wide destruction in the states of Assam and Meghalaya as well as Bangladesh and the epicentre of the earthquake was in Meghalaya. The quake claimed 1542 lives and injuring several others. Many towns like Dhubri, Goalpara, Guwahati and Cooch Beharwere heavily damaged. River Brahmaputra reported having risen 7.6 meters and reversed its flow because of the earthquake. The second major earthquake is popularly known as the "Assam Earthquake of 1950" hit the region on August 15, 1950 with a magnitude of 8.7 on the Richter scale. The said earthquake shook the entire North-eastern region including Bangladesh, Bhutan and Myanmar. That quake claimed the lives of 1500 people and injured many. Landslides after the earthquake blocked the tributaries of Brahmaputra river. These dams were breached after a few days leading to heavy flooding in the tributaries like Dihang, Dihing and Subansiri. It is worthy to mention here that the heavy flooding resulted in more causalities than the earthquake. For an instance, when the Subansiri river breached after an

interval of 8 days, it submerged several villages leading to the death of around 532 people.

Apart from these two major earthquakes, there were more than 20 other earthquakes with a magnitude of 6-7on the Richter scale that rocked the region between 1869 to 2016. The epicentres of these earthquakes were spread across the North-eastern region including Assam, Meghalaya, Arunachal Pradesh, Manipur, Nepal, Tibet, Myanmar and Bangladesh. The spread of the epicentres across the region indicates the vulnerability of the region to earthquakes. According to the Centre for Natural Disaster Management, Government of Assam, the sheer increase in the population density of the region due to urbanization is making the region vulnerable to huge destruction, if struck by an earthquake of a magnitude similar to 1897 and 1950.

4.3.2 Flood and Landslides

The Northeast region of India due to its unique geographical location and physical features receive copious rainfall during the monsoon. The summer or the south-west monsoon from June to September contributes around 80 percent of the annual rainfall in this region. As a result, the region is prone to devastating floods and landslides. The heavy floods and concurring landslides affect the life and property of the people in this region. According to some experts, the natural factors causing the flood problem are the unique geographical setting of the region, high potent monsoon rainfall regime, easily erodible geological formations in the upper catchments, seismic activity, accelerated rate of basin erosion and rapid channel aggradations. Anthropogenic factors responsible for the flood problem, which includes massive deforestation, intense land use pressure, and explosive population growth especially in the flood-prone

belt and ad-hoc type of temporary measures of flood control. According to a study, the frequency of severe floods in Assam alone has increased from 47 in 1971-80 to 76 in 1991-2000. With the increase in the frequency of floods, the casualties have also increased from 572 deaths to 3251 deaths for the same period. The long spell of rains in the region leads to landslides, which result in heavy casualties. For an instance, in August 1992,Aizwal reported a landslide leading to the loss of 106 lives. The landslide was a result heavy spell of rainfall that happened between 1-10th of August 1992.

4.3.3 How do Natural Disasters affect people?

Natural Disasters are extreme events that affect communities physically, economically, psychologically and ecologically. Natural disasters reverse or slow down the development of communities. The study, *Adjusting to Floods on the Brahmapura Plains, Assam, India,* conducted in the flood affected districts of Dhemaji and Lakhimpur identified the following effects of flood in the Brahmaputra valley (Das et al., 2009):

Breakdown of the Agricultural system

A major consequence of flood is the progressive destruction of the agricultural system because of sand deposition on agricultural land leading to quality degradation of the land. The natural recovery process of the land takes many years provided there no further sand deposition in the consequent floods. Floods also destroy inland fisheries and wetlands affecting fish production and fishing as a livelihood. The destruction of agriculture land leads to lower agricultural production and affects the food security of the communities. As far as rural communities are concerned, the major source of food is obtained through activities like poultry, cattle rearing, fishing, etc. Flood, earthquake and other natural disasters affect

farm and allied activities leading to food scarcity. Such extreme events affect women and children the most. Women and children get deprived of food and other essential nutrients, which gradually leads to malnutrition and poor health outcomes.

Changes in the livelihood system

Natural disasters affect the livelihood of the communities and reduce the livelihood opportunities. Hazards or events like recurring floods often degrade the sources of livelihoods and force communities to abandon traditional livelihood. The case of Matmora area in Lakhimpur districts may be cited as an example to highlight the adverse impact of recurring floods on the livelihood of communities. Matmora was a major rice-producing belt of Lakhimpur district, but only until the year 1998 as recurring floods affected the production of rice. These floods resulted in sand deposition to an average height of four to six feet over the entire agricultural area of Matmora. Because of the sand deposition, the once fertile paddy fields of Matmora area became unfit for agriculture eventill the recent years. The Mishing communities, who are subsistence farmers living in the areas of Matmora area lost their fertile agricultural lands due to the recurring floods in the area. According to the study, the loss of fertile agricultural lands in the region has pushed the communities to explore livelihood options like daily wage labour, fishing and sale of dried fish, carpentry, sale of drift wood, production and sale of country liquor and milk. Further, inhabitants are migrating to other places for menial labour such as pulling rickshaws and handcarts and working in factories.

The study also included the areas of Majgaon and Dhemaji district and found a similar trend in the livelihood system of the community as that of

Lakhimpur. The community of traditional subsistence farmers is forced into other vocations due to regular flooding over the past few years. According to the study, about 51 percent of the population comprising of both men and women have engaged in casual and daily wage labour outside the village and at least 23 percent of the households in the community earn their livelihood through fishing. In addition, around 14 percent of the households earns through illegal production and sale of country-made liquor. Some of the community members also trade in rice as intermediaries to earn their livelihood. They also take up fishing and selling of dried fish as an occupation. The study also found out that the number of young men and women from the village have migrated to other places, within and outside the state, in search of jobs.

Changing livelihood pattern has disproportionate consequences on men, women and children. Most often women and children have to withstand the worst of losing traditional livelihood options. Children, particularly, areat risk of bearing the economic burden due to the loss of the traditional livelihood. While communities are forced to switch over to other alternative livelihood options and there eventually arises pressure on women and children for contributing to the income of the family. The study found out that in the Matmora area around 90 percent of the households are forced to take up daily and weekly wage labour in menial occupations like earthworks, construction of roads, building houses, agricultural labour and building bamboo fences in nearby villages and urban areas. Such shift and change in livelihood options affect children in multiple ways. Unfortunately, children end up as child labours to support their families. The affected children also end up as caregivers for their younger siblings as adults go in search livelihood options. Children lose

educational and recreational opportunities and are forced to take up roles at the cost of their childhood.

4.4 DISPLACEMENT

According to *Global Estimates 2012- People Displaced by Disasters*, a report published by the Internal Displacement Monitoring Centre (IDMC), the largest number of people of Assam and Arunachal Pradesh are displaced by the natural disaster in comparison to any other country. The report estimates that the monsoon floods in 2012 displaced around 6.9 million people of Assam and Arunachal Pradesh, which counts 21.2 percent of the total population of the two states. Displacement is one of the major results of natural disasters and climate change. According to IDMC, '*displacement refers to the involuntary or forced movement, evacuation, or relocation of individuals or groups of people from their homes or places of habitual residence*.'

There is a range of factors like natural disasters, violence and conflict and development projects that lead to the displacement of people. Displacement exposes people to a number of vulnerabilities such as impoverishment, exploitation, discrimination etc. The implications of displacement for men, women and children are disproportionate. Displacement not only affects people who are being displaced but also affects people in the places where they take

shelter.

Box 4.1:

International displacement Monitoring centre (IDMC) is an international body monitoring internal displacement globally. IDMRC collect information analyses and publishes reports on people on people who are displaced within their country globally. IDMC was established in 1998 and is part of the Norwegian refugee Council (NRC). IDMRC is source of information on people who are displaced by conflict violence, natural disasters and human rights violation.

Source: http://www.internal-displacement.org/

4.4.1 Children from Internally Displaced Populations

The United Nations Guiding Principles on Internal Displacement defines Internally Displaced Populations (IDPs) as-

"*Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human made disasters, and who have not crossed an internationally recognized State border*."

Internally displaced persons are one of the most marginalized and excluded of all social groups. Asian Centre for Human Rights estimates about 500,000 conflict induced IDPs in India. Monrul Hussain of the institute states that, "*Technically, an IDP is a citizen but empirically s/he is a refugee in his own country. Both the groups lack a voice of their own,*

and many a times they remain invisible. By and large, they remain outside the public "consciousness" or "imagination" experiencing a high degree of alienation, marginalization, and exclusion from the larger society" (Hussain, 2006).

IDPs in the Northeastern region is primarily marked into three categories- (1) ***conflict***- uprooting of people from their original places due to armed conflict or ethnic clashes between communities, ethnic societies or due to attack by armed groups, (2) ***development-induced-initiation*** of development projects and industries, and (3) ***environmental displacement*** due to natural calamities like flood and erosion.

The exact number of IDPs in the Northeast is difficult to ascertain because of the lack of proper data. The situation of IDPs is very poor because they are forced to move from their original place of residence. Human suffering is increased when people are put together in makeshift camps for an extended period, such instances could be witnessed in places where the armed conflict between ethnic groups is high. This also creates security problems for the people. Conflict-induced-displacement, which is high in the Northeast region, results in a psychological trauma and mistrust. The living conditions in overcrowding camps are usually poor because of lack of food, poor health and hygiene situation, insufficient medical facilities and scarcity of safe drinking water.

In the case of natural calamities, people are forced to leave their residential/ ancestral habitations along with livelihood opportunities. The children of internally displaced persons are the most affected. They miss their childhood and basic rights like education, nutrition, medical services etc. The number of school drop-outs among the children of IDPs is quite

high. In conflict-induced places there is a high likelihood of becoming part of the cycle of violence. Further, there are possibilities that the children might become a victim of trafficking, sexual abuse and other physical and mental exploitation.

4.5 CHILD TRAFFICKING

Child trafficking is a violation of the rights to liberty of a child. Trafficking is a borderless crime that transcends the borders of the district, state, and nations. Child trafficking results in the exploitation, abuse, and deprivation of children from opportunities for growth and development. Child trafficking is a vicious cycle of exploitation. Social exclusion, poverty, child labour, gender based discrimination, and presence of other vulnerable situations in the society are the key factors that promote facilities and perpetuate the practice of child trafficking.

Child trafficking may be defined as a crime involving the organised movement of children for the purpose of their exploitation. In this definition a child means an individual under the age of 18 years while organised movement implies the movement of a child with the ultimate aim exploitation. This could involve a transaction where someone receives payment or a benefit to agree to a child being exploited (Unicef).

According to a study conducted by the National Human Rights Commission (NHRC) on the *Trafficking on Women and Children* revealed that 50 percent of the survivors interviewed came from socially deprived sections of society. Children from broken families are highly vulnerable to trafficking. The study further revealed that 80 per cent of the traffickers traffic children for commercial sexual exploitation and 30 percent of child trafficking takes place with the consent of family members (Nair, 2004).

Children are also trafficked for non-sex based exploitation like domestic labour, industrial, agricultural labour, begging, organ trade, camel jockeying, false marriage etc. and majority of the children are under-age of 15years. The study also found that there is high demand of the young and virgin girls among the brothel owner and clients. The study reported that 50 percent of the children who were victims of trafficking had never been to school or never had any education.

Human rights and child rights violation not only happens during trafficking but also during law enforcement efforts including rescue and post-rescue phase. The police and judicial officers treat the victims of trafficking are as culprits and they are charge sheeted, prosecuted and convicted. The study also points out that there exists a strong correlation between child marriage and child trafficking.

The study reports that trafficking of women and children in Northeastern states of India and neighboring countries is quite rampant. The Northeast region acts as a source and transit point for traffickers. According to the study, Pangasa and Dimapur in Nagaland and Moreh in Manipur are one of the major transits and demand centers. Women and children from Assam and Bangladesh are trafficked to Moreh and from there, they are moved out to Myanmar and other countries in South East Asia through the Golden Triangle. Another trafficking route in the region for women and children from Assam, Nagaland and Bangladesh is through Pangasa International Treat Tower to the Golden Triangle. Golden triangle is a region of southeast Asia consisting of 1,50,000 Km area bordering Myanmar, Laos and Thailand. People from upper Assam are trafficked to Dimapur, which is a major transit centre. Insurgency, ethnic clashes and armed conflict between different groups in the region has made children

vulnerable to trafficking in this region. Lack of livelihood opportunities, underdevelopment, poverty, floods and natural disaster are also other vulnerable factors contributing to child trafficking.

An NGO, Prodigal Home in Dimapur, Nagaland, collected the missing reports that appeared in the daily. Over a period of two years, the organization had recorded an alarming number of 'missing' persons as reported in the dailies. From January 2007 to July 2009, there were 276 missing reports, of which, persons under the age of 18 numbered 230 (115 male and female each). The study also found that ("Study of Missing Children with Focus on Child Trafficking and Means to tackle the same) every 3 and half days, a person in Nagaland is reportedly missing for one reason or the other of which 83 per cent are under the age of 18 years. Naga children make up 26 percent, whilst non-naga children make up to 74 percent.

Therefore, the situation demands strategic intervention. To reduce or to abolish the ill practice of trafficking focus must be directed to meet the basic requirements of human life like food, shelter, cloth, employment, good connectivity, and so on. However, in the midst of different challenges like armed conflict reverses the development process.

CHECK YOUR PROGRESS

1. How do natural disasters affect the communities?
   _____
   _____
2. Enumerate the categories of Internally Displaced Population of Northeastern region of India.
   _____
   _____
3. Highlight the major factors of trafficking in the Northeastern region.
   _____
   _____

4.6 ARMED CONFLICTS, ETHNIC CONFLICTS AND INSURGENCY

Armed conflict may be understood as a struggle where two or more conflicting parties resort to armed forces to achieve their agenda or objectives. International Humanitarian Law identified two types of armed conflict:

a) International armed conflict: A conflict between armed forces of two or more nations.
b) Non-international armed conflict: A conflict in which one or more non-governmental armed groups are involved within the territory of a state. Hostilities may occur between governmental armed forces and non-governmental armed groups.

In the context of Northeastern states of India, armed conflict was initiated during the period of *First World War* when Naga tribe claimed for a distinct ethnic identity and independent homeland and established Naga

Club. Armed conflict was not confined to the state of Nagaland only; independent India witnessed a large scale of armed conflict almost in all the states. However, the purpose of the conflict was varied in nature. In some states, the conflicts were directed to attain sovereignty while in some other states it was a fight to eliminate the migrant population and enhanced territorial autonomy.

Depending upon the purpose of the armed conflict, it may be categorized into the following:

a) ***National conflict***: An armed conflict in demand of sovereignty. *Example*: Naga National Council (NNC) demanded for the "sovereign Naga state" and formed Naga Federal Government (NFG) and the Naga Federal Army (NFA) to achieve the objective. Accordingly, armed conflicts were initiated between the governmental armed forces and non-governmental armed groups.

b) Ethnic conflict: A conflict between the two or more groups, specifically between the migrant communities and local inhabitants. *Example*: Kuki–Naga conflict (1993–1998), Bodo–Adivasi (1996), Dimasa–Hmar (2003) and Kuki–Karbi (2003), Dimasa–Karbi (2004), Bodo–Bangladeshi Muslim (2008, 2010 and 2012) and Rabha–Garo (2011).

c) ***Sub-regional conflict***: Conflict arising out of demand for recognition of demand for recognition of sub-regional aspirations. *Example*: Creation of Bodoland Territorial Area Districts (BTAD) under the six schedule of the Constitution of India.

Armed conflicts have horrific impact on children than on civilians in general (Unicef, 2009). Children in armed conflict situations face serious issues pertaining to life and liberty. In extreme instances, they are

subjected to arrest, detention, torture, rape, disappearances, and extra judicial executions by the law enforcement personnel (The Status of Children in India, 2003). Armed conflict results into the disruption of food supplies, the destruction of crops and agricultural infrastructure, the disintegration of families and communities, the displacement of population and the destruction of educational and health care services and all take a heavy toll on children (A Study On Impact of Conflict and Violation of Child Rights, 2010). In the next segment and effort has been made to explore the effect of armed conflict on children.

4.6.1 How does Armed Conflicts affect children?

The Machel Report on the Impact of Armed Conflict on Children (1998) points out that increasingly children are becoming both the victims and perpetrators of violence and atrocities. Armed conflicts not only kill or injure children but it also deprives them from material, emotional and psychological needs. Further, children are hugely deprived of their right to education, right to privacy, right to have a nationality and identity, right to health and education etc. As conflicts last for years, children living in the conflict areas lose their entire childhood to armed conflict.

Children as participants and victims of armed conflict

According to the report, children are increasingly engaged as soldiers as they are "more obedient, who do not usually question orders and are easier to manipulate than an adult soldier." Availability of cheap and light weapons, which are easier for children to handle, made them potential target for recruitment in to armed groups. Children from economically and socially deprived families along with orphan and children separated from the families become easy target for recruitment as child soldiers. Hunger

and poverty clubbed with lack of educational facilities in the conflict prone areas also push the children to join armed groups.

Displacement of Children from conflict areas

Armed conflicts lead to a displacement of children, with or without parents, make them vulnerable to various forms of threats and danger. Displacement may result into separation of children from their families, physical or sexual abuse or both and induction to military groups accompanied by other various forms of exploitation. In addition, children may have to walk through difficult terrains for days without adequate food, water, and rest causing death of young lives. Girls are at heightened risk of sexual abuse and exploitation when they flee from the care and protection of their parents/ legal guardian/ primary caregivers.

Gender based Violence during armed conflict

Violence against girls and women include rape, forced prostitution, sexual humiliation and mutilation, trafficking, child marriage, teenage pregnancy, and domestic violence. They also become prey of Sexually Transmitted Diseases (STDs), HIV/AIDS and other communicable diseases.

Vulnerabilities continues into post conflict period

Landmines and other unexploded ordnance pose threats to children during and after the armed conflicts. Some landmines are designed to deceive the soldiers but it may, unfortunately, attract the attention of children and may cause fatal injuries to them leading to death.

Health, Nutrition and Educational Opportunities

Child vulnerabilities in armed conflict are not only limited to the deaths caused by direct assault, malnutrition and life-threatening diseases lead to

the death of children in large numbers. Children under the age of five years, who are already malnourished, are more vulnerable to disease and death. Armed conflicts also result into a shortage of health workers, disruption of vaccination programmes, and poor supply of life-saving medicines, which affects the children to large extent.

In addition, armed conflicts lead to reduced food availability, either due to the destruction of farms or because of disruption of supply chains. Reduction in food supply decreases the food intake of children leading to malnourishment, which might result innutrition deficiency related diseases among children.

Destruction of educational infrastructure is one of the major consequences of armed conflict. Educational institutions are the major community asset and accordingly, they become the primary target of fighting armed groups. The constant flow of financial resources is necessary for running the schools. As armed conflicts intensifies the flow of financial resources from regional administration breaks or are diverted to combat the armed conflict resulting into disruption or closure of schools. Parents concerned with the safety of children particularly girls also stop their children from going to schools.

4.7 CHILDREN IN INTERNATIONAL BORDERS

The Northeast region shares its border with China (1395 km), Bhutan (455 km), Myanmar (1640 km), Bangladesh (1596 km) and Nepal (97 km). The border areas are disadvantaged because of their topography. Most of the border remains un-policed, therefore making the movement across borders very easy. Consequently, the borders have become a hub for human trafficking, drug smuggling, and militant activities. In addition, border

areas are devoid of basic services like transport facilities, healthcare services, limited employment possibilities, poor supply of electricity, lack of educational facilities and so on. The people living in these areas also are struck in the crossfire between the militants and army.

Children living on the international borders in the Northeast have to face a multitude of problems. Limited accessibility to good education, improper health care services, armed conflicts resulting in displacement etc. is some prominent challenges encountered by the children in border areas. Further, the conflict-affected zones also witness the induction of child soldiers, engagement of children in the drug and arms smuggling across the borders. It is important to note here that induction of children into arm forces or engaging them in smuggling of drugs or arms are the worst form of child labour as declared by the International Labour Organization (ILO). Children in these areas have also become a victim of rape, child trafficking, and other forms of sexual and physical abuse. All this has severe implications on the physical and psychological health of the children.

4.8 CHILDREN IN REHABILITATION CAMPS

The forced displacement and thereafter the long-term residence of children in the relief and rehabilitation camps are matters of concern. In July 2012, violence erupted in the Bodo Territorial Autonomous District (BTAD) of Assam, between the Bodo community and the migrant-Muslim community. This left a large number of people, including children of both the community homeless and destitute. The Government of Assam then set up numerous camps for these victims of violence across the BTAD area. In the same year, a study was undertaken on the rights of children in four camps (2 Bodo camps and 2 Minority camps) occupied by the victims

of communal violence in the BTAD area. It was found that child rights were grossly violated in those camps, violation pertaining to child right to healthy life, education, privacy, development etc. For an instance, in one room, it was found that around 3-10 families were living together. Some of them were using the desks of the schools as beds, while some were lying on the floor, and the hygiene was least maintained. Children were busy with household work instead of going to school and for play, as observed during the study. It was also reported that many of the children were going outside camp premises for earning money to support their families (Indranee Phookan Boroaah, 2013).

The Juvenile Justice (Care and Protection of Children) Act, 2000 aims to help and support the juveniles in conflict with the law and children in need of care and protection. It is supposed to provide them proper care, protection, and treatment to children for their development, by adopting a child-friendly approach and adhering to the principle of protection of the best interest of the child. It is worthy to mention here that Manipur is the first state to have framed and notified the Juvenile Justice (Care and Protection of Children) Manipur Rules on 11 October 2002.But the children in Manipur have been denied justice (Narzary, 2014).

Rehabilitation of the victims of armed conflict should be of top priority in order to stop the future insurgency or armed conflict. The efforts should be directed to break the malicious web armed conflict in the region by taking adequate measures to punish the perpetrators. To provide care, love, and protection to the children, necessary protective camps need to be built and maintained. The positive changes are gradually observed as people have started talking about the problem. In consideration of the challenges encountered by the children in the Northeastern region of the country,

adequate steps must be undertaken to reduce the impact of both natural and man-made disasters. Building resilience of the potential victims of such disaster may be considered one of the major steps to mitigate the ill effect of the disasters.

4.9 RESILIENCE IN THE CONTEXT OF MACRO ISSUES

Generally, it takes years to develop but may not even take a few minutes to wash off this hard-earned development due to disasters. Many studies have found that the region was extremely neglected and has been trailing behind the rest of India. The delivery of some basic services such as food, electricity, roads, and healthcare to the people has been very poor. Due to the lack of access to basic services and amenities, the region has not been able to bring down poverty, homelessness, unemployment, and out-migration of its rich human resources. Frequent occurrence of disasters neutralizes the gains of development but by mitigating them through risk reduction and community resilience building, the government can reduce its impact on people. The governments can also develop a mitigation plan, enforce the Disaster Management Act (DMA), 2005, and bring the required institutional building to achieve community resilience (Singh, 2018).

In recent years, a declining trend is observed in the major interstate conflicts but there are many prolonged, intractable conflicts within the state and across borders and eventually involving a variety of non-state actors. An array of labels has been applied to the non-state actors and those range from insurgents and resistance movement to separatists, opposition forces, militias as well as local defense groups(Unicef, 2009).

In this context, building resilience of the inhabitant becomes a major task for the government and other stakeholders. Resilience of an individual, group, or system may be defined as an ability to interact with and adapt to the present environment. Acquiring the ability to 'bounce back' requires an understanding of risk factors and maintenance of typical functioning within changing circumstances and environments. To built and strengthen the resilience of the people in the region government, both central and state, need to initiate developmental activities which would ensure easy access to the basic services like health care facilities, education and employment opportunities, adequate communication and transport system. Prevention of conflict is another important aspect, which requires immediate attention. Conflict acts as a significant stress factor and may affect the resilience of the community. Further, occurrence of conflict may be an indicator of weak resilience. Resilience building is also necessary to mitigate the impact of natural disasters which can be done through developing the early community warning system, generating awareness on food security and livelihood and advocacy to restrict the government projects which are harmful to the ecology.

4.9.1 Major concern for children

In the context of armed conflict, it has been observed that children who are affected may tend to join the armed group at a tender age. At the international and national discourse, a child participating in the armed struggle has been considered as the victim of conflict rather than a perpetrator. The relevant legislation such as Juvenile Justice (Care and Protection) Act 2000 and India's obligations under the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict UNCRC give enough of scope to rescue,

rehabilitate and re-integrate the children associated with armed groups. In conflict-affected zone children are considered as a vital resource in order to fetch secret information and to extend assistance to armed groups by playing the role of cook, porter, messenger and even as child soldiers. Studies have shown how children have been brutally targeted by both state forces and underground armed groups. Further, having parents killed due to insurgency-related activities, by armed forces or due to ethnic conflicts, hundreds of children have become orphaned at an early age. The deprivation from parental care results into destitution and make them susceptible to other vulnerabilities (Narzary, 2014).

The forced displacement and long-term residence of children in the relief camps are matters of grave concern. Such prolonged stay in relief camps make them vulnerable to physical and sexual abuse and restrict them from enjoying a healthy childhood. The high incidence of out-of-school children and adolescents is also the major effect of all the above-discussed child protection related issues.

CHECK YOUR PROGRESS

1. Enumerate the types of conflict prevailing in the Northeastern states of India.

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2. Highlight the impact of armed conflict on children.

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3. List out the challenges encountered by the children in rehabilitation camps.

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4.10 SUMMARY

In this unit, an effort has been made to understand the major macro issues prevailing in the Northeastern states of India. Both the man-made disaster and armed conflicts resulted in the displacement of a large number of population. The migration of population from one places another without any certainty pose a huge threat in term of livelihood, health care facilities, food and nutrition, and alike other basic services. In absence of such basic services, children become vulnerable to malnutrition, communicable diseases and which in turn affect their other basic rights. Social exclusion, child marriage, physical and sexual abuse are the other consequences that may result from the forced displacement and prolonged stay in relief/ rehabilitation camps. Therefore, major emphasis should be placed on the enhancing the services available at such camps while ensuring collective efforts to prevent the occurrence of natural and man-made disasters.

Suggested Questions

1. What is displacement? How children are affected during a displacement?
2. Describe the vulnerabilities of children a armed conflict situation.
3. Explain the impact of natural disasters on children in the North-East region.
4. Write short notes on:
    i. Vulnerabilities of children in international borders
    ii. Vulnerabilities of children in rehabilitation camps

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