

# MAPPING CHILDREN AT RISK ISSUES IN THE EAST KHASI HILLS DISTRICT



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We hope this Situation Analysis will contribute to the welfare and wellbeing of children in the East Khasi Hills District of Meghalaya, India.

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## **ABOUT VIVA**

Viva is an international children's charity passionate about releasing children from poverty and abuse. Viva means life in Spanish. It started in 1996 in Bolivia when its founder Patrick McDonald discovered that the street children were being fed meals on Monday by various organisations and rest of the days they were left starving. Patrick met these organisations and brought them together to plan out the food distribution. This simple act of connecting organisations ensured the food distribution happened through the week for street children. Viva believes in helping people achieve more together than they can do alone.

We grow locally-led networks who are committed to working together so that children are safe, well and able to fulfil their God-given potential. Viva's programs unlock local resources and inspire organisations to serve children in partnership with others. The Viva in India has been working to raise the standards on child safety and child development by training schools and institutions in the cities of Bengaluru, Dehradun, Delhi, Hyderabad, Patna, Ranchi and recently started working in Shillong.

# PURPOSE OF THIS STUDY

## **Purpose**

A situation analysis is a key foundation for any sound intervention. It helps to ensure a program's relevance and to find the best course of action by learning about community attitudes and practices regarding the status of children; identifying what has already been done to address child rights and what results and lessons were obtained, as well as who the main actors have been and who might be key to engage.

Viva proposed to carry out a situational mapping of organizations and projects working with children at risk in East Khasi Hill District. The information gathered in the process will be used to develop a directory on response to children at risk in the district. The information includes the responses of representatives of organizations, Churches and projects working among the children at risk and also individuals involved in the ministry towards children.

The main purpose of the study was to identify the resources, capacities, weaknesses and strengths of the responses to the issues of children at risk in the East Khasi Hills district.

The organizations and individuals working on children's issues identified in this report will be invited to join the Viva Shillong Network. This network will equip the local NGOs, schools and projects to improve their work with children.

Through this mapping exercise, Viva desires to inform the local NGOs, schools and churches about the situation and issues of children at risk in the East Khasi Hill district of Meghalaya.

## **Objective of this study**

The main objective of the study is to understand the ground situation of the children at risk in East Khasi Hill district and understand what the responses to the needs of children are. The objective of the research study could be summarized as follows:

1. To present the situation of children at risk in East Khasi Hill district.
2. To identify the size and types of response to children at risk in the District.
3. To identify the Christian response to children at East Khasi Hill district.
4. To analyse the information to recommend further action.
5. To provide a directory of organizations expertise, focus and contact details for better information, networking and collaboration.

## **Coverage area of Study**

The situational mapping of children at risk is limited to East Khasi Hill District.

## **Methodology**

Situational assessment of status of children involves mapping of all elements in a given situation with respect to child participation, child development, child survival and child protection.

The Research study employed both primary research as well as secondary research for collecting and collating various streams of data/information. Primary research involved the first hand data collection through survey questionnaire, interview, FGD and observation.

Secondary research or desk research involved assembling information through resource materials, reports, internet, journals and publications. Both qualitative and quantitative methods were employed to explore the situational assessment of the status of children.

For this, visits were made to the NGOs and churches and survey of the organizations working on child issues was carried out with a specific focus on finding out issues of children at risk.

In order to record the community response towards the children at risk, interviews and information was recorded from the following sources:

- Representatives of NGOs
- Representatives of Churches
- Community members
- Teachers/ Principals
- Children in schools, shelter homes/ orphanages/ slums

Apart from this, primary data was collected through semi-structured interviews and participatory research methods such as focused group discussions with children. The respondents or representatives of the organizations were also required to fill the Organization Profile Form.

Desk research included program reports and annual reports of organizations as well as current situational analysis documents of the ongoing government programs and schemes.

### **Tools and Techniques**

The tools used for the mapping exercise were the following:

- Structured Individual Interview
- Focused Group Discussion - (FGDs). Guidelines for conducting FGDs were developed. FGDs were conducted amongst a group of 10-12 children (all boys or all girls). The purpose of FGD was to establish rapport with children through a process of ice breaking exercises and introducing the subject matter of the study.
- Contact Profile Form was filled by the NGOs and projects
- Analysis: Quantitative data was analysed, and common themes emerging from qualitative sources such as interviews and focus groups were collated and verified.
- Qualitative information was organised under the appropriate header.

# SITUATION OF CHILDREN

India is home to 12.77 million children, making up 39 per cent of the country's total population. However, the lives of these children are fraught with many challenges. Many of the children are exposed to various disparities based on caste, sex and economic status. Furthermore, various forms of violation of child rights in India impact survival, development, protection and participation rights. These have resulted in vast disparities in life outcomes and wellbeing among children within and across states despite significant steps taken by the government of India to safeguard the rights of children including legislative frameworks and programs. Given the large number of children in India, which has the largest numbers of children in the world, this situation is alarming. Social indicators for children in India remain poor despite the recent economic growth of the country.

## **Health and infant mortality**

According to the World Bank statistics (accessible on the bank's website), Infant Mortality Rate and Under Five Mortality Rate, the universally acceptable indicators of child wellbeing remain poor in India. As of 2015, IMR was 38 and U5MR was 48, which in both cases did not meet the Millennium Development Goals. (compare global standards)

## **Education**

Other important indicators include education, which shows a positive trend in India with net enrolment and completion of primary education catching up with the amendment of The Right to Education Act in 2012. However, the quality of education and high dropout rate remains a matter of concern alongside large gender and regional disparities in literacy rates. (compare global standards – ASER report)

## **Abuse and trauma**

On a psychosocial level, millions of children suffer from abuse, exploitation and violence; negative life experiences which tend to have an adverse effect on the overall development and wellbeing of the child. Although all children in India are protected from these by both international and national frameworks such as Article 19 of the UN CRC which calls for protection of children from all kind of violence, some children are more vulnerable to and experience abuse more than others. (2007 WMD report)

## **Child labour and trafficking**

Among other problems, child labour, child marriage, child trafficking, substance abuse, and malnutrition are some of the issues affecting the children in India. (IJM report)

## **Rights of the child**

It was only during the 20th century that the concept of children's rights emerged. This shift in focus from the 'welfare' to the 'rights' approach is significant. Rights are entitlements. They also imply obligations and goals. The rights approach is primarily concerned with issues of social justice, non-discrimination, equity and empowerment. The rights perspective is embodied in the United Nations Convention on the Rights of the Child (UNCRC) 1989, which is a landmark in international human rights legislation. India ratified the Convention on the Rights of the Child (CRC) in December 1992. As a signatory to the United Nations Convention on the Rights of the Child, India has affirmed its commitment to recognizing and protecting the rights of children and adolescents (up to 18 years of age) including their fundamental right to be heard and taken seriously.

Policies for children and adolescents in India are guided by the role of the State as articulated in the Constitution of India (COI) that provides for right to life, education, health, nutrition, food, development and protection from exploitation

The UNCRC defines a child as —every human being below the age of 18 years.

According to United Nation Convention on Rights of Children (UNCRC) the basic rights of children are:

- The right to survival, to life, health, nutrition, name, including nationality.
- The right to development of education, care, leisure and recreation.
- The right to protection from exploitation, abuse and neglect,
- The right to participation in expression, information, thought and religion.

Though India has endorsed the UNCRC in 1992, violations of child rights continue in society. The social and tribal cultural norms do not value children as prescribed in the UNCRC. To improve the situation of children and to protect their rights the national and state governments in India have passed legislations and established various offices to safeguard the rights of children.

### **National legislations**

- Juvenile Justice (Care and Protection of Children) Act, 2015
- Persons with Disabilities (Equal Protection of Rights and Full Participation) Act, 2016
- Commission for Protection of the Rights of the Child Act (NCPCR) 2005
- Right to Free and Compulsory Education Act, 2009
- Protection of Children from Sexual Offences (POCSO) Act 2012
- Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960
- Child Labour (Prohibition and Regulation) Act, 2016
- Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 2014
- Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 2002
- Prohibition of Child Marriage Act 2006

### **Reporting abuse**

CHILDLINE 1098 is a toll free telephone number to call when you see children in distress, such as street children, child labourers, domestic help, children affected by abuse in family, children of commercial sex workers, victims of child trafficking, children abandoned, missing children, run away children, children who are victims of substance abuse, differently-abled children, children in conflict with the law, HIV/ AIDS infected children, children affected by conflict and disaster, child political refugees and children whose families are in crises.

### **District Child Protection Unit (DCPU)**

The District Child Protection Unit (DCPU) coordinates and implements all child rights and protection activities at the district level. The DCPU will identify families at risk and children in need of care and protection through effective networking and linkages with specialized adoption agencies, NGOs dealing with child protection issues and local bodies.



The role of the DCPU is also to assess the number of children in difficult circumstances and create district specific databases to monitor trends and patterns of children in difficult circumstances. The DCPU facilitates transfer of children at all levels for either restoration to their families or placing the child in long or short-term rehabilitation through sponsorship, kinship care, adoption, foster care and placement in institutions. The DCPU ensures effective implementation of the Juvenile Justice (Care and Protection of Children) Act at district/city levels by supporting the Juvenile Justice Board (JJB), the Child Welfare Committee (CWC) and the Special Juvenile Police Unit (SJPU).

### **Special Juvenile Police Unit (SJPU)**

Section 107 of the Juvenile Justice (Care and Protection of Children) Act, 2015 provides for creation of a Special Juvenile Police Unit (SJPU) by State Governments/UT Administrations for every district and city to coordinate all functions of police related to children.

### **The Child Welfare Committee (CWC)**

The child welfare committee (CWC) is the sole authority to deal with matters concerning children in need of care and protection. A Committee has to be constituted for each district or group of districts, and consists of a chairperson and 4 other persons one of whom at least should be a woman.

The committee has the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of the children. A child rescued from hazardous occupation, brothel, abusive family or other such exploitative situation must be produced before the CWC who will conduct an inquiry to ensure optimum rehabilitation with minimal damage to the child. Children in need of care and protection are sent directly to the children's home by the Child Welfare Committee that passes necessary orders for their rehabilitation, restoration and social re-integration.

### **POCSO Act and offences**

The Protection of Children from Sexual Offences Act (POCSO Act) 2012 was established to protect the children against offences like sexual abuse, sexual harassment and pornography.

Punishments under POCSO offences:

- Penetrative Sexual Assault (Section 3) on a child — Not less than seven years which may extend to imprisonment for life, and fine (Section 4)
- Aggravated (person in authority over the child) Penetrative Sexual Assault (Section 5) — Not less than ten years which may extend to imprisonment for life, and fine (Section 6)
- Sexual Assault (Section 7) i.e. sexual contact without penetration — Not less than three years which may extend to five years, and fine (Section 8)
- Aggravated Sexual Assault (Section 9) by a person in authority — Not less than five years which may extend to seven years, and fine (Section 10)
- Sexual Harassment of the Child (Section 11) — Three years and fine (Section 12)
- Use of Child for Pornographic Purposes (Section 13) — Five years and fine and in the event of subsequent conviction, seven years and fine Section 14 (1)
- In April 2018 the Union cabinet cleared the ordinance on POCSO Act whereby death penalty will be given to those convicted of raping a child up to 12 years of age.

### **National Commission for Protection of Child Rights (NCPCR)**

The Commission considers that its mandate is "to ensure that all Laws, Policies, Programmes, and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and the UN Convention on the Rights of the Child".

# AREA PROFILE

## Meghalaya State

Meghalaya is one of the 'Seven Sister States' in the North-East part of India. The name means "*the abode of clouds*" in Sanskrit. The population of Meghalaya as of 2016 is estimated to be 3,211,474. Meghalaya covers an area of approximately 22,430 square kilometres, with a length to breadth ratio of about 3:1. The state shares its Southern and Western boundaries with Bangladesh and its Northern and Eastern boundaries with India's State of Assam. The capital of Meghalaya is Shillong.

Earlier Meghalaya was previously part of Assam, but on 21 January 1972, the districts of Khasi, Garo and Jaintia hills became the new state of Meghalaya. English is the official language of Meghalaya. The other principal languages spoken include Khasi, Garo, Pnar, Biate Hajong and Bengali. Meghalaya is the only state in India where society follows matrilineal system, all other Indian states have the patriarchal system.

Meghalaya has three administrative divisions and eleven districts.

### Jaintia Hills Division:

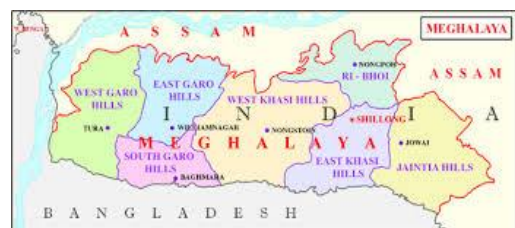
1. West Jaintia Hills (Jowai)
2. East Jaintia Hills (Khliehriat)

### Khasi Hills Division:

3. East Khasi Hills (Shillong)
4. West Khasi Hills (Nongstoin)
5. South West Khasi Hills (Mawkyrwat)
6. Ri-Bhoi (Nongpoh)

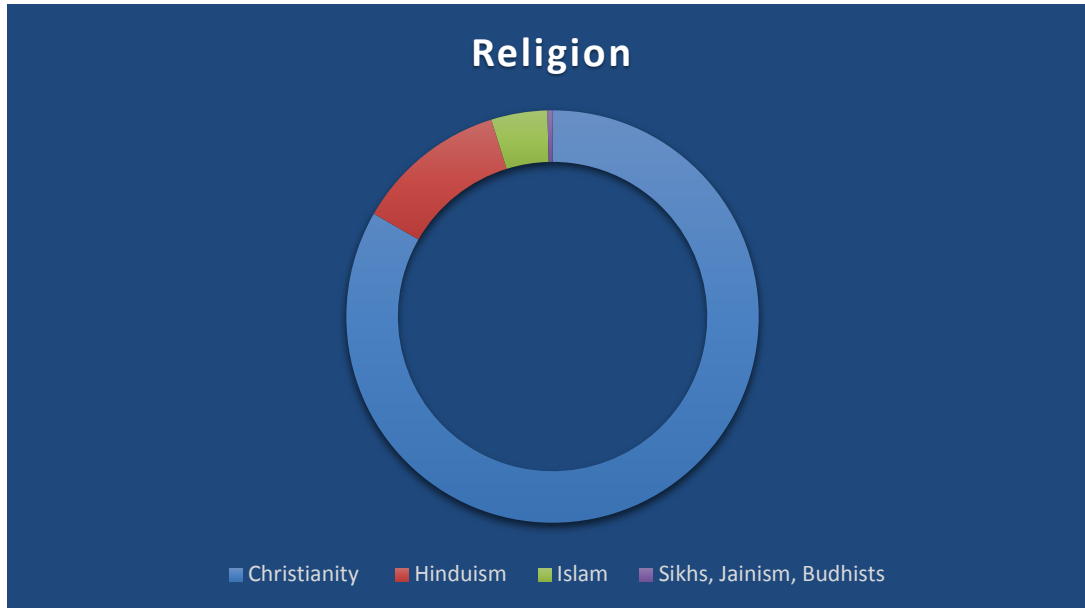
### Garo Hills Division:

7. North Garo Hills (Resubelpara)
8. East Garo Hills (Williamnagar)
9. South Garo Hills (Baghmara)
10. West Garo Hills (Tura)
11. South West Garo Hills (Ampati)



The population of Meghalaya as of 2011 has been estimated at 2,964,007 of which females comprise 1,492,668 and males 1,471,339. As per the census of India 2011, the sex ratio in the state was 986 females per 1,000 males which was far higher than the national average of 940. The urban female sex ratio of 985 was higher than the rural sex ratio of 972. Tribal individuals make up the greater part of Meghalaya's population. The Khasis are the biggest group, trailed by the Garos and then Jaintias.

## Religion in Meghalaya



In Meghalaya, 83.3% people belong to Christian faith. The second largest community is of Hindus they form 11.9% of the population. The third largest religious groups is that who belong to Islamic faith. The remaining 0.4% of people belong to religious groups including Sikhs, Jains and Buddhists.

### History of Christianity in Meghalaya

The Serampore Mission was the first to take the Gospel to the Khasi People. In 1813 Krishna Pal an early convert of William Carey was sent to Sylhet. On 7<sup>th</sup> April 1818, he preached the Gospel at Panduah where two Khasis, namely, Duwan and Anna were baptized; after which he remained there for eight months. After that the Serampore Mission sent Alexander B. Lish to Khasi Hills where he established three schools in Sohra and left the Khasi land on November 1838 due to illness.

The coming of the Welsh Calvinistic Methodist Mission (Welsh Presbyterian Mission) marks the history of spread of Christianity in Khasi and Jaintia Hills. On 22<sup>nd</sup> June 1841, Thomas Jones (known as the father of the Khasi Alphabet) arrived at Sohra as the first missionary to the Khasi Hills. On realizing the difficulties in spreading of the Gospel, he introduced new alphabets and taught many locals to be teachers. With the spread of education, Christianity also began to spread. In 1842, Thomas Jones surveyed Jaintia Hills and Ri- War (Southern part of Khasi Jaintia Hills) area to find a convenient village to start a mission field and to establish schools. It was four or five years of work, two Khasi became Christians, U Rujon and his wife. Raj Bahabur, the first Khasi evangelist stated that the number of the Khasi Christians in 1849 was nineteen members and in 1853 a Church was established at Shella. It was not until the end of 19<sup>th</sup> century, the Church experienced tremendous results. The growth was intensified with the outbreak of Revival in 1906.

Prior to 1890 there was only limited Roman Catholic contact with Khasi-Jaintia Hills. Shillong was contested between different Catholic orders and jurisdictions, but the primary interest in it was a health resort rather than a mission field. Fr. Broy, who had worked among Catholics resident in the Assam valley for a number of years had established a small chapel in

Shillong but undertook no missionary work, in part because of the dispute. Two priests and two lay brothers the first Catholic missionaries proper to be assigned to the North East, under the leadership of Fr. Otto Hopfenmueller arrived in Shillong in the early part of 1890. They started learning the language and in due course translated some Catholic religious writings. The young mission suffered a serious setback with the death of Fr. Hopfenmueller in August of that year. The following year more missionaries together with three sisters were sent to join the mission. In 1891 the first Khasi Catholic was baptized, and the following year a station was opened at Raliang in the Jantia hills to the east of Jowai. Gradually the work spread in the Khasi and Jantia area and before the end of the century a missionary had taken up residence in Guwahati. More canters were opened at Raliang (1892), Shella (1893) and Cherrapunji (1897), and schools were also started.

The mission was strengthened when it was joined by Fr. Christopher Edmund Becker in 1906. In due course he was to become its head. He took interest in establishing schools for boys and girls, especially for the local people. Publications printed on the printing press started by Fr. Hopfenmueller included scripture portions, a catechism, a song and prayer book, and from 1902, a periodical *U Nongialam Katholik* (A Catholic leader). In September 1907 the title of the periodical was changed to, *Ka ling Khristan* (A Christian Home). These were influential in spreading Catholic teaching and perspectives among the people. But the main emphasis was on educational work, especially in Shillong.

Due to shortages of priests the Jesuits could only spare four missionaries to look after Shillong, Raliang and two other centers in the plains of Assam. The Industrial School at Shillong was closed down and the horticultural and sericulture farm at Umylngka (upper Shillong) was turned over to government. Though the Jesuits could maintain only few centres, during the time they were in charge the church expanded. While the membership in the tea gardens of Assam increased by 50% during the six years they had this responsibility, the number of Catholics in the Khasi-Jaintia area remained basically the same. With the arrival in Shillong of eleven missionaries, six priests and five brothers, in January 1922 Catholic Missions in the North East entered into a period of stability and expanded operations that had continued until the present. In the Khasi Jaintia hills they began to give attention to the rural people in addition to the previously begun educational work. The size of the church steadily increased.

With regards to Garo Hills; in 1847 Francis Jenkins, the successor of David Scott as the commissioner of Assam, opened a school in Goalpara near the Assam-Garo Hills border that enrolled a number of Garo boys. After they completed their studies, two Garo boys, Omed Watre Momin and Ramkhe Watre Momin converted to Christianity in 1863. But it was in the late 1860s that the American Baptists began their work among the Garos. When the American Baptist Mission was unable to find missionaries for Garo Hills, the two resigned their jobs, proceeded to Garo Hills, and began evangelistic work among their people amid severe opposition. When American Baptist missionary, Miles Bronson finally visited them in April 1867, he found thirty seven Garos ready for baptism and, after baptizing them, formed the first Garo church and ordained Omed to be the minister of the Church. The organization of a Garo Baptist Church was followed by the adoption of Garo Hills as the mission field of the American Baptist Mission.

With age, Christianity in Meghalaya developed and grew rapidly and over the years, Meghalaya has witnessed many Christian dominations taking roots in the land.

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### **Present status of Christianity**

Christianity is the largest and official religion of Meghalaya. Most of the government institutes are run by Christianity. The Government of Meghalaya proclaims that Meghalaya is a Christian state because Christianity impacts and holds importance in political affairs of Meghalaya.

The Roman Catholic Church in Meghalaya forms the largest denomination in the state with 8,11,604 adherents. The Church is under the ecclesiastical province of Shillong with the following dioceses: 1) Archdiocese of Shillong, 2) Diocese of Tura, 3) Diocese of Nongstoin, and 4) Diocese of Jowai.

The Presbyterian Church forms the second largest denomination in Meghalaya under the Khasi Jaintia Presbyterian Assembly with 7,50,989 adherents. The Church is governed under the following synod's namely Khasi Jaintia Synod Mihngi, the Khasi Jaintia Synod Sepngi and the Ri Bhoi Synod.

The Baptist Church under the Garo Baptist Convention makes up the third largest denomination in Meghalaya with 3,000,000 baptised adults concentrated mostly in the Garo Hills.

The Church of God in Meghalaya, an indigenous church, established in Myllem in 1902 is the fourth largest denomination in the state with nearly 100,000 adherents.

The Church of North India of the Anglican Communion under the Diocese of North East India in Meghalaya is the fifth largest denomination with close to 50,000 adherents.

### **Meghalaya urban population 2011**

Out of total population of Meghalaya, which is 2,966,889, the population living in urban areas is 595,450 of which 297,572 are males and 297,878 are females.

### **Meghalaya rural population 2011**

Around 79.93 percent live in the villages of rural areas. In actual numbers, males and females were 1,194,260 and 1,177,179 respectively. The total population of rural areas of Meghalaya state was 2,371,439. The population growth rate recorded for the decade (2001-2011) was 27.8%.

**Demographic indicators of Meghalaya**  
**Indicators**

**Meghalaya**

01	Approximate Population	29.67 Lakhs
02	Actual Population	2,966,889
03	Male	1,491,832
04	Female	1,475,057
05	Population Growth	27.95%
06	Percentage of total Population	0.25%
07	Sex Ratio	989
08	Child Sex Ratio	970
09	Density/km <sup>2</sup>	132
10	Density/mi <sup>2</sup>	343
11	Area(Km <sup>2</sup> )	22,429
12	Area mi <sup>2</sup>	8,660
13	Total Child Population (0-6 Age)	568,536
14	Male Population (0-6 Age)	288,646
15	Female Population (0-6 Age)	279,890
16	Literacy	74.43 %
17	Male Literacy	75.95 %
18	Female Literacy	72.89 %
19	Total Literate	1,785,005
20	Male Literate	913,879
21	Female Literate	871,126

	<b>Indicators</b>	<b>Meghalaya</b>	<b>Source</b>
1	Children under 3 years who are underweight (%)	29.0	*NFHS- 4, 2015-16
2	Children under 3 years who are stunted (%)	43.8	NFHS- 4, 2015-16
3	Children under 3 years who are wasted (%)	15.3	NFHS- 4, 2015-16
4	Children under 5 years who are severely wasted	6.5	NFHS- 4, 2015-16
4	Children 6-59 months who are anaemic (%)	40.7	NFHS- 4, 2015-16
5	Ever married girls/women age 15-49 who are anaemic (%)	51.6	NFHS- 4, 2015-16
6	Children breastfed within one hour of birth (%)	60.6	NFHS- 4, 2015-16
7	Children aged 0-6 months exclusively breastfed (%)	35.8	NFHS- 4, 2015-16

*(Source: census 2011 and the National Family Health Survey – 4 year 2015 -16)*

### **East Khasi Hill District Area Profile**

East Khasi Hill District is one of the 11 districts of the State of Meghalaya. Shillong the district headquarters of East Khasi Hill District is also the Capital of Meghalaya. The district occupies an area of 2,748 Sq.km and has a population of 824,059 (as of 2011). As of 2011, it is the most populous district of Meghalaya's eleven districts. This district has 160,832 (Excluding Institutional Households) according to the census report for the year 2011. The density of the population in the district is 292 people per Sq km. The East Khasi Hills District is mostly hilly with deep gorges and ravines on the southern portion it is surrounded by Ribhoi district in the north, Jaintia Hills on the east, Bangladesh on the south and West Khasi Hills & South West Khasi Hills on the west. For administrative purposes the Khasi Hill District of Meghalaya is divided into eleven administrative blocks. The total Literacy rate of the district is 84.70 %. The male literacy figures stand at 85.26 % while the female literacy stands at 84.15%. The official language for the district is English whereas the other principal languages spoken are Khasi, Jaintia and Garo.



**Demographic indicators of East Khasi Hills District, Meghalaya**

		<b>East Khasi Hills District</b>
<b>Sl. No.</b>	<b>Indicators</b>	
1.	Total Population	825,922
2.	Male Population	410,749
3.	Female Population	415,173
4.	Sex Ratio	1010
5.	Total Child Population (0-6 Age)	139055
6.	Male Child Population (0-6 Age)	70,805
7.	Female Child Population (0-6 Age)	68,250
8.	Child Sex Ratio	964
9.	Decadal Growth (%)	27.82
10.	Schedule Caste population (%)	1.1%
11.	Schedule Tribe population (%)	51.2%
12.	Urban Population	366,481
13.	Urban Male Population	182,340
14.	Urban Female Population	184,141
15.	Rural Population	459441
16.	Rural Male Population	228,409
17.	Rural Female Population	231,032
18.	Infant Mortality Rate(SRS2013)	55
19.	MaternalMortalityRate(SRS2010-12)	27
20.	Literacy(in percentage)	84.15
21.	Male Literate (in percentage)	69.94
22.	Female Literate (in percentage)	70.03%
26.	Density (Sq. Km)	301
27.	Total Area (Sq. Km)	5,097

(Source: Census 2011)

### **East Khasi Hills District Density 2011**

The initial provisional data released by census India 2011, shows that density of East Khasi Hills District for 2011 is 301 people per sq. km. In 2001 East Khasi Hills district density was at 234 people per sq. km. East Khasi Hills district administers 2,748 square kilometres of areas.

### **East Khasi Hills district Literacy Rate 2011**

Average literacy rate of East Khasi Hills district in 2011 were 76.06 compared to 66.71 of 2001. If things are looked out at gender wise, male and female literacy were 84.51 and 83.81 respectively. For 2001 census, same figures stood at 77.28 and 74.84 in East Khasi Hills district. Total literate in East Khasi Hills district were 578,030 of which male and female were 287,270 and 290,760 respectively.

### **East Khasi Hills District Sex Ratio 2011**

With regards to Sex Ratio in East Khasi Hills District, it stood at 964 per 1000 male compared to 2001 census figure of 972. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 938 girls per 1000 boys compared to figure of 960 girls per 1000 boys of 2001 census data.

### **East Khasi Hills District Child Population 2011**

In census enumeration, data regarding child under 0-6 age were also collected for all districts including East Khasi Hills District. There were total 139,055 children under age of 0-6 against 115,169 of 2001 census. Of total children male and female were 70,805 and 68,250 respectively. Child Sex Ratio as per census 2011 was 964 compared to 972 of census 2001. In 2011, Children under 0-6 formed 16.84% percent of East Khasi Hills District compared to 17.43% percent of 2001.

### **East Khasi Hills District Urban Population 2011**

Out of the total East Khasi Hills population for 2011 census, 44.37 percent lives in urban regions of district. In total 366,481 people lives in urban areas of which males are 182,340 and females are 184,141. Sex Ratio in urban region of East Khasi Hills district is 1010 as per 2011 census data. Child population (0-6) in urban region was 43,727 of which males and females were 22,572 and 21,155. This child population figure of East Khasi Hills district is 12.38 % of total urban population.

### **East Khasi Hills District Rural Population 2011**

As per 2011 census, 55.63 % population of East Khasi Hills districts lives in rural areas of villages. The total East Khasi Hills district population living in rural areas is 459,441 of which males and females are 228,409 and 231,032 respectively. In rural areas of East Khasi Hills district, sex ratio is 1011 females per 1000 males. If child sex ratio data of East Khasi Hills district is considered, figure is 976 girls per 1000 boys. Child population in the age 0-6 is 95,328 in rural areas of which males were 48,233 and females were 47,095. The child population comprises 21.12 % of total rural population of East Khasi Hills district.

## Shillong

Shillong the capital of the North Eastern State of Meghalaya and the district headquarter of East Khasi Hills District is a Hill Station. It is situated at an average altitude of 4,908 feet (1,496 m) above sea level, with the highest point being Shillong Peak at 6,449 feet (1,966 m). Shillong city spreads over a total area of 6436 sq. Kilometres. It lies in between the latitude and longitude of 25.55N and 91.88 E. It had a population of 143,229 people according to the census report of year 2011 of which 49% are males, 51% females. 12% of the population was under 6 years of age.



Map of Shillong

The temperate hill climate and its natural beauty have made Shillong into a beautiful tourist location. Roads are the most important link of the city and it is connected neighbouring states and city through motor roads. There is no airport in the city nor is it connected by rail. Shillong is divided into various geographical localities having schools, churches, hospitals etc. The localities are Langkryding, Pynthorumkhrah, Shyriap, Laitumkhrah, Happy Valley, Dernthring, Nongthymmai, Moti nagar, Lamwabah, Upper Mawprem, and Lower Mawprem. Laitumkhrah has one of the oldest hospitals in Shillong, The Nazareth Hospital. The Laitumkhrah Catholic Cemetery is also located here. The church of Saint Peters and Paul is located in Pynthorumkhrah.

Some important landmarks of the city are:

- The headquarters of the Northern Eastern Council is also located here.
- The Shillong Golf Course, one of the oldest in the country, is in the centre of the city.
- The Pasteur Institute.
- The Power Grid Corporation of India has its regional headquarters for the north eastern region located at Shillong.
- Don Bosco Museum, one of the top cultural and academic institutions of the state, has a research and publication division, apart from galleries displaying north eastern artefacts and paintings.



Shillong- (Main City Centre, Police Bazaar)

The Khasis, the Jaintias and the Garos have a matrilineal society. Descent is traced through the mother, but the father plays an important role in the material and mental life of the family. While, writing on the Khasi and the Jaintia people, David Roy observed, 'a man is the defender of the woman, but the woman is the keeper of his trust'. No better description of Meghalaya matrilineal society could perhaps be possible. In the Khasi society, the woman looks after home and hearth, the man finds the means to support the family, and the maternal uncle settles all social and religious matters. Earlier in the conservative Jaintia non-Christian families, however, the father only visits the family in the night and is not responsible for the maintenance of the family. Khasis follow a matrilineal system of inheritance. In the Khasi society, it is only the youngest daughter or "Ka Khadduh" who is eligible to inherit the ancestral property. If 'Ka Khadduh' dies without any daughter surviving her, her next elder sister inherits the ancestral property, and after her, the youngest daughter of that sister. Failing all daughters and their female issues, the property goes back to the mother's sister, mother's sister's daughter and so on. The Ka Khadduh's property is actually the ancestral property and so if she wants to dispose it off, she must obtain consent and approval of the uncles and brothers. Among the War-Khasis, however property passes to the children, male or female, in equal shares but among the War-Jaintias, only the female children get the inheritance

As per the 2011 India registration, Shillong City urban/metropolitan population numbered at 354,325 of which 176,591 are males and 177,734 females. The population density of Shillong is 234 persons per square kilometer. The population growth rate of Shillong has been enduring and this has brought about growing number of individuals. With the increase of population and vehicles the air and hills are polluted. The population growth rate has jumped significantly and there has been a considerable amount of people migrating to Shillong.

The average literacy rate of Shillong is 86%, higher than the national average of 63.5%. Khasis make up most of the population. However, the rate of Khasi individuals in the city keeps on falling as an after-effect of the extensive number of immigrants from other Indian states. The population of Khasis in Shillong was 65.22% of Shillong population at 2011 census. All the other North East tribes such as Nagas, Garos, Pnars, Hajong people, Kukis, Manipuris, Lalungs, Karbis and Mizos etc. are represented here as well as significant numbers of Assamese, Bengalis, and a bit of Nepali, Biharis, Marwaris, Punjabis and Muslim people make it a fairly cosmopolitan city.

Christianity is practiced by 46.50% of its population at the 2011 enumeration. Presbyterianism and different groups of Protestants and Roman Catholics make up the Christian population. A substantial extent of the population follows the original Khasi religion: Niam Khasi and Niamtre. Hinduism is represented in huge numbers in the city shaping around 42.00% of Shillong's population at 2011 registration.

Shillong is fast emerging as an educational hub for the entire North eastern region. Important educational institutes like Indian Institute of Management, National Institute of Fashion Technology Shillong and North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, the English and Foreign Languages University, Shillong Campus, St. Edmund's College, St. Anthony's College, Shillong and several other Colleges and Technical Institutions have been established here.

## SITUATION OF CHILDREN AT RISK IN SHILLONG

Children at risk lack basic necessities like food, clothing, shelter, safety, parental support, healthcare, and education needed for normal childhood development. They are at risk of never reaching their God-given potential physically, socially, emotionally, and mentally. These vulnerable children go to extreme measures to meet these basic needs and are at risk of being exploited.

### **Lack of quality education**

Shillong is supposed to be an educational hub of the North East India, yet the participants in this study said that the children are being denied quality education. Quality education should allow children to reach their fullest potential in terms of cognitive, emotional and creative capacities.

By analysing various data on the basis of indicators, we can deduce that the picture of education is not that bright and a lot needs to be done.

- Meghalaya has 10.5% single-teacher schools compared to all India average of 1.3%.
- Compared to 63.8% schools on an average scale countrywide, only 29.3% schools in Meghalaya have playgrounds.
- There is wide disparity in boundary walls that provide security and privacy to a school. Only 13.9% schools Meghalaya have boundary walls compared to all-India average of 79%.
- However, Meghalaya fares well with 98.8% schools having Midday Meal kitchen/sheds compared to all-India average of 82.5%.
- 84.1% of the schools in Meghalaya are equipped with girl's toilet against the all India average of 93.6%. In case of boy's, 86.5% schools in the state have toilets against the national average of 98.1%.
- Compared to all-India average of 71.5%, only 11.9% schools have electricity facilities.
- As low as 3.5% schools have computer facilities; the all-India average stands at 44.4%.
- 64.6% of the schools in Meghalaya have enrolment of less than or equal to 50 students against all India average of 9.9%.
- The teacher-pupil ratio is also 1:21 against all India average of 1:29. Whereas 1:21 ratio can be a great opportunity for quality improvement, it imposes heavy burden on salary cost as teacher cost is not optimized.
- Average teacher per school is 2.5% compared to national average of 7.2%. The encouraging fact is that around 57.2% teachers are female.
- Out of the total enrolled children 49.9% are girls matching closely to all-India average, implying the narrow gender gap between boys and girls.
- Thus, it can be seen that on most indicators, Meghalaya elementary education is lagging behind all-India averages.
- The scenario is different at the secondary and higher secondary education in the state. Net Enrolment ratio at secondary stage is 49.88 or 50%, but in higher secondary is 25.98 or 26%. Thus, there is a loss of 24% between secondary and higher secondary, over and above the fact that enrolment figures are not very healthy in terms of participation.
- Similar trend is visible in Gross Enrolment Ratio as well – 87.27% at secondary but 43.35% at higher secondary level. Only about 20% higher secondary schools are

equipped with separate laboratories for physics, chemistry, and biology. Though 75% schools have electricity, only 42% have computer facilities and 35% schools have library facilities. Teacher and student ratio is favourable at 1:14. However, student classroom ratio is 1:37; and 1:51 at the secondary stage.

- Pass percentages in Meghalaya Board (MBOSE) are 54.31% at secondary level and 68.13% at higher secondary examination. Average dropout at secondary level alone is about 21%; adding average 16% drop out by grade VIII, dropout till 10th grade adds up to 37%. Extrapolating with pass percentage, school graduation rate turns out to about 34%. This reflects seriously on quality of school education in the state.

*According to the Education and Literacy Minister Deborah Ch Marak, the main issues that is causing school dropout in the state are the economic condition of the parents, lack of success due to small habitation, poor teaching, domestic and sibling care and migration.*

### **School dropout**

While 96% of India's children enrol in primary schools, by the age of 10 about 40% have dropped out. Out of the 20 crore children between 6 and 14 years, three crore do not go to school while another 8.5 crore are dropouts who discontinued their education (Census of India 2001). It is ironic that while India has made significant progress in raising enrolment rates for primary education, schools have been less successful at preventing dropouts during this critical learning phase.

School Drop Out was accorded the highest prominence by participants in the survey. It is ironic to find out that in a place that is considered to be an educational hub, the majority of participants representing various sections of the society, which includes a number of institutional heads and teachers, feel that the biggest issue facing the children is the issue of School Drop Out.

*“Poverty, availability, and accessibility are three big reasons why children drop out of school,” says Soha Moitra of Child Rights and You (CRY). “When a family is not financially secure, prioritising a child’s education takes a backseat.”*

The Meghalaya government announced in the state assembly that nearly one lakh students have dropped out from schools over the last four years. There were 17,299 students who dropped out in 2016-17, according to the Education and Literacy Minister Deborah C Marak, in last four years the exact total number of school drop-out had reached to 1,09,495.

According to the minister, the reasons for high rate of school dropouts are poor economic conditions of rural masses, low intelligence and repeated failures of students, lack of access due to small habitations, lack of trained teachers, poor infrastructure in government schools and household responsibilities of girls like taking care of siblings and domestic work, besides migration of children from rural areas. In year 2017, out of the total School drop-out figure of 12,406, the number of school drop-outs in East Khasi Hill District was 662.



## Drug addiction

Drug addiction is on the steep rise in East Khasi Hill District of Meghalaya, this is the feedback which this study received by the participants of the survey. 70% of the school teachers who participated in this study were of the opinion that it is a major issue among children and youth. Speaking at the youth awareness programme, "Reaching out to the Youths" as part of the Safe and Secure project of the police, additional SP (Crime), Vivek Syiem said, "drug abuse has increased rapidly among children, adolescence and with the increase in overdose deaths in the city; it has become a matter of concern of many including the police who considered drug abuse as a 'disease.'" He also said, "Drug abuse in Shillong city is rising with over 1,000 of such cases being registered every year and this has given rise to overdose deaths besides making them vulnerable to HIV/AIDS and the vigilant group". It has been estimated that there are nearly 5,113 users East Khasi Hills. Syiem said, "that the shocking part is such crimes are committed by street and abandoned children in commercial areas of the city." The police department has set up a district Anti-Narcotic Task Force, a sub-group of the special cell (crime branch) to deal with all drug related cases.

An Indian survey revealed that 63.6% of patients coming in for treatment were introduced to drugs at a young age below 15 years. According to another report 13.1% of the people involved in drug and substance abuse in India, are below 20 years. Heroin, Opium, Alcohol, Cannabis and Propoxyphene are the five most common drugs being abused by children in India. The problem in India is there are no sensitization programmes about drug abuse in schools or for children out of school. India does not have a substance

abuse policy. There is also a high incidence of charging children under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985.

The newspaper article on July 8, 2018 reads, 'In an alarming revelation, the tobacco abuse by children is highest in Meghalaya much to the concern of the State Government. Informing this here on Saturday during the 1st National Conference organised on the theme "Substance, Suicide and Adolescents: Effects of Substance abuse and Suicide in Adolescents" Dr. W.Kharshiing, Managing Director, Woodland Institute of Nursing, said that the total abuse by children in Meghalaya stands at 96.4 percent followed by Nagaland at 95.8 percent and Sikkim at 93.1 percent.' Quoting a 2012 survey conducted by the Health





and Family Welfare Ministry statistic of boys aged between 15-19 percent, Dr. W. Kharshiing asserted that the use of heroin is also seen to be highest in Meghalaya at 27.3 per cent and followed by Punjab with 19.3 percent. Leaving apart tobacco and heroin, even injectable drugs seems to be popular amongst the children with 88.6 percent children from Mizoram, followed by Punjab and Rajasthan at 25 percent. Stating that that abuse goes beyond alcohol and tobacco and it often involves cocaine, heroin and opium, he added adolescent substance abuse is a major public concern. Earlier, he said that as per the World Health Organization (WHO), substance abuse is persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice. "With a turnover of around \$500 billion, it is the third largest business in the world, next to petroleum and arms trade," he said while adding that about 190 million people all over the world consume one drug or the other. Admitting that the numbers of drug addicts are increasing day by day, he also added that the intravenous injections of analgesics like dextropropoxphene etc. are also reported from many states, as it is easily available at 1/10th the cost of heroin. "*Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behaviour. It is estimated that, in India, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the substance of abuse nature,*" he added. Giving more detailed, he said that in 2015, the number of student suicides stood at 8,934 and in the five years leading to 2015, 39,775 students killed themselves.

The International Journal of Indian-Psychology states, "*Substance abuse among in children is a cause of concern across the globe. India shares this problem in massive volume and focuses its future adverse consequences on health, growth, productivity, and well-being. The health risks inherent, with substance abuse, often are linked with other risk behaviours (like early sexual activity, violence, academic failure, school dropout, delinquency) among children. This renders children vulnerable and poses a greater burden in terms of health, performance, and economic cost to the family and the nation. The available literature provides evidence that developed nations have taken cognizance of this problem long ago, and are working towards educating, rehabilitating, protecting children and preventing this problem. India is still oblivious of the concurrent and future threats and consequences. In spite of the gravity of the problem, not many systematic empirical research studies have focused on why children are turning towards alcoholism and substance abuse, who are these children, what are the motivators, temptations, pulling or pushing forces, or compelling circumstances.*"

### **Children with single parents**

Many of the participants, who participated in this study, strongly felt that children with single parents are also a major cause of concern in the East Khasi Hill District of Meghalaya, India. Single-parent families are families with children under age 18 headed by a parent who is widowed or divorced and not remarried, or by a parent who has never married.

Family splitting up is never a happy sight. The couples that separate are never without emotional scars. However, the biggest victims and perhaps the most hurt by this split are the children. They want both their parents to be there with them to feel whole, but when the split happens, they are reduced to just one parent and it creates a void that cannot be filled. Children with single parents are at a higher risk of developing emotional issues than their nuclear family counterparts. These emotional problems can cause their lives to become a mess. To cope with these issues, they may turn to alcohol, drugs, or a life of crime.

Children of single-parent households are more commonly involved in felonious activities than those living in two-parent households. Single parents are rarely available for their children because they have to work for longer hours to help the families meet all the expenses. In the process, children begin to think of themselves as unwanted and even more alone than before. This makes them even more depressed and fills up their head with all kinds of negative thoughts.

It is believed that the role of single parent is challenging one, especially when the family is headed by a women. In 2017, the Government Social Assistant Scheme was helping 30284 single parent households in Meghalaya.

*Journal of Research on Adolescence, by Cynthia Harper found that adolescent males who live in father-absent households are more at risk for delinquency and youth incarceration than those living in father-mother households.*

(<https://www.livestrong.com/article/536203-single-parent-family-social-problems/>)

### Street children

According to Wikipedia, a street child is someone "for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults."

Mark W. Lusk, a prominent researcher of street children, developed four categories of children on the street from his research:

- Children who work on the street but return to their families at night,
- Children who work on the street but whose family ties are dwindling,
- Children who live and work with their families on the street,
- Children who work and live on their own on the street.

While 18 million children work on the streets of India, it is estimated that only 5–20 percent of them are truly homeless and disconnected from their families. Street children vary across cities and regions. But a majority of these children are boys. Age wise 40% of the street children are between 11-15 years while another 33% are between 6-10 years age group. A study found that majority (89.8%) of children live on the street with their parents / family. The root cause of the issue of street children has been identified as poverty. Other factors are growth of cities, over-population, family disintegration, inadequacy of formal school institutions leading to large numbers of dropouts and failures, inability of institutions to deal with these problems.



Children in the streets of Shillong

It is estimated that there are about a hundred street children, around the main city centre known as 'The Police Bazaar'. R.G Laloo, President of Reach Shillong Ministries, while starting an open shelter for the street children, told the reporters "It will help the target population of children, including runaway children and street and homeless children. The

*shelter home will provide relief till the children are restored to the families. It will be a night shelter for homeless children."*

### **Child labour and rag pickers**

According to the International Labour Organisation, 168 million children are still in child labour and all supply chains - from agriculture to manufacturing, services to construction - run the risk that child labour may be present. According to the 2011 census, the number of "working children" in the age group of 5 to 14 years in India is 43.53 lakh. For Meghalaya, the 2011 census reported that there were 18,839 working children. Millions of children around the world and in India are forced to become labourers at a young age. Children work to survive, provide for their family, or pay off parental debt. Debt bondage is recognized as a modern form of slavery. It is most commonly found in prostitution, domestic services, agriculture, and a variety of small manufacturing industries. The most prevalent – and the most hidden – type of forced child labour is the selling or giving away of children to become domestic servants. In exchange for a better life, perhaps an education and some money, the children, who are predominately girls, find themselves trapped in a web of gruelling and demeaning work. They are often subjected to extreme physical, sexual, and mental abuse. Many times, they are locked inside their places of work, sexually harassed and mentally tortured.

Meghalaya State Commission for the Protection of Child Rights chairperson Smti Meena Kharkongor said "illiteracy" and "poverty" are the main factors responsible for child labour. She said the policy, at present, is that if an employer is found using children as labourers, a fine of Rs 20,000 is imposed. In turn, the labour department adds another Rs 5,000 to the Rs 20,000, which is then deposited into the account of the child concerned. However, till date, Kharkongor said the commission was yet to receive any case pertaining to child labour. Most of the cases are being dealt by the social welfare and labour departments, she added.

Reach Shillong Ministries acknowledges that the presence of rag-pickers is a concern. The NGO is embarking on the "Reach to Teach" method to educate the children. "We provide them with informal education in one of our schools. The idea is to reach out to them. At the same time we educate the parents about the hazards of sending children to the streets," NGO founder Reuben Laloo added that poverty, single parenthood and parents forcing their children to work were some of the major factors that have forced children into rag-picking.

### **Malnutrition**

According to the World Health Organization (WHO), malnutrition is the gravest single threat to global public health. Globally, it contributes to 45 percent of deaths of children aged under 5 years. According to the World Health Organization (WHO), 462 million people worldwide are malnourished, and stunted development due to poor diet affects 159 million children globally. Malnutrition during childhood can lead not only to long-term health problems but also to educational challenges and limited work opportunities in the future. Malnourished children often have smaller babies when they grow up. It can also slow recovery from wounds and illnesses, and it can complicate diseases such as measles, pneumonia, malaria, and diarrhoea. It can leave the body more susceptible to disease.

Malnutrition can result from various environmental and medical conditions including low intake of food, mental health problems, social and mobility problems, digestive disorder and stomach conditions, lack of breast feeding etc.

*“Over two-fifths (44%) of children under age five years are stunted, or too short for their age, which indicates that they have been undernourished for some time. Fifteen percent are wasted, or too thin for their height, which may result from inadequate recent food intake or a recent illness causing weight loss, and 7 percent are severely wasted. Twenty-nine percent are underweight, which takes into account both chronic and acute undernutrition. Four percent of children are overweight. Even during the first six months of life, when almost all babies are breastfed, 13 percent of children are stunted, 11 percent are underweight, and 21 percent are wasted.*

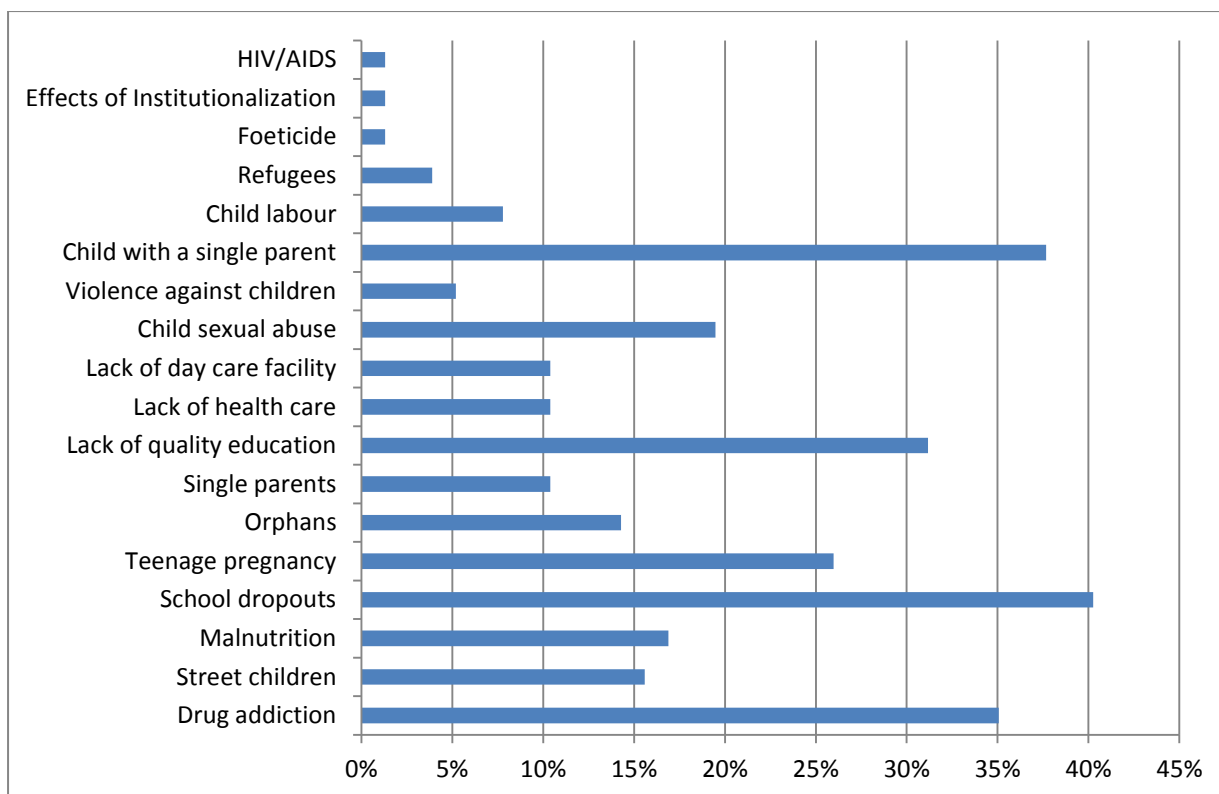
*Children’s nutritional status in Meghalaya has improved since NFHS-3. Stunting decreased from 55 percent to 44 percent in the 10 years between NFHS-3 and NFHS-4, and the percentage of children who are underweight decreased from 49 percent to 29 percent. In the same period, wasting decreased from 31 percent to 15 percent. Despite the gains in stunting, wasting and underweight children, child malnutrition is still a major problem in Meghalaya. There are only small differences in the level of undernutrition by the sex of the child or by the child’s living arrangements. However, differences are more pronounced for other background characteristics. Undernutrition is higher in rural areas than in urban areas and it generally decreases with increasing mother’s schooling, better nutritional status of the mother, and larger child’s size at birth. The level of undernutrition is relatively high for Muslim children and children of higher birth orders.” (Source: National Family Health Survey (NFHS-4) India 2015-16)*

According to UNICEF, nearly half of all deaths in children under 5 can be attributed to undernutrition. This translates into the unnecessary loss of about 3 million young lives a year. Only a fraction of these children die in catastrophic circumstances such as famine or war. In the majority of cases, the lethal hand of malnutrition is far more subtle: it stunts children’s growth, deprives them of essential vitamins and minerals, and makes them more susceptible to disease. Malnutrition is a violation of a child’s right to survival and development – and its consequences often remain invisible until it’s too late. Malnutrition is more than a lack of food - it is a combination of factors: insufficient protein, energy and micronutrients, frequent infections or disease, poor care and feeding practices, inadequate health services, and poor water and sanitation. The lack of or inadequate breastfeeding practices alone result in almost 12 per cent of all deaths among children under age 5. Chronic malnutrition early in life leads to stunting, which prevents children’s bodies and brains from growing to reach their full potential. The damage caused by stunting is irreversible and has far reaching consequences, from diminished learning and school performance, to lower future earnings. Globally, 159 million children under 5 are stunted. These children often come from the poorest households, making stunting a key marker of poverty and inequality.

## Field research

To corroborate the data from desk research, researchers in Shillong interviewed stakeholders and held focus group discussions with children. The researchers asked about the three main issues of children at risk in Shillong, and the reply:

- A. from 12 heads of education institutions was
  - 1. Children living with single parent
  - 2. Teenage pregnancy
  - 3. School dropout
  
- B. from 4 Government officers working on child care was
  - 1. School dropout
  - 2. Child abuse
  - 3. Children living with single parent
  
- C. from heads of 3 NGOs was
  - 1. Child abuse
  - 2. Drug addiction
  - 3. Children living with single parent
  
- D. from 12 heads of Churches was
  - 1. Children living with single parent
  - 2. Lack of quality education
  - 3. Lack of health care
  
- E. from 10 school teachers was
  - 1. School dropout
  - 2. Drug addiction
  - 3. Lack of quality education
  
- F. from 8 citizens of Shillong from different walks of life was
  - 1. School dropout
  - 2. Children living with single parent
  - 3. Lack of quality education
  
- G. from 7 heads of Christian NGOs in Shillong was
  - 1. Children living with single parent
  - 2. Drug addiction
  - 3. Lack of quality education
  
- H. from 21 child care workers of different NGOs in East Khasi Hills District was
  - 1. Teenage pregnancy
  - 2. Drug addiction
  - 3. Children living with a single parent
  
- I. from 23 teachers and Heads of institutions was
  - 1. Children living with single parent
  - 2. School dropout
  - 3. Drug addiction



### Issues contributing to children at risk in the East Khasi Hills district

*(The above data is based on the feedback gathered from different respondents representing NGOs, Church leaders, institutional heads, teachers and child care workers)*

Shillong is considered to be an educational hub, yet the respondent of this study have said school dropout is a major cause of children to be at risk. The desk research also confirms that the education system is not what it appears from outside. Focus group discussions also points out that children like to go to schools and are happy when they are able to perform in their studies and feel broken when they are unable to go to school or perform well in their studies. School teachers also pointed out that school dropout is major issue and needs to be addressed. It is important here to mention that government has initiated incentives with families to prevent children from dropping out.

The next cause of children to be risk is children living with the single parent. It appears that the many families in the area are facing marital break-up or are dysfunctional families. The children participating in focus group discussions expressed their concern over the relationship between their parents. Children frequently expressed that they are deeply saddened when their parents fight or when there is a family break-up or domestic violence. Marriage break-up is increasing, therefore more children are staying with a single parent. Desk research also suggests that there are many children of commercial sex workers and widows who also come under this category. Government is giving meagre financial assistance to single mothers, which is not sufficient to sustain them and their children.

Another cause of children to be at risk children is drug addiction. Concerns are being expressed that drug addiction is increasing day by day. It is estimated that there are 5,113 drug addicts in East Khasi Hills district alone. Police officers have reported that these drug addict children are often engaged in crimes in the city.

Respondents in this study also question the quality of education and consider it as an important issue of children. We have already discussed above that the education system needs improvement. The desk research has revealed that local schools lack many basic facilities like toilet, electricity and drinking water. There are commuting and security problems for children as well.

Teenage pregnancy is also an issue which attracted the attention of respondents in this study. It appears that a lot of adolescents are engaging in sexual relationship before marriage, giving rise to teenage pregnancies. Lack of information on sex and sexuality, lack of life skill trainings and social fear and religious beliefs are adding to the gravity of the situation.

### **What children have to say about their issue**

Six focus group discussions were organized to find out what children have to say about the issues encountering them. Ninety students participated in these focus group discussions.

The outcome of the discussion is was:

1. Focus group Discussion conducted at Laitumkhrah Higher Secondary Presbyterian School, Shillong on the 4th May 2018.  
Target group- 15 students  
Age group- 12-14 years  
Three things that make children sad
  - a) When they are scolded and rebuked by parents.
  - b) Family problems and loss of loved ones.
  - c) Drinking of parents and family members.Three things that make children happy
  - a) When there is peace and happiness in the family.
  - b) Getting love & care of parents.
  - c) Better performance in studies.
  
2. Focus group Discussion conducted at Phudmuri Secondary Presbyterian School, Shillong on the 7th May 2018  
Target group- 15 students  
Age group- 12-14 years  
Three things that make children sad
  - a) When parents are sick and loss of parents.
  - b) Absence of peace in family and when parents fight.
  - c) If there is unrest in the neighbourhood.Three things that make children happy
  - a) When parents love each other.
  - b) When parents are loving
  - c) Spending time with parents.These students also list the issues affecting the society.
  - Kidnapping
  - Murder
  - Rape
  - Substance abuse
  - Beating at a market place
  - Nuisance in locality
  - School dropout

- Teenage pregnancies
3. Focus group Discussion conducted at Mawblei open Day Shelter Shillong on the 9th May 2018.  
 Target group- 15 students  
 Age group- 6 to 9 years  
 Three things that make children sad
    - a) Alcoholic parents and family members
    - b) Quarrelling parents
    - c) Poor performance in studies.
 Three things that make children happy
    - a) When parents love each other
    - b) When parents are not drunk
    - c) Spending time with the family.
  
  4. Focus group Discussion conducted at Mawblei Community Shillong on the 9th May 2018  
 Target group- 15 students  
 Age group- 9 to 15 years  
 Three things that make children sad
    - a) Sickness of the parents and family members.
    - b) When parents are fighting
    - c) When parents are drunk.
 Three things that make children happy
    - a) When parents are happy
    - b) When rewarded and appreciated by parents and teachers.
    - c) Getting good marks in school.
  
  5. Focus group Discussion conducted at Phudmuri Presbyterian Church Shillong on the 13th May 2018  
 Target group- 15 students  
 Age group- 7 to 9 years  
 Three things that make children sad
    - a) When parents fight with each other.
    - b) Sickness in the family
    - c) Scolding of parents.
 Three things that make children happy
    - a) Scoring good marks.
    - b) Spending time with the family
    - c) Getting gifts
  
  6. Focus group Discussion conducted at Pohkseh Presbyterian Church Shillong on the 13th May 2018  
 Target group - 15 students  
 Age group - 10 to 12 years  
 Three things that make children sad
    - a) When parents are unwell.
    - b) When parents smoke or drink
    - c) Poor performance in studies.
 Three things that make children happy
    - a) Going to school.



- b) Having family and friends.
- c) Good performance in studies.

From the responses of the children in above focus group discussions, it is apparent that children are very sensitive about their parents and family members. Their family and parents are their first priority and they feel closely associated with them. When parents fight then, the children are depressed and sad. Children want family peace, loving parents and love between parents. It appears from the responses of various groups family peace is eluding majority of families, and children are seriously concerned about it. Sickness of parents and family members also causes them pain. Children love spending time with parents and family members.

Secondly, it appears that children hate parents and family members drinking and smoking. From the concern shown by these children, it appears that families are disturbed by drinking and smoking which is causing disturbance among children and they do not like it.

The third thing that clearly comes out of these focus group discussions is that children value education and they are happy when they are able to perform well and poor performance makes them sad. So children have clearly stated from their responses they should be given opportunity to study as they value it.

### **Expert opinion**

Ms Ibalarilin L. Synrem, Childline Centre Coordinator, Bosco Integrated Development Society, Shillong says, *"I feel that the need for child protection is really high in our State. People here often tell their children not to talk to strangers but often fail to realise that most abuse happens by people who know the child. We forget to teach our children how to be safe at home. For grown up children it is important to talk to them about love relationship at an early age and the consequences thereafter. With the extensive use of social media by children especially teens, parents, care givers, guardians should also update themselves with information and teachings which will help protect and keep children safe. Parents, care-givers, guardians and teachers have the important role to shape and mould lives of children. They may provide luxurious life style to the children but fail to provide love and care for them. Neglected children are children who experienced loneliness, suicidal tendency, depression and other forms of unwanted behavioural problems. They are not bad, but situations compel them to exhibit different forms of behavioural problems and become slaves to different forms of addiction, which is increasing at an alarming rate in our State. Since peer pressure is very strong, it is also important to focus on this very important issue. It is not safe to underestimate peer pressure until and unless there is a high value of moral teaching. Parents, care givers, guardians need to give quality time to children. This will help boost their morality and encourage strong bonding with them. To conclude, I would say that parents, care givers, guardians are artists who have a role to shape and design the life of children."*

Rev. Reuben G Laloo, President and Pastor of Laitumkhrah Presbyterian Church, Reach Shillong Ministries says *"Every child is like a different kind of flower and all children are beautiful flowers which together make this world a beautiful garden. Austin Omalley compared a child to an "uncut diamond" which means that they are the world's most valuable resource and its best hope for the future. Children are not things to be moulded but*

*people to be unfolded- Less Lair. Every child is gifted, they are artistic and they open their packages at different times.*

*Having said this, the need of a Child protection is of utmost urgent. The rising number of crimes against children is alarming and serves as an indicator. I also feel that a situational mapping as this provides us a road map to understand the real issues facing children.”*

Following are some of the observations that make the East Khasi District unsafe and unfriendly for children. Besides poverty, family breakdown has enormously contributed towards unsafe and unhealthy environments of children. Internet and other forms of media, if not all but to some extent contributed. Slow conviction rate against abusers must also be taken into consideration. Law enforcement agency should be more stringent in implementing the law for the welfare of the children. Uninformed parents and guardians also add towards making an unsafe environment for children. For example- perpetrators of child abuse can be someone who is well known to the family. Another example, there are parents, who sent their children to buy tobacco and even alcohol. The recent amended JJ Act Section 77 states “*It is an offence against a child, if a person gives or causes to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance, except on the order of a duly qualified medical practitioner.*”

Besides imparting awareness, life-skills sessions on good touch and bad touch must be made mandatory in all institutions, which includes the church. Parenting skills are areas that cannot be left. An article in the Shillong Times, ‘Child Abandonment Is More of a Social Issue than Economic’ highlights that Shillong is no stranger to sights of abandoned, destitute and street children roaming its streets, confronting walkers by with cheap goods while others simply roaming about with loaded bags thrice their size as they wobble under the weight on our footpaths. Most of the children are still in contact with their families and work on the streets to augment the household income. Some have run/stayed away from home, often in response to psychological, physical or sexual abuse. The majority are male, as girls seem to endure abusive or exploitative situations at home for longer. Once on the street, children become vulnerable to all forms of exploitation and abuse and their daily lives are likely to be far removed from the ideal childhood a child should have. Children are always a victim to any social issue happening in the society. Every day in the news we heard that a new-born baby is deserted on the road to be eaten by dogs or a baby is left at the roadside or is disowned by the mother in the health centre or a baby is being physically or sexually abused.

Poverty, illiteracy, social taboos and religious beliefs are among the factors aggravating the problem of child abandonment despite several government efforts and awareness programmes. The Social Welfare Department data shows there were more than 51 reported cases of abandoned infants and toddlers in the last decade. Five cases have already been reported this year.

Members of Reach Shillong Ministries (RSM), that runs shelters and an adoption centre in the city, say poverty is the major reason that drives mothers to abandon new-born to lessen the burden. A lack of knowledge about family planning or unprotected intercourse leads to unplanned pregnancy. The National Family Health Survey 2015-16 shows the percentage of female sterilization in the State was as low as 6.2 whereas for males it was zero. While use

of contraceptive pills was 11.7 per cent use of protection in the form of condoms is abysmally low at 1.3 per cent.

Mrs Meena Kharkongor, chairperson of the State Commission for Protection of Child Rights (SCPCR), says people especially in rural areas refuse to use condoms and family planning is yet to pick up pace in the state as people are averse to the concept. "So we try to address the issue from health point of view. We advise women to space out their pregnancies so that they give birth to well-nourished babies. We also educate them about the health hazards if condoms are not used," says Kharkongor.

Clinical psychologist Jasmine Lyngdoh too emphasises on the economic side of the problem. She points out that unemployment caused by the recent ban on coal mining has also added to the problem. "People in the coal belt have been forced into penury making it difficult for them to look after so many children. So they just abandon them. Also, since most of them are illiterate, they have little knowledge about family planning," she says.

However, Lyngdoh describes the problem as a "social issue". She says taboos prevalent in the society propel many to take such drastic steps. The rising number of teenage pregnancies is also a reason for this high rate of abandonment," says Lyngdoh and adds that people are often judgemental and looks down upon those who cross the line of conventional decency.

It is a norm in society to shame and blame the woman for a "mistake" completely oblivious of the biological truth that a man too is involved. If the would-be mother is a teenager, then the parents become victims of society's wrath. This often drives a family racked with guilt to abandon the new-born. "Our mind-set is yet to change. Instead of supporting a woman in distress, we chide her for her deeds without sparing an iota of thought about her compulsions," says Lyngdoh.

Abandoned children, after rescue, often find home in government shelters or centres run by RSM and Missionaries of Charity, both of which work in tandem with state agencies. The state has recognised two shelters, Government Shelter Home for Girls and Rilang Shelter Home for Boys, where rescued children are kept until they are adopted. The government has also recognised the Reach Shillong Ministries as the Specialised Adoption Agency.

In cases where families of abandoned children are traced, the government agencies help in rehabilitating them. "The mother and members of the family are counselled. If the family is poor, then the government provides care and protection to the child and even finances his or her studies," says an official in the Social Welfare Department. "It is indeed unfortunate that so many children are abandoned every year. But the good news is that people, especially in the urban pockets in the state, are becoming more aware of adoption. The taboo that was attached to adoption in the past has dissipated to a great extent and couples are coming forward to help these children," says a member of RSM, which works closely with the State Adoption Resource Agency.

But the growing awareness on adoption is only a ray of hope and in no way alleviates the problem of abandonment. The problem arising out of economic and social compulsions needs to be addressed at multiple levels. While the government should address the alarming rate of unemployment and generate more jobs to tide over the economic crisis, the social aspect needs to be addressed by all stakeholders.

Lyngdoh says it is high time we come out of the darkness and open our minds to a new light. She stresses on mandatory sex education in schools, "It is necessary that a child is educated about her body from as early as Class V and is taught how to protect it. This goes a long way to prevent cases of teenage pregnancies." Sex education becomes important at a time when the internet opens up a vast world to an adolescent who is often at a loss about the good and the bad.

Also, several cases of teenage pregnancy are due to sexual abuse by someone within the family. "They don't know their bodies but others take advantage of them. Families often try to hush such incidents out of shame," Lyngdoh says and adds that instead of being tortured by unnecessary guilt, parents should open up and talk to their children, as they are the best counsellors for them. As women are vulnerable to social pressure, it becomes imperative for the government to put in extra efforts and set up homes for teenage mothers similar to those for children. This will not only ensure hygiene and health for the baby but also provide a safe shelter to would-be mothers away from the society's glare.

Family planning programmes need to be pushed forward and awareness programmes should be leveraged. The Social Welfare Department does hold frequent programmes on child rights and protection through the Integrated Child Protection Scheme.

Religious bodies will play a big role in convincing people about practical ways of life. In fact, many religious heads now publicly discuss the importance of family planning, use of condoms and other issues, says SCPCR's Kharkongor. The government should talk about its schemes more often so that the message reaches to every single mother in villages.

But most importantly, family and community should be supportive and introspect before criticising, says Lyngdoh. Instead of denouncement, a community can show sympathy and come together to take responsibility of an abandoned or unwanted child. "The society should change its mind-set and not react to age-old taboos. We cannot afford to be rigid and judgemental anymore," she adds.

A steady upward trend with a significant increase of more than 500% over a period of the past one decade (1,06,958 in 2016 over 18,967 in 2006). In year 2015 and 2016, Crime against children in India has increased by a sharp 11% as freshly released NCRB data suggests. Going by absolute numbers, this is an increase of 12,786 reported crimes against children across the country. The total number of crimes against children reported in 2016 is 106958, while 94172 crimes were recorded in 2015.

### Cognizable Crimes against Children Reported in Meghalaya During the year 2017

Sl	Crime Heads	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	Murder (excluding Infanticide) (Sec. 302 IPC)	0	0	0	1	1	0	0	0	0	0	0	1	3
2	Infanticide (Sec.315 IPC)	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Kidnapping & Abduction (Sec.363, 363A, 364, 364A)	5	3	7	5	3	6	1	2	0	3	1	3	39
4	Foeticide (Sec.315 and 316 IPC)	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Immoral Traffic (Prevention) Act, 1956	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Juveniles Justice (Care and Protection of Children) A	0	0	2	0	0	0	0	0	0	0	0	0	2
7	Protection of Children from Sexual Offences Act 201	22	21	18	19	29	30	20	28	35	23	32	21	298
a	Sec.4 & 6 of POCSO Act / Sec.376 of IPC	14	12	10	13	16	8	15	17	23	15	19	13	175
b	Sec.8 & 10 of POCSO Act / Sec.354 of IPC	2	2	5	4	3	12	3	8	10	7	9	4	69
c	Sec.12 of POCSO Act / Sec.509 of IPC	0	0	0	0	0	0	0	1	0	0	0	0	1
d	Sec.14 & 15 of POCSO Act	0	0	0	0	0	0	0	0	0	0	0	0	0
e	Other Sections of POCSO Act	6	7	3	2	10	10	2	2	2	1	4	4	53
8	Other crimes committed against children	0	1	0	0	5	1	3	3	2	0	0	3	18
9	<b>TOTAL CRIMES AGAINST CHILDREN</b>	<b>27</b>	<b>25</b>	<b>27</b>	<b>25</b>	<b>38</b>	<b>37</b>	<b>24</b>	<b>33</b>	<b>37</b>	<b>26</b>	<b>33</b>	<b>28</b>	<b>360</b>

Source: [http://www.megpolice.gov.in/crime/crime\\_children\\_2017.pdf](http://www.megpolice.gov.in/crime/crime_children_2017.pdf).

The crime report is indicative of the fact that maximum cases are reported in different section of POCSO act. Other major crimes being conducted in Meghalaya are kidnapping and abduction.

## OBSERVATIONS

1. **Shillong is a destination for migrants:** East Khasi Hills District Meghalaya is the Capital of Meghalaya, an important city in the North Eastern part of India. It is a hill station making it a destination for migrants, resulting in a number of slums and localities inhabited by poor and marginalized people who have migrated from rural and less developed areas around the states including Nepalese, Bihari and other people's groups. This fact has given rise to the number of children who live in difficult circumstances who require an adequate response from government as well as social and religious organizations.
2. **Christian influence:** Meghalaya is a Christian dominated state and many government employees are church members, therefore the Church is in a position to influence the government employees. Church can utilize this unique position in appealing for justice for the vulnerable children in the state and the district. The present focus of Christian leaders is on running schools, managing residential care institutions for children and having Sunday school activities.
3. **Enrolment in schools:** Though East Khasi Hills district specially the city of Shillong is considered to be an educational hub, still children from poorer and marginalized sections of the society do not have equal opportunities to those of well to do families and are forced to study in government run schools, which are not of that standard. One of the main reasons for inequality in education is that the good institutions do not possibly comply with the Right to Education Act, which mandates enrolment of 25% students from poor and marginalized section of the society. Children value education and aspire to perform well in their studies whereas failure and poor performance in education is something they do not like and are worried about.
4. **Children from poor communities care of their siblings:** Poor economic condition of the parents, small habitation, poor teaching, poor accessibility to schools, domestic chores and pressure of taking care of younger siblings and migration are the main reasons of high drop-out rates. Lack of day care facilities also adds to the problem.
5. **Tobacco abuse by children** is highest in Meghalaya as compared to other states of India. 96.4% of children in Meghalaya use tobacco. This is a major concern for authorities and a great challenge for the churches.
6. **Children with single parents** are listed as a major issue by the individuals who participated in the study. Children with single parents are at a higher risk of developing emotional issues than their nuclear family counterparts. These emotional problems can cause their lives to be challenging. To cope with these issues, they may turn to alcohol, drugs, or a life of crime. In 2017, the

Government Social Assistant Scheme was helping 30,284 single parent households in Meghalaya.

7. **Child labour and street children:** There are nearly 100 street children in and around main city centre in Shillong. The East Khasi Hills district also faces the issues of child labourers and rag pickers. The expected number of child labourers could not be ascertained but it is estimated that there are around 100 rag pickers in the city of Shillong.
8. **Malnutrition:** Though the overall nutritional status of children has improved, stunting, wasting, underweight and malnutrition are still major problems in Meghalaya.
9. **Teenage pregnancy** is also a major issue in the district, which is a cause of concern for families and church leadership.
10. **Child sexual abuse** is reflected in the high reporting of cases under different sections of POCSO act.
11. **Family unity and peace** is a priority for children. Family dispute and separation of parents are disliked by children. They are emotionally secure when there is peace and harmony in their family. They like to spend quality time with their parents, siblings and relatives.
12. **Government schemes:** Most of the government schemes for children in the country are being implemented in the state. Christian response is mainly limited in the area of education, residential care and spiritual nurturing.
13. **Child protection:** Child protection in schools is not implemented. Teachers who participated in the study agreed with and expressed the need to be trained. There is lack of training for child care workers in Christian organizations and churches.

## RECOMMENDATIONS

1. **Focus on families:** For emotional wellbeing of children, churches and community-based organisations should organise family seminars with parents and couples. The Viva 'Why Families Matter' toolkit is good resource for family and parenting seminars.
2. **Child protection training:** Teachers, caregivers and people working the child safety division of the government have not had child protection training. The schools and child care institutions have already requested the Viva child protection training in schools and for orphan home caregivers. Local trainers on child protection need to be developed for training more teachers and caregivers.
3. **Networking:** Bringing together the Government child protection workers, Churches, Christian organizations and institutions to collaborate for training on child care will reduce the risk to children in the city.
4. **Church to advocate on children's issues:** Church should utilize its dominant position in the district for the benefit of vulnerable children who are within or outside the church. It can certainly do advocacy for welfare and development of these children.
5. **School enrolment:** For the sake of vulnerable and poor children, church run institutions should enrol 25% children from poor and vulnerable communities as mandated by the Right to Education Act. Christian institutions can run special programs and facilities to help children who have dropped out to go back to school. Churches can run income generation programs for poor families so that they will allow their children to go to schools. Well to do Christian families can be encouraged to provide education support to children from poor families.
6. **Prevention of tobacco use by children:** The Church needs to immediately intervene on tobacco abuse by children as majority of families are connected to the church. Church needs to conduct a study to go into the root cause of this issue and evolve a strategy to counter it to save its younger generation.
7. **Teenage pregnancy:** The Church can club life skill programs in all the Sunday Schools and children clubs to educate teens to make right choices.
8. **Rag pickers and child labourers:** The Church and Christian agencies need to report child labour cases to the child welfare committee and to the district child protection officer. The Christian agencies should partner with the district child protection unit to help in counselling, skill development and de-addiction program for these children.



9. **Church engagement:** Clergy should include topics such child rights, child abuse, family unity and child care into their sermons to create awareness among general people. The Church should organize awareness programs so that the poor and marginalized families can take advantage of government schemes, which will result in their economic development, enabling the families to have income to help their children with education.

In the end, this study acknowledges the great potential of the Churches, Christian agencies and Christian institutions to help the vulnerable children of East Khasi Hills district. It should coordinate with government and other stake holders to make the lives of the children better. Viva India hopes and prays that this study will be helpful for the Church leaders to understand the situation of children and realize the gaps in the Christian response. It will also help them to come together on the issue of children to find solution to the issues of children.