

# Faith *for* Life



**A Handbook for Jain Religious Leaders**

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***Men become sad  
for their own bad deeds.  
But they can be happy  
by correcting their own mistakes.***  
--Tirthankara Mahavira

**Faith for Life**  
**A handbook for Jain Religious Leaders**

**Health, Nutrition, Water, Sanitation and  
Hygiene, Child Protection and Education in  
light of Jain Religious Teachings**

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## ENDORSEMENT

**We, strongly recommend the use of this “Faith for Life” handbook by all Jain religious scholars and leaders. The subject matter of this handbook will enhance our knowledge related to Health, Nutrition, WASH, Child Protection and Education and is helpful in creating dialogue in the community. Indeed, the use of this handbook will increase awareness among our brothers and sisters and influence behaviour change for the well-being of society.**

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**FOREWORD**  
**From UNICEF**



## FOREWORD

The government, institutions, people in authority create rules to protect society in order to establish a safe world. Without these rules or guidance, human beings would lose all sense of morality and there would be chaos everywhere. Religious norms and teachings are equally important and play a crucial role in shaping social norms and influencing individual behaviour. These rules, regulations and guidance are most effective if validated in light of modern science and religion as well. To lead a healthy and meaningful life we must practice and promote this guidance to establish desired behaviour in society. The first form of happiness is sound health, one should partake nutritious, balanced food to keep the body healthy. So, it is essential to maintain the health of the mind and body simultaneously.

Hence, all of us have to work together for the establishment of a healthy society. While doing so, we should keep in mind that childhood is the best period to invest. Children are the initial seeds from which future generations are formed. At this stage, the teachings from parents, teachers, elders, peers highly influence their behaviour and perception. The Jain teachings also calls for the proper upbringing of the children. To ensure well-being, the desired practices on health, nutrition, water, sanitation and hygiene, child protection and education are of utmost importance. This handbook summarised the desired practices on the above-mentioned parameters to ensure well-being in light of religion and modern research. The desired practices promoted by modern science are also in line with the Jain teachings and other religious laws.

On behalf of Amanat Foundation Trust, I am expressing my gratitude to all our religious leaders and scholars who have contributed and made this handbook happen. I am also thankful to UNICEF Kolkata Field Office for giving this opportunity to Amanat Foundation Trust to participate in the development of this Faith for Life handbook. Further, I am appreciative to Mr. Imran Ali Bhuyan whose hard work made this handbook happened.

My sincere appeal to our Jain religious leaders and scholars to go through this handbook and promote the desirable key behaviours related to health, nutrition, WASH, child protection and education during their dialogue in the community. Apart from the scholars, this handbook is equally useful to the general population to understand scientific facts, important behaviours and Jain teachings to attain well-being and corroborate a healthy society. I am sure that this handbook will generate awareness in the community and influence their knowledge and practices with your effort.

Md. Shah Alam  
Chairman,  
Amanat Foundation Trust, Kolkata  
11<sup>th</sup> March, 2022

## PREFACE

This handbook is an attempt to discuss the correct behavioural practices related to a healthy life in light of modern science and religious teachings along with the myths, misconceptions and wrong practices practiced in the community. The behavioural practices discussed and promoted in this handbook are related to RMNCHA (Reproductive, Maternal, Newborn, Child and Adolescent Health), Nutrition, WASH (Water, Sanitation and Hygiene), Child Protection and Education.

The RMNCHA strategy is connecting all interventions aimed at reproductive, maternal, newborn, child, and adolescent health under a broad umbrella and fortifying the continuum of care. Nutrition is the most important factor to make sure good health and early childhood development. Poor nutrition is a threat to human health as well as to the economic development of the state. Good WASH practices confirm a healthier start in life. Poor hygiene and sanitation practices affect physical and mental development, particularly in children. Child protection is a safeguard to protect children against any kind of violence such as physical, emotional or sexual. All forms of violence, abuse and exploitation have long-lasting consequences on children's lives. Apart from safeguarding the children against violence, child protection also ensures mainstreaming the victims without any discrimination. Education is the fundamental right of every child and it is the foundation of growth and development in children.

West Bengal stands ahead of the national average in several parameters in the above-mentioned areas, however, a lot needs to be done particularly for the women, adolescents, children and marginalised communities. Child marriage, anemia (low haemoglobin concentration), care during pregnancy, diarrhoea management, under and over nutrition, access to safe water, hygiene practices, child trafficking, child labour, school dropout are few issues where we all have to work to secure the well-being of the state.

The well-being and healthy life are governed by social norms and individual behaviours which is again highly influenced by religious teachings. When it comes to the well-being of society, science and religion are closely interconnected. Religious leaders and scholars have great influence over the community. They have extraordinary credibility by virtue of their religious persuasion, deep knowledge, wide audience and communication skills.

The messages delivered by religious leaders or scholars are more acceptable than delivered by any other means. Religious leaders have to play a crucial role so that the children, adolescents and women can grow to their best ability. Religious leaders can act as an intermediate force in ensuring behaviour change and the adoption of healthy practices in their respective areas. Hence, with guidance from this handbook, religious leaders can create an enabling environment where they can promote and discuss issues related to health-seeking behaviours. Scientific messages supported by religious scriptures and delivered by faith leaders can bring the desired change in the knowledge and practice level in any society.

## ACKNOWLEDGEMENT

First and foremost, we want to thank the Almighty for bestowing us the required knowledge to shape this handbook. This handbook is an end product of a cross-cutting approach between UNICEF Kolkata Field Office, Amanat Foundation Trust, and religious scholars. The satisfactions, which accomplish a successful completion of any task, are incomplete without mentioning the names of those who make it possible.

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## ABBREVIATIONS

ANM	Auxiliary Nursing Midwifery
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
COVID	Coronavirus disease
ECD	Early Childhood Development
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
ICESCR	International Covenant on Economic, Social and Cultural Rights
IFA	Iron Folic Acid
ISAC	Infrastructure Situation of Anganwadi Centres
MCPC	Mother and Child Protection Card
NCRB	National Crime Records Bureau
NFHS	National Family Health Survey
ODF	Open Defecation Free
ORS	Oral Rehydration Salts
PBUH	Peace Be Upon Him
PHE	Public Health Engineering
POSCO	Protection of Children from Sexual Offences
RMNCHA	Reproductive, Maternal, Newborn, Child & Adolescent Health
RTE	Right to Education
SC	Scheduled Castes
SDGs	Sustainable Development Goals (SDGs)
SHG	Self Help Group
SRC	Sample Registration System
ST	Scheduled Tribes
UDISE	Unified District Information System for Education
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
VAC	Violence Against Children

## Chapter: 1. Reproductive, Maternal, Newborn, Child & Adolescent Health

### 1.1 Introduction

Pregnancy and childbirth are natural phenomena and cherished milestones of every woman's life. **Maternal health** refers to the health of women during pregnancy, childbirth and the postnatal period (period after childbirth). Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. It is estimated that 15% of pregnant women may develop complications, which can be managed, and deaths prevented if detected early and treated timely. The major causes of maternal deaths are bleeding, infection, hypertensive (high blood pressure) disorder, obstructed labor, unsafe abortion, anemia, etc.

A **newborn** infant, or neonate, is a child under 28 days of age. During these first 28 days of life, the child is at the highest risk of dying due to birth asphyxia or lack of breathing at birth, infections and birth defects. The vast majority of newborn deaths take place in developing countries where access to health care is low. To ensure every child survives and thrives to reach her/his full potential, we must focus on improving care around the time of birth and the first few weeks of life. Most of these newborn deaths can be prevented if detected and treated early.

Protecting the health and ensuring the wellbeing of **under-five children**, who are dependent on adults, is one of the most important responsibilities of parents, family, society, and country. Apart from pregnancy related causes, child deaths are mostly due to pneumonia, diarrhoea, malaria, and some vaccine-preventable diseases like measles, etc. Malnutrition also increases the chances of child deaths. Health promotion, early initiation and exclusive breastfeeding, disease prevention services (such as vaccinations) and treatment of common childhood illnesses are essential if children are to thrive as well as survive.

For any woman, **reproductive age** starts when an adolescent girl starts menstruating and it continues till the late forties during which they can conceive and give birth to children - mostly it's 15–49 years. Reproductive health implies that people can have a satisfying and safe sex life and that they can reproduce and get the freedom to decide if, when and how often to do so.

**Adolescence** is a very important phase of life between childhood and adulthood, from ages 10 to 19 years. It is a unique stage of human development and a period for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them. Despite being thought of as a healthy stage of life, there is significant death, illness and injury in the adolescent years. Much of this is preventable or treatable. To grow and develop in good health, adolescents need information, including age-appropriate comprehensive sexuality education; opportunities to develop life skills; health services that are acceptable, equitable, appropriate and effective; and a safe and supportive environment.

## **1.2 Current Scenario of Reproductive, Maternal, Newborn, Child & Adolescent Health in West Bengal**

West Bengal stands better than the national average regarding maternal, newborn, infant and child deaths. As per the latest data, 98 mothers out of 100,000 live births (SRS, 2016-18), 15.5 newborns, 22 infants and 25.4 under-five children out of 1000 live births (NFHS-5) die in a year, in West Bengal. This status has improved over the years; however, we have to work hard to reach the Sustainable Development Goals (SDGs) of less than 70 maternal deaths per 100,000 live births and 12 newborn deaths per 1000 live births. The state also has the highest rate of child marriage (41.3%) and teenage pregnancy (16.4%).

The National Family Health Survey-5 (2019-20) displays some important findings related to Reproductive, Maternal, Newborn, Child & Adolescent Health of West Bengal are as follows:

- 96.7% of the pregnancies are registered with the health system,
- 75.8 % of mothers had a minimum 4 antenatal care visits during pregnancy,
- Only 30.8% of mothers consumed Iron & Folic Acid tablets for the mandatory 180 days during pregnancy for controlling anaemia, whereas 62.3% of pregnant women are anaemic,
- 91.7% of mothers delivered at the health facilities, which is a significant improvement in the last decade,
- Only 60.7% of newborns start breastfeeding within one hour of birth,
- 87.8% of children aged 12-23 months receive the full course of primary vaccination within one year of age,
- 41.6% of women aged 20-24 years were married before 18 years of age,
- 16.4% of women aged 15-19 years were already mothers or pregnant at the time of the NFHS survey (2019-20),
- 71.4% of adolescent girls, 15-19 years are anaemic,
- The current use of modern family planning methods by couples is 60.7%.

### **1.3 Section A: Maternal and Newborn Health**

#### **1.3.1 Myths, Misconceptions and Wrong Practices**

- × Some families keep the pregnancy a big secret in the first trimester (first three months) to safeguard it from the “evil eye”. They also consider pregnancy related complications like convulsions, pallor, puffiness of the face, weakness due to anaemia, swelling of feet, etc., as an effect of the “evil eye” and unscientific methods rather than medical care is sought for its cure. This results in delays in the registration of pregnancy and delay in receiving adequate care and counselling from health workers.
- × In some families, pregnant women are not given enough food or rest. Some communities believe that pregnant women should not eat “too much”, lest the child in the womb becomes too “big” and the delivery is difficult. Some food items, even though nutritious, are not allowed during pregnancy like papaya, nuts, few non-vegetarian food items, etc. Even water intake is also restricted, especially after delivery.

- × Consumption of iron-folic acid (IFA) is often neglected. Some consider it may make the baby's complexion dark or the baby too big. Some families still refuse hospital delivery to avoid examination and treatment by male doctors.
- × Mother and newborn are kept in a dirty darkroom after delivery and unclean clothes are used by the bleeding mother to wrap the newborn. Sometimes the newborn is separated from the mother, supposedly to give the mother adequate rest.
- × Colostrum is impure or not good for a newborn's health. If a child cries, it invariably means that s/he is not getting enough breastmilk and needs animal or tinned milk. A child will get extra nutrition from powdered milk and grow fast. It is also believed that many mothers can't produce enough milk.
- × Piercing the ear of the living baby to ward off evil spirits, especially if the previous baby was stillborn or died. Application of vermillion (sindoor) in the periphery of the umbilicus and stumping it with a red-hot sickle to get rid of the evil spirit is also followed in few tribal customs (named "Dabna" in local dialect). Putting kajal in the baby's eyes is another widely practised custom.

### 1.3.2 Correct Practices to be Promoted

- ✓ Registration of pregnancy or first antenatal check-up needs to be done as soon as the period is missed or within the first three months of missing the period. At least four antenatal check-ups as per schedule are essential for pregnant women.
- ✓ A Mother and Child Protection Card (MCPC) is issued to all pregnant women on registration. MCPC card gives information pictorially about home level care, services to be availed, entitlements available and danger signs during pregnancy, delivery and postnatal or post-delivery period. While service providers use the card as a record-keeping and counselling tool. This card should be consulted by pregnant women and family members for self-learning.
- ✓ During pregnancy, women should receive adequate care at home and avail of all services and entitlements provided by the govt health system. Most maternal deaths occur during childbirth or after childbirth, therefore, no delay should occur in seeking care during this time.
- ✓ For all pregnancies, birth preparedness and complication readiness at the family and community level are extremely important. Delays in care-seeking in case of any emergency during pregnancy, childbirth or post-delivery period even cost the mother and newborn's lives. For any confusion or further information please contact your local ASHA, ANM or visit any health facility.
- ✓ It is very important to deliver a baby in a health facility in presence of a skilled birth attendant. So that the skilled birth attendant (doctor or nurse) can conduct the delivery safely and if any complication occurs, can detect and manage it without any delay. The family must decide on where to take the mother for delivery well in advance and keep contact numbers of ASHA, ANM, health facilities and transportation in hand.
- ✓ The mother must take adequate rest- at least 8 hours sleep during the night and 2 hours of rest during the day and should avoid hard work such as lifting heavyweight, etc. during pregnancy. During pregnancy or breastfeeding, the mother must not consume any kind of narcotic substances, including tobacco and alcohol.

- ✓ The newborn should be dried and wrapped immediately after birth. The newborn should be kept warm. The head should be kept covered. The newborn may be wiped with a soft and wet cloth, but bathing should be delayed until the cord is dry and falls off.
- ✓ The cord should be kept clean and dry and nothing should be applied to it. Applying harmful traditional substances such as cow dung to the cord stump must never be used.
- ✓ All newborns should be kept in skin-to-skin contact with their mothers at least during the first hour after birth and promote breastfeeding. This will prevent the baby from becoming cold, and develop better bonding with the mother. This is called kangaroo mother care and the technique can be learnt by the mother from health workers.
- ✓ Immediately after delivery and before discharge from the health facility, the newborn will be vaccinated with a few vaccines, which will protect the baby from some serious diseases.
- ✓ During her stay at the health facility, the mother and the family should ask and get information about her diet, rest, health & hygiene and cord care, how to keep the baby warm, prevention of infection, early initiation, exclusive breastfeeding and family planning, etc, so that she can follow the instructions after returning home.

## **1.4 Section B: Child Health**

### **1.4.1 Myths, Misconceptions and Wrong Practices**

- ✗ Vaccines are not good for a child and can cause the disease itself. Vaccines are very painful, cause high fever and have many long-term ill-effects; some vaccines like the Polio vaccine given during pulse polio rounds might cause infertility. Only one dose of any vaccine is enough to protect from any disease.
- ✗ Giving more water during diarrhoea will increase the frequency of stool and vomiting. Taking antibiotics or other medicines is essential and better than taking ORS and zinc for diarrhoea management in children.
- ✗ Child's stool is harmless, and the child can defecate anywhere.
- ✗ Only breastfeeding for the first six months is not enough for a baby and is not possible for the mother. Giving water is essential to quench the thirst of the child, especially during summer. It's hard to wean a baby if you breastfeed for more than a year.
- ✗ Children exposed to evil eye or bad air and to cure it Jharphok and Ojha should be consulted.
- ✗ Rub honey on your little one's gums to help with teething.
- ✗ Fathers can't and need not cuddle or take care of a baby and only mother or grandmother or other women should take care of babies. Traditional tips by the elderly in the family are more reliable than the ASHA or ANMs' messages.

### **1.4.2 Correct Practices to be Promoted**

- ✓ Immunization is a reliable and most cost-effective intervention for child survival and development. It protects children from Vaccine Preventable Diseases. Smallpox eradication is an example of the success of vaccination. Missing routine immunization can be life-threatening for infants and young children.
- ✓ Routine vaccines for all children protect them against diseases like- Tuberculosis, Diphtheria, Whooping Cough, Tetanus, Hepatitis B, Poliomyelitis, Measles, German



Measles, Bacterial Pneumonia, Viral Diarrhoea, Japanese Encephalitis. Many of these diseases are life-threatening or may cause life-long disabilities. Therefore, all children should receive all vaccines under the national immunization schedule.

- ✓ If a child has a mild illness like the common cold, vaccines can still be taken. The vaccine should be delayed, only if the child is seriously ill. Minor side effects after vaccination like mild fever, local pain and redness are common and nothing to worry about.
- ✓ In addition to routine vaccination, pulse polio doses for children under 5 years of age should be given on each round of pulse polio days. This is important because, though India has become Polio-free, in neighbouring countries like Pakistan and Afghanistan Poliomyelitis cases are still being reported.
- ✓ During diarrhoea give plenty of water, home available fluids like salt and sugar solution, shikanji, daal for preventing dehydration. Give ORS and Zinc tablets as shown by the health worker. If there are signs of dehydration like sunken eyes, skin pinch going back slowly, the child becomes irritable or lethargic or incessant vomiting, consult health worker.
- ✓ At home, the newborn baby should not be handled by outsiders, especially by persons who have cough and cold or other infections.
- ✓ Along with the mother, the father also has responsibilities for childcare at home. Both the parents should cuddle and talk to the baby, help the baby to learn new things as appropriate for the baby's age and provide a happy and stimulating environment at home. Early stimulation improves a baby's overall development, including intelligence, speech, social and emotional development and wellbeing. Please go through the Mother and Child Protection Card (MCPC) for pictorial as well as descriptive understanding.
- ✓ Girls and boys should be treated equally with love and care by parents and family members.

## **1.5 Section C: Reproductive and Adolescent Health**

### **1.5.1 Myths, Misconceptions and Wrong Practices**

- ✗ In a family, the opinion of a newly married woman is not considered regarding when to get pregnant, how frequently to get pregnant, etc. The decision is taken by the elders of the family or by the husband only.
- ✗ Prevention of pregnancy is the responsibility of the wife only, with very little participation of the husband. The husband can however prevent the wife to use certain contraceptive methods if he wishes so.
- ✗ The fertility of a newly married woman has to be proven by becoming pregnant at the earliest, even when she is a teenager and not physically or mentally mature to bear a child.
- ✗ It is better to conceive and bear children early and in close succession, while the woman is very young and then opt for a permanent method like sterilization rather than delay and space pregnancies by 3-5 years.
- ✗ Unmarried adolescent girls and boys should not be given education on sex, reproduction, contraception, etc. because it will corrupt them and make them sexually active.

### 1.5.2 Correct Practices to be Promoted

- ✓ Contraceptives should be used to delay the first pregnancy and avoid teenage pregnancy. Condoms and oral contraceptive pills can be used safely to avoid adolescent pregnancy.
- ✓ Empower couples to plan their families jointly, including the number and timing to have children. This will help their children to get better opportunities for education, health, nutrition and development for a brighter future. Women should be given the freedom to make decisions on when to become pregnant and how many children they will have.
- ✓ Contraceptives are available freely in government health centres and subcentres, along with counselling about the advantages and disadvantages of each method, so that couples can have a basket of choices and make an informed decision.
- ✓ Contraception and family planning should not be taboo subjects that can't be discussed even among close relatives or friends. A minimum gap of three years between two pregnancies by using contraceptives is recommended for restoration of the mother's health and proper care of the baby.
- ✓ Women below the age of 18 years or above 40 years have more chances of developing complications during pregnancy. The first pregnancy should be delayed till the woman becomes 20 years old, i.e., after the adolescence period.
- ✓ Husband's positive participation and responsibility in the use of contraceptives is important so that the wife doesn't become solely responsible for preventing pregnancy. Sterilization operations for men and women are conducted in Govt. health facilities. Contact ANM for help if you want to avail sterilization services after completing the family.
- ✓ Abortion is legal and safe in India and women should always access safe abortion services and never go to traditional and unskilled persons, because unsafe or criminal abortion can cause immense damage to a woman's health and even cause death. ASHA and ANM can help in accessing health facilities for comprehensive abortion care.
- ✓ Adolescent girls and boys should have life-skills education, along with education on contraceptives, reproductive and sexual health, so that they have the correct information and do not have to depend upon unreliable sources which give wrong or skewed information. Apart from teachers, counsellors and health workers, parents should also have a dialogue with adolescents on these issues. This will empower them to resist child marriage and prevent early and unwanted pregnancy, even when early marriage can't be avoided. Counselling and other services are available at Adolescent (Anwasha) clinics.

Faiths and religious scriptures also promote a healthy individual and social life. Let's see how religious scriptures encourage the above-mentioned correct practices.

### 1.6 Supportive References from Religious Scriptures

One of the most important aspects of Jainism is that it has put significant importance on mental health issues, which are otherwise neglected in general. According to modern science, physical and mental health are inseparably linked. In many cases, the cause of various diseases like fatigue, insomnia, muscle pain, back pain, irregularity in blood pressure, shortness of breath, indigestion, headache and migraine, erectile dysfunction (impotence), dermatitis, peptic ulcer etc is the imbalance in mental health.

When we discuss reproductive, maternal, newborn, child & adolescent health, we need to keep in mind the broader concept of health. The Tattvartha Sutra mentioned that “Digdeshanarthadandavirati-samayika-proshadhopa-vasopabhoga-paribhoga-parimanatithi-sanvibhagavratasampannashcha” (Tattvartha Sutra 7/21). A special custom of Jainism is the Samayika. Samayika is the obligatory duty of every Shravaka and Shravika. Each Sravaka in Samayika Vrat observes the five Mahavratas for one moment i.e., for 48 minutes and tries to get 'swa-samya' i.e., self-appeasement.

In practical terms, they spend most of this time through self-compassion. During Samayika days they try to stay away from pride, illusion, anger, greed in the temple or with the Acharya, which is called Praushadhopavasa. In fact, these Vratas help to keep their mind calm and mental health balanced.

Jainism gives special importance to the care of pregnant women and lactating mothers. The following sources highlight the same.

*Gumbineeeya Ubannathong Bibihong Panbhoyanong /*

*Bhunjamanang Vibajjizza Bhuttasesong Podichhaya //* -Dasavaikalika Sutra (5/39)

A saint should not take food prepared for the consumption of a pregnant woman. After the eating of that pregnant woman, if any food is left over, the saint can accept that.

*Siya ya Samanattthaya Gubbini Kalamasini /*

*Udbia ba Nisiiizza Nisanna ba Punuhuya //*

*Tong bhobe bhattapanang tu sangjayana akappi /*

*Diti podaikkhekh na me kappai tabisong //* - Dasavaikalika Sutra (5/40-41)

During the last month of pregnancy, if a pregnant woman stands up or sits down to serve food to an ascetic, then the ascetic must not take such food. He should inform the woman that he cannot accept such food.

*Thangong Pijjamani Dabgong ba Kumabi /*

*Tang nikkhibittu boangtang aahabe panbhoyanang //*

*Tang bhabe bhattapanang tu sangjayan akappi /*

*Ditiang podiaikekhe na me kappai tabisong //* - Dasavaikalika Sutra (5/42-43)

If a woman is breastfeeding a child (boy or girl) or puts the crying child on the floor and proceeds to give food to an ascetic, he should not take that food. He will inform the woman that he cannot take such food. (The reason for this denial is that the arrival of the monk would interrupt the feeding of the baby, causing inconvenience. Even if the child is dropped on the floor in hurry, the baby is likely to be harmed).

## 1.7 Key Messages

<b>Maternal and Newborn health</b>	<ul style="list-style-type: none"><li>✓ Every woman should register her pregnancy with the local health facility as soon as pregnancy is confirmed. 4 antenatal (during pregnancy) check-ups are mandatory.</li><li>✓ A nutritious and balanced diet in adequate quantity and adequate rest during pregnancy and after childbirth is important.</li><li>✓ Birth preparedness and complication readiness are very important for every pregnancy at the family and community level.</li><li>✓ All deliveries should be in a health facility, conducted by a skilled birth attendant.</li><li>✓ Be aware of and avail the benefits of all government entitlements, free of cost.</li></ul>
<b>Child health</b>	<ul style="list-style-type: none"><li>✓ All babies should complete vaccination as per the national immunization schedule.</li><li>✓ Use home available fluids, ORS and zinc for management of diarrhoea in children at home.</li><li>✓ It is the responsibility of both parents to provide care for their children to ensure overall development.</li><li>✓ Read Mother and Child Protection Card (MCPC) carefully to learn about mother and child care.</li></ul>
<b>Reproductive and Adolescent Health</b>	<ul style="list-style-type: none"><li>✓ Couples should jointly plan their family. Women should be given the freedom to make decisions about when to become pregnant and how many children they will have.</li><li>✓ Teenage pregnancy is detrimental to the health of women and newborns. It can be avoided by using contraceptives.</li><li>✓ Contraceptives are available freely in government health facilities, along with counselling about the advantages and disadvantages of each method.</li><li>✓ Abortion is legal in India. Always go for safe abortion services, in case of need, albeit as the last resort.</li><li>✓ Adolescents should have access to correct and reliable information on their health and wellbeing including reproductive and sexual health, to protect themselves from unwanted pregnancies, infection and to have a healthy adult life.</li></ul>

The ultimate goal of a Jain is to attain the Siddhapada of eternal happiness, eternal knowledge, eternal vision and eternal virya by attaining liberation from the cycle of birth-

infirmity-disease-death. That is why five Mahavratas i.e., Ahimsa, Satya, Acharya, Brahmacharya and Aparigraha are said to be practiced physically, verbally and mentally.

But this does not mean that the present life of man is given less importance in the pursuit of spiritual goals. In fact, by following the paths for attaining Siddha or Moksha as shown in Jainism, a very beautiful and healthy personal, family and social life can be achieved. Almost all those who follow Jain rituals have a healthy body and a healthy mind. That is why they are well established in social and economic field.

## Chapter: 2. Nutrition

### 2.1 Introduction

Nutrition is a critical part of health and development. Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and adult productivity. Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition covers two broad groups of conditions. One is '**undernutrition**', which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is '**overweight**', obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and cancer).

Nutrition is acknowledged as one of the most important factors for poverty reduction and the economic development of the state. Malnutrition, in every form, presents significant threats to human health. Today the world faces a double burden of malnutrition that includes both undernutrition and overweight, especially in low- and middle-income countries.

### 2.2 Current Status of Nutrition in West Bengal

Child undernutrition and anemia among children and adults remain high in West Bengal. There is hardly any improvement in the statistics of malnutrition between NFHS-4 (2015-16) and NFHS-5 (2019-2020) for children under five years of age, rather we can say it is slightly higher for most of the indicators.

Indicators	NFHS-4 (2015-2016)	NFHS-5 (2019-2020)
Children under 5 years who are stunted (%)	32.5	33.8
Children under 5 years who are wasted (%)	20.3	20.3
Children under 5 years who are severely wasted (%)	6.5	7.1
Children under 5 years who are underweight (%)	31.6	32.2
Children under 5 years who are overweight (%)	2.1	4.3

Nutritional anemia poses another serious challenge in West Bengal. Anaemia is a condition in which the haemoglobin (Hb) concentration in the blood is lower than normal. As per NFHS-5 (2019-2020), 69% of children between 6-59 months and 71.7% of women in the reproductive age group (15-49 years) are anemic. There has been a steep rise in anemia across all age groups between NFHS-4 (2015-16) & NFHS-5 (2019-2020).

A very high percentage (42%) of girls here get married before the age of 18 years and 16.5% of women become mothers before they are 19 years, which is also a major contributor to the high burden of malnutrition and anemia. Taking iron and Folic Acid (IFA) supplementation reduces the risk of developing anemia. Unfortunately, as per NFHS-5 (2019-2020), only 30.8% of pregnant women consume IFA tablets for 180 days or more during their pregnancy.

## 2.3 Rationale

The effects of undernutrition are irreversible and have intergenerational effects on cognitive and physical development. Cognitive development means how children think, explore and figure things out. The intergenerational cycle is the path through which a low-birth-weight female baby becomes a stunted child, a stunted adolescent and a malnourished woman who in turn has another low-birth-weight baby. This cycle is vicious and can continue through generations. Good nutrition can break the vicious cycle of malnutrition in a single generation. However, any government programme alone cannot break this vicious cycle, involvement of the society as a whole is a must to break this cycle.

## 2.4 Section A: Child Nutrition

The first 1000 days of life between a woman's pregnancy and her child's second birthday is a unique period of opportunity when the foundations for optimum health and development across the lifespan are established. The right nutrition and care during the 1000 day window influences not only whether the child will survive, but also his or her ability to grow, learn and rise out of poverty. As such, it contributes to society's long-term health, stability and prosperity. This period is a rapid period of growth and development and any deficit in nutrition during this period will compromise the overall growth of the child. Inadequate nutrition during this period may bring about changes in the child's development which are irreversible, and which can be otherwise prevented.

Child undernutrition occurs due to inadequate intake of food, poor practices of feeding and care and limited access to a healthy and clean environment. Childhood diseases, such as diarrhoea or intestinal worm infestation can affect the absorption or requirements for nutrients. Essential nutritional interventions to prevent child malnutrition are:

- Good Maternal Nutrition (will discuss later in this chapter),
- Early initiation and Exclusive Breastfeeding,
- Complementary Feeding,
- Feeding a sick child,
- Control of deficiencies of Iodine, Iron and vitamin A.

### 2.4.1 Early initiation and Exclusive Breastfeeding

A child should be introduced to the breast within one hour of birth, this is called early initiation. Mother's milk has all the nourishment for the growth and development of a child for the first 6 months of life, no other food, not even water is required during this period, this is referred to as exclusive breastfeeding. The thick yellow milk secreted from the breast for the first 48 hours is called **colostrum**. Colostrum is important for nourishing and protecting vulnerable newborns and is also very easy to digest. Do not throw away Colostrum. Facts related to feeding practices for the first 6 months of life are as follows:

- ✓ Exclusive breastfeeding with colostrum feeding for six months protects the child from any infection and helps the child to grow well.
- ✓ Exclusively breastfed infants are at a lower risk of diseases like diarrhoea and pneumonia, major causes of death among children under five years.
- ✓ No other foods like honey, jaggery should be given before initiating breastfeeding.

- ✗ Using a bottle for feeding is harmful to the children. Early introduction of a milk bottle or powdered milk can ruin the child's natural sucking reflex and is one of the main reasons that infants can fail to breastfeed properly.
- ✗ Do Not use powder milk/formula/tinned milk. It is difficult to digest and can also cause infection.
- ✓ A working woman can express her milk and keep it, so that caregiver can feed the baby. Expressed breast milk can be kept for almost 8 hours at room temperature. The baby must be fed with a bowl and spoon and not with a bottle.
- ✓ An HIV or COVID positive mother can breastfeed safely, it will not infect the baby.

#### 2.4.2 Complementary Feeding

After completion of 6 months of age, a child should be introduced to semi-solid foods gradually along with continued breastfeeding, this is called complementary feeding. Breastfeeding can be continued on demand until 2 years of age and beyond. There must be no delay in starting complementary feeding, a delay will result in increased chances of undernutrition at an early stage. Facts related to complementary feeding are as follows:

- ✓ The quantity of food must be increased with the age of the child and must be soft and mashed, free of spices.
- ✓ Soft well-mashed homemade dense food such as milk-semolina, rice-pulses paste, rice, pulses, curry, fish, eggs, pudding, etc., seasonal fruits like ripe papaya, ripe banana, mango etc can be given to the child as per age.
- ✓ Ensure handwashing with soap before preparing and serving food. Use clean utensils for cooking, serving and storing food.
- ✓ The use of safe water is of utmost importance for drinking and cooking.
- ✓ Please go through the Mother and Child Protection Card (MCPC), which is issued to all pregnant women on registration at any health facility. MCPC card gives descriptive as well as pictorial information about feeding and playing practices along with parenting tips.

#### 2.4.3 Feeding a Sick Child

Nutritious foods given frequently during and after illness are necessary for the child's recovery. Sick children, despite poor appetite, need increased amounts of food and fluids. Feeding them nutritious foods in small quantities and giving them fluids frequently, including breastmilk, help children recover faster. The following facts are important for the speedy recovery of an ill child.

- ✓ Should continue breastfeeding more frequently if the child is ill.
- ✓ The child should be given small quantities of food frequently. Do not stop feeding as the child requires food for recovery.
- ✓ If a child below 6 months is too weak and unable to suck the breast then start giving expressed breast milk from a bowl and consult a doctor immediately.
- ✓ If the child is very ill or very weak and refuses food, it is important to get a health check-up done.
- ✓ As the child is recovering from illness the quantity of food given should be increased, this will help in recovery.



- ✓ Clean and safe water should be fed to a child who is ill.
- ✓ The environment should be clean and hand washing before feeding and after cleaning the child should be strictly practiced. Child's faeces should be disposed of properly.
- ✓ Routine Immunization is a reliable and most cost-effective intervention for child survival and development, it prevents infection and illness.

#### 2.4.4 Control of Deficiencies of Iodine, Iron and vitamin A

Many of these deficiencies are preventable through nutrition education and consumption of a healthy diet containing diverse foods. Intake of vitamin A supplements as per the immunization schedule after six months of age can reduce death in under 5 years children. Vitamin A supplement is available free of cost through Routine Immunization. Intake of iron supplements and deworming tablets protect children against iron deficiency, anaemia and poor development. During the first few years of life, a child gets iodine from breast milk. As long as the mother's iodine level is high enough, the iodine from breast milk is sufficient for the child's daily requirements, and no supplement is needed. As the child transitions to food, the diet becomes the only source of iodine. Hence, only iodized salt should be used for cooking.

### 2.5 Section B: Maternal and Adolescent Nutrition

Women have distinct nutritional requirements throughout their life, especially before and during pregnancy and while breastfeeding, when the nutritional vulnerability is the greatest. Ensuring women have nutritious diets and adequate care is fundamental for the survival and well-being of mothers and their children, in the womb and throughout early childhood.

The adolescence period (10-19 years of age) is a nutritionally vulnerable time when rapid physical growth increases nutrient demands. Dietary behaviours established in adolescence contribute to nutrition-related problems that have consequences for long-term health. The adolescence period provides an opportunity to correct nutritional deficiencies that may have occurred in early life and catch up on growth and establish good dietary behaviours. Following practices are important to ensure a healthy life for pregnant women, lactating mothers and adolescents.

- ✓ Delaying first pregnancy till the age of at least 20 years and a minimum gap of three years between two pregnancies is recommended for restoration of the mother's health and proper care of the baby.
- ✓ Special attention should be given to the first 90 days (first trimester) of pregnancy as it is the most critical period of pregnancy. **Foetal stunting (low height for age) is largely caused by the mother's inadequate nutrition before conception and in the first trimester.**
- ✓ During pregnancy one extra meal a day is needed. A well-balanced diet consisting of a variety of food helps in the growth of the baby and prevents anemia. Pregnant and lactating mothers can take milk and dairy products like curd, buttermilk, fresh/seasonal fruits and vegetables, cereals, whole grains and pulses, green leafy vegetables, egg, chicken or fish, Soybeans, nuts, etc.

- ✓ Ensure utilization of different government schemes and services during pregnancy and lactation from Health and ICDS centres. Contact AWW, ANM or ASHA for further information. Nutritious food is also supplied by Anganwadi centres for pregnant and lactating mothers.
- ✓ Husband's and other family members' positive participation is crucial in ensuring timely supply and availability of nutritious food for the pregnant or lactating mother. Care and support by husband and mother-in-law give emotional support and confidence to the childbearing pregnant woman.
- ✓ Anemia can be prevented in pregnant and lactating women by ensuring the consumption of Iron and Folic Acid (IFA) tablets in addition to iron-rich foods, vitamin C rich foods and fortified foods. Few examples of iron-rich food such as green leafy vegetables, mustard, whole grains, whole pulses, etc. and vitamin C rich food such as Rohu fish, black gram, banana, etc.
- ✓ Intra household-level food distribution has to be strengthened. In many households, women are discriminated against and receive less than their fair share, particularly in the allocation of high status, nutrient-rich foods. The same is true for pregnant and lactating mothers. So, we have to ensure appropriate allocation of food within the household.
- ✓ The adolescents should eat iron-rich food such as green leafy vegetables, mustard, fenugreek, whole grains, whole pulses (soybean, kidney bean, red gram dal), vitamin C rich food such as Rohu fish, black gram, banana, etc. Drinking at least 6-8 glasses of water in a day is also important.
- ✓ The adolescents (both girls and boys) must consume 1 Iron tablet (blue colour) every week from their school or Anganwadi Centre. Consuming 1 deworming tablet every 6 months from their school or Anganwadi centre could avoid infections such as water-borne diseases, malaria, etc.
- ✓ Regular exercise and practicing healthy habits, personal hygiene (using safe and clean water) and sanitation in surroundings are also important for the overall development of adolescents.

## **2.6 Supportive References from Religious Scriptures**

Eating food is one of the most important daily needs of humans, which stays with us from birth to death. A highly important factor in health promotion is proper nutrition. Choosing healthy foods and avoiding unhealthy ones is essential for good health. Religious scriptures have instructions about nutritious foods and dietary habits for maintaining good health.

The Jain term for food is "Ahar". In recent literature, the term "diet" has been used. Diet is not just eating, but eating those food items that are suitable for absorption into the body.

The second external austerity for Jain Sravaka and Sravikas is Avamaudrya i.e., eating less than one's appetite. There is a proverb about its benefits, "If you want to eat more, eat less". That is, the way to survive in a healthy body by eating for a long time is by practising Avamaudrya. Abmaudarya keeps away problems like gas, heartburn, indigestion, etc. The dietary pattern that is in vogue these days to retain good health, was suggested to us by Tirthankar Bhagavan long ago in the form of Avamaudrya.

Avamaudrya keeps us energetic. Eating less food means your body is provided with limited calories, digestion is maximized, proper absorption of nutrients and minimal storage of unwanted calories as fat. Thus, in addition to less fat storage, our overall metabolic rate increases. And it is reflected in the quality of our daily life. We are bound to feel more energetic throughout the day, able to think more clearly and have renewed enthusiasm to complete the day's tasks.

Jainism has a strong connection between food and rituals. Moral principles such as being wholesome (being able to behave rightly for self-purification), non-violence, self-control (sanyama) and our thoughts are strongly related to the type of food we consume. During his penance period of more than 12.5 years, Mahavira took small amounts of food and that too only 265 times.

During pregnancy, the mother's body needs more iron. Also, there is a tendency to lose appetite during pregnancy. Jain diet is vegetarian i.e., mainly from plants. And, as we all know, vegetable protein is absorbed by the body much faster and faster than animal protein.

Moreover, constipation is reduced due to the high fiber content of vegetable foods. Vegetable foods are rich in vitamins and minerals. Hence, Avamaudrya helps to keep the expectant mother calm and energetic. As a result, the physical and mental health of the future child is also strengthened. Jain scriptures allow the consumption of milk and milk products as a source of animal protein.

## 2.7 Key Messages

<p><b>Child Nutrition</b></p>	<ul style="list-style-type: none"> <li>✓ For every child, early initiation and Exclusive Breastfeeding is the key to growth and development.</li> <li>✓ Do not throw away Colostrum. It is important for nourishing and protecting vulnerable newborns.</li> <li>× Bottle feeding is harmful to children. Do Not use powder milk/formula/tinned milk.</li> <li>✓ Complementary feeding is important to stop undernutrition at an early stage.</li> <li>✓ Ensure handwashing with soap before preparing and serving food and the use of safe water is of utmost importance for drinking and cooking.</li> <li>✓ An ill child needs frequent Breastfeeding. The ill child should be given small quantities of food frequently.</li> <li>✓ If a child is too weak or unable to suck or refuses food, please contact the ANM or ASHA or AWW or seek medical advice.</li> <li>✓ Routine Immunization is a reliable and most cost-effective intervention for child survival and development, it prevents infection and illness.</li> <li>✓ Mother and Child Protection Card (MCPC) gives descriptive as well as pictorial information about child feeding and playing practices along with parenting tips. A must-read material.</li> </ul>
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<b>Maternal and Adolescent Nutrition</b>	<ul style="list-style-type: none"> <li>✓ Delaying first pregnancy at least till the age of 20 years and a minimum gap of three years between two pregnancies is recommended.</li> <li>✓ During pregnancy one extra meal a day is needed.</li> <li>✓ A well-balanced diet consisting of a variety of food helps in the growth of the baby and prevents anemia.</li> <li>✓ For pregnant and lactating mothers' different government schemes and services are available at Health and ICDS centres.</li> <li>✓ Husband's and other family members' support give confidence to the childbearing pregnant woman.</li> <li>✓ IFA tablet and iron-rich food together can prevent anemia.</li> <li>✓ Appropriate intra household-level food distribution is important to secure the good health of pregnant and lactating mothers.</li> <li>✓ The adolescents should eat well-balanced diet plus Iron and deworming tablets.</li> </ul>
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Medical researchers around the world have repeatedly proven a direct correlation between less eating habits and improved brain performance. These include cognitive ability and overall intelligent quotient. In fact, the practice of consuming limited food to sharpen the mind was established in Jain culture thousands of years back. This concept is still effective. Today it is an established fact that eating small portions at regular intervals instead of heavy meals can enhance students' ability to learn and memorize easily.

## Chapter: 3. Water Sanitation and Hygiene (WASH)

### 3.1 Introduction

Access to clean water, basic toilets, and good hygiene practices give children a healthier start in life. Unsafe water, sanitation and hygiene (WASH) practices can have serious consequences for children and such practices can be deadly for them. Poor hygiene and sanitation influence their physical development, intensifying malnutrition and stunting (low height for age). It affects their education, disrupting learning and sometimes forcing them to skip school to walk long distances to collect water. For families, good hygiene means avoiding illness and spending less on health care. Yet, important hygiene behaviours are difficult to practice without the right knowledge and skills, adequate community support and the belief that one's behaviour can actually make a difference. By primary prevention (will discuss in detail) and proper practices all of us can attain the lowest possible burden of water and sanitation-related health problems.

**Water:** Water covers about 71% of the earth's surface. The ocean contains 97% of the earth's water which is too salty for drinking or growing crops or industrial use. Only 3% is freshwater, of which only 0.5% is available for drinking, agricultural and industrial use. Safe water should be free from germs or harmful chemical substances, pleasant to taste and be usable for domestic purposes. When children don't have access to clean water, it negatively impacts their health, nutrition, education and every other aspect of their lives. Girls, women and people living with disabilities are particularly impacted by not having access to clean water.

**Sanitation:** In many communities, open defecation is still the norm and poses a challenge despite intensive sanitation campaigns. Poor sanitation puts children at risk of childhood diseases (such as diarrhoea, cholera, typhoid, etc.) and malnutrition that can impact their overall development, learning and later in life economic opportunities. Construction of a toilet by itself is not enough to stop open defecation but its consistent use by everyone for defecation is the most important practice that needs to be adopted. Poor sanitation and hygiene in public institutions is also a serious problem. The unavailability of clean, functional toilets and handwashing facilities in schools contributes to poor health and learning outcomes of school children. Even healthcare facilities often lack sanitation, clean water and hygiene practices, exposing patients, especially pregnant women, new-born, children and the elderly to infectious diseases.

**Hand Hygiene:** During the day, very often our hands get dirty because of which we may unknowingly pass harmful infection causing germs to ourselves and others. Dirty hands and nails hide dirt and are storehouses for harmful bacteria. Therefore, hands should be always kept clean. Hand Washing with plain water only is not adequate to remove germs from hands. Correct Handwashing practice involves wetting hands with water, rubbing both hands together with a washing agent such as soap or liquid gel and rinsing with sufficient running or clean water.

### **3.2 Status of WASH in West Bengal**

- According to NHFS-5 (2019-20), 96.9% of rural households in West Bengal have access to an improved water source. As per the Ministry of Jal Shakti's Jal Jeevan Mission data, only 18.56% of households in West Bengal have tap water connections (as of first February 2021).
- The state was declared Open Defecation Free (ODF) in August 2019. But according to NFHS-5 (2019-20) data, only 68% of the population living in households use improved sanitation facilities.
- The State ISAC report (September 2019) indicates that 87% of Anganwadi Centres (AWCs) have drinking water access. As per UDISE data, 68% AWCs have toilet facilities and 99% of primary schools have separate toilets for boys and girls.

### **3.3 Critical Areas of WASH to be Focused on**

- Access to safe drinking water and safe water handling practices.
- Access to sanitary toilets, safe disposal of child faeces, clean environment and safely managed sanitation.
- Handwashing with soap at critical times.
- Safe menstrual hygiene management.

### **3.4 Access to Safe Drinking Water and Safe Water Handling Practices**

Water that cannot harm the user, even when it is consumed over long periods, is considered safe water. All water that people drink and consume should come from a safe source or be purified. Contaminated water and poor sanitation, including in times of disasters, are linked to the transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid, and polio. Diarrhoea is the most widely known disease linked to contaminated food and water. Safe water handling practices can have a strong impact on one's health as it helps in the reduction of diarrhoea and water-borne diseases.

#### **3.4.1 Myths, Misconceptions and Wrong Practices**

- ✗ Clean looking water is free from contamination, both bacteriological and chemical.

#### **3.4.2 Correct Practices to be Promoted**

- ✓ Always use a safe water source that is free from bacteriological and chemical contamination for drinking and cooking at all times, including during times of disaster. Water may look clean but it may have disease causing bacteria, viruses, or parasites. Excess fluoride, arsenic and other chemicals in drinking water also have an adverse health impact. If you don't know whether your water source is safe or not, please arrange water sample testing free of cost at the nearby PHE.
- ✓ In case, access to a safe water source is not available (situations like a natural disaster) ensure treating the water before consuming. Water can be treated through boiling, filtering, chlorination, solar disinfection or the use of filters.
- ✓ Keep surroundings of public and household water sources clean and avoid stagnation of water around water sources to minimize contamination.

- ✓ While collecting water make sure that the container is cleaned with a cleaning agent and it is covered while carrying home.
- ✓ There must be no washing or cleaning activities taking place nearby the water source while collecting water, which can contaminate potable water in the container.
- ✓ For storing always cover the water container with a lid and place it above the ground level on a platform or stand.
- ✓ Safe water handling practice is also important. One should not dip hands and fingers in the water vessel or container. It is good to use a long-handled ladle or vessel with an inbuilt tap to take out water from the container or pour out water from the container.

### **3.5 Access to Sanitary Toilets, Safe Disposal of Child Faeces, Clean Environment and Safely managed Sanitation**

Open defecation contributes to diseases such as diarrhoea, cholera, typhoid, polio, hepatitis and worm infestation. Frequent diarrhoea leads to chronic under-nutrition or stunting (low height for age) among children. For school going children, living in unhygienic and poor sanitary conditions often causes illness and increases the likelihood of missing school and dropping out. It also poses a risk to the safety and dignity of the girl child, adolescents and women and exposes them to dangers of sexual violence and attacks by wild animals.

#### **3.5.1 Myths, Misconceptions and Wrong Practices**

- × Child faeces is harmless: Many people think that infant/children's faeces is harmless, but this is not correct. Child faeces is as harmful as that of an adult.
- × Leach pits of toilets get filled fast and are difficult to empty or desludging them: It is believed that leach pit(s) of toilets get filled in a short period due to its limited size.
- × Leach pit toilets require more water: It is a myth that toilets using rural pans need a lot of water.
- × Use of acids is required to clean toilets: It is believed that strong acids are needed to clean toilets.

#### **3.5.2 Correct Practices to be Promoted**

- ✓ Construction and use of toilets by all for defecation: A toilet in the house is used to dispose of human excreta by keeping it concealed and preventing it from being exposed to the environment and human contact. A toilet provides a primary barrier against the spread of diseases transmitted via the faecal-oral route like diarrhoea, dysentery, cholera, typhoid, polio, jaundice, giardiasis and worm diseases.
- ✓ Leach twin pits toilets are easy to construct and maintain: Leach twin pit systems are easy to construct, maintain and can be used continuously with one pit taking four to five years to fill up for a family of 4 or 5 members. When one leach pit gets filled, it can be emptied at the household level and the other pit can be used ensuring continuity of use. The filled pit should be covered and not opened for a minimum of one to one and a half years. During this period, liquid matter in the pit leaches out into surrounding soil and faecal matter is digested and converted as manure.

- ✓ Leach pit toilet requires less water and no acid is needed to clean it: Very less water (1.5 to 2 litres per use) is needed in a leach pit toilet fitted with a rural pan. The toilet needs to be cleaned regularly, acids should not be used in leach pit toilet systems as acid kills the bacteria in the leach pits and delays the decomposition process in the leach pits.
- ✓ Safe disposal of child or baby's faeces into a toilet or cover it with mud after disposing of it in an area away from water sources or water bodies. Child or infant faeces has germs like that of an adult. Unless disposed of safely, child faeces too can make children vulnerable to diarrhoeal and other bacteriological infections. Promote early habit formation of toilet use for the children.
- ✓ Safe disposal of animal and solid waste is important. Animal dung is dangerous as they contain harmful bacteria and should be disposed of far from human settlement and water sources.
- ✓ Solid waste unless disposed of safely creates public health problems. Segregation of solid waste into dry and wet waste is important. Wet and animal waste can be composted at the household or community level, while dry waste can be recycled.
- ✓ Safe disposal of liquid waste: Stagnant waste water acts as a breeding place for mosquitoes resulting the spread of vector-borne diseases like dengue, malaria, filaria, etc. Proper disposal and reuse of wastewater through soak pits (a covered, porous-walled chamber that allows water to slowly soak into the ground) or kitchen gardens helps in combating diseases as well as addressing water scarcity through reuse.
- ✓ High cost-benefit for household toilet: Research studies quantify the saving of hard-earned money by practicing simple WASH behaviours. For example, WASH key behaviours significantly reduce the frequency of diarrheal incidence, particularly among young children. As a result, parents save time and money on diarrheal treatments. The time and money saved from fewer diarrheal incidences can be good for their own and their children's future. A recent independent survey showed that a family that invests in a toilet will save Rs 50,000 a year in India.

### **3.6 Handwashing at Critical Times**

Simple hygiene practices integrated into daily habits have immediate health benefits through reduction in preventable diseases like diarrhoea and associated gastrointestinal infections, eye infections, prevention of COVID 19 and prevention of many women's health issues related to menstrual hygiene. Handwashing with soap can reduce the incidence of diarrhoea by 30%, and respiratory infections, specifically among children below the age of 5, by 20%. Reduction in disease incidences has positive effects on the economic status of families, contributing to a better quality of life and improving the dignity of women and young girls. COVID-19 pandemic has highlighted how critical the practice of handwashing is in preventing the transmission of life-threatening diseases.

#### **3.6.1 Myths, Misconceptions and Wrong Practices**

- × Washing hands with water alone removes germs and bacteria away.
- × Hands that look visibly clean have no harmful bacteria.



### 3.6.2 Correct Practices to be Promoted

- ✓ Handwashing with soap at critical times: Hands get dirty very often in our daily lives. Dirty hands not only pass the infection to oneself but unknowingly also to others. Hands and nails hide dirt and are storehouses for harmful bacteria. Therefore, hands should always be kept clean with soap and water.

- ✓ Correct Hand wash practice involves rubbing both hands together (for 20-40 seconds) with a washing agent like soap with sufficient water and then rinsing well with clean water. Handwashing is not about rinsing hands in plain water only, using soap is important.



- ✓ Handwashing with soap at critical times is of utmost importance. The critical time of handwashing refers to:

- washing hands with soap before handling food (i.e., before eating, child feeding, cooking and/or serving foods),
- washing hands with soap after handling faeces or waste materials (i.e., after defecation, cleaning a child, disposing of child's faeces or animal waste, handling any liquid or solid waste).

- ✓ Child or infant faeces has germs like that of an adult. Proper cleaning of the child's bottom after s/he defecates followed by the handwashing with soap of the parent is equally important.

### 3.7 Menstrual Hygiene

Menstruation is a natural and biological process in the lives of adolescent girls and women. It plays an important role in the physical and psychosocial health and well-being of young girls and women which in turn are influenced by prevailing cultural and social practices and beliefs associated with the menstruation process in a society. Poor menstrual hygiene knowledge and management have serious detrimental effects on education and health outcomes for girls and women. Besides, lack of adequate awareness and knowledge relating to safe menstruation results in widespread misconceptions and misplaced beliefs leading to stigmatization and secrecy around a very normal and healthy biological process that every woman and young girl undergoes. These are compounded by a lack of adequate availability of services, supplies and infrastructure for safe menstruation in both public and private spaces.

#### 3.7.1 Myths, Misconceptions and Wrong Practices

- × Menstruation is an impure phase in a woman's or young girl's life. She should remain secluded during menstruation.
- × A woman or young girl should not cook and eat certain foods during that time of the month. Even they are not allowed to perform regular day to day functions during menstruation.

### 3.7.2 Correct Practices to be Promoted

- ✓ Menstruation is a natural and healthy process, there is no need for feeling ashamed about it. It is not a matter of fear or embarrassment. School attending girls are to be encouraged to attend school during this process with necessary preparation.
- ✓ All adolescent girls must know about safe absorbent materials, safely use them, store them and know how to dispose of the sanitary absorbents.
- ✓ Young girls and women need to be encouraged to know more about this topic or clear any doubts and talk freely with elders in the family, AWW, ASHA workers or nearest Anwasha counsellors, lady teachers in schools.
- ✓ Fathers and male members of the family need to play a supportive role to break the community's unspoken disapproval to discuss menstruation openly and instill confidence within daughters.

### 3.8 Supportive References from Religious Scriptures

To a large extent, religious and cultural norms influence hygiene practices and cleanliness. Several teachings from religious scriptures in different faiths strongly promote healthy WASH practices.

There is a discourse between teacher and disciple in the book 'Mulachara' about cleanliness. The disciple asked “kadang chare kadang chithe....” (How should I act and engage?) Acharyadeva replied to this question, “jadang chare jadang chithe....” (should be done with care, with care should be practiced). (Mulachara 10/121, 10/122). Hence, there is an instruction in religion to perform our work carefully. And, when we work carefully, the work will be beautiful and pure. Hence, there will be no question of impurity in it.

'Adan Nikshapan' Samiti also advises to put everything in its proper place, advises to take it properly while using and put it back carefully to its proper place after use. That is, Jain rituals lay considerable emphasis on cleanliness. “Kar Pramad Jal Bhumi Vriksh Pabak Na Viradhe” (Chahdhala 4/13). The Jain Acharyas call the hostile attitude towards earth, water, fire, air, plants and other micro-organisms as 'aramba' and its excess is the cause of hell and its deficiency is the cause of human birth. The emphasis is on preventing garbage rather than cleaning it. According to Jainism littering is a sin. Not just a sin, but a great sin, because it causes infinite problems. The purpose of cleanliness is not only to keep us healthy, but also not to cause any violence to other living beings. This is why Jains prefer to say 'don't litter' rather than 'clean it'. This concept is to solve the problem from its root.

The topic of menstruation is highly controversial and complicated. In order to know Jainism's view of women's menstruation, it is necessary to first discuss the status of women in Jainism. Women have a unique position in Jainism as Jinmata, who gave birth to 24 Tirthankaras. Jain scriptures and history are also filled with names of Jain women. They have done much more for the welfare of society, especially in the field of religion. Scholars have noted that in ancient Karnataka Jain women participated more actively in religious activities than others (Chidandamurthy, 1979). In Jain culture, women enjoy equal rights as men regarding

education and participation in any kind of activity (Chandrakirthi & Nagaraj, 1987). From this, it is clearly understood that men and women have equal status in Jainism, so there is no place for gender discrimination. Even the Shwetambara community acknowledges the existence of a female Tirthankara (Lord Mallinatha). Then why should we prohibit menstruating women to participate in religious activities?

Menstruating women are impure, such a thing is nowhere mentioned in any ancient scriptures. It is just a social concept. There is no restriction on menstruating women to contemplate Namokara Mantra, which is described as Mahamantra in Jainism. Therefore, it will never be considered against religion if women follow menstrual hygiene rules in a scientific manner. Moreover, in Jainism, importance is given to the soul and not to the body. And there is no question of impurity of the soul due to menstruation.

### 3.9 Key messages

<b>Safe Water Access and Handling</b>	<ul style="list-style-type: none"> <li>✓ Use a safe water source that is free from bacteriological and chemical contamination for drinking and cooking. Water quality can be tested from the nearest PHE free of cost.</li> <li>✓ Clean looking water may have disease causing bacteria, viruses, or parasites.</li> <li>✓ Safe water handling practices can have a strong impact on one's health as it helps in the reduction of diarrhoea and water-borne diseases. One must take precautions and follow safe practices while collecting, storing and handling water.</li> </ul>
<b>Toilet Access, Use and Safe Management</b>	<ul style="list-style-type: none"> <li>✓ Construction and use of toilets by all for defecation will prevent diseases to spread and ensure a healthy environment.</li> <li>✓ Leach twin pits toilets are easy to construct and maintain. It requires less water and is easy to clean.</li> <li>✓ Safe disposal of child faeces along with safe disposal of animal waste, solid and liquid waste is an important practice to prevent diarrhoeal and other bacteriological infections and vector-borne diseases.</li> <li>✓ An unhygienic and poor sanitary environment often causes illness, increases school dropout and chances of sexual violence.</li> </ul>
<b>Hand-Hygiene</b>	<ul style="list-style-type: none"> <li>✓ Handwashing with soap is one of the most low-cost interventions to protect ourselves from preventable diseases and protection against Coronavirus infection.</li> <li>✓ Washing hands with soap and clean water at critical times is very important. Critical times refer to before handling food and after handling faeces and other waste materials.</li> </ul>

<b>Menstrual Hygiene</b>	<ul style="list-style-type: none"> <li>✓ Menstruation is a normal and healthy biological process for women and young girls, there is no shame in discussing stigma or secrecy attached to the process.</li> <li>✓ Adolescent girls and women should use sanitary absorbents that are clean and made with safe materials, regular changing of sanitary absorbents, safe storage and proper disposal are the important hygiene practices to be followed to avoid various illnesses.</li> </ul>
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It is more appropriate to refer to cleanliness by the term 'purity', as it is more comprehensive. It means all internal and external purification (ambience, mind-words-body). However, cleanliness is required in daily life. That is why Jain saints use very soft brooms and Sravaka and Sravikas atone for the sins caused by sweeping. It is the duty of Sravaka and Sravikas to go to Jain temples wearing clean, washed and dry clothes which are free of germs and to worship the deity without touching anyone. Clarity in mind is the root of cleanliness. As Kabir said, “Kabir maan nirmal vaya Jayase Ganga Neer. Piche piche hari fire kahata Kabir Kabir.” This injunction, “not to litter” is the essence of hygiene.

## Chapter: 4. Child Protection

### 4.1 Introduction

A child means every human being below the age of eighteen years. Children need protection from harmful social, psychological, sexual, economic and environmental impacts for their proper growth and development. Child protection is safeguarding children from violence, exploitation, abuse, and neglect. Violence against children knows no boundaries. It happens almost in every society, and in the places, children should be most protected. Violence takes place in all settings: at home, school, child care institutions, work and in the community. Often violence is perpetrated by someone known to the child. It can be physical, emotional or sexual. And in most cases, children experience violence at the hands of the people they trust. In India, both girls and boys face domestic abuse, sexual violence, violence at home and in school, trafficking, online violence through social media, child labour, early marriage, gender-based violence and bullying. All forms of violence, abuse and exploitation have long-lasting consequences on children's lives.

As per the UN Convention (signed on 20 November 1989) on the rights of the child, all children have the right to protection along with other rights such as the right to survival, growth and development, protection and participation. They have the right to survive, to be safe, to belong, to be heard, to receive adequate care to grow up in a protective environment. Even Article 39 (f) of the Constitution of India mentions, "That children are given opportunities and facilities to develop in a healthy manner and conditions of freedom and dignity and that childhood and youth are protected against exploitation and moral and material abandonment".

Child protection systems help children access vital social services and fair justice systems, starting at birth. Child protection systems prioritize children's physical, mental, and psychosocial needs to safeguard their lives and futures. Despite several programmes and initiatives by the government and other partner organizations, most child victims never seek or receive help to recover. What's more, children who grow up with violence are more likely to re-enact it as young adults and caregivers themselves, creating a new generation of victims.

### 4.2 Current Situation of Child Protection in West Bengal

West Bengal is among the top four states in terms of crime against children. As per National Crime Records Bureau (NCRB) 2020 report, West Bengal contributed 7.9 % of all crimes against children in India. For kidnapping and abduction of children, it has the highest share i.e., of 69%. Further in West Bengal, 26% of POCSO (Protection of Children from Sexual Offences) Act cases were recorded.

There have been several initiatives implemented to address children protection issues in the state. However, the findings are:

- As per NFHS-5 (2019-2020) 41.6% of the women in the age group 20-24 years were married before the age of 18 years i.e., victims of child marriage.
- West Bengal accounted for 16.5% of the total missing children in the country (NCRB, 2017),
- The Census 2011 data stated that 7% of the total child workforce (in the age group of 5-14 years) of the country are from West Bengal.

### 4.3 Myths, Misconceptions and Wrong Practices regarding Child Protection

- × It is a myth among parents and teachers that corporal punishment (physical force is used) is necessary to discipline children. In reality, it only perpetuates the cycle of violence.
- × Parents marry off their daughters considering them an economic burden and also to exercise control over their agency.
- × Parents send their children to work for additional income who end up in exploitative situations.
- × Children make up stories about abuse. In reality, a child rarely lies about abuse. A child may change what they've said if threatened or pressured.
- × Sometimes children are to blame for their abuse. The fact is adults are responsible for their behaviour and no matter how a child behaves, adults have no right to harm a child.
- × If child abuse is reported to the authorities, the child will be removed from their family. It's not true for every case and sometimes the parents need help to care for their child.

### 4.4 Priority Areas of Child Protection to Focus on

- Ending Child Marriage
- Parenting
- Preventing Violence Against Children (VAC)
- Prevention of child trafficking and child labour and integration of survivors into families and communities.

### 4.5 Ending Child Marriage

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. Child marriage robs children of their childhood. Child marriage has a severe impact on girls, threatening their lives and health. Girls who marry before 18 are more likely to experience domestic violence and less likely to remain in school. They have worse economic and health outcomes than their unmarried peers, which are eventually passed down to their children, further straining a country's capacity to provide quality health and education services.

#### 4.5.1 Correct Practices to be Promoted

- ✓ Faith leaders, SHGs and Panchayat members encourage parents and communities to promote the education of girls, discourage early marriage and talk about the negative consequences of child marriage such as poor health, educational and nutritional outcomes.
- ✓ Make people understand that early marriage and teenage childbearing adversely impact the health and wellbeing of the girls for the rest of their life. Early childbearing also increases chances of infant and maternal mortality or morbidities as well as stunting (low height for age) of children.
- ✓ Child marriage also increases school dropout, economic dependence and increased possibilities of being victims of domestic violence. In many cases, trafficking occurs in the garb of child marriage.
- ✓ Priests or Moulavis or Purohits should refuse to perform child marriages.
- ✓ Marrying off a girl before the age of 18 years or a boy before 21 years is a punishable offence under The Prohibition of Child Marriage Act, 2006.

## 4.6 Parenting

Parents are the first point of contact for the children and they have to be comfortable, free, and friendly with the children. Parents play a pivotal role in shaping children's values and goals. The character of a child, of course, depends on the parenting parents. Children have the right to be safe, to be treated with affection, to be educated, to have medical care and to be protected against cruelty and abuse. Parents or guardians have a legal, moral, social and cultural duty to protect their children's rights until they are old enough to make their way in the world.

### 4.6.1 Correct Practices to be Promoted

- ✓ Should not differentiate between girls and boys in terms of nutrition, healthcare, marriage, etc. and promote equal opportunities to girls and boys for education, independence, mobility, resources, assets, etc.
- ✓ We should listen to our children. Try to observe and understand her/his daily activities and habits. Encourage open communication with parents. Let the children know that they can talk to their parents about any situation.
- ✓ We must make the children aware that if they are approached by an adult, they should stay alert and inform their parents or guardian because this may be a "trick" for inducing trafficking and other exploitations.
- ✓ Parents must ensure the safety of their children's important documents such as birth certificates, educational certificates, medical records. Recent colour photograph of the child is also important to retain. This will help the parents to tackle an emergency efficiently.

## 4.7 Preventing Violence Against Children (VAC)

No matter what form of violence a child is exposed to, her/his experience may lead to serious and lifelong consequences. Violence can result in physical injury, sexually transmitted infections, anxiety, depression, suicidal thoughts, unplanned pregnancy and even death. Evidence also suggests that toxic stress associated with violence in early childhood can permanently impair brain development and damage other parts of the nervous system. Violence against children can be prevented. Preventing and responding to violence against children requires collective efforts at the individual and community level.

### 4.7.1 Correct Practices to be Promoted

- ✓ Make people aware of the possible domestic violence such as causing physical harm and abuse to children by parents, caregivers, teachers or peers. Physical harm such as slapping, hitting with an object, punching, kicking, shaking, throwing, biting, burning, scalding, etc., and physical abuse such as caregivers not providing the basic needs of the child, like food or safety are considered as Violence Against Children (VAC).
- ✓ We must speak up against norms, attitudes that justify violence against children at the individual level and also at the community level. It is our duty to call Childline number 1098 immediately in situations of child violence.

- ✓ It's our responsibility to make the children aware of cyberbullying (sharing private information online about someone which cause humiliation) that can affect young people each time they log in to social media or instant messaging platforms.
- ✓ People should know that there are stringent punishments under "The Protection of Children from Sexual Offences" (POCSO) Act for offenders against children in the country.

#### **4.8 Prevention of Child Trafficking and Child Labour and Integration of Survivors into Families and Communities**

Child trafficking is linked to child labour and it always results in child abuse. Trafficked children face all forms of abuse i.e., physical, mental, sexual and emotional. Trafficked children are subjected to prostitution, forced into marriage or illegally adopted. They provide cheap or unpaid labour, are forced to work as house servants or beggars. Trafficking exposes children to violence, sexual abuse and HIV infection. Children may also be driven into work for various reasons. Most often, child labour occurs when families face financial challenges or uncertainty, whether due to poverty, sudden illness of a caregiver, or job loss of a primary wage earner.

The consequences are staggering. Child labour can result in extreme bodily and mental harm, and even death. It can lead to slavery and sexual or economic exploitation. And in nearly every case, it cuts children off from schooling and health care, restricting their fundamental rights and threatening their futures. Hence, the children removed from labour or rescued after trafficking must also be safely returned to schools or training centres. Improvement of social integration of the survivors into their families and to the community is of utmost importance. Social integration support parents to raise their children, promote positive parenting and reduce risks of further maltreatment.

##### **4.8.1 Correct Practices to be Promoted**

- ✓ We must be vigilant and report immediately to the Police or Childline 1098 in case of missing children.
- ✓ Faith leaders, SHGs and Panchayat members should ask parents to engage children in schools to prevent child labour and child trafficking.
- ✓ Promote return and integration of survivors into families and communities. Enrolment in schools and other livelihood options without discrimination will make it easy for the survivors to mainstream fast.

#### **4.9 Supportive References from Religious Scriptures**

We all are concerned and active in child protection and care. Childhood is the first step that, if taken care of, will enable the child to make an effective contribution to various aspects of society in the future.

Jains believe that plants, animals and even some inanimate objects (such as air and water) have souls, just as humans do. The principle of non-violence includes not harming people, plants, animals and nature. Here people mean both children and adults.



All forms of violence are strictly prohibited in Jainism. Emotional abuse through harsh words or actions and any form of physical injury should also be avoided. Even thinking ill of someone is considered as violence in Jainism.

Regarding the protection of children, it is said in the fifth chapter of Dashvaikalik Sutra, verses 42 and 43, that when a saint goes to beg for food, that time if the nursing mother put the child down from her lap and goes to give food to the saint, then the saint will respectfully refuse the food. (This is because the baby may be injured when dropped suddenly on the floor, or a corrupt person may steal the baby when the mother goes inside to get food).

#### 4.10 Key Messages

<b>Child Protection</b>	<ul style="list-style-type: none"> <li>✓ Marrying a girl before 18 years or a boy before 21 years is a punishable offence. To build a healthy society, religious and faith-based leaders must refuse to perform child marriage.</li> <li>✓ Violence against children can happen anywhere anytime. It can be physical, emotional or sexual. We must support the victims without any discrimination as a community to mainstream them.</li> <li>✓ We should not discriminate against children based on their gender. Equal opportunities and protection should be given to both genders to develop equally.</li> <li>✓ It's the parents' or guardians' duty to safeguard the important documents of the children.</li> <li>✓ Any kind of violence against children is a punishable offence. It has short and long term physical and mental consequences for the children. Together we must make the community aware of the possible act of violence against children.</li> <li>✓ We must call 1098, the Childline number in situations of child violence.</li> </ul>
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## Chapter: 5. Education

### 5.1 Introduction

Education is a fundamental human right of every child. All children have the right to go to school and learn, regardless of who they are, where they live or how much money their family has. The Right to Education is established in different international human rights documents such as the International Convention on Economic, Social and Cultural Rights (ICESCR, 1996), the Convention on the Rights of the Child (CRC, 1989) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979). The Right of Children to Free and Compulsory Education Act or Right to Education Act (RTE), is an Act of the Parliament of India enacted on 4 August 2009, which describes the modalities of the importance of free and compulsory education for children between 6 and 14 years of age in India. India became one of 135 countries to make education a fundamental right of every child when the Act came into force on 1 April 2010.

Quality pre-primary education is the foundation of a child's journey. Research shows that good quality early learning, early childhood education and early childhood development (ECD) programmes help to reduce the chances of dropout and improve outcomes at all levels of education. Yet, despite the proven and lifelong benefits, many children are not enrolled in pre-primary education or become drop out, particularly in the marginalised communities such as Scheduled Castes (SC) or Scheduled Tribes (ST), migrant and minority communities. Failure to provide quality early childhood education limits children's futures by denying them opportunities to reach their full potential. It also limits the future of the country, the country will lack the human capital needed to reduce inequalities and promote peaceful, prosperous societies.

### 5.2 Current Situation of Education in West Bengal

There is a rise in the literacy rate in West Bengal particularly for females. The Census data of 2001 and 2011 shows that the male literacy rate increased from 77.02% to 81.69%. The same increased from 59.61% to 70.54% for females. West Bengal ranks 20<sup>th</sup> amongst the 36 states and union territories in India in terms of literacy rate (Census 2011).

However, a lot needs to be done in terms of getting the "hard to reach" children i.e., those from marginalized communities such as the Scheduled Castes, Scheduled Tribes, poor and migrant families, minority communities, etc. to get enrolled into schools. Only enrolment in the school is not enough, we have to ensure their regular attendance and retain them in school until completion of secondary education. After admission, retaining the children in the education system is a challenge. The NFHS-5 (2019-2020) data shows that only 32.9% of females and 34.7% of males completed 10 or more years of schooling.

### 5.3 Correct Practices to be Promoted

- ✓ Parents not only enrol their children into school but also ensure that the children attend school daily.
- ✓ All parents or guardians should attend parent-teacher meetings regularly and discuss the progress of the child. Regular follow-ups with teachers or academic institutions about the child's learning in school or at home will reduce school dropout.

- ✓ Parents or caregivers should positively engage and interact with children on a daily basis to know and hear more from them. They should spend time playing and talking with the children to build confidence and reduce fear and ask them what they learn in school.
- ✓ Encourage and facilitate girls' enrolment and regular attendance in schools without any discrimination. Girls' education strengthens economies and reduces inequality. It contributes towards more stable, resilient societies that give all individuals, including boys and men, the opportunity to fulfil their potential.
- ✓ Provide an enabling environment and opportunities for children with special needs (e.g., separate play area or special toilet), so that they can mix freely with others and also know whom to approach (peers/guardian/teacher) in case of an urgent need.
- ✓ Promote storytelling. Storytelling has been considered to be an effective way to extend a child's speaking and listening skills and expand their creativity and imagination. The child may be encouraged to create and narrate a story and tell or share the story.
- ✓ We must promote that free and compulsory education is a right for every child till secondary school as per the Right to Education Act (RTE). Physical punishment or mental harassment of any children whether at home or school is a punishable offence.

#### **5.4 Supportive References from Religious Scriptures**

Due importance is given to education in Jainism. It is said in the Tattvartha Sutra, Prayaschitta - Vinaya – Vayavya – Svadhyaya – Utsarga -Dhanvantaram. That is, atonement, modesty, philanthropy, self-study, sacrifice and meditation – these are external austerities. Here it is seen that Svadhyaya is included in tapa, that is, considerable importance is given to Svadhyaya in Jainism. Svadhyaya is not possible without education. Therefore, according to Tattvartha Sutra considerable importance should be given to the education of children. Not only that, the first sutra of the Tattvartha is “Samyak Darshan Gyan Charitra Ni Moksha Marga” (1/1). Not only right knowledge but also right conduct is most important in human life. And let that knowledge be manifested in the character, that is, the behaviour. In other words, instead of being an 'educated gentleman', Tattvartha Sutra instructed us to be rightly educated.

There is a special concept called 'Naya' in Jainism regarding the acquisition of knowledge. A detailed discussion is unnecessary here. In this context, we can discuss the two types of Naya mentioned in 'Alap Syasya', a book by Sri Devasena Acharya. 'Nichchayavabharanaya mulamveya nayan sabvanang', which has rightly mentioned 'Nichaya Naya' and 'Vyabahara Naya'. For spiritual knowledge, one must take support of 'Nichaya Naya', and for worldly knowledge, the emphasis is on the use of 'Vyabahara Naya'. Both are equally important in Jainism.

Without Samyaka Darshan no progress is possible in religion. According to Tattvartha Sutrakar Samyak Darshan is, “Tatvarthasradhanong Samyak Darshanam”. It means that any object is known as it is. Pandit Jaichand writes, “Sradhaan ruchirnishchay idmebethamebeti samyabuddhi: samyagdarshanam” sradhana means the taste or Samyaka i.e., the form of the

tattva (object or subject), such samyabuddhi is Samayaka philosophy. It is said in Dashvaikalik Sutra, “Jaya Jivamjive Ya Dhobi AA Biyanai. Taya Gayi Bahubihang Sabvajeevan Janai”. So, we can say with certainty that the Jain code of conduct is opposing false knowledge or Kusanskara. Further, nowhere in any scriptures whether ancient or modern, gender discrimination in education is mentioned.

An epigraph from 885 CE found at Vedal in Tamil Nadu shows that a Jain Sthanak was built exclusively for Sadhvis. The unique feature of this large Vedal Math is that it accommodated 900 monks and female students. They had their own university. It was founded by Sadhvi Pattinattu Kurattiya, a disciple of Arishta Nemi, and Sadhvi Kanakavira Kurattiya, a disciple of Gunakirtivatar was the principal of it. Jain nuns also taught male students, a clear indication of gender equality. Hence, above mentioned facts show that the women of the Jain community were at the forefront while discussing education.

It was not only the scriptures that Jain women studied. They could accept all kinds of education. According to 'Kathakosha', Devdanti, the daughter of king Bhima Ratha and queen Pushpadanta, learned subjects from art school. As a result of this higher education, many women entered into the teaching profession. Some found employment in the royal family and many of them became missionaries. Jayanti, daughter of the Jain king Sahasranama of Kaushambi, who was unmarried, received the highest level of education and became a saint in the company of Lord Mahavira. That continuity continues even today. According to 2011 census data, the Jain community has the highest literacy rate (94.1%) among all communities.

### 5.5 Key Messages:

<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>✓ Education is a fundamental right of every child irrespective of who they are, where they live or how much money their family has.</li> <li>✓ Quality early childhood education reduces the chances of school dropout and enhance the overall development of the child.</li> <li>✓ Only enrolment in school is not enough, we must ensure that the children attend school daily.</li> <li>✓ Parents can know the progress and challenges of their children by attending parent-teacher meetings regularly.</li> <li>✓ Promote girl child education without any discrimination.</li> <li>✓ Mental harassment or physical punishment of any child is a punishable offence.</li> </ul>
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There is evidence of the Jain society giving the highest priority to education. Even in ancient days, besides participating in religious activities, women also got equal opportunities to explore other social fields like education and literature. In Jain Puranas, it appears that the 1st Tirthankara Rishabhnantha gave 64 branches of knowledge to women. This proves the prominent position of women in Jainism. Lord Rishabhdev gave knowledge of language and

alphabet to one of his daughters Brahmi and the knowledge of fine arts to his other daughter Sundari. Many believe that Brahmilipi or Brahmi script is named after Princess Brahmi. Jain schools, monasteries, etc. were established to provide education to both men and women without any gender discrimination. Jain nuns in history are known for their education, intellect, wisdom and sacrifice.

*Only that person  
can take correct decision  
whose soul is free from  
delusion and failure.*

--Trithankara Mahavira

