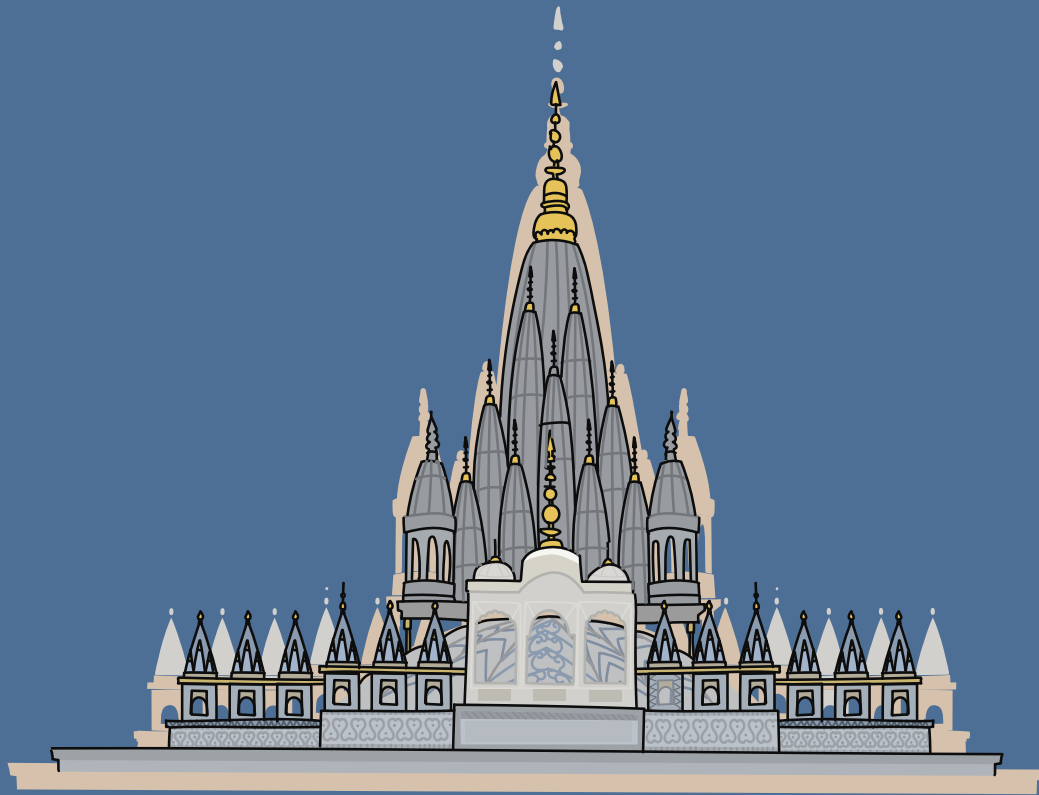


faith for life

a collation of child well-being messages



for Jain leaders

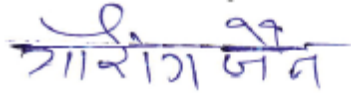
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Endorsement.

We strongly recommend the use of the 'Faith for Life' handbook by religious leaders and scholars from all faiths. The Handbook which is a collation of child well-being messages has scientifically vetted messages on Health, Nutrition, Water Sanitation & Hygiene, Education & Child Protection. These messages need to be disseminated widely as it will influence positive behaviour changes along communities being addressed and leave lasting benefits among them when they demand and accept the required services.



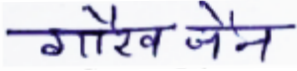
Gouranga Jain

Digambara Jain Community, Kota,
Rajasthan, Member, Jain Trust, Pune



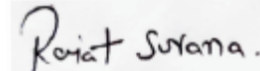
Sukhamay Maji

Sarak Jain Community, Member,
Digambara Jain Prachya Sramana Sarak
Samity, Bankura



Gaurav Jain

Digambara Jain Community, Kota,
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from UNICEF.

Foreword.

UNICEF has been working in more than 190 countries of the world for the well-being of children and ensuring their rights to survival, growth and development, protection, and participation towards achievement of their full potential. UNICEF works primarily with the government to implement programmes for children. However, we also work with various other stakeholders such as academic institutes, civil society organisations, media, corporates and similarly with faith-based organisations too.

UNICEF has had a long history of partnering with religious communities of all faiths on a wide range of issues that affect children. We know that religious communities are uniquely positioned to promote equitable outcomes for the most vulnerable children and families through their moral influence and extensive networks which give them access to the most marginalized population whom they reach effectively.

To engage and use this potential platform effectively, UNICEF West Bengal Office decided to develop a handbook named 'Faith for Life' containing scientifically correct messages on well-being of children in areas of health, nutrition, water sanitation hygiene, education, and child protection. These messages are supported by quotes and excerpts from the religious scriptures of six faiths - Hinduism, Islam, Buddhism, Jainism, Sikhism and Christianity. This will also ensure that correct messages are disseminated widely and uniformly to benefit communities.

A lot of effort has gone into the development of the 'Faith for Life' handbook over the last two years. Faith leaders and faith scholars have been working round the clock with intensive and extensive programmes including orientations, research, and identification of messages from scriptures and discussions held thereof. The preceding orientation by UNICEF programme specialists was instrumental to start this initiative where they meticulously identified the messages for wide-scale dissemination. The exceptional support received from the department of Women & Child Development requesting district magistrates to support the initiative, went a long way in collectivizing faith leaders from multiple faiths, interacting with self-help group platforms, district media, political and elected representatives.

We are confident that the alliance of faith leaders will ensure utilizing this handbook and facilitate knowledge sessions in variety of religious ceremonies and events including prayers,

religious sermons, marriage and naming ceremonies, preaching sessions. Faith leaders' alliance has been reorganized and will be the most apt and suited to track progress of the initiative and arrange cross learnings and exposure visits. UNICEF will be happy to play the role of a knowledge partner in future after the training of users has been successfully completed. This handbook has been primarily developed in English and will be translated into Bengali, Hindi, Urdu, and Nepali to be widely used across India and in the South Asia Region with support from UNICEF.

I would like to express my sincere gratitude to Honorable Minister Dr. Shahi Panja and Principal Secretary Ms. Sanghamitra Ghosh, Department of Women, Child Development and Social Welfare, Govt of West Bengal, for their continuous support and able leadership to make this journey possible. I also appreciate the hard work and painstaking efforts by our partner "Amanat Foundation Trust" and its founder Mr Shah Alam to bring together all faith leaders under one umbrella to make this happen. Finally, I owe it to my UNICEF colleagues, who worked tirelessly for developing and prioritizing the messages in the national context and facilitating the whole process for over a period of more than two years to develop this Handbook and prepare for its successful release.



Mohammad Mohiuddin

Chief,
UNICEF Office for West Bengal


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 in the above-mentioned sections to ensure wellbeing 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 March, 2022

Preface.

This handbook is an attempt to discuss the correct behavioral 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 behavioral 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. The Almighty has given extraordinary credibility to them 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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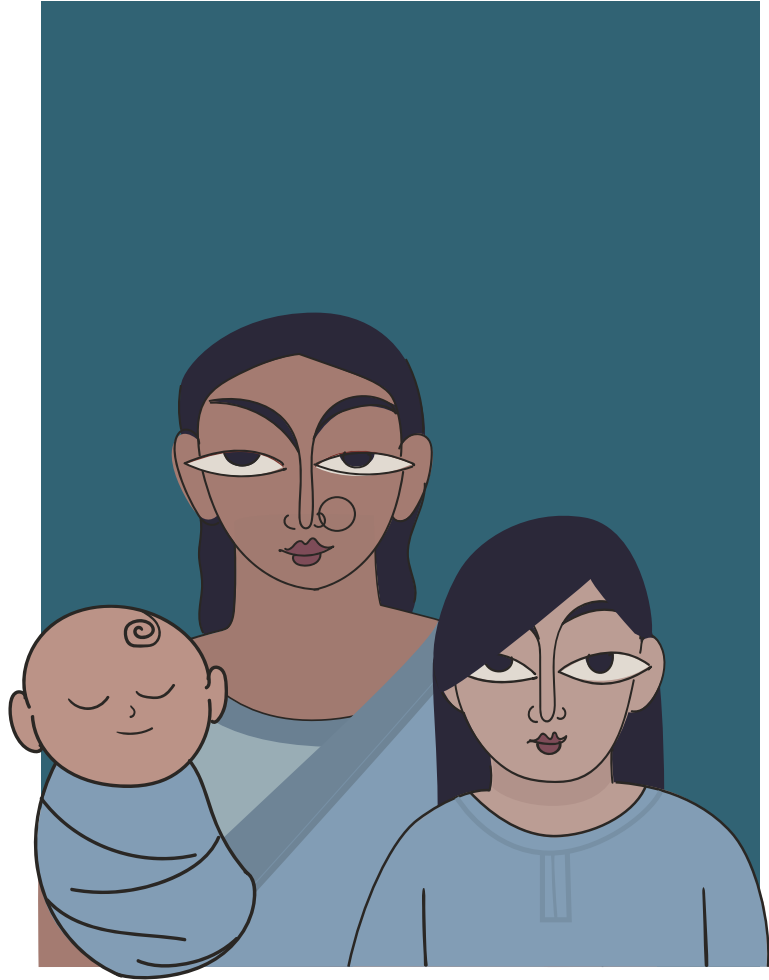
MIS cum Documentation
Coordinator

Abbreviations.

ANM	Auxiliary Nursing Midwife
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
LMIC	Low and Middle Income Countries
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
POCSO	Protection of Children from Sexual Offences
RMNCHA	Reproductive, Maternal, Newborn, Child & Adolescent Health
RTE	Right to Education
SC	Scheduled Caste
SDGs	Sustainable Development Goals
SHG	Self Help Group
SRS	Sample Registration System
ST	Scheduled Tribe
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
WHO	World Health Organization

Chapter One.

Reproductive, maternal, newborn, child & adolescent health.



Introduction.

Like every living being, a human being too goes through a complete life cycle that is common to all humans. The human life cycle starts at the mother's womb. Reproductive, Maternal, Newborn, and Child Health (RMNCH) covers the health concerns and interventions across the life course involving women before and during pregnancy; newborns, that is, the first 28 days of life; and children to their fifth birthday.

RMNCH has been a priority for both governments and civil society especially in low-and middle-income countries (LMICs). It encompasses health problems across the life course from adolescent girls and women before and during pregnancy and delivery, to newborns and children. Improved care around time of birth and after birth can significantly save the lives of women and newborns.

An important conceptual framework is the continuum-of-care approach in two dimensions. One dimension recognizes the links from mother to child and the need for health services across the stages of the life course. The other is the delivery of integrated preventive and therapeutic health interventions through service platforms ranging from the community to the primary health center and the hospital.

At birth, a **newborn** infant, or neonate can face various risks like birth asphyxia or lack of breathing at birth, infections and birth defects can endanger the child's life during these first 28 days of life. The vast majority of newborn deaths take place in developing countries where access to health care is low. These can be prevented if detected and treated early. 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.

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, diarrhea, 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 for a child's survival.

Adolescence is a very important phase of life between childhood and adulthood which results in changes in the body and more brain development during this time. The World Health Organisation (WHO) defines an adolescent as being a young person aged between 10 and 19 years. The United Nations (UN) Secretary-General's Global Strategy for Women's

and Children's Health, launched in 2010 and expanded in 2015 to include adolescents, is an indication of the continued global commitment to the survival and well-being of women and children.

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.

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 – between 15–49 years. Among the many milestones and stages that a woman goes through in her life time, pregnancy and childbirth are the most cherished.

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.

The society has a huge influence on how people behave and conduct their lives. Likewise health and well-being too are governed by societal norms. Combined with societal norms there's a high influence of the religious teachings. Religious leaders and scholars have great influence over the community.



A life cycle approach to women and children healthcare for better health outcomes and improved well-being for individuals and communities and supports sustainable development.

Recognizes that health needs and priorities change at different stages of life.

*Provides comprehensive and continuous care throughout different life stages, from **preconception to adolescence, reproductive years, pregnancy, childbirth, and into adulthood.***

reproductive and maternal health.

newborn and child health.

adolescent health.

Reproductive and maternal health is a fundamental aspect of comprehensive healthcare and a key driver of individual and societal well-being.

- Ensures women's well-being.
- Reduces preventable mother and child deaths.
- Promotes gender equality.
- Ensures healthy child development.
- Generates economic benefits.

Prioritizing and investing in newborn and child health are essential for building healthier, more prosperous, and sustainable societies.

- Reduces preventable newborn and child deaths.
- Promotes healthy child development.
- Prevents future health issues.
- Breaks the cycle of poverty.
- Promotes equity and social justice.

Adolescent girls' health care is essential and has long-term positive effects on individuals, communities, and societies as a whole.

- Helps girls to transit to healthy adult women.
- Improves reproductive health.
- Reduces preventable maternal and child deaths.
- Improves future maternal and child health.
- Ensures gender equity.

In West Bengal, during 2018-2020, every day, 4 women died during pregnancy or within 42 days of termination of pregnancy.

66% (Two-thirds)

of all maternal deaths are caused by:

- Severe bleeding (mostly bleeding after childbirth).
- Infections (usually after childbirth).
- High blood pressure during pregnancy (pre-eclampsia and eclampsia).
- Complications from delivery and unsafe abortions.

Prevention and care for reproductive and maternal health.

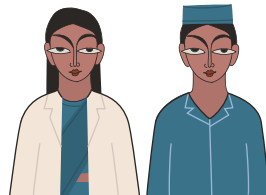


76%

Ante-natal care visits.

Percentage of women aged 15-49 years who had four or more antenatal care visits.

Identifies and manages pregnancy related complications.

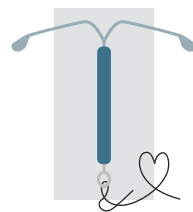


94%

Skilled birth attendance.

Percentage of live births delivered by a skilled provider.

Significantly reduces the risk of maternal and neonatal complications.



74%

Access to contraceptive.

Percentage of currently married women aged 15-49 years who use contraceptive.

Empowers women to make informed decisions about family size and spacing pregnancies.



91%

Immunization.

Percentage of women who received two or more TT injections during their pregnancy.

Ensures protection of both the mother and the newborn from preventable diseases.



70%

Post-partum care visits.

Percentage of women with a postnatal check within two days of birth.

Helps monitor the health of both the mother and the baby after childbirth.

Identifies and manages any postpartum complications.



62%

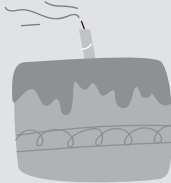
Balanced and nutritional diet and prevention of anaemia.

Percentage of women aged 15-49 years who took IFA for at least 100 days.

Balanced diet - ensures healthy growth of foetus.

Folic acid - reduces the risk birth defect.

Iron tablets - prevents anaemia and prevents fatigue, weakness, and other health complications.



In West Bengal, everyday in the year 2022

68

children died before celebrating their fifth birthday.

61

children died before reaching their first birthday.

of which:

47

died within one month of their birth.

Top three causes of death among children.

Dying before one year of age.



35%

Prematurity and low birth weight.



16%

Pneumonia.



11%

Birth asphyxia and birth trauma.

Dying after attaining age one but before age 5.



20%

Pneumonia.



19%

Injuries.



14%

Diarrhoeal diseases.

Prevention and care of health of children.



88%

Vaccination.

Percentage of children aged 12-23 months who received all basic vaccination.

Prevents infectious diseases and significantly reduces child mortality.



53%

Exclusive breastfeeding.

Percentage of children aged 0-5 months who are exclusively breastfed.

Helps infants fight off infections and reduce the risk of malnutrition.



67%

Complementary feeding.

Percentage of children aged 6-8 months who receive breastmilk and complementary foods.

Prevents malnutrition and reduces risk of infection.



85%

Handwashing.

Percentage of persons with availability of handwashing facilities within the premises wash hand with water and soap/detergent.

Prevents spread of infectious disease, reduces risk of diarrhoea, and respiratory disease.



98%

Access to clean water.

Percentage of households with improved drinking water source.

Reduces the risk of diarrhoea and other waterborne illnesses.



67%

Access to improved toilet.

Percentage of households with access to improved toilet, not shared facility.

Reduces the risk of diarrhoea and other waterborne illnesses.

Status of progress.



78%

Treatment of diarrhoea.

Percentage of children under 5 years with diarrhoea who were given Oral Rehydration Therapy (ORT).

Saves countless lives of children (about 1,400 every year).

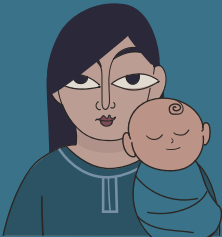


17%

Treatment of pneumonia.

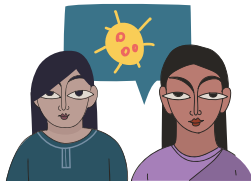
Percentage of children under age 5 with symptoms of acute respiratory infection who received antibiotics.

Saves countless lives of children (about 4,000 every year).



In West Bengal, in 2022, around 6.4 lakh young women aged 15-19 years already had a live birth or were pregnant with their first child.

Prevention and care for adolescent girls' health.



13%

Education on reproductive and health protection.

Percentage of women aged 15-19 years who have comprehensive knowledge on HIV/AIDS.

Educating girls about their bodies and health empowers them to make informed decisions.



42%

Avoiding early marriage.

Percentage of women aged 20-24 years who got married before attaining age 18 years.

Higher risks of early pregnancy and childbirth, increasing the likelihood of complications, which can result into fatalities, during pregnancy and childbirth.



76%

Antenatal care.

Percentage of mothers aged less than 20 years, who had four or more ANC visits.

Helps in early detection and management of complications, reducing the risk of adverse outcomes.

Status of progress.

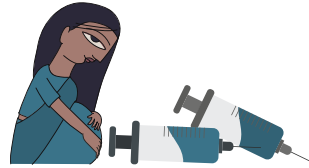


61%

Prevention of anaemia.

Percentage of mothers aged less than 20 years who took IFA for at least 100 days.

Ensures optimal reproductive health in adolescent girls, reduces complications during pregnancy and childbirth.



90%

Immunization.

Percentage of mothers aged less than 20 years who received two or more TT injections during the pregnancy.

Contributes to better maternal and neonatal health outcomes.

Section A:

Maternal and Newborn Health.

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 counseling 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 breast milk and needs animal or tinned milk. It is also believed that many mothers can't produce enough milk and a child will get extra nutrition from powdered milk and grow faster.
- 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 practiced custom.

Correct practices to be promoted.

- ✓ **Registration of pregnancy or first antenatal check-up must 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 pictorial information about home level care, services to be availed, entitlements available and danger signs during pregnancy, delivery and postnatal or post-delivery period. Service providers use the card as a record-keeping and counseling 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 can result in lives lost. 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.

Section B:

Child Health.

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 diarrhea will increase the frequency of stool and vomiting. Taking antibiotics or other medicines is essential and better than taking ORS and zinc for diarrhea 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.

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 disease like-** Tuberculosis, Diphtheria, Whooping Cough, Tetanus, Hepatitis B, Poliomyelitis, Measles, German Measles, Bacterial Pneumonia, Viral Diarrhea, Japanese Encephalities. 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 neighboring 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.
- Both the parents must take care of the child 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 well-being.
- Girls and boys should be treated equally with love and care by parents and family members.

Section C:

Reproductive and Adolescent Health.

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.

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.

- ✓ **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 must be given life skill 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, counselors 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. Counseling and other services are available at Adolescent (Anwasha) clinics.

Key messages.

Maternal and newborn health.

- 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.
- A nutritious and balanced diet in adequate quantity and adequate rest during pregnancy and after childbirth is important.
- Birth preparedness and complication readiness are very important for every pregnancy at the family and community level.
- All deliveries should be in a health facility, conducted by a skilled birth attendant.
- Be informed of and avail the benefits of all government entitlements, free of cost.

Child health.

- All babies should complete vaccination as per the national immunization schedule.
- Use home available fluids, ORS, and zinc for management of diarrhoea in children at home.
- It is the responsibility of both parents to provide care for their children to ensure overall development.
- Read Mother and Child Protection Card (MCPC) carefully to learn about mother and child care.

Reproductive and adolescent health.

- Family planning decisions must be taken jointly by the couples, with the woman given the freedom to make decisions about when to become pregnant and how many children they will have.
- Teenage pregnancy is detrimental to the health of women and newborns. It can be avoided by using contraceptives.
- Contraceptives are available freely in government health facilities, along with counselling about the advantages and disadvantages of each method.
- Abortion is legal in India. Always go for safe abortion services, in case of need, albeit as the last resort.
- 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.

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 is 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.

*Gumbinecya Ubannatheng Bibiheng Panbhoyaneng |
Bhunjamanang Vibajjizza Bhuttaseseng Pedichhaya ||*

Dasavaikalika Sutra (5/34)



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 Samanathaya Gubbini Kalamasini | Udbia ba
Nisiizza Nisanna ba Punuhuya || Tong bhebe
bhattapanang tu sangjayana akappi |
Diti padaikkhekh na me kappai tabiseng ||

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.

Thangeng Pijjamani Dabgeng ba Kumabi |
Tang nikkhibitu boangtang aahabe panbhayanang || Tang
bhabe bhattapanang tu sangjayan akappi |
Ditiang podaikekhe na me kappai tabiseng ||

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).

Chapter Two.

a critical factor for health and development.



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. It is acknowledged as one of the most important factors for poverty reduction and the economic development of any country. Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. Malnutrition, in every form, presents significant threats to human health. Today the world faces a double burden of malnutrition that includes both under nutrition and overweight, especially in LMIC. 'Under nutrition' 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) while 'overweight' leads to obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and cancer).

Irreversible damage is caused by under nutrition, which has intergenerational consequences on the cognitive and physical development. Cognitive development refers to how children think, explore and figure things out. The intergenerational cycle- from a low-birth-weight female baby, becoming a stunted child, to a stunted adolescent and a malnourished woman who in turn gives birth to a low-birth-weight baby is a vicious cycle, which can only be broken through good nutrition. However, it requires the collaborative efforts of both the government and the society as a whole.

Breaking the intergenerational cycle of malnutrition requires a mix of good government programmes and the involvement of the society. Age old practices and religious doctrines have a huge influence over the society. Therefore it's imperative to involve the religious leaders who can site the right practices from the scriptures and aid in forming a healthy society.



Proper nutrition for women and children can have profound effects on their health and well-being

Investing in nutrition for women and children is a critical component of public health strategies and sustainable development efforts.

Improves.

adolescent health among girls.
maternal health.
child development.

Reduces.

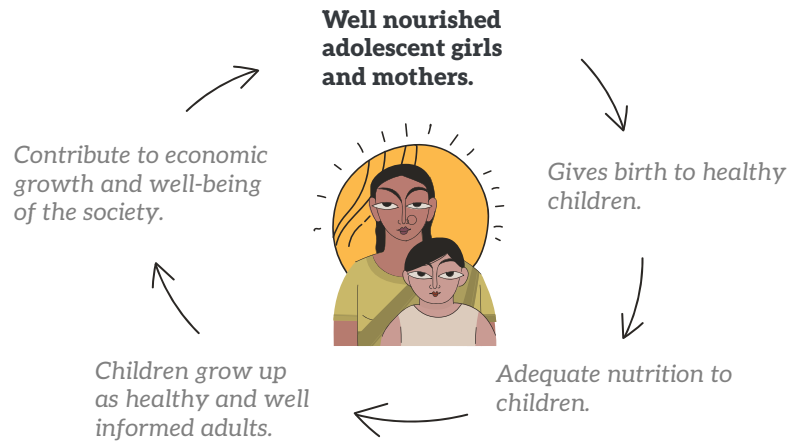
child mortality.

Enhances.

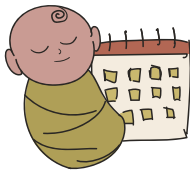
cognitive development.

Contributes.

to economic growth and social well-being.



Breaking the inter-generational cycle of malnutrition by investing in better nutrition for women and children.



First 1,000 days of a child's life.

(from conception to age two)

The only opportunity for breaking the intergeneration cycle of malnutrition.

- *Significantly reduces risk of child deaths due to preventable causes such as undernutrition, infection, and diseases.*
- *Leads to healthier and stronger children.*
- *Plays a vital role in cognitive development and better educational outcomes.*
- *Contributes to social and economic development and overall well-being of communities.*

Maternal and adolescent nutritional status in West Bengal.

Anaemia among women in reproductive age-group 15-49 years (2019-2021)

Status.

71% Significant increase in 2019-2021 from 62% in 2015-2016.

62% among pregnant women.

74% among women who are breastfeeding.

Impact on health and well-being of women and children.

- Decreased productivity among women.
- Increased susceptibility to infections among women and children.
- Increased the risk of preterm birth, low birth weight, and infant mortality.
- Impairs cognitive development among women and children.

Preventions and interventions.



31%

mothers aged 15-49 years consume IFA tablets for 180 days or more.

Adolescent girls should eat iron-rich and Vitamin C rich food and consume 1 iron tablet every week.

Pregnant and lactating mothers should take iron-rich and Vitamic C rich and fortified foods. They should eat one extra meal per day and consume Iron and Folic Acid (IFA) tablet every day.



42%

percent of women aged 20-24 years get married before attaining the legal minimum age of 18 years.



16%

girls below age 20 years begin child bearing.

Childbearing should begin at appropriate age (minimum age 20 years of age) and adequate spacing should be ensure between (minimum gap of three years) successive births.



34%

of live births occur within 3 years of the previous birth.



80%

mothers received service from an AWC during pregnancy.

Ensure utilization of different government schemes and services during pregnancy and lactation from health and ICDS centers.

Child nutritional status.

Undernutrition among children under age 5.

Status.

In 2019-2021

34%

Stunted.
low height-for-age.

20%

Wasted.
low weight-for-height.

32%

Underweight.
low weight-for-age.

The under-nutrition among children have remained at the same level as in 2015-2016.

Impact on health and well-being for children.

- *Undernutrition contributes to approximately 45% of child deaths globally.*
- *Impaired growth and development.*
- *Higher susceptibility to infections and illnesses.*
- *Cognitive and educational impairment.*
- *Poor physical and mental health.*
- *Perpetuated cycle of malnutrition across generations.*
- *Barriers in education, employment, and income-earning opportunities, leading to reduced productivity and hindered economic development.*

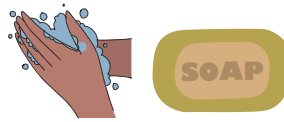
Preventions and interventions.



59%

of children are breastfed within one hour of their birth.

Initiate breastfeeding within one hour of birth (with colostrum) and continue exclusive breastfeeding (not even water) for six months.



Ensure handwashing with soap before preparing and serving food and use safe water for cooking and drinking.



24%

children aged 6-23 months receive minimum acceptable diet.

Maintain good nutritional level of mother.

53%

of children under age 6 months exclusively breastfed.

Introduce complimentary feeding around six months but continue with breastfeeding until at least two years of age.



If the child is too weak and is unable to suck and refuses food, contact ANM or ASHA worker, AWW or seek medical advice.



72%

of children aged 6-9 months are given complimentary food.

Prevalance of anaemia in children aged 6-59 months.

Status.

In 2019-2021

69%

Significant increase from 54.2% in 2015-2016.

of which:

33%

of children are moderately or severely anaemic.

Impact on health and well-being for children.

- *Fatigue and weakness affecting overall ability to participate in daily activities, play, and learn.*
- *Impaired cognitive function hindering learning abilities and consequently educational attainment.*
- *Delayed growth and development.*
- *Weakened immune system increasing susceptibility to infections and illnesses.*

Preventions and interventions.



76%

of children aged 6-23 months consumed foods rich in Vitamin A.

Encourage a diet rich in iron, Vitamin A and other essential nutrients are crucial for preventing and treating anaemia.



68%

of children aged 9-35 months given Vitamin A supplements.

Provide Vitamin A supplement to children.



Ensure exclusive breastfeeding for the first six months and complimentary feeding with iron-rich diet.



60%

of children aged 6-23 months consumed foods rich in iron.

Provide iron supplement regularly to children.

Section A:

Child nutrition.

The first 1000 days of life of a child from the womb until the second birthday is crucial for a child's life. The right nutrition and care during the 1000 day window influences not only the child's survival, but also his or her ability to grow and learn. Inadequate nutrition during this period may bring about irreversible yet preventable changes in the child's development.

Child under nutrition 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 diarrhea or intestinal worm infestation can affect the absorption or requirements for nutrients. Essential nutritional interventions to prevent child malnutrition are:

- ✓ Good maternal nutrition.
- ✓ Early initiation and exclusive breastfeeding.
- ✓ Complementary feeding.
- ✓ Feeding a sick child.
- ✓ Control of deficiencies of Iodine, Iron, and Vitamin A.

Early initiation and exclusive breastfeeding.

Early initiation of breastfeeding, within one hour of birth, protects the newborn from acquiring infection and reduces newborn mortality. It facilitates emotional bonding of the mother and the baby and has a positive impact on duration of exclusive breastfeeding. When a mother initiates breastfeeding within one hour after birth, production of breast milk is stimulated. The yellow or golden first milk produced in the first days, also called colostrum, is an important source of nutrition and immune protection for the newborn.

Following are some facts related to feeding practices for the first six months of life:

- ✓ 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 diarrhea and pneumonia, major causes of death among children under five years.
- ✓ No other food like honey, jaggery should be given before initiating breastfeeding.
- ✓ It is advisable not to use a feeding bottle or give bottled or powdered milk to the newborn child. This can ruin the child's natural sucking reflex and is one of the main reasons that infants fail to breastfeed properly.

- ✓ Don't use powder milk/formula/tinned milk. It is difficult to digest and can also cause infection.
- ✓ A working woman can preserve her breast milk that can be fed to the baby later. The preserved 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.
- ✓ HIV or COVID positive mothers can breastfeed safely, with no fear of infecting their babies.

Complementary feeding.

Around the age of 6 months, the infant is developmentally ready for other foods. Their need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs. This transition is referred to as complementary feeding. Complementary food must be timely, adequate, safe and properly fed for the child's nutritional needs.

Some facts related to complementary feeding are as follows:

- ✓ Adequate quantity of soft and mashed, free of spices food must be given that is increased with the age. Ex. milk, semolina, rice-pulses paste, rice, pulses, curry, fish, eggs, pudding, etc., seasonal fruits like ripe papaya, ripe banana, mango etc.
- ✓ Ensure hand washing with soap before preparing and serving food. Clean utensils and safe water must be used for drinking, cooking, serving and storing food.
- ✓ A Mother and Child Protection Card (MCPC) is issued to all pregnant women on registration at any health facility. This card gives descriptive as well as pictorial information about feeding and playing practices along with parenting tips.

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 breast milk, help children recover faster.

The following facts are important for the speedy recovery of an ill child:

- ✓ Continue breastfeeding more frequently if the child is ill.
- ✓ The child should be given small quantities of foods 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.
- ✓ It's important to get a health checkup done if the child is very ill or very weak and refuses food.
- ✓ As a 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.

Control of deficiencies of Iodine, Iron and Vitamin A.

Deficiencies of Iodine, Iron and vitamin A are preventable through nutrition education and intake of a healthy diet consisting of diverse foods. Intake of vitamin A supplements, which is available free of cost through Routine Immunization, as per the immunization schedule after six months of age can reduce death in under 5 years children. 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 which is gained through the use of iodized salt that should be used for cooking.

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 until 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.**
- ✓ **The positive participation of the husband and other family members 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 can give emotional support and confidence to the pregnant woman.**

Key messages.

Child nutrition.

- For every child, early initiation, and exclusive breastfeeding is the key to growth and development.
- Do not throw away colostrum. It is important for nourishing and protecting vulnerable newborns.
- Bottle feeding is harmful for newborn children.
- Don't use powder milk/formula/tinned milk.
- Complementary feeding is important to stop undernutrition at an early stage.
- Ensure hand washing with soap before preparing and serving food and the use of safe water is of utmost important for drinking and cooking.

Maternal and adolescent nutrition.

- Delaying first pregnancy at least till the age of 20 years and a minimum gap of three years between two pregnancies is recommended.
- 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 anaemia.
- For pregnant and lactating mothers' different government schemes and services are available at health and ICDS centres.
- Husband's and other family members' support give confidence to the childbearing pregnant woman.
- IFA tablet and iron-rich food together can prevent anaemia.
- Appropriate intra household-level food distribution is important to secure the good health of pregnant and lactating mothers.
- The adolescents should eat well-balanced diet plus iron and deworming tablets.
- Supportive references from religious scriptures.

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. Avamaudrya 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.

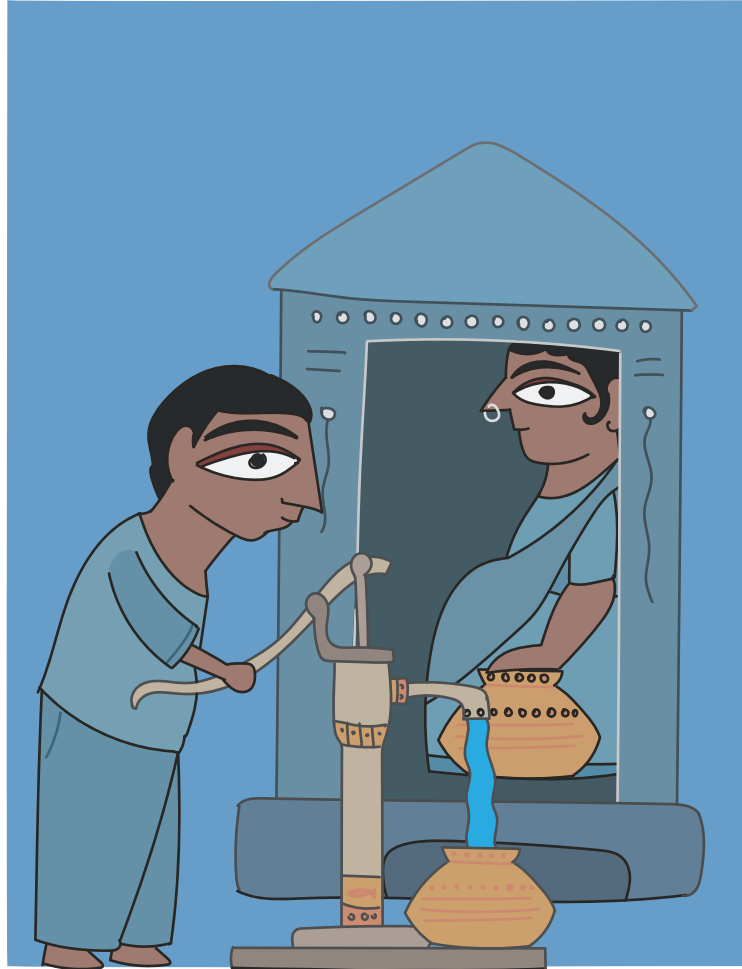


Avamaudrya keeps us energetic. Eating less food means your body is provided with limited calories, digestion is maximized, proper absorption of nutrients and minimal storage of unwanted calories as fat. Thus, in addition to less fat storage, our overall metabolic rate increases. And it is reflected in 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.



Chapter Three.

Water, sanitation and hygiene (WASH).



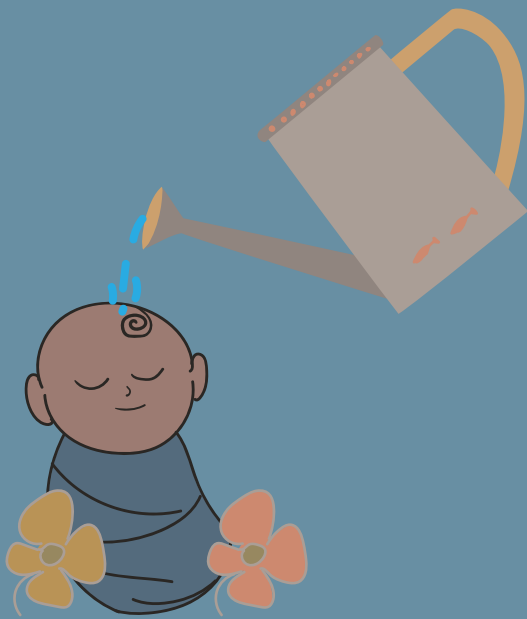
Introduction.

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 life threatening 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. Through primary prevention 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 diarrhea, 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 hand washing 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, we soil our hands in performing our day to day functions 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 Hand washing 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.



Access to clean water, safe sanitation, and good hygiene practices give children a healthier start in life.

Clean water for drinking.

Prevents the spread of waterborne diseases such as diarrhoea, cholera, typhoid, and various gastrointestinal infections.

Prevents malnutrition and supports cognitive development.

Use of safe sanitation.

Minimizes the spread of waterborne diseases and reducing the risk of infections.

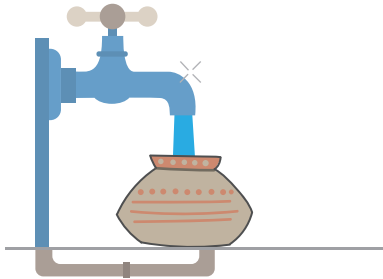
Ensures a cleaner and more hygienic living environment, reducing the chances of bacterial or parasitic infection

Practicing safe hygiene.

Handwashing with soap and water reduces the risk of infections like diarrhoea, respiratory illnesses, and other waterborne diseases.

Safe menstrual hygiene plays an important role in the physical and psychosocial health and well-being of young girls and women.

Access to clean water for drinking in West Bengal.



Source of drinking water.

98% in 2019-2021
a significant increase
from 12% in 2015-2016.

Percentage of households
with access to improved
drinking water source.

Reduces risk of water borne diseases.

*Reduces malnutrition by maintaining hydration and
preventing nutrient loss.*

39%

Percentage of households
with access to piped
water.



Safe handling of water.

12%

Percentage of households
who use appropriate method
for treating water.

*Improves cognitive
development.*

Access to safe sanitation.



Access to toilet.

67% in 2019-2021
a significant increase
from 51% in 2015-2016.

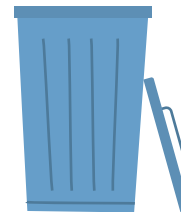
Percentage of households
with access to improved
toilet facility.

Reduces risk of infections and diarrheal diseases.

*Provides privacy and safety, particularly for
girls promoting better sanitation practices and
psychological well-being.*

12% in 2019-2021
a significant decrease
from 25% in 2015-2016.

Percentage of households
defecating in open.



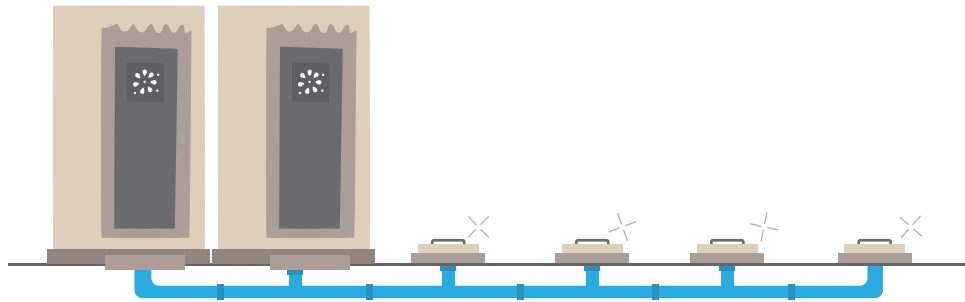
49%

Percentage of children under
3 years whose stools are
disposed of appropriately.

*Reduces the risk of infections
and diarrhoeal diseases.*

*Safeguards environment and
community health.*

Status of progress.



Disposal of household wastewater.

24%

Percentage of households that dispose of water safely.

Avoids contamination and the spread of waterborne diseases.
Reduces the transmission of diseases such as malaria and dengue.
Contributes to a healthier living environment.

Status of progress.

Safe hygiene.



Handwashing with water and soap/detergent.

85%

Percentage of persons who use water and soap/detergent.

Reduces risk of infections and illness.
Prevents disease spread and promotes hygiene habits.

Menstrual hygiene.

83% in 2019-2021
a significant increase from 55% in 2015-2016.

Percentage of women in age 15-24 years using hygienic protection method.

Reduces risk of infections and health complications.
Manage periods discreetly and comfortably, maintaining their self-esteem and confidence and improves participation.

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.
- ▲ Hand washing with soap at critical times.
- ▲ Safe menstrual hygiene management.

Section A:

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.

Myths, misconceptions, and wrong practices.

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

Correct practices to be promoted.

- ✓ Always use a safe water source that is free from bacteriological and chemical contamination for drinking and cooking, 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. Water testing facilities are available free of cost at the nearby PHEs.
- ✓ 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 is covered while carrying home.
- ✓ Potable water must be collected from those water sources only where no washing or cleaning activities take place, otherwise the water will be contaminated.
- ✓ 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.

Section B:

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.

Myths, misconceptions, and wrong practices.

- Many people think that infant/children's faeces is harmless, but this is not correct. Child faeces are 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.

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.
- ✓ **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.

Section C:

Hand washing at critical times.

Simple hygiene practices integrated into daily habits have immediate health benefits through reduction in preventable diseases like diarrhea and associated gastrointestinal infections, eye infections, prevention of COVID 19 and prevention of many women's health issues related to menstrual hygiene. Hand washing with soap can reduce the incidence of diarrhea 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 hand washing is in preventing the transmission of life-threatening diseases.

Myths, misconceptions and wrong practices.

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

Correct practices to be promoted.

- ✓ **Hand washing with soap at critical times:** Dirty hands not only pass the infection to us 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 soap and sufficient water and then rinsing well with clean water. Hand washing is not about rinsing hands in plain water only, using soap is important.
- ✓ **Hand washing with soap at critical times is of utmost importance. The critical time of hand washing refers to:**

- a. Washing hands with soap before handling food (i.e., before eating, child feeding, cooking and/or serving foods).
 - b. 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 have germs like that of an adult. Proper cleaning of the child's bottom after s/he defecates followed by the hand washing with soap of the parent is equally important.

Section D:

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.

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.

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.

Key messages.

Safe water access and handling.

- 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.
- Clean looking water may have disease causing bacteria, viruses, or parasites.
- Safe water handling practices can have a strong impact on one's health as it helps in the reduction of diarrhea and water-borne diseases. One must take precautions and follow safe practices while collecting, storing and handling water.

Toilet access, use and safe management.

- Construction and use of toilets by all for defecation will prevent diseases to spread and ensure a healthy environment.
- Leach twin pits toilets are easy to construct and maintain. It requires less water and is easy to clean.
- Safe disposal of child faeces along with safe disposal of animal waste, solid and liquid waste is an important practice to prevent diarrheal and other bacteriological infections and vector-borne diseases.
- An unhygienic and poor sanitary environment often causes illness, increases school dropout and chances of sexual violence.

Hand hygiene.

- Hand washing with soap is one of the most low-cost interventions to protect ourselves from preventable diseases and protection against Coronavirus infection.
- 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.

Menstrual hygiene.

- 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.
- 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.

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

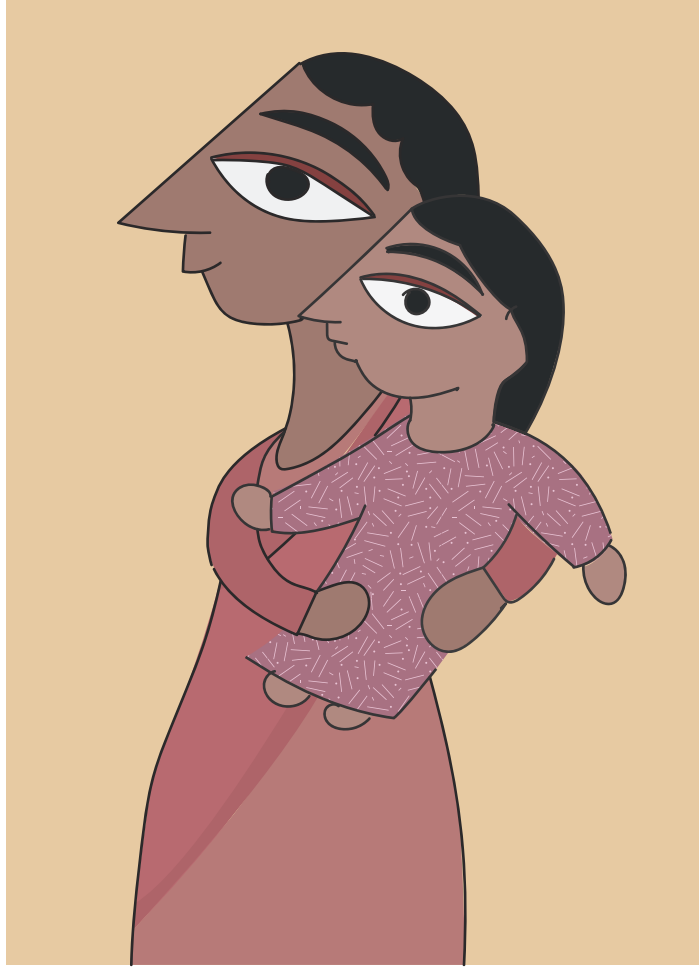
religion. Scholars have noted that in ancient Karnataka Jain women participated more actively in religious activities than others (Chidandamurthy, 1977). In Jain culture, women enjoy equal rights as men regarding education and participation in any kind of activity (Chandrakirithi & Nagaraj, 1987). From 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.

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 Heer. Piche piche hari fire kahata Kabir Kabir." This injunction, "not to litter" is the essence of hygiene.

Chapter Four.

.....
Child protection.



Introduction.

Children below 18 years of age must be protected from harmful social, psychological, sexual, economic and environmental impacts. Providing them with a safe environment is a prerequisite for their proper growth and development. Globally child abuse and violence against children takes place almost in every society- be it at home, at schools and even in child care institutions. The crimes are perpetrated many a times by people known to them. 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.

The UN Convention on the rights of the child, which was signed on 20 November 1989, states that all children have the right to protection along with other rights such as the right to survival, growth and development, protection and participation. 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 prioritize children's physical, mental, and psychosocial needs and help children access vital social services and fair justice systems, right from birth. However, despite several programmes and initiatives by the governments and other partner organizations, most child victims never seek or receive help to recover. What's more, abused children are more likely to re-enact it as young adults and caregivers themselves, creating a new generation of victims.

Timely birth registration of newborn.

- Realizes the first right of a child and proves child's existence and nationality.
- Prevents violence, exploitation, and abuse against children.
- Helps in enforcement of minimum-age legislation using proof of age.

Ending child marriage.

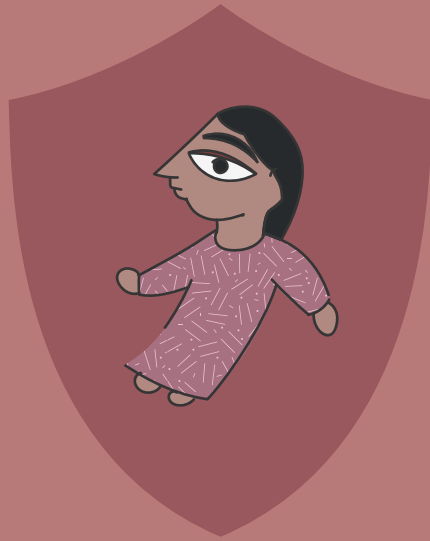
- Breaks the cycle of poverty and improves education of children.
- Reduces health risks of girls from early pregnancy and childbirth and risk of maternal and neo-natal mortality.
- Empowers children to participate more fully in society.

Preventing violence against children.

- Realizes fundamental human rights, including the right to live free from violence, abuse, and exploitation.
- Ensures that children grow up in a safe and nurturing environment and protects their well-being.
- Protects children from various health issues, both physical and mental.
- Ensures continuity in children's education and promotes their cognitive and emotional development.

Ending child labour.

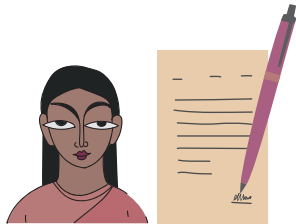
- Protects children from exposure to dangerous substances, long working hours, and abusive treatment.
- Ensures that children have the time and opportunity to receive an education.
- Helps breaking the cycle of poverty and improves overall well-being of children.
- Ensures adequate access to healthcare and nutrition leading to better health outcomes for children.



**Protection of children
is important because it
allows them to grow up
safe, healthy, and happy.**

Status of progress.

Birth registration in West Bengal.



97.1%

Percentage of children under age 2 years whose birth was registered with civil authorities.

Realizes the first right of the child and provides legal identity of birth.

Realizes the right to a name and nationality.



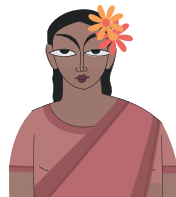
89.1%

Percentage of children under age 2 who have a birth certificate.

Allows children to prove age and facts relating to their existence, identity, and personal and family situation.

Status of progress.

Child marriage.



42.1%

Percentage of women aged 20-24 years got married before attaining the legal minimum age of 18.

Reduces health risks of young girls from early pregnancy and childbirth and risks of maternal and neo-natal mortality.

Status of violence against children.

In West Bengal, in 2021, *every day*, 26 cases of crime against children were registered under Indian Penal Code (IPC), and Special and Local Laws (SLL).

In West Bengal, by the end of 2021, about 7,000 children remained unrecovered or untraced, *80% of which were girls.*



6,421 **out of which 90% were girls.**

Number of children under age 18 years who were reported to be kidnapped or abducted.

*Causes severe psychological trauma.
Causes children to develop symptoms of Post Traumatic Stress Disorder (PTSD) in various forms.*



2,361 **out of which 99% were girls.**

Number of children under age 18 years who were reported to have suffered sexual violence under POCSO Act.

Develops PTSD or other mental health disorders, leading to persistent anxiety, depression, and nightmares.

Hinders their ability to form healthy relationships and leads to social isolation.

Can lead to physical injuries and sexually transmitted infections (STIs)

Can affect long-term educational prospects.

Myths, misconceptions and wrong practices.

- 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 then 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.

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.**

Section A:

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. It 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 and which are eventually passed down to their children, further straining a country's capacity to provide quality health and education services.

Correct practices to be promoted.

- ✓ Faith leaders, SHGs and Panchayat members must 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.

Section B:

Parenting.

Parents are the first point of contact for the children and play a pivotal role in shaping children's values and goals. 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.

Correct practices to be promoted.

- ✓ Parents should not differentiate between girls and boys in terms of nutrition, healthcare, marriage, etc. and promote equal opportunities for them in education, independence, mobility, resources, assets, etc.
- ✓ Children must be given space for open communication. They must feel safe to communicate openly with their parents on anything that is bothering them.
- ✓ Children must be made aware that if any unknown person approaches them; they must be alert and inform their parents or guardians. This will avert any "tricks" for inducing trafficking and other exploitations.
- ✓ Parents must also keep the important documents like birth certificates, educational certificates, medical records and recent colour photographs of their children safe and handy as they might be necessary to tackle any emergency efficiently.

Section C:

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 levels.

Correct practices to be promoted.

- ✓ **Make people aware of the possible domestic violence situations against children** 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).
- ✓ **People must speak up against norms, attitudes that justify violence against children** at the individual level and also at the community level. Call the Childline number 1098 immediately in situations of child violence.
- ✓ **Children must be made aware of the dangers of online abuse through social media** and instant messaging platforms such as cyber bullying (sharing private information online about someone which can cause humiliation).
- ✓ **Make people aware of the stringent punishments outlined under “The Protection of Children from Sexual Offences” (POCSO) Act** for offenders against children in the country.

Section D:

Prevention of child trafficking and child labour and integration of survivors into families and communities.

Child trafficking is linked to child labour and invariably results in child abuse. Trafficked children face all forms of abuse i.e., physical, mental, sexual and emotional. They 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.

There are various other factors that lead to child labour which take place 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 immense. Child labour can result in extreme physical 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. Every effort must be made to help the survivors in social integration into their families and their communities. Social integration promotes positive parenting and reduces risks of further maltreatment.

Correct practices to be promoted.

- ✓ **People must be vigilant and report missing children immediately to the Police or Childline 1098.**
- ✓ **Faith leaders, SHGs and Panchayat members must encourage parents to engage with their children in schools so that they are aware of everything happening. This will help prevent child labour and child trafficking cases.**
- ✓ **Promote return and integration of survivors into families and communities.** Enrolment in schools and other livelihood options without discrimination will make it easier for quicker integration.

Key messages.

Child protection.

- 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.
- 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.
- We should not discriminate against children based on their gender. Equal opportunities and protection should be given to both genders to develop equally.
- It's the parents' or guardians' duty to safeguard the important documents of the children.
- 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.
- We must call 1098, the childline number to report cases of violence against children.

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.

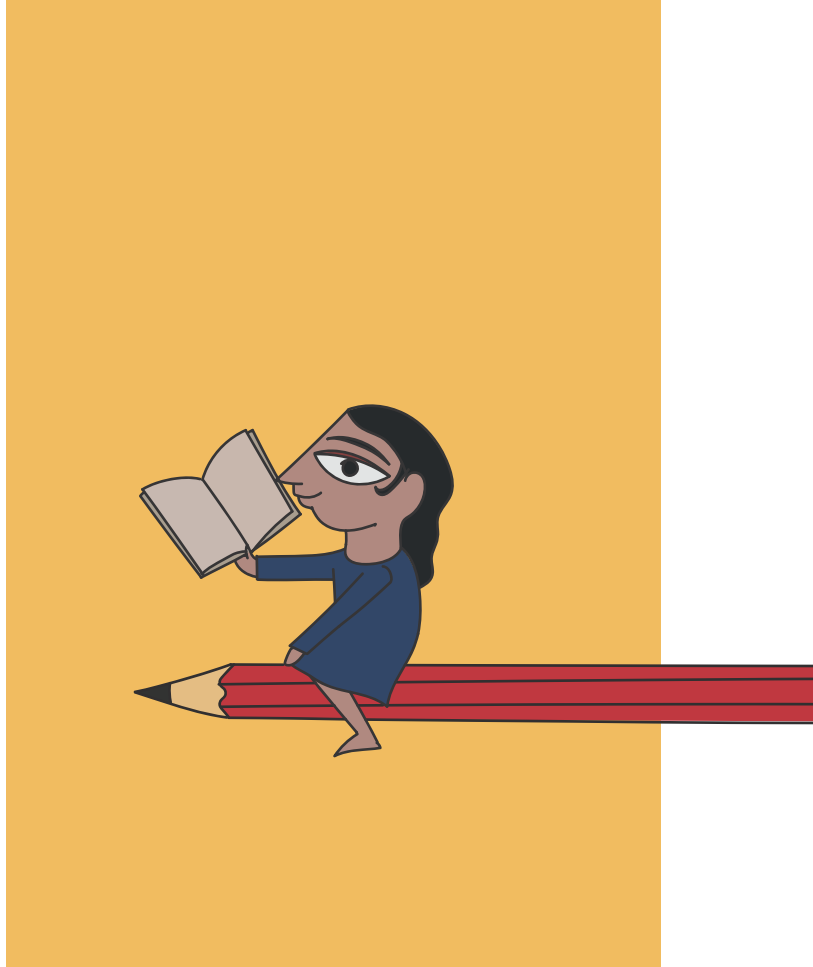


Regarding the protection of children, it is said in the fifth chapter of Dashvaikalik Sutra, verses 42 and 43, that when a saint goes to beg for food, that time if the nursing mother put the child down from her lap and goes to give food to the saint, then the saint will respectfully refuse the food. (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).



Chapter Five.

Education.



Introduction.

Children below 18 years of age must be protected from harmful social, psychological, sexual, economic and environmental impacts. Providing them with a safe environment is a prerequisite for their proper growth and development. Globally child abuse and violence against children takes place almost in every society- be it at home, at schools and even in child care institutions. The crimes are perpetrated many a times by people known to them. 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.

Research shows that good quality 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 deprived of pre-primary education or 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, thereby limiting the future of the country as the country is deprived of good human capital needed to reduce inequalities and promote peaceful, prosperous societies.

Ensuring daily school attendance.

Ensures that children receive consistent instruction, enabling them to grasp and retain knowledge effectively.

Promotes social interaction, teamwork, and communication skills, which are essential for personal and professional growth.

Reduces the achievement gap by ensuring that all students have equal opportunities to benefit from education.

Educating girls.

Provides with the knowledge, skills, and confidence to participate actively in society and breaks the cycle of gender inequality.

Enhances earning potentials and benefits them and their families and contributes to a nation's economic prosperity and stability.

Provides knowledge and agency to make informed decisions for better maternal and child health outcomes.

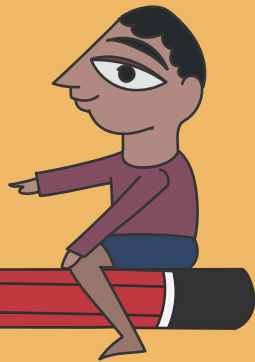
Providing clean drinking water and toilet facilities (separately for girls) in schools.

Promotes good hygiene practices, reducing the risk of waterborne diseases and improving overall health.

Encourages regular attendance, especially among girls.

Provide students with dignity and privacy, particularly girls during their menstruation contributes to a more respectful and inclusive learning environment.

**Education is a
fundamental human
right of every child.**



**Education empowers
children with knowledge
and skills to build a better
future for themselves and
society.**

Status of progress.

School attendance in West Bengal.



98% 99%

Boys.

Girls.

Percentage of children aged 6-10 years attending school.

Promotes academic and cognitive development.

92% 97%

Boys.

Girls.

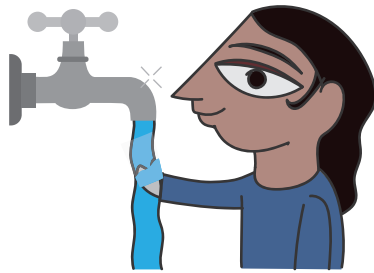
Percentage of children aged 11-14 years attending school.

Equips children with essential knowledge and skills for their future.

Status of progress.

RURAL

Availability of drinking water in schools.



78%

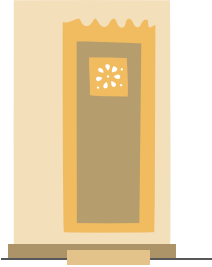
Percentage of schools in rural area with availability of drinking water.

Ensures that children have safe and easily accessible hydration.

Reduces risk of waterborne diseases and promotes overall physical health.

RURAL

Availability of toilet facilities in schools.



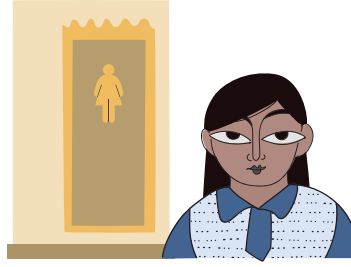
84% in 2022

improved from 71% in 2014.

Percentage of schools in rural area with availability of useable toilet.

Enhances children's dignity and hygiene, particularly for girls.

Reduces absenteeism due to discomfort or lack of privacy.



72% in 2022

improved from 47% in 2014.

Percentage of schools in rural area with availability of separate useable toilet for girls.

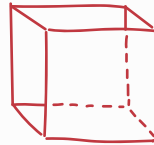
Enables to manage menstrual hygiene with dignity and privacy.

Reduces absenteeism of girl children due to discomfort or lack of privacy.

Status of progress.

Learning achievements.

একদিন রাতে আমি স্বপ্ন দেখিনি--
চেয়ে দেখো চেয়ে দেখো বলে যেন বিনু!
চেয়ে দেখি ঠোকাঠুকি বরগা- কড়িতে,
কলিকাতা চলিয়াছে নড়িতে নড়িতে



59%

45%

52%

Language. Mathematics. Social sciences.

Average percentage score obtained by students in Class 5 exams.

Provide children with the knowledge, skills, and opportunities to pursue their career goals and enhance their earning potentials.

57%

37%

42%

Language. Mathematics. Social sciences.

Average percentage score obtained by students in Class 8 exams.

Status of progress.

Correct practices to be promoted.

- ✓ **Parents should not only enroll 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 fulfill 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 is considered 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.
- ✓ **Promote free and compulsory education which 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.

Key messages.

Education.

- Education is a fundamental right of every child irrespective of who they are, where they live or their families' financial status.
- Quality early childhood education reduces the chances of dropouts and enhances the overall development of the child.
- Only enrolment in school is not enough, we must ensure that the children attend school daily.
- Parents can know the progress and challenges of their children by attending parent-teacher meetings regularly.
- Promote girl child education without any discrimination.
- Mental harassment or physical punishment of any child is a punishable offence.

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 Sutarakar Samyak Darshan is, "Tatvarthasradhaneng Samyak Darshanam". It means that any object is known as it is. Pandit Jaichand writes, "Sradhaan ruchirnishchay idmebethamebeti samyabuddhi: samyadarshanam" sradhana means the taste or Samyaka i.e., the form of the tattva (object or subject), such samyabuddhi is Samyaka philosophy. It is said in Dashvaikalik Sutra, "Jaya Jivamjive Ya Dhebi AA Biyanai. Taya Gayi Bahubihang Sabvajeeran 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 700 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.

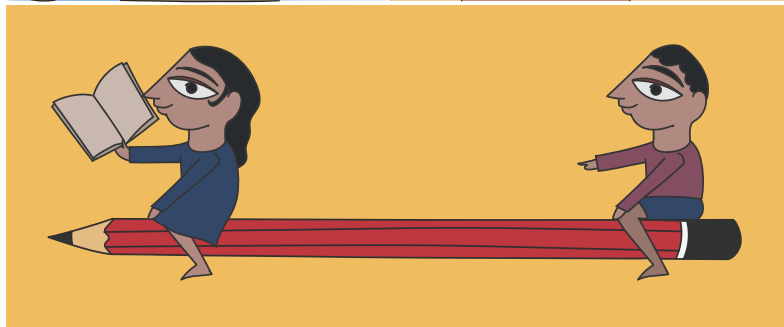
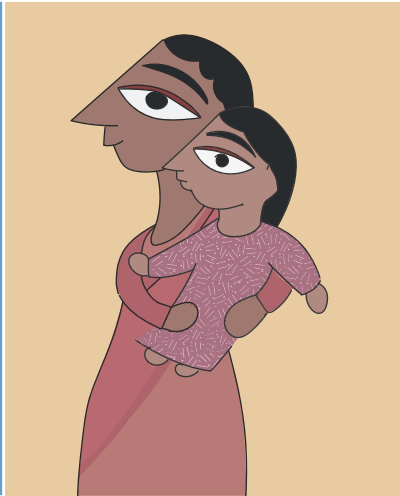
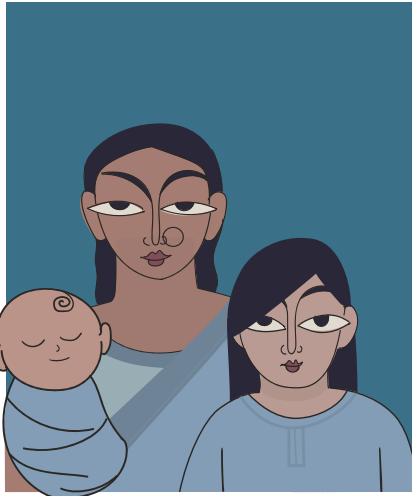
It was not only the scriptures that Jain women studied. They could accept all kinds of education. According to 'Kathakesha', Devdanti, the daughter of King Bhima Katha and queen Pushpadanta, learned subjects from art school. As a result of this higher education, many women entered into the teaching profession. 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.

There is evidence of the Jain society giving the highest priority to education. Even in ancient days, besides participating in religious activities, women also get equal opportunities to explore other social fields like education and literature. In Jain Puranas, it appears that the 1st Tirthankara Kishabhanantha gave 64 branches of knowledge to women. This proves the prominent position of women in Jainism. Lord Kishabhdev 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.

Data sources.

- Population Projections for India and States 2011-2036 : National Commission on Population, Ministry of Health and Family Welfare.
- Statistical Report 2011, 20122020 : Sample Registration System, Office of the Registrar General, India.
- Special Bulletin on Maternal Mortality in India 2018-2020 : Sample Registration System, Office of the Registrar General, India.
- Cause of Death Statistics 2017-2019 : Office of the Registrar General, India.
- National Family Health Survey 2019-2021 West Bengal : Ministry of Health and Family Welfare.
- National Family Health Survey 2015-2016 West Bengal : Ministry of Health and Family Welfare.

- Multiple Indicator Survey in India 2020-2021; NSS 78th Round : National Sample Survey Organization, Ministry of Statistics and Programme Implementation.
- Drinking Water, Sanitation, Hygiene and Housing Condition in India 2018, NSS 76th Round: National Sample Survey Organization, Ministry of Statistics and Programme Implementation.
- Crime in India 2021: National Crime Records Bureau, Ministry of Home Affairs.
- Annual Status of Education Report (Rural) 2022.
- National Achievement Survey 2021, State Report Card 2021 West Bengal : Ministry of Education.



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