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RIGHT TO EMERGENCY PROTECTIONS OF MEDICAL AID IN CHILDREN'S HEALTH TREATMENT IN RURAL AREAS IN INDIA

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ABSTRACT

Children in rural areas have a fundamental right to receive emergency medical treatment guarded under Article 21 of India's Constitution, commonly referred to as the Right to Life. Children residing in rural areas possess a fundamental right to receive emergency medical care, as enshrined in Article 21 of the Indian Constitution, widely recognized as the Right to Life. This provision mandates that no child should be denied immediate medical attention due to financial constraints or inability to pay. Healthcare institutions bear a consequential responsibility to deliver prompt assistance without delay. Concurrently, the government is tasked with ensuring equitable access to comprehensive healthcare services for all individuals, with particular emphasis on vulnerable populations such as children, despite the array of structural and logistical challenges inherent to rural settings.

India's commitment to the United Nations Convention on the Rights of the Child underscores this obligation; however, existing resource allocations and strategic interventions have often proven insufficient to comprehensively address the health disparities faced by children in these areas. To genuinely uphold the health rights of children, it is imperative to move beyond mere provision of aid towards instituting a rights-based framework that emphasizes entitlements and accountability. Central to this framework are health and education, both pivotal in ensuring children's survival and development.

Specifically, from birth, a child holds the right to survival, immunization, and adequate nutrition; in early childhood, the focus expands to managing risks such as infection and malnutrition. Realizing these rights necessitates fully operational healthcare systems, robust program implementation, and transparent accountability mechanisms at all governance levels. It is essential that all children have access to critical medical treatments without financial burden, while simultaneously enhancing health awareness among economically disadvantaged populations.

Keywords: *UN Convention on the Rights of the Child, Right to health for children, Basic health care, Health knowledge.*

1. INTRODUCTION

India's endorsement of the United Nations Convention on the Rights of the Child (UNCRC) situates it among 193 nations committed to safeguarding a wide spectrum of child rights. These include the promotion of healthy living through adequate nutrition and healthcare services, equitable access to quality education, and protection from abuse, exploitation, and violence—including efforts to eradicate child labour, human trafficking, and sexual abuse. Signatory countries are obligated to integrate the Convention's principles into domestic legislation, encompassing protective measures against violence and exploitation as well as guidelines governing child care institutions. The Committee on the Rights of the Child emphasizes that a significant proportion of

childhood mortality and morbidity could be averted if governments were sufficiently committed and invested in applying existing knowledge and technologies to child health.

2. Constitution of India Special law provisions

The Constitution of India confers specific rights upon children as citizens and incorporates several provisions aligned with the UNCRC. Since its adoption in 1950, The Directive Principles of State Policy articulate social and economic rights that have been declared to be "fundamental in the governance of the country and … the duty of the state to apply … in making laws" (Article 37), the Constitution has integrated social and economic rights as directive principles essential for governance, necessitating state action in legislative processes (Article 37). Various landmark judicial interventions have reinforced children's rights, resulting in constitutional amendments such as the 86th Amendment, which enshrined education as a fundamental right.

2.1 Constitutional Guarantees that are meant specifically for children include.

Article 21A guaranteeing free and compulsory elementary education for ages six to fourteen;

Article 24 protecting children under fourteen from hazardous employment.

Article 39(e) prohibiting child labour and exploitation arising from economic vulnerabilities

Article 39(f) ensuring equal opportunities, dignified treatment, and protection against neglect.

Article 45 mandating early childhood care and education up to six years of age.

2.2 Besides, Children also have rights as equal citizens of India, just as any other adult male or female Also, and children have the same rights as all other adults in India,

Additionally, children enjoy the same fundamental rights accorded to adults under the Constitution—such as Right to equality (Article 14)

Right against discrimination (Article 15)

Right to personal liberty and due process of law (Article 21)

Right to be protected from being trafficked and forced into bonded labour (Article 23)

Right of minorities for protection of their interests (Article 29)

Right of weaker sections of the people to be protected from social injustice and all forms of exploitation (Article 46) Right to nutrition, standard of living, and improved public health (Article 47)

3. Causes of children Health Problems

Health challenges experienced by children in India are multifaceted and include infectious diseases, accidents, substance abuse (tobacco, alcohol, and other drugs), road traffic injuries, suicides, and sexually transmitted infections such as HIV/AIDS. Children's physical and cognitive development renders them particularly susceptible to environmental hazards and socio-cultural influences emanating from their families, peers, educational settings, communities, and regulatory frameworks. There are also problems with substance abuse (tobacco, alcohol, and other things), road traffic injuries (RTIs), suicides, and sexually spread infections (STIs) such as HIV/AIDS. Other problems are drug use issues (tobacco, alcohol, and other drugs), road accidents (RTIs), suicides, sexually spread diseases (STIs) like HIV, teen births that weren't wanted, being homeless, violence, and others. Their health risks also derive from lifestyle choices and environmental exposures, which contribute to a complex burden comprising both communicable and non-communicable diseases. Moreover, socioeconomic factors such as poverty, unemployment, social inequities, and stigmatization often exacerbate these health issues, perpetuating cycles of disadvantage in both developing and developed contexts.

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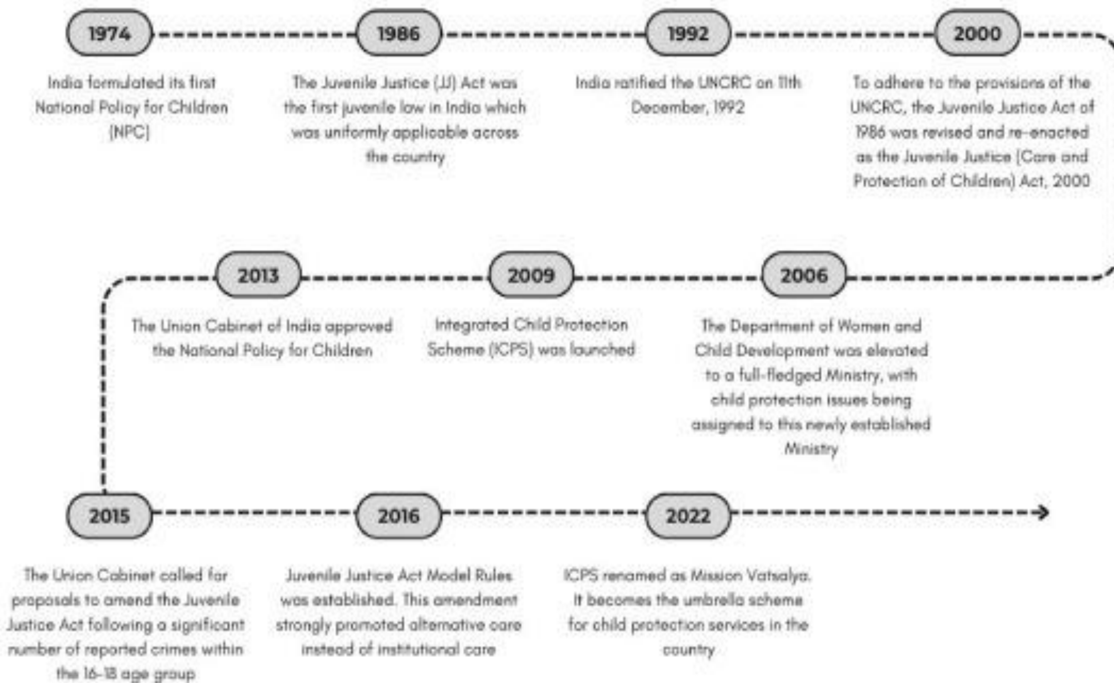
Timeline of Child Protection Laws, Policies and Milestones in India



4. PROTECTING CHILDREN'S HEALTH FROM ENVIRONMENTAL RISKS

Protecting children's health from environmental risks demands early intervention, beginning from conception, extending through infancy, childhood, adolescence, and into early adulthood (up to age 21). Children's heightened vulnerability to environmental hazards stems from physiological differences and behavioral patterns distinct from adults, as well as the potential for latent effects manifesting later in life. Despite improvements in various indices of environmental health, certain rates of exposure and associated health outcomes have either stagnated or deteriorated, disproportionately affecting marginalized populations including minorities and impoverished children.

Steps and Actions taken by the Government for Maternal and Child health of the Scheduled Castes (SC) and the Scheduled Tribes (ST) population**.** These are the plans for pregnant women and children: In response to these challenges, the government has instituted targeted programs for maternal and child health, especially focusing on Scheduled Castes (SC) and Scheduled Tribes (ST) populations. Notable initiatives include Janani Suraksha Yojana (JSY), which incentivizes institutional deliveries Janani Shishu Suraksha Karyakram (JSSK), ensuring free maternity and infant care in public facilities; and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), providing comprehensive prenatal checkups with extended monitoring for high-risk pregnancies.

The extended PMSMA plan makes sure that pregnant women, especially those at high risk, get good care. It keeps track of each high-risk pregnancy until the baby is born safely. It gives money to the women and the Accredited Social Health Activists (ASHAs) who visit them for three extra visits in addition to the PMSMA visit.

Health centers: Less people are needed to open SHC, PHC, and CHC centers in tribal and hilly areas. The numbers went from 5,000, 30,000, and 1,20,000 to 3000, 20,000, and 80,000.

Efforts to bolster healthcare infrastructure in tribal and hilly regions involve the rationalization of sub-centers (SHCs), primary health centers (PHCs), and community health centers (CHCs), enhanced deployment of Accredited Social Health Activists (ASHAs) tailored to local populations, and the expansion of Mobile

Medical Units (MMUs) under schemes such as the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN). These expansions aim to ensure accessible, quality healthcare services in remote and underserved areas. Complementary strategies include Village Health Sanitation and Nutrition Days (VHSNDs) to promote maternal and child health education, and digital health tracking via the Reproductive and Child Health (RCH) portal, enabling systematic monitoring of pregnancies and neonatal outcomes. Institutional care facilities such as Neonatal Intensive Care Units (NICUs), Special Newborn Care Units (SNCUs), and Newborn Stabilization Units (NBSUs) have been established at various levels of the healthcare system to address specialized neonatal needs. The primary objective is the main aims of the children's health protection programs in rural areas concentrate on lowering death and disease in children, improving food, guaranteeing full development (physical, mental, social), and strengthening maternal health. All of this is done with combined, good services like shots, beginning care, screenings, and food support, to achieve lasting population health and well-being in underserved areas.

4.1 Strengthening of Rural Health Infrastructure under the National Rural Health Mission

a) .The National Rural Health Mission (NRHM), operational between 2005 and 2012, represents a strategic endeavor to substantially improve rural health infrastructure, prioritizing eighteen states characterized by deficient public health indicators and weak infrastructure. By proposing an increase in health expenditure from 0.9% to between 2 and 3% of GDP, the NRHM underscores governmental commitment to strengthening public health systems. The mission emphasizes the deployment of female health workers at the village level, development of localized health action plans under community leadership, enhancement of rural hospital capacities compliant with Indian Public Health Standards (IPHS), integration of health and family welfare schemes, efficient utilization of funds and resources, and the revitalization of traditional health practices, including AYUSH.

b) NRHM wants to make big changes to the health system so it can handle more money like it said it would under the National Common Minimum Programme. It wants to support plans that make public health management and service giving stronger in the country. Its key parts are giving a female health worker in each village, making a village health plan through a local team led by the Health & Sanitation Committee of the Panchayat, making the rural hospital stronger for good care, making it responsible to the community through Indian Public Health Standards (IPHS), combining Health & Family Welfare Programs, using money & infrastructure well, and making primary healthcare giving stronger. It wants to bring back local health ways and include AYUSH into the citizens.

c). what is Mission Vatsalya and how does it work

Mission Vatsalya is India's main child protection program, run by the Ministry of Women and Child Development. Before 2009, there were three separate schemes — one for juvenile justice, one for street children, and one to assist children's homes. In 2010, the government combined these schemes into the Integrated Child Protection Scheme. They renamed it Child Protection Services Scheme in 2017, and now it's called Mission Vatsalya (since 2021–22).

Here's how it works: Mission Vatsalya is funded and guided by the central government, but state governments and union territories handle its day-to-day operations. The program has three big pieces that work together to protect kids.

First, there's Childline — a national, round-the-clock, toll-free helpline (1098). Any child in trouble can call. The people at Childline are quick to respond, and they coordinate with local NGOs to rescue children, offer shelter, and connect them to counseling, healthcare, and

legal aid. Next, you have the National Institute of Public Cooperation and Child Development (NIPCCD). They train everyone involved in child protection — Child Welfare Committees, Juvenile Justice Boards, social workers. Basically, they make sure people know how to handle sensitive cases, follow the law, and support children's needs.

Later on, there's the Central Adoption Resource Authority (CARA). It oversees adoptions across India, making sure everything is legal, ethical, and transparent. CARA follows national law and international standards, like the Hague Convention. It also works closely with State Adoption Resource Agencies to help families adopt children locally. Mission Vatsalya is built on two important laws: the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Protection of Children from Sexual Offences Act, 2012.

Juvenile Justice Boards (JJBs), The JJ Act protects two main groups: Children in Conflict with Law (those accused of offenses) and Children in Need of Care and Protection (like orphans, street kids, or victims of abuse and disaster). The law focuses on rehabilitation and care, not punishment, and sets up things like shelter, counselling, foster care, and adoption.

Then there's the POCSO Act, which is all about stopping child sexual abuse. It spells out how offenses are reported, investigated, and prosecuted; making sure every part of the process supports the child's dignity and well-being. In short, Mission Vatsalya brings together legal protections, emergency services, training, and adoption support to make sure vulnerable children across India get the help they need.

4.2 UNICEF's Response

In 2018, UNICEF helped lead in making the Caring and Education Plan for Early Childhood Growth as, UNICEF's contribution includes the development of the Caring and Education Plan for Early Childhood Development launched in 2018, delineating essential policies and operational frameworks across health, nutrition, education, and child protection sectors.

UNICEF's global partnership with the World Health Organization focuses on advocacy, capacity building, and resource mobilization to ensure that caregiving and early learning services reach vulnerable children, with special emphasis on early detection and intervention for developmental delays and disabilities within the first three years of life.

UNICEF, with the World Health Organization, creates global products, shares what it learns, and brings governments and partners together at global, regional, and country levels. This helps them make action plans, collect resources, and train healthcare workers to make sure all children have the caring and education they need to do well.

The right of children to health is critical, particularly within India's developmental context, as it directly correlates with cognitive capacity, educational attainment, and long-term well-being. Improved healthcare, nutrition, and sanitation have demonstrated significant reductions in preventable child mortality, reinforcing broader social justice objectives by mitigating disparities in access to quality health services across socioeconomic strata.

5. Importance of Children's Right to Health

Here are reasons why children's right to health matters, especially in a growing country like India: Healthy, well-fed children can focus better, learn more, and do better in school. Better healthcare, food, and cleanliness greatly lower the number of preventable deaths among children. Improving access to healthcare, nutrition, and sanitation significantly reduces preventable deaths among children.

Promoting equality and social justice by ensuring all children have access to quality healthcare regardless of their socio-economic background. Challenges to Children's Right to Health in India Key challenges to realizing children's health rights in India persist. Notably malnutrition characterized not solely by food

scarcity but by deficiencies in essential nutrients critical for physical and cognitive development.

Accessibility to healthcare remains uneven, with rural and impoverished regions facing systemic impediments including financial barriers, scarcity of pediatric healthcare professionals, and overburdened public facilities. Additionally, deficits in sanitation and potable water exacerbate susceptibility to communicable diseases.

A deficit in health education adversely impacts health-related behaviours and preventive practices among children, caregivers, and communities. Cleanliness and Water, Poor sanitation and not having clean water are still major health dangers for Indian children. These problems make it easy for water diseases and infections to spread. Education, not teaching children, parents, and communities about health causes many health problems that could be stopped. This lack of knowledge affects everything from food choices to getting shots.

Government Programs for Child Health and Growth : The Indian government's been rolling out a bunch of programs to tackle child health and growth issues. Here's a quick look at what they're doing First up, there's the National Health Mission (NHM). It drives most of India's public health initiatives to improve child health. Under NHM, a couple of key plans stand out Janani Shishu Suraksha Karyakram (JSSK): This one covers pregnant women and their newborns, offering free healthcare, including transportation and diagnostic tests.

Rashtriya Bal Swasthya Karyakram (RBSK) Kids get free screenings so any birth defects, diseases, or growth delays can be spotted and treated early. Then there's the Ayushman Bharat Programme, which pushes for health coverage for everyone. It breaks down into two main piece Health and Wellness Centres (AB-HWC): These centers provide basic care, focusing on things like mother and child health, immunization, and nutrition support.

Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): Families who can't afford medical care get free hospital treatment, so children needing advanced care aren't left out.

Honestly, these programs cover a lot and make sure kids and their families get the help they need these Governmental interventions targeting child health and development encompass flagship programs such as the National Health Mission (NHM), which incorporates schemes like Janani Shishu Suraksha Karyakram (JSSK) for free maternal and neonatal care, and Rashtriya Bal Swasthya Karyakram (RBSK) focusing on early screening and intervention for childhood ailments and developmental delays.

The Ayushman Bharat Program further complements these efforts through Health and Wellness Canters providing primary care and the Pradhan Mantri Jan Arogya Yojana (PMJAY) facilitating tertiary care coverage for economically disadvantaged families.

6. Measures to Secure Children's Right to Health

How to Make Sure Kids Stay Healthy .If you really want to protect children's right to good health, you need some solid plans. Here are five big steps that can make a real difference.

1. Nutrition matters. Kids need more than just any food — they need meals that actually feed their bodies and minds. The right nutrients boost their immune systems, help them focus, and build a strong foundation for lifelong health.

2. Better healthcare is key. It's not enough to just build more hospitals. Children need a network of healthcare that's easy to reach, affordable, high quality, and tailored to what kids specifically need.

3. Cleanliness and hygiene are non-negotiable. Dirty water and poor sanitation let diseases spread fast — and honestly, that's still a huge problem for kids in many countries. So, we've got to invest in systems for clean water, build proper toilets and wash stations in schools and

neighborhoods, and set up solid waste management systems to cut down pollution.

4. Health education goes a long way. When kids, parents, and communities actually know the facts about health, they make smarter choices. It's about sharing real information that empowers them to build healthier lives.

5. Strong policies are the backbone. Governments need to fund child health programs properly, make sure healthcare workers and officials are held accountable, and regularly check if policies are working — then fix what isn't. These steps set kids up for healthier lives and safeguard their right to grow up healthy.

To fortify children's right to health, a multifaceted approach is essential: ensuring optimal nutrition to support growth and immune function; establishing accessible, affordable, and child-centric healthcare networks; investing in sanitation infrastructure and clean water systems to curb environmental health hazards; enhancing health literacy among children and communities to foster preventive health behaviours; and reinforcing policy frameworks with adequate funding, accountability, and continual evaluation to adapt interventions based on outcomes.

7. CONCLUSION

In conclusion, safeguarding children's health yields extensive benefits that extend beyond individual well-being to positively influence families, communities, and national development trajectories. Guaranteeing equitable access to adequate nutrition, healthcare, and safe environments represents an investment in the country's future.

The disparity in health outcomes between socioeconomically privileged and marginalized children highlights the urgency of targeted interventions. Recognizing that employment is necessary for sustenance, it remains critical to prevent child labour in hazardous conditions and ensure that children engaged in labour receive appropriate training and protections. Creating nurturing home environments equipped with essential amenities will further contribute to disease prevention and the promotion of holistic child health.

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