

Kaumar Kushala (Child wellbeing) Historical background and current scenario

Dr. Archana

MD scholar (2nd year) in Department of Kaumarbhritya at Rishikul Campus, U.A.U, Haridwar

Prof. Dr. Keerti Verma, (HOD), Department of Kaumarbhritya at Rishikul Campus, U.A.U, Haridwar

Abstract

Keywords

Kaumar kushala, Ayurveda, Kaumarbhritya tantra, Child wellbeing, Shishu pricharaya, Lehana, Suvarna prashana, Kumaragara, Programme.

Kaumar kushala is generally understand as the quality of child's lives. It is a dynamic state that is enhance when people can fulfill their personal and social goals. It understood both in relation such as household income, educational resources and health status, happiness perceptions of quality of life and life satisfaction.

In *Charak samhita, Susruta samhita, Ashtanga sangraha, Ashtanga haridaya* and *Acharya Kashyapa* wrote a detailed treatise on *kaumar kushala*. *Acharya Kashyapa* wrote a detailed treatise on *kaumarbhritya tantra*. Ayurveda advises meticulous organization of *sutikagriha, kaumaragara* along with *rakshakarma, shishu pricharaya, kridabhumi* and *kridnaka* [1], *upnayan samskara, lehana and Suvarna prashana* etc.

In current scenario of child wellbeing initiatives (for example on needs, poverty, quality of life, social exclusion or children's rights) has implications for the type of policies and programmers. National Indian child welfare association supports tribal communities by helping them to build capacity through their family, community and culture to prevent abuse and neglect.

Matrrial and method- *Charak samhita, Susruta samhita, Ashtanga sangraha, Ashtanga haridaya* and *Acharya Kashyapa* along with previous research in the field

Introduction

Child wellbeing known as “*kaumar kushala*” in Sanskrit is a concept that has been deeply ingrained in societies throughout history. The wellbeing of children has always been a crucial aspect of human development and societal progress. Ensuring the physical, mental, emotional, and social welfare of children is essential for building a healthy, vibrant, and sustainable future for any civilization. This article explores the historical background and current scenario of child wellbeing shedding light on its significance in contemporary times.

Historical background-

Principles of kaumar kushala in ayurveda - The concept for child wellbeing dates back to ancient civilization, where societies recognized the importance of nurturing the younger generation. In many ancient cultures, children were considered precious gift and symbols of hope and continuity.

Throughout history, child rearing and care giving practices varied across cultures, but the common tread was the acknowledgment of vulnerability and the need to protect and care for them. In traditional societies, extended families played a crucial role in supporting child wellbeing, ensuring that children received proper nutrition, education, and emotional support. *Acharya Kashyapa* wrote a detailed treatise on *kaumarbhritya tantra*.

1. **Sutika Paricharya (Postnatal care)**- Ayurveda advocates specific postnatal care for both the mother and the newborn. The mother is recommended a balanced diet, herbal supplements, and rejuvenating therapies to recover from childbirth. Special attention is given to breastfeeding and maintaining the mother’s health, as her well-being directly impacts the child’s health [2].
2. **Swarna prashana (Ayurvedic immunization)** is an ayurvedic practice of administering specific combination of herbs and gold ash to boost their immunity [3].

3. **Samskara in kaumarabhritya**- in general – procedure which brings definite positive changes in life can be termed as samskara. Samaskara is a sense of producing self-reproductive capacity with impression creating quality. संस्कारो हि गुणान्तराधानम्!that is may be in the form of addition of certain new quality, deletion of unwanted quality or modification or refinement of existing quality[4].
4. . Ayurveda encourages **Stanya (breast milk)** as the best form of nourishment for infants. Breast milk is considered a complete and balanced source of nutrition. Birth of a child demands future nutritional arrangements for the baby [5].
5. Ayurveda recommends feeding children a **sattvic diet**, which is fresh, pure, and wholesome. Regular gentle massages with herbal oils are recommended for infants and young children.
6. **Abhyanga** is believed to improve circulation, strengthen muscles, and promotes overall growth. Ayurvedic herbs and formulations may be prescribed to support the child’s health.
7. Herbs formulation

Emergence of modern concepts of child wellbeing- The 20th century witnessed significant strides in understanding child development and the factors that contribute to overall wellbeing. Psychologists like Jean Piaget and Erik Erikson delved into psychological aspects of childhood, highlighting the importance of a nurturing environment and positive experiences in shaping a child’s personality and cognitive abilities.

Moreover, the United Nations adoption of the universal declaration of human rights in 1948 laid the ground for recognizing children's rights worldwide. Subsequently, the United Nation Convention on the Rights of Child (UNCRC) was established in 1989, defining a landmark shift towards recognizing children as independent rights holders, entitled to protection and care.

Current Scenario of *Kaumar Kushala* (Child Wellbeing)- Despite the progress made in recent decades, child wellbeing remains a global concern. Several challenges persist that impact the wellbeing of children around the world;

- 1. Poverty and inequality**- Millions of children continue to face poverty and social disparities, affecting their access to education, healthcare, and nutrition. Poverty hinders their overall development and traps them in a cycle of deprivation.
- 2. Education** (उपनयन, वेदारम्भ)- Although strides have been made to improve access to education, many children, especially in developing countries, still lack proper schooling facilities and quality education, hindering future prospects.
- 3. Health and nutrition**- Malnutrition, inadequate health, and lack of access to clean water and sanitation facilities contribute to child morbidity and mortality in various regions.
- 4. Violence and exploitation**- Children are vulnerable to various forms of violence, abuse, and exploitation, including child labor, human trafficking and child marriage.
- 5. Mental health**- The mental health of children is becoming an increasing concern, with issues like anxiety, depression, and stress impacting their overall wellbeing.
- 6. Technology and cyber safety**- With the rapid advancement of technology, children are exposed to online risks, including cyber bullying and inappropriate content.
- 7. Climate change**- The effects of climate change pose additional threats to child wellbeing, leading to food insecurity, displacement, and exposure to natural disasters.
- 8. Child welfare programs**- India has the largest child population in the world. All best efforts are being made by the government for the development and welfare of children. A number of policy initiatives have been taken for this purpose. Some of schemes and programmers are as under -Integrated child development services (ICDS), national programs related to maternal and child health, nutritional and immunization programs etc. [5]

Child Well-Being Indicators [6]							
Material Wellbeing	Health	Education	Participation	Housing and environs	Risk and Safety	Relationships	Subjective Wellbeing
<p>Economic Deprivation</p> <p>1. Material Deprivation index (7 items)</p> <ul style="list-style-type: none"> -having own bed, -own winter coat, -access to a computer, -access to the internet, -having a bookcase, -a closet, -eating meat/fish at least three meals per week <p>2. Having pocket money</p> <p>Perception of Material Situation</p> <p>1. Need/Income ratio (P)</p> <p>2. Perception of Family Economic Hardship Index (4 items)</p> <ul style="list-style-type: none"> -Hard time paying rent -Father can get unemployed -Difficulty paying school costs -?? <p>Security</p> <p>1. Percentage of parents with fulltime jobs</p> <p>2. Percentage of families with social security</p> <p>3. Percentage of families with healthcare</p>	<p>Children's Health Condition</p> <p>1. Health Status (whose who had had a serious illness and/or those with chronic illness were categorized as unhealthy)</p> <p>Health Behaviour</p> <p>1. Adequate Nutrition Intake (5 items)</p> <ul style="list-style-type: none"> -Daily breakfast -Daily milk/yogurt -Daily fruit -Daily vegetables -Eating meat/fish three meals a week <p>2. Hygiene Habits (2 items)</p> <ul style="list-style-type: none"> -Brush teeth 1-2 times a day -Take shower 1-2 times a week <p>Early Life Health Risk Index (P) (5 items)</p> <ul style="list-style-type: none"> -irregular/no prenatal health visit -birth out of hospital -children not taken to health controls -immunization not completed -little/no breastfeeding <p>Child Mortality (P)</p> <p>1. Percentage of families who had a child die</p>	<p>Educational Participation</p> <p>1. Enrolment -Percentage of children enrolled in school</p> <ul style="list-style-type: none"> -Percentage of children 15+ in school -Percentage attending school regularly <p>2. School Drop out</p> <ul style="list-style-type: none"> -Percentage of children dropped out of school <p>Quality of School Index (11 items)</p> <ul style="list-style-type: none"> -counselling service -health service -school well-heated -toilets clean -cafeteria clean -school has playground -sports area -library -computers/internet access -Brush teeth -activities rooms -no courses without teachers <p>Educational Attainment</p> <p>1. Percentage of children repeating a grade</p> <p>2. Children's own perception of their academic success</p> <p>Parental Investment in Education Index (3 items)</p> <ul style="list-style-type: none"> -attend parent teacher conferences -want child to continue education -child not burdened by domestic work 	<p>Participation in Civic Activities Index (5 items)</p> <ul style="list-style-type: none"> -Attending activities in associations -Attending activities done by municipalities -Attending activities done by political parties -Attending community centres 	<p>Housing Problems Index (2 Items)</p> <ul style="list-style-type: none"> -not having own bed -overcrowded home <p>Perception of Neighbourhood Safety</p> <p>1. How safe child feels in the neighbourhood</p> <p>Neighbourhood Resources Index</p> <ul style="list-style-type: none"> -Educational resources -Health resources -Sports activities resources 	<p>Child Mortality (P) (Same as under Health)</p> <p>Accidents at Home and/or at Work</p> <p>1. Rate of accidents at home</p> <p>2. Rate of accidents at work</p> <p>Child-Labor</p> <p>1. Percentage of children working</p> <p>2. Amount of household task burden on children index</p> <ul style="list-style-type: none"> -cleaning house -cooking -taking care of sibling -washing dishes -doing piecemeal work with the family <p>Negative Consequences of Work Index (6 items)</p> <ul style="list-style-type: none"> -distanced from friends -irregular school attendance -lowered wish to go to school -hanging out with older people -mistreatment by boss or colleagues -future career options lessened <p>Harassment Index (3 items)</p> <ul style="list-style-type: none"> -Teased at school -Bullied at school -Treated poorly by a teacher in school 	<p>Relationship with Parents</p> <p>1. Parental Monitoring Index (2 Items)</p> <ul style="list-style-type: none"> -coming home time -who to choose as friends <p>2. Contact with Parents Index (3 items)</p> <ul style="list-style-type: none"> -eat together -talk -watch TV together <p>3. Feeling Close to Family Members Index (3 items)</p> <ul style="list-style-type: none"> -mother -father -sibling(s) <p>4. How the child feels when with family (0-10)</p> <p>5. Family structure</p> <p>Relationship with Peers</p> <p>1. Percentage who shares secrets with friends</p> <p>2. Percentage who has friends at school/neighbourhood</p> <p>3. Rate of being able to talk with friends daily</p> <p>4. How the child feels when with friends (0-10 rating)</p> <p>Relationships at School</p> <p>1. Positive Relations Index (3 items)</p> <ul style="list-style-type: none"> -feeling liked by others -positive relations with at least 1 teacher -have friends at school <p>2. Harassment Index (same as under Risk and Safety)</p> <p>3. How the child feels at school (0-10 rating)</p>	<p>Personal Wellbeing</p> <p>1. How the child feels about self in general (0-10 rating) Anxiety about the Future Index (3 Items)</p> <ul style="list-style-type: none"> -anxiety about own future -anxiety about family's future -anxiety about family not having enough money <p>Perception of Relative Deprivation</p> <p>1. Percentage of children not being able to do things that they want which others can do</p>

Purpose of the study- Ayurveda addresses the difference between the child that seems to be full of never-ending energy and the one is always falling sick. The main concept regarding ayurveda immunity booster is called Bheej-Bhoomi. Higher levels of child well-being are associated with decrease risk of disease, illness, better immune functioning, and understood quality of child's lives.

Conclusion

Kaumar Kushala, or child wellbeing, is a fundamental aspect of human development and progress. While significant progress has been made in recognizing children's rights and addressing their needs, there are still challenges to overcome. It is essential for governments, communities, and individuals to work together to create a nurturing and safe environment for children, ensuring their access to education, healthcare, and protection from violence and exploitation. By investing in the wellbeing of children today, we can build a brighter and more sustainable future for generation to come. *Ayurveda* views the child as a unique individual with a specific constitution and temperament.

Hence, the approach to promoting child wellbeing in *Ayurveda* is individualized and holistic.

References

1. Kaumarbhritya Abhinav Balswasthya Chikitsa Vigyana, Prof Devendrnath Misra, Published by Chaukhambha Orientalia Varanasi. Chapter 5, page no. 90.
2. Dillip kumar G,
3. Acharya's text book of kaumarbhritya part 1st, Dr. Shrinidhi Kumar Acharya, Published by Chaukhambha Orientalia Varanasi. Chapter 73, page no. 1159.
4. Acharya's text book of kaumarbhritya part 2nd, Dr. Shrinidhi Kumar Acharya, Published by Chaukhambha Orientalia Varanasi. Chapter 9, page no. 73.
5. Acharya's text book of kaumarbhritya part 1st, Dr. Shrinidhi Kumar Acharya, Published by Chaukhambha Orientalia Varanasi. Chapter 35, page no. 484.
6. Child wellbeing document, Coordinators of the Study; UNICEF- Turkey, Ministry of Development, Authors of the Study; Assoc. Prof. Dr. Serra Muderrisoglu¹, Dr. Pinar Uyan Semerci². <https://www.unicef.org>.

Access this Article in Online	
	Website: www.ijarm.com
	Subject: Ayurvedic
Quick Response Code	
DOI: 10.22192/ijamr.2023.10.09.003	

How to cite this article:

Archana, Keerti Verma. (2023). *Kaumar Kushala* (Child wellbeing) Historical background and current scenario. Int. J. Adv. Multidiscip. Res. 10(9): 20-24.

DOI: <http://dx.doi.org/10.22192/ijamr.2023.10.09.003>