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Cradles of Care or Containers of Contagion? An Exploration of the Environmental Factors Shaping Health Outcomes in India's Child Care Institutions

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Abstract

Environmental factors, such as physical infrastructure, sanitation, and hygiene, are critical to the health, safety, and developmental outcomes of children in institutional care. While these facilities are legally required under the Juvenile Justice (Care and Protection of Children) Act, 2015 to provide safe and health-promoting environments, certain omissions persist in practice. This Study examines the environmental conditions prevalent in child care institutions in Visakhapatnam district, Andhra Pradesh, India with the goal of identifying risks caused by inadequate infrastructure, poor sanitation, and poor hygiene habits. Using structured, semi-structured questionnaires, and observation checklist, the Study noticed that sanitation-related deficiencies were pronounced and several institutions lacked proper handwashing stations, safe drinking water sources, sufficient hygiene supplies, and regular cleaning schedules. These deficiencies create high-risk environments characterised by overcrowding, dampness, poor ventilation, and unsafe surfaces that aid in the spread of communicable diseases such as skin infections, respiratory illness, diarrhoea, and infestations, as well as increased exposure to physical hazards such as slippery floors, exposed wiring, and blocked emergency exits. The Study points out that environmental neglect in child care institutions is a systemic harm to child well-being and is a violation to rights of the children. Such situations directly violate the right to live with dignity guaranteed by Article 21 of Indian Constitution, as well as Articles 24 and 27 of UNCRC on health and adequate standards of living. Robust accountability mechanisms are required to ensure that child care institutions do not serve as sites of exposure and injury, but rather as spaces of safety, healing, and rights-based care.

INTRODUCTION

Child Care Institutions (CCIs) are intended to provide protective environments for children who, due to a variety of socioeconomic, familial, or legal conditions, are deprived of parental care or classified as requiring state intervention. These institutions are meant to provide not only custodial care but also comprehensive developmental support including physical, emotional, and psychological.[1] However, there exists a major gap between statutory commitments and the real-life experiences of children in institutional care. One of the most neglected and structurally rooted issues is the state of the environmental conditions in which these children are raised.[2]

Environmental determinants such as ventilation, waste disposal systems, handwashing facilities, access to potable water, and secure sleeping arrangements are fundamental for any institution claiming to protect best interests of children.[3] These are not auxiliary requirements, but rather the basic necessities for protecting the rights of children. The repercussions of their absence or insufficiency are not just physical but also moral. A poorly

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ventilated, unhygienic, and physically hazardous environment is detrimental to the wellbeing of children who have already suffered from dislocation, trauma, or neglect.[4]

The opacity of this issue makes it all the more significant. Physical environments are frequently perceived as static, neutral settings, whereas in fact they are dynamic contributors to health hazards and psychosocial stress. Unlike more visible types of abuse or neglect, environmental degradation in CCIs rarely receives persistent attention. Food served in unhygienic areas, leaky walls, and non-flushing toilets are signs of a more serious institutional negligence than simple infrastructure issues.

Visakhapatnam, described by a mix of urban and semi-urban areas and known for its typological diversity and administrative importance in the state of Andhra Pradesh, India serves as an appropriate location to investigate the environmental standards prevalent in CCIs. The climatic conditions of the region, characterised by high humidity and seasonal rains, exacerbate problems linked with dampness, poor drainage, and pest infestations, making environmental quality an even more important factor in institutional care.

While much of the literature on CCIs focusses on psychosocial support, child participation, and legal compliance, the environmental dimension has received less attention, particularly from the perspective of empirical and rights-based evaluation. At the theoretical level, the Study is based on the environmental justice paradigm, which holds that marginalised communities are disproportionately exposed to environmental threats. Children in CCIs, who are already socially marginalised, have additional vulnerabilities when the institutions designed to safeguard them turn against them. From shared bedding that promotes the transmission of skin infections to overcrowded dorms that operate as amplifiers for airborne diseases, the environmental architecture of CCIs acts as a hidden but powerful factor in affecting health outcomes.[5]

Furthermore, the Study is concerned with the adequacy, accessibility, and functionality of CCIs rather than their mere presence or absence. A restroom without privacy, a handwashing station without soap, or a sick room without ventilation all indicate an institutional failure to transform legal standards into actual protections.[6] These are failures in persistent monitoring, budgeting, and political will rather than in intent. As a result, the situation necessitates systemic overhaul rather than merely technical adjustments.

To that end, this Study examines both empirical data and broader legal discourse, noting that any assessment of environmental hazards in CCIs must be founded on both empirical observation and rights-based frameworks. It raises fundamental questions such as do institutional environments allow children to live with dignity? are they compatible with international and national child protection standards? Most importantly, can they be redesigned as true therapeutic environments rather than as containers of vulnerability? This Study aims to highlight the institutional blind spots that allow environmental neglect to continue and argues for integrative measures that combine legal enforcement, policy innovation, and participatory monitoring to elevate environmental health as a non-negotiable aspect of child care.

2. LEGAL FRAMEWORK

Environmental determinants of health in CCIs are becoming more widely recognised as both a public health concern and a substantive child rights issue.[7] The need to maintain standards of physical infrastructure, sanitation, and hygiene in CCIs is based on a multi-tiered legal framework that includes international treaties, constitutional protections, and national legislation. Together, these frameworks establish a comprehensive legislative obligation to ensure that CCIs promote overall development and well-being of children.

UNCRC and the Right to a Safe and Healthy Environment

The commitment of India towards preserving rights of the children stems from its ratification of the United Nations Convention on the Rights of the Child (UNCRC) on 11th December 1992.[8] This legally binding international convention is the most extensive legal instrument dealing with rights of the children and it serves as the framework for the establishment and implementation of child protection policies in India.

Article 24 of the UNCRC affirms the right of every child to the attainment of best possible standard of health.[9] It requires States to adopt reasonable measures to reduce newborn and child mortality, combat disease and malnutrition, and ensure every child has access to adequate potable water and nutritious

foods.[10] These factors are clearly linked to environmental determinants and are especially important in the context of CCIs where children rely totally on the State or authorised caretakers to provide their fundamental requirements. Article 27 of the UNCRC reinforces this link by ensuring that every child has access to a standard of living sufficient for their physical, mental, spiritual, moral, and social development.[11] Adequate living conditions in CCIs must include access to material assistance and support programs related to nutrition, clothing and housing which are necessary for the development of children under institutional care.

The General Comment No. 15 (GC-15) of the Committee on the Rights of the Child (Committee) provides further elaboration on Article 24 of the UNCRC.[12] Access to safe drinking water and sanitation is considered as crucial for fulfilling human rights and quality of life.[13] It emphasizes upon the responsibility of the government departments and local bodies responsible for water and sanitation in promoting the rights of children.[14] Child health indicators, such as malnutrition, diarrhoea, and water-related diseases, as well as household size should be considered when planning and maintaining infrastructure and making decisions on free minimum allocations.[15]

Local environmental pollution is a threat to health of children in all places including CCIs. The Committee advocates that a healthy upbringing requires adequate housing, including non-dangerous cooking facilities, a smoke-free environment, proper ventilation, waste management, litter disposal, mould and toxic substance removal, and domestic hygiene.[16] The Committee directs the States to control and monitor the environmental impact of economic operations that might adversely impact food security, access to safe drinking water and sanitation, and well-being of children.[17]

These fundamental affirmations in GC-15 are greatly strengthened by General Comment No. 26 (GC-26) which articulates rights of the children in the context of environmental concerns, ecological degradation, and climate change.[18] While retaining the importance of water and sanitation, GC-26 broadens the scope of environmental determinants to include air quality, exposure to hazardous substances, unsustainable land use, and physical infrastructure.[19] GC-26 acknowledges the right of children to a clean, healthy, and sustainable environment as a necessary precondition for the enjoyment of all other rights under UNCRC.[20] It expressly advocates for the incorporation of environmental protection into all aspects of child-centred governance, including housing regulations, public health planning, and institutional care procedures.[21] In the context of CCIs, this implies a responsibility to design institutions that are not only functionally hygienic but also climate-resilient, structurally safe, and environmentally sound.

GC-26 also advocates for participatory environmental governance which includes the perspectives of children in decisions that affect their surroundings.[22] Within CCIs, this translates into establishing systems for institutional feedback from children on matters related to hygiene, sanitation, and infrastructure safety. This participatory approach is more than just procedural as it represents the recognition of children as having rights and control over the factors that impact their daily lives.

The Committee urges States to take specific regulatory, legislative, and administrative measures to protect children, particularly those in vulnerable situations such as institutional care, from environmental hazards that endanger their development and survival.[23] It emphasises the necessity of monitoring cumulative environmental threats and ensuring that infrastructure developments such as water pipelines, sewage blocks, and ventilation systems follow environmental safety standards. The Committee also calls for disaster risk reduction methods in CCIs, particularly in light of the growing hazards posed by climate-related disasters such as floods, heatwaves, and outbreak of vector-borne diseases.[24]

Constitutional Provisions

The Constitution of India (Constitution) further reinforces the obligations derived from these international laws by recognizing environmental health as an inherent component of Article 21 which was broadly interpreted by the judiciary to include the right to a healthy environment, the right to health, and the right to live with dignity.[25] In Francis Coralie Mullin v. Administrator, Union Territory of Delhi,[26] SC held that the right to human dignity and all that goes along with it such as adequate nutrition, clothing, shelter, and facilities for reading, writing, and self-expression, are part of the right to life under Article 21. This interpretation has played a significant role in establishing that living conditions in CCIs must adhere to fundamental human norms, which inevitably include environmental factors like infrastructure and sanitation. In the case of State of M.P. vs. Kedia Leather and Liquor Ltd. and Others,[27] SC ruled that pollution of the environment, ecology, air, and water constitutes a violation of the right to life guaranteed under Article 21. A clean atmosphere is essential to living a healthy existence.

Without a healthy and compassionate environment, the right to live with human dignity is rendered illusory.

Article 39(e) and Article 39(f) of the Constitution directs the State to ensure that children are not forced to enter vocations that are inappropriate for their age and strength, and that they are protected from abuse and moral and material desertion.[28] Furthermore, Article 47 of the Constitution directs the State to enhance public health and improve the standard of living and nourishment of its citizens.[29] The relevance of these provisions to CCIs lies in the implied duty to provide safe, non-exploitative, and health-conducive environments to children. These provisions of the Constitution, when interpreted in conjunction with the UNCRC, establish that children in institutional care have a justiciable right to environmental safety. It is the responsibility of the State to not just prevent harm but also foster favourable conditions for development of children in CCIs.

Juvenile Justice Act and Model Rules

The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) is the primary legislative instrument controlling care, protection, and rehabilitation of children in conflict with law and children in need of care and protection in India. The JJ Act gives distinct roles to both State and non-State actors and provides extensive guidelines for the creation, administration, and oversight of CCIs. The JJ Act recognises CCIs as places for holistic development rather than as mere passive shelters.

Section 41 of the JJ Act mandates the registration of all the CCIs.[30] Section 54 of the JJ Act mandates the appointment of inspection committees by State government to oversee all registered or recognized CCIs.[31] The inspection committees are tasked with conducting regular inspections to ensure the safety, security, and welfare of the children living in CCIs. The Juvenile Justice (Care and Protection of Children) Model Rules, 2016 (JJ Rules) outline the specific requirements for the environmental conditions in CCIs. When it comes to physical infrastructure, JJ Rules requires that there be sufficient space and age-appropriate child friendly facilities, adequate lighting, ventilation, potable water, and necessary emergency equipment.[32] It also necessitates the provision of separate living spaces in accordance to age and gender, sick rooms, hygienic kitchens, and facilities for counselling and recreation.

JJ Rules also addresses the basic sanitation and hygienic safeguards that every CCI must uphold for the wellbeing of children.[33] These include the provision of safe and treated drinking water accessible through RO systems or filters, a sufficient supply of hot and cold water for institutional maintenance and personal hygiene, properly maintained drainage and waste disposal systems, and protective measures such as mosquito nets and annual pest control. It also necessitates the provision of well lit, airy, clean and proportionately numbered toilets and bathrooms, daily floor sweeping and mopping, routine fumigation of isolation rooms in the event of an infectious disease, and disinfection of bedding. Kitchens must be fly-proof and kept clean, with strong food hygiene and utensil sanitation practices. Medical centres within CCIs are also required to maintain rigorous cleanliness, while storerooms must be pest-proof and well-maintained.

Together, these provisions demonstrate a comprehensive understanding that environmental safety is a fundamental component of child care. The way these standards are stated in the statutes emphasises that the environment in which institutionalised children reside is inseparable from their fundamental right to health and dignity. Through Mission Vatsalya (Mission), the Central and State government render financial and operational support for CCIs.[34] Evolving from the earlier Integrated Child Protection Scheme (ICPS), this Mission aims to establish a protective, responsive, and conducive environment for children in both institutional and noninstitutional care.[35] It allocates specific funds for necessary elements including building and maintaining physical infrastructure, sanitary facilities, systems for clean and potable water, hygiene kits, pest control, and emergency medical assistance in CCIs and places a strong emphasis on convergence with allied services, decentralised planning through District Child Protection Units, and annual capacity building of staff to ensure that environmental standards are not only codified but continuously enforced and adapted to evolving needs of children.[36]

3. METHODOLOGY

This Study forms a component of broader socio-legal research aimed at evaluating the implementation of healthcare laws, policies, and programmes in safeguarding the wellbeing of children in need of care and protection in Visakhapatnam district in the State of Andhra Pradesh, India.

An integrated approach to research which combined quantitative and qualitative methodologies was adopted. Data was collected using structured and semi-structured tools. Questionnaires were distributed

to 900 children (aged 6-18) selected at random from 45 CCIs. In addition, 45 institutional in-charges and 5 healthcare experts were purposively selected. Observation checklists were utilised to evaluate indicators such as the availability of clean drinking water, functional sanitation units, safe waste disposal, and overall property maintenance. Semistructured interviews with healthcare professionals and institutional in-charges provided valuable insights into implementation issues and gaps in compliance.
The acquired data was statistically and thematically analysed. Quantitative responses were examined using Jamovi, while qualitative data from interviews and field observations were thematically analysed using NVivo. A doctrinal study of secondary sources such as international and national statutes, policy guidelines, and official reports was also carried out.

4. FINDINGS AND ANALYSIS

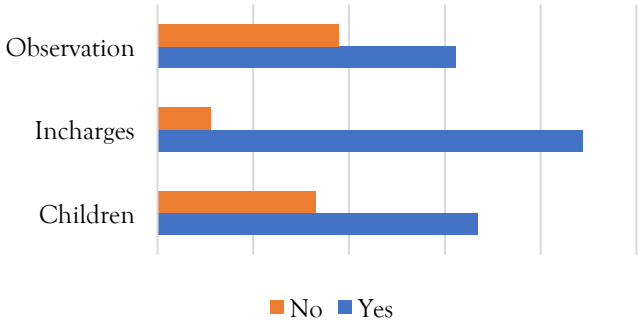
The empirical results show discernible discrepancies between the actual physical environment conditions in CCIs in Visakhapatnam district and the legislative norms governing CCIs. Varying degrees of compliance are found in the examination of the three key domains, namely, infrastructure, sanitation, and hygiene, indicating areas that need improvement in order to improve child health outcomes.

Adequate Space for Movement

Table 1 indicates that 63.4% of children and 60% of institutional incharges reported the availability of adequate space for movement within CCIs, whereas observational data validated the compliance in 80% of CCIs. This discrepancy implies that legal conformity is not always equivalent to functional compliance. Even when minimum area standards are met, the usability of space can be compromised by clutter, multipurpose usage, or overcrowding. From an environmental perspective, lack of space exacerbates the negative impacts of inadequate air circulation and increases the risks of disease transmission.[37] A crowded atmosphere also undermines the liberty, privacy and safety among children.

Table 1: Adequate Space for Movement

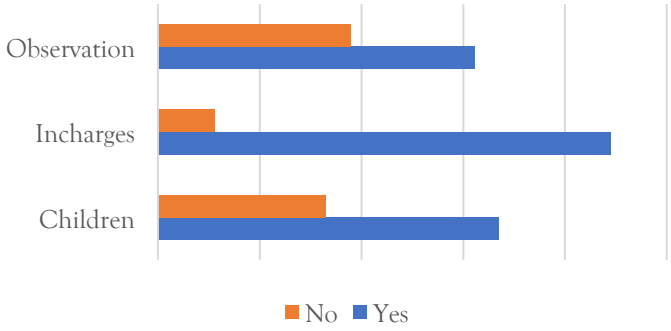
Children	% of Total
Yes	63.70%
No	36.30%
Incharge	**% of Total**
Yes	60.00%
No	40.00%
Observation	**% of Total**
Yes	80.00%
No	20.00%



Separate Living Spaces

Table 2 indicates that 75.8% of children 64.4% of incharges reported the presence of separate living spaces. Observational data validated the compliance in 64.4% of CCIs, which may indicate interpretation by children through the lens of informal arrangements and a more structured criteria aligned with statutory norms by the incharges and Researcher. Separate living spaces are essential for cleanliness, privacy, and minimising interpersonal disputes. Lack of this segregation can be detrimental to physical and mental health of children, particularly in CCIs which are housing both girls and boys.[38]

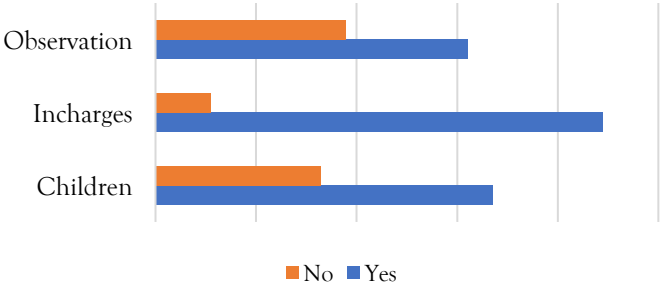
Table 2: Separate Living Spaces	
Children	**% of Total**
Yes	75.80%
No	24.20%
Incharge	**% of Total**
Yes	64.40%
No	35.60%
Observation	**% of Total**
Yes	64.40%
No	35.60%



Proper Lighting and Ventilation

Table 3 indicates that while 69.9% of children and 55.6% of incharges reported the presence of appropriate lighting and ventilation. The observational data validated the compliance in 55.6% of CCIs. Children may view partial ventilation or intermittent daylight as appropriate whereas institutional incharges and Researcher assess these parameters using statutory norms. Serious consequences of inadequate lighting and ventilation can include increased susceptibility to respiratory infections, eye strain, disrupted sleep cycles, and negative impacts on mood and concentration.[39]

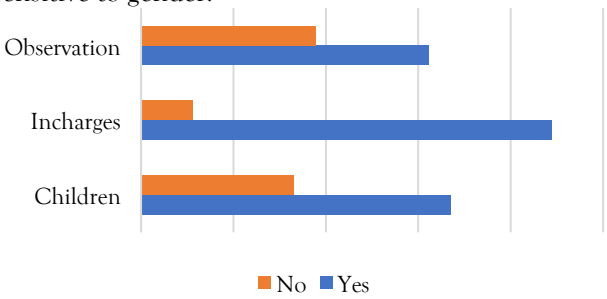
Table 3: Proper Lighting and Ventilation	
Children	**% of Total**
Yes	**69.90%**
No	**30.10%**
Incharge	**% of Total**
Yes	**55.60%**
No	**44.40%**
Observation	**% of Total**
Yes	**55.60%**
No	**44.40%**



Adequate Toilets and Bathrooms

Table 4 indicates that 61.3% of children and 57.8% incharges reported having access to sufficient toilets and bathrooms. Observational data validated the compliance in 53.3% of CCIs. This disparity highlights infrastructure deficiencies, especially in CCIs housing larger number of children where overuse, neglected maintenance, and inadequate facilities increase the risks of health issues such as urinary tract infections, and menstrual health problems.[40] These results emphasise the necessity of sanitary planning in CCIs that is inclusive of people with disabilities and sensitive to gender.

Table 4: Adequate Toilets and Bathrooms	
Children	**% of Total**
Yes	61.30%
No	38.70%
Incharge	**% of Total**
Yes	57.80%
No	42.20%



Observation	% of Total
Yes	53.30%
No	46.70%

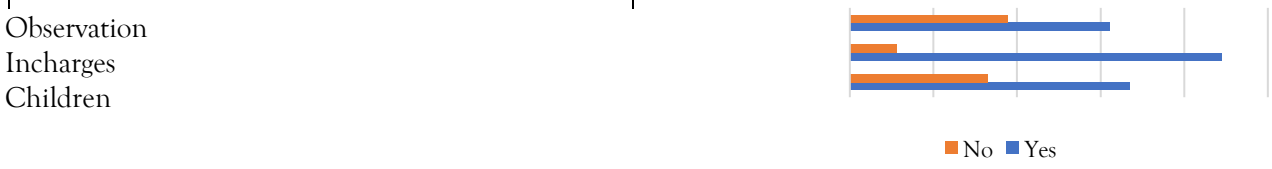
Availability of Clean and Safe Drinking Water

Table 5 indicates that 63.8% of children and 86.7% of incharges reported the consistent availability of clean and safe drinking water. Observational data validated the compliance in 71.1% of CCIs. This disparity emphasises the significance of regular maintenance of water storage facilities and filtration units as well as the necessity of including opinions of children during environmental audits. There is an urgent need for corrective action in this area because irregular availability to clean water can lead to epidemics of diarrhoeal illnesses and chronic dehydration in children.[41]

Observation	% of Total
Yes	71.10%
No	28.90%

Table 5: Availability of Clean and Safe Drinking Water

Children	% of Total
Yes	63.80%
No	36.20%
Incharge	**% of Total**
Yes	86.70%
No	13.30%

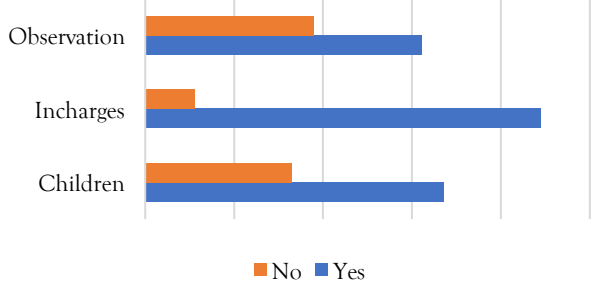


Regular Cleaning and Fumigation

Table 6 indicates that while 61.4% of children and 75.6% of incharges claimed regular cleaning and fumigation, observational data validate the compliance in 57.8% of CCIs. This discrepancy points to either inconsistent cleaning schedules or inadequate oversight of the housekeeping staff. Inadequate fumigation contributes to pest infestations and makes children more vulnerable to vector-borne diseases.[42]

Table 6: Regular Cleaning and Fumigation

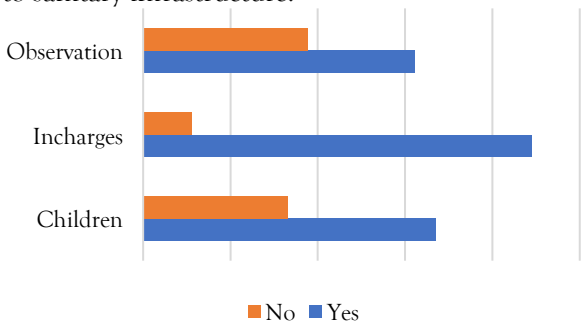
Children	% of Total
Yes	61.40%
No	38.60%
Incharge	**% of Total**
Yes	75.60%
No	24.40%
Observation	**% of Total**
Yes	57.80%
No	42.20%



Proper Waste Disposal and Management

Table 7 indicates 67% of children and 88.9% of incharges confirm that suitable waste disposal mechanisms are in place. However, observational data validated the compliance in 62.2% of CCIs. The overall hygiene of CCIs is put at risk by ineffective waste management systems which create an atmosphere that is favourable to flies, rodents, and microbial growth.[43] Also, the persistent disregard for menstrual waste disposal highlights a genderinsensitive approach to sanitary infrastructure.

Table 7: Proper Waste Disposal and Management	
Children	**% of Total**
Yes	67.00%
No	33.00%
Incharge	**% of Total**
Yes	88.90%
No	11.10%
Observation	**% of Total**
Yes	62.20%
No	37.80%



5. CONCLUSION

This Study finds a discrepancy between the norms set by laws and policies and the realities that are reported and seen in CCIs. While some CCIs meet required infrastructure standards others face persistent challenges ranging from resource constraints to procedural failures that may impede the consistent provision of environments favourable to health, safety, and dignity of children. Overcrowding, poor sanitation, and irregular access to clean and safe drinking water are few examples of environmental deficiencies that should not be viewed as isolated incidents but rather as signs of systematic negligence that jeopardise the quality of care. These material conditions shape daily lives of children and have long-term implications for their physical, emotional, and psychological development.

Under such circumstances, the assurance of dignity which is a cornerstone of both constitutional and international child rights frameworks becomes tenuous. The consistent failure to meet minimum environmental standards renders many CCIs closer to containment sites than nurturing spaces. This not only raises issues about wellbeing of children but also challenges the very legitimacy of institutional care as a protective mechanism.

To overcome this impasse, it is critical to rethink environmental health as a non-negotiable component of child wellbeing. Multidimensional reforms are required, including infrastructure upgrades, systematic environmental audits, child-led grievance systems, and participatory governance. Importantly, children must be regarded not as passive beneficiaries of care but as agents whose thoughts and experiences can help CCIs evolve.

Ultimately, whether CCIs remain containers of contagion or grow into true cradles of care depends on the willingness of policymakers, administrators, and civic society to emphasise environmental dignity as vital to child welfare. Transforming CCIs into therapeutic environments is essential to fulfilling the promise of care that the State extends to its most vulnerable citizens.

ETHICAL CONSIDERATIONS

Informed consent was obtained from all participants, including in-charges and children under institutional care, and healthcare professionals. A special attention is given to protect privacy of the children. Confidentiality of the data was maintained throughout the Study.

CONFLICT OF INTEREST: The are no conflicts of interest.

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