

The Situation of Children in India

A Profile



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Of Growth, Gains and Gaps

The story of India is one of growth, gains and gaps. With an economy that is going from strength to strength, benefiting from the demographic dividend of a young and growing workforce, this largest democracy of the world is also home to the largest number of children in the world.

With this growth come real gains for India's children and women. Increased government allocations to social sector programmes in line with its commitment to inclusive growth, a progressive policy environment and slew of social protection schemes, and the strength of decentralised planning and governance through the Panchayati Raj system - all contributing to improving the lives of India's children and women.

But with nearly half a billion children in this country, a lot more remains to be done to ensure the survival, growth and development of India's greatest asset: its children. Stubbornly high malnutrition rates, poor sanitation and persistent disparities between

states, social groups and the rich and the poor are just some of the obstacles we face in ensuring that *every* child is reached.

The statistics in this publication tell the story of people's lives. Behind each number is the story of a woman, a mother, an adolescent, a child. A story of the opportunities and the obstacles they face in accessing basic services and realising their rights in a way that is equitable and non-discriminatory.

UNICEF is committed to ensuring that every child is reached and putting the last child first. This is our mission where success will not be claimed until there is real and lasting change for children, all children.



Karin Hulshof
Representative, UNICEF India

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Introduction

India is home to the largest number of children in the world, significantly larger than the number in China.¹ The country has 20 per cent of the 0-4 years' child population of the world. The number of live births in the country is estimated to be 27 million,² which again constitutes 20 per cent of the total number of live births in the world. Although the number of births is expected to gradually go down in the coming years, the relative load of India in the world in terms of child population is not going to lessen significantly for a long time to come. Therefore, the progress that India makes towards achieving the Millennium Development Goals (MDGs) and targets related to children will continue to determine the progress that the world will make towards achieving the MDGs.

The analysis of the situation of children and women in India would be incomplete without paying attention to the disparities that exist

between and within states, and the inequalities that persist among different subgroups of the population, notably women and girls, Scheduled Castes, Scheduled Tribes. Disparities can be identified across several vectors: geography (between and within states, districts, and sub-district level), social identity, and gender being the most notable. National data establishes that approximately 100 million children are in the poorest wealth quintile.³ One half of all the poor children belong to the Scheduled Castes and Scheduled Tribes groups and they continue to be at a significant disadvantage in terms of MDGs 1, 2, 3, 4, 5 and 7. Vulnerabilities associated with rapid urbanisation and the effects of violence also need to be addressed to reduce inequalities in outcomes for children. Placing children at the heart of "Inclusive Growth" strategies will ensure India's continuing progress on the economic, social and political fronts.



The world food crisis followed by the global financial meltdown and subsequent economic recession during 2008-2010 impacted India's economy like many other developing countries. Notwithstanding the upheavals, India's economic progress remained resilient enough to register a growth rate of 6.7 per cent in 2008-2009 and 7.4 per cent in 2009-2010.⁴ According to the latest estimates 37 per cent⁵ of the population in India lives below the poverty line, signifying the inequity in distribution of wealth and household income. Despite the difficult fiscal situation, the Government of India has continued to increase allocation in social sector programmes including health and education, in line with its commitment to "Inclusive Growth."

Child Mortality and Health

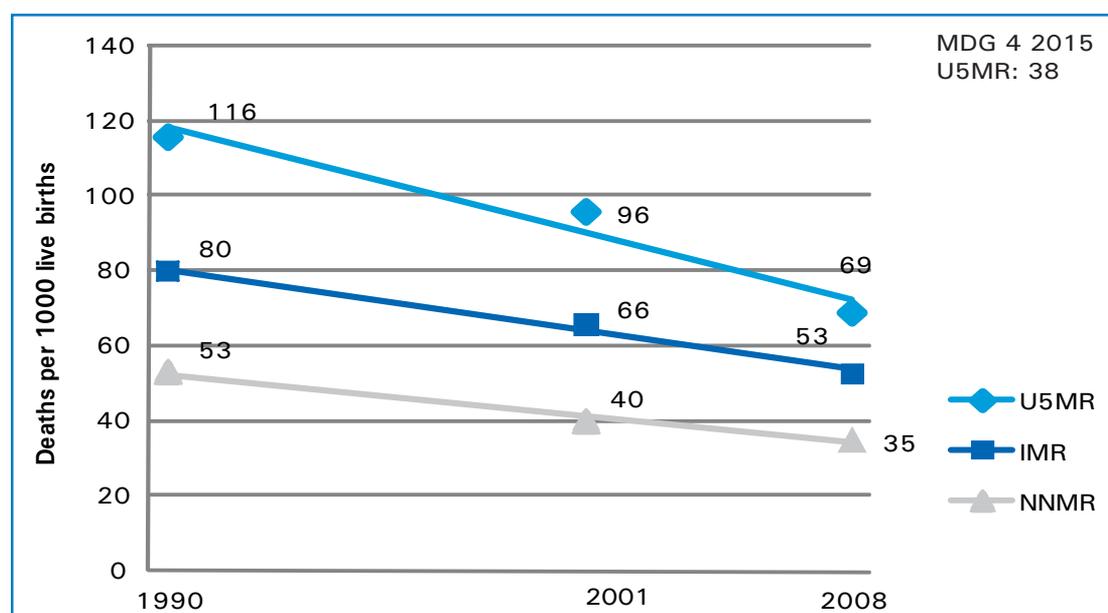
India contributes to more than 20 per cent of the child deaths in the world. Therefore, the centrality of the discourse on child survival in the larger discussion on well being of children in a country like India cannot be emphasized enough. In India about 1.83 million⁶ children die annually before completing their fifth birthday – most of them due to preventable causes. Figure 1 highlights the progress of different components of child mortality in India

viz. Under-five Mortality Rate (U5MR), Infant Mortality Rate (IMR) and Neonatal Mortality Rate (NNMR) since 1990.⁷

It is clear that with the current rate of progress India is likely to miss the MDG 4 (Goal 4) on child mortality. While the U5MR fell by about 41 per cent between 1990 and 2008, the IMR declined by 34 per cent during the corresponding period. This was mainly due to the fact that the NNMR, which contributes to two thirds of infant deaths, did not fall appreciably. The early neonatal mortality (within a week) which contributes to about 50 per cent of total infant deaths declined by only 27 per cent during the corresponding period.⁸

While India has made significant gains in child survival in the age-group 1-4 years since 1990 (56 per cent decline) the overall decline in child mortality was largely hindered by subdued progress in the area of neonatal deaths, especially within the first week of birth. This certainly raises concern on issues around reproductive health of mothers and early childhood care in terms of access, use and quality of the service delivery systems. One of the targets of the Government of India's 11th Plan is to achieve by 2012 an anaemia-prevalence rate of 26 per cent among women between 15-49 years of age. About 56 per cent of currently married women have a haemoglobin level below 12 g/dl and the prevalence

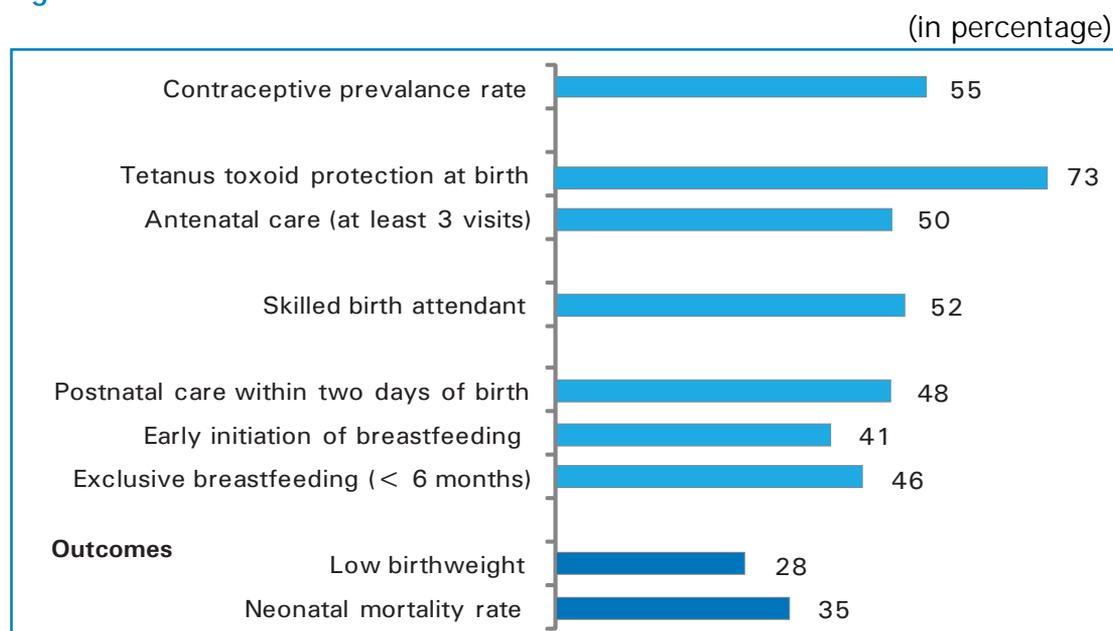
Figure 1: Child Mortality in India



Reducing neonatal deaths requires improving women’s health during pregnancy, providing appropriate care for both mother and newborn during and immediately after birth and caring for the baby during the first weeks of life. Cost-effective, feasible interventions include initiating breastfeeding within one hour of birth, ensuring proper cord care, keeping the baby warm and dry, recognizing danger signs and seeking help and giving special care to infants with low birthweight.⁹

Figure 2 shows the key neonatal survival interventions in India.¹⁰

Figure 2: Neonatal survival interventions in India



of anaemia among girls in the age-group 15-19 years is also the same. About one third of the currently married women in the age-group 15-49 years have Body Mass Index (BMI) less than 18.5 kg/m² and about 47 per cent girls in the age-group 15-19, have BMI less than 18.5 kg/m².¹¹ Both factors are strongly correlated with low birth weight and thus with unfavourable outcomes for the mother (increased risk of maternal deaths) and the neonate. This highlights the need to have focused interventions for improving maternal nutrition and adolescent anaemia.

It is clear from above that the coverage levels of key interventions remain sub-optimal¹² and require increased efforts to secure improved survival chances for children in their early stages of life. This will also contribute to improving maternal health and reduce maternal mortality. The level of contraceptive use has been low and terminal methods of sterilisation, which are not very effective in spacing between

the deliveries, had the major share among the different methods used.

Only four diseases – respiratory infections, diarrhoeal diseases, other infectious and parasitic diseases and malaria – account for about half of under-five deaths in India.¹³ Respiratory infections and diarrhoeal diseases together contribute to 36 per cent of all deaths in children under five years of age. If neonatal deaths are excluded the proportion of deaths due to the above causes would be larger, and most of these are preventable through proper low cost preventive measures and treatment. Table 1 gives the coverage and progress (since 1998-1999) on preventive and treatment measures in India.¹⁴

Although coverage rates for vaccinations have significantly improved in the recent past, a lot more needs to be done to protect children with all vaccinations. According to data available from

Table 1: Coverage on preventive and treatment measures for child health in India - 1998–1999, 2002-04, 2005–2006 and 2007–2008

Indicator	District Level Household Surveys		National Family Health Surveys	
	2002-04	2007-08	1998-99	2005-06
Children age 12-23 months received DPT 3 vaccine (%)	58	64	55	55
Children age 12-23 months received measles vaccine (%)	63	69	51	59
Children age 12-23 months received all vaccinations (%)	46	54	42	44
Children with diarrhoea in last two weeks treated with oral rehydration solution and gruel (%)	-	-	42	46
Children with acute respiratory systems taken to a health facility or provider (%)	-	-	64	69

the District Level Household Survey (DLHS) for the year 2007-2008, the coverage rate for treatment with only oral rehydration solution (ORS) is 34 per cent. These are not significant improvements from the earlier rates even if one were to make adjustments in the figures for comparability purposes. The recommended preventive measures for diarrhoea among children include improved water, sanitation and hygiene, better nutritional status, exclusive breastfeeding for children up to six months and continued breastfeeding until two years and beyond, immunization and micro-nutrient intakes such as Vitamin A and Zinc. While the discussion on water, sanitation, hygiene and child nutrition will follow, it would be important to mention here that the current level of Vitamin A intake in the country is very low. According to the National Family Health Survey (NFHS) 3 (2005-2006) only 18 per cent of children aged 6-59 months had received at least one dose of Vitamin A in the last six months. The DLHS 3 (2007-2008) reports that only 19 per cent of children aged 12-35 months had received 3-5 doses of Vitamin A.

Child Malnutrition

Globally, more than one third of under-five deaths are attributable to under-nutrition.¹⁵ About 20 per cent of children under-age five in India are wasted, 43 per cent underweight and 48 per cent stunted.¹⁶ In terms of numbers about 54 million children under five years in India are underweight which constitutes about

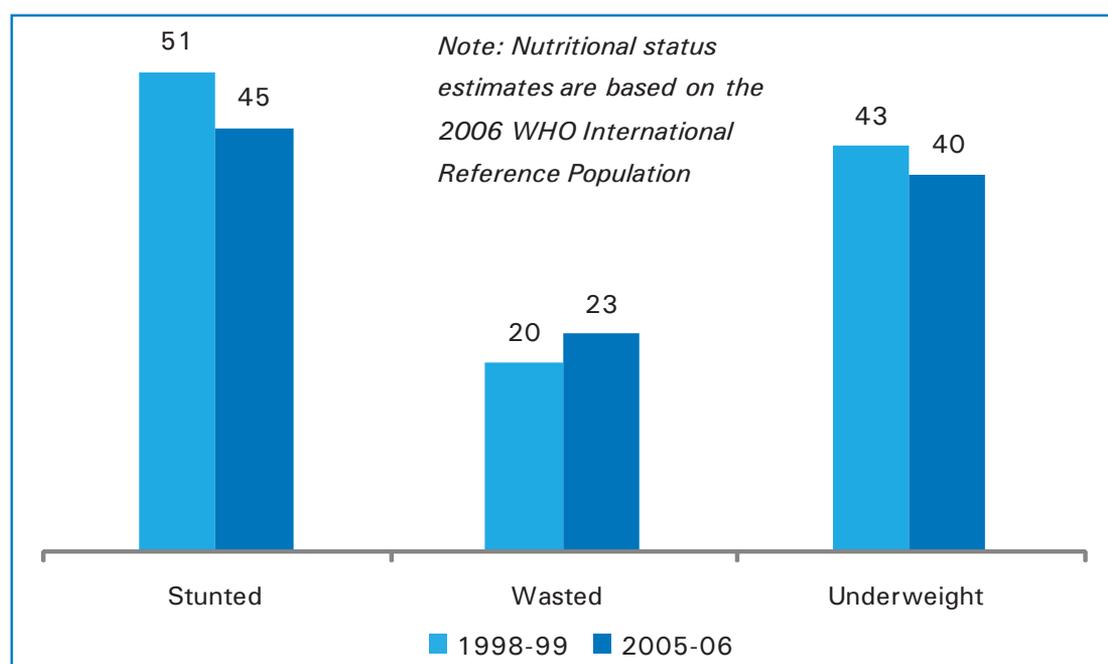
37 percent of the total underweight children in the world.¹⁷ In India, 25 million children under five years are wasted and 61 million are stunted, which constitutes 31 per cent and 28 per cent of wasted and stunted children respectively in the world. Figure 3 depicts the trends in stunting, wasting and underweight status.¹⁸

It is clear that India is not likely to reach the MDG on child malnutrition, which uses children underweight as the indicator. Since the MDGs were adopted in the year 2000, knowledge on causes and consequences of under-nutrition has greatly improved.¹⁹ It is now being recognized that the greatest vulnerability to nutritional deficiencies is during the period of the mothers' pregnancy and continues until age two.



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Figure 3: Trends in stunting, wasting and underweight status of children age three years, India - 1998-1999, 2005-2006



Therefore, there is a critical window of opportunity to prevent under-nutrition – while the mother is pregnant and during child’s first two years of life – when proven nutrition interventions offer children the best chance to survive and reach optimal growth and development; after that window closes, the damage to children is largely irreparable. There is a growing emphasis on the problem of stunting (measured by height for age) and anaemia in the first two years of life as they not only impact child survival and growth, but also result in diminished cognitive development, school performance and physical development. This also has an adverse inter-generational impact in terms of productivity, poverty, and for women, higher risk of pregnancy-related complications and low birthweight babies which in turn, reinforces the vicious cycle of under-nutrition. Therefore, there is a need to increase the programme focus on chronic under-nutrition in particular.

Marked reductions in child under-nutrition can be achieved through improvements in women’s nutrition before and during pregnancy, early and exclusive breastfeeding in the first six months of life, and good quality complementary feeding with continued breastfeeding for children 6-23

months old with appropriate micro-nutrient interventions.²⁰ It has already been seen above that the nutritional status of women in the reproductive period is poor and breastfeeding practices rates are sub-optimal and micronutrient intake is far from satisfactory. Complimentary feeding practices (which is considered to be most effective intervention for reducing stunting) are low as only 57 per cent²¹ of infants 6-9 months are fed complementary foods in a timely manner and only 22 per cent of breastfed children 6-23 months old are fed with three or more food groups and minimum number of times.²²

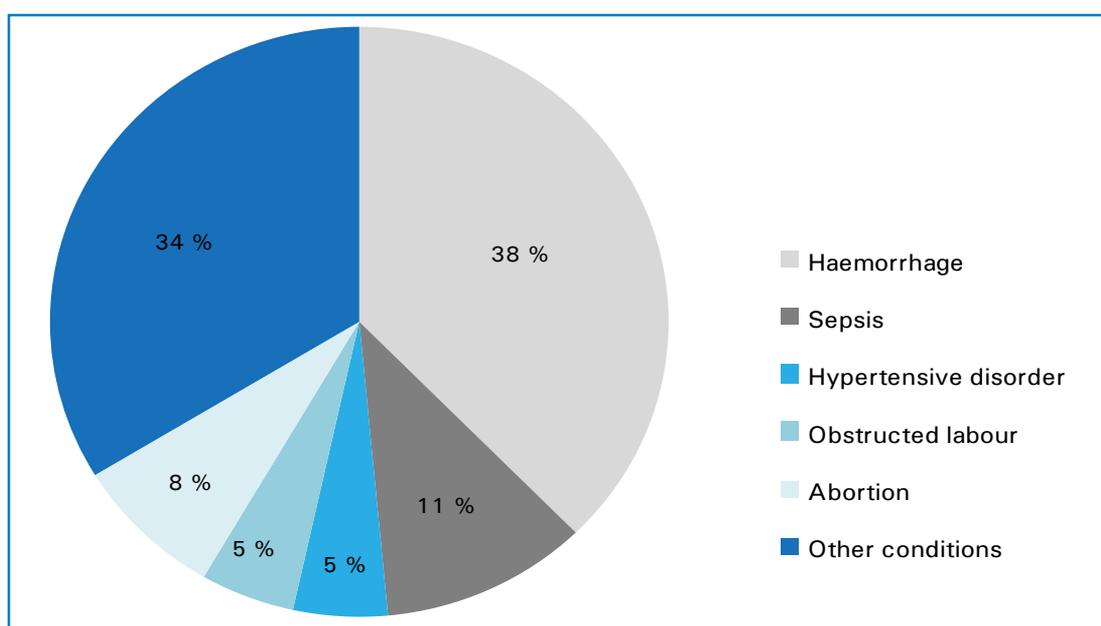


Maternal Health

The factors that cause pre-term birth and neonatal deaths are also largely responsible for maternal deaths. The poor status of women's health, nutrition and care during pregnancy has been adequately highlighted in the discussion above. The Maternal Mortality Ratio (MMR) for India for the period 2004-2006 was 254 per

by maternal anaemia, contribute to almost half of the maternal deaths. Women with chronic malnutrition are vulnerable to obstructed labour. The specific interventions that can reduce the elevated risk of morbidity and mortality due to complications before, during and after birth are antenatal care, skilled attendance at birth, emergency obstetric care, post-partum care, contraception and family planning delivered across a continuum of

Figure 4: Causes of maternal deaths in India - 2001-2003



100,000 live births, which declined from 301 estimated during 2001-2003.²³ According to the latest estimates developed by the UN Inter-agency group, the MMR for India in 2008 is 230.²⁴ The availability of data on MMR in India in the past was sporadic. If one considers the MMR obtained from the first National Family Health Survey conducted in 1992-1993 as the starting point of MDG 5, India has to reach 108 in 2015, a target, which seems to be a challenge at the current rate of progress.²⁵ The MMR estimated for India by UN Inter-agency group for the year 1990 is 570, re-setting the MDG target for 2015 as 143 and thus, acknowledging that India is 'making progress' so far as the MDG Goal is concerned.²⁶

Figure 4 gives the causes of maternal deaths in India.²⁷

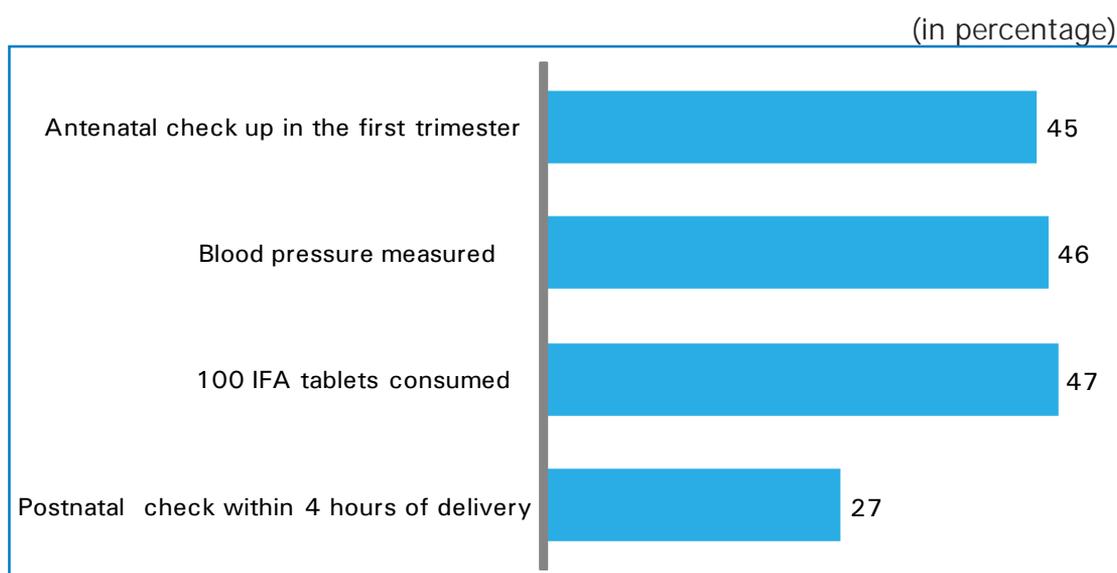
The figure above shows that haemorrhage and sepsis which are predisposed to a great extent

care.²⁸ It is known that the antenatal care services and skilled delivery care remain low and about 59 per cent of women have had no postnatal check up at all.²⁹ In 2005, India introduced the cash assistance scheme for institutional delivery with the objective of reducing maternal mortality and neonatal mortality.³⁰ This has improved the percentage of institutional deliveries from 41 per cent in



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Figure 5: Quality of maternal care in India



2005-2006 to 47 per cent in 2007-2008.³¹ However, the quality of maternal care is lacking as is seen from the Figure 5 on some of relevant indicators.³²

Reducing the number of unwanted pregnancies reduces the risk of maternal deaths. The contraceptive prevalence rate is only about 55 per cent leaving the rest of the women exposed to the risk of pregnancy, in many cases unwanted. Unmet need on contraception (limiting and spacing) is 21 per cent.³³ About 16 per cent of girls in the age-group 15-19 have begun childbearing (either have had a live birth or pregnant with the first child).³⁴ The poor status of health of child-bearing adolescents, coupled with physiological immaturity elevates the risk of maternal and perinatal deaths. The adolescent fertility in India is a consequence of early marriage. About 43 per cent of currently married women in the age-group 20-24 married before age 18 years, a marginal decline from the level of 50 per cent in 1998-1999.³⁵

Water, Sanitation and Hygiene

The combined effects of inadequate sanitation, unsafe water supply and poor personal hygiene are responsible for 88 per cent of childhood

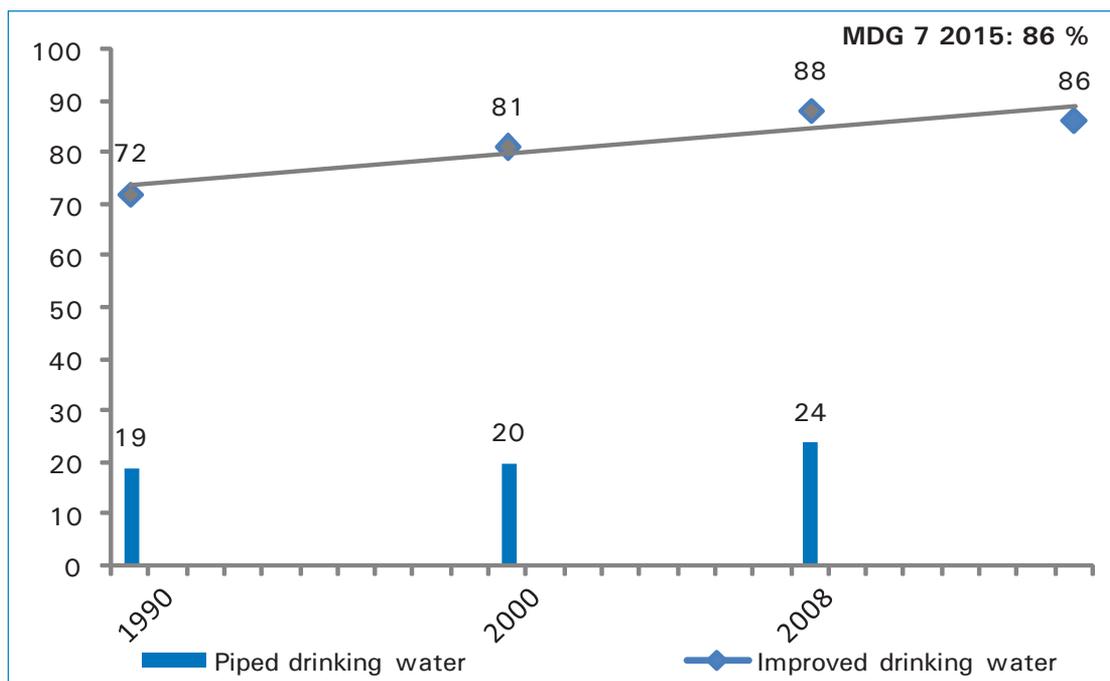
deaths from diarrhoea.³⁶ Poor sanitation and unsafe drinking water cause intestinal worm infections, which lead to malnutrition, anaemia and retarded growth among children.

India's progress on improved drinking water sources³⁷ since 1990 is shown in Figure 6.³⁸

India has reached the MDG Goal 7 target on improved drinking water sources. However, the piped water as a drinking water source has remained as low as 24 per cent.³⁹ Contamination of water on account of arsenic and fluoride are new challenges that India has to cope with and find solutions to.



Figure 6: Trends in coverage of improved drinking water sources in India - 1990-2008

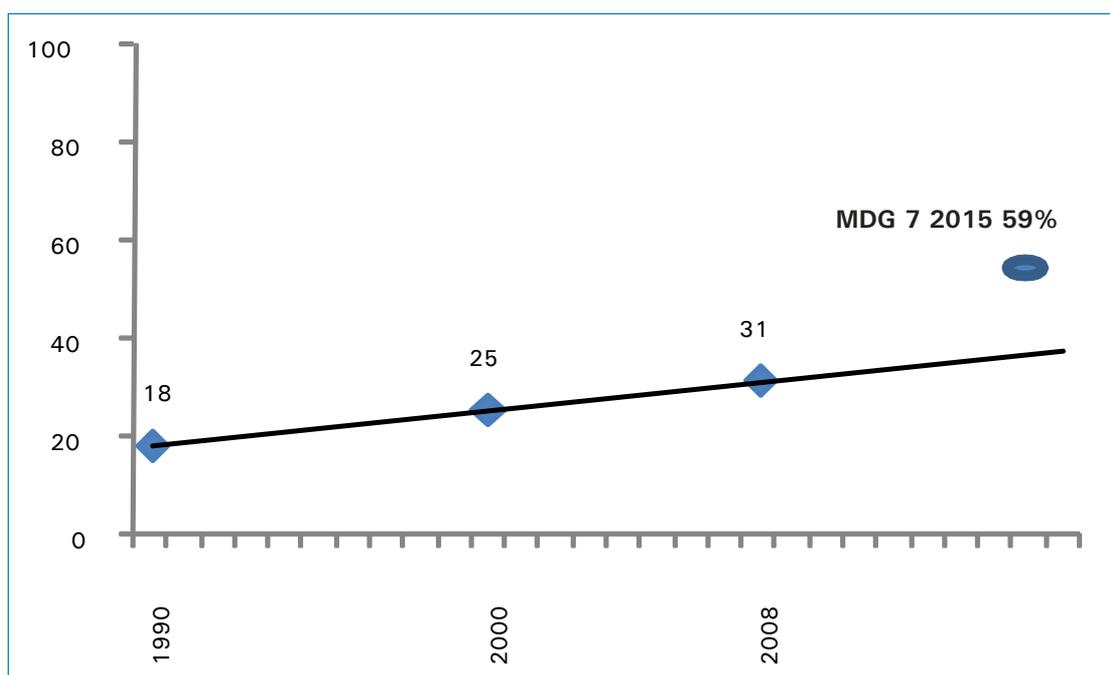


Sanitation is one of the biggest challenges in India. As indicated in Figure 7, in 2008, only 31⁴⁰ per cent of the population in the country benefitted from improved sanitation.⁴¹

According to the Joint Monitoring Programme (JMP) estimates for India about 638 million

people in India defecate in the open, which is 55 per cent of the total population defecating in the open in the world.⁴² However, it would be clear from the Figure 8 that the number of persons defecating in the open has substantially decreased by 19 million between 2000 and 2008, when the population during the corresponding period increased by 139 million. This suggests that the Total Sanitation

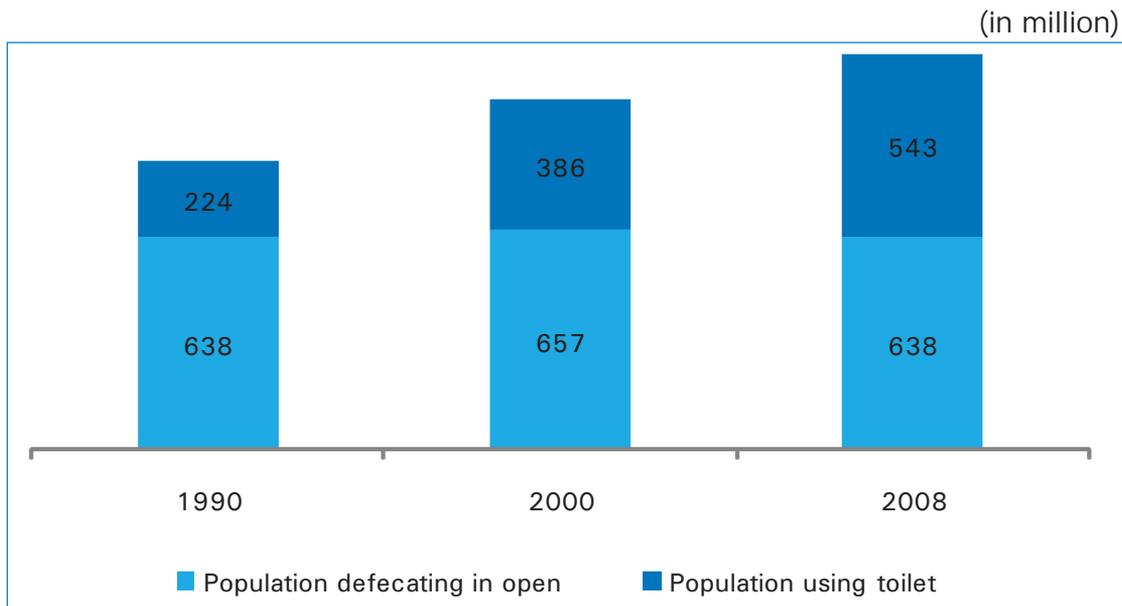
Figure 7: Trends in improved sanitation coverage in India - 1990-2008



people in India defecate in the open, which is 55 per cent of the total population defecating

Campaign (TSC) programme (introduced in the year 2000) may have provided the impetus for

Figure 8: Population using toilet and population defecating in open in India - 1990-2008



accelerated increase in the use of toilets. Therefore, there is also a need to look at the behavioral aspects of the individuals in the household in terms of the use of toilet, which again may vary with age and gender. There perhaps is a need to undertake more research to find answers as to 'why' individuals do not use toilets.

Hand-washing with soap before eating and after defecation, has been one of the major

interventions on hygiene practice, which is being promoted among children in India through the school hygiene programme and mass media campaign. A survey on well being of children and women, conducted by UNICEF in 2005, had shown that only 47 per cent of rural children in the age-group 5-14 wash hands after defecation.⁴³

The rural-urban disparity in terms of use of toilet is very stark as will be seen from the

Figure 9: Trends in use of toilets by households in India - 1998-1999, 2007-2008

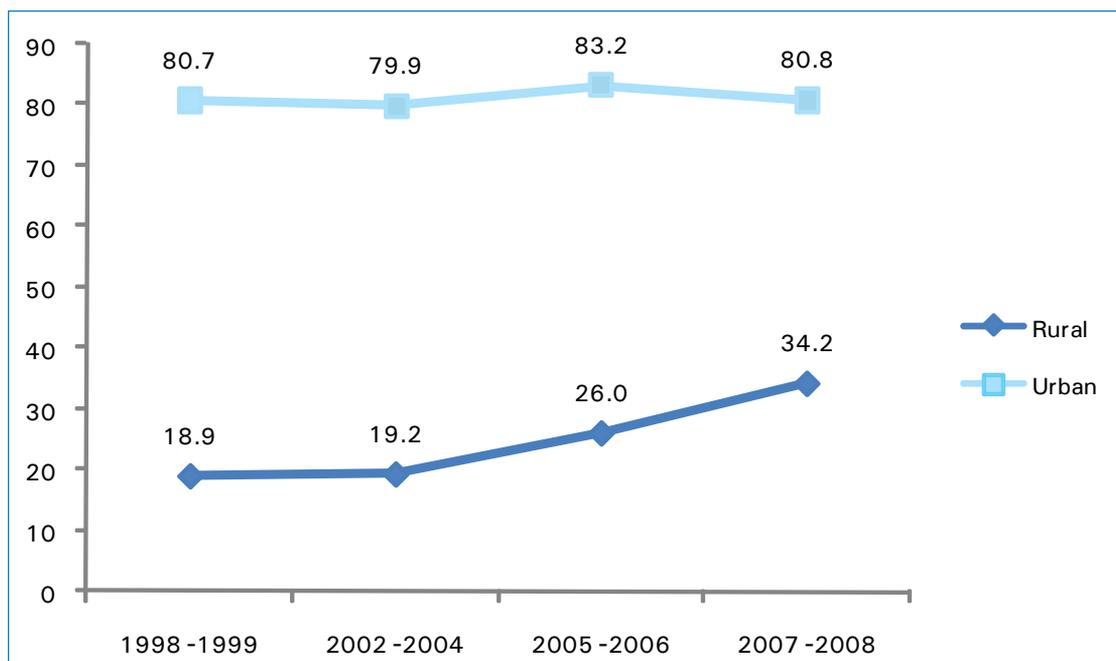


Figure 9.⁴⁴ It will be, however, important to observe that while in urban areas the households using toilets have been more or less stagnant in the last 10 years, there has been significant improvements in rural areas during the corresponding period. In urban areas about a quarter of households share toilets with other households.⁴⁵ In Mumbai, more than two-thirds of households (three-fourths of households living in slums) share toilets.

The inter-state disparity in usage of toilets is also very significant. Among the major states, Kerala fares the best with 97 per cent of the households using any toilet followed by Assam (70 per cent) and West Bengal (56 per cent). The worst performing three states are Jharkhand (15 per cent), Bihar and Orissa (17 per cent). Ironically, Tamil Nadu which has made significant progress in all social and economic indicators has less than 40 per cent of its households using any kind of toilet.

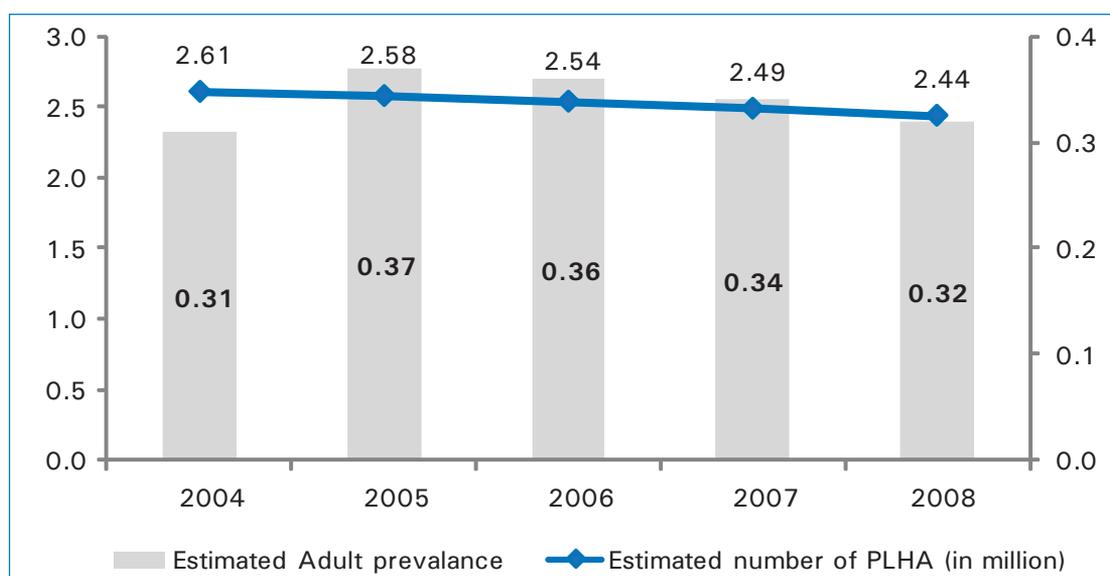
Recent initiatives of the Government of India, including the Food Security Bill, the Right to Health Bill and the Policy on Early Childhood Care and Development indicate that efforts for strengthening the rights framework on several fronts by the government may have significant implications for strengthening the child survival and development outcomes for children.

HIV/AIDS

The National AIDS Control Organization (NACO) has reported an overall reduction in adult HIV prevalence and HIV new incidences in India. India had an estimated 2.44 million living with HIV/AIDS in 2009,⁴⁶ the adult prevalence being 0.32 per cent in 2009.⁴⁷ The estimated prevalence among males is 0.38 per cent which continues to be higher than females (0.26 per cent).⁴⁸ Out of the total estimated Persons Living with HIV/AIDS (PLHA), 83 per cent are in the age group 15-49 years, and 3.5 per cent are children below age 15 years⁴⁹. This means that around 0.1 million children below age 15 are living with HIV/AIDS.⁵⁰ Of all the HIV infections, around 39 per cent is among women. The estimated number of PLHA and estimated Adult Prevalence Rate is depicted in the Figure 10.⁵¹

Figure 10 highlights that both the prevalence rate and the estimated number of PLHA are on the decline and therefore India can claim to have halted and reversed the spread of HIV/AIDS.⁵² In 2009, the estimated Adult HIV prevalence remains high in Manipur (1.40 per cent) and Nagaland (0.78 per cent).⁵³ Andhra Pradesh has an estimated adult HIV prevalence of 0.90 per cent while Karnataka and

Figure 10: Estimated number of PLHA and Adult prevalence rate in India - 2004-2008



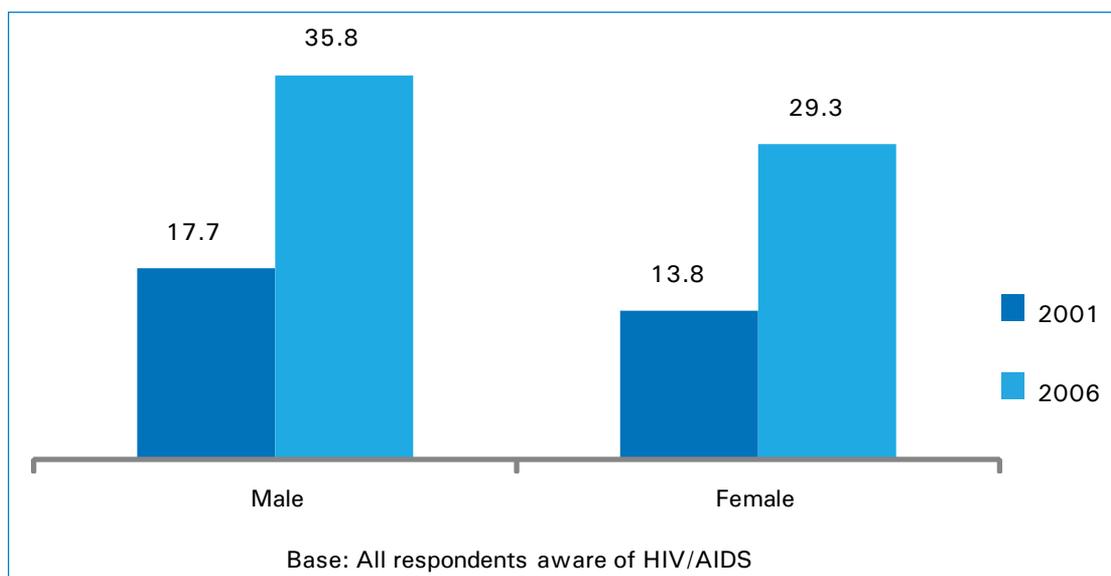
Maharashtra have estimated adult HIV prevalence less than one per cent. While all high prevalence states had shown decline in prevalence between 2006 and 2009, rising trends are noted in some new states namely Orissa, Assam, Chandigarh, Kerala, Jharkhand and Meghalaya. It may be noted that though prevalence is declining, in terms of absolute numbers, it may not be so because of large population size.

The epidemic in India is higher in urban areas than rural areas and greater among males than females. India continues to be in the category of concentrated epidemic as the HIV prevalence among the High Risk Groups (HRG) is very high compared to that among the general population. The heterosexual activity continues to be the major route of transmission (87.1 per cent).⁵⁴ Among pregnant women of 15 - 24 years, the prevalence has declined from 0.86 per cent in 2004 to 0.49 per cent in 2007. A drop by more than 50 per cent has been recorded among pregnant women aged 25 - 49 years as well: from 1.09 per cent in 2004 to 0.52 per cent in 2007.⁵⁵ The Joint Technical Mission on PPTCT in 2006 estimated that out of 27 million pregnancies, about 0.19 million occur in HIV positive mothers.

In the past few years, India has made rapid improvement in provision of services on prevention and treatment of HIV/AIDS. The number of Integrated Counseling and Testing Centres (ICTC) increased from only 2815 in 2005-2006 to 5135 till December 2009 and the number of persons tested in the corresponding year increased from 2.7 million to more than 7 million. The number of pregnant women counseled under the PPTCT services increased from 1.3 million in 2005 to 4.4 million in 2009. In 2009, about 15 thousand pregnant women tested for HIV positive and were treated at the time of delivery along with the newborn.⁵⁶ The number of patients on Anti-Retroviral Therapy (ART) increased from 69 thousand in March 2007 to 281 thousand by January 2010 and that for children increased from 6 thousand to 19 thousand during the corresponding period. The DLHS 3 Survey (2007-2008) reveals that out of all the women who have heard about HIV/AIDS,⁵⁷ 61 per cent knew the place to go for HIV/AIDS testing and around 11 per cent underwent actual test.

The MDG Goal 6 specifies two indicators on prevention, one on comprehensive knowledge and the other on safe behavior.⁵⁸ The progress

Figure 11: Percentage of population in the age-group 15-24 with comprehensive correct knowledge on HIV/AIDS on transmission and prevention in India - 2001 and 2006



in respect of the comprehensive knowledge is depicted in the Figure 11.⁵⁹

Out of all youth who had reported sex with non-regular partner in the last six months, the percentage who reported to have used condom during the last sex increased from 52 per cent in 2001 to 62 per cent in 2006 (males from 53 to 62 per cent and females from 48 to 61 per cent).⁶⁰

The single most adverse impact of HIV/AIDS is stigma and discrimination, which may result in denial of basic services to affected children, especially health and education services or result in segregation, neglect and humiliation by service providers and often the community themselves.

The HIV/AIDS draft Bill which addresses these issues has been on hold since 2006. It has gone

At the national level nearly two-fifths of the youth felt that PLHA should not be allowed to stay in their village/community. Further, a similar proportion of the respondents expressed their unwillingness to share food with PLHA. As stigma and discrimination against PLHA impede the effectiveness of HIV/AIDS prevention and care efforts, the AIDS awareness programmes should continue to pay focused attention to dispel the stigma and unnecessary fears from the minds of young people.⁶¹

The Ministry of Health and Family Welfare (MOHFW) and MWCD released a Policy Framework for Children and AIDS in India in 2007. The nature of HIV/AIDS is that it leads to violations of basic rights of children and needs to be addressed as a concerted effort by all concerned Ministries responsible for the well-being of children. Coordination and collaboration mechanisms between Ministries to operationalise the Policy are yet to be put in place.

The South Asian Association for Regional Cooperation Framework for Protection, Care and Support of Children Affected by HIV/AIDS was also approved in 2006 and guidelines and core indicators have been identified for measuring progress.

through several consultations and inputs by key stakeholders and it is expected that a revised version may be introduced in Parliament soon.

Disparities and Inequalities (Child Survival and Development)

The analysis of the situation on children and women in India in terms of the levels and progress of related indicators remains incomplete and irrelevant if it does not highlight the disparities that exist among states and the inequalities that persist among different sub-groups of the population.⁶² This is not only important, but also essential for better targeting in terms of improved and pragmatic programme focus. The discussion in the note with regard to disparity and inequality will be limited to only three key indicators, namely Child Mortality, Maternal Mortality and Child Education as many of the other indicators link to these in the cause and effect chain.⁶³

Child Mortality

Table 2 highlights the three worst and three best performing states⁶⁴ in terms of Under-five mortality rates (U5MR). The Infant mortality rates (IMR) and Neonatal mortality rates (NNMR) for these states are also provided.⁶⁵



Table 2: Best performing and worst performing states in child mortality - 2008

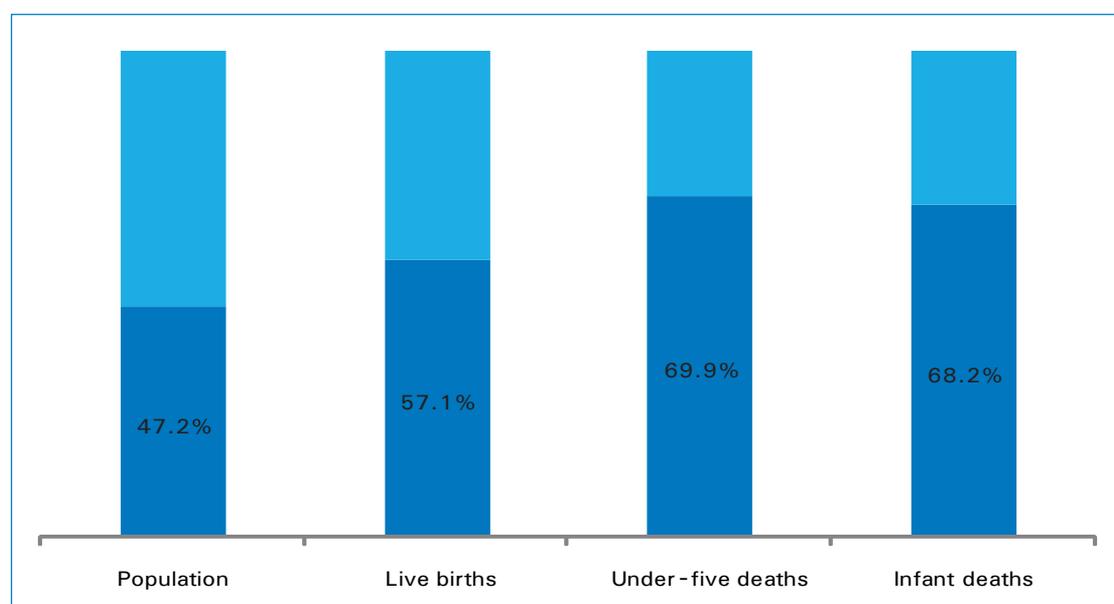
States	U5MR	IMR	NNMR
Worst performing			
Madhya Pradesh	92	70	48
Uttar Pradesh	91	67	45
Orissa	89	69	47
Best performing			
Kerala	14	12	7
Tamil Nadu	36	31	21
Maharashtra	41	33	24

The disparities in estimates of child mortality between the worst and best categories of states are evocatively high. The states with high child mortality also have relatively higher burdens in terms of the number of child deaths

these eight states contribute to about 15 per cent of child deaths in the world.⁶⁷

Table 3 provides the progress made by a few selected states in terms of IMR, the MDG 4

Figure 12: Burden of child mortality of eight worst performing states as a percentage to India - 2008



in the country. This is explained clearly by Figure 12 which uses the worst eight states (with highest U5MR) to illustrate the point.⁶⁶ The eight states are Madhya Pradesh, Uttar Pradesh, Orissa, Assam, Rajasthan, Bihar, Chhattisgarh and Jharkhand.

The figure above indicates that while these eight states together contribute to 47 per cent of the population and 57 per cent of the live births in the country, they have a burden of almost 70 per cent of under-five and infant deaths. It would be interesting to note that



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Table 3: Progress of a few major states in achievement of MDG and Government of India targets on Infant Mortality Rates for selected states

	IMR 1990	IMR 2008	Percentage decline 1990-2008	MDG 4 Target 2015	Government of India Target 2012
Orissa	122	69	43.4	41	37
Uttar Pradesh	99	67	32.3	33	35
Rajasthan	84	63	25.0	28	32
Assam	76	65	14.5	25	32
Tamil Nadu	59	31	47.5	20	20
Maharashtra	58	33	43.1	19	17

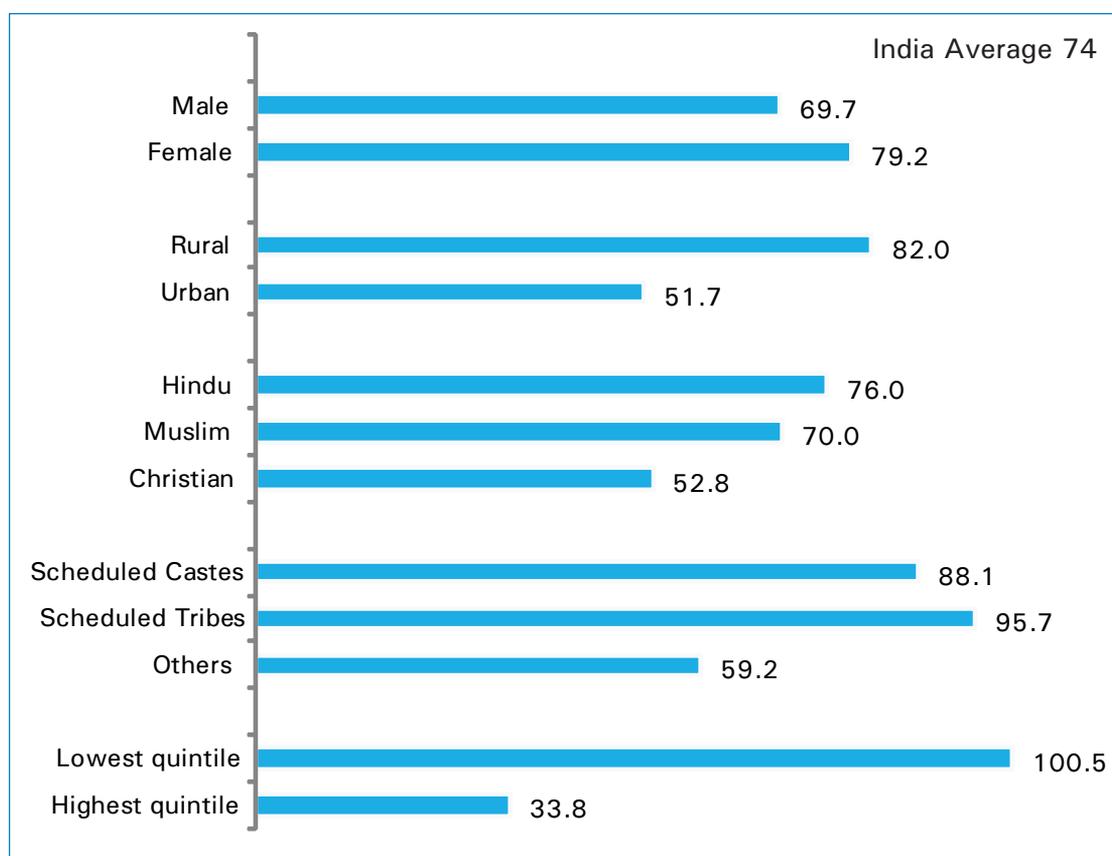
and Government of India IMR targets for the year 2015 and 2012.⁶⁸

Among the worst performing states only Orissa had shown remarkable decline in IMR since 1990, mirroring the progress made by the two best performing states namely, Maharashtra and Tamil Nadu. Assam has been the most disappointing story; Uttar Pradesh and

Rajasthan too have progressed slowly. At the current rate of progress among the above six, Tamil Nadu and Maharashtra are the only states likely to achieve the MDG targets, although the Government of India targets appear to be a tall order.

Figure 13⁶⁹ highlights the inequalities and disparities in the levels of child mortality (U5MR).

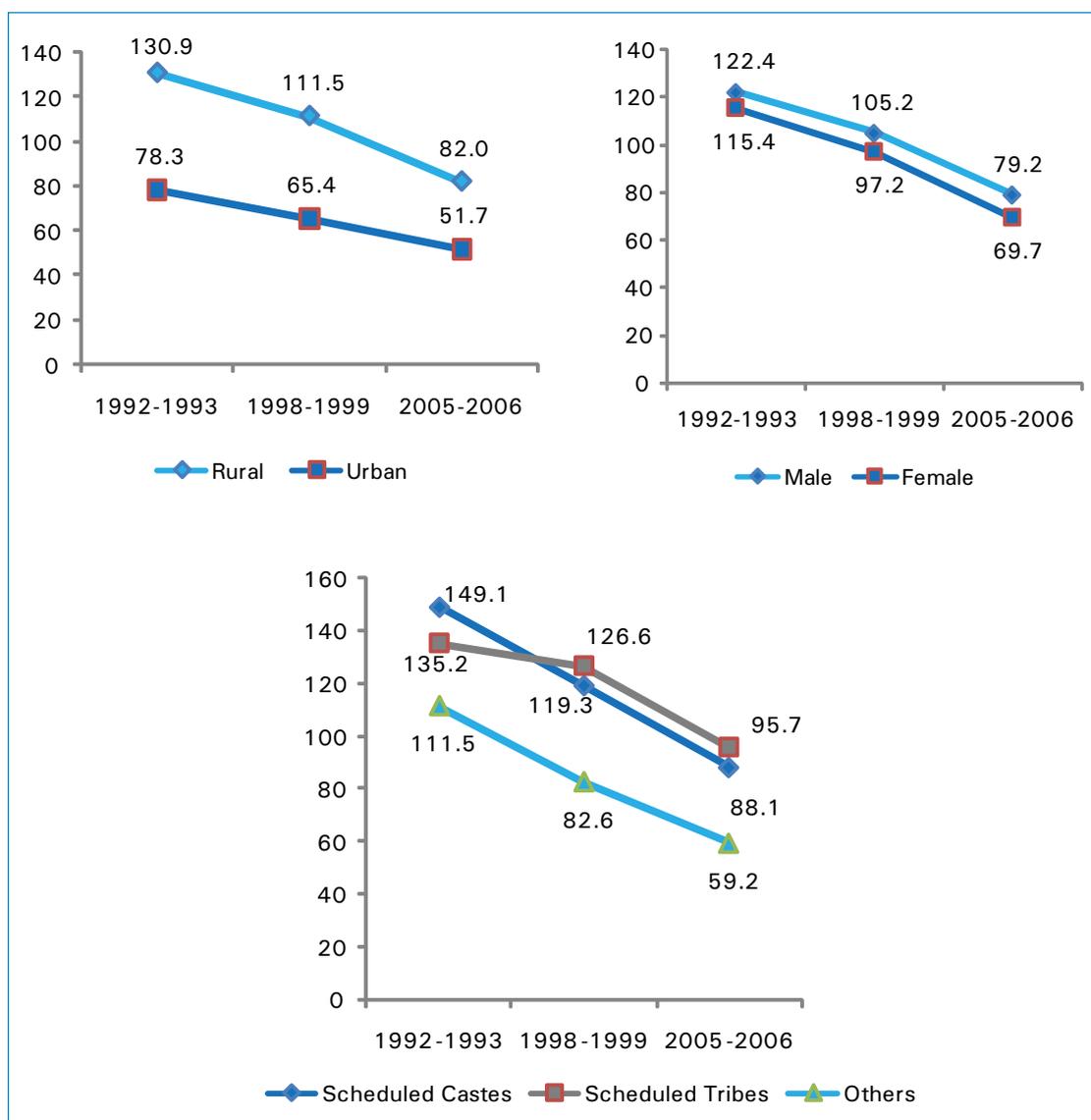
Figure 13: Disparity in levels of under-five mortality by various characteristics



It can be seen that a child who is born in the Scheduled Tribes household is one and half times as likely to die before reaching his/her fifth birthday as compared to a child born in the 'Others' household. A child born in the

Although there has been significant progress in all categories of populations, the gaps have remained more or less same and in some cases widened (for example between Scheduled Tribes and Others).

Figure 14: Trends in U5MR in India by different population characteristics: Residence, Sex and Scheduled Castes and Scheduled Tribes - 1992-1993 to 2005-2006

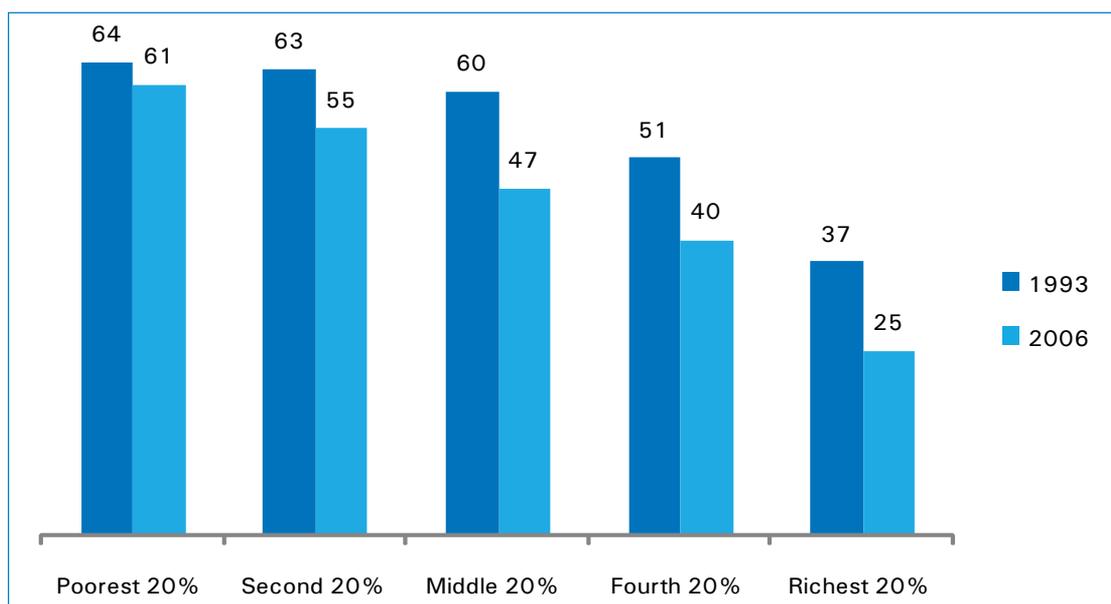


poorest household is three times as likely to die before its fifth birthday as compared to a child born in the richest household.

The trends in U5MR for different sub-populations since 1992-1993 are shown in Figure 14.⁷⁰

As stated earlier, under-nutrition contributes to more than one-third of under-five deaths. Trends in children underweight by wealth quintile between 1992-1993 and 2005-2006 as is depicted in Figure 15 clearly highlights the fact that there has not been significant decline in underweight prevalence among under-five children in the lowest quintile.

Figure 15: Trend in percentage of children age 0-59 months who were underweight by wealth quintiles India - 1993, 2006



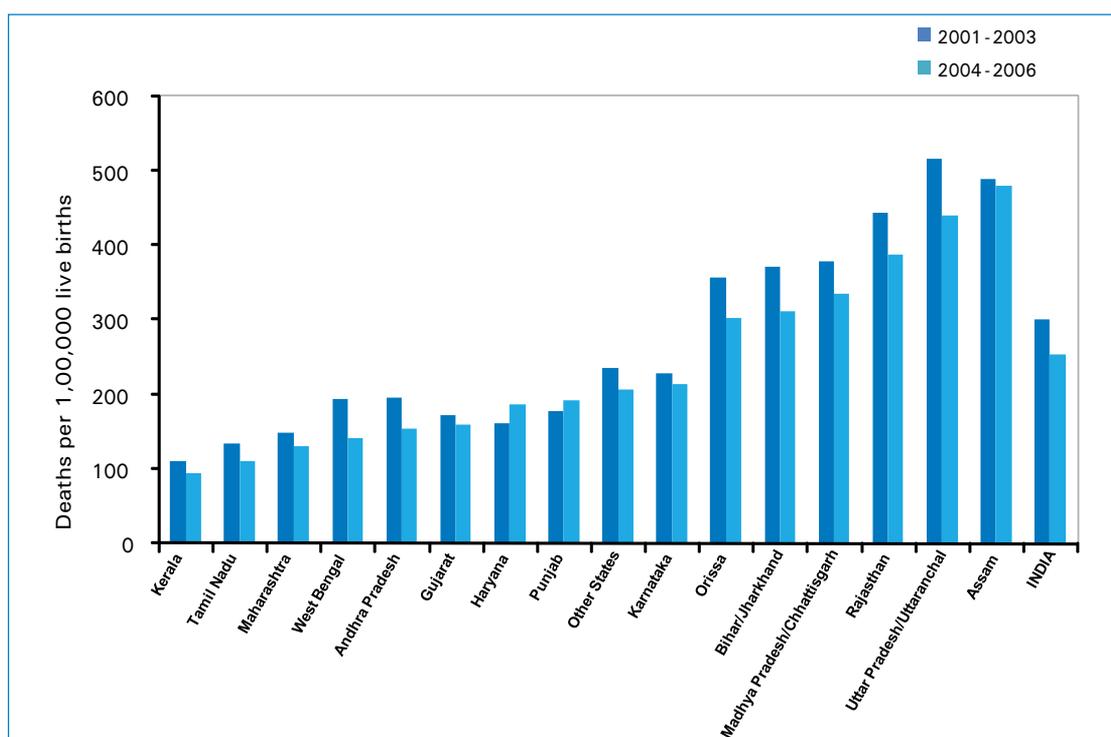
The Supreme Court has given special directives on Universalization of all Integrated Child Development Services (ICDS) services to all children below six years, pregnant and lactating mothers, adolescent girls in all rural habitations and urban slums in a progressive manner.

Universalization of ICDS with quality, accelerated implementation of these directives and monitoring delivery of these entitlements are essential for accelerating progress in reducing malnutrition.

Maternal Mortality

The level and progress of Maternal Mortality Ratio (MMR) across states is shown in Figure 16

Figure 16: Maternal mortality ratio by states

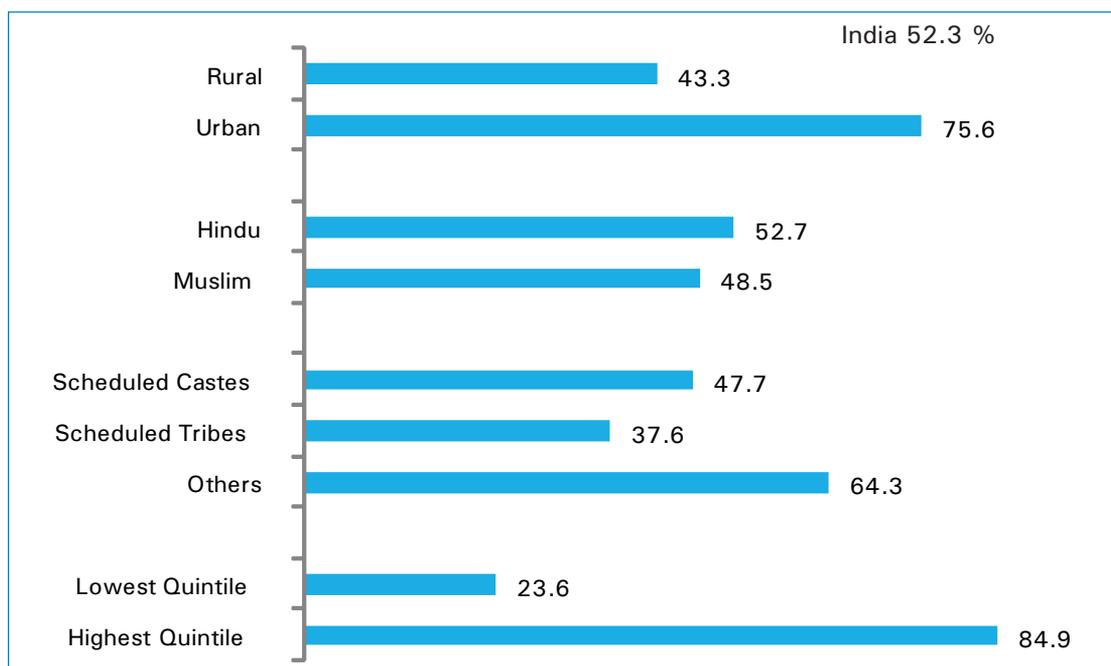


The state with highest MMR of 480 per 100,000 live births is Assam followed by Uttar Pradesh (440) and the best performing state inevitably happens to be Kerala with a MMR of 98 with the next best being Tamil Nadu (111). While 58 per cent of live births occur in the worst eight states (of MMR), together they contribute to 86 per cent of the total maternal deaths in India.

of safe deliveries have been used to examine the extent of inequality.⁷¹

Wide disparities exist between different sections of the population in terms of their obtaining skilled delivery care. A woman living in an urban area is about twice as likely to get skilled delivery care as compared to a woman living in a rural area. Similarly, a woman living

Figure 17: Disparity in coverage (in per cent) of safe deliveries by various population characteristics in India - 2007-2008



Since disaggregated data for MMR by social/religious groups, rural-urban and household poverty levels are not available, the percentage

in the poorest household is more than four times less likely to receive skilled delivery care than a woman living in the richest household.

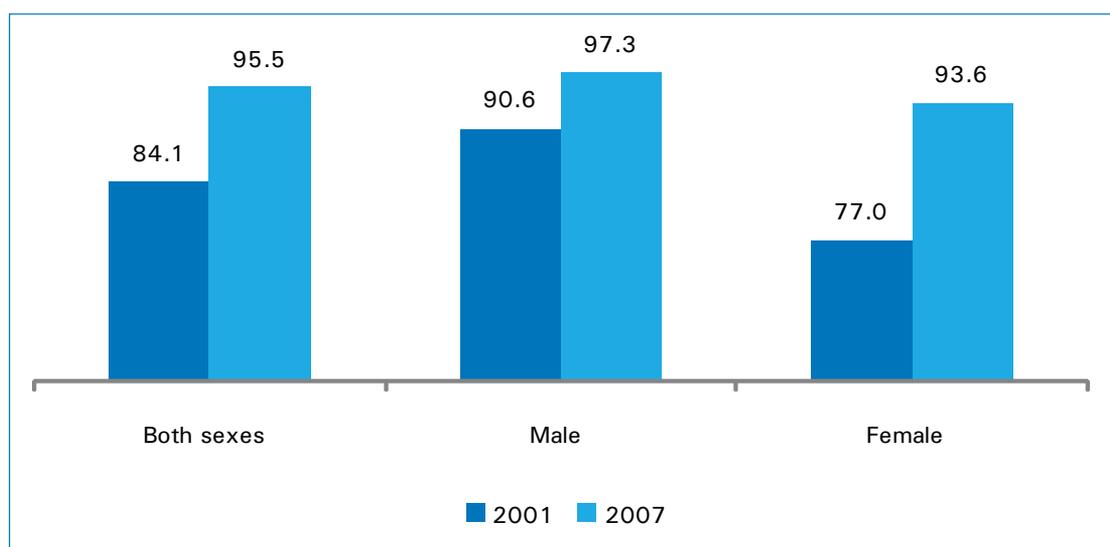


Child Education

The MDG 2 – Achieving universal primary education and MDG 3 on promoting gender equality and empowering women are vital for achieving almost all the other MDGs. The inverse relationship that exists between

evident and at this rate of progress India is likely to achieve the target on universal primary education under MDG 2. Enrolment of girls in primary school has been particularly good and seems to be catching up with that of boys. The primary completion rate also improved significantly as will be seen from Table 4.⁷⁴

Figure 18: Trends in Net Enrolment Ratios (in per cent) in India by sex - 2001-2007



education of girls and infant and child mortality is well established in all regions in the developing world. Education of children has an inter-generational impact on poverty.⁷²

India has made rapid strides in universalizing primary education largely as the outcome of sustained interventions under Sarva Siksha Abhiyan (SSA) and the Mid Day Meal Scheme (MDM). Figure 18 gives the Net Enrolment Ratio in primary education between 2001 and 2007.⁷³

The significant improvement in enrolment ratios in primary education across country is very

The improvement in gender parity in completion of primary education especially after 2001 is noteworthy. According to the recent independent study by the Ministry of Human Resource Development, an estimated 3.7 per cent of children in the age-group 6-10 and 5.2 per cent in the age-group 11-13 were out of school in 2008.⁷⁵ In terms of numbers, about eight million children in the age-group 6-13 are out of school, about 6.7 million in rural and 1.3 million in urban areas.⁷⁶

It is important to note that generally enrolment rates are higher than attendance rates. There are a large number of students who enroll in

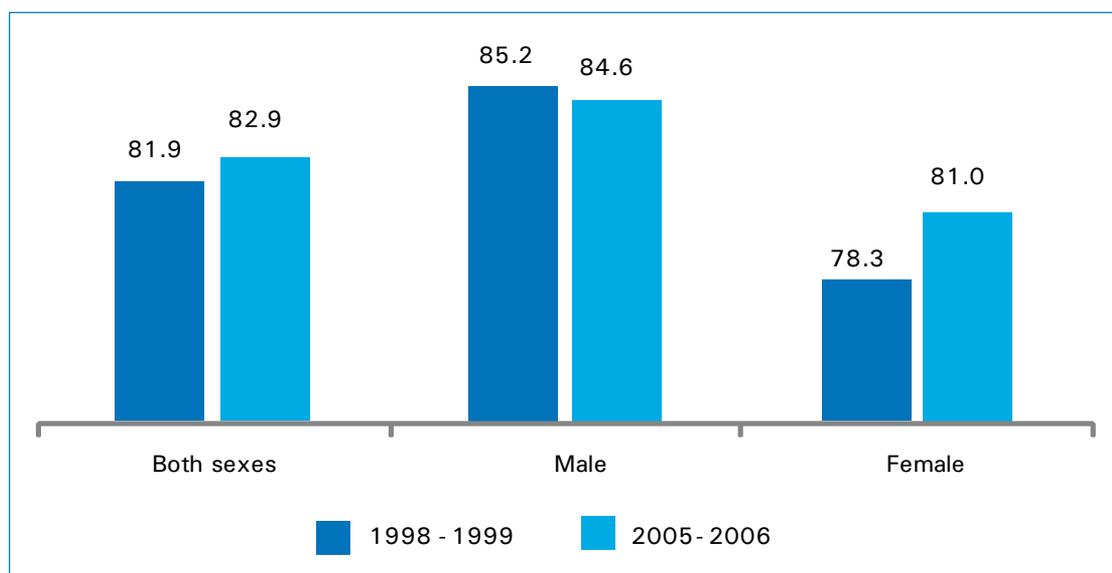
Table 4: Trends in Primary completion rates in India by sex - 1991-2006

	Primary completion rate (per cent)		
	1991	2001	2006
Both sexes	63.8	72.4	85.7
Boys	75.1	78.7	88.0
Girls	51.5	65.6	83.1
<i>Gender parity</i>	<i>0.69</i>	<i>0.83</i>	<i>0.94</i>

school in the beginning of the year but do not attend classes and even drop out at a later stage during the course of the year. The Annual Status of Education Report (ASER) 2009 reports that only about 75 per cent of the children who were enrolled in schools at

One of the World Fit for Children (WFFC) goals on education is *progressive provision of secondary education*. Secondary education not only helps an individual to achieve his/her full potential, but also helps a country to advance social and economic development. Figure 20

Figure 19: Trends in School attendance rates in per cent) by sex - 1998-1999 and 2005-2006



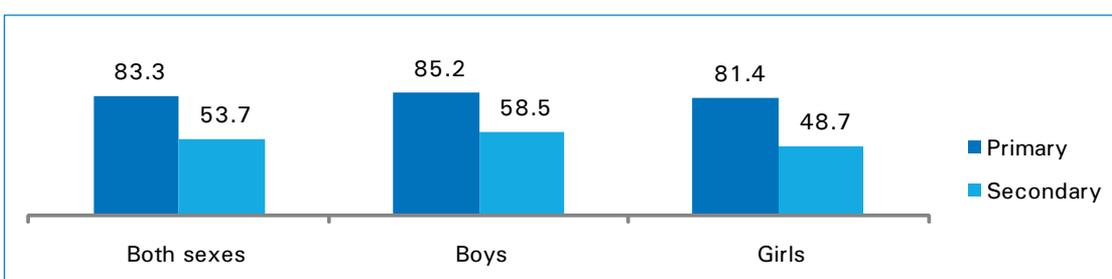
primary level were found to be attending on a random day. Figure 19 depicts the school attendance rate for children in the age group 6-10 years for the years 1998-1999 and 2005-2006.⁷⁷

If attendance rate, instead of enrolment ratio, is used as the indicator to measure progress against MDG 2, the progress in achievement of universal education will not be as swift. With this attendance rate, the estimated number of children out of school in the age group 6-13 would be higher.

depicts the primary and secondary Net Attendance Rates (NAR) for India.⁷⁸

The sharp drop in secondary school attendance, particularly among girls poses a big challenge and requires immediate attention. There are several reasons why children drop out of school and they are not necessarily the same or even if same, are of varying degrees for girls and boys. Early marriage, distance to schools and lack of transport, attending to household chores, lack of separate toilet for girls, no female teacher, lack of safety and taking care

Figure 20: Primary and Secondary net attendance rates (in per cent) by sex in India - 2005-2006



of siblings are some of the important reasons why girls drop out of school. About one third of girls drop out for all the above reasons taken together.⁷⁹ The average number of upper primary schools per 10 square km is 1.45 while that for primary school is 3.30.⁸⁰ About 74 per cent of all schools have at least one female teacher.⁸¹ According to the ASER survey of 2009, four out of 10 government primary schools in rural India do not have separate toilets for girls. The number is lower in upper primary school (26 per cent). Out of this, 12-15 per cent are locked and 30-40 per cent are usable.

Table 5 indicates that the learning levels among the children in Class V has been consistently low although there seems to be a small improvement between two rounds. Now that India is almost on track in achieving the MDG 2 on universal primary education, the improvement in learning achievements should be brought into focus.

Early childhood care and education are the first among six 'Education for All' goals the world is committed to achieving by 2015. While the current focus in India is on elementary education, starting at age six years may be too late to lay

Table 5: Learning achievements (in per cent) among students of Class V in India - 2002-2003 and 2006-2007

Year of survey	Mathematics	Language	Environmental Studies
2002-2003 (Round I)	46.5	58.6	50.3
2006-2007 (Round II)	48.5	60.3	52.2

To 'ensure that, by 2015, all children have access to and complete primary education that is free, compulsory and of good quality' is one of the important education goals of WFFC. This WFFC goal specifically addresses the issue of quality primary education, which is apt not only because India is reaching the goal of universal primary education, but the learning achievements are sub-optimal, as will be borne out by Table 5.⁸²

the foundations for school. Investing in pre-school or early childhood education is a key strategy to reaching out to the most marginalized children in a country which has relatively low pre-school coverage⁸³ and high over-age entry. Hence, it will require focussed efforts in order to provide appropriate school readiness initiatives in rural and urban India.

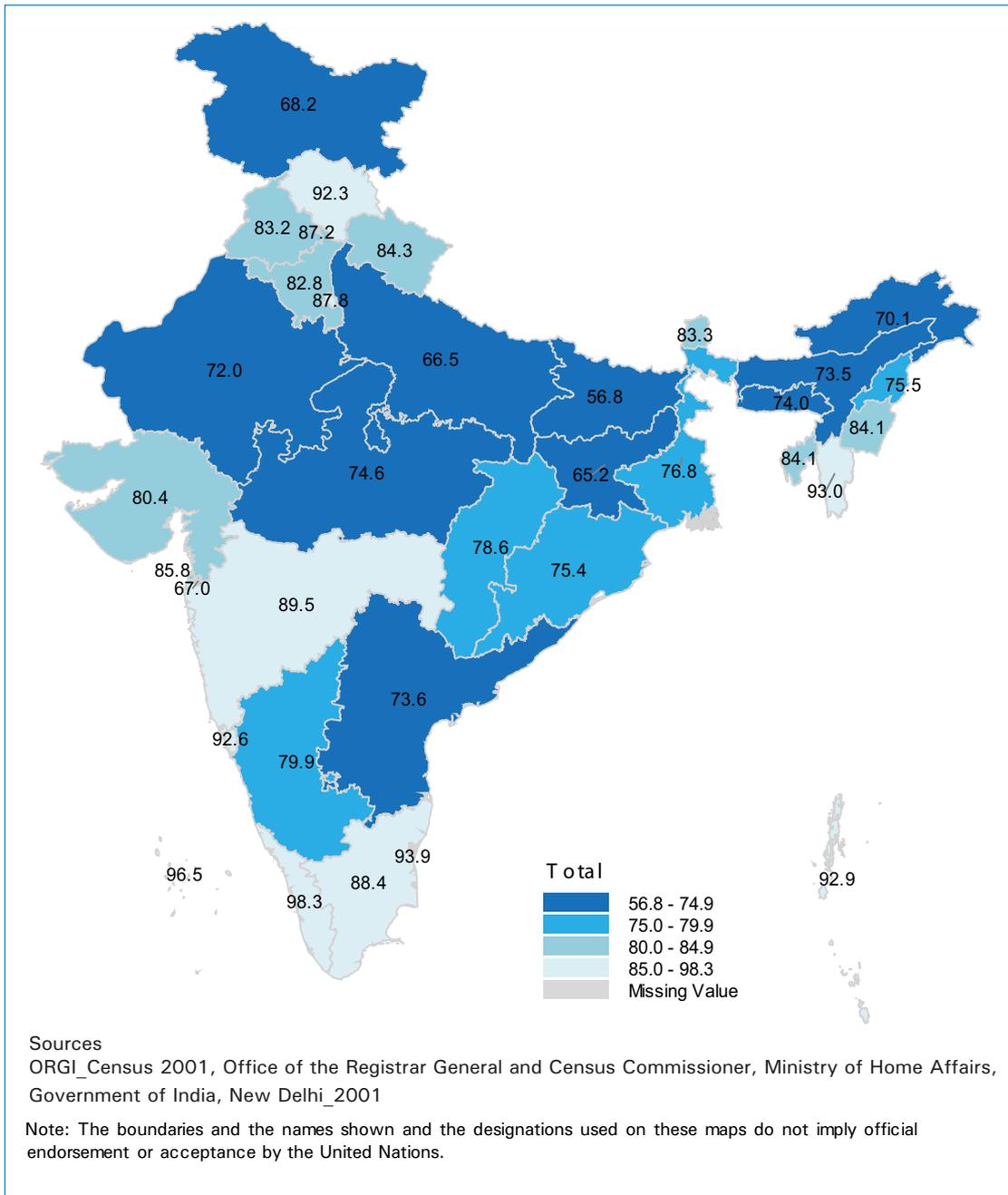


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Disparities and Inequalities in Education

The wide variation in the levels of education across states is clear from Map 1 which depicts literacy rate of persons in the age-group 15-24.⁸⁴

Map 1: Literacy rate of persons in age-group 15-24



Among the major states, Bihar had the worst youth literacy rate of 56.8 per cent followed by Jharkhand (65.2 per cent) and Uttar Pradesh (66.5 per cent). The best three states were Kerala (98.3 per cent), Himachal Pradesh (92.3 per cent) and Maharashtra (89.5 per cent).

Table 6 on the next page depicts the worst three and best three states in terms of the school attendance rate using data from three different sources at different points of time. The age-groups used for these sources are also different. It can be seen from the above that in

all the surveys consistently Bihar followed by Jharkhand, Uttar Pradesh (and Orissa in one of the surveys) are the worst performing states

in literacy rate between 1991 and 2001 has been registered in the Scheduled Tribes category (60 per cent), although this should

Table 6: Worst performing and best performing states in attendance rates from different sources (per cent)

Worst performing states			Best performing states		
Census 2001 6-10 years	NSSO 2004-2005 5-14 years	NFHS 2005-2006 6-17 years	Census 2001 6-10 years	NSSO 2004-2005 5-14 years	NFHS 2005-2006 6-17 years
Bihar (43)	Bihar (65)	Bihar (56)	Kerala (93)	Kerala (98)	Kerala (90)
Jharkhand (54)	Jharkhand (77)	Jharkhand (64)	TN (89)	TN (96)	HP (89)
UP (60)	UP, MP (78)	Orissa (65)	HP (89)	HP (95)	TN (85)

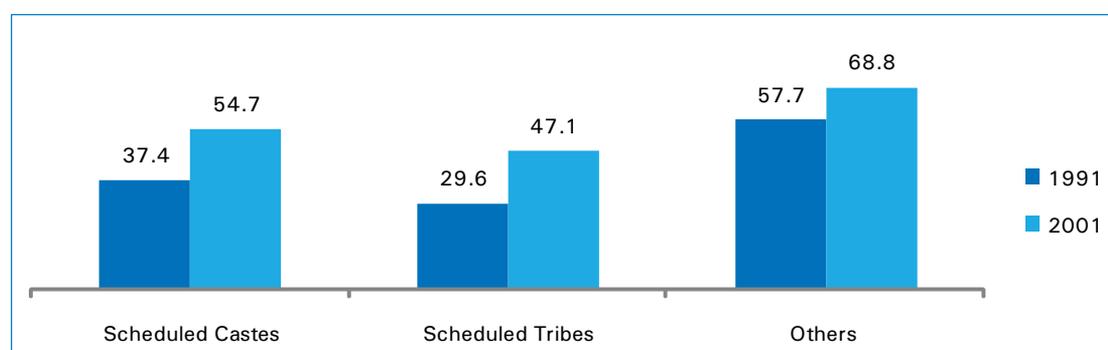
and Kerala, Tamil Nadu and Himachal Pradesh are the best. The wide gap in school attendance rates between these states is very evident.

be read on the backdrop that it started from a very low base.

Figure 21 gives the literacy rates (7+ years) for the years 1991 and 2001 for the Scheduled Castes, the Scheduled Tribes and 'Others' as obtained from the Census.

The gender-wise literacy rate for Scheduled Castes and Scheduled Tribes for the years 1991 and 2001 based on the Census is given in Table 7.

Figure 21: Literacy rate (7+ years) among Scheduled Castes and Scheduled Tribes in India - 1991, 2001



The levels of literacy among the Scheduled Castes and Tribes in 2001 were lower than that for 'Others' in 1991. The fastest growth

Under the literacy rate of the Scheduled Tribes, female is the lowest among all the categories, being 34.8 per cent only. Although there has

Table 7: Literacy rate (7+ years) among Scheduled Castes and Scheduled Tribes by sex - 1991 and 2001

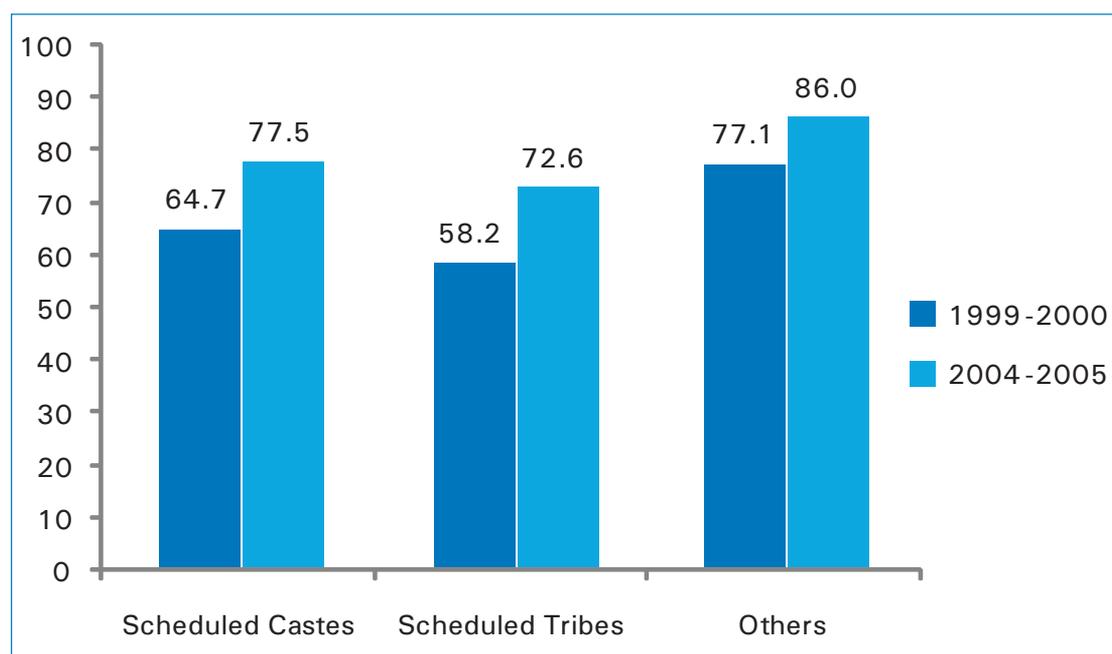
	Scheduled Castes		Scheduled Tribes	
	1991	2001	1991	2001
Male	49.9	66.6	40.6	59.2
Female	23.8	41.9	18.2	34.8
Gender parity	0.48	0.63	0.45	0.59

been a marked improvement in the literacy levels of both males and females, these two social groups still remain depressed. The gender parities are also dismal, in spite of some improvements between 1991 and 2001.

Figure 22 depicts the attendance rate for children in the age-group 5-14 for the Scheduled Castes and the Scheduled Tribes for years 1999-2000 and 2004-2005 in rural India.⁸⁵

general literacy achievements. In spite of the fact that a large majority of the Scheduled Castes with low literacy levels are included in Hindu category, the Muslims have lower levels of literacy than Hindus. According to the latest survey on Out of School Children, conducted by the Ministry of Human Resource Development (MHRD), about eight per cent of children belonging to the Muslim community are still out-of-school.

Figure 22: School attendance rates among Scheduled Castes and Scheduled Tribes children age 5-14 years in India - 1999-2000 and 2004-2005



This inequality in school attendance is also apparent from the above figure with the Scheduled Tribes being the worst of all in terms of achievement in school attendance.

Table 8 gives the literacy rate of the population age 15-24 for three major religions in the country.⁸⁶

It can be seen that the Muslims are worst off among the three major religions in terms of of

The rural-urban disparity in achievement in education in India is also very wide. While 87 per cent of the population in the age-group 15-24 in urban India is literate, the literacy rate in the same age-group in rural areas is 72 per cent.⁸⁷ It is interesting to compare the Net Attendance Rate (NAR) for Primary School and Secondary School for rural and urban areas.⁸⁸

The high rural-urban disparity in Secondary school NAR as measured by rural-urban ratios

Table 8: Literacy rate for population age 15-24 by sex among various major religious groups in India - 2001

Religious community	Total	Male	Female
Hindu	77.1	85.5	67.6
Muslim	69.0	75.0	62.3
Christian	87.5	89.7	85.4

suggests a high proportion of post primary drop-outs in rural areas.

It is well established that at a micro-level, children of poor households receive less education. Table 10 gives the male and female literacy rates by monthly per capita expenditure class in rural India.⁸⁹

Figure 23 shows the Primary and Secondary NARs for children living in households belonging to the richest and the poorest quintile.⁹⁰ It not only depicts the gap between the richest and poorest households in terms of the school attendance of children in the households, but also highlights the considerable drop in attendance levels in

Table 9: Primary and Secondary School Net Attendance Rate by residence in India - 2005-2006

	Rural	Urban	Rural- Urban Ratio
Primary School NAR	81.5	88.5	0.92
Secondary School NAR	49.1	64.2	0.76

It is evident from table 10 that the poorer the household, the lower the levels of literacy. Gender Parity worsens as we go lower in the expenditure class.

secondary schools for children belonging to the poorest households.

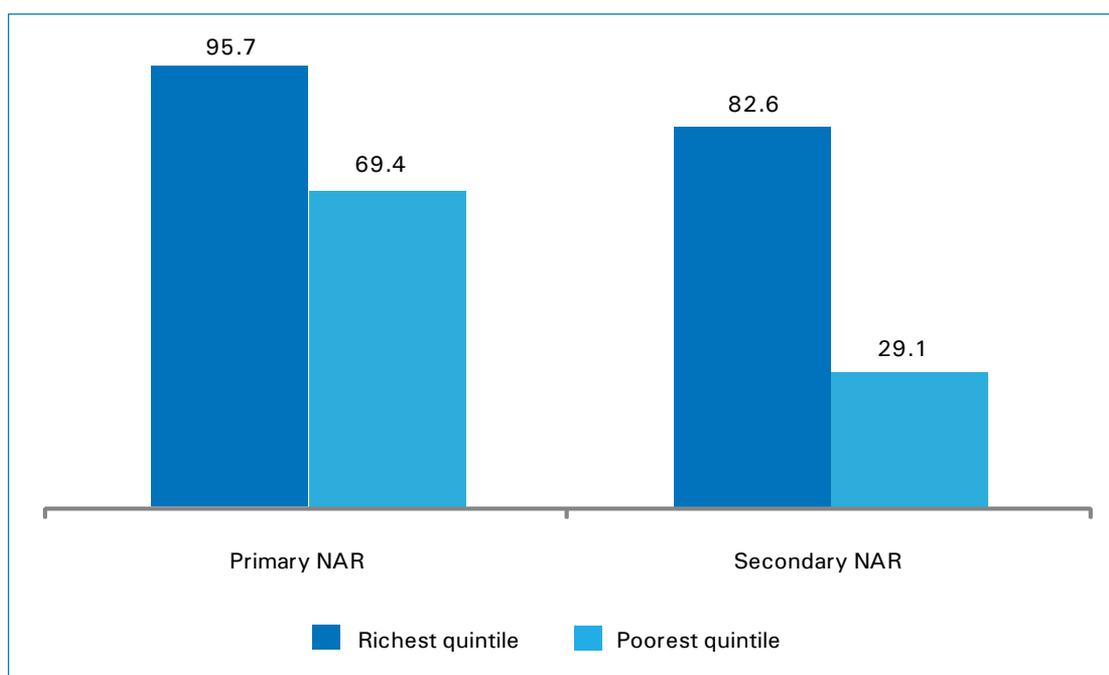
Table 10: Literacy rate by per capita monthly expenditure class in India - 2007-2008

Monthly per capita expenditure (percentiles)	Male literacy rate	Female literacy rate	Gender parity
Bottom 20%	59.4	42.8	0.72
–Next 30%	66.5	49.5	0.74
–Next 30%	74.8	58.5	0.78
Top 20%	88.2	78.1	0.89



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Figure 23: Primary and Secondary Net Attendance Rate (in per cent) for children living in households belonging to richest and poorest households in India - 2005-2006



According to the Census 2001, only about 61 per cent of children with special needs were attending school. The Out of School Survey of the MHRD estimated that about 35 per cent of such children were not in school in 2009. The education of children in difficult

removal of all barriers. It seeks to ensure good quality elementary education conforming to the standards and norms spelt out in the schedule and strengthening training of teachers for improving teaching and learning, and specifically prohibits corporal punishment

The MDG 2 pre-supposes universality in primary education and therefore it is imperative that if India has to achieve this MDG, special focus would be required to ensure that all children in the 'last mile' who majorly belong to the marginalized groups are provided with quality primary education and then further beyond.

circumstances such as those internally displaced, affected by natural disaster, civil strife and other types of violence, would also need special attention.

The Right of Children to Free and Compulsory Education Act, 2009 (RTE) has been notified on 1 April, 2010. This effectively translates the constitutional provision under Article 21-A into a justiciable right for the children of India. The Act provides for the right of children to free and compulsory admission, attendance and completion of elementary education with

— Physical punishment and mental harassment can now result in disciplinary action against teachers. RTE provides a platform to reach the unreached, with specific provisions for disadvantaged groups, such as child labourers, migrant children, children with special needs, or those who have a “disadvantage owing to social, cultural, economical, geographical, linguistic, gender or such other factors.”

The National Commission for Protection of Child Rights (NCPCR) (established by the

Commissions for the Protection of Child Rights Act, 2005) shall review the safeguards for rights provided under this Act, investigate complaints and have the powers of a civil court in trying cases. The appropriate government may also constitute a State Commission for the Protection of Child Rights (SCPCR), to carry out these functions.

It is important to note that several challenges related to infrastructure, capacities, mass information and awareness, teacher availability, training functional redressal mechanisms, and effective monitoring system will need to be addressed in a concerted manner to render these commitments effectively and ensure the realisation of the right of children in the age-group 6-14 years to free and compulsory education. Complaints can be lodged at the Gram Panchayat or Block Education Office, or even at the SCPCR or NCPCR. Finally complaints can also be taken to the courts, as education is now a justiciable fundamental right of all children in the age group 6-14 years. NCPCR is setting up a centralized helpline, on which complaints can be received. This helpline will simultaneously register the complaint at the appropriate education office as well, so that follow up can be efficiently monitored.

Child Protection

The Millennium Declaration of 2000 explicitly addresses the need to protect children from conflict, violence, abuse and exploitation. Child Protection intersects with every one of the MDGs – from poverty reduction to getting children into school, from eliminating gender inequality to reducing child mortality.⁹¹ The strengthening of evidence base in the area of child protection is one of the key challenges. The very nature of the different aspects of child protection such as violence, abuse, exploitation and trafficking which thrive on illegality and secrecy etc., makes it difficult for the government to collect reliable data.

Birth Registration

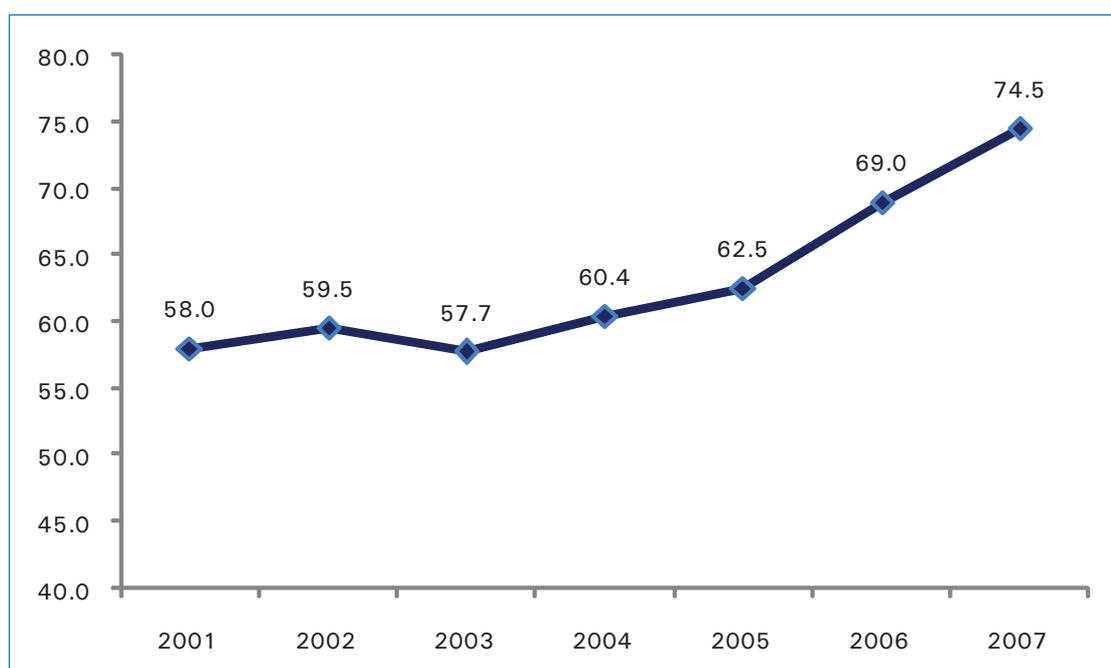
In India, the registration of births and deaths is compulsory and mandated under the Registration of Births and Deaths (RBD) Act, 1969, which came into force in 1970. Moreover, being a signatory to the United Nations Convention on the Rights of the Child (UNCRC), India has committed itself to ensuring universal birth registration and this commitment is reflected in several national policies, such as the National Population Policy, 2000, and the National Plan of Action for Children, 2005.

In India, an estimated 27 million births take place every year. The current level of birth registration in the country is 70 per cent. Thus around 30 per cent (about 8 million) newly born children are not registered even within one year of birth,⁹² leading to difficulty in getting access to basic services and protection, including prevention of child labour, trafficking, countering child marriage, and providing appropriate care and protection. India now has a huge backlog of children whose births have not been registered and it is very likely that these children will continue to live without a birth certificate during their entire childhood and beyond. Figure 24 shows that between 2005 and 2007, there has been an increase of about eight per cent point.



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Figure 24: Trends in level (in per cent) of birth registration in India - 2001-2007



In Bihar, Uttar Pradesh and Jharkhand, birth registration levels are less than 50 per cent. Seventeen states have birth registration levels of 80 per cent or more. The data from National Family Health Survey 3 (2005-2006) reveals that only around 27 per cent of the children possess birth certificates.⁹³

Child Labour

Article 32 of the UN Convention on the Rights of the Child recognizes the right of children to be protected from economic exploitation, from performing any work that is hazardous, interferes with their education, or is harmful to their health or physical, mental, spiritual, moral or social development. The Government of India continues to maintain its declaration made to Article 32 at the time of ratification to progressively implement the provisions of the article in accordance with its national legislation and international instruments to which it is a State Party.

In India an estimated 28 million children in the age-group 5-14 are engaged in work.⁹⁴ This is based on the following definition used by UNICEF:

- ◆ Age 5–11 years: At least 1 hour of economic work or 28 hours of domestic work per week.
- ◆ Age 12–14 years: At least 14 hours of economic work or 28 hours of domestic work per week.

According to the Census 2001, only five per cent children were estimated to be working. However, the Census definition considered last one year as reference period, even if a child was engaged for one day of economic activity, which included work for family business and farm. This did not include any household chores.

Among the major states, Gujarat has the highest proportion of children working (32 per cent) followed by Rajasthan (20 per cent). Kerala has only three per cent of children reported to be working.⁹⁵

While there is no difference in work participation rates between boys and girls, the rate in rural areas (13 per cent) is significantly higher than that in urban areas (9 per cent). The work participation rate increases with age and at all ages, girls are more likely to be involved in household chores or family work.

Figure 25: Work participation rates among children in age-group 5-14 by various population characteristics in India - 2005-2006

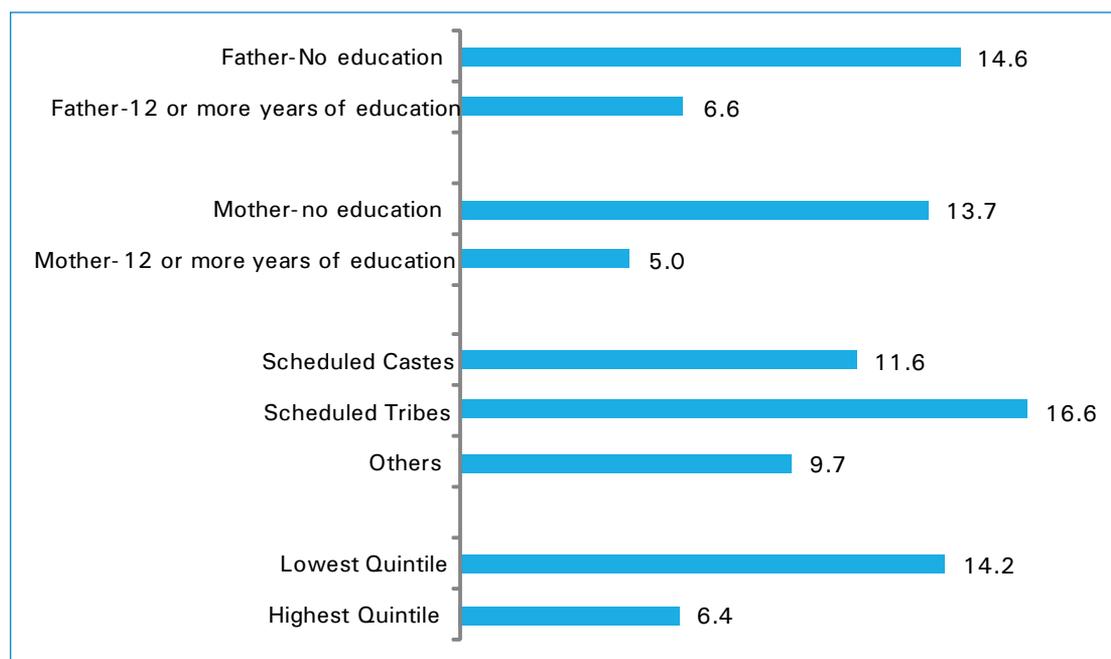


Figure 25 indicates that children from the poorer households are more likely to get engaged in work. A child belonging to a Scheduled Tribes household is more likely to work than a child from a household in Other category.⁹⁶ The education level of parents is also an important determinant of child work.

One of the recent studies based on data from 35 countries (including India) identified poverty as the most important determinant of low school attendance and high child labour rates. The

education of the household head was also found to be an important factor in the decision between work and school for children, underscoring the inter-generational benefits of education.⁹⁷

There is an inherent contradiction between the National Child Labour (Prohibition and Regulation) Act, 1986 and the Right of Children to Free and Compulsory Education Act, 2009 as the former does not ban all forms of child labour, but only hazardous labour. According to the notified occupations and processes for children below 14 years, the latter, on coming into force on 1 April 2010, has made free and compulsory education for all children without exception a justiciable right. Considering there is no general minimum age for employment, the act recognizes that children should be in school which is an implicit recognition that they should not be at work.

Child Marriage

The World Fit for Children 2002 calls for an end to harmful traditional or customary practices of early and forced marriage, which violate the rights of children and women. The right to 'free and full' consent to a marriage is



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recognized in the *Universal Declaration of Human Rights*. The *Convention on the Elimination of all Forms of Discrimination against Women* (CEDAW) mentions the right to protection from child marriage, and calls legislation to specify a minimum legal age of marriage. In India the minimum legal age at marriage for girls is 18 years and for boys it is 21 years. The Prohibition of the Child Marriage Act, 2006 requires States and Union Territories to appoint Prohibition Officers and frame rules for implementation. So far 10 states have framed rules and the exercise is yet to be completed in other states. The Supreme Court in October 2007 ordered the compulsory registration of marriages irrespective of religion. It directed the Centre and all States and Union Territories to amend the rules to this effect within three months, stating it would be of critical importance to prevent child marriage and ensure minimum age of marriage.

Early marriage is a violation of rights of all girls and boys, as it denies basic rights to health,

nutrition, education, freedom from violence, abuse and exploitation and deprives the child of his/her childhood. For girls, it poses additional serious risk associated with early sexual life and child bearing. Figure 26 shows the child mortality levels by the age of the mother at the time of birth.⁹⁸ There is a significant difference in the chance of survival of a child born to a mother who gave birth before reaching the age of 20 years as compared to the child who is born to a mother who gives birth between 20 and 29 years of age.

In India, the percentage of women in the age group of 20-24 years who married before attaining the minimum legal marriageable age of 18 is 43 per cent.⁹⁹ In 1992-1993, 54 per cent of women married before age 18. Therefore, there has been a steady improvement in the age at marriage in India as will be evident from Figure 27.¹⁰⁰

Figure 26: Child mortality rates by age-group of mother in India - 2005-2006

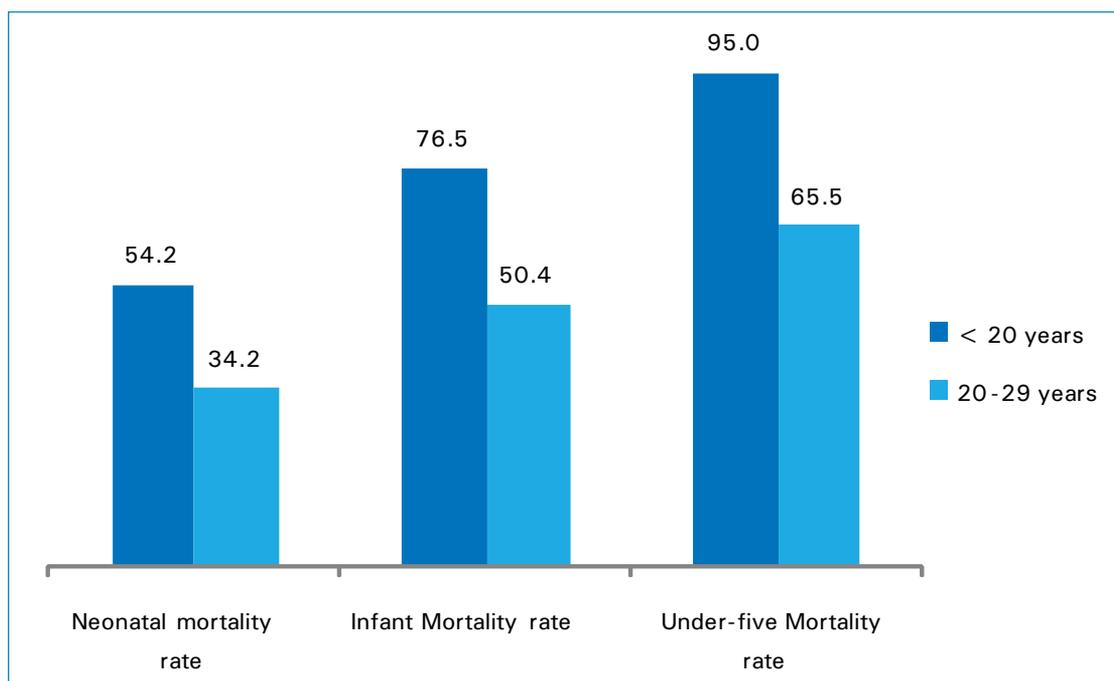
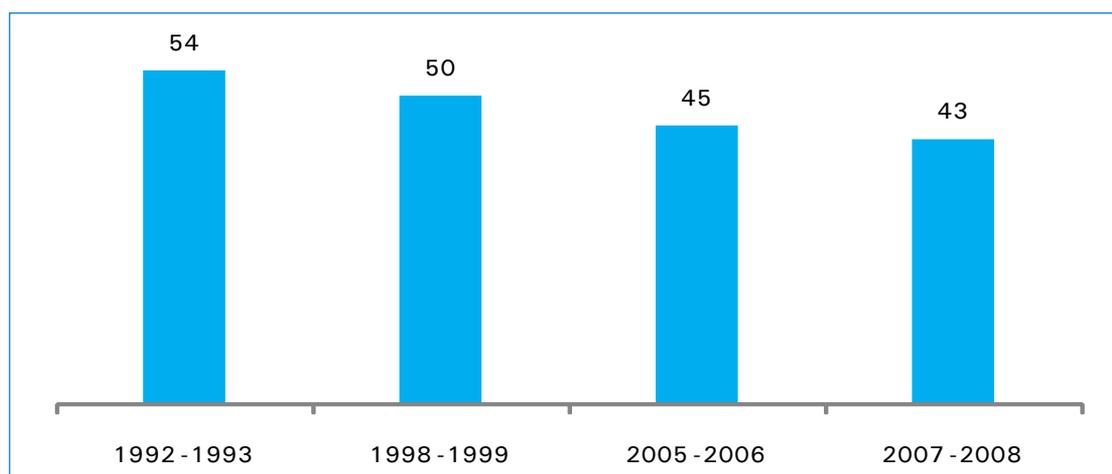


Figure 27: Percentage of women age 20-24 married before age 18 in India



It would be interesting to analyze the data on percentage of under-18 marriage for girls by further age break-up viz. 'Under 15 years' and '15 years but under 18 years' for 1998-1999 and 2005-2006.

Table 11 indicates that the percentage of girls married before 15 years of age had dropped significantly, while the incidence of girls

before age 18. These are Bihar, Rajasthan, Jharkhand, Uttar Pradesh, West Bengal, Madhya Pradesh, Andhra Pradesh and Karnataka.¹⁰²

The rural-urban differential in early marriage is very significant. While 48 per cent of women aged 20-24 years in rural areas married before attaining the legal age, it was 29 per cent in

Table 11: Percentage of women age 20-24 who married before age 15 and between age 15 and 18 in India - 2005-2006

Year	Under 15 years	15 years but under 18 years
1998-1999	23.5	26.7
2005-2006	18.2	29.2

Table 12: Worst performing and best performing states in respect of women age 20-24 who married before age 18 - 2007-2008

Worst three States	Bihar - 68.2 %	Rajasthan - 57.6 %	Jharkhand - 55.7 %
Best three States	Himachal Pradesh - 9.1%	Kerala and Punjab - 15.5 %	Goa - 19.1 %

married between 15 and 18 years of age has increased. This does not indicate any significant change in the social norms and customs.

Table 12 highlights the three best and worst performing major states in terms of child marriage.¹⁰¹

There are eight major states where more than half the women are reported to have married

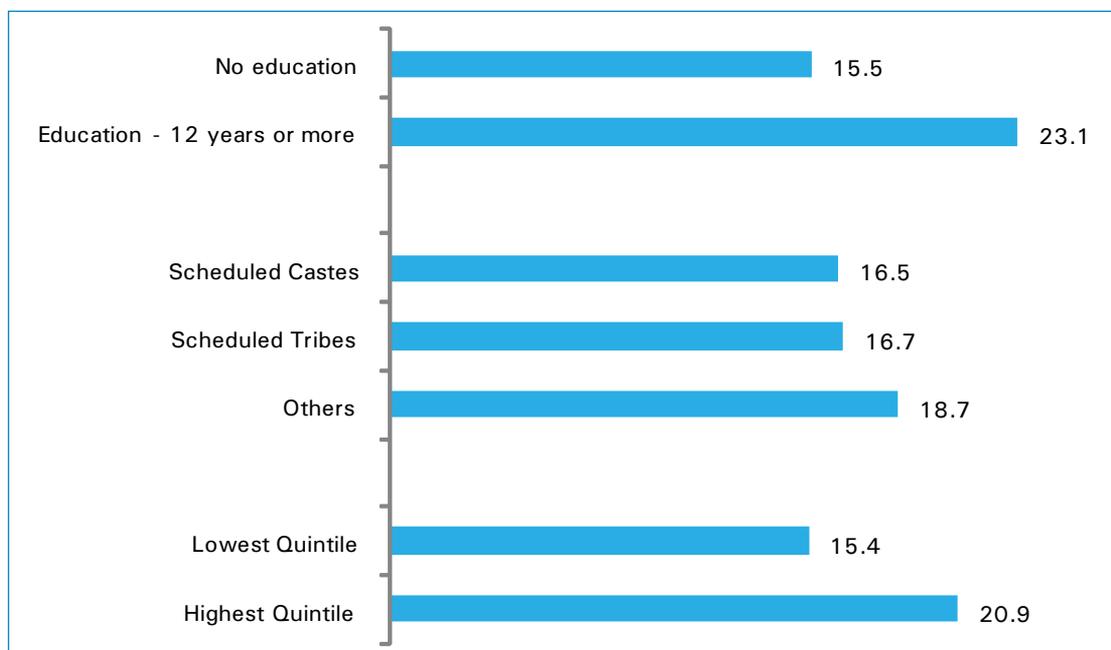


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urban areas.¹⁰³ There are disparities in the incidence of child marriage across social groups, wealth quintile and education of women as will be seen from Figure 28.¹⁰⁴

of children in those areas: in Jammu & Kashmir, where violence escalated in the summer of 2010; in various States in the north-eastern region (especially Assam, Manipur and

Figure 28: Median age at first marriage among women of age 25-29 by different population characteristics in India - 2005-06



Children living in areas affected by violence

In the past few years, India has suffered from separatist, ethnic and terrorist violence in a number of states, jeopardizing the protection

Nagaland), where the insurgency is organized along ethnic and cultural issues; and in the centre/west of the country (Chhattisgarh, Jharkhand, Maharashtra, Andhra Pradesh,



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Orissa, Bihar and West Bengal), where a large area is affected by Left-Wing Extremism / Naxalite violence, affecting 90 districts with high concentrations of tribal populations.

The situation of children

The extent of the problem and the numbers of children affected is very difficult to assess, as official data are very scarce.

The National Commission for the Protection of Child Rights (NCPCR) recently examined the situation of children in Naxal-affected parts of Chhattisgarh; in the North Cachar Hills, Chirang and New Bongaigaon districts in Assam; in Ashapara and Naisingpur camps at Kanchanpur in North Tripura district; in Kandahmal, Orissa; and in the Kashmir Valley. The NCPCR "[...] found a basic gap in every area of civil unrest – the administration and civil society groups did not have enough reliable data on how many children were affected by civil unrest. This was the case of children in IDP camps, children who have migrated to other States with their families, as well as children living in insecure areas, but not displaced from their homes".¹⁰⁵ Based on this assessment, the NCPCR provided a number of recommendations to the different government structures, including the development of an overarching policy on children in areas of civil unrest.

There is a growing concern with regards to how this situation is affecting children. In this respect, available information is limited, but these are some of the key effects that this violence is having on children.

- ♦ **Violation of the Right To Education:** The Naxalites have attacked or destroyed school buildings, ostensibly for housing the police or armed forces, and intimidated local communities, resulting in the denial of education to children. Consequently, children are dropping out of school, not registering in school, or are studying under difficult circumstances. Education has also been disrupted in other areas affected by

violence, notably in Jammu and Kashmir during 2010.

- ♦ **Constraints in access to other basic services:** The weakening of public infrastructure and service delivery at the village level has resulted in the deprivation of basic rights and services (health, water, nutrition, sanitation, education, protection) for women and children, especially for the most vulnerable. As RedR India puts it in a recent assessment conducted in Chhattisgarh, "...prolonged civil strife in Dantewada has limited the access to life line services and resources. This puts the survival of children, particularly newborns and infants, at great peril from preventable diseases and malnutrition. There is a definite gap in the access to adequate nutrition, immunization, education and critical services for children, which is compounded by critical information gaps regarding the status of children in the region. Overall, the changing patterns of livelihoods, inter-state migration, separation and displacement to camps coupled with insecurity have affected household stability, and compromised the protection and survival of children."¹⁰⁶
- ♦ **Exploitation and detention of children:** Various reports and anecdotal evidence suggest that communities and families are increasingly being persuaded to contribute at least one child per family towards insurgent groups, suggesting forced participation of children. It is unclear if the standards for the protection of children in conflict with the law (as established by the Juvenile Justice Act) are applied to them in all cases.
- ♦ **Displacement and family separation:** Thousands of families have been displaced in the affected districts and have relocated, sometimes in a spontaneous manner and in other cases by being brought to relief camps. The NE has the largest number of internally displaced people living in relief

camp, mostly from tribal groups. Loss of homes, lands, and livelihoods are the consequences of these relocations. Many children are living in residential institutions, whether for educational purposes or for their care and protection, where the environment, language, culture, religious practices maybe different to what they are used to.

- ♦ **Security risks:** The presence of armed groups results in increased risks for the physical security of children. In some cases, the Naxalites are using women and children as human shields to protect their movements.
- ♦ **Psychosocial risks:** Growing up amid violence and experiencing displacement, family separation, and institutionalization has highly adverse effects on the psychosocial well-being of children.

As the NCPCR policy document states, “[...] *civil unrest exposes children to multiple deprivations. Children are killed, hurt and maimed as a direct result of violence. Access to food, water, sanitation, health care and schooling deteriorates during unrest. Political insecurity pushes children into situations that can circumscribe the remainder of their lives. It disrupts families and social networks that support children’s physical, emotional and social development. The NCPCR has encountered children who are displaced and forced to drop out of school as a result. Civil unrest renders children vulnerable to trafficking and sexual abuse. Some children are also pulled into violence against the State*”.¹⁰⁷ “*Militant groups have recruited adolescent boys in the Kashmir Valley for many years, though anecdotal experience suggests that this has declined in recent years. In the NC Hills area, the NCPCR heard reports of militant groups using children to transport arms and other materials. In Chhattisgarh, the NCPCR heard testimonies about children being forced to join Naxal groups as well as Salwa Judum. There are no clear estimates of the number of children who have been used by non-State groups, nor of the number of children who*

have been killed as a result of civil unrest. Shockingly, police departments and government –supported groups have also recruited children as participants. The NCPCR learned that children had been recruited as Special Police Officers (SPOs) in Chhattisgarh in the past, though recent reports indicate that the State Government is no longer doing this. Becoming auxiliary police places children not only at risk of attack during anti-Naxal operations, but also at great risk of reprisals from Naxalites”.¹⁰⁸

The response

The Government of India has highlighted the need for a holistic approach in dealing with the impact of extremism on communities, in line with the recommendations of an Expert Group on Development Challenges in Extremist Affected Areas submitted to the Planning Commission in 2008. Since then, a number of initiatives have been put in place, including an Integrated Action Plan (IAP) for Selected Tribal and Backward Districts, currently being implemented in 60 Left Wing Extremist – affected districts; the Policy document on Protection of Children’s Rights in Areas of Civil Unrest, developed by the NCPCR; and the newly launched Bal Bandhu scheme, to be implemented by NCPCR to protect the rights of children affected by civil unrest in 10 districts in 5 states. However, all these initiatives are still at very initial stages of implementation, so it is too early to assess their impact on improving the situation of children, women and the population in general.

The Government of India will submit its first report on the implementation of the Convention on the Rights of the Child’s Optional Protocol on the Rights of the Child on the Involvement of Children in Armed Conflict in 2011.

Other broader government initiatives, not specific for children affected by civil strife, such as the new Integrated Child Protection Scheme or the Right to Education Act, also provide an important opportunity to ensure quality education for all children up to 14 and to establish an environment that protects children from violence, exploitation and abuse.

Beyond the government's response, the Judiciary has also formulated a number of instructions and resolutions to vacate schools occupied by security forces in Naxal-affected states; to set up juvenile courts and observation homes in Kashmir after hearing allegations of illegal detention of children and imprisonment with adults under the Public Safety Act, etc.

And many civil society organizations are also providing relief and assistance, in many cases under very difficult circumstances, to affected populations, in their villages, in camps.

Child sex ratio and female foeticide

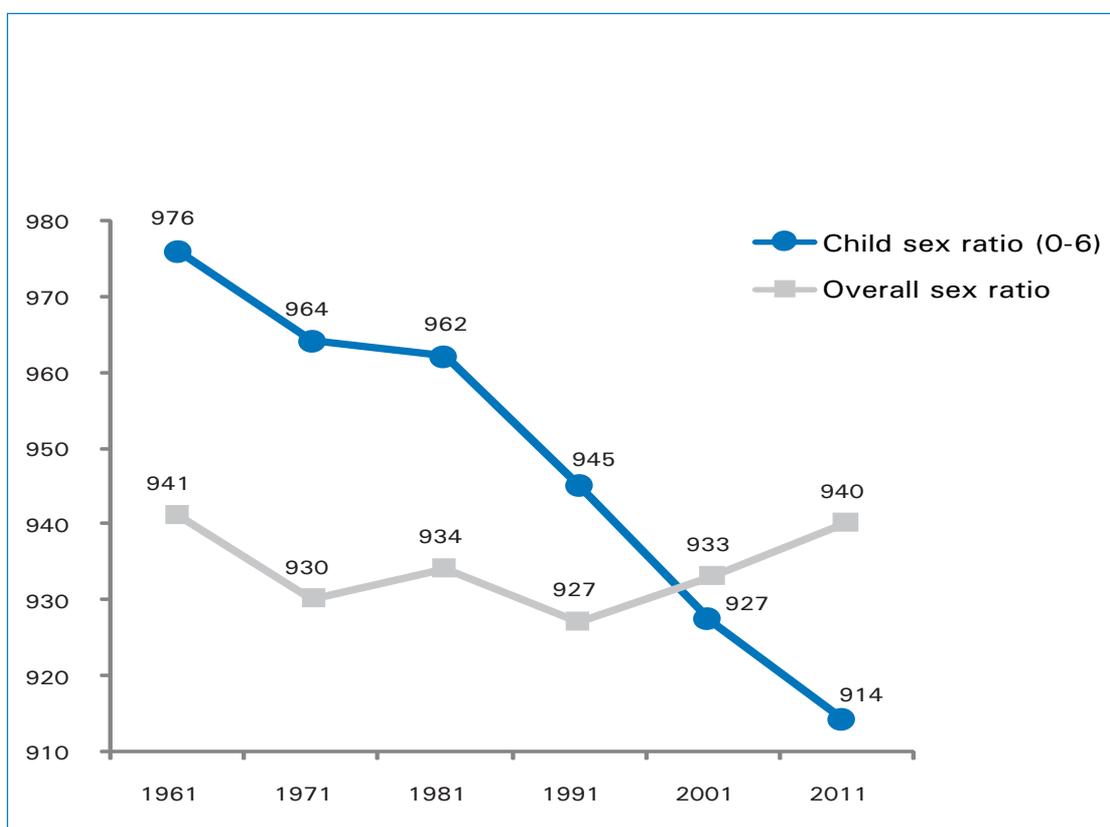
As per the 2011 provisional census results, while the overall sex ratio presents encouraging trends, showing a marginal increase of 7 points over the last census in 2001, encompassing all states and Union Territories, the same is not true in the case of the girl child in the age group 0-6 years.

The child sex ratio defined as number of females per 1000 males, in the age group 0-6 years consistently shows a declining trend, from 962 in 1981 to 945 in 1991, 927 in 2001 and now to an alarmingly ratio, as low as 914 in 2011. Disconcertingly, as per 2011 provisional census results, child sex ratio has declined in 27 States and Union Territories. The child sex ratio ranges from 774 in District Jhajjar in Haryana to 1013 in Lahul & Spiti in Himachal Pradesh.

Though census figures of 2011 by rural and urban are not yet released, 2001 census results revealed that child sex ratio in the case of rural population was higher at 934 compared to 906 for the urban population. A worse situation in the urban areas is also likely in the 2011 census results.

The Government of India has set a monitorable target¹⁰⁹ of improving the child sex ratio to 935 by 2011-2012, and 950 by 2016-2017. Census

Figure 29 : Alarming declining trend in Child Sex Ratio – Gender imbalance



2011 reveals that there are still around 367 of the 640 districts in the country with a child sex ratio below 935, the goal set for 2011-12.

The drop in the child sex ratio has largely been attributed to sex-selective abortions in some parts of the country. In India, 682 thousand female fetuses were destroyed between 2001 and 2005, which is 18 to 19 hundred every day¹¹⁰. Another factor contributing to a low child sex ratio is the high under 5 mortality rates for girls in India (refer to figure 13). In a normal situation where there is no discrimination against a girl child, under-five mortality for girls is at least 10% lower than that for boys.¹¹¹ This would mean that under five mortality rates for girls in the country should have been much lower than the present levels of 79 and the overall rate much below the present levels of 70 under normal situations, implying that a large number of girl children could have been saved.

The phenomenon of female infanticide is a critical concern in India. Over the centuries, the girl child has been considered a burden. "Abort your daughter now, save dowry later", says the adage. Beliefs that only the son can carry out the last rites, parents' fear of being left alone once the daughter marries or apprehension of ending the family bloodline are to blame. Interestingly, sex-selective abortion is higher among the better off, educated and predominantly urban. This coupled with the neglect of the girl child, reflected by higher under-five mortality among girls, results in a much-skewed sex ratio at birth and an even more skewed under-five sex ratio.

The Preconception and Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, PCPNDT Act 2003, prohibits sex selection and regulates prenatal diagnostic techniques and the prevention of their 'misuse for sex determination leading to sex-selective abortion'. However, it is very difficult to enforce and is hardly a deterrent to the flagrant misuse of medical technology for the elimination of girls on such a large scale. PCPNDT Act has been into force for all these years and the sex-ratio in India is still falling.

Children Living in Urban Settings

The process of urbanization in India is at a critical point of transition. India has a young and rapidly growing population, a potential demographic dividend that needs to be tapped accordingly. Addressing life in India's cities is a central pillar of inclusive growth.

McKinsey Global Institute (MGI) estimates that cities could generate 70 percent of net new jobs created by 2030, produce more than 70 percent of Indian GDP, and drive a near fourfold increase in per capita incomes across the nation.¹¹² And yet, cities are not just home to the prosperous.

Urban averages for most development indicators tend to be better than rural averages and may seem to show a distinct "urban advantage". However, concentrations of wealth in urban areas mask the depth of urban poverty and data often exclude the illegal urbanites and slum dwellers that are the most deprived.¹¹³

India's urban population grew from the 290 million reported in the 2001 Census to an estimated 340 million in 2008, and MGI projects that it could soar further to 590 million by 2030.¹¹⁴

With large cities (one million plus urban agglomerations - UA) attracting large infrastructural and industrial investment, the demand for unskilled labour is more likely to be absorbed by smaller cities and towns. These large cities accounted for a big part of urban population in 2001 (35 UAs accounting for 38 per cent of the population), but the bulk of the urban population resided in the remaining class I and class II towns (763 cities for 41 per cent) and the remaining smaller cities (3580 cities for 21 per cent).¹¹⁵

The sustained decline in urban fertility in different age groups has helped in reducing the percentage of the child population significantly, at least in 0-14 age group. However, the decline

in fertility is not very high in low income groups, and with poor slum dwellers concentrated in a few large slum localities in the peripheries and marginal lands within the cities, there is a mismatch between the demand and supply of social services across localities.

Indicators reveal children are somewhat better off in urban areas than their rural counterparts. However, analysis of data show a growing “urban penalty” related to numbers of the urban poor and deteriorating conditions. Malnutrition is also becoming more of an urban problem, related to higher food costs, reliance on a cash economy and unsanitary conditions.¹¹⁶

The urban poor live in informal settlements without the secure tenure that protects them from eviction. The lack of a legal address can also mean disenfranchisement and difficulty to access services (e.g. schools and clinics) and infrastructure (e.g. provision for water,¹¹⁷ sanitation,¹¹⁸ drainage and waste removal). The implications for children are profound.

The concentration of human and household wastes in poor urban areas adds to risk for children. Even if they are better served than those in rural areas, they may face higher odds of sickness and death. Urban dwellers living in poor-quality overcrowded housing in slums or informal settlements without proper infrastructure, are also among the groups most at risk from disaster and the direct and indirect impacts of climate change.

High concentrations of people and higher mobility; the breakdown in traditional social norms, and higher rates of partner change, greater personal autonomy, impunity for harassment, the greater presence of sex workers, etc. contribute to higher rates of HIV/AIDS in urban areas. HIV results from risky behaviours and is also due to the fact that women and girls have fewer choices available to them than men.¹¹⁹

Poor urban communities often show strong social fabric, but there are also challenges that contribute to social fragmentation and lower levels of reciprocity. Insecurity in terms of

unreliable livelihoods, rising prices, the lack of safety nets, violence and crime, the absence of protection under the law, the threat and reality of eviction and the experience of exclusion, etc, create a context of high risk and stress and can undermine the social cohesion necessary to tackle poverty effectively.¹²⁰

Data Gaps on Children

There have been considerable improvements in the availability of data on children in the past two decades in India, mainly through major household surveys. India already had a long tradition of Population Census, which also provides decadal data on a few population based indicators on children. However, data obtained from the administrative registers and programme monitoring registers related to children have been weak and unable to provide data, especially at the outcome levels. All flagship programmes like Sarva Shiksha Abhiyan (SSA), National Rural Health Mission (NRHM), Integrated Child Development Scheme (ICDS) and Total Sanitation Campaign (TSC) have in-built monitoring mechanisms. But these routine monitoring systems have several shortcomings in terms of suitability and quality and do not meet the requirements of measuring progress against programme objectives. They are mainly designed to obtain input and process indicators and the budget outlays and expenditures. The 11th Plan clearly emphasizes the need to shift focus from monitoring of outlays and inputs to outcome monitoring in government schemes.

The weakest statistics on children had always been in the area of child protection except for data on child marriage, birth registration and child labour, the latter being afflicted by definitional issues. The intrinsic nature of the problem of collection of data on child protection related to trafficking, child abuse and other illegal and unlawful activities have already been described. However, what is also lacking is a robust administrative statistical system for data collection on the implementation of protection services and children in various institutions such as Juvenile Justice Institutions and orphanages amongst others.

The well being of children in terms of health, nutrition, education and protection is not only dependent on the extent and quality delivery (or access) of services but also on the knowledge, attitude and behavior of the mother and other members of the households with respect to child rearing, caring, protection and development and prevailing social norms relating to children which may perpetuate harmful practices. While a lot of surveys do bring out the level of practice, there has been very little systematic effort to collect data on understanding 'why' households (or the caregivers) do not practice child caring

behaviors according to standard norm, and continue practices harmful to children that inhibit their overall development and attainment of rights .

The Ministry of Statistics and Programme Implementation in collaboration with UNICEF is in the process of establishing a Forum on Child Statistics with a view to institutionalizing coordination and collaboration amongst stakeholders for improving the scope, content, quality consistency, and timely reporting of data on children to enable informed policy decisions and planning.

Statistical Profiles of Children in States

Statistical profiles for 18 states of the country are presented here. The state profiles are snapshots of the situation of children and women. The profiles contain information on demographics, child survival and development, literacy and education, progress on MDG's and child protection related indicators. Equity status of key indicators on children and women are also presented for each state. The inclusion of a state has been largely driven by the population size and availability of reliable estimates for the indicators. These can serve as a very strong tool for planning and advocacy.

Sources of Data and Notes for Statistical Profiles of States

General: Only 18 major states (population more than 5 million) have been included as data for many of the indicators included in the profiles were not available for smaller states. Among the major states Jammu & Kashmir and Uttarakhand are not included as sufficient data was not available.

Demographics: The projected population are derived estimates based on 'Population Projections for India and States 2001-2026', Office of the RGI; Mortality estimates from Sample Registration System (SRS) and MMR from Special Bulletin on MMR 2004-06, Office of the RGI

Infant mortality rate: Sample Registration System (SRS), 2008

Components of under five mortality: Sample Registration System (SRS), 2008

Child under-nutrition: National Family Health Survey (NFHS) 2005-06; based on WHO reference population

Trends in child under-weight: NFHS 2005-06; based on NCHS reference population

Progress on MDG's: The charts showing 'Progress on MDG' is a graphical presentation of progress made by the country and the states with respect to the MDG goals in key five sectors, namely Child Mortality, Maternal Health, Child Nutrition, Education, Sanitation. The progress in these sectors have been measured based on one important indicator of the concerned sector, comparing its estimated value in and around the year 1990, its position in and around 2005-08 vis-à-vis its target value in 2015 as set by the MDG goal for that indicator.

Identified Indicators for sector:

Sector	Indicator	Data Source (~ 1990; 2005-08)
Child Mortality	Infant Mortality Rate	SRS, ORGI
Maternal Health	Percentage of births attended by skilled health personnel	NFHS 1992-93; DLHS 2007-08
Child Nutrition	Percentage of children under age 3 underweight (moderate and severe)	NFHS 1992-93, NFHS 2005-06
Education	Percentage of children age 6-10 years attending school (proxy indicator)	Census 1991; NSSO 2007-08
Sanitation	Percentage of households having access to toilet	Census 1991; DLHS 2007-08

Method of interpreting progress (regress):

- **Base value** of the indicator for each of the indicators is taken from the available estimate for a year in and around 1990
- Latest estimated value of the identified indicator for the year 2005-08 is taken from the latest available data (**Present value**)
- **Target value** for each indicator (including proxy indicator) is the value it should reach by year 2015, e.g. target value for IMR for 2015 is one-third the IMR in 1990; target for skilled birth attendance is 100%, for under-weight it is one-half of the estimate in or around 1990 and for sanitation the target for 2015 is to reduce the proportion of non-access by 50% as that of 1990.
- The position that the respective indicator would take on the chart for any sector is obtained by deriving the ratio:

$$\frac{\text{Base value} - \text{Present value}}{\text{Base value} - \text{Target value}}$$

This ratio will take a value **close to 1.0** if the 'present value' for the indicator is close to the 'target value' and its value will be **small** if progress of the indicator vis-à-vis the target is small. In other words the distance between target and the present position is distant. It may take a **negative value** if the progress is actually 'regressive'; in other words the situation of the sector vis-à-vis the target has worsened.

A sector can be said to be closer to achieving the MDG goal if the value for that sector is closer to 1.0, i.e. touching the outer web in the chart. In case a particular sector has gone below the level of 1990, the value for that indicator would be in the opposite direction.

For Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh and Uttar Pradesh, the estimates for the base year have been arrived at through linear backward projections made from SRS (for IMR) and NFHS surveys of 1998-99 and 2005-06

Child immunization: NFHS for 1992-93, 1998-1999, 2005-06 and DLHS for 2007-08

Continuum of care for reduction of neo-natal mortality rate: DLHS for 2007-08 and SRS 2008

Skilled attendance at birth: NFHS for 1992-93, 1998-1999, 2005-06 and DLHS for 2007-08

Literacy rate: Census 1991 and DLHS, 2007-2008

School attendance: Census 1991 and NSSO (Report 532), 2007-2008

Educational attainment: DLHS 2007-08

Source of drinking water: DLHS 2007-08

Sanitation coverage: DLHS 2007-08

Trends in level of birth registration: Office of the Registrar General, India

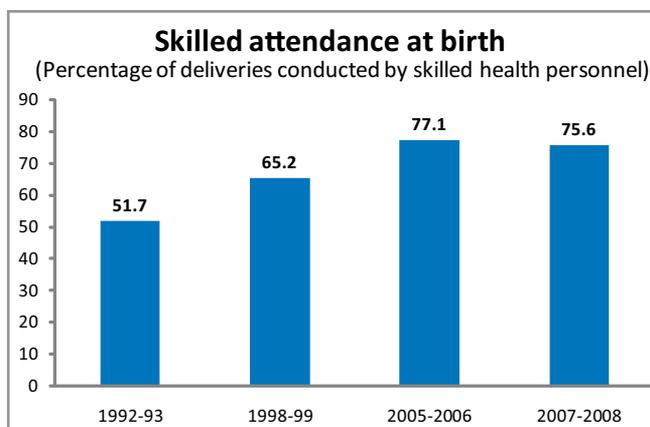
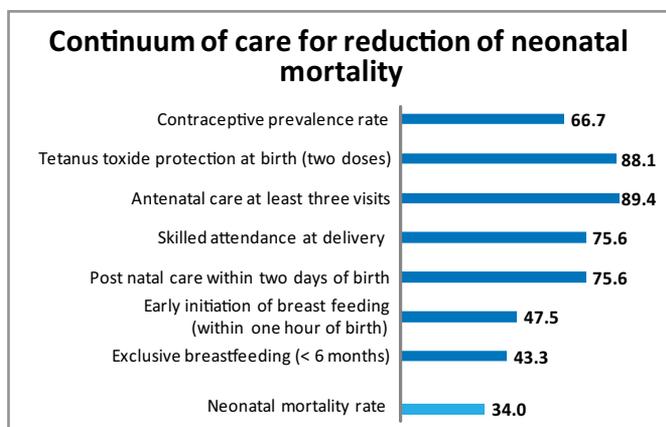
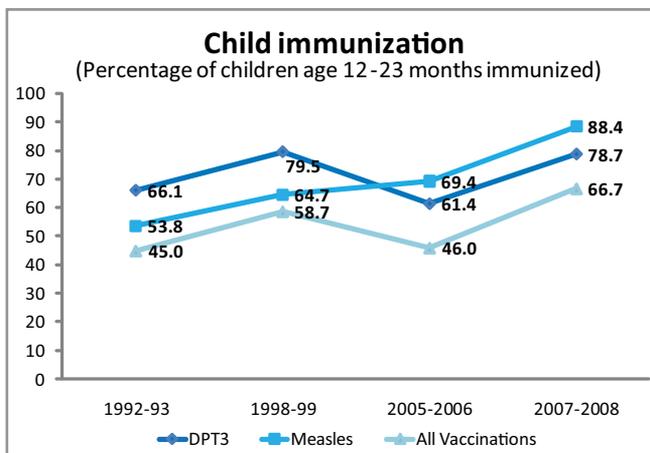
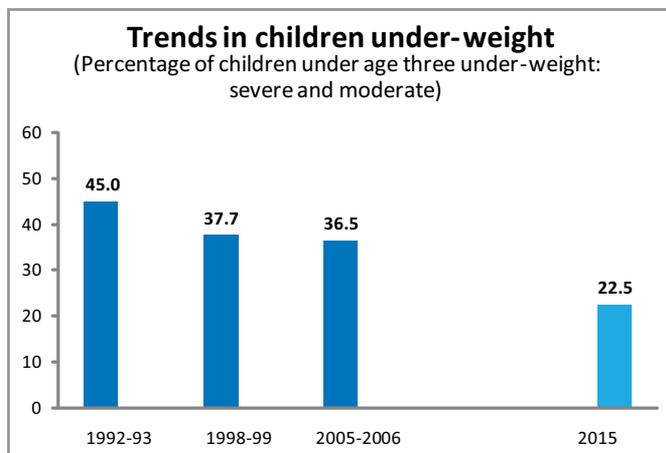
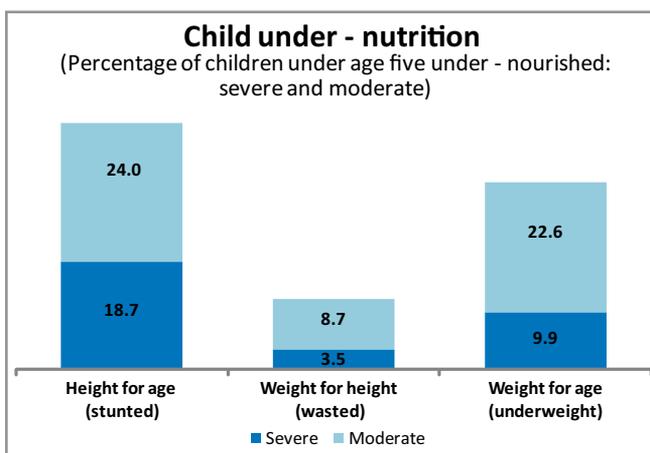
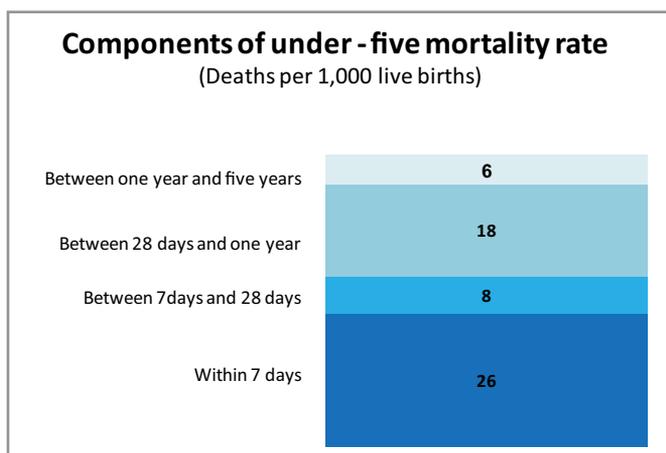
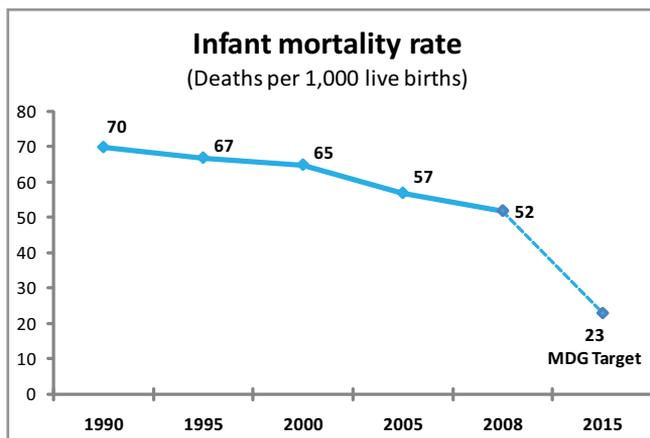
Early marriage: NFHS 1998-99, 2005-06

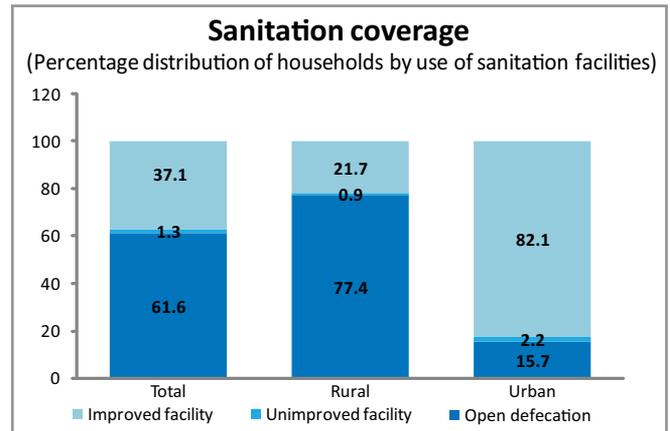
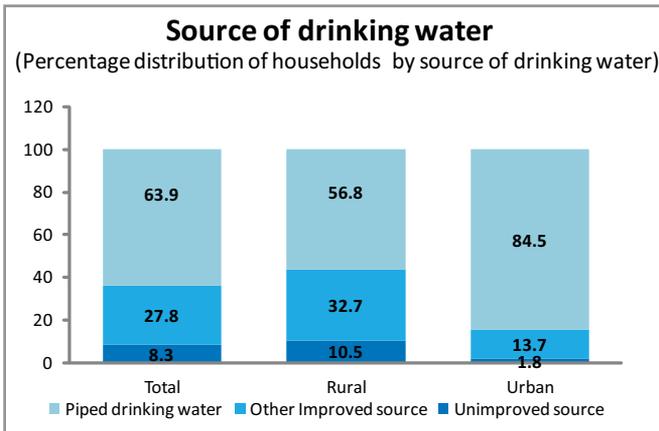
Equity table: NFHS 2005-06 (for indicators on mortality, underweight, BMI and AIDS) and DLHS 2007-08 (for remaining indicators); na for 'not applicable' or 'not available' cases; * Estimates not presented as they are based on small samples.

Statistical Profile of Children : Andhra Pradesh

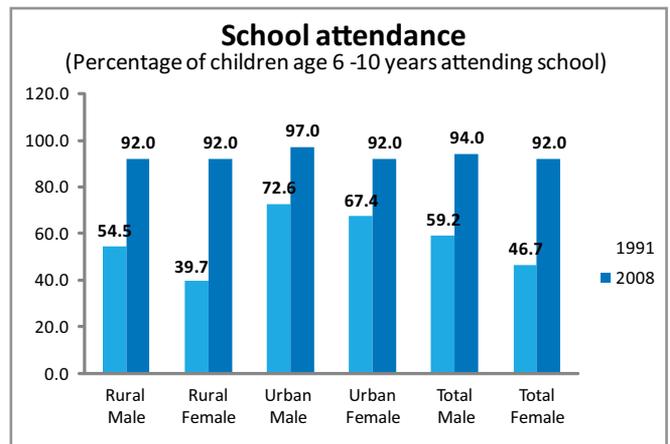
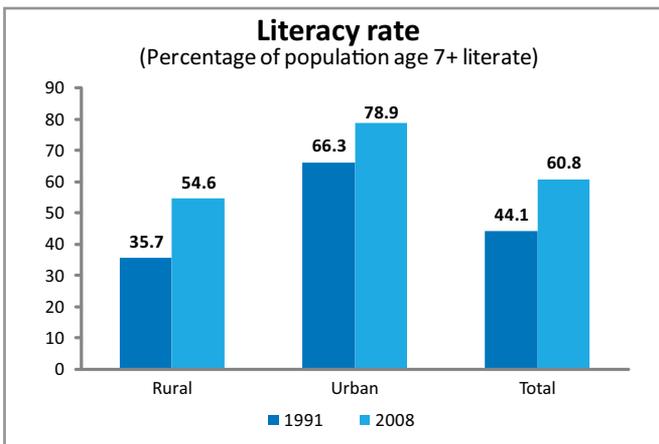
Demographics, Child Survival and Development

Total population (000)	82925 (2008)
Total under-five population (000)	6909 (2008)
Total number of live births (000)	1526 (2008)
Under-five mortality rate (per 1,000 live births)	58 (2008)
Infant mortality rate (per 1,000 live births)	52 (2008)
Total under-five deaths (000)	89 (2008)
Maternal mortality ratio (per 100,000 live births)	154 (2004-2006)

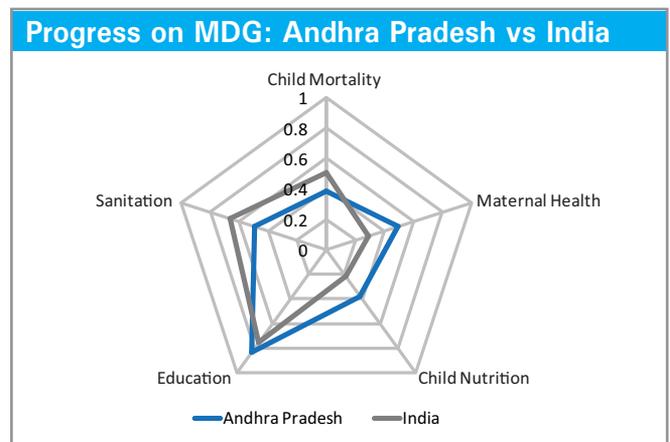




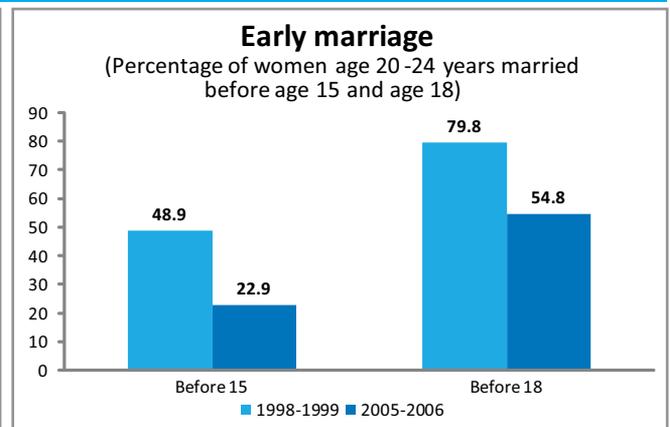
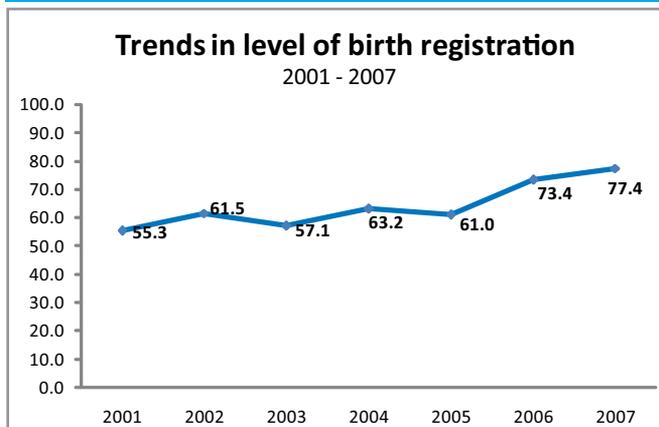
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	29.9	48.4
Years of schooling (percentage distribution):		
Less than 5 years	27.4	34.0
6 – 8 years	22.1	25.9
9 – 10 years	23.8	22.4
11 or more	26.4	17.3



Child Protection



Equity status of key indicators on children and women

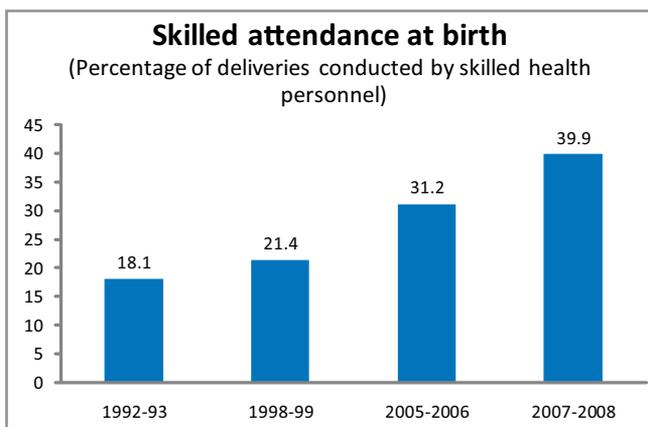
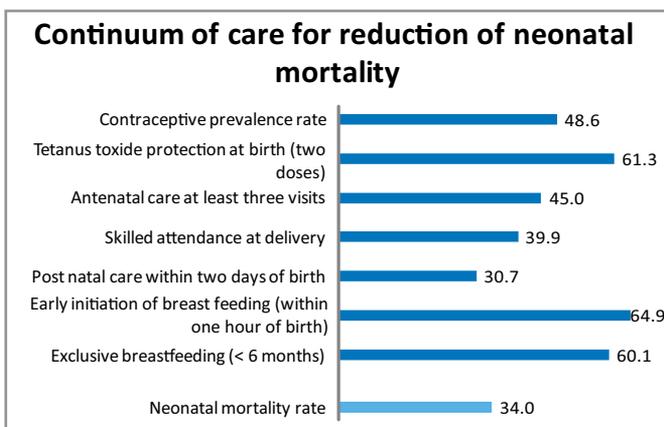
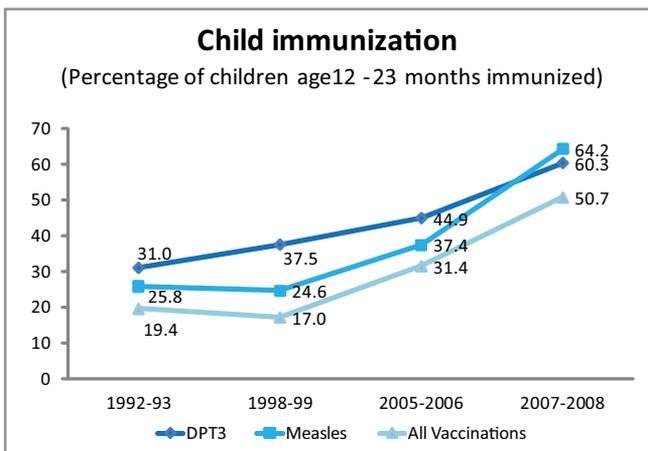
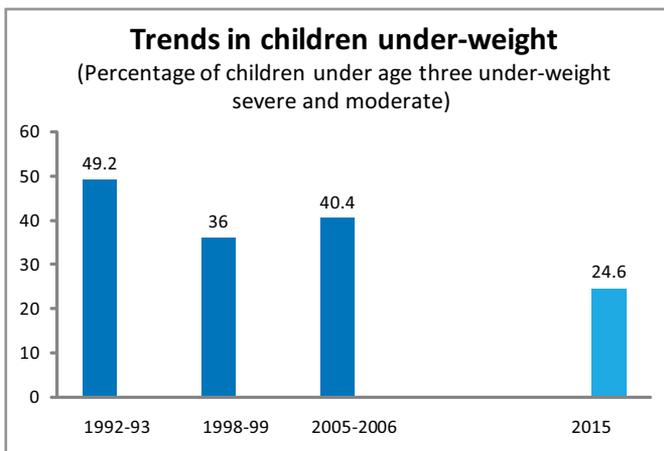
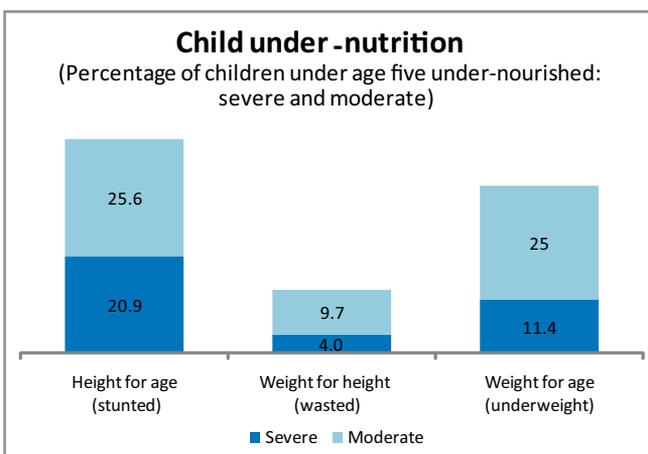
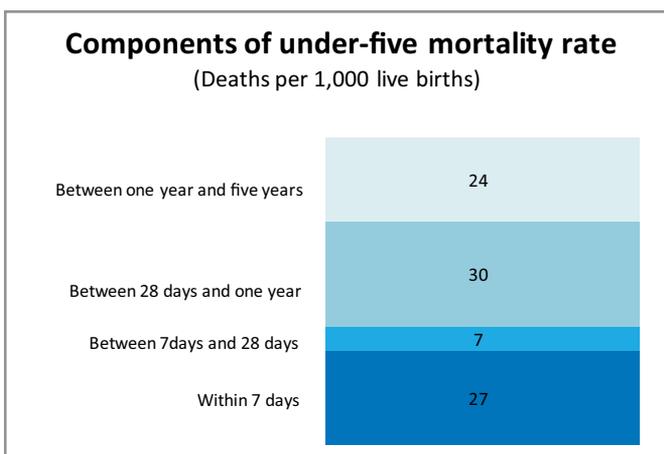
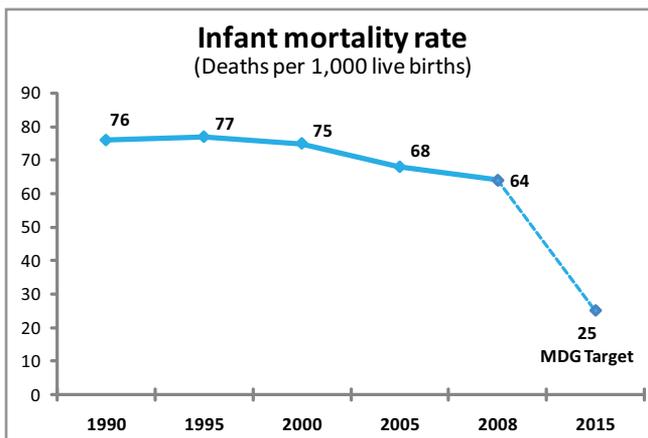
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	78.7	85.6	71.1	55.3	89.3	96.1	*	*	*
Infant Mortality Rate(per 1000 live births)	68.4	77.1	58.7	47.7	77.8	88.1	*	*	*
Children (< 5 years) underweight: severe & moderate (%)	32.5	31.7	33.4	28.0	34.8	38.5	41.5	46.6	16.3
Early initiation of breastfeeding: within 1 hour (%)	47.5	na	na	41.9	49.3	52.1	55.8	54.2	38.5
Children (12-23 months) fully immunized (%)	66.7	66.3	67.2	73.0	64.7	69.1	49.1	34.8	76.6
Women with at least 3 ANC visits (%)	89.4	na	na	96.3	87.2	91.9	71.6	67.1	97.4
Deliveries attended by skilled health personnel (%)	75.6	na	na	93.4	69.9	79.1	36.7	37.1	96.7
Children (5-14 years) attending school	87.6	90.5	84.6	91.1	86.5	87.2	82.2	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	33.5	na	na	22.1	39.4	37.6	43.5	48.0	14.5
Women (15-49 years) heard of AIDS	76.0	na	na	87.4	70.0	80.6	62.8	50.3	95.5

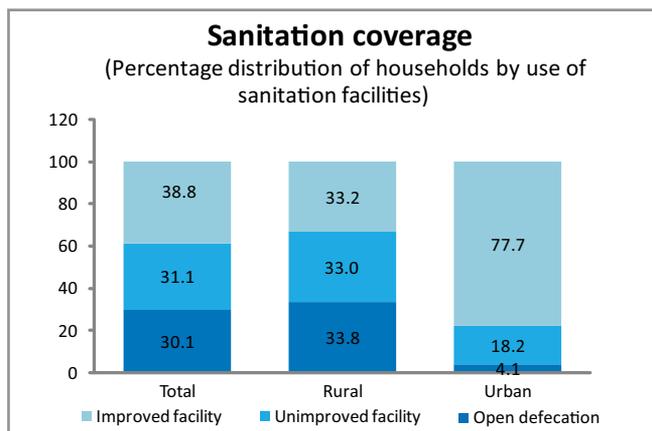
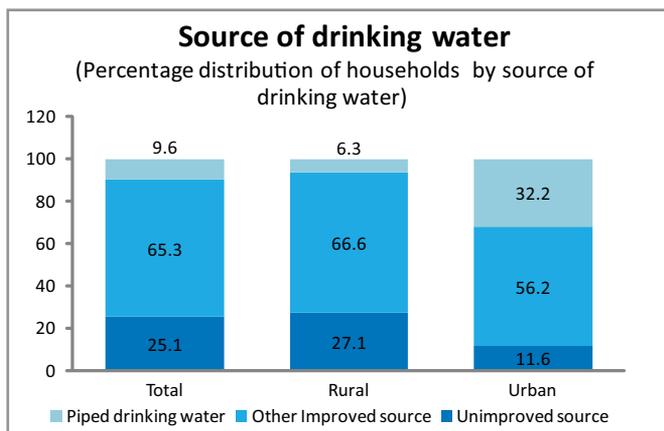


Statistical Profile of Children: Assam

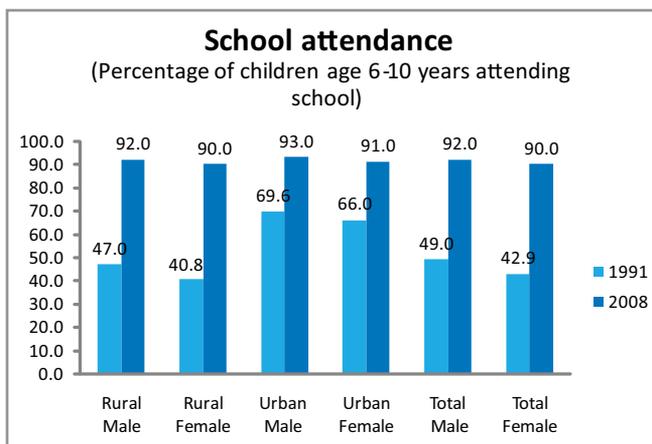
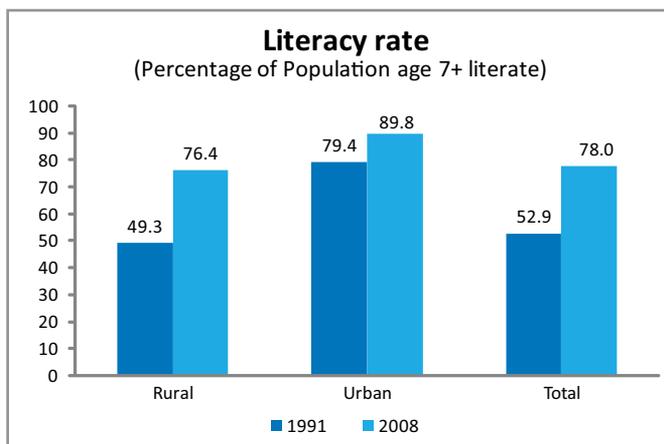
Demographics, Child Survival and Development

Total population (000)	29712	(2008)
Total under-five population (000)	3012	(2008)
Total number of live births (000)	710	(2008)
Under-five mortality rate (per 1,000 live births)	88	(2008)
Infant mortality rate (per 1,000 live births)	64	(2008)
Total under-five deaths (000)	62	(2008)
Maternal mortality ratio (per 100,000 live births)	480	(2004-2006)

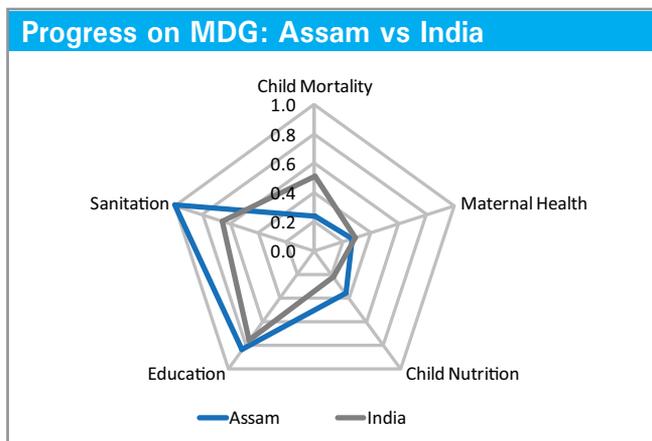




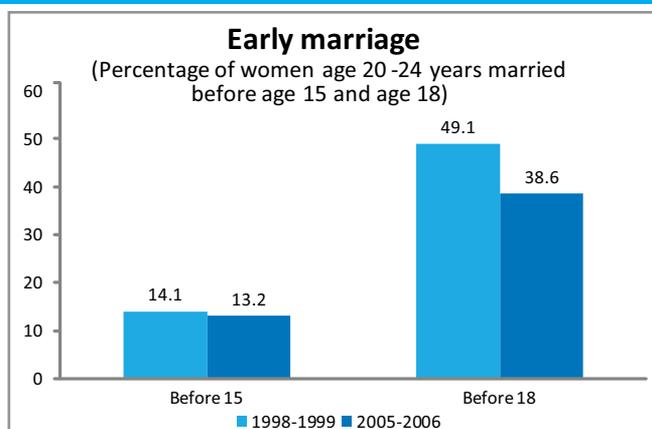
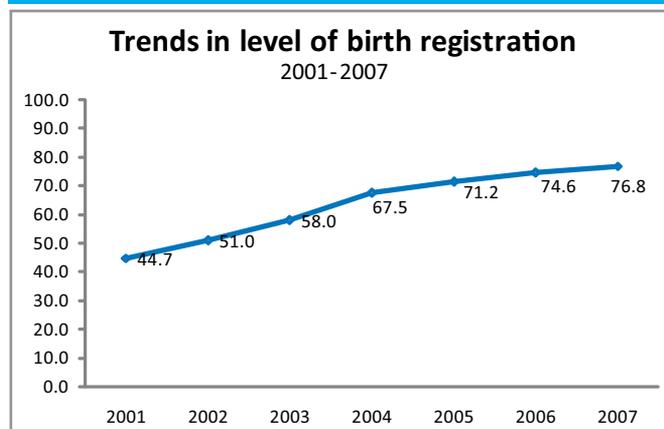
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	16.0	28.5
Years of schooling (percentage distribution):		
Less than 5 years	34.5	37.7
6 – 8 years	22.3	24.2
9 – 10 years	26.5	25.9
11 or more	16.5	11.9



Child Protection



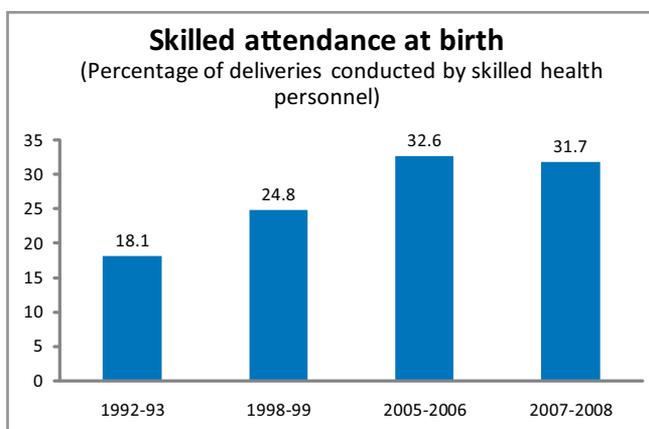
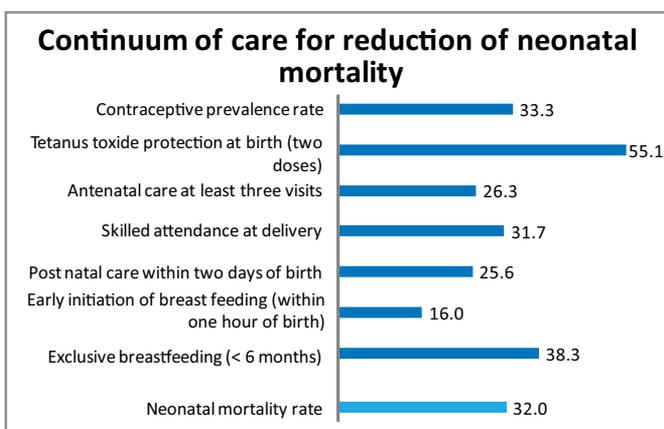
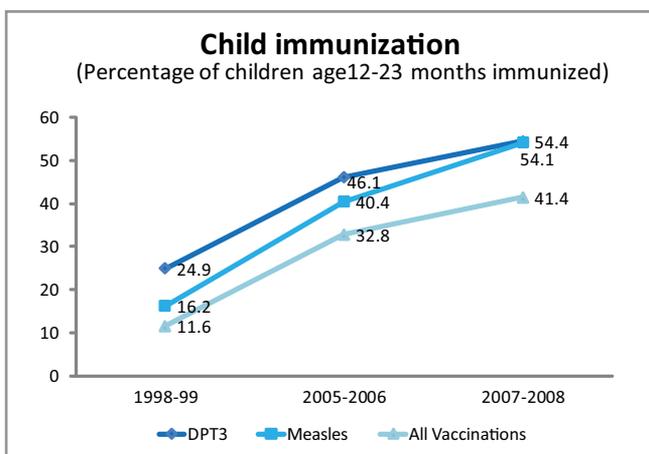
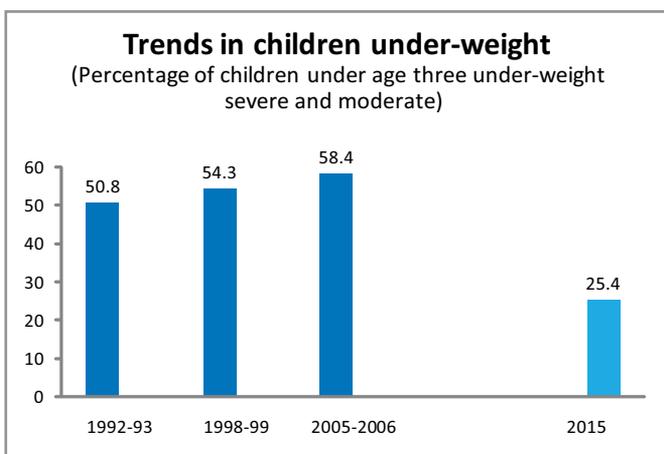
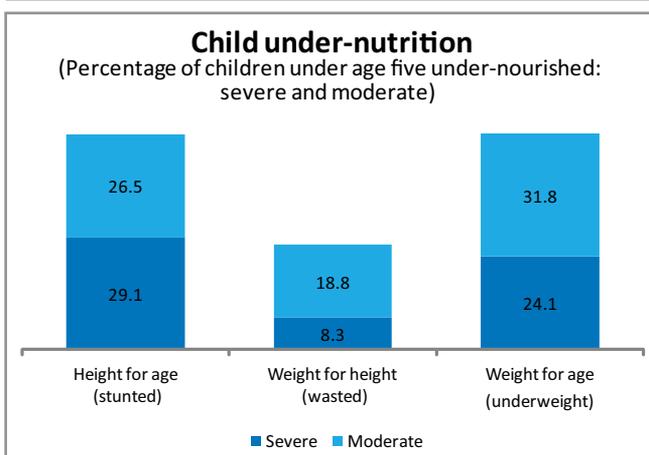
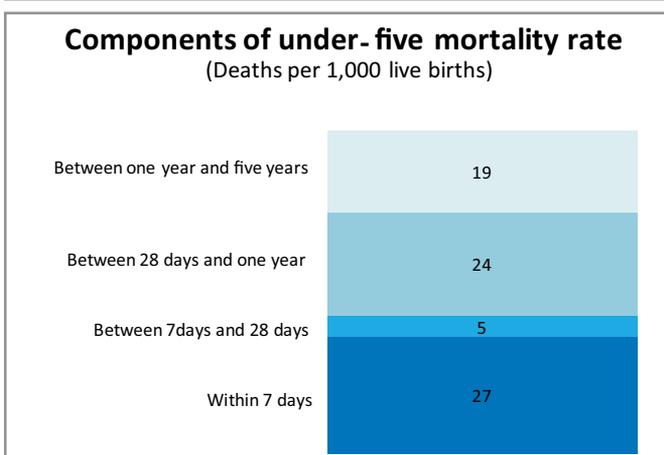
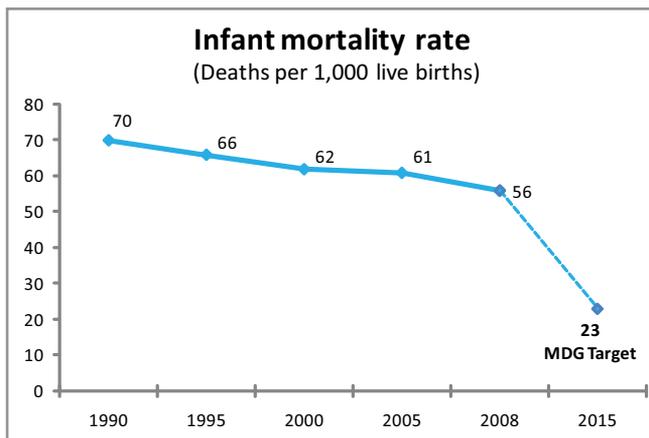
Equity status of key indicators on children and women									
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	95.2	90.3	100.3	67.4	98.9	*	83.2	129.1	23.9
Infant Mortality Rate(per 1000 live births)	70.9	69.3	72.6	50.6	73.5	*	59.0	95.4	17.0
Children (< 5 years) underweight: severe & moderate (%)	36.4	34.4	38.4	26.1	37.7	43.0	18.2	42.1	7.8
Early initiation of breastfeeding: within 1 hour (%)	64.9	na	na	60.1	65.3	59.6	74.7	66.0	61.6
Children (12-23 months) fully immunized (%)	50.7	51.0	50.3	55.2	50.2	58.1	48.2	45.8	*
Women with at least 3 ANC visits (%)	45.0	na	na	67.7	42.7	49.6	38.6	28.4	78.9
Deliveries attended by skilled health personnel (%)	39.9	na	na	71.3	36.7	41.3	40.0	20.0	83.6
Children (5-14 years) attending school	87.1	87.7	86.5	87.0	87.1	89.8	89.6	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	36.5	na	na	26.4	38.9	45.1	20.0	45.3	17.9
Women (15-49 years) heard of AIDS	58.6	na	na	84.4	52.6	57.0	59.4	16.8	95.6

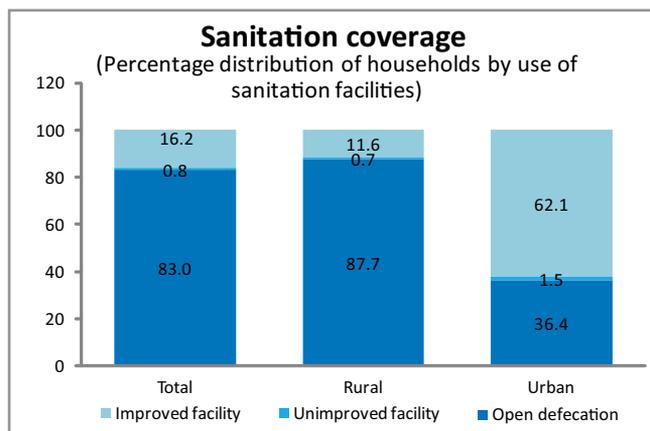
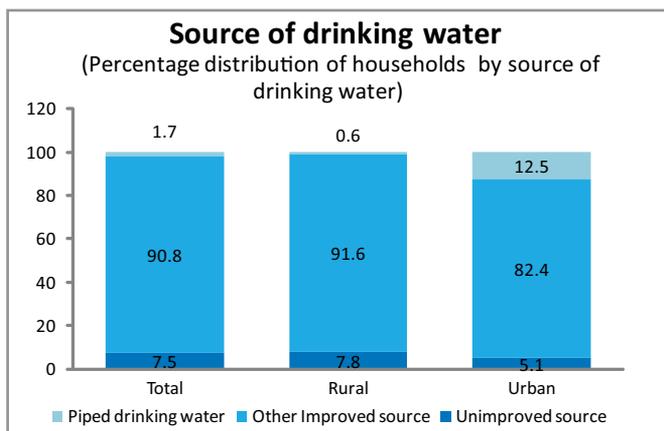


Statistical Profile of Children: Bihar

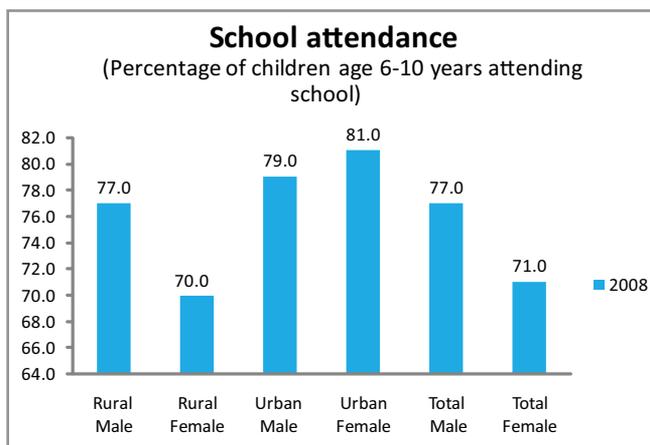
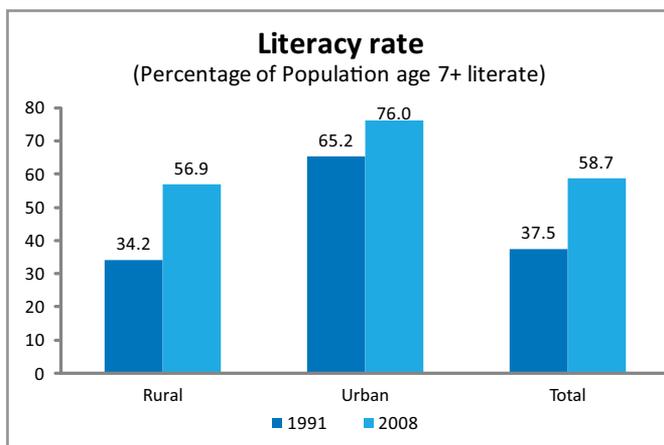
Demographics, Child Survival and Development

Total population (000)	94584 (2008)
Total under-five population (000)	10757 (2008)
Total number of live births (000)	2736 (2008)
Under-five mortality rate (per 1,000 live births)	75 (2008)
Infant mortality rate (per 1,000 live births)	56 (2008)
Total under-five deaths (000)	205 (2008)
Maternal mortality ratio (per 100,000 live births)	312 (2004-2006)

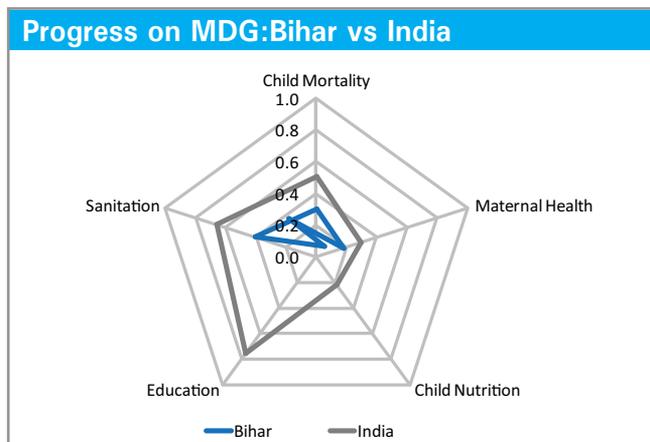




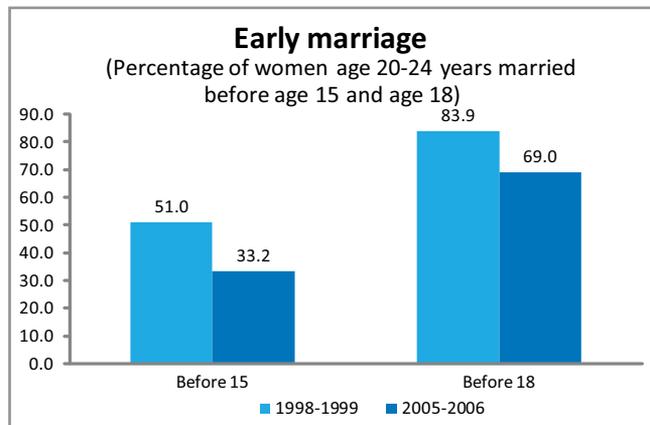
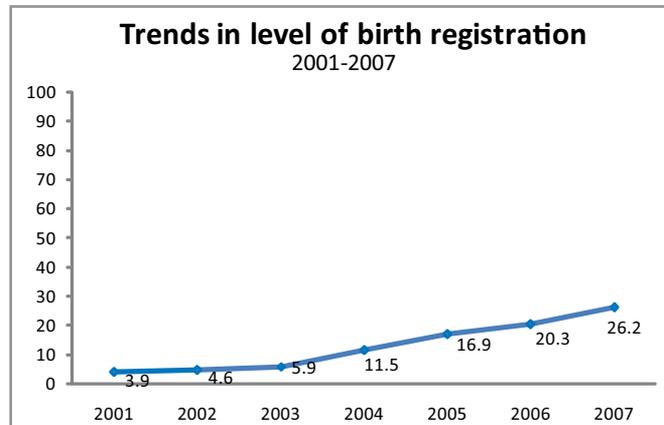
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	27.6	54.3
Years of schooling (percentage distribution):		
Less than 5 years	43.2	54.2
6 – 8 years	19.4	20.8
9 – 10 years	21.8	16.3
11 or more	15.0	7.2



Child Protection



Equity status of key indicators on children and women

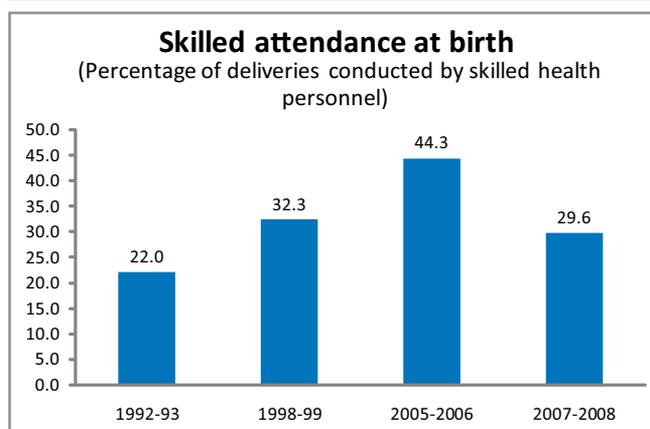
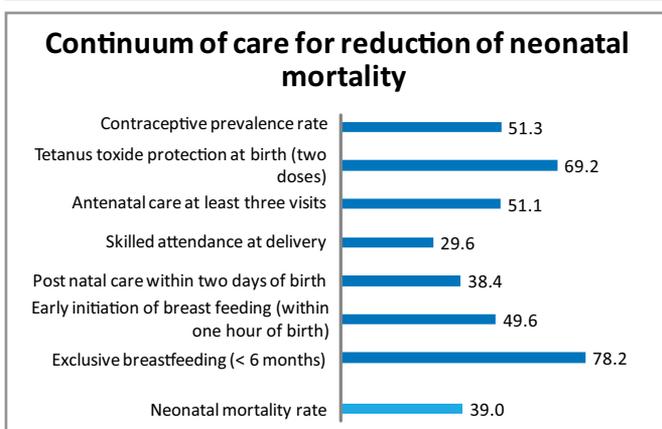
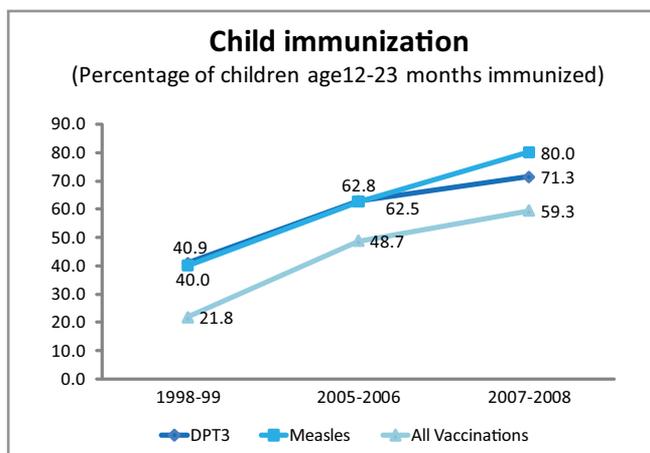
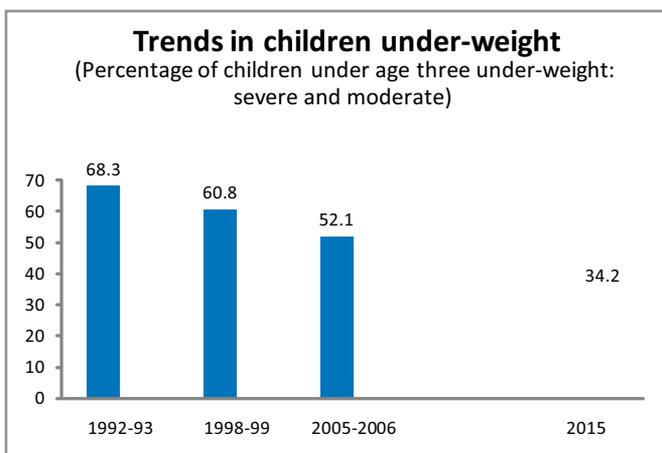
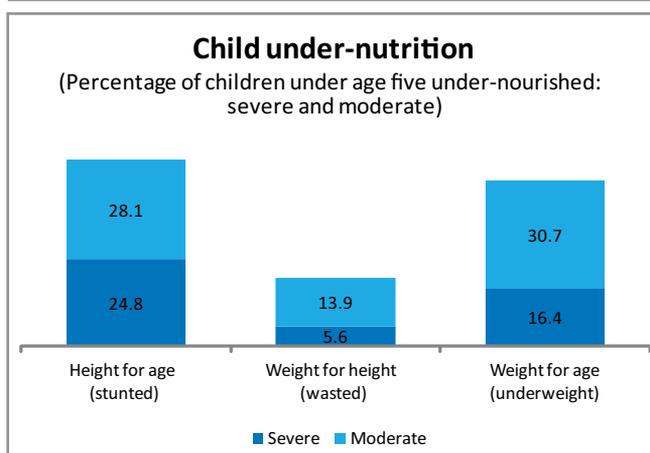
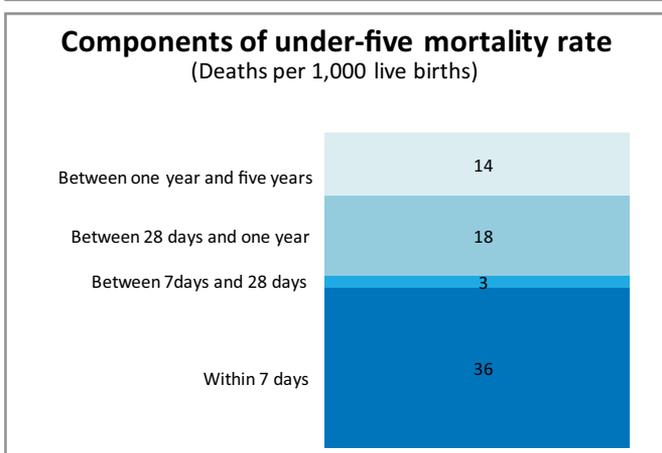
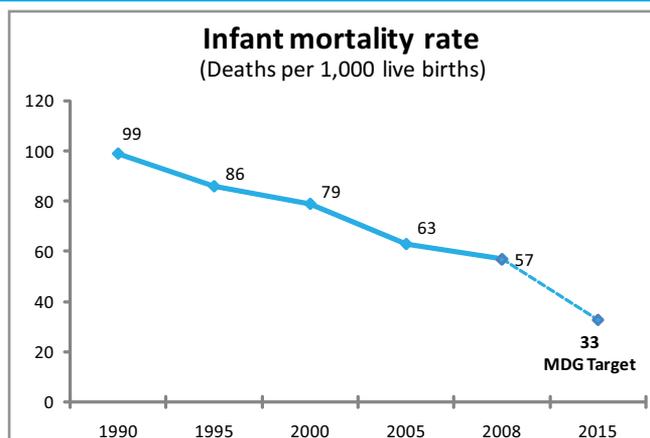
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	95.0	82.7	108.3	87.2	96.2	113.1	*	113.0	*
Infant Mortality Rate(per 1000 live births)	65.0	59.7	70.8	63.4	65.2	71.0	*	71.1	*
Children (< 5 years) underweight: severe & moderate (%)	55.9	54.3	57.8	47.8	57.0	69.6	*	66.2	24.6
Early initiation of breastfeeding: within 1 hour (%)	16.0	na	na	19.5	15.7	16.8	17.4	13.6	22.6
Children (12-23 months) fully immunized (%)	41.4	44.8	37.7	41.3	41.4	33.5	29.1	29.1	64.5
Women with at least 3 ANC visits (%)	26.3	na	na	39.7	25.3	17.5	17.7	17.3	68.6
Deliveries attended by skilled health personnel (%)	31.7	na	na	59.6	29.6	24.3	18.6	19.6	83.4
Children (5-14 years) attending school	65.2	70.0	59.3	78.5	63.9	48.8	55.8	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	45.1	na	na	32.0	47.6	58.3	*	55.2	21.4
Women (15-49 years) heard of AIDS	38.7	na	na	72.8	32.1	22.2	*	16.7	91.8

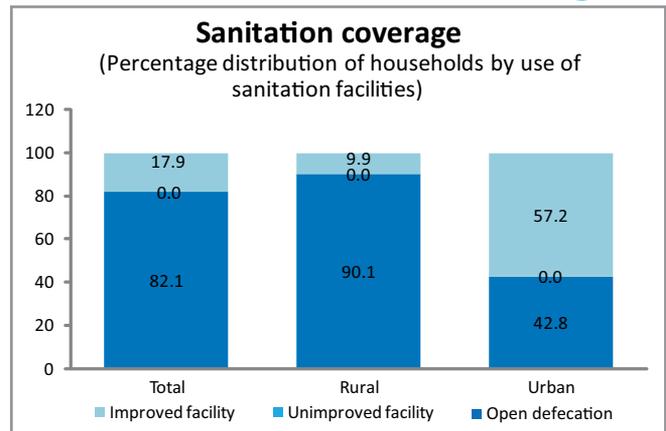
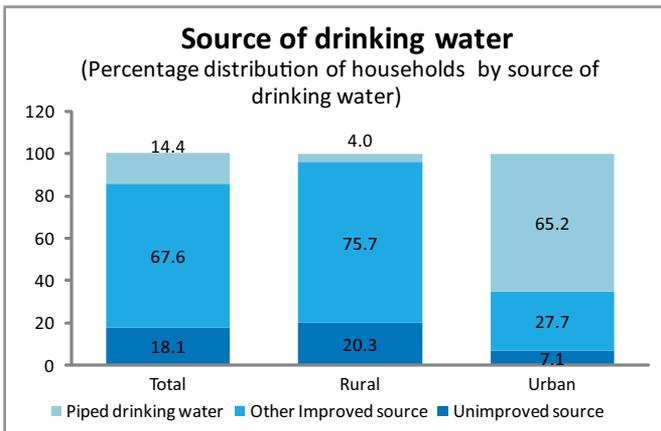


Statistical Profile of Children: Chhattisgarh

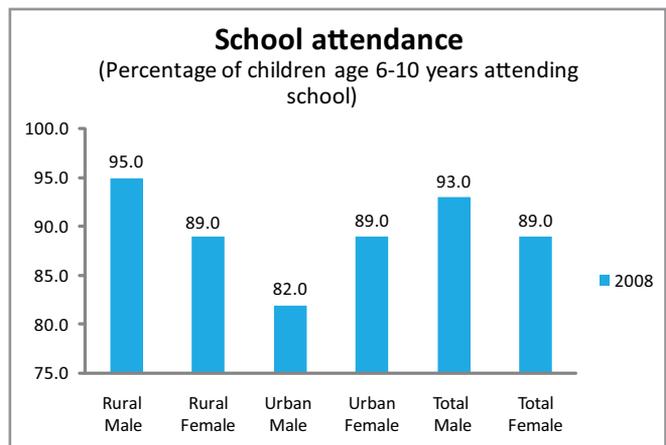
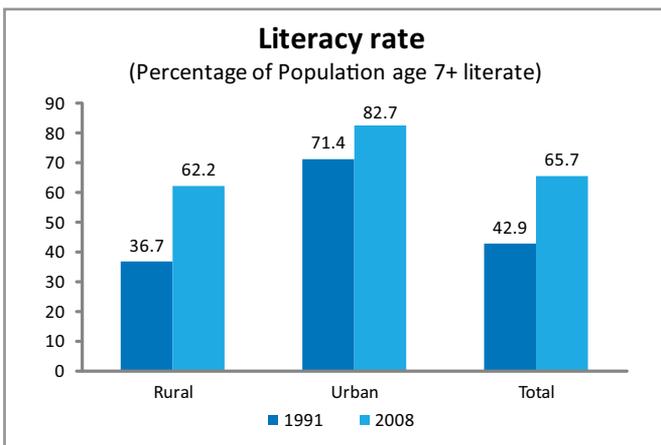
Demographics, Child Survival and Development

Total population (000)	23509	(2008)
Total under-five population (000)	2543	(2008)
Total number of live births (000)	614	(2008)
Under-five mortality rate (per 1,000 live births)	71	(2008)
Infant mortality rate (per 1,000 live births)	57	(2008)
Total under-five deaths (000)	44	(2008)
Maternal mortality ratio (per 100,000 live births)	335	(2004-2006)

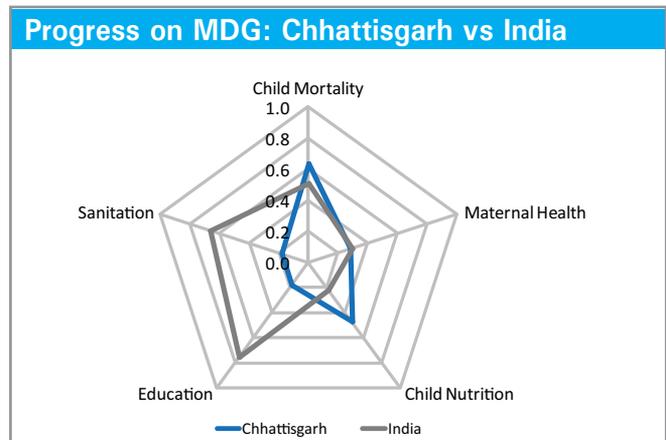




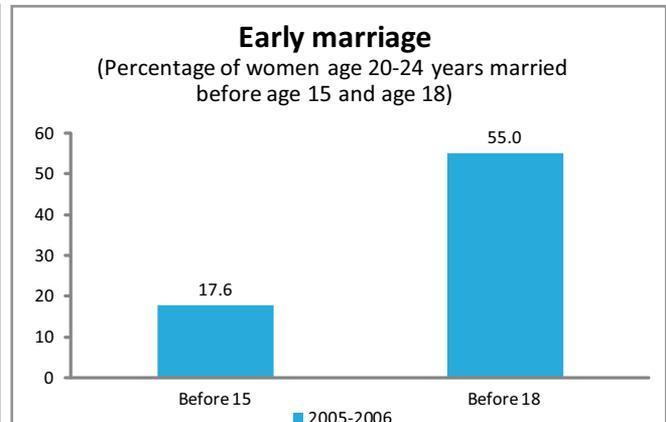
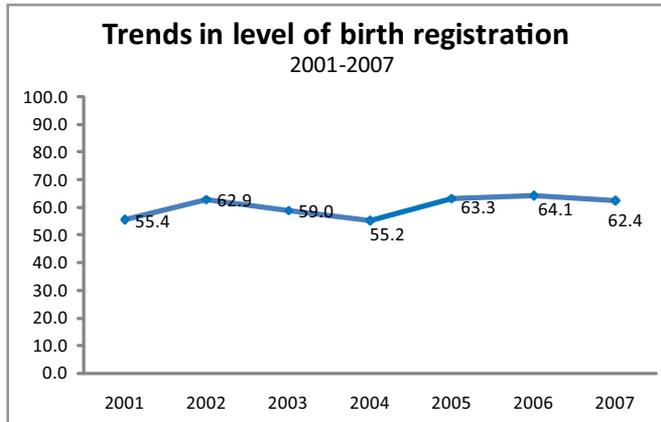
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	22.8	45.8
Years of schooling (percentage distribution):		
Less than 5 years	44.1	51.3
6 – 8 years	25.4	27.8
9 – 10 years	13.6	10.8
11 or more	16.2	9.4



Child Protection



Equity status of key indicators on children and women

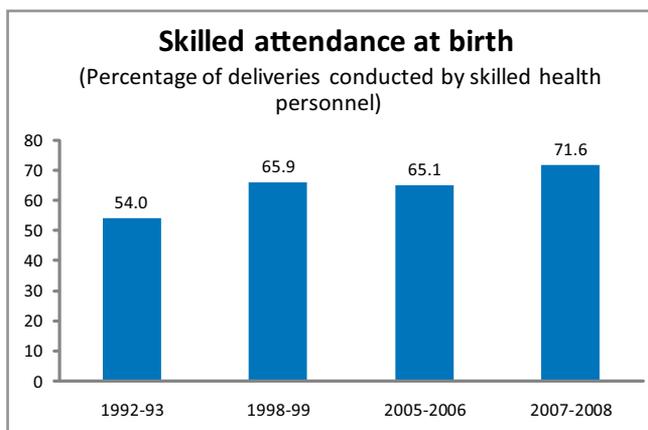
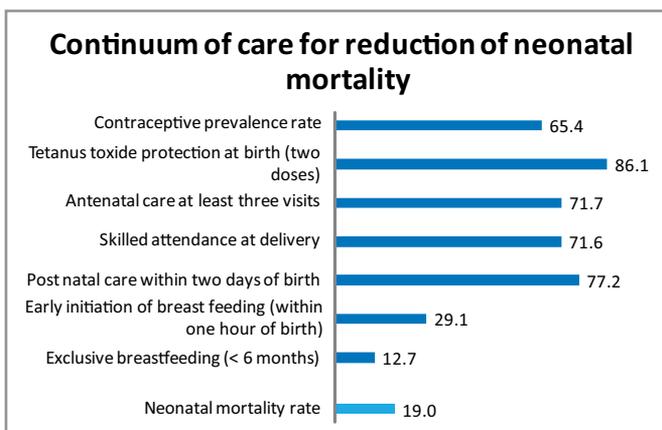
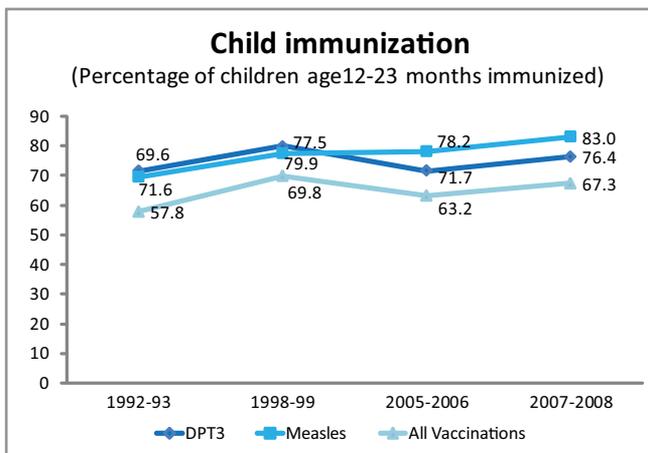
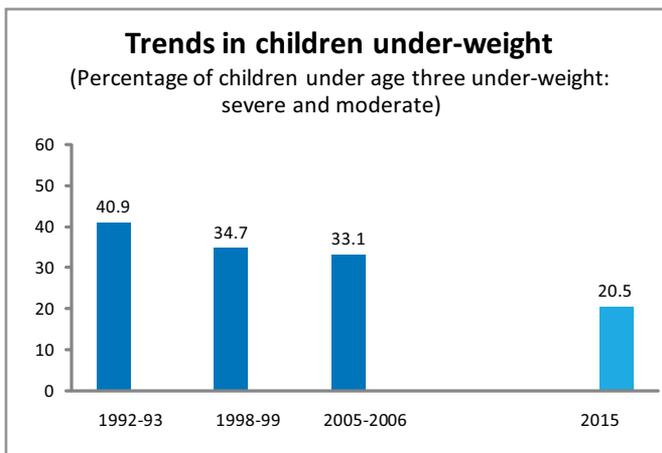
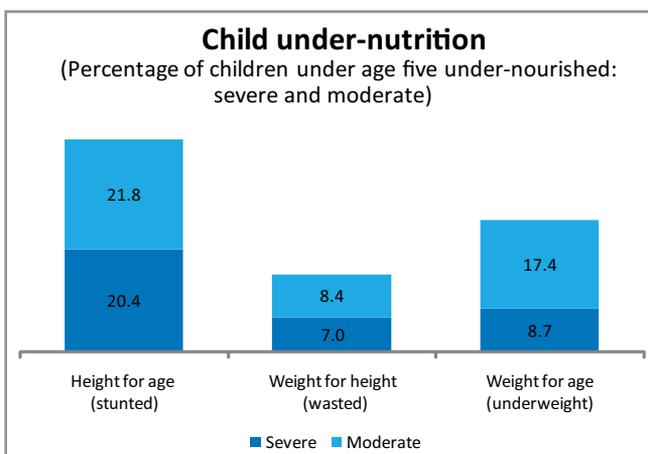
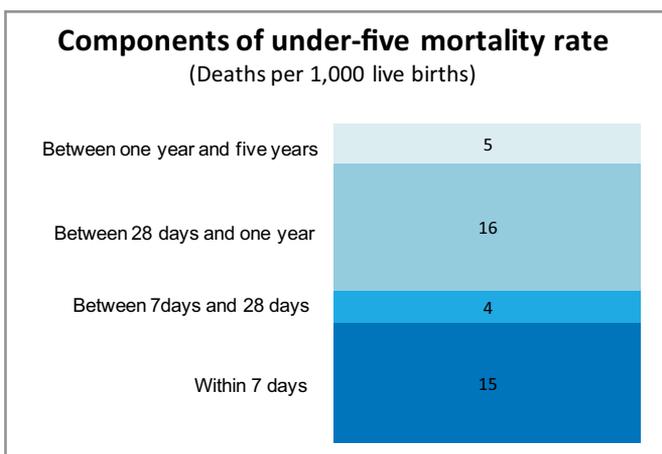
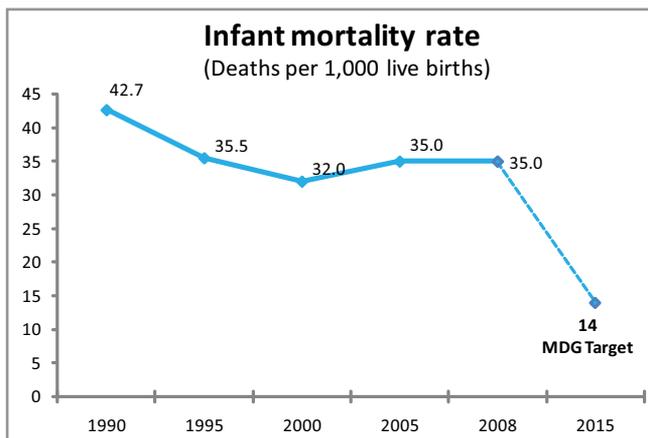
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	105.5	107.7	103.3	55.7	116.1	78.1	128.5	131.7	*
Infant Mortality Rate(per 1000 live births)	80.8	86.6	74.7	43.8	88.5	63.1	90.6	92.8	*
Children (< 5 years) underweight: severe & moderate (%)	47.1	46.9	47.2	31.3	50.2	46.4	52.8	54.9	17.6
Early initiation of breastfeeding: within 1 hour (%)	49.6	na	na	48.8	49.8	50.2	51.4	49.6	46.3
Children (12-23 months) fully immunized (%)	59.3	60.0	58.7	71.3	57.2	58.5	55.4	46.6	88.0
Women with at least 3 ANC visits (%)	51.1	na	na	76.0	47.2	52.4	42.9	35.7	88.5
Deliveries attended by skilled health personnel (%)	29.6	na	na	64.4	24.1	32.8	19.9	15.2	81.2
Children (5-14 years) attending school	81.0	85.8	76.4	87.9	80.1	81.9	79.1	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	43.4	na	na	28.4	48.0	38.4	50.3	52.9	16.6
Women (15-49 years) heard of AIDS	45.8	na	na	82.3	34.9	54.1	24.1	17.6	91.2

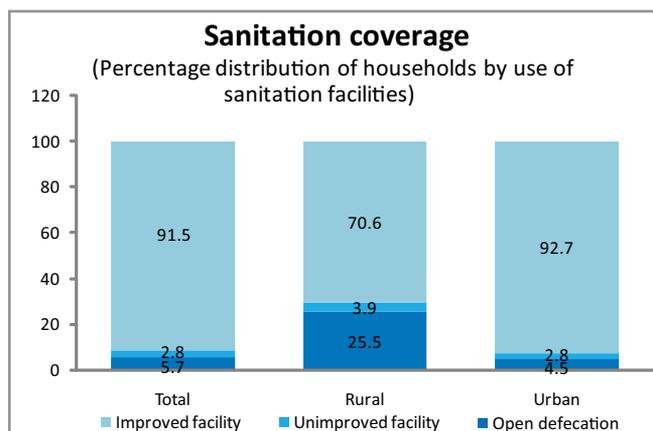
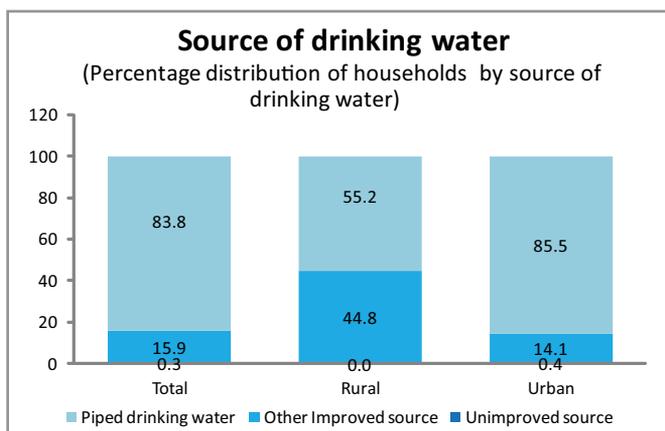


Statistical Profile of Children: Delhi

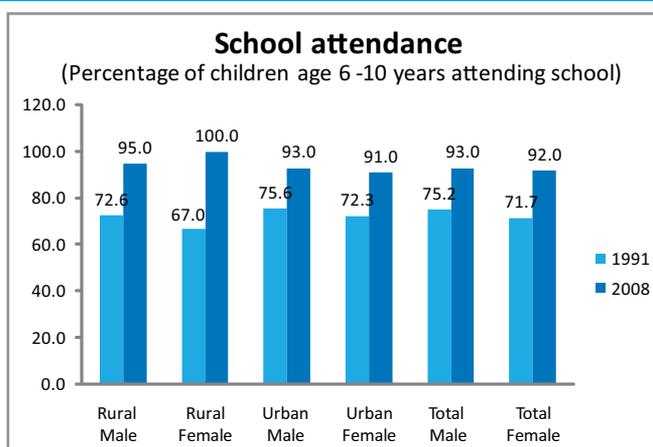
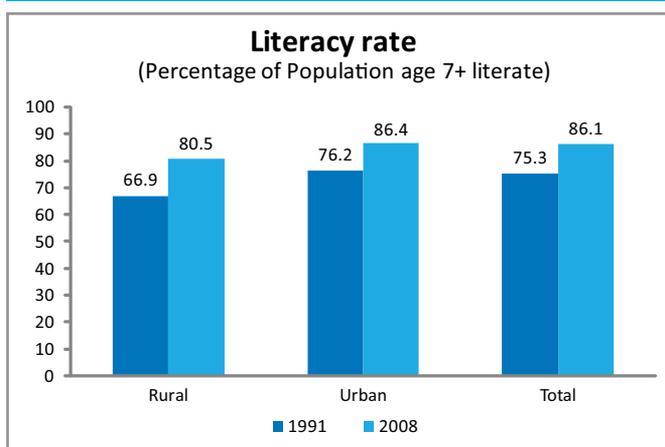
Demographics, Child Survival and Development

Total population (000)	17358 (2008)
Total under-five population (000)	1398 (2008)
Total number of live births (000)	320 (2008)
Under-five mortality rate (per 1,000 live births)	40 (2008)
Infant mortality rate (per 1,000 live births)	35 (2008)
Total under-five deaths (000)	13 (2008)
Maternal mortality ratio (per 100,000 live births)	n.a. (2004-2006)

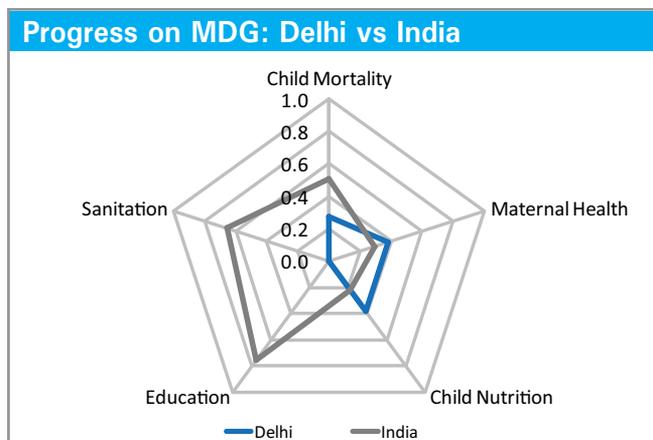




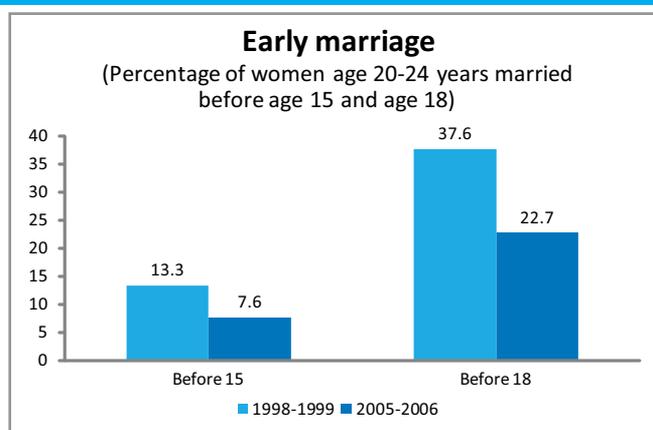
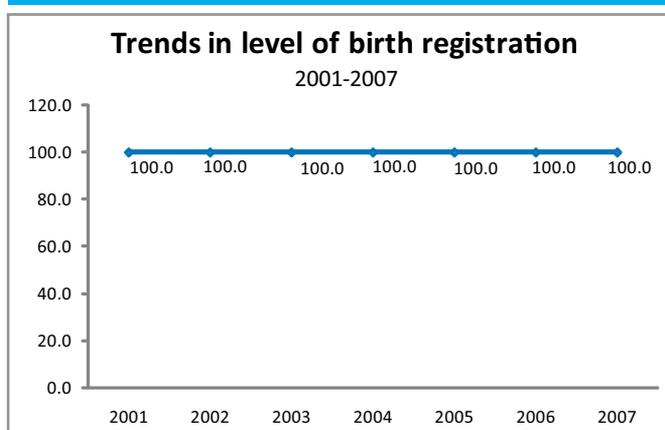
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	8.8	20.1
Years of schooling (percentage distribution):		
Less than 5 years	21.3	24.9
6 – 8 years	20.5	20.5
9 – 10 years	22.1	18.6
11 or more	35.7	35.4



Child Protection

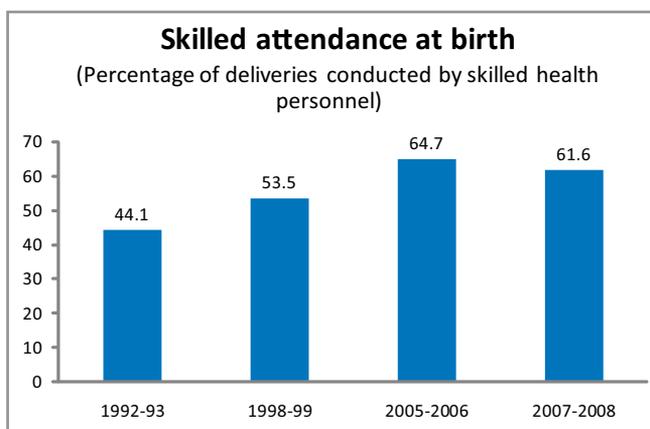
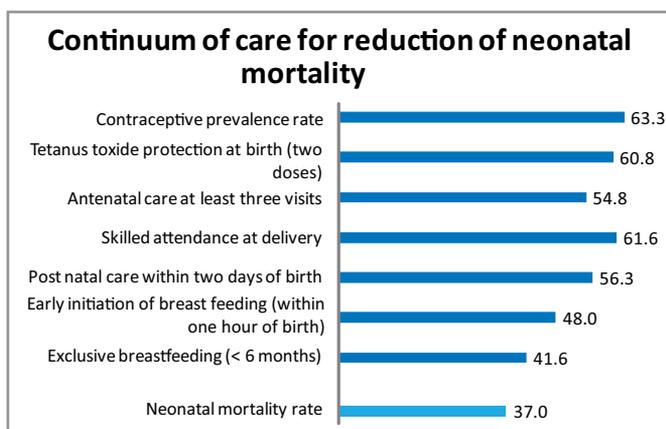
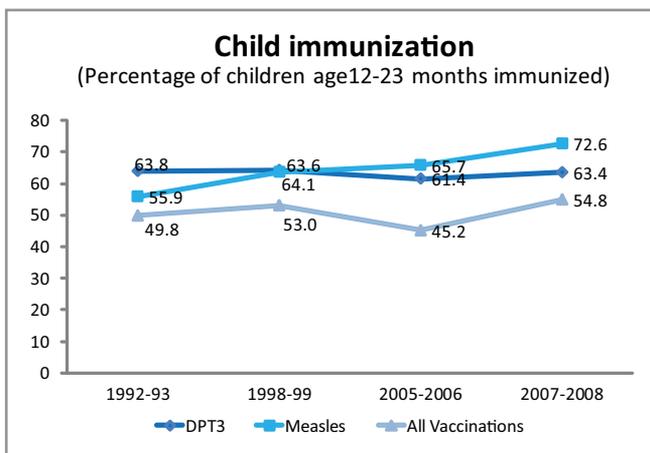
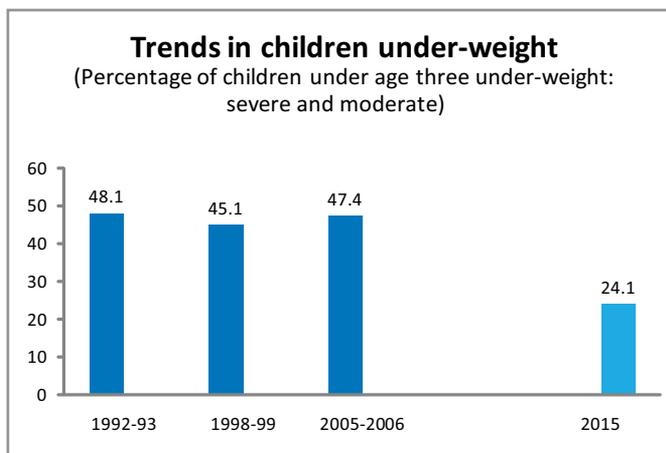
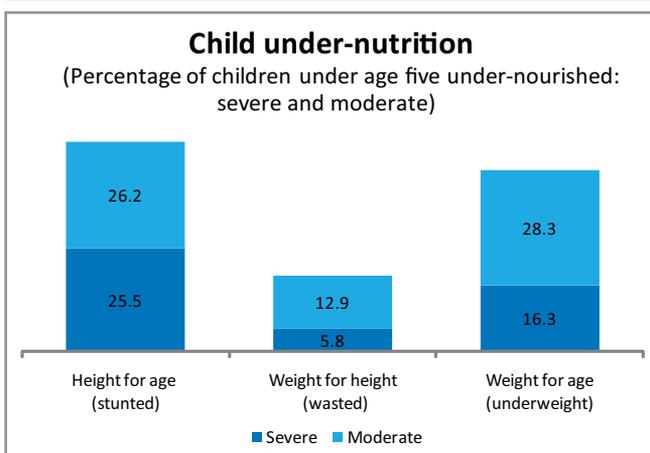
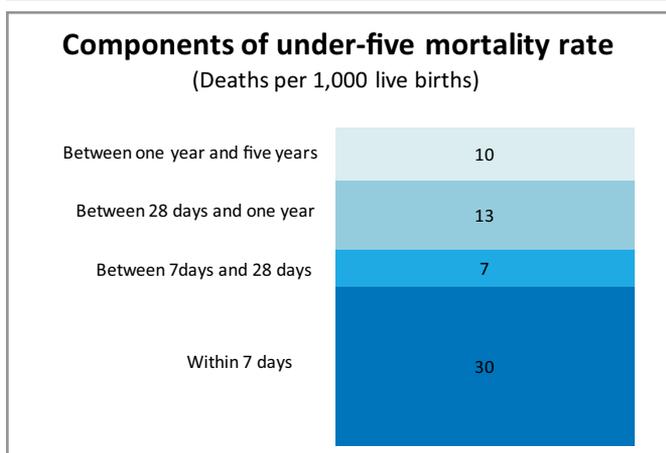
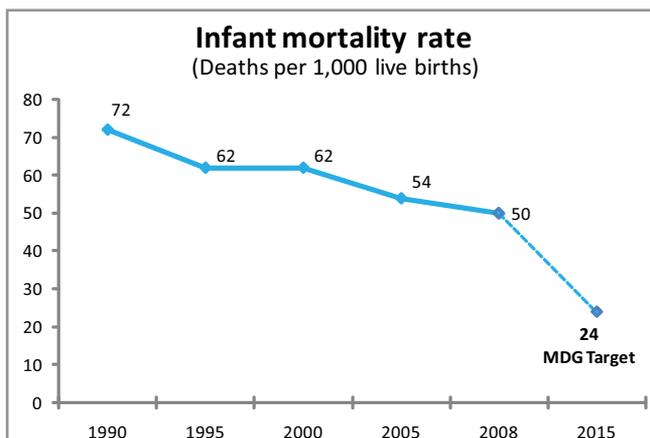


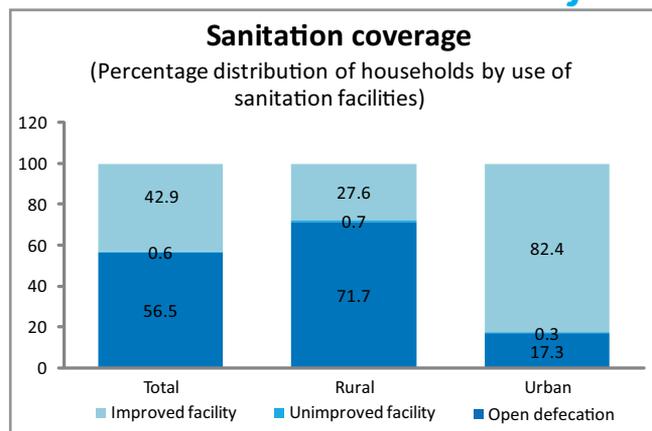
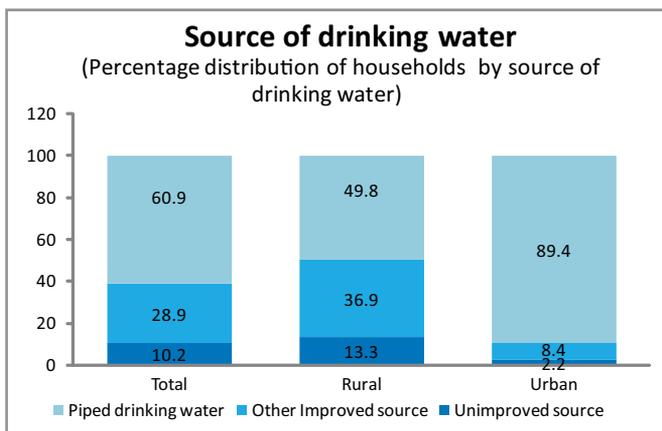
Equity status of key indicators on children and women									
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	46.4	47.2	45.5	48.5	*	51.3	*	*	31.9
Infant Mortality Rate(per 1000 live births)	38.5	39.8	36.9	40.6	*	37.4	*	*	27.9
Children (< 5 years) underweight: severe & moderate (%)	26.1	27.0	25.1	26.5	22.5	30.0	*	*	20.4
Early initiation of breastfeeding: within 1 hour (%)	29.1	na	na	28.7	34.4	33.4	15.4	20.7	31.5
Children (12-23 months) fully immunized (%)	67.3	68.4	66.1	67.5	65.4	62.5	*	*	72.8
Women with at least 3 ANC visits (%)	71.7	na	na	72.8	58.6	67.7	68.7	23.1	80.0
Deliveries attended by skilled health personnel (%)	71.6	na	na	72.4	61.3	61.9	87.4	28.4	83.5
Children (5-14 years) attending school	90.3	89.5	91.3	89.8	94.2	81.2	100.0	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	14.8	na	na	14.4	19.8	23.2	*	*	12.0
Women (15-49 years) heard of AIDS	89.6	na	na	90.0	84.8	80.4	81.9	*	95.6

Statistical Profile of Children: Gujarat

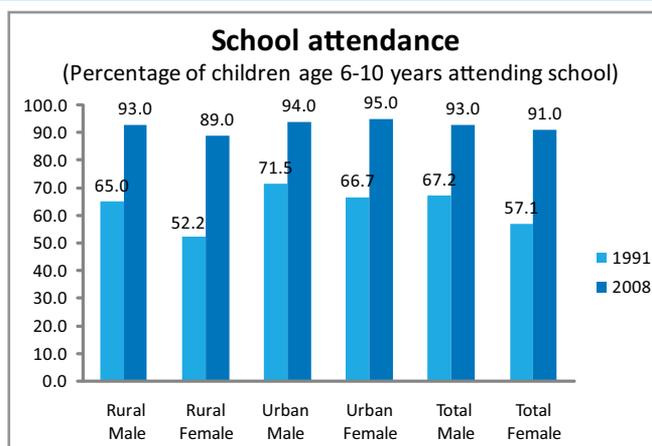
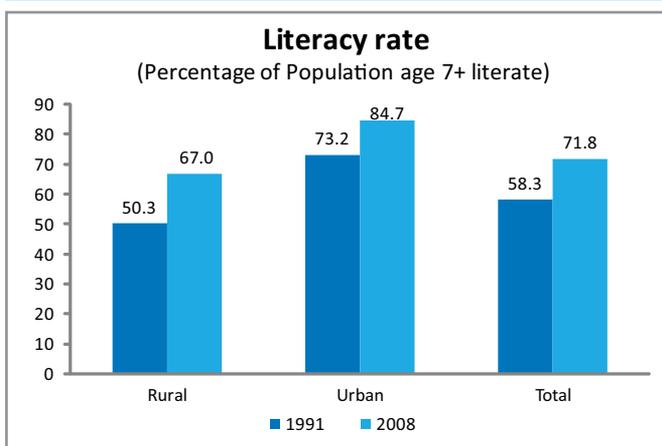
Demographics, Child Survival and Development

Total population (000)	57202 (2008)
Total under-five population (000)	5271 (2008)
Total number of live births (000)	1293 (2008)
Under-five mortality rate (per 1,000 live births)	60 (2008)
Infant mortality rate (per 1,000 live births)	50 (2008)
Total under-five deaths (000)	78 (2008)
Maternal mortality ratio (per 100,000 live births)	160 (2004-2006)

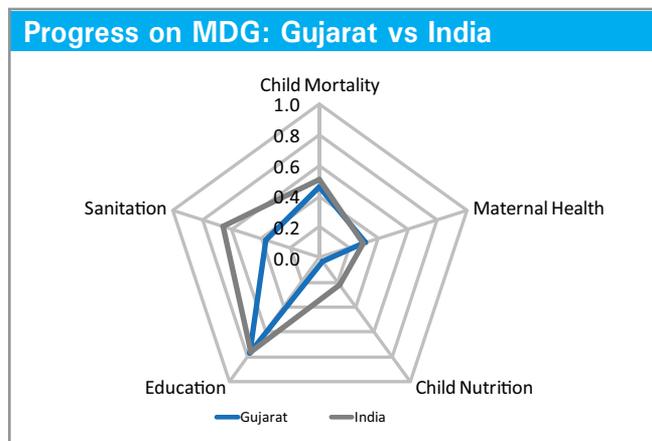




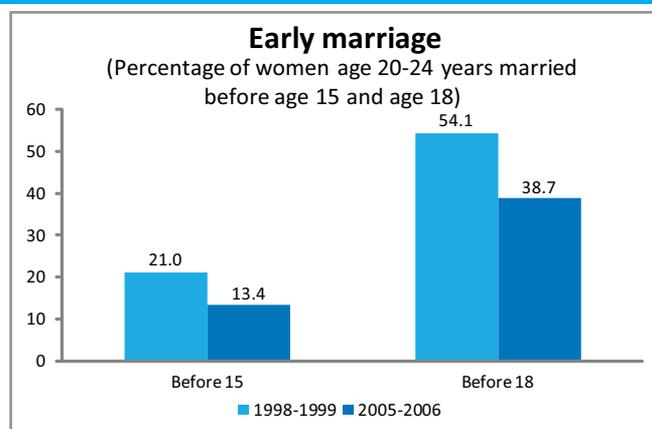
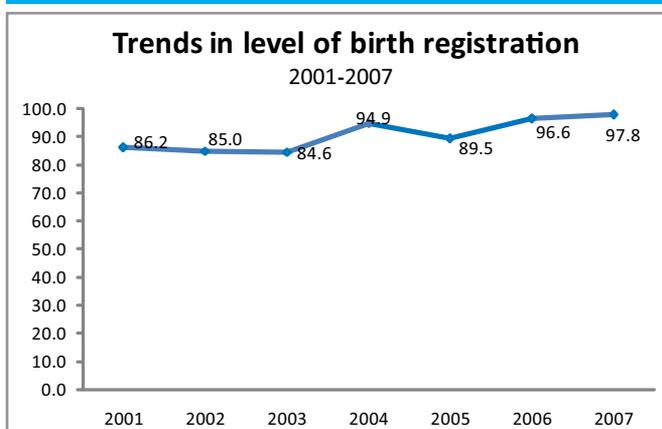
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	18.0	38.7
Years of schooling (percentage distribution):		
Less than 5 years	30.9	35.2
6 – 8 years	26.0	29.6
9 – 10 years	23.2	19.0
11 or more	19.4	15.7



Child Protection



Equity status of key indicators on children and women

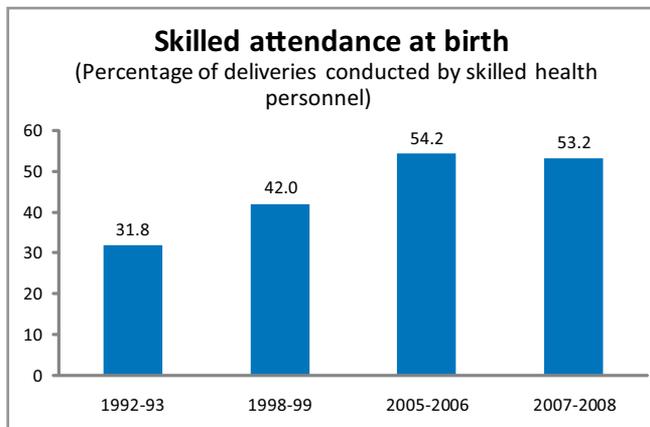
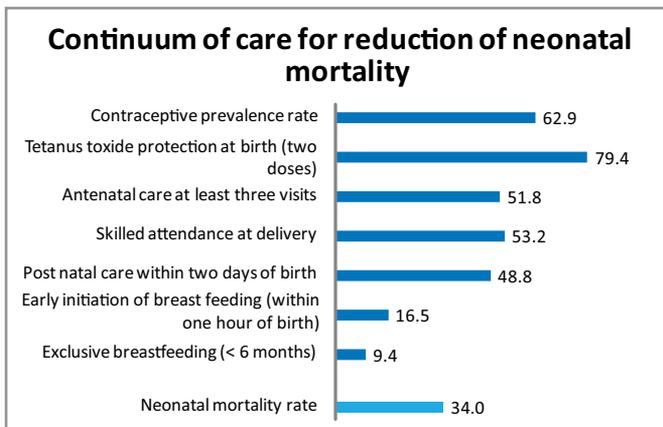
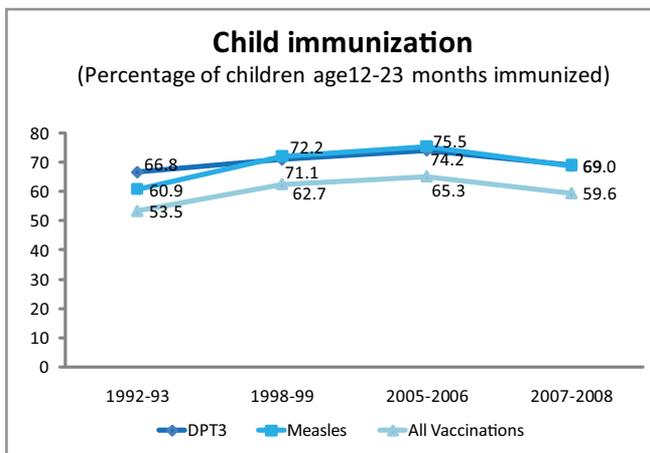
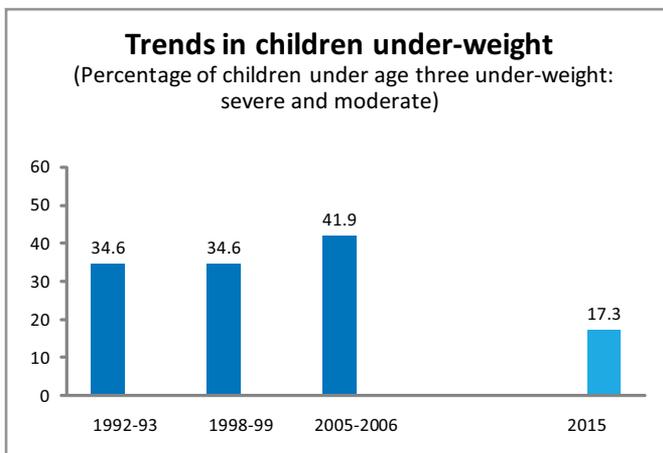
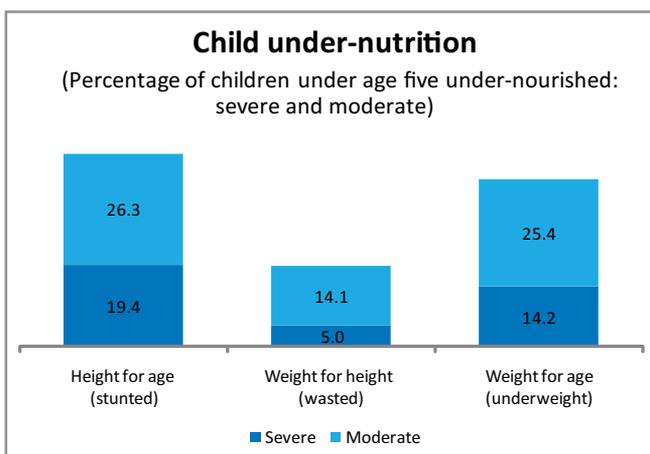
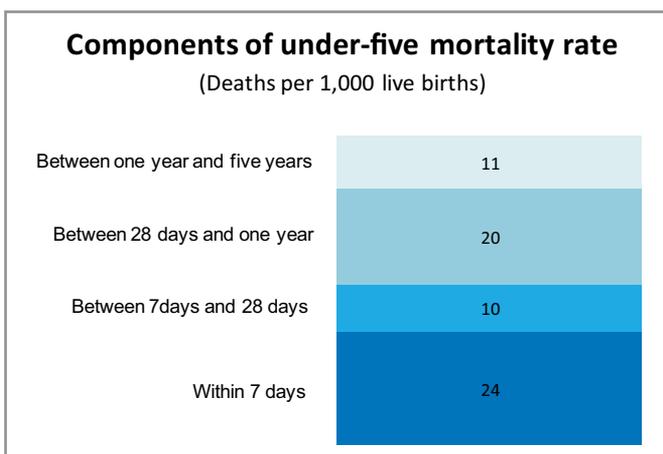
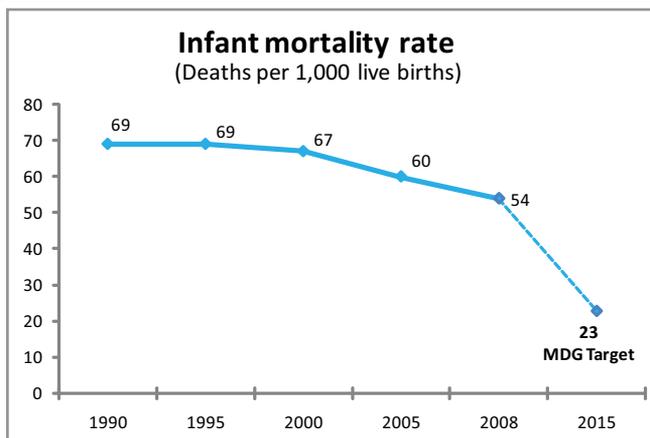
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	77.0	72.2	82.5	54.0	90.5	86.6	*	*	39.6
Infant Mortality Rate(per 1000 live births)	62.8	63.1	62.5	44.6	73.4	65.4	*	*	32.4
Children (< 5 years) underweight: severe & moderate (%)	44.6	46.6	42.4	39.2	47.9	45.9	64.5	60.8	30.1
Early initiation of breastfeeding: within 1 hour (%)	48.0	na	na	51.6	47.0	52.2	45.8	40.4	52.7
Children (12-23 months) fully immunized (%)	54.8	55.6	53.9	66.8	51.3	58.7	44.2	35.4	71.7
Women with at least 3 ANC visits (%)	54.8	na	na	77.3	48.0	53.3	38.9	23.5	85.6
Deliveries attended by skilled health personnel (%)	61.6	na	na	86.4	54.0	68.0	37.4	29.6	91.4
Children (5-14 years) attending school	85.6	88.7	81.8	91.8	82.8	86.9	79.2	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	36.3	na	na	24.6	45.5	42.0	61.6	54.9	20.9
Women (15-49 years) heard of AIDS	52.9	na	na	71.1	39.1	49.3	33.6	8.2	82.0

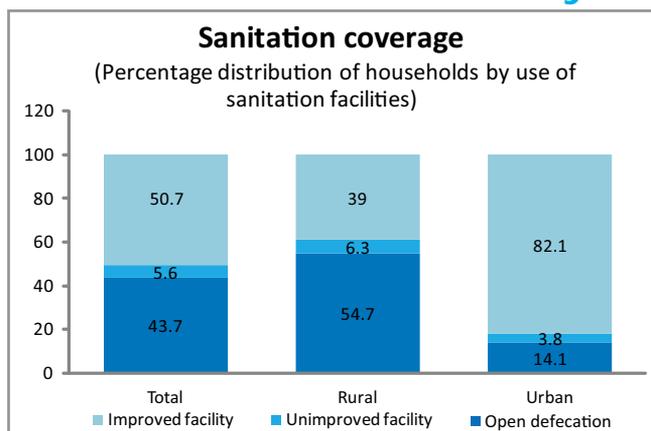
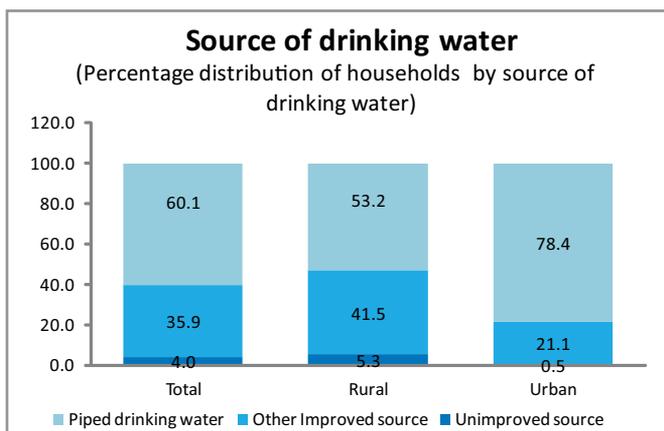


Statistical Profile of Children: Haryana

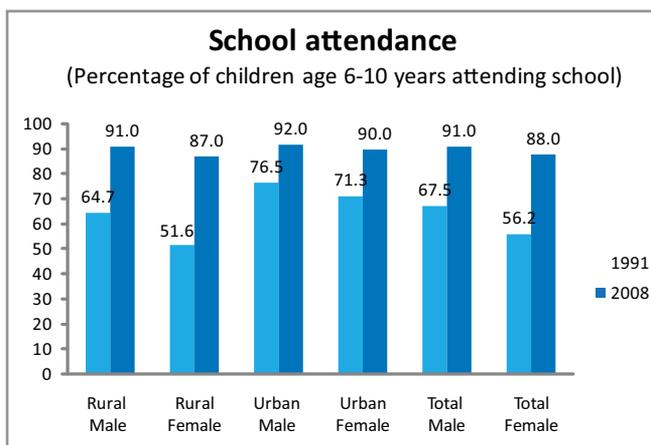
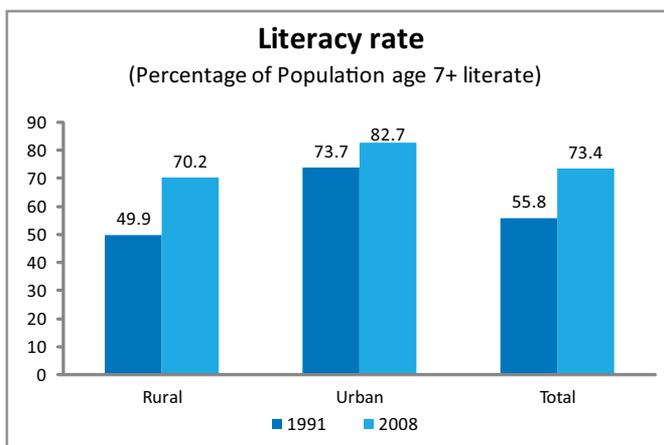
Demographics, Child Survival and Development

Total population (000)	24483	(2008)
Total under-five population (000)	2381	(2008)
Total number of live births (000)	563	(2008)
Under-five mortality rate (per 1,000 live births)	65	(2008)
Infant mortality rate (per 1,000 live births)	54	(2008)
Total under-five deaths (000)	37	(2008)
Maternal mortality ratio (per 100,000 live births)	186	(2004-2006)

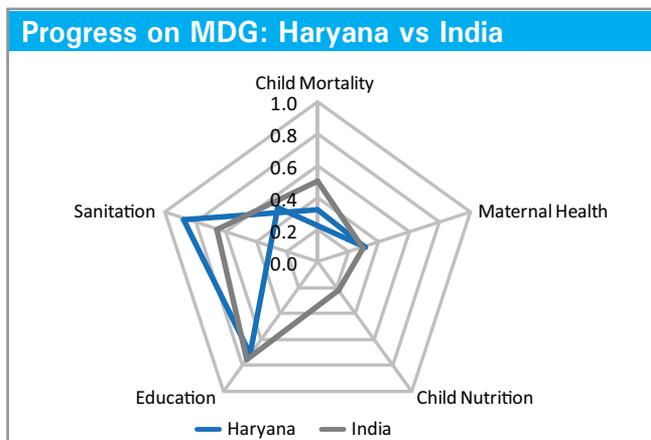




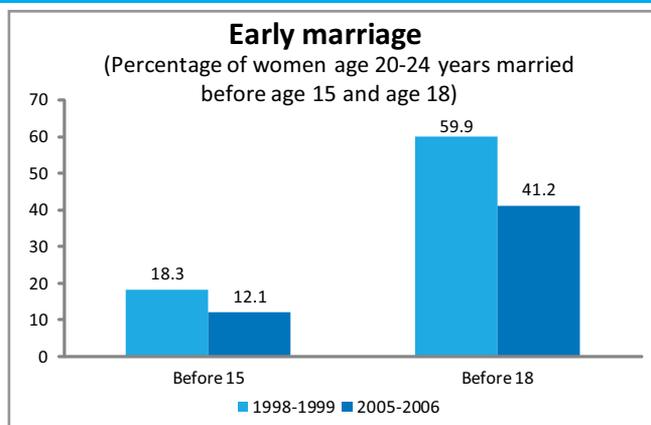
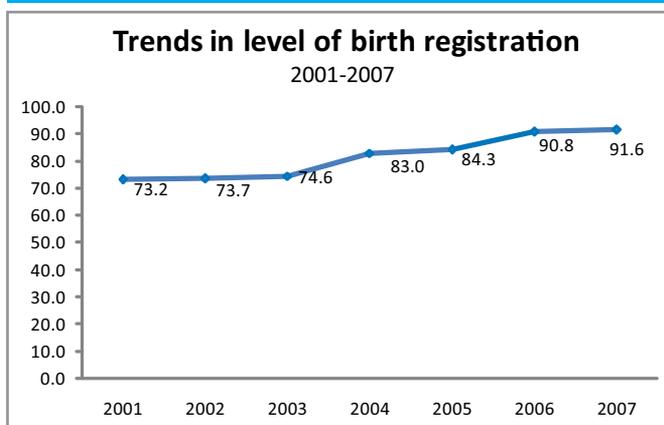
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	16.4	37.7
Years of schooling (percentage distribution):		
Less than 5 years	25.8	33.1
6 – 8 years	25.6	27.5
9 – 10 years	23.7	18.4
11 or more	24.6	20.7



Child Protection

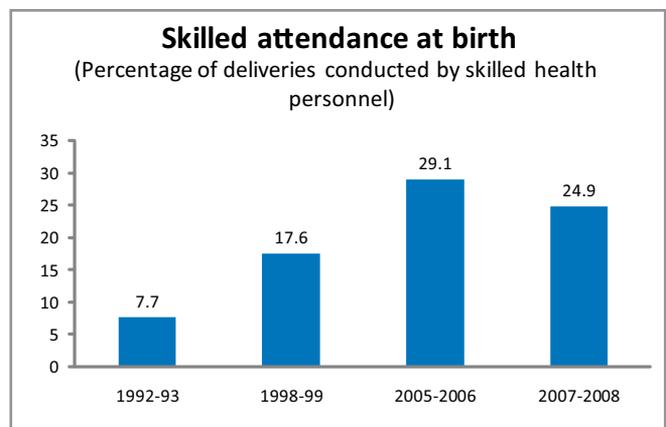
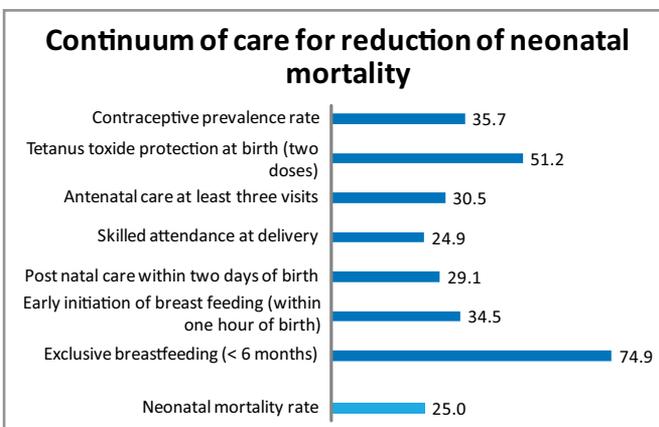
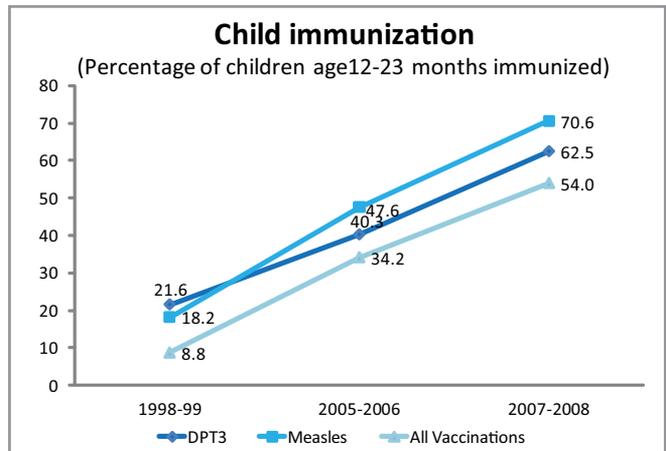
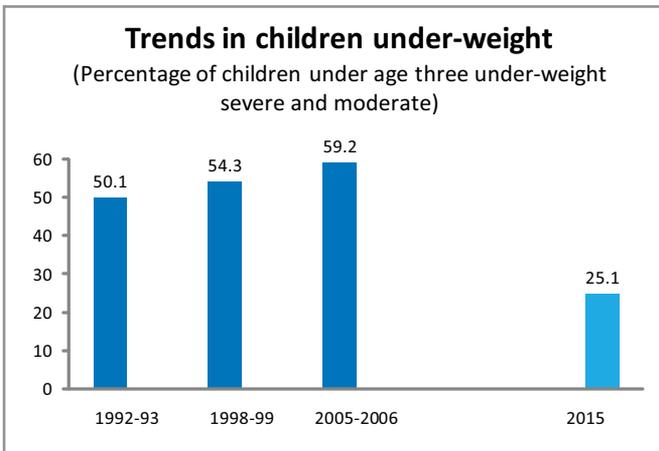
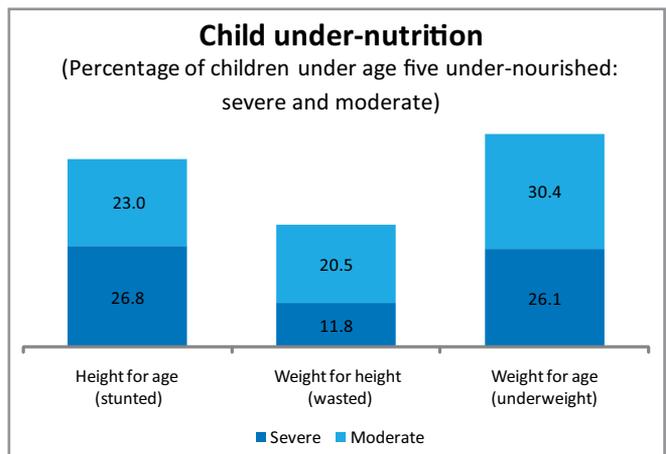
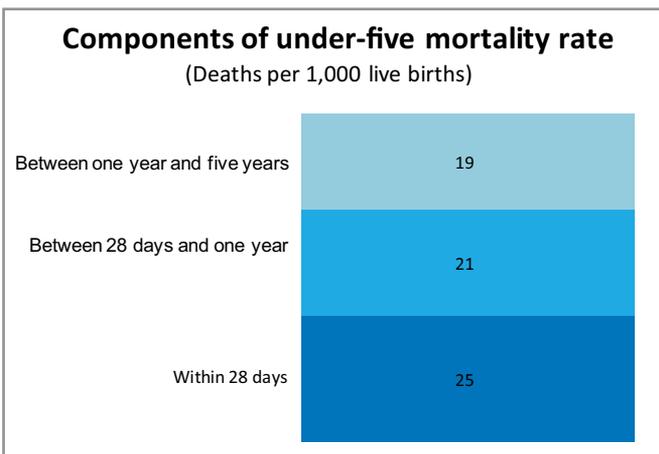
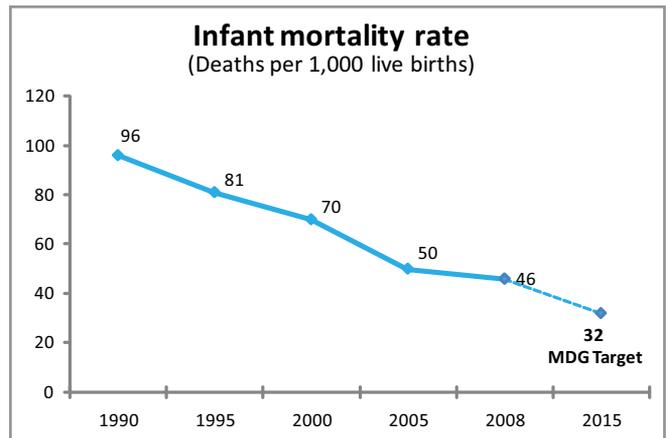


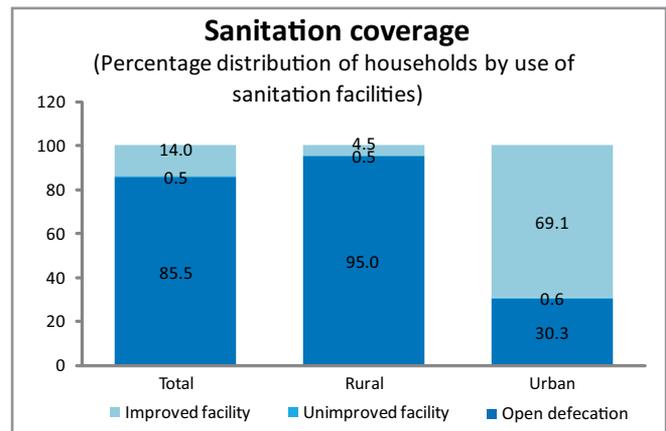
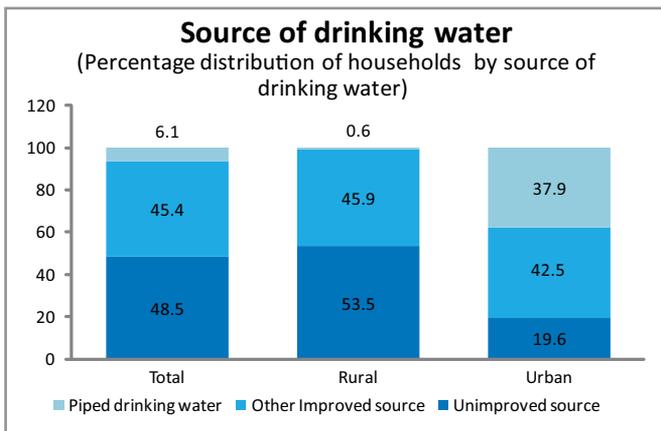
Equity status of key indicators on children and women									
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	58.8	55.2	63.0	41.4	64.4	73.9	*	*	40.0
Infant Mortality Rate(per 1000 live births)	44.2	45.3	43.0	30.2	48.8	53.3	*	*	32.4
Children (< 5 years) underweight: severe & moderate (%)	39.6	40.3	38.7	34.6	41.3	49.4	*	50.7	26.4
Early initiation of breastfeeding: within 1 hour (%)	16.5	na	na	16.0	18.2	18.2	15.1	10.2	19.6
Children (12-23 months) fully immunized (%)	59.6	62.5	56.0	70.9	55.9	56.6	*	28.5	74.4
Women with at least 3 ANC visits (%)	51.8	na	na	66.0	47.1	45.4	53.2	16.3	72.4
Deliveries attended by skilled health personnel (%)	53.2	na	na	69.6	47.8	44.1	40.7	15.5	77.3
Children (5-14 years) attending school	87.2	91.0	82.7	90.5	86.1	76.7	75.3	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	31.3	na	na	20.6	36.2	36.4	*	49.3	17.2
Women (15-49 years) heard of AIDS	64.1	na	na	80.2	57.1	51.9	*	14.1	87.7

Statistical Profile of Children: Jharkhand

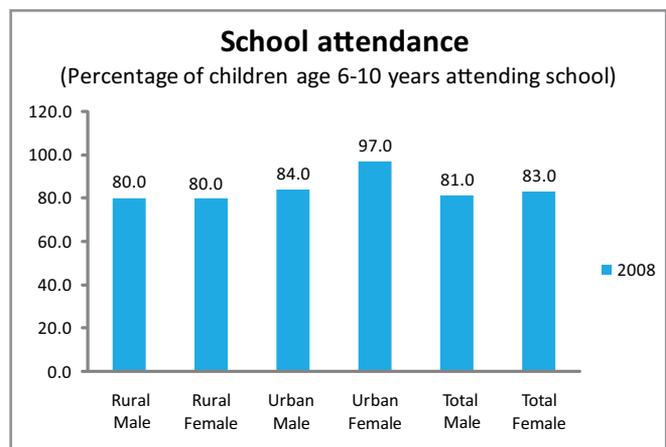
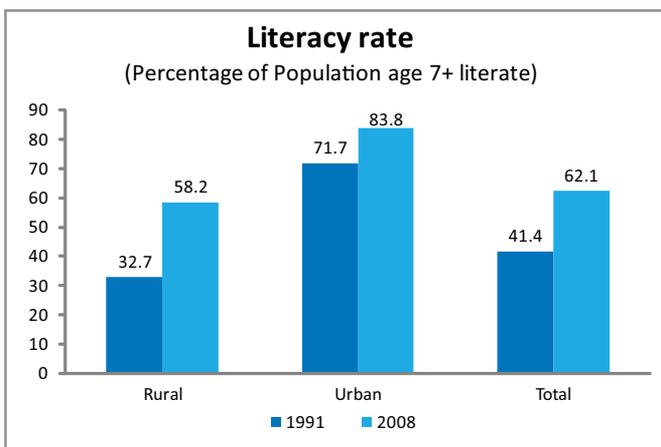
Demographics, Child Survival and Development

Total population (000)	30494 (2008)
Total under-five population (000)	3155 (2008)
Total number of live births (000)	787 (2008)
Under-five mortality rate (per 1,000 live births)	65 (2008)
Infant mortality rate (per 1,000 live births)	46 (2008)
Total under-five deaths (000)	51 (2008)
Maternal mortality ratio (per 100,000 live births)	312 (2004-2006)

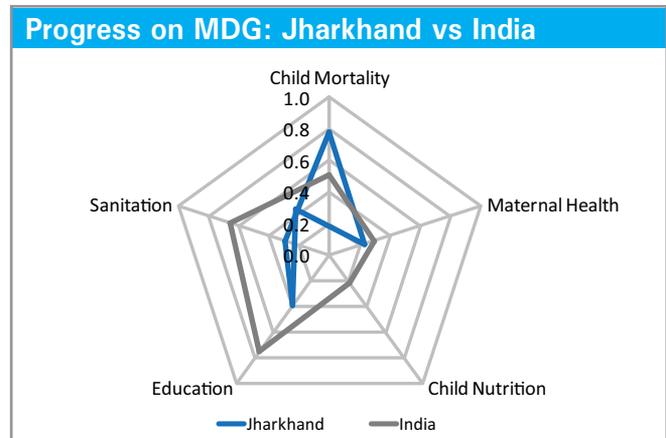




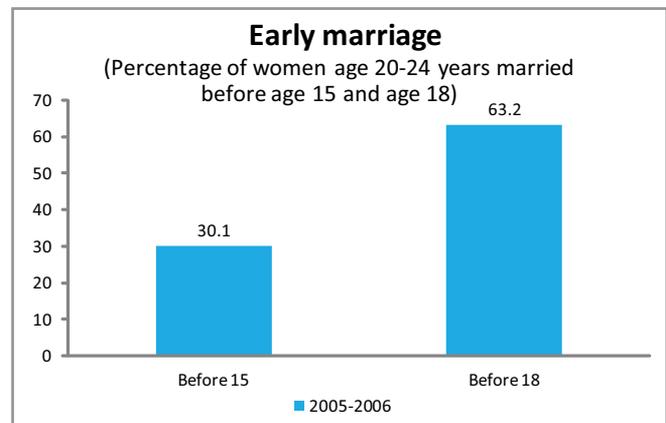
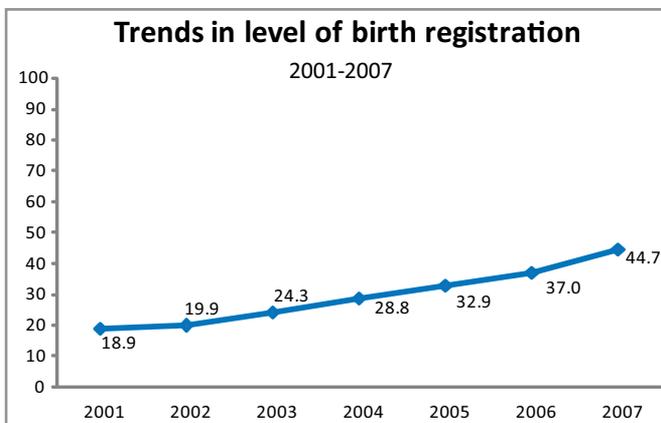
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	26.2	50.6
Years of schooling (percentage distribution):		
Less than 5 years	39.0	49.9
6 – 8 years	22.6	23.3
9 – 10 years	23.3	17.3
11 or more	14.9	



Child Protection



Equity status of key indicators on children and women

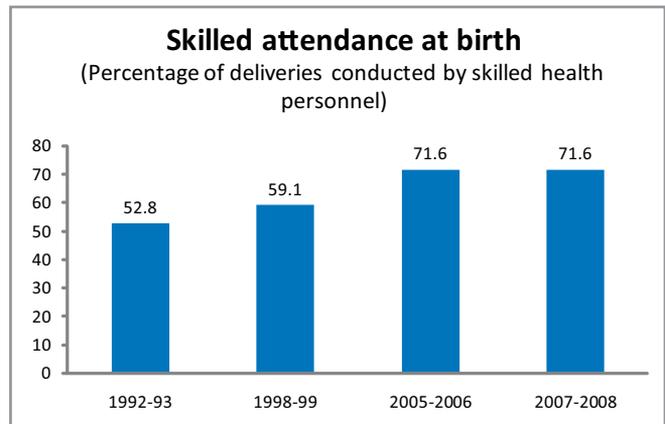
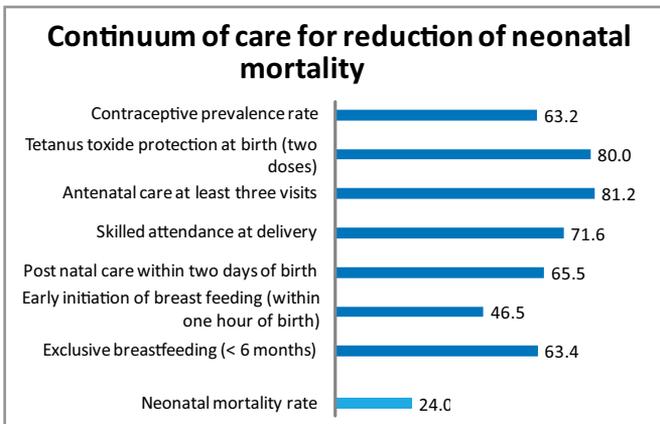
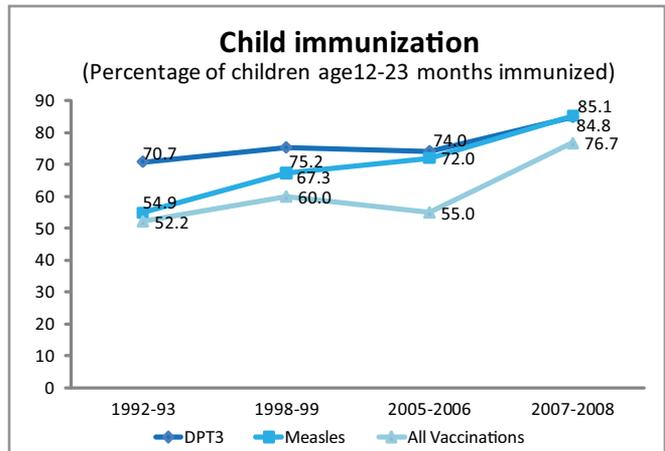
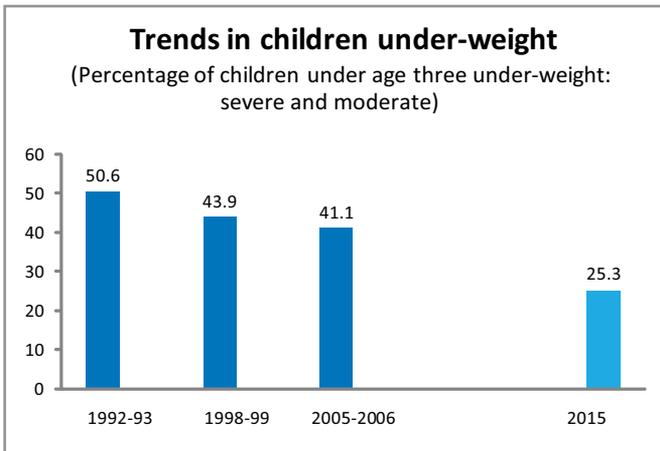
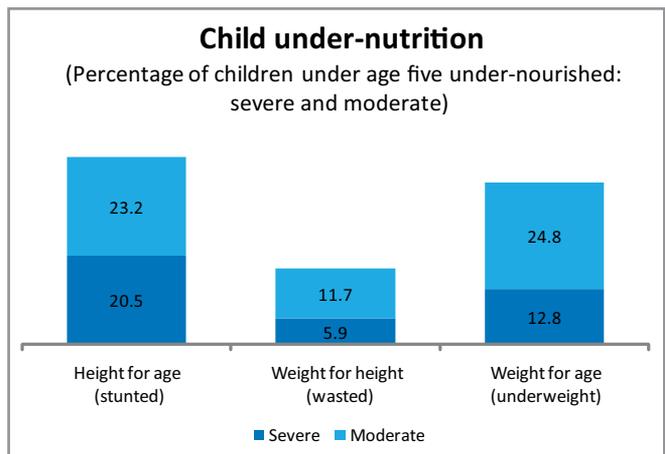
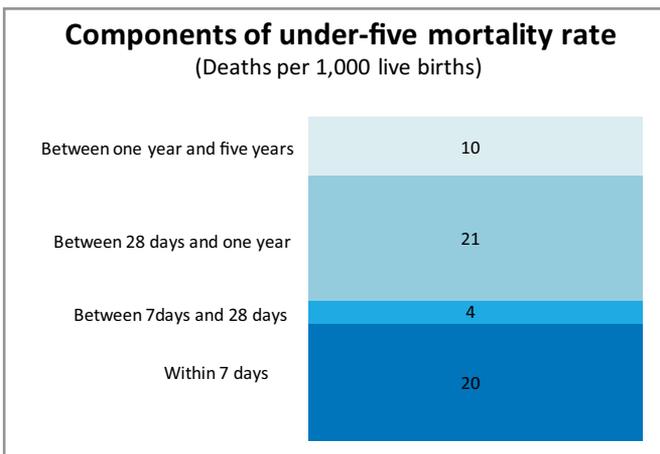
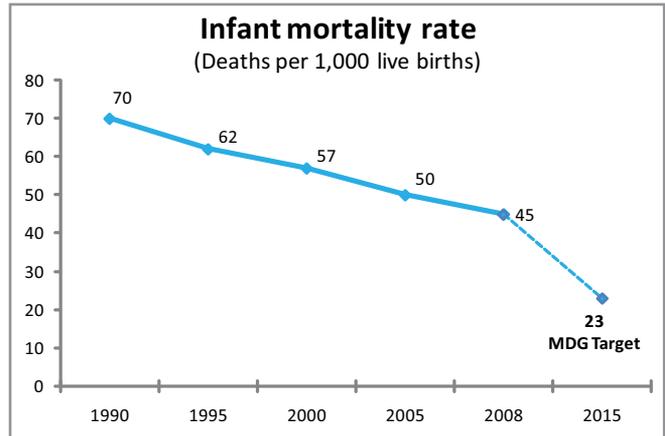
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	112.4	111.1	113.7	63.7	123.6	*	138.5	132.0	*
Infant Mortality Rate(per 1000 live births)	76.6	77.2	76.1	47.1	83.3	*	93.0	83.2	*
Children (< 5 years) underweight: severe & moderate (%)	56.5	57.7	55.3	38.8	60.7	56.0	64.3	62.8	16.6
Early initiation of breastfeeding: within 1 hour (%)	34.5	na	na	38.3	34.2	32.5	35.8	32.6	41.5
Children (12-23 months) fully immunized (%)	54.0	54.6	53.4	68.9	52.4	52.4	51.4	45.0	75.5
Women with at least 3 ANC visits (%)	30.5	na	na	65.2	26.9	26.7	23.0	19.1	81.0
Deliveries attended by skilled health personnel (%)	24.9	na	na	64.3	20.9	22.2	13.1	11.4	86.8
Children (5-14 years) attending school	76.7	79.9	72.8	91.8	74.1	76.4	69.6	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	43.0	na	na	29.8	48.0	39.2	47.2	50.0	17.7
Women (15-49 years) heard of AIDS	34.0	na	na	76.4	18.5	25.6	17.2	8.5	92.4

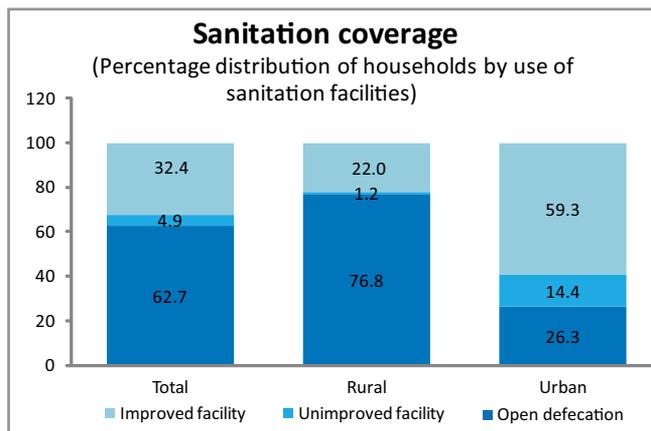
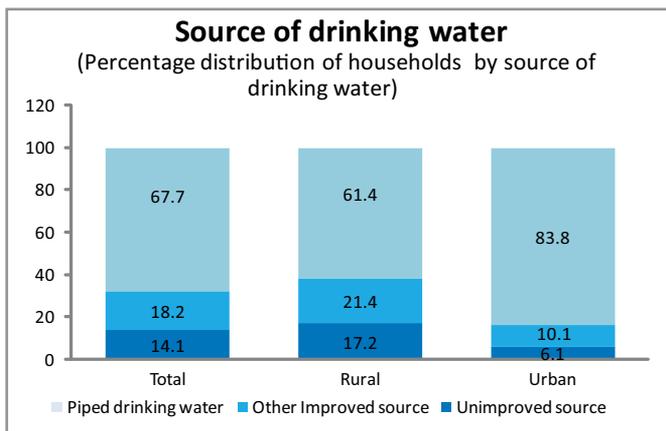


Statistical Profile of Children: Karnataka

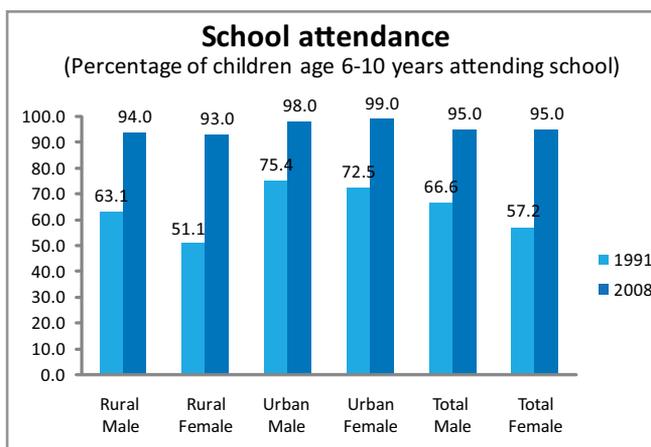
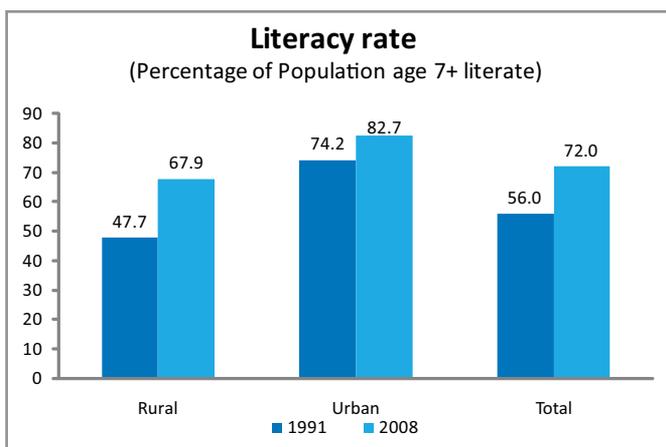
Demographics, Child Survival and Development

Total population (000)	57997	(2008)
Total under-five population (000)	4925	(2008)
Total number of live births (000)	1150	(2008)
Under-five mortality rate (per 1,000 live births)	55	(2008)
Infant mortality rate (per 1,000 live births)	45	(2008)
Total under-five deaths (000)	63	(2008)
Maternal mortality ratio (per 100,000 live births)	213	(2004-2006)

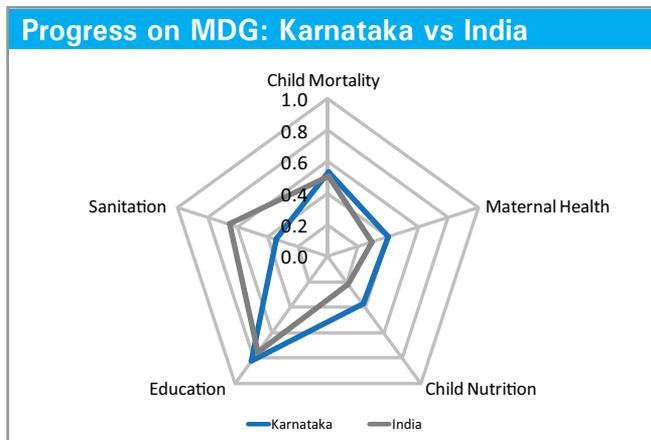




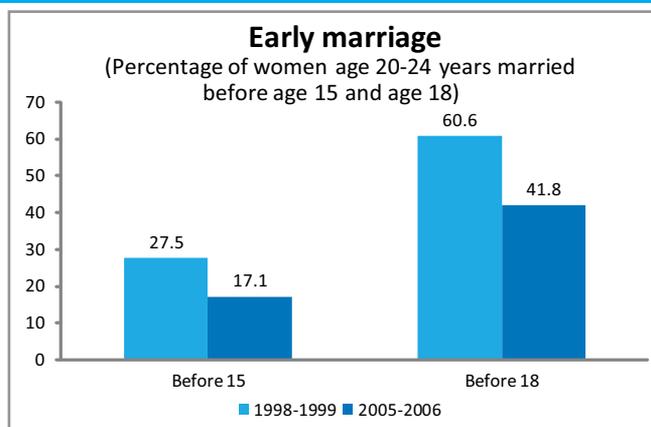
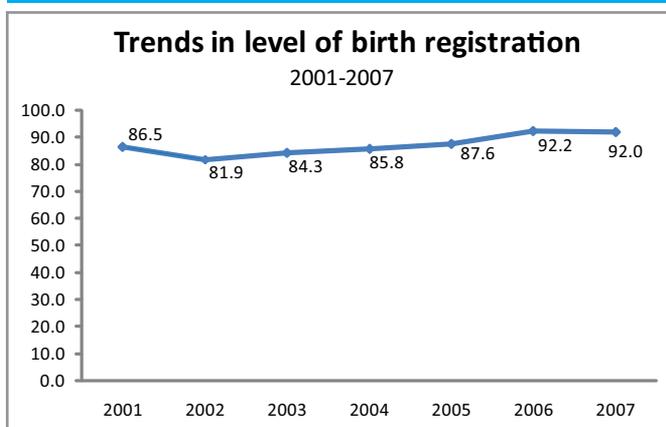
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	19.3	36.5
Years of schooling (percentage distribution):		
Less than 5 years	30.8	34.9
6 – 8 years	23.1	26.2
9 – 10 years	23.0	22.1
11 or more	22.4	15.9



Child Protection



Equity status of key indicators on children and women

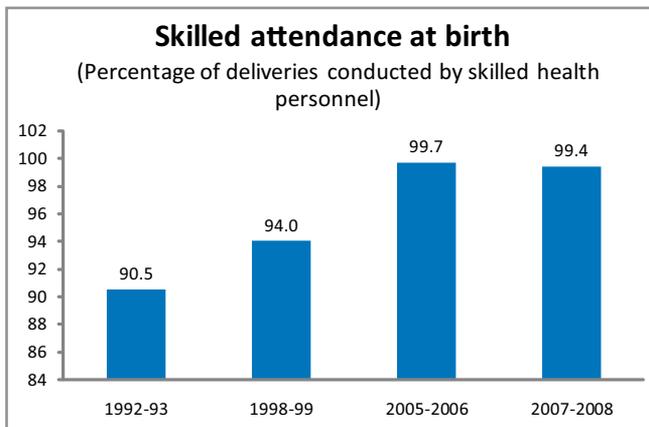
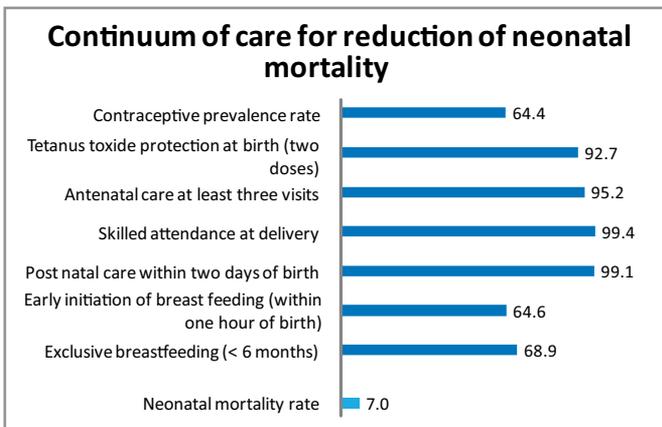
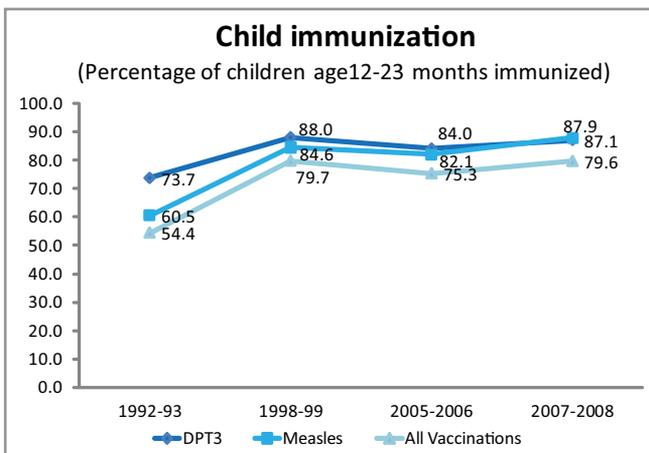
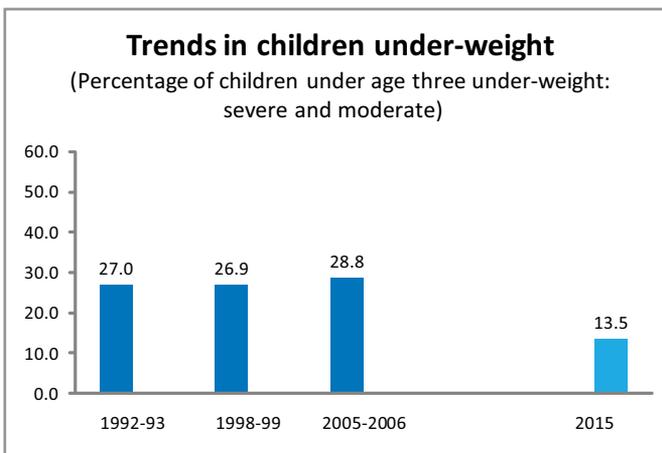
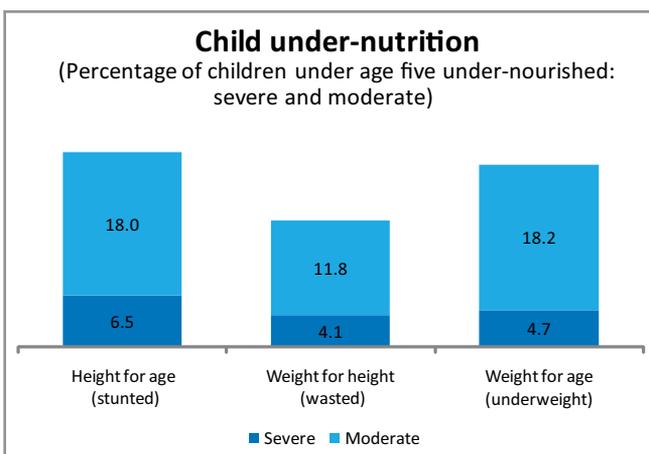
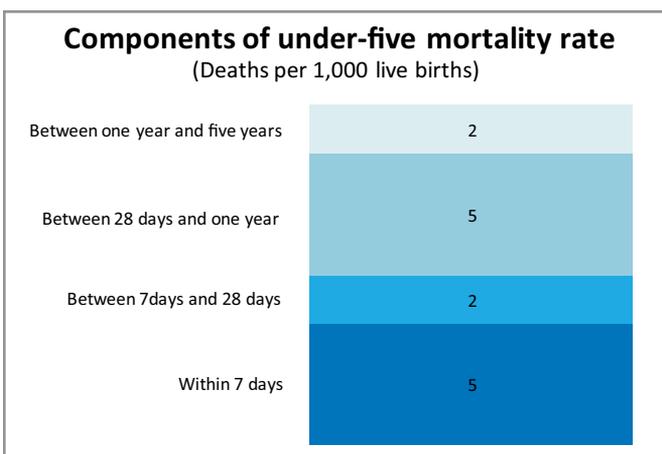
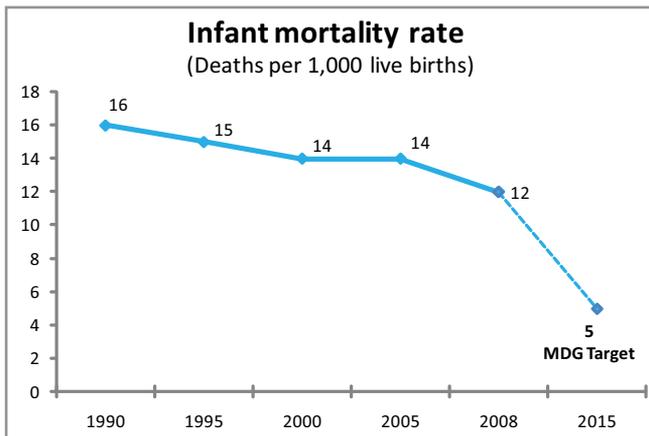
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	66.2	71.4	60.6	45.9	77.4	65.4	*	91.1	25.5
Infant Mortality Rate(per 1000 live births)	53.0	57.5	48.1	40.0	60.3	57.2	*	64.0	24.7
Children (< 5 years) underweight: severe & moderate (%)	37.6	38.7	36.3	30.7	41.1	41.7	41.9	56.9	18.1
Early initiation of breastfeeding: within 1 hour (%)	46.5	na	na	47.8	46.0	43.5	41.2	38.3	56.2
Children (12-23 months) fully immunized (%)	76.7	77.8	75.5	77.3	76.5	69.2	72.3	64.8	86.4
Women with at least 3 ANC visits (%)	81.2	na	na	88.6	78.5	72.5	73.1	62.0	96.9
Deliveries attended by skilled health personnel (%)	71.6	na	na	84.7	66.7	58.2	57.2	46.5	46.5
Children (5-14 years) attending school	88.3	89.8	86.6	94.1	85.9	81.4	84.3	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	35.5	na	na	26.3	41.5	40.6	48.7	49.9	18.6
Women (15-49 years) heard of AIDS	70.3	na	na	83.5	61.3	63.1	57.6	38.3	93.4

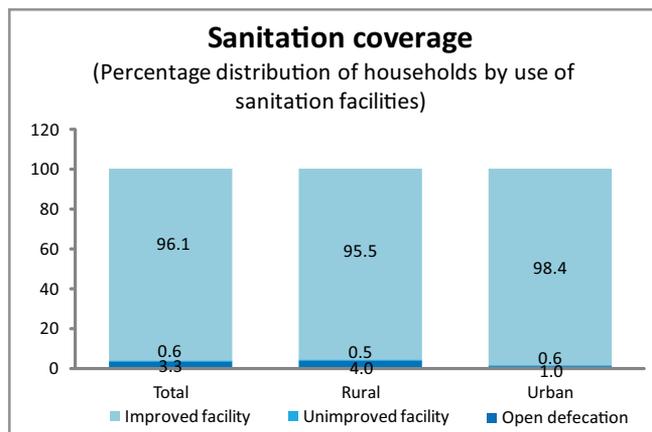
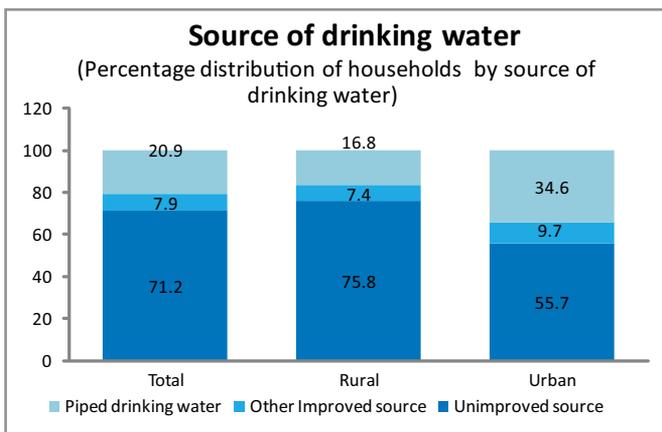


Statistical Profile of Children: Kerala

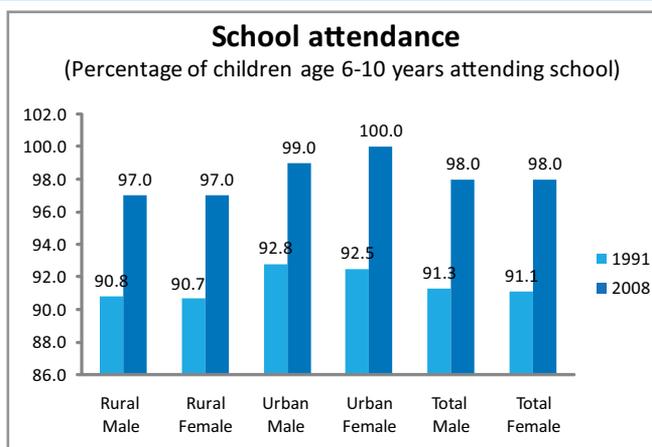
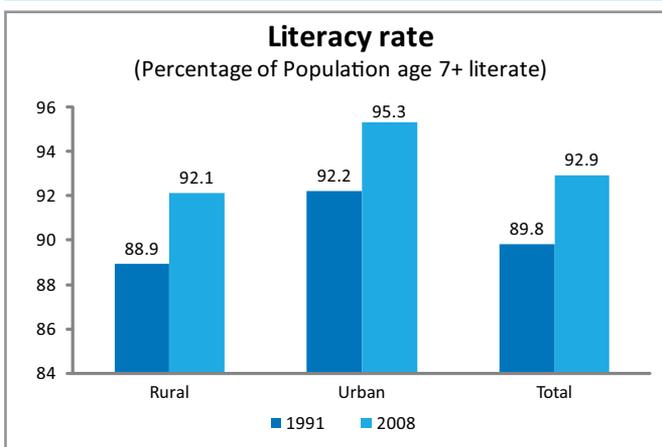
Demographics, Child Survival and Development

Total population (000)	33979 (2008)
Total under-five population (000)	2588 (2008)
Total number of live births (000)	495 (2008)
Under-five mortality rate (per 1,000 live births)	14 (2008)
Infant mortality rate (per 1,000 live births)	12 (2008)
Total under-five deaths (000)	7 (2008)
Maternal mortality ratio (per 100,000 live births)	95 (2004-2006)

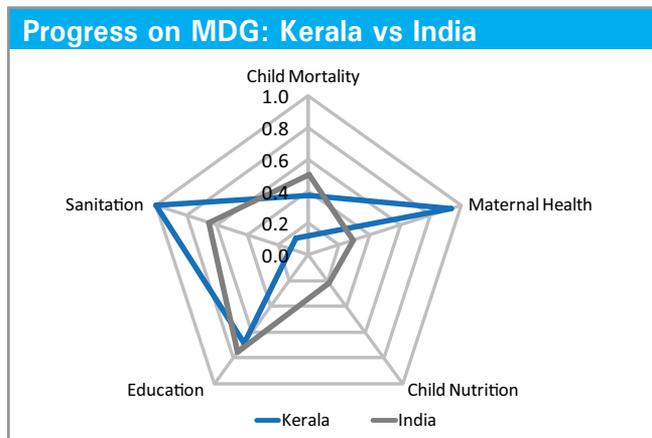




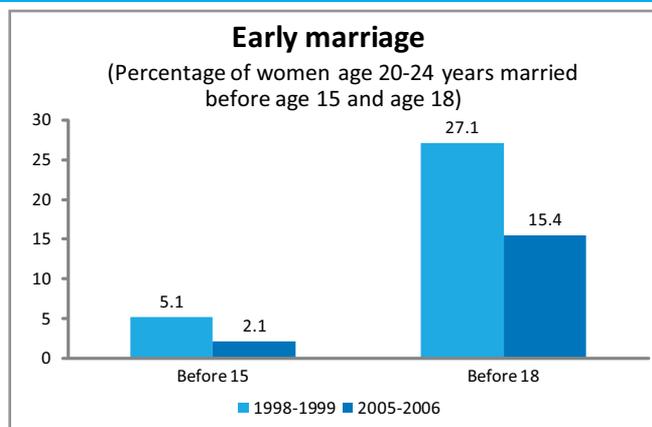
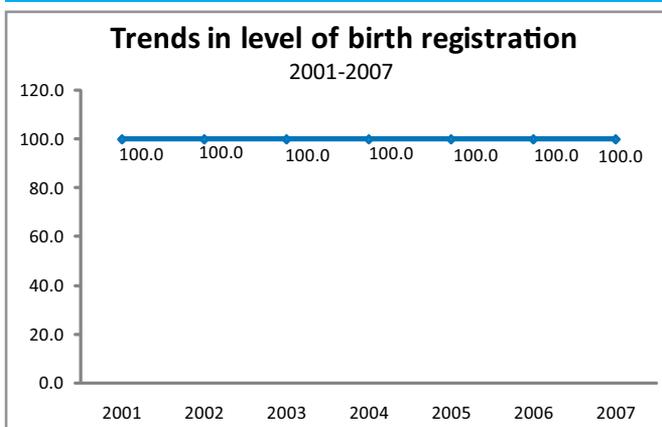
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	4.2	9.8
Years of schooling (percentage distribution):		
Less than 5 years	23.3	23.8
6 – 8 years	20.6	18.9
9 – 10 years	31.2	30.0
11 or more	24.7	26.9



Child Protection

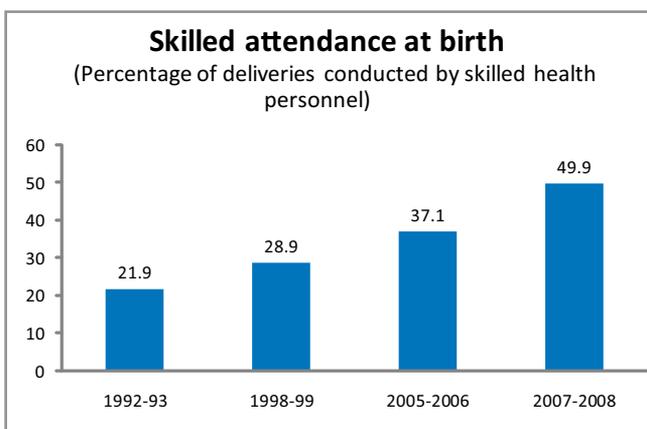
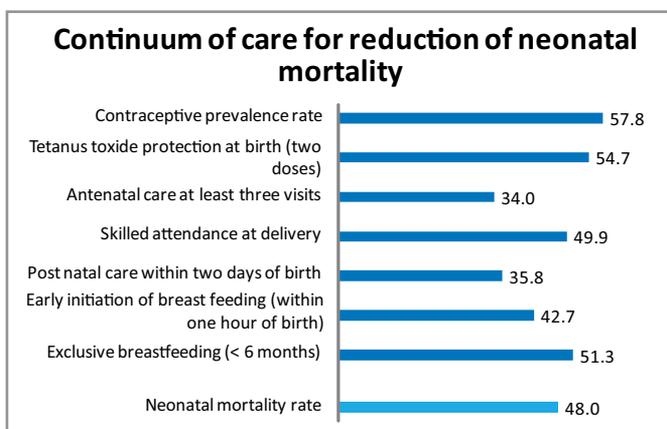
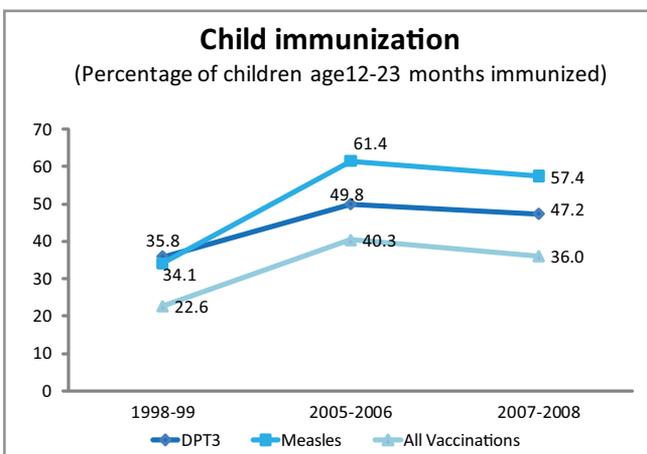
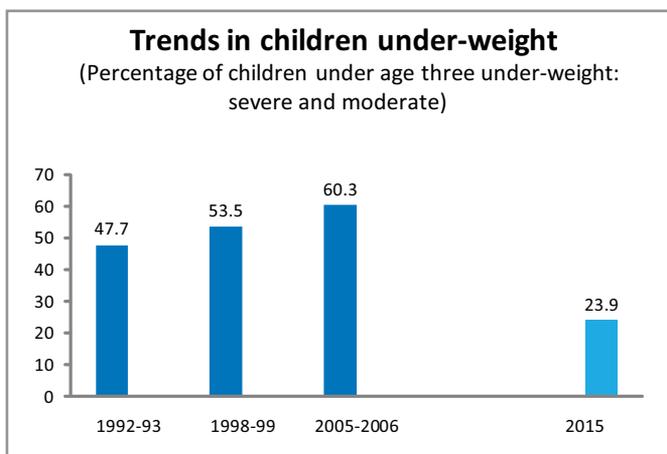
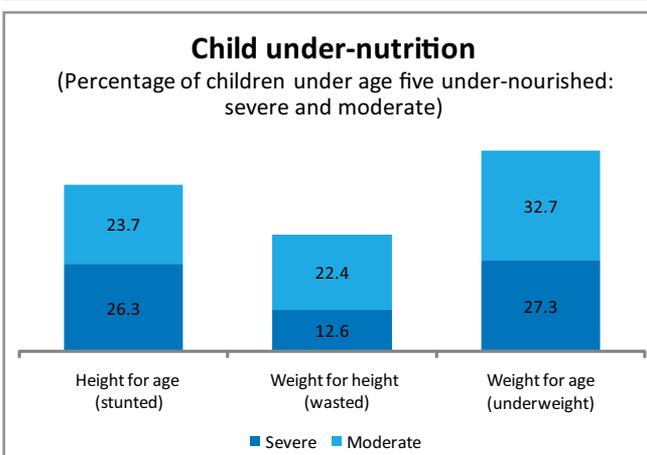
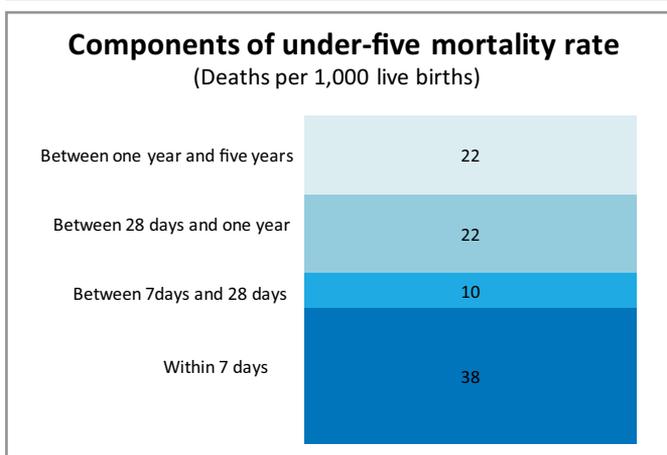
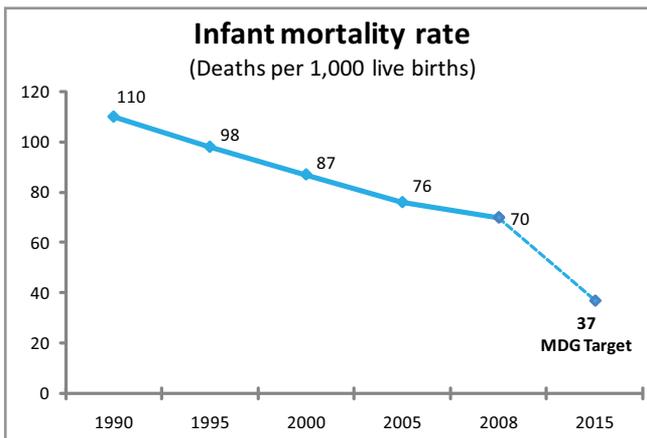


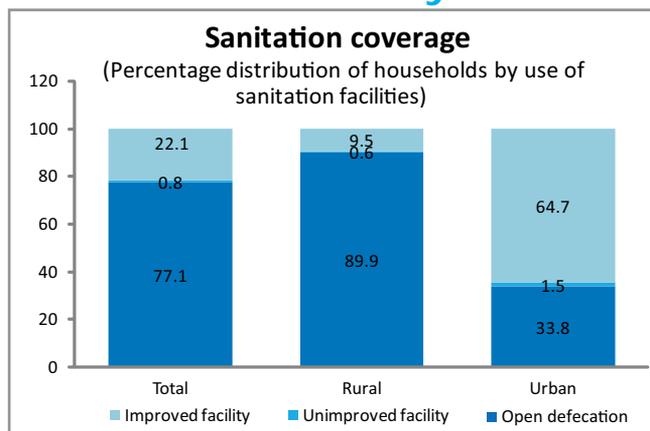
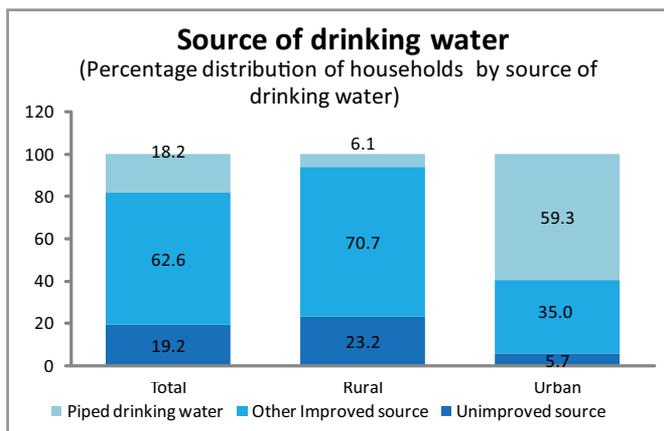
Equity status of key indicators on children and women									
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	19.5	22.3	16.6	13.8	22.2	*	*	*	13.4
Infant Mortality Rate(per 1000 live births)	17.7	21.0	14.3	11.6	20.5	*	*	*	13.4
Children (< 5 years) underweight: severe & moderate (%)	22.9	24.0	21.8	15.4	26.4	32.6	*	*	15.1
Early initiation of breastfeeding: within 1 hour (%)	64.6	na	na	59.1	66.1	64.5	81.4	63.6	60.5
Children (12-23 months) fully immunized (%)	79.6	79.3	79.8	77.0	80.3	82.9	*	*	80.7
Women with at least 3 ANC visits (%)	95.2	na	na	95.5	95.2	94.4	87.2	100.0	95.3
Deliveries attended by skilled health personnel (%)	99.4	na	na	99.9	99.2	98.6	85.6	69.2	99.9
Children (5-14 years) attending school	97.6	96.8	98.5	99.0	97.2	95.2	90.9	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	18.0	na	na	15.2	19.4	22.4	*	*	11.6
Women (15-49 years) heard of AIDS	95.1	na	na	96.6	94.2	90.4	75.9	*	97.9

Statistical Profile of Children: Madhya Pradesh

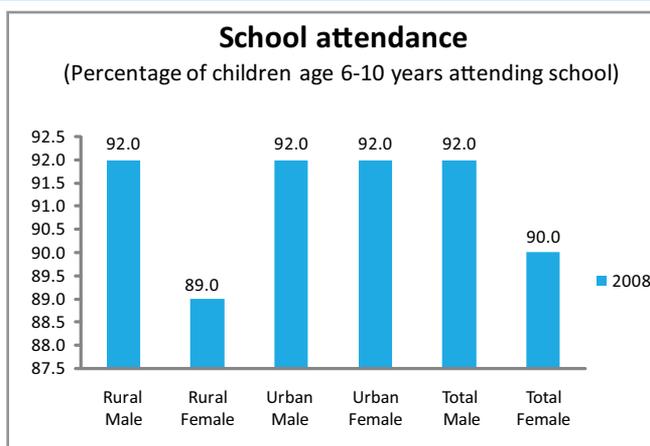
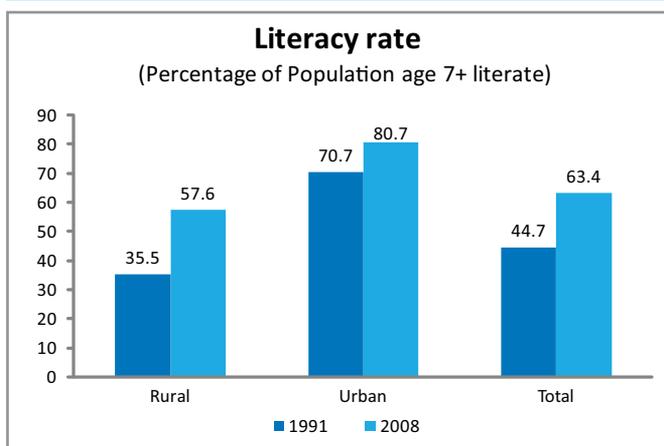
Demographics, Child Survival and Development

Total population (000)	69586 (2008)
Total under-five population (000)	8037 (2008)
Total number of live births (000)	1950 (2008)
Under-five mortality rate (per 1,000 live births)	92 (2008)
Infant mortality rate (per 1,000 live births)	70 (2008)
Total under-five deaths (000)	179 (2008)
Maternal mortality ratio (per 100,000 live births)	335 (2004-2006)

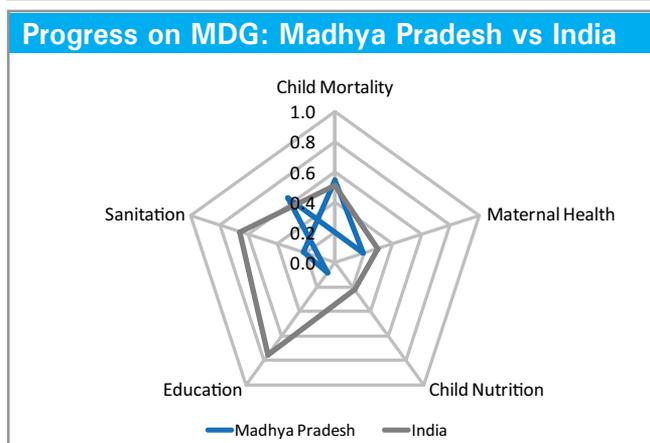




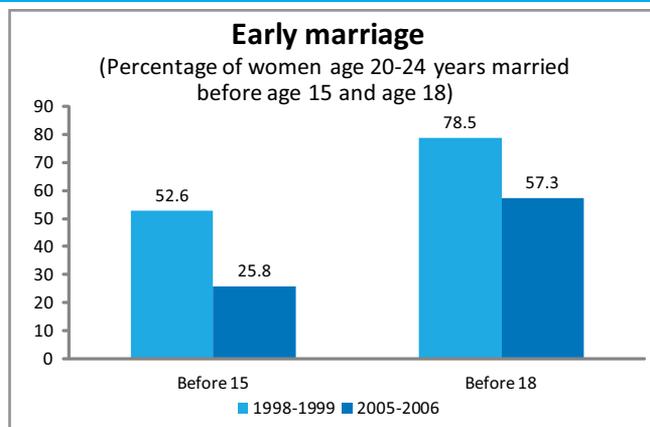
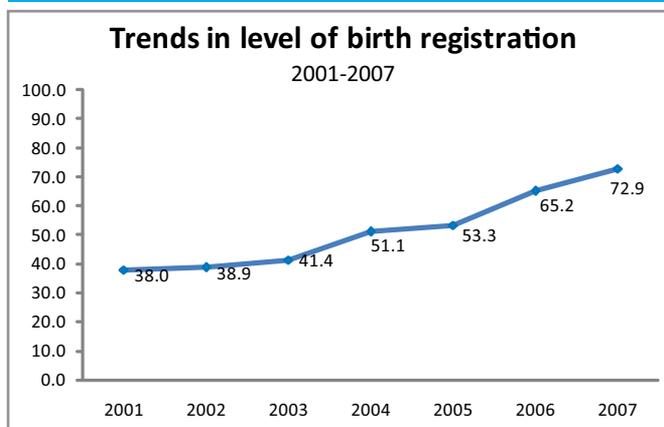
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	26.0	48.7
Years of schooling (percentage distribution):		
Less than 5 years	37.9	47.8
6 – 8 years	28.1	28.3
9 – 10 years	15.6	11.2
11 or more	18.0	12.4



Child Protection



Equity status of key indicators on children and women

Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	108.2	103.6	112.7	86.6	114.1	110.1	140.7	125.3	41.7
Infant Mortality Rate(per 1000 live births)	81.9	80.9	82.8	71.6	84.8	81.9	95.6	91.2	36.6
Children (< 5 years) underweight: severe & moderate (%)	60.0	59.5	60.6	51.3	62.7	62.6	71.4	68.2	36.7
Early initiation of breastfeeding: within 1 hour (%)	42.7	na	na	44.6	42.3	43.1	40.9	39.7	47.9
Children (12-23 months) fully immunized (%)	36.0	36.6	35.2	54.2	31.2	35.5	24.7	19.1	62.6
Women with at least 3 ANC visits (%)	34.0	na	na	58.2	28.1	30.0	21.1	16.9	73.6
Deliveries attended by skilled health personnel (%)	49.9	na	na	76.7	43.3	51.3	30.8	32.1	87.3
Children (5-14 years) attending school	78.4	82.5	73.6	89.2	75.5	76.1	63.7	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	41.7	na	na	32.5	45.4	46.8	49.8	50.5	22.5
Women (15-49 years) heard of AIDS	49.7	na	na	77.4	38.6	45.7	31.4	25.5	90.6

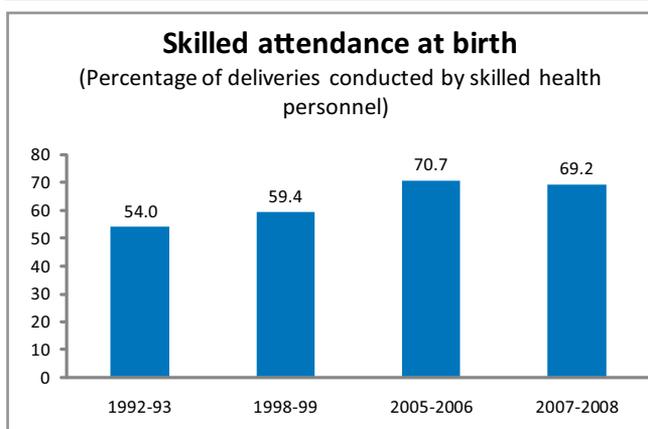
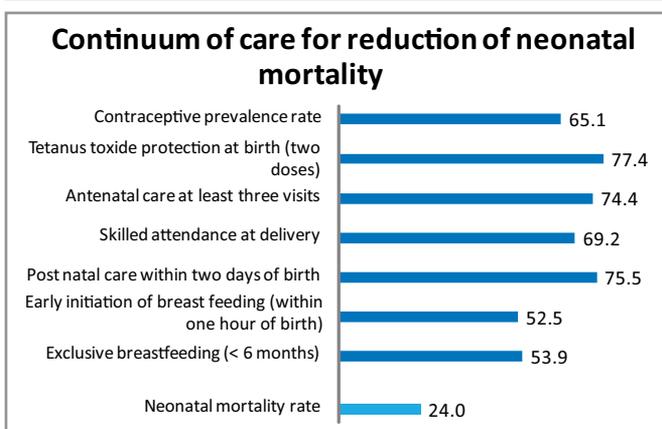
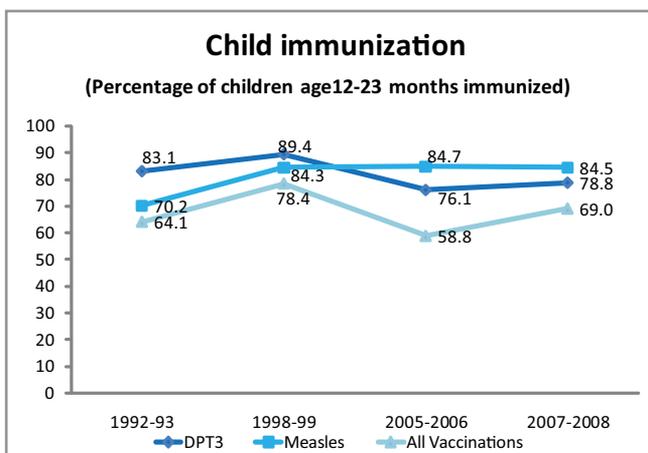
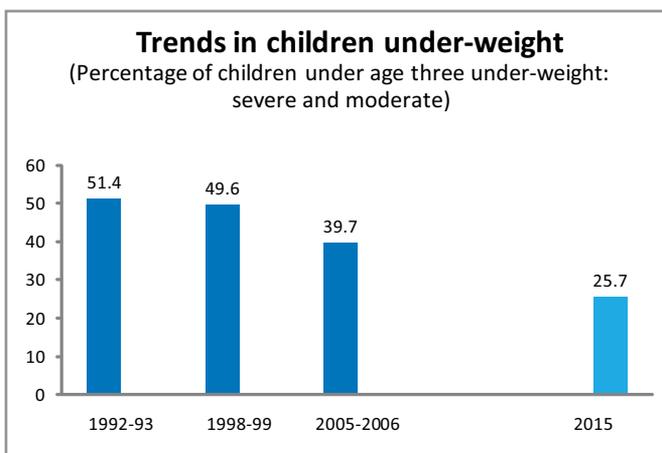
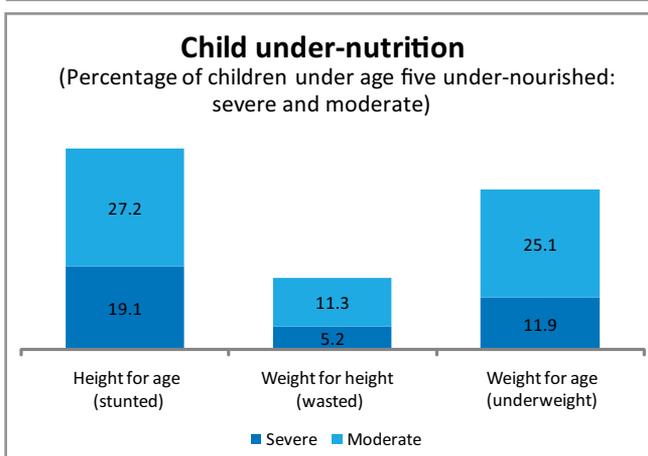
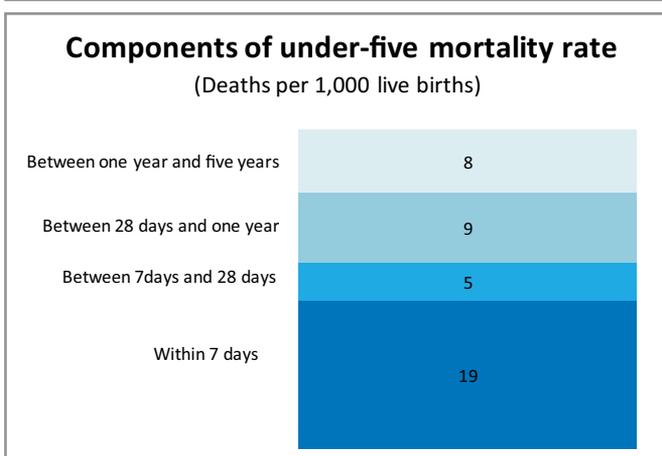
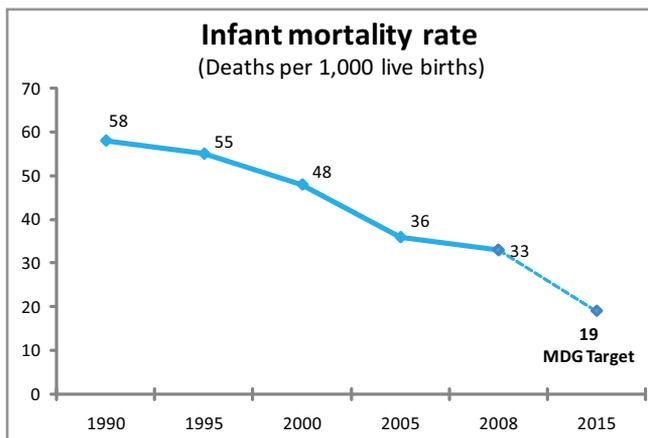


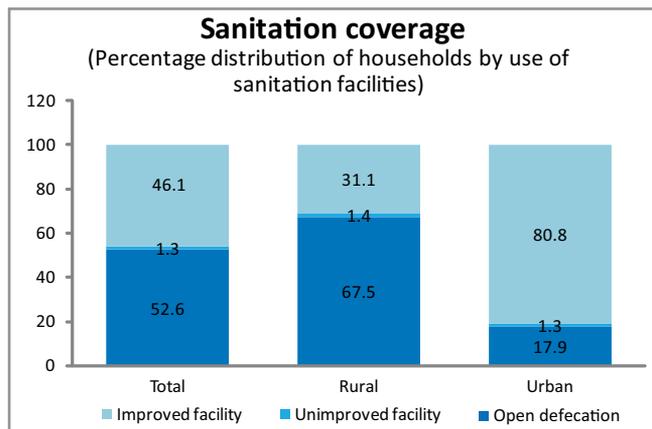
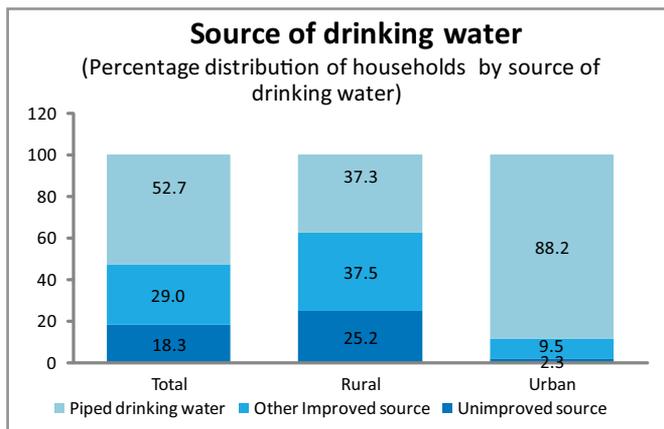
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Statistical Profile of Children: Maharashtra

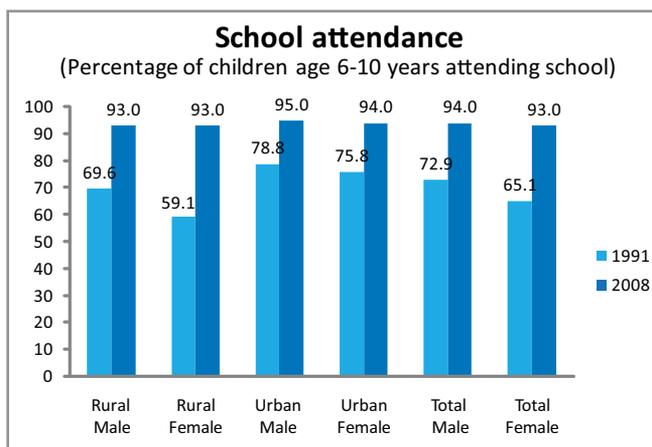
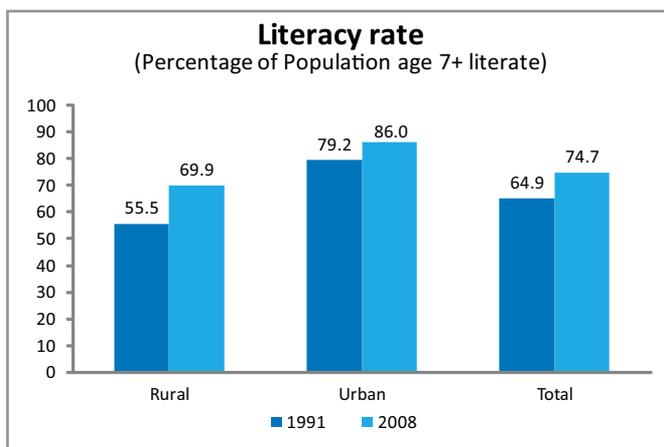
Demographics, Child Survival and Development

Total population (000)	109125	(2008)
Total under-five population (000)	9831	(2008)
Total number of live births (000)	1954	(2008)
Under-five mortality rate (per 1,000 live births)	41	(2008)
Infant mortality rate (per 1,000 live births)	33	(2008)
Total under-five deaths (000)	80	(2008)
Maternal mortality ratio (per 100,000 live births)	130	(2004-2006)

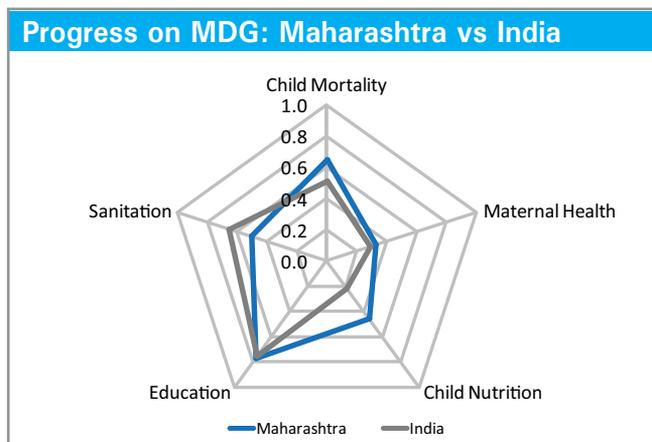




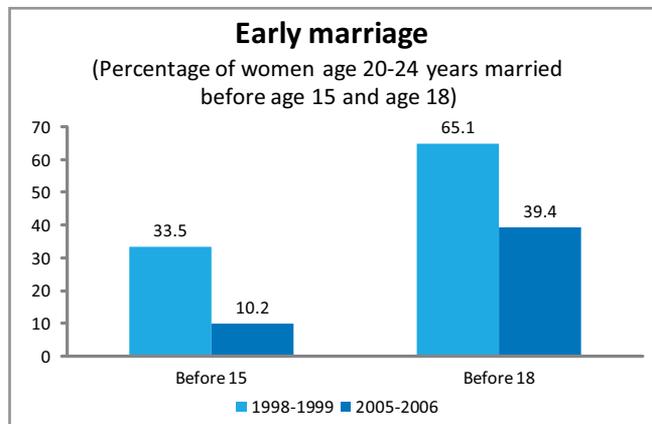
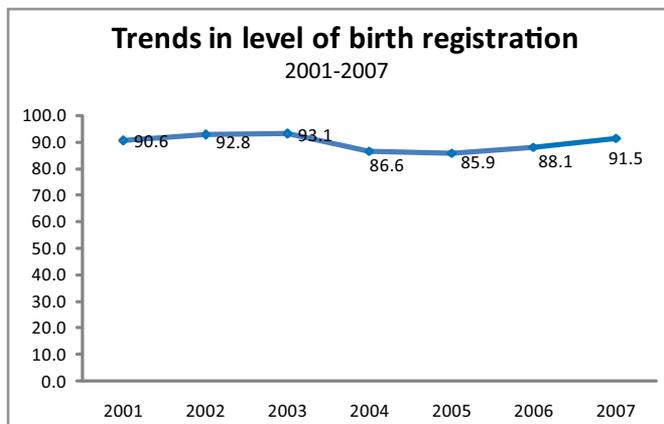
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	16.0	34.7
Years of schooling (percentage distribution):		
Less than 5 years	27.7	30.5
6 – 8 years	21.2	27.4
9 – 10 years	26.0	24.2
11 or more	24.9	17.6



Child Protection



Equity status of key indicators on children and women

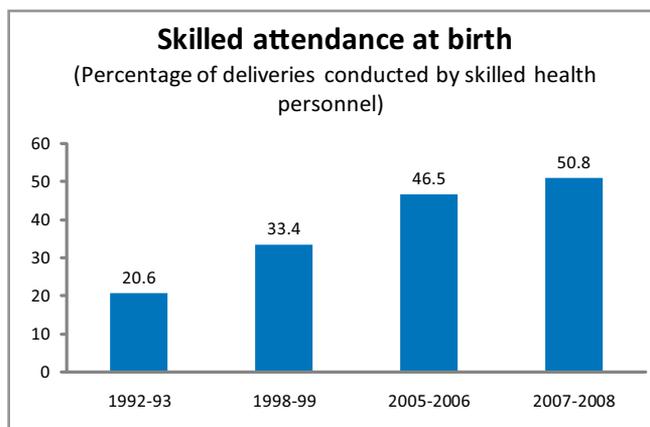
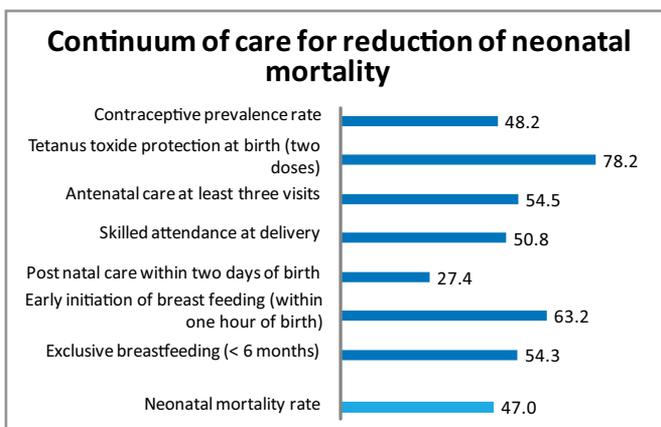
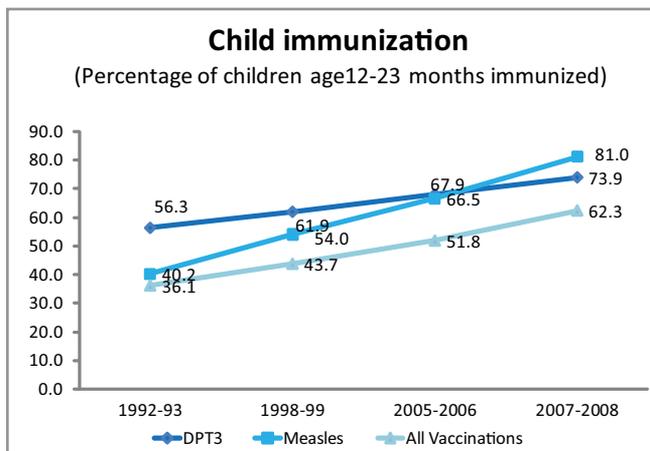
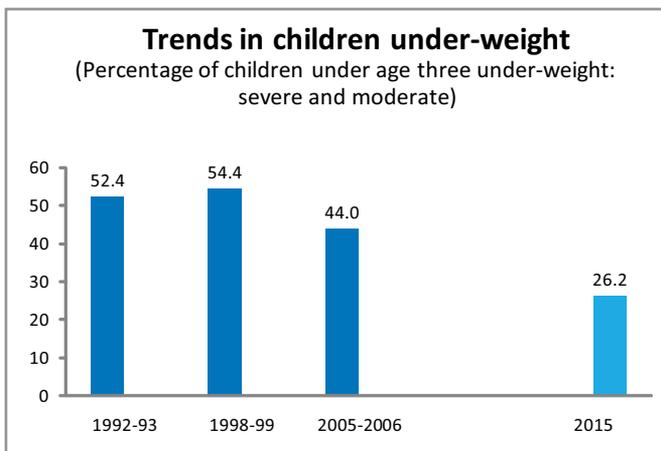
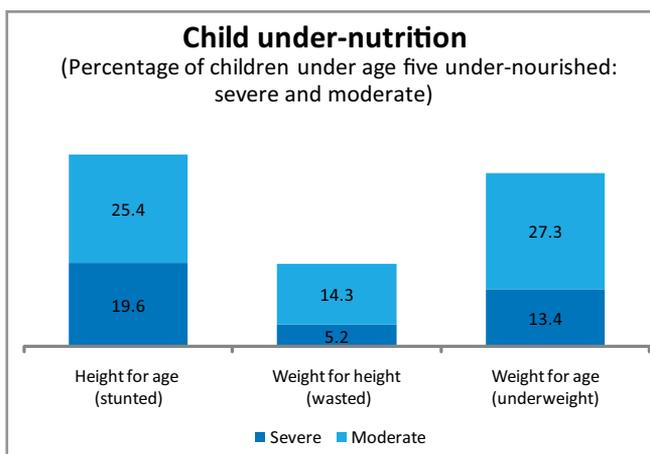
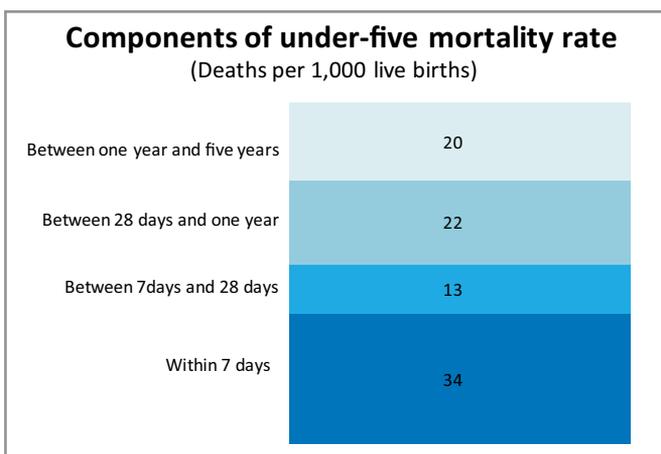
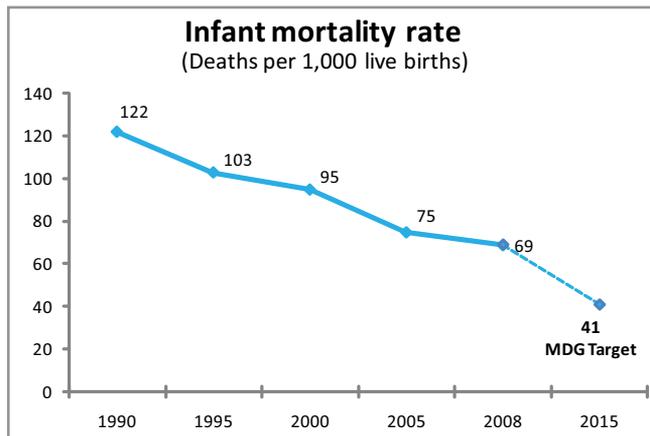
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	53.4	55.8	50.7	36.9	67.2	50.2	69.8	116.8	33.6
Infant Mortality Rate(per 1000 live births)	45.3	48.3	42.0	28.4	59.5	45.2	51.4	95.6	27.4
Children (< 5 years) underweight: severe & moderate (%)	37.0	36.7	37.3	30.7	41.6	41.7	53.2	51.8	20.9
Early initiation of breastfeeding: within 1 hour (%)	52.5	na	na	51.8	52.7	56.9	47.6	43.3	52.5
Children (12-23 months) fully immunized (%)	69.0	69.9	68.0	72.6	67.6	69.9	52.2	43.2	80.7
Women with at least 3 ANC visits (%)	74.4	na	na	84.3	70.5	75.7	60.2	52.3	90.4
Deliveries attended by skilled health personnel (%)	69.2	na	na	89.9	61.0	72.9	41.0	33.3	94.6
Children (5-14 years) attending school	89.1	89.3	88.9	92.3	87.3	88.8	71.2	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	36.2	na	na	26.6	45.6	39.9	51.6	56.7	23.4
Women (15-49 years) heard of AIDS	81.6	na	na	90.6	72.3	85.5	51.0	44.3	95.6

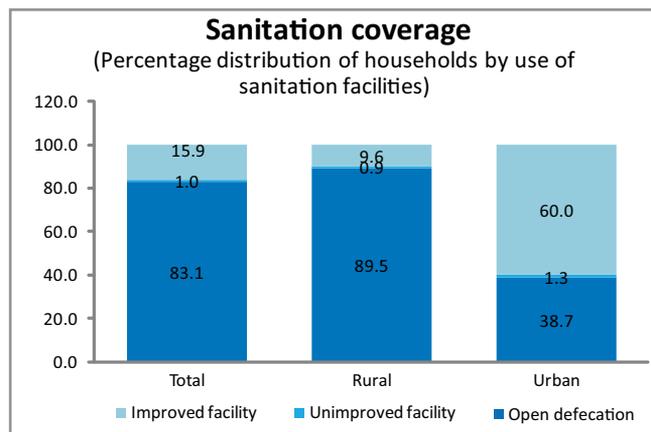
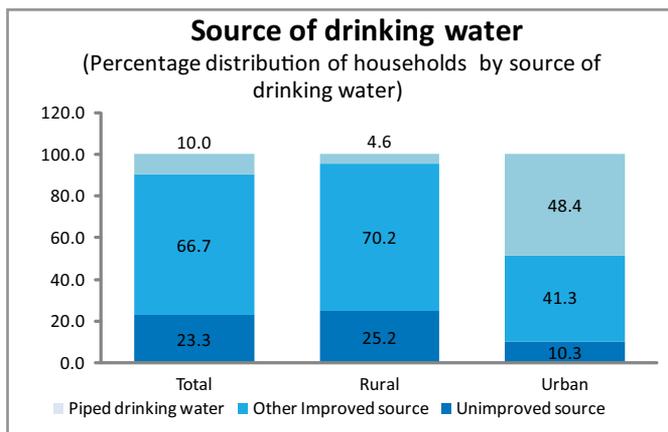


Statistical Profile of Children: Orissa

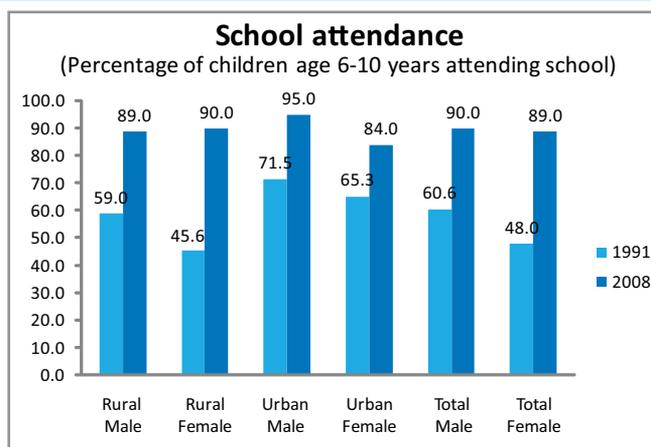
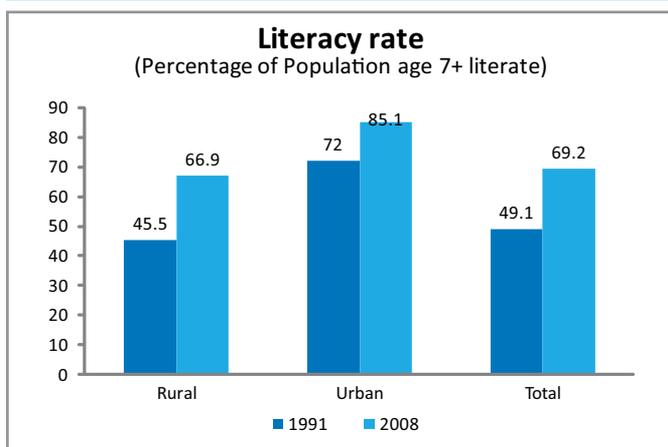
Demographics, Child Survival and Development

Total population (000)	39912 (2008)
Total under-five population (000)	3514 (2008)
Total number of live births (000)	852 (2008)
Under-five mortality rate (per 1,000 live births)	89 (2008)
Infant mortality rate (per 1,000 live births)	69 (2008)
Total under-five deaths (000)	76 (2008)
Maternal mortality ratio (per 100,000 live births)	303 (2004-2006)

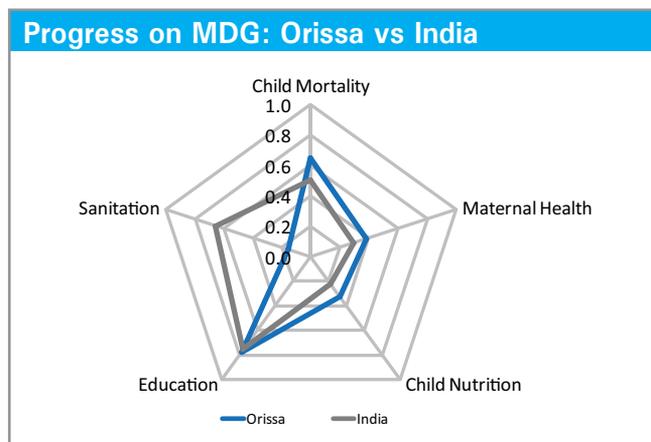




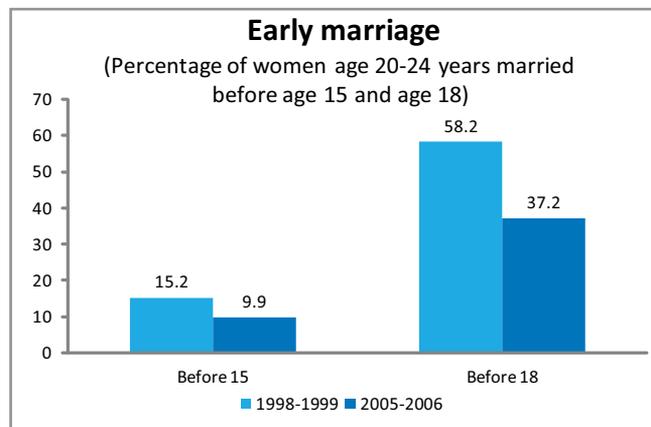
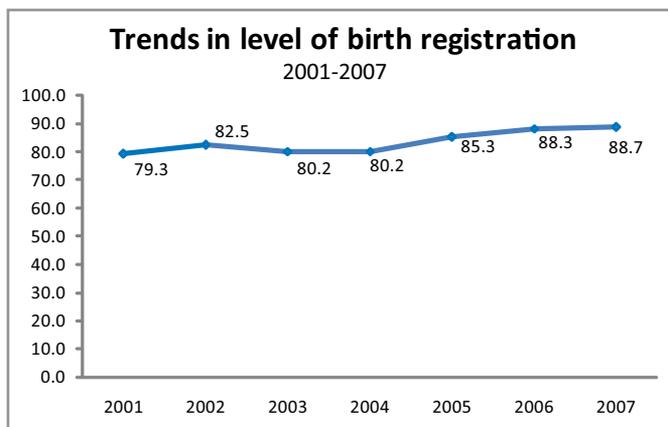
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	20.6	40.8
Years of schooling (percentage distribution):		
Less than 5 years	38.5	43.5
6 – 8 years	21.9	23.4
9 – 10 years	23.2	22.1
11 or more	15.8	10.3



Child Protection



Equity status of key indicators on children and women

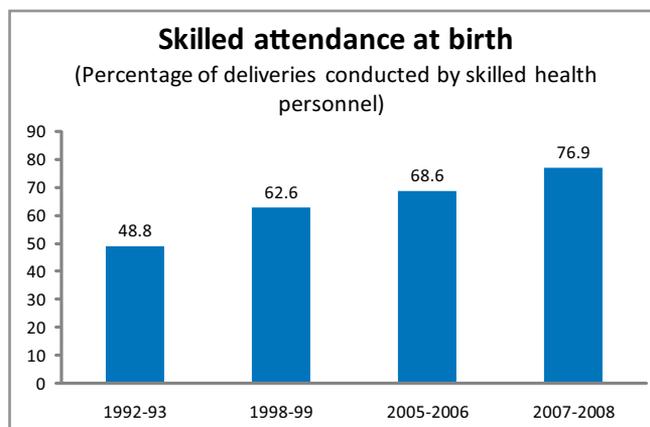
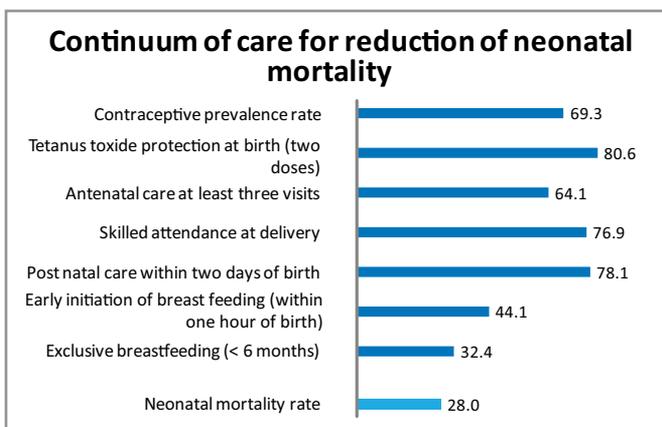
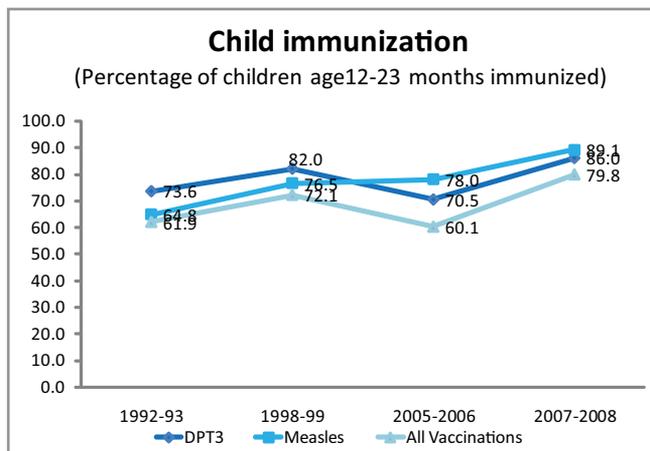
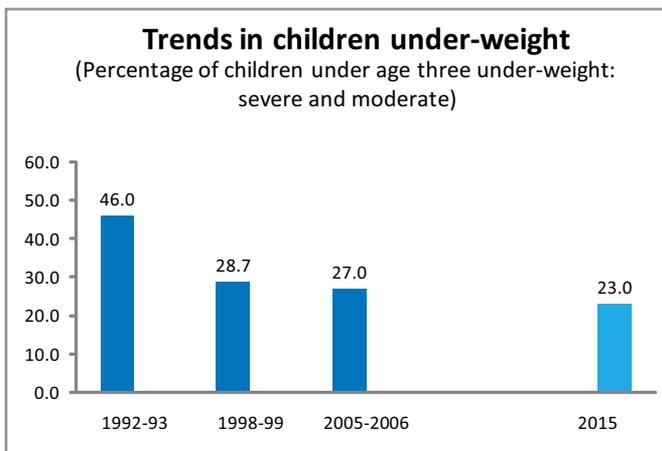
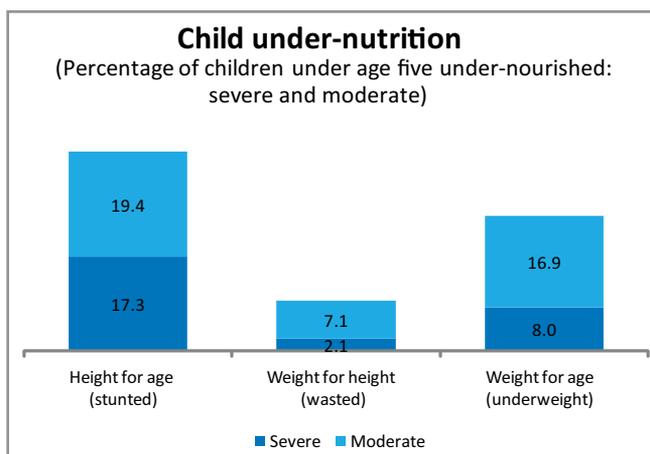
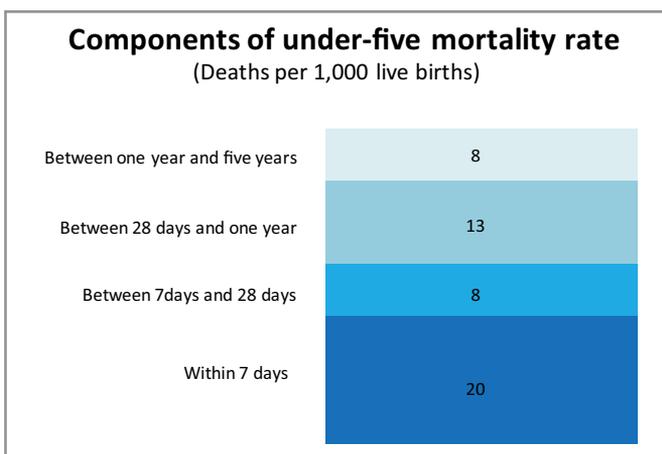
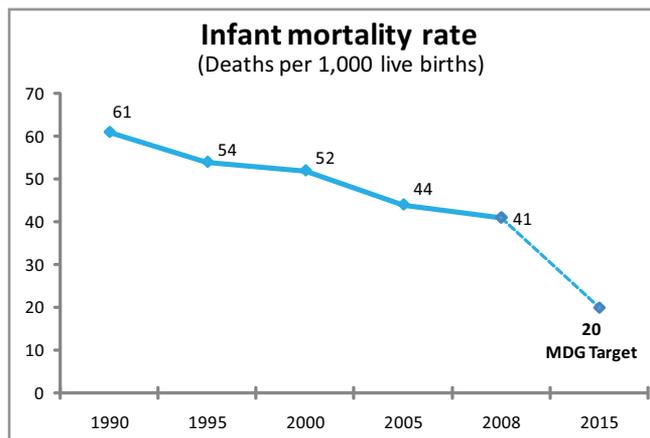
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	94.7	103.7	84.4	59.3	100.7	91.8	136.3	118.7	*
Infant Mortality Rate(per 1000 live births)	67.7	75.0	59.4	40.9	72.2	73.7	78.7	79.8	*
Children (< 5 years) underweight: severe & moderate (%)	40.7	39.4	41.9	29.7	42.3	44.4	54.4	53.3	10.2
Early initiation of breastfeeding: within 1 hour (%)	63.2	na	na	62.4	63.3	62.0	64.0	61.4	63.7
Children (12-23 months) fully immunized (%)	62.3	63.6	60.9	74.2	60.9	64.6	44.5	48.5	80.0
Women with at least 3 ANC visits (%)	54.5	na	na	74.7	51.9	53.9	38.8	40.0	85.3
Deliveries attended by skilled health personnel (%)	50.8	na	na	78.3	47.2	49.5	25.8	29.9	91.1
Children (5-14 years) attending school	80.2	83.4	76.8	87.9	79.1	79.0	65.6	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	41.4	na	na	28.6	44.1	50.8	51.3	54.4	16.3
Women (15-49 years) heard of AIDS	66.0	na	na	87.5	61.4	67.2	32.6	39.0	98.0

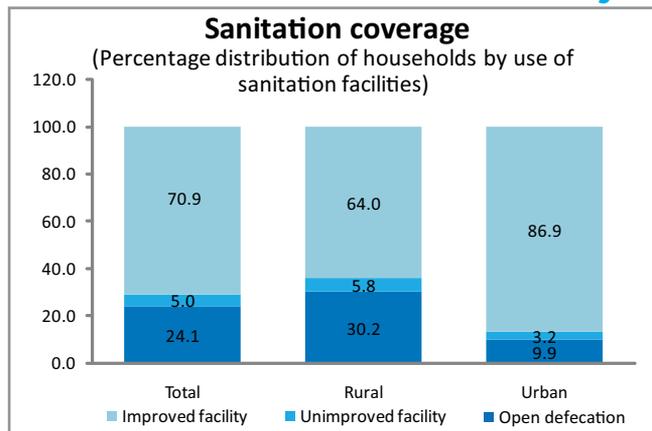
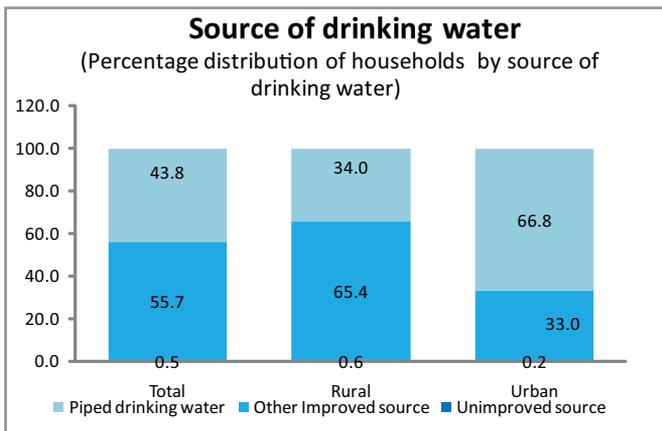


Statistical Profile of Children: Punjab

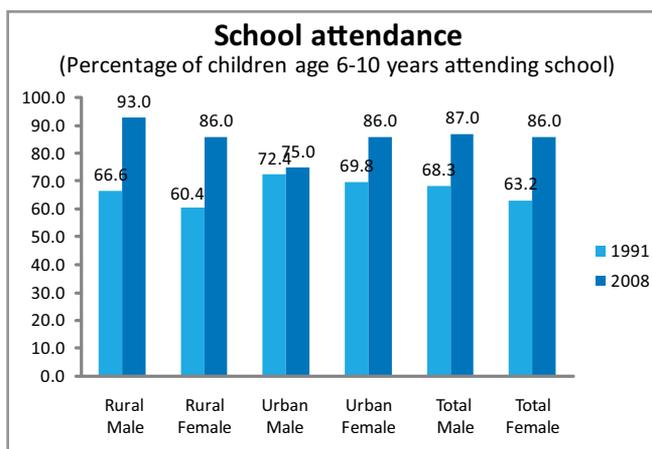
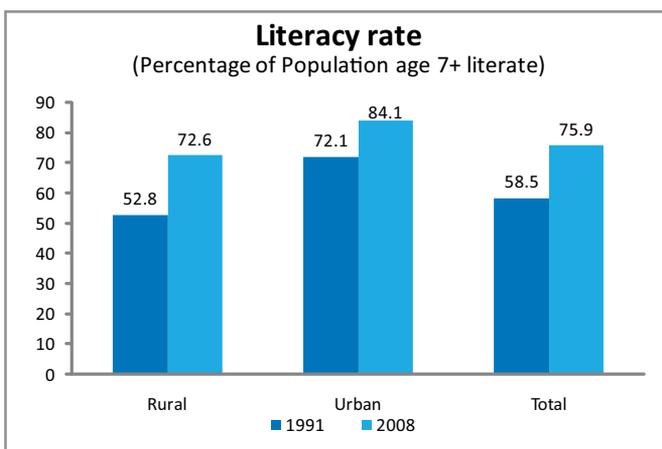
Demographics, Child Survival and Development

Total population (000)	26949	(2008)
Total under-five population (000)	2294	(2008)
Total number of live births (000)	466	(2008)
Under-five mortality rate (per 1,000 live births)	49	(2008)
Infant mortality rate (per 1,000 live births)	41	(2008)
Total under-five deaths (000)	23	(2008)
Maternal mortality ratio (per 100,000 live births)	192	(2004-2006)

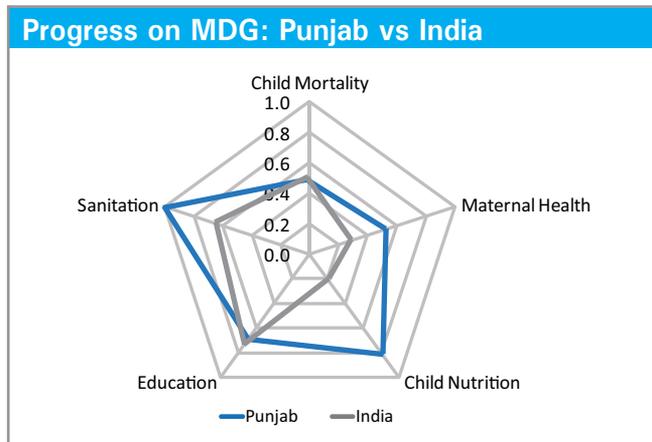




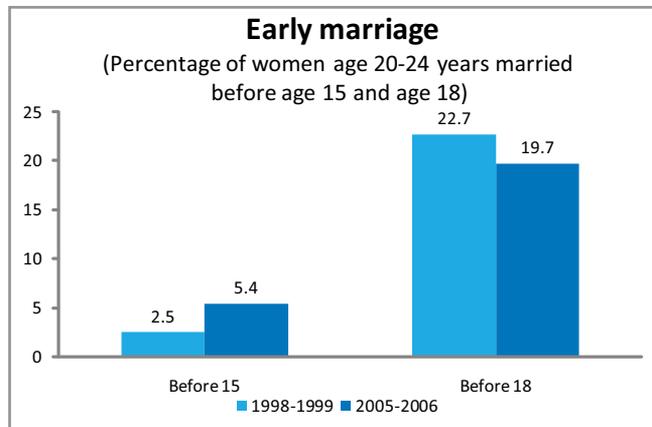
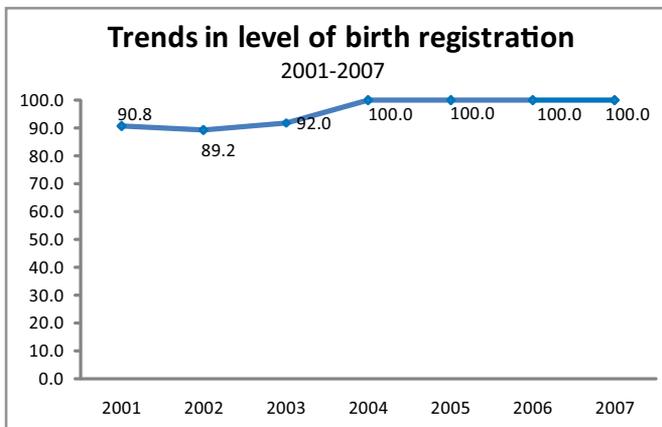
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	18.6	30.1
Years of schooling (percentage distribution):		
Less than 5 years	26.5	31.9
6 – 8 years	25.2	24.1
9 – 10 years	26.1	21.7
11 or more	22.1	22.1



Child Protection

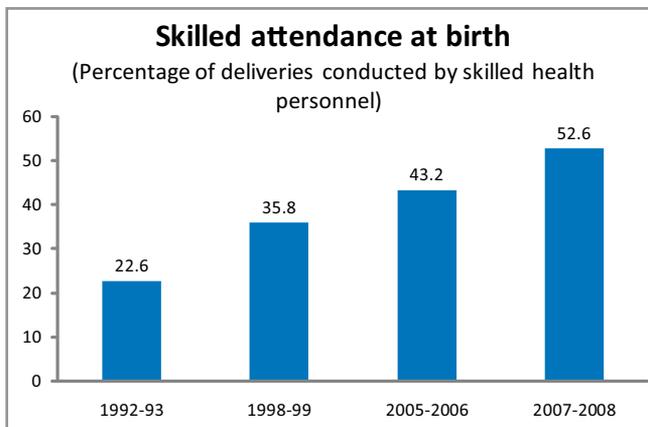
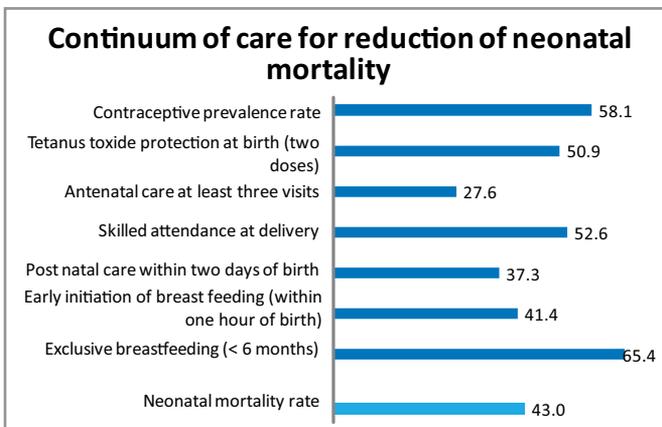
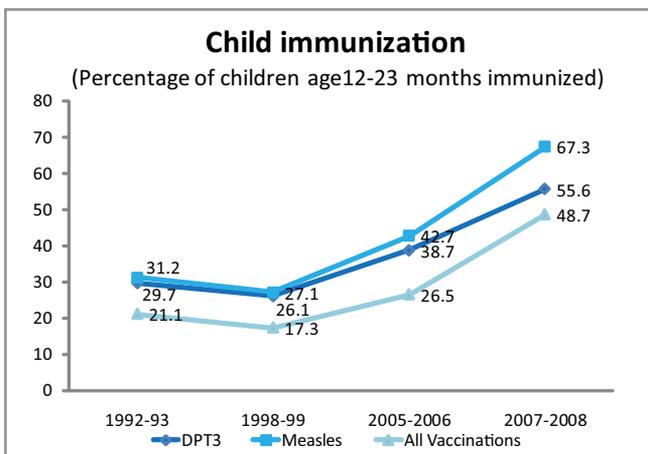
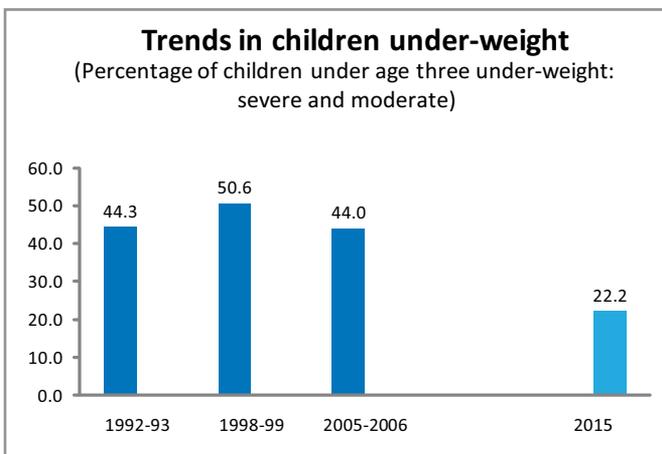
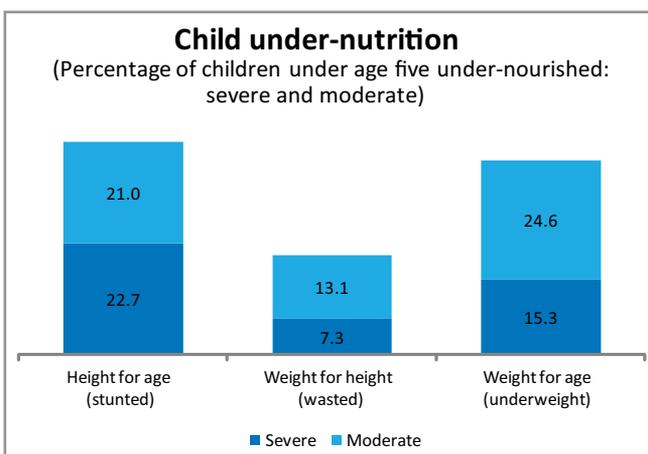
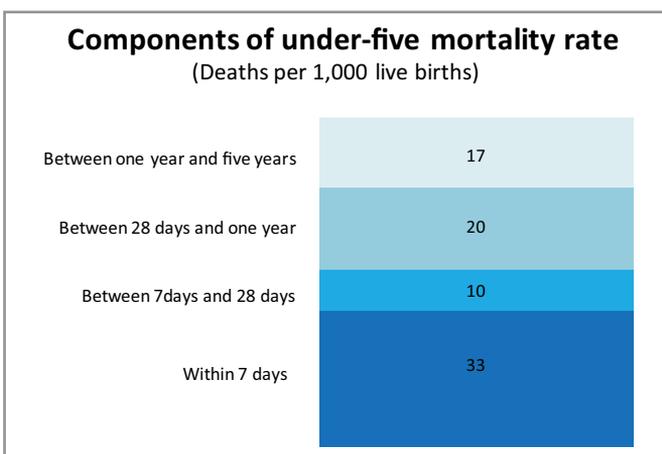
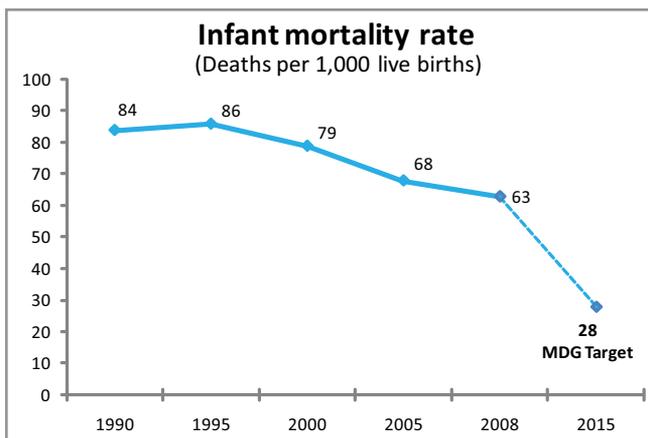


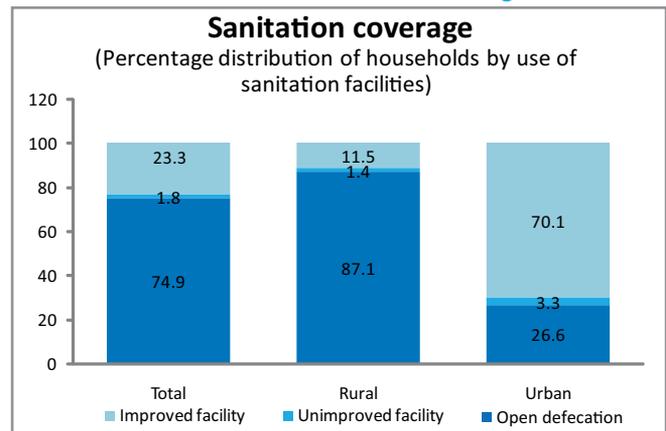
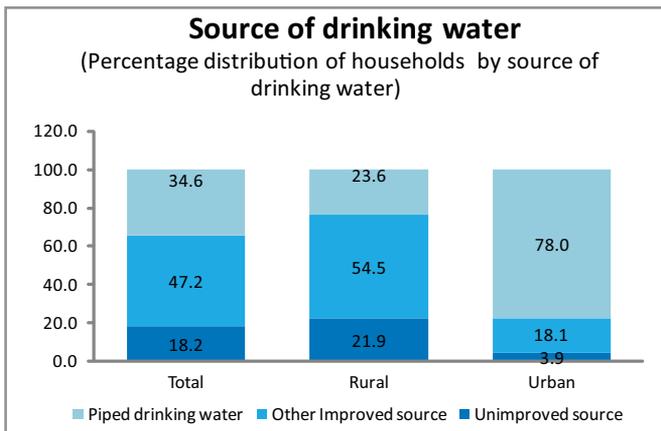
Equity status of key indicators on children and women									
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	54.6	51.3	58.9	51.4	56.2	61.5	*	*	34.6
Infant Mortality Rate(per 1000 live births)	44.9	45.6	44.0	42.6	46.2	46.2	*	*	33.4
Children (< 5 years) underweight: severe & moderate (%)	24.9	23.9	26.3	21.4	26.8	33.9	*	*	12.3
Early initiation of breastfeeding: within 1 hour (%)	44.1	na	na	44.7	43.9	43.6	25.0	26.3	43.7
Children (12-23 months) fully immunized (%)	79.8	80.3	79.2	77.8	80.5	75.4	*	*	84.9
Women with at least 3 ANC visits (%)	64.1	na	na	71.2	61.4	54.5	66.7	22.7	75.8
Deliveries attended by skilled health personnel (%)	76.9	na	na	83.3	74.3	64.7	90.5	27.3	88.4
Children (5-14 years) attending school	89.0	89.7	88.2	89.0	89.0	84.8	94.5	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	18.9	na	na	17.2	19.9	26.8	*	*	12.7
Women (15-49 years) heard of AIDS	73.6	na	na	80.7	69.5	62.5	*	*	88.8

Statistical Profile of Children: Rajasthan

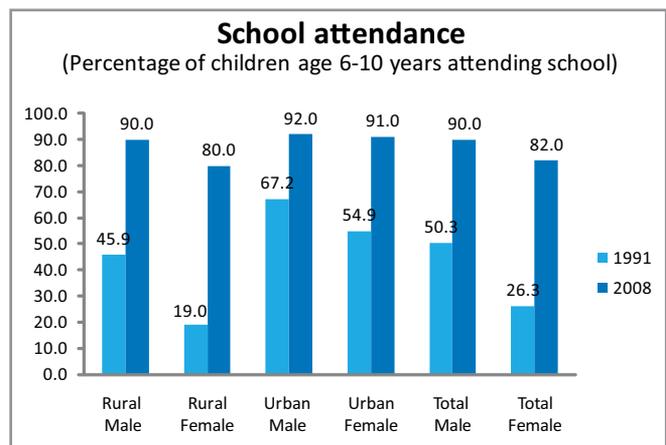
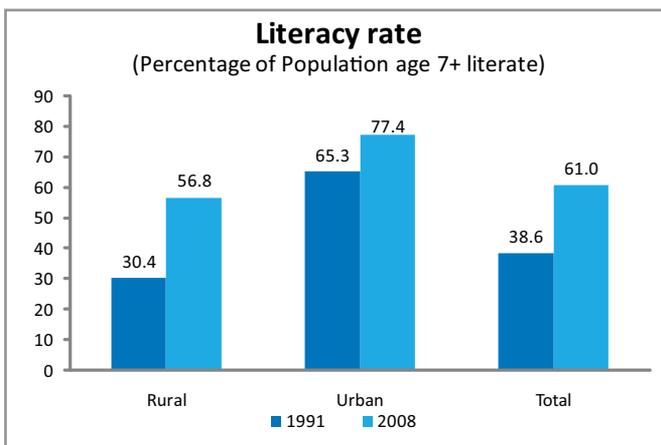
Demographics, Child Survival and Development

Total population (000)	65331	(2008)
Total under-five population (000)	7334	(2008)
Total number of live births (000)	1797	(2008)
Under-five mortality rate (per 1,000 live births)	80	(2008)
Infant mortality rate (per 1,000 live births)	63	(2008)
Total under-five deaths (000)	144	(2008)
Maternal mortality ratio (per 100,000 live births)	388	(2004-2006)

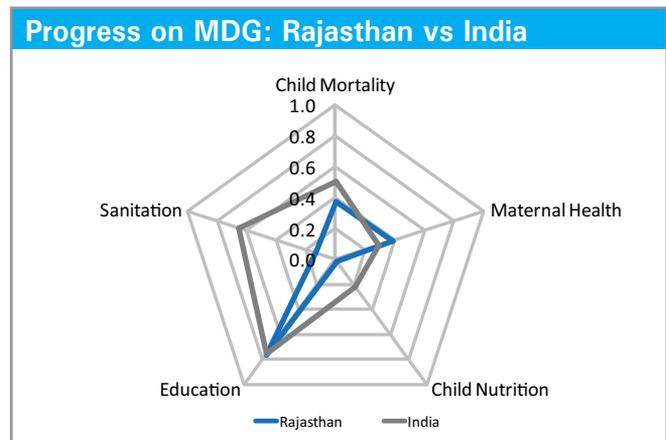




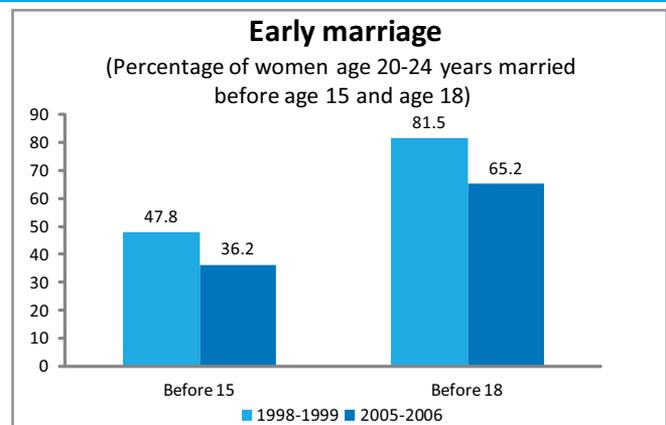
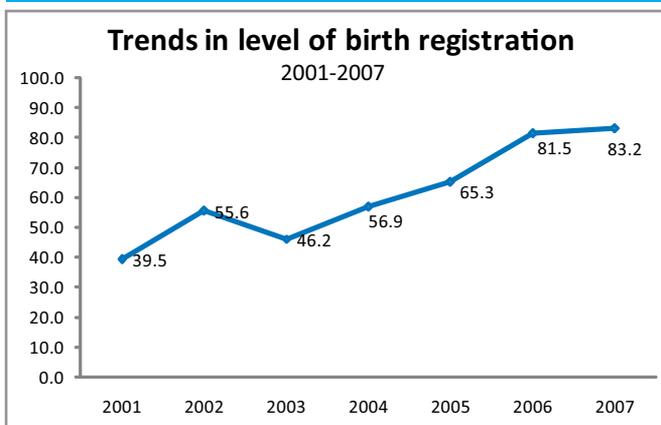
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	24.9	54.4
Years of schooling (percentage distribution):		
Less than 5 years	36.8	51.7
6 – 8 years	27.3	26.6
9 – 10 years	18.6	11.3
11 or more	17.0	10.0



Child Protection



Equity status of key indicators on children and women

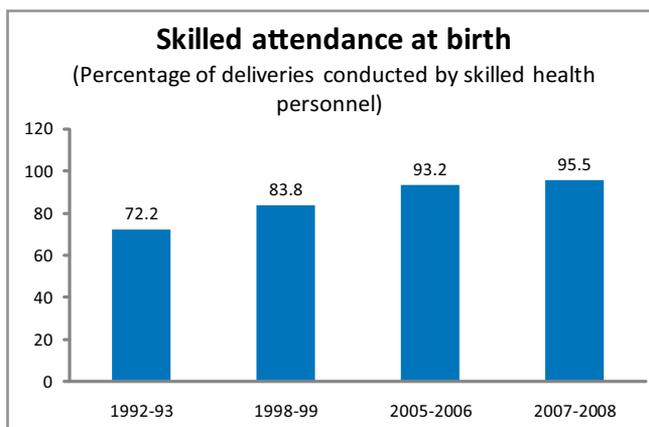
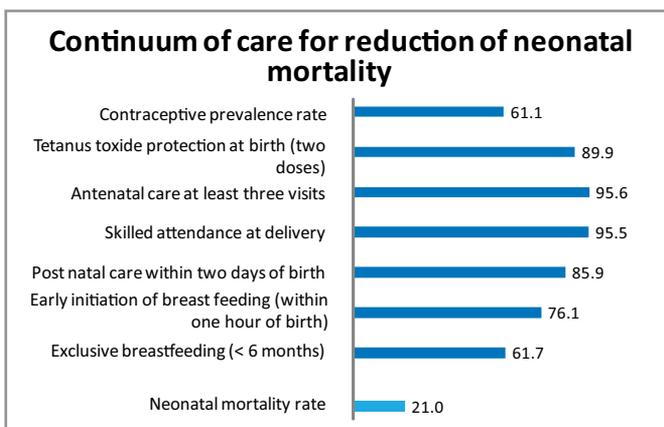
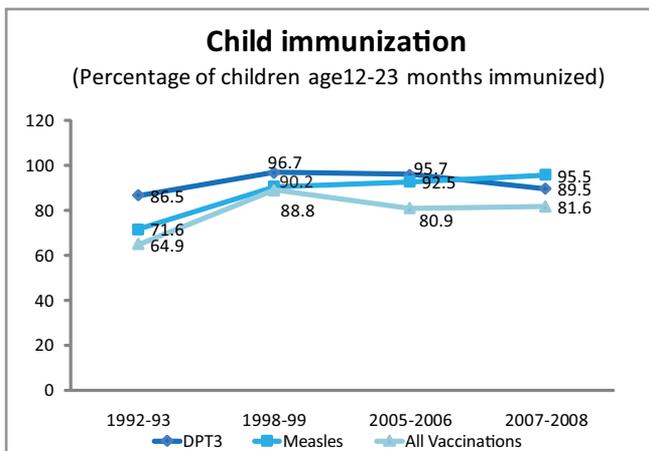
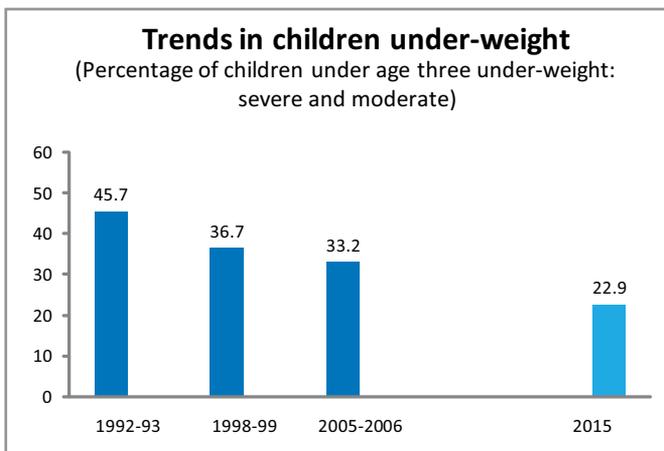
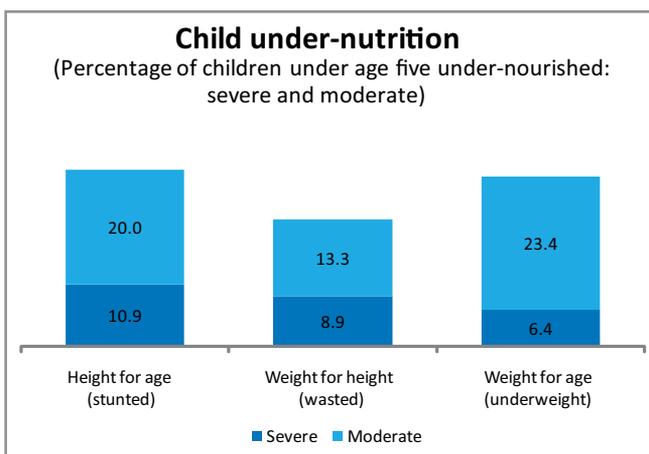
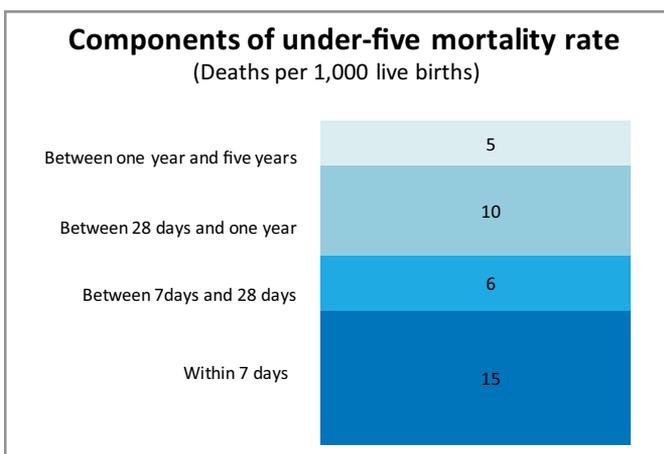
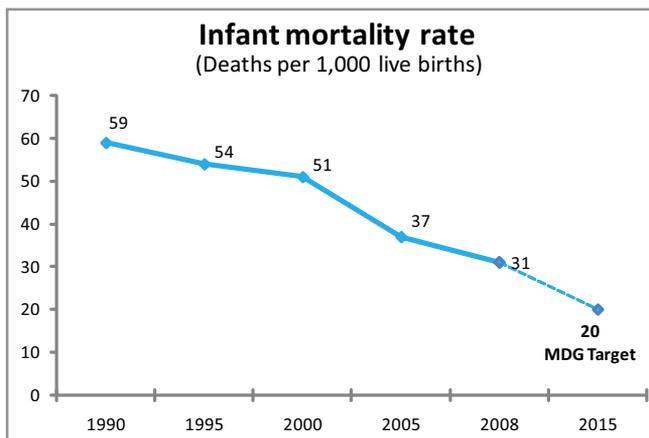
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	93.3	87.7	99.4	76.4	97.6	123.1	113.8	112.6	55.9
Infant Mortality Rate(per 1000 live births)	72.7	70.5	75.2	65.1	74.6	96.4	73.2	84.3	48.6
Children (< 5 years) underweight: severe & moderate (%)	39.9	40.3	39.5	30.1	42.5	44.5	46.8	52.5	22.3
Early initiation of breastfeeding: within 1 hour (%)	41.4	na	na	49.5	39.6	38.7	39.2	36.5	51.9
Children (12-23 months) fully immunized (%)	48.7	51.1	46.1	58.4	46.6	45.5	51.0	43.8	63.7
Women with at least 3 ANC visits (%)	27.6	na	na	48.0	23.3	22.4	19.4	15.8	56.6
Deliveries attended by skilled health personnel (%)	52.6	na	na	73.5	48.1	47.0	44.3	36.6	82.2
Children (5-14 years) attending school	78.0	84.7	71.0	81.3	77.1	71.5	71.4	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	36.7	na	na	30.9	39.1	41.0	49.3	46.6	26.6
Women (15-49 years) heard of AIDS	38.0	na	na	76.5	22.0	33.1	16.6	5.7	84.2

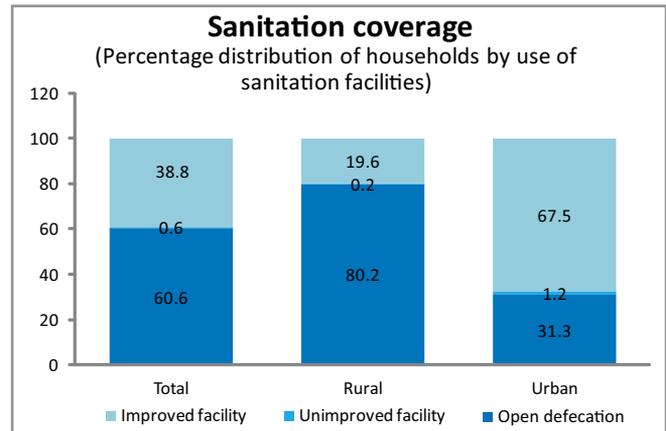
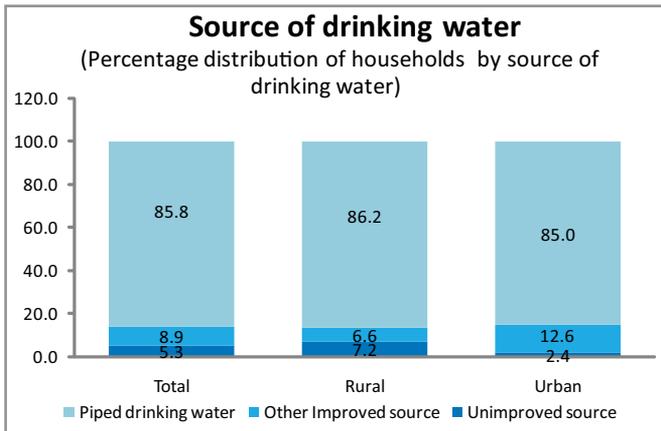


Statistical Profile of Children: Tamil Nadu

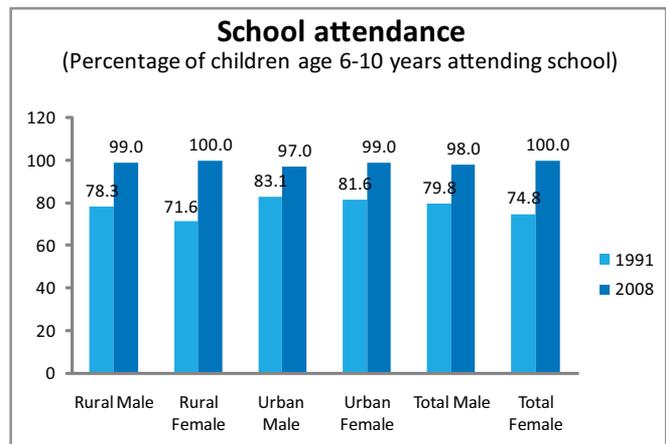
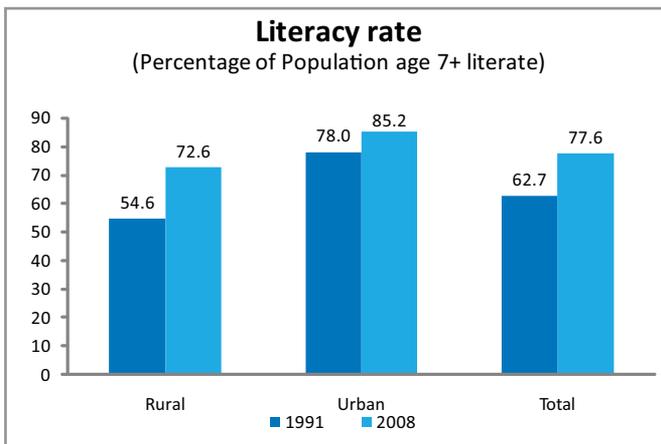
Demographics, Child Survival and Development

Total population (000)	66405 (2008)
Total under-five population (000)	5068 (2008)
Total number of live births (000)	1063 (2008)
Under-five mortality rate (per 1,000 live births)	36 (2008)
Infant mortality rate (per 1,000 live births)	31 (2008)
Total under-five deaths (000)	38 (2008)
Maternal mortality ratio (per 100,000 live births)	111 (2004-2006)

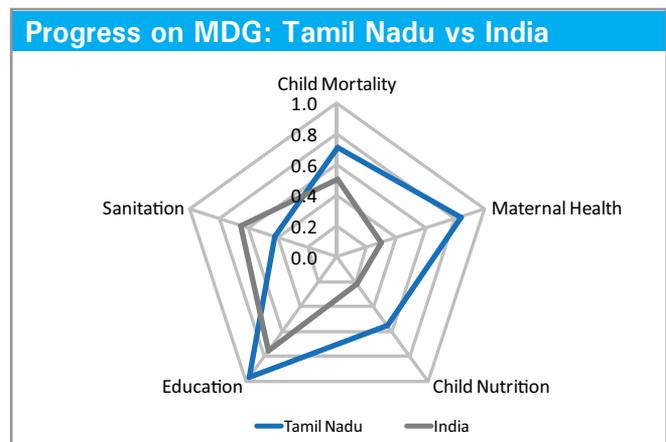




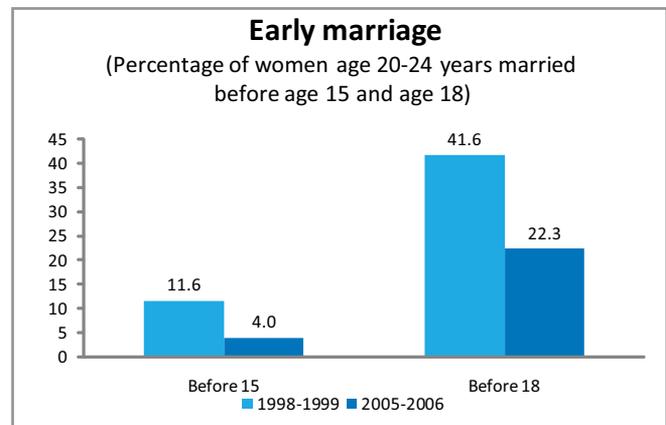
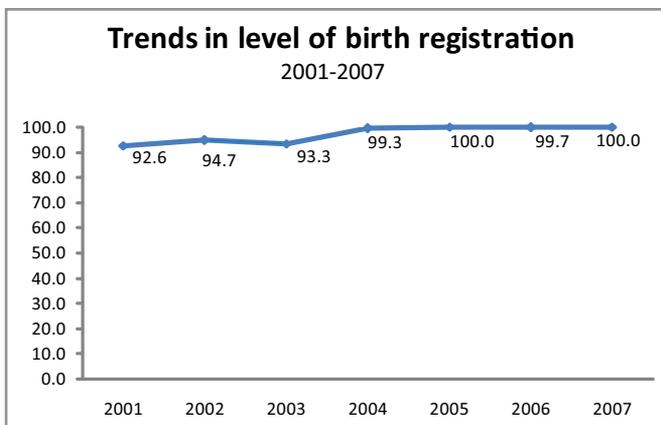
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	14.0	30.3
Years of schooling (percentage distribution):		
Less than 5 years	28.4	32.1
6 – 8 years	25.9	27.6
9 – 10 years	22.4	20.4
11 or more	22.9	19.5



Child Protection



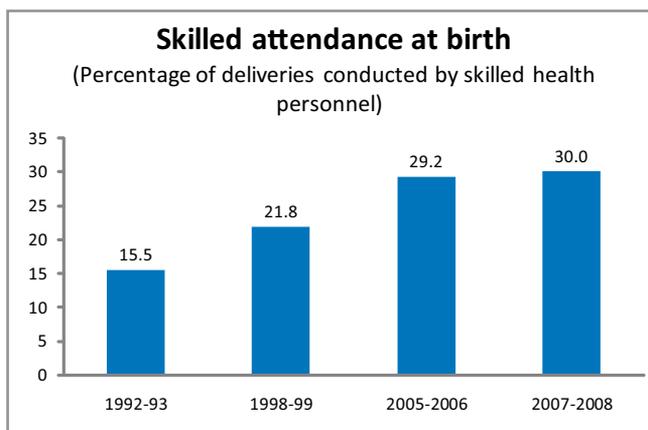
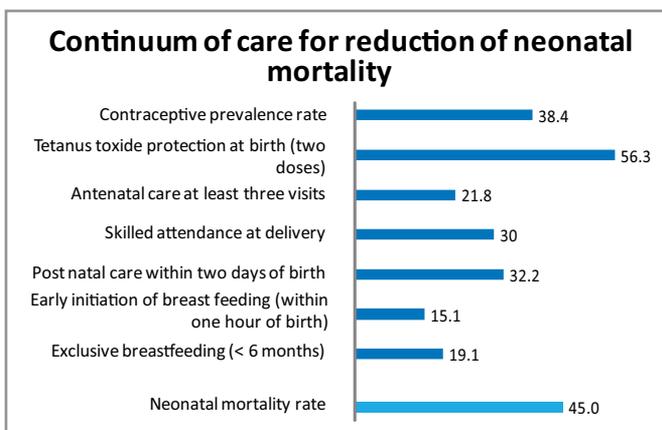
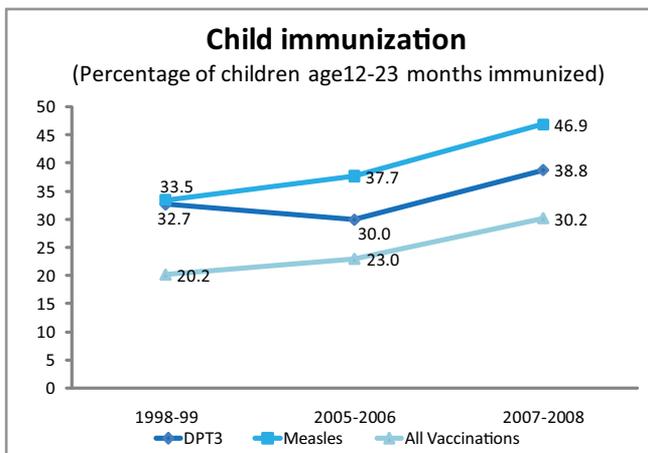
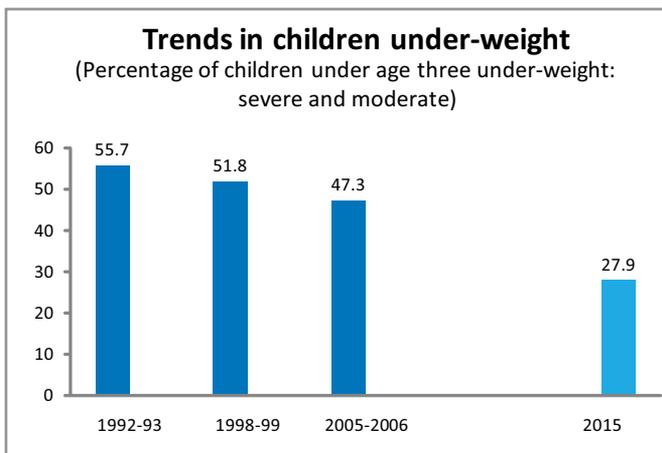
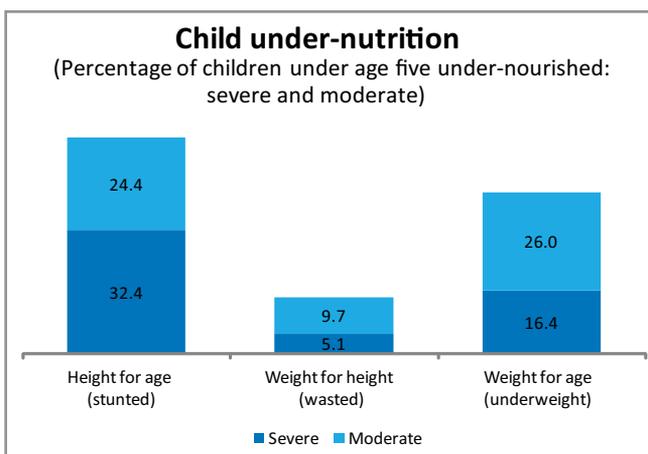
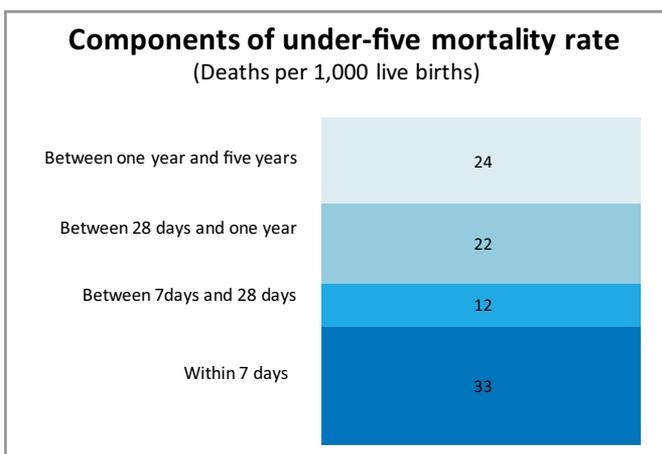
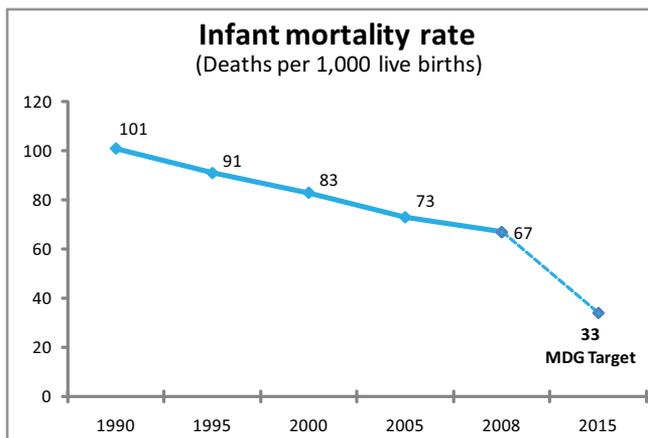
Equity status of key indicators on children and women									
Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	45.0	42.3	47.9	34.7	52.9	48.3	*	*	27.3
Infant Mortality Rate(per 1000 live births)	37.7	37.6	37.8	31.0	42.8	37.4	*	*	23.2
Children (< 5 years) underweight: severe & moderate (%)	29.8	31.5	28.0	27.1	32.1	40.2	*	43.1	9.2
Early initiation of breastfeeding: within 1 hour (%)	76.1	na	na	72.0	78.7	80.9	86.2	81.7	69.5
Children (12-23 months) fully immunized (%)	81.6	82.2	80.9	80.0	82.6	81.6	63.3	82.1	82.8
Women with at least 3 ANC visits (%)	95.6	na	na	97.0	94.8	94.6	87.2	89.5	98.2
Deliveries attended by skilled health personnel (%)	95.5	na	na	98.2	93.8	93.4	67.8	86.7	99.4
Children (5-14 years) attending school	96.1	97.5	94.6	96.7	95.8	95.0	90.3	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	28.4	na	na	22.8	33.7	34.7	*	48.2	11.6
Women (15-49 years) heard of AIDS	94.5	na	na	98.3	91.1	92.1	89.1	84.5	99.7

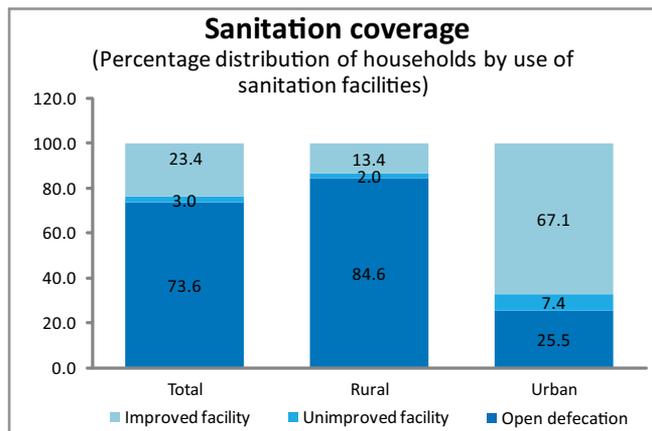
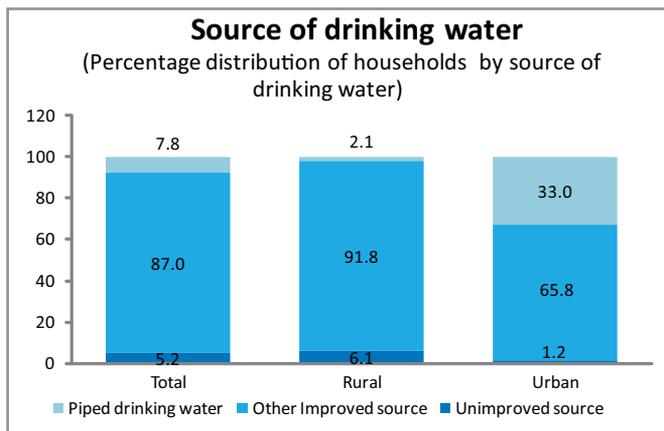


Statistical Profile of Children: Uttar Pradesh

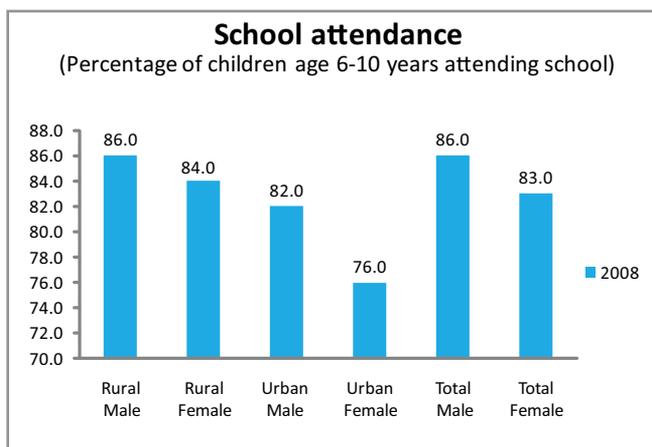
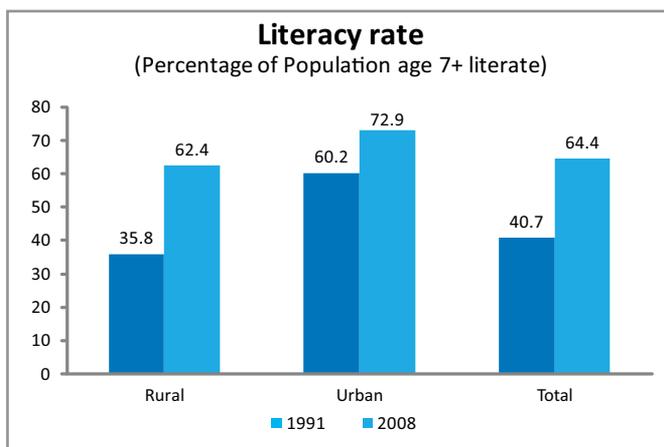
Demographics, Child Survival and Development

Total population (000)	192897	(2008)
Total under-five population (000)	24349	(2008)
Total number of live births (000)	5608	(2008)
Under-five mortality rate (per 1,000 live births)	91	(2008)
Infant mortality rate (per 1,000 live births)	67	(2008)
Total under-five deaths (000)	510	(2008)
Maternal mortality ratio (per 100,000 live births)	440	(2004-2006)

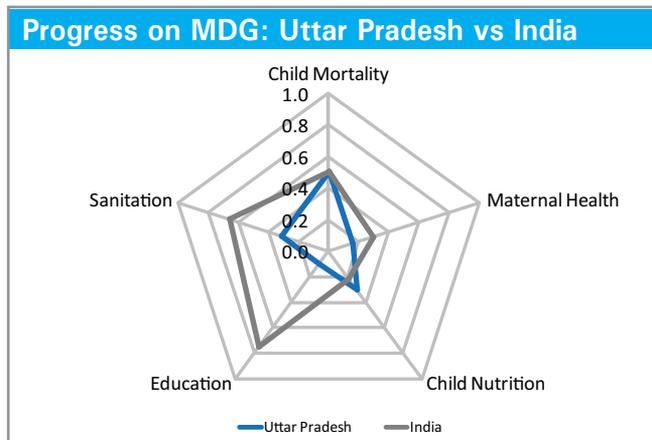




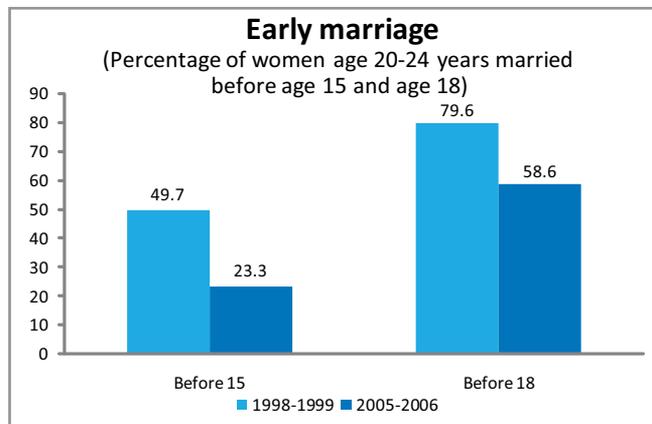
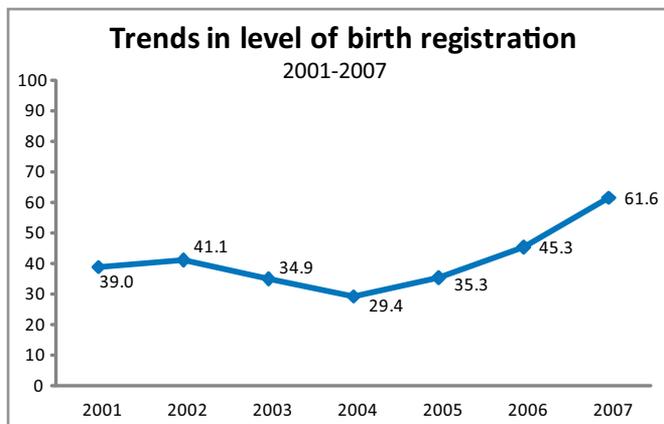
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	23.5	48.1
Years of schooling (percentage distribution):		
Less than 5 years	37.9	48.5
6 – 8 years	22.7	24.5
9 – 10 years	20.0	12.1
11 or more	19.1	14.4



Child Protection



Equity status of key indicators on children and women

Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	112.3	100.9	124.7	94.8	116.9	135.1	*	135.4	61.8
Infant Mortality Rate(per 1000 live births)	83.0	80.9	85.2	72.2	85.8	90.7	*	94.2	51.3
Children (< 5 years) underweight: severe & moderate (%)	42.4	41.2	43.7	34.8	44.1	48.0	61.2	52.4	19.5
Early initiation of breastfeeding: within 1 hour (%)	15.1	na	na	16.6	14.8	15.1	26.9	11.8	25.0
Children (12-23 months) fully immunized (%)	30.2	31.6	28.6	35.2	29.3	28.5	20.7	19.9	52.9
Women with at least 3 ANC visits (%)	21.8	na	na	31.1	20.2	17.7	12.5	13.1	50.9
Deliveries attended by skilled health personnel (%)	30.0	na	na	47.1	26.9	22.4	18.2	16.5	72.1
Children (5-14 years) attending school	77.5	80.3	74.3	79.6	77.1	75.5	57.3	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	36.0	na	na	27.2	38.9	43.0	46.4	48.5	20.5
Women (15-49 years) heard of AIDS	45.2	na	na	72.2	35.8	33.6	17.5	15.4	87.3

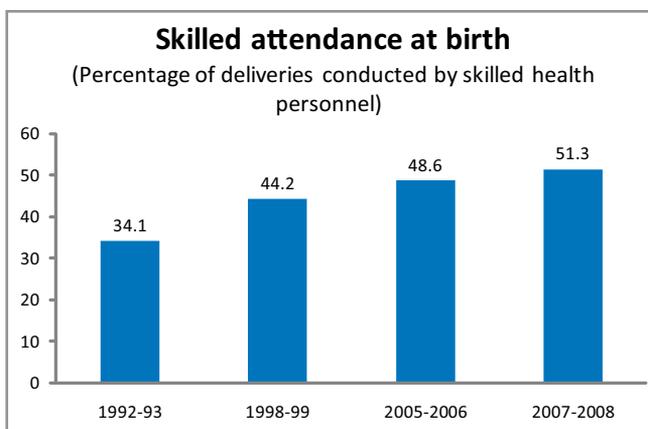
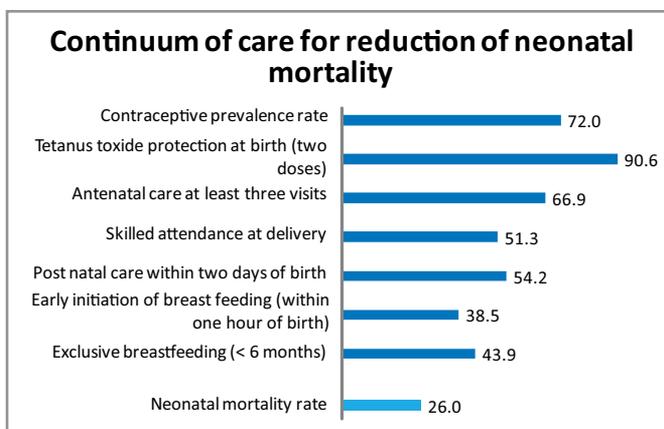
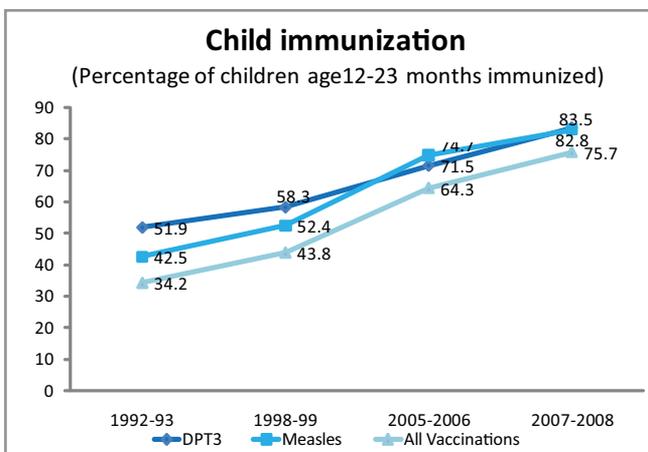
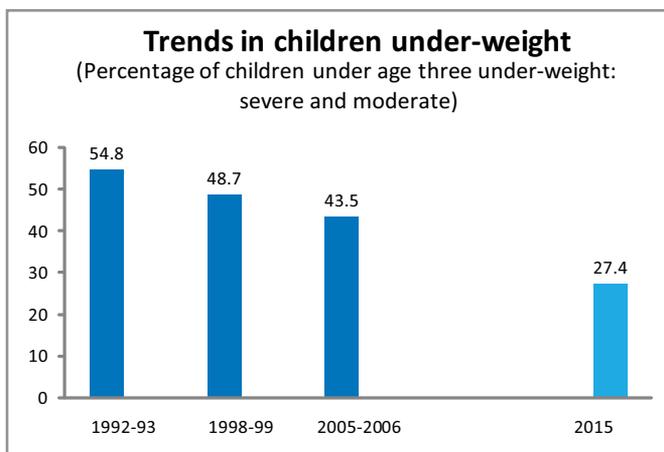
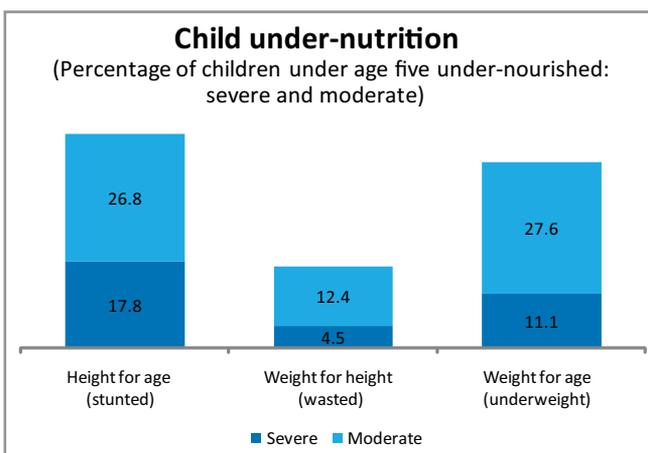
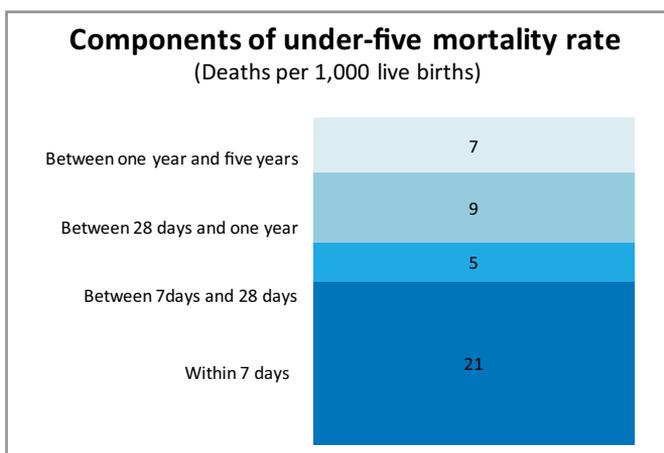
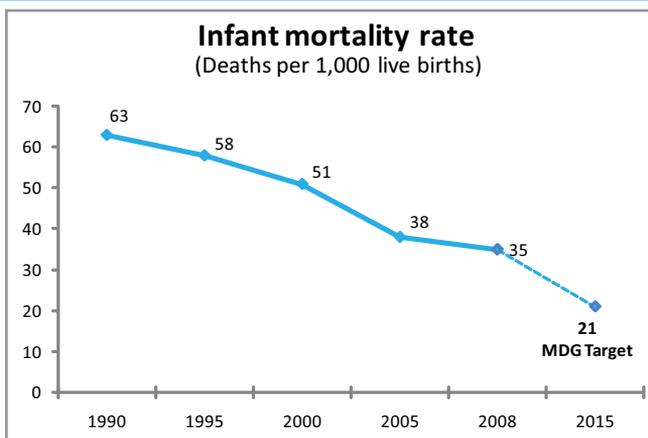


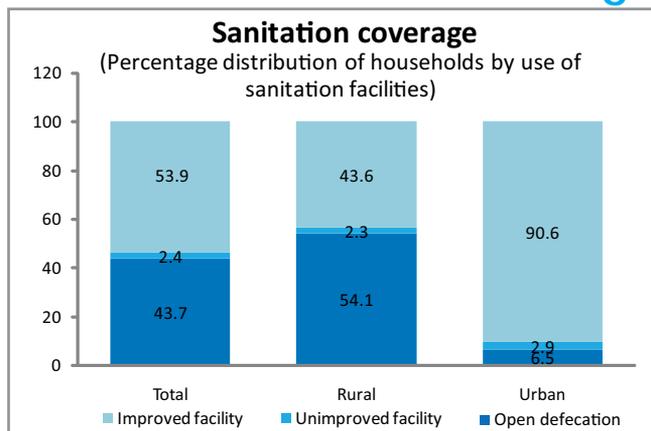
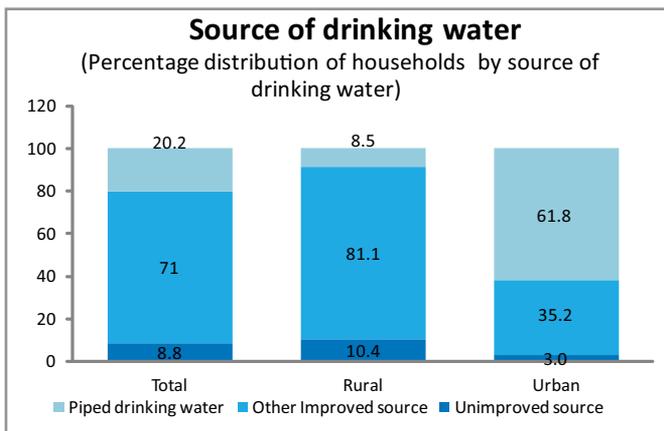
© UNICEF/INDIA/Ami Vitale

Statistical Profile of Children: West Bengal

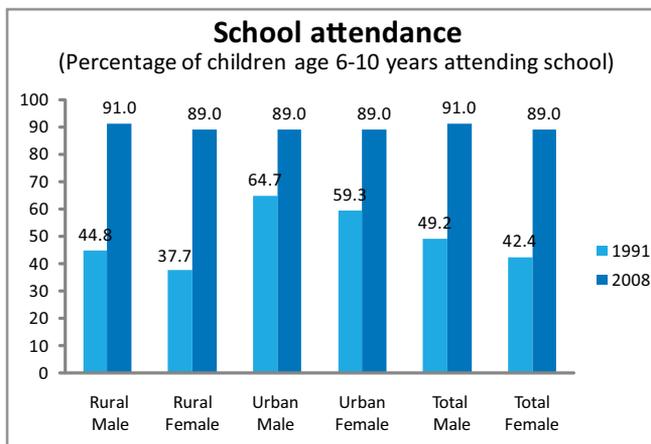
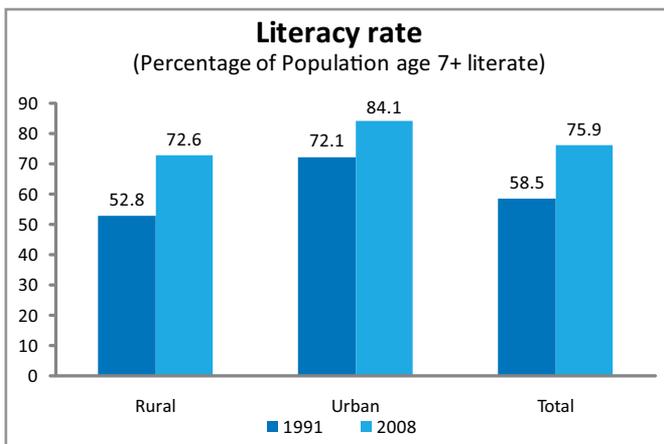
Demographics, Child Survival and Development

Total population (000)	87572 (2008)
Total under-five population (000)	7104 (2008)
Total number of live births (000)	1531 (2008)
Under-five mortality rate (per 1,000 live births)	42 (2008)
Infant mortality rate (per 1,000 live births)	35 (2008)
Total under-five deaths (000)	64 (2008)
Maternal mortality ratio (per 100,000 live births)	141 (2004-2006)

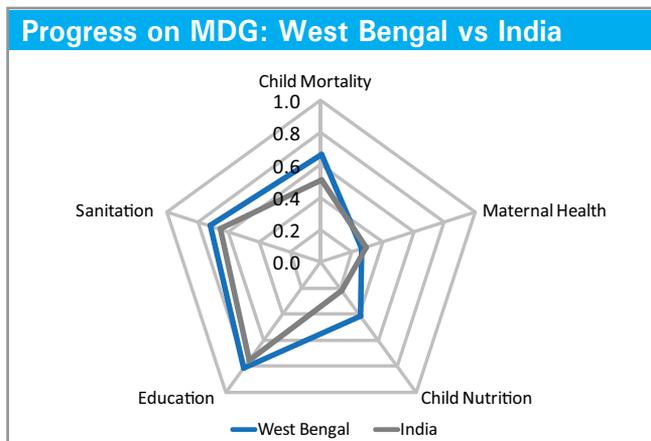




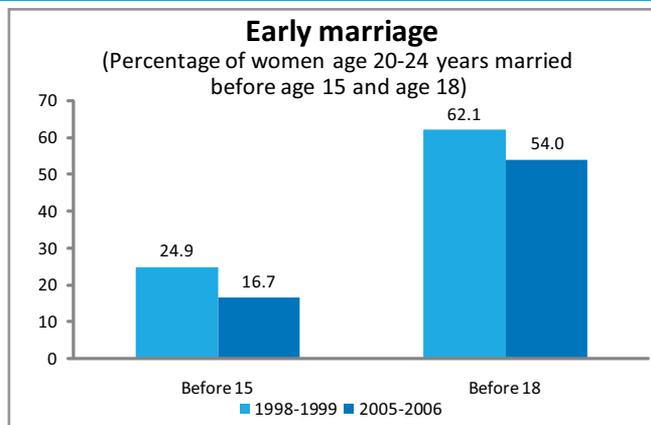
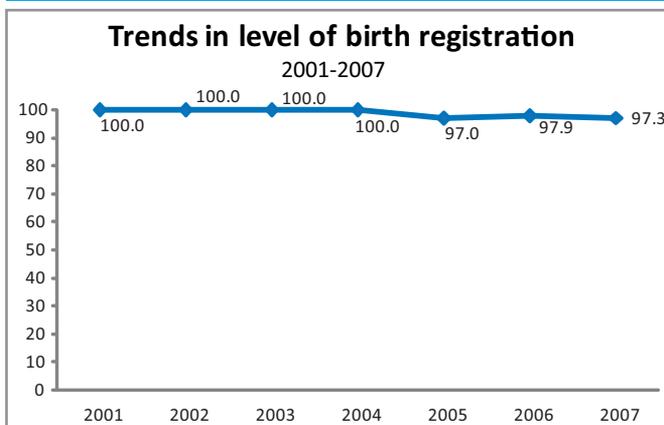
Literacy and Education



Numbers of years of schooling	Male	Female
Not Literate (per cent)	20.1	35.6
Years of schooling (percentage distribution):		
Less than 5 years	42.4	47.5
6 – 8 years	25.1	26.7
9 – 10 years	15.9	14.1
11 or more	15.3	10.1



Child Protection



Equity status of key indicators on children and women

Indicator	Total	Male	Female	Urban	Rural	Scheduled Castes	Scheduled Tribes	Poorest 20% quintile	Richest 20% quintile
Under Five Mortality Rate(per 1000 live births)	65.4	74.8	55.7	52.9	68.8	46.6	*	80.4	23.8
Infant Mortality Rate(per 1000 live births)	52.1	62.4	41.4	46.4	53.7	38.8	*	55.4	22.6
Children (< 5 years) underweight: severe & moderate (%)	38.7	37.4	40.0	24.7	42.2	40.0	59.7	50.0	8.1
Early initiation of breastfeeding: within 1 hour (%)	38.5	na	na	30.1	39.9	40.4	47.0	43.2	30.1
Children (12-23 months) fully immunized (%)	75.7	75.2	76.2	76.4	75.6	80.5	81.3	70.6	82.7
Women with at least 3 ANC visits (%)	66.9	na	na	86.9	63.4	67.0	55.1	54.1	93.1
Deliveries attended by skilled health personnel (%)	51.3	na	na	82.1	45.9	49.6	52.4	31.5	94.7
Children (5-14 years) attending school	82.9	83.4	82.4	86.0	82.2	84.0	67.6	na	na
Women (15-49 years) with low BMI (< 18.5 kg/m ²)	39.1	na	na	23.3	46.2	42.5	55.6	57.8	12.4
Women (15-49 years) heard of AIDS	53.7	na	na	80.3	42.0	49.9	22.3	19.3	94.6



Notes and References

¹ According to the *World Population Prospects: 2008 Revision* population database, the child population in the age-group 0-4 for India in 2010 is estimated to be (medium variant) 126 million against 88 million in China. The population of children in the age group 0-14 for the same year for India is estimated as 374 million as compared to 269 million in China.

² 'State of the World's Children' Report 2010: UNICEF

³ Computed using NFHS 2005-06 and Census 2001

⁴ Revised Estimate of Annual National Income, 2009-2010 released through a Press Note by Press Information Bureau, Government of India on 31st May 2010

⁵ Report of the Expert Group to review the Methodology for Estimation of Poverty, Government of India, Planning Commission, 2009

⁶ 'State of the World's Children' Report 2010: UNICEF. According to the UN Inter-agency Group for Child Mortality Estimation for the year 2010, the number of children in India dying before age five is now estimated to be 1.73 million.

⁷ The data for U5MR for the year 1990 has been quoted from the SOWC 2010 and for 2001 from the estimates prepared by Registrar General of India based on Census 2001, while all other rates are from the Sample Registration System. The UN Inter-agency Group for Child Mortality has estimated the U5MR and IMR to be 66 and 50, respectively

⁸ Sample Registration System

⁹ National Family Health Survey 3 (2005-2006) : The data for anaemia prevalence and BMI for both currently married women and women in the age-group 15-19 has been obtained from NFHS 3.

¹⁰ <http://www.childinfo.org/newborncare.html>

¹¹ Data on indicators from District Level Household Survey (DLHS) 3 (2007-2008) - India Report ; Low birthweight – childinfo database and NNMR – Sample Registration System – Statistical Report 2008

¹² There have been notable improvement in initiation of breastfeeding within one hour- 25% in 2005-2006 (NFHS) to 41% in 2007-2008 (DLHS)

¹³ Report on Causes of Death in India 2001-2003: Office of the RGI.

¹⁴ The data for the years 1998-1999 and 2005-2006 are from the NFHS and the data for 2007-2008 is obtained from DLHS 3. No comparable data for ORS treatment was available for the year 2007-2008 from the DLHS 3

¹⁵ Tracking progress on Child and Maternal Nutrition; UNICEF, November 2009

¹⁶ National Family Health Survey 3 (2005-2006) : WHO reference; Moderate and Severe (below -2 SD)

¹⁷ The number has been estimated from SOWC 2010. India constitutes 20 per cent of under-five children in the world.

¹⁸ NFHS India Factsheet: For studying the trends in underweight the NCHS reference population has been used and children under age three have been considered. Data for wasting and stunting is not available for NFHS1. The UNICEF report titled 'Tracking Progress on Child and Maternal Nutrition – A survival and development priority' released in November 2009, has re-calculated the underweight rate for children under age 5 (MDG 1 indicator on hunger) with NCHS reference population. According to the recalculation the underweight rates for the years 1992-93, 1998-99 and 2005-06 are 54, 49 and 48 per cent respectively

¹⁹ Tracking Progress on Child and Maternal Nutrition: A survival and development priority, UNICEF 2009

²⁰ Tracking Progress on Child and Maternal Nutrition: A survival and development priority, UNICEF 2009

²¹ DLHS 3 (2005-2006): Complementary feeding rate is defined here as the percentage of children age 6-9 months who receive complementary foods while continuing to be breastfed.

²² NFHS 3 (2005-2006): It is recommended that breastfeeding children age 6-23 months should be fed from three or more different food groups. Moreover, infants' age 6-8 months should be fed at least twice a day and children age 9-23 months should be fed at least three times a day.

²³ The MMR data quoted here is from those obtained from Sample Registration Reports on Maternal Mortality.

²⁴ Trends in Maternal Mortality: 1990 to 2008, WHO, UNICEF, UNFPA and World Bank 2010

²⁵ According to NFHS 1 (1992-1993) the MMR was 424. The 11th Plan MMR target for Government of India is 100.

²⁶ Trends in Maternal Mortality: 1990 to 2008, WHO, UNICEF, UNFPA and World Bank 2010

- ²⁷ Maternal Mortality in India: 1997-2003, Trends, Causes and Risk Factors; Registrar General, India
- ²⁸ Progress for Children: A Report Card on Maternal Mortality 2008
- ²⁹ NFHS 3 (2005-2006)
- ³⁰ Known as Janani Suraksha Yojana (JSY) this was introduced under the National Rural Health Mission in 10 low performing states and limited to only Below Poverty Line households but later extended to all states and women from all households with graded assistance.
- ³¹ Data for 2005-2006 from NFHS 3 and for 2007-2008 from DLHS 3. It would be interesting to note that while the percentage of institutional delivery remained stagnant during the period (around 40 per cent) in rural area, it improved from 31 per cent to 38 per cent. According to the Coverage Evaluation Survey (CES) 2009 undertaken by UNICEF the percentage of institutional deliveries has increased to 73 per cent. (Rural: 68 per cent, Urban: 86 per cent). The CES 2009 data reveals that about 80 per cent of women in rural areas who delivered in government institutions had received assistance under JSY.
- ³² DLHS 3 (2007-2008) All India Report and for Postnatal check within 4 hours of delivery from NFHS 3 (2005-2006)
- ³³ DLHS 3 (2007-2008)
- ³⁴ NFHS 3 (2005-2006)
- ³⁵ Data for 2007-2008 from DLHS 3 and for 1998-1989 from NFHS 2
- ³⁶ <http://www.childinfo.org/sanitation.html>
- ³⁷ The MDG 7 Indicator for drinking water is 'Percentage of Population using Improved Sources of Drinking Water'
- ³⁸ Progress on Sanitation and Drinking Water – 2010 Update; Joint Monitoring Programme – UNICEF and WHO
- ³⁹ DLHS 3 (2007–2008)
- ⁴⁰ Progress on Sanitation and Drinking Water – 2010 Update; Joint Monitoring Programme – UNICEF and WHO.
- ⁴¹ Percentage of population using improved sanitation is the MDG Indicator on Sanitation. The JMP estimates are based linear trend line using country estimates from Surveys and Censuses since 1980. The estimates for improved sanitation facilities are discounted by the proportion of the population that shared an improved type of sanitation facility. Government of India is planning to conduct research on the nature of shared toilets in India and to determine if shared facilities should be considered generally as unimproved, or if there is a reasonable cut off point within which sharing can be seen as hygienically acceptable.
- ⁴² This is based on the estimate by JMP that 54 per cent of the population in India defecates in the open. According to the latest estimates obtained from DLHS 3 (2007-2008), 51 per cent of *households* defecate in open (66 per cent in rural area and 19 per cent in urban areas).
- ⁴³ This survey was undertaken by the National Sample Survey Organization in 2005 in rural areas of 43 districts across 14 states in the country.
- ⁴⁴ Data for 1998-1999 & 2005-2006 are from NFHS and 2002-2004 & 2007-2008 are from DLHS
- ⁴⁵ NFHS 3 (2005-2006)
- ⁴⁶ Press release of NACO entitled 'HIV decline in India; New Infections reduced by 50% from 2000-2009; sustained focus on prevention required' posted on the website www.naonline.org
- ⁴⁷ Press release of NACO entitled 'HIV decline in India; New Infections reduced by 50% from 2000-2009
- ⁴⁸ HIV Sentinel Surveillance and HIV Estimation in India 2007 A Technical Brief, NACO October 2008
- ⁴⁹ HIV Sentinel Surveillance and HIV Estimation in India 2007 A Technical Brief, NACO October 2008
- ⁵⁰ Press release of NACO entitled 'HIV decline in India; New Infections reduced by 50% from 2000-2009
- ⁵¹ Annual Report 2009-2010: National AIDS Control Organization
- ⁵² MDG 6
- ⁵³ Press release of NACO entitled 'HIV decline in India; New Infections reduced by 50% from 2000-2009
- ⁵⁴ Annual Report 2009-2010: National AIDS Control Organization
- ⁵⁵ India MDG Report 2009
- ⁵⁶ Annual Report 2009-2010 National AIDS Control Organization

⁵⁷ According to DLHS 3 (2007-2008) around 59 per cent had heard about HIV/AIDS

⁵⁸ 1. Condom use at high risk sex and 2. Proportion of population aged 15-24 years with comprehensive knowledge of HIV/AIDS

⁵⁹ National Behavioural Surveillance Survey for Youth 2006; NACO and National Institute of Medical Statistics

⁶⁰ National Behavioural Surveillance Survey for Youth 2006; NACO and National Institute of Medical Statistics

⁶¹ National Behavioural Surveillance Survey for Youth 2006; NACO and National Institute of Medical Statistics

⁶² Rural-Urban, Gender, Social Groups, Religious Groups and Household Wealth Quintile

⁶³ The data on Maternal Mortality Ratio for sub-group of populations are not available and therefore, will be limited to disparities across states

⁶⁴ Smaller states and Union Territories excluded

⁶⁵ Sample Registration System, Statistical Report: 2008

⁶⁶ Data used from Sample Registration System: Statistical Report: 2008 and Population Projection Report: 2001-2026 ; Office of the Registrar General of India.

⁶⁷ The eight worst performing states have 8 per cent of share of world population and contribute to 10 per cent of total live births in the world.

⁶⁸ Madhya Pradesh and Bihar have been left out of the analysis because significant portions of these states had been carved out to form the new states of Chhattisgarh and Jharkhand for which the data for 1990 are not available. Uttar Pradesh, which had a relatively small part carved out, has been included in the table. The data is from the Sample Registration System.

⁶⁹ NFHS 3 (2005-2006); Data from SRS not available by various characteristics. Others excludes OBC also

⁷⁰ NFHS 1, (1992-1993), NFHS 2 (1998-1999) and NFHS 3 (2005-2006).

The trends in U5MR for poverty levels of households could not be compared because different yardsticks were used to classify households by poverty levels. In NFHS 2, three categories of Standard of Living Index were created and used for cross-tabs, while for NFHS 3 households were classified in wealth quintiles.

For NFHS there was no separate category called OBC and therefore, 'Others' only excluded Scheduled Castes and Scheduled Tribes. Considering that the OBCs have had higher U5MR than those in 'Others' for both NFHS 2 and 3, in all probability the U5MR for similarly defined 'Others' category in 1992-1993 would have been lower and therefore, the real gap is higher than what has been depicted.

⁷¹ DLHS 3 (2007-2008). Safe deliveries include either institutional deliveries or home deliveries assisted by skilled health personnel. Skilled health personnel include Doctor, Nurse and Auxiliary nurse midwife (ANM).

⁷² http://www.childinfo.org/education_challenge.html

⁷³ <http://unstats.un.org/unsd/mdg/>

⁷⁴ <http://unstats.un.org/unsd/mdg/>

⁷⁵ Out of School = Never attended + Dropped Out. SSA covers children in the age-group 6-13, which equals to eight years of schooling; 6-10 for primary level and 10-13 years for middle level

⁷⁶ The Annual Status of Education Report (ASER) 2009, estimates the not in school children at 4.0 per cent. Estimates of Out of School as obtained from other surveys are in great variance for example according to the NSSO Survey on Participation in Education 2007-2008, the number of children Out of School is estimated to be 24 million. The variations are more likely to be due to difference in concepts and definition of Out of School. Therefore, there is a need to harmonize the definition of Out of School children in surveys and census for which a global effort has already been initiated by UNESCO and UNICEF.

⁷⁷ NFHS 2 (1998-1999) and NFHS 3 (2005-2006).

⁷⁸ Child Info data for India based on NFHS 3. Primary school NAR is the percentage of children in primary school age in primary school or higher and Secondary school NAR is the percentage of children in secondary school age in secondary school or higher.

⁷⁹ NFHS 3 (2005-2006)

⁸⁰ Elementary Education in India DISE 2008-2009, National University of Educational Planning and Administration. The ratio of primary school to upper primary school is 2.27:1 while the ideal ratio should be 2:1.

- ⁸¹ Elementary Education in India DISE 2008-2009
- ⁸² NCERT National Surveys on learning achievements in two rounds, 2002-2003 and 2006-2007
- ⁸³ Only 23% of children aged 36 to 71 months report attending pre-school education in 2006: NFHS 2005-06.
- ⁸⁴ Census 2001, this is a MDG Indicator. Although the literacy levels for the age-group would have improved by now, the relative position of states would have more or less remained the same and the map provides a good understanding of the disparities across states.
- ⁸⁵ National Sample Survey Organization 55th and 61st Rounds
- ⁸⁶ Census 2001
- ⁸⁷ Census 2001
- ⁸⁸ ChildInfo database based on NFHS 3 (2005-2006). Primary School NAR: Children of primary school age in primary or higher. Secondary School NAR : Children of secondary school age in secondary school or higher
- ⁸⁹ NSSO -64th Round, 2007-2008
- ⁹⁰ Childinfo database based on NFHS 3 (2005-2006)
- ⁹¹ Progress for Children: A Report Card on Child Protection, 2009 UNICEF
- ⁹² Office of the Registrar General, India based on registration data obtained from the states under the RBD Act 1969 for the year 2006.
- ⁹³ According to the Registration of Births and Deaths Act 1969, the first copy of certificate of proof of birth is required to be issued immediately after the birth is registered. However, a large number of people are not aware of this provision and do not demand for the certificate and cannot produce any document as proof of age when required. .
- ⁹⁴ National Family Health Survey 3 (2005-2006) estimates that 11.8 per cent of children are engaged in work. The population estimate has been taken from the Population Projection Report by the Office of the RGI. There are no past estimates on child work using this definition.
- ⁹⁵ NFHS 3 (2005-2006)
- ⁹⁶ NFHS 3 (2005-2006)
- ⁹⁷ Child labour and school attendance: Evidence from MICS and DHS Surveys; Friedrich Huebler, UNICEF, 2008
- ⁹⁸ NFHS 3 (2005-2006)
- ⁹⁹ DLHS 3 2007-2008
- ¹⁰⁰ Data for the years 1992-1993, 1998-199 and 2005-2006 from NFHS and data for the year 2007-2008 from DLHS 3
- ¹⁰¹ The indicator used here is Percentage of women age 20-24 who married before age 18
- ¹⁰² DLHS 3 (2007-2008)
- ¹⁰³ DLHS 3 (2007-2008)
- ¹⁰⁴ NFHS 3 (2005-2006) : Median age at first marriage for women age 25-29 years.
- ¹⁰⁵ See NCPCR, Policy Document on Protection of Children's Rights in Areas of Civil Unrest, Chapter 4, 4.1, page 27
- ¹⁰⁶ Integrated assessment of the impact of the socio-political environment on the implementation of protective environment programme framework in Dantewada, Chhattisgarh. UNICEF and RedRIndia, July 2010.
- ¹⁰⁷ See NCPCR, Policy Document on Protection of Children's Rights in Areas of Civil Unrest, Chapter 2, page 14
- ¹⁰⁸ See NCPCR, Policy Document on Protection of Children's Rights in Areas of Civil Unrest, Chapter 6, page 40
- ¹⁰⁹ Eleventh Five Year Plan 2007-2012, Volume II, Social Sector, Planning Commission, Government of India
- ¹¹⁰ Estimation of Missing Girls at Birth and Juvenile Ages in India by P.M. Kulkarni, Professor at the Centre for the Study of Regional Development School of Social Sciences, Jawaharlal Nehru University for UNFPA India.
- ¹¹¹ According to NFHS 2005-06, the U5MR is about 70 for boys and 79 for girls with overall U5MRs 74 per 1000 live births.
- ¹¹² McKinsey Global Institute (MGI). India's urban awakening: Building inclusive cities, sustaining economic growth. April 2010.

¹¹³ Some states with high proportion of urban population like Karnataka, Maharashtra, Kerala show higher levels of poverty in urban than in rural areas according to the Planning Commission 2004-05 estimates. Even the new set of poverty estimates calculated by the Experts Group (Tendulkar Committee Report 2009) while keeping the estimate of urban poverty at the national level at the same value (26%), shows variations from 18% to 38% between the states. Many of the states with higher proportions of child population in urban areas have poverty levels of 30% or more according to the new set of estimates. The 'new poverty estimates have been arrived at after assessing the adequacy of private household expenditure on education and health' which the earlier calorie anchored poverty lines did not explicitly account for.

¹¹⁴ Ibid ante.

¹¹⁵ In 2001 Census Class I towns: Population 100 thousand or more; Class II towns: 50 thousand to less than 100 thousand; Class III towns: 20 thousand to less than 50 thousand; Class IV towns: 10 thousand to less than 20 thousand; Class V: 5 thousand to less than 10 thousand and Class VI: Less than 5 thousand.

¹¹⁶ Almost one-third of the children under five are underweight, two in five stunted and a little less than one-fifth wasted (NFHS 2005-06).

¹¹⁷ Availability of the water source for exclusive use of the household is restricted to less than 30% of the households among those who belong to the lowest quintile of expenditure. (NSSO, Report No. 539, 2008-09).

¹¹⁸ Of the households who do not use a toilet, 33% belong to the lowest quintile of the consumption expenditure class while only 1% belongs to the highest expenditure quintile. (NSSO, Report No. 539, 2008-09).

¹¹⁹ Bartlett, Sheridan (2010) Urban children: Discussion paper on programming direction. UNICEF : Policy and Practice

¹²⁰ Ibid ante



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