



Status of Children in India: An Analysis

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Abstract

It is observed that children of India continue to be the most vulnerable section of the society and their growth and development remains a major concern. An attempt is made in this chapter to analyze the status of children in India in different dimensions like child demographic features, survival status of child- food insecurity, malnutrition and starvation, victimization of female children educational and health status of children, magnitude of child labour etc.

Key words: *Vulnerable, life cycle, environment, malnutrition, violence*

1. Introduction

The children of India continue to be the most vulnerable section of the society and their growth and development remains a major concern. Even today, after six decades of independence and despite various initiatives both on the legal as well as policy and programme levels, the condition of children remains a cause of concern in the country. The journey in the life cycle of a child involves the critical components of child survival, child development and child protection. Child participation which envisages their active involvement and say in the entire process adds a new dimension. Child survival entails their basic right of being born in a safe and nondiscriminatory environment and grows through the formative years of life in a healthy and dignified way. Adverse sex ratio at birth, high child mortality rates and the rapidly declining child sex ratio reflects the ensuing challenges. Reducing the level of malnutrition and micronutrient

deficiency and increasing enrolment, retention, achievement and completion rates in education are the focus areas in child development. Safeguarding the children from violence, exploitation and abuse fall under child protection

2. Population Status

India is the second most populous country in the world with 1.21 billion. It is significant that while an absolute increase of 181 million in the country's population has been recorded during the decade 2001-2011, there is a reduction of 5.05 millions in the population of children aged 0-6 years during this period. The decline in male children is 2.06 million and in female children is 2.99 millions. The share of children (0-6 years) in the total population has showed a decline of 2.8 points in 2011, compared to Census 2001. In 2011, the total number of children in the age-group 0-6 years is reported as 158.79 million which is down by 3.1 per cent compared to the child population in 2001 of the order of 163.84



million. The share of children (0-6 years) to the total population is 13.1 per cent in 2011 whereas the corresponding figures for male children and female children are 13.3 per cent and 12.9 per cent (table 1).

Table. 1 Population (0-6 years) in India

Census Year	Children (0-6 years in millions)			Total Population (in millions)			% of children in total population		
	Total	Male	Female	Total	male	Female	Total	male	Female
2001	163.84	85.01	78.83	1028.71	532.2	496.5	15.93	15.97	15.88
2011	158.79	82.95	75.84	1210.19	623.72	586.47	13.1	13.3	12.9

Source: Census, office of Registrar General of India

Twenty States and Union Territories now have over one million children in the age group 0-6 years. Uttar Pradesh (29.7 million), Bihar (18.6 million), Maharashtra (12.8 million), Madhya Pradesh (10.5 million) and Rajasthan (10.5 million) constitute 52 per cent Children in the age group of 0-6 year. The decadal decline in population was more for female children (3.8 per cent) than male children (2.4 per cent) in the age group 0-6 years¹.

3. Sex Ratio of the Child Population

There are 48 fewer girls per 1,000 boys than there were in 1981. Though, the overall sex ratio of the country is showing a trend of improvement, the child sex ratio is showing a declining trend, which is a matter of concern. Between 1991 and 2011, child sex ratio declined from 945 to 914, whereas the overall sex ratio showed an improvement from 927 to 940.

4. Child Labour

Several estimates have been made about the magnitude of child laborers in India varying between 1.83 crores in 1971 and 1.74 crores in 1991; every third house in India has a working child every fourth child in the 1 to 5 years age group is employed. Children are forced to drop out of school and accept meager wage for working under in human conditions. Nearly 45 lakhs children are employed in the carpet, glass and locks made industries in the state of Uttar Pradesh.

According to the Government, the number of working children, estimated at 17.58 million in the 43rd round of child labour estimates, rose to 18.17 million in 1990 and will be 20.15 million in the year 2000. The estimate of Operations Research Group in a study sponsored by the Labour Ministry reveal that about 44 million children in the 5-14 age group are in the labour force. A subsequent



assessment has placed the figure of working children even higher at 114 million.

It is declined to 1.88 per cent in 1991 and a slight increase is found in 2001 at national level. Meanwhile, the percentage share of the state of Andhra Pradesh during 1971 is 15.13 per cent followed by 14.30 per cent in 1981 and 10.76 per cent in 2001. It is also calculated with help of the table and found that the average annual compound growth of the child labour in the state of Andhra Pradesh is gradually declining as 1.83 per cent, 1.59 per cent and 1.96 per cent².

5. Street Children

According to the development report of the UNDP our country has the greatest number of street children. It is reported that New Delhi, Bombay and Calcutta have around one lakh street children, and Bangalore has about 45,000 street children. Another estimation UNICEF reveals the fact that in six major cities of India – Bombay, Calcutta, Madras, Hyderabad, Bangalore and Kanpur – there are about 4, 14,700 street children and of these about 48 percent spend their nights on the open street³. Thus the phenomenon of street children with all its magnitude and dimensions is a challenging social problem of urban India.

6. Crime and children

Children get involved in situations of crime as victims or as offenders and both are equally of grave concern. It is alarming that, in 2011, the

crimes against children reported a 24 per cent increase from the previous year with a total of 33,098 cases of crimes against children reported in the country during 2011 as compared to 26,694 cases during 2010. The state of Uttar Pradesh accounted for 16.6 per cent of total crimes against children at national level in 2011, followed by Madhya Pradesh (13.2 per cent), Delhi (12.8 per cent), Maharashtra (10.2 per cent), Bihar (6.7 per cent) and Andhra Pradesh (6.7 per cent)

In 2011, among the IPC crimes, an increase of 43 per cent was registered in kidnapping and abduction, while rape cases were increased by 30 per cent, procurement of minor girls recorded an increase of 27 per cent and foeticide reported an increase of 19 per cent over 2010. In 2011, Buying of girls for prostitution showed a decline of 65 per cent, and selling of girls for prostitution reported decline of 13 per cent compared to 2010. Infanticide showed a decline of 37 points during this period⁴.

7. Juvenile delinquency

The increasing trend in incidence of Juvenile Crimes (under IPC) is a matter of grave concern, though the percentage of juvenile crimes to total crimes is around 1 per cent during 2001 to 2011. The juvenile IPC crimes in 2011 have increased by 10.5 per cent over 2010 as 22,740 IPC crimes by juveniles were registered during 2010 which increased to 25,125 cases in 2011. Major Juvenile crimes were under 'Theft' (21.17 per cent), Hurt



(16.3 per cent) and Burglary (10.38 per cent) in 2011. Juvenile delinquency under SLL crimes has increased by 10.9 per cent in 2011 as compared to 2010 as 2,558 cases of juvenile delinquency under SLL were reported in 2010 which increased to 2,837 in 2011, while there was substantial decrease of 40.8 per cent in 2010 as compared to 2009. A large number of Juvenile crimes (SLL) were reported under Gambling Act (14.77 per cent) followed by Prohibition Act (10.7 per cent). Cases under 'Indian Passport Act' and 'Forest Act' have registered a sharp decline of 66.7 per cent each, while cases under 'Prohibition of Child Marriage Act' and 'Immoral Traffic (P) Act' registered sharp increase of 200 per cent and 50 per cent respectively⁵.

8. Health Status of Children

The child mortality scenario varies widely across the states, ranging from moderate level of child mortality in some states to alarmingly high rates in some other states. The Sample Registration System, in 2010, estimated that, out of the total deaths reported, 14.5 per cent are infant deaths (< 1 years), 3.9 per cent are deaths of 1 - 4 years children, 18.4 per cent are deaths of children of 0 - 4 years and 2.7 per cent deaths pertained to children of 5 -14 years. The percentage of infant deaths to total deaths varies substantially across the states. From moderate level of 2.8 per cent in Kerala and 5.0 per cent in Tamil Nadu to as high as 21.8 per cent in Rajasthan, 21.2 per cent in Uttar Pradesh and 20.4 per cent in Madhya Pradesh with other states figuring in between

these states. The percentage share of infant deaths to total deaths is 24.5 per cent in rural Rajasthan and 11.9 per cent in urban part, 21.9 per cent in rural Uttar Pradesh, and 17.1 per cent in urban areas, 21.6 per cent in rural Madhya Pradesh and 14.1 per cent in urban part. The percentage share of infant deaths to total deaths is not only much less in other states but the rural urban gap in the percentage is also lower in those states as compared to the states of Rajasthan, Uttar Pradesh, and Madhya Pradesh⁶.

9. Neonatal Mortality

Neo- natal deaths refer to the deaths of infants less than 29 days of age. In 2010, the percentage of neo- natal deaths to total infant deaths is 69.3 per cent at national level and varies from 61.9 per cent in urban areas to 70.6 per cent in rural areas. Among the bigger states, Jammu & Kashmir (82.1 per cent) registered the highest percentage of neonatal deaths to infant deaths and the lowest is in Kerala (53.2 per cent). In 2010, the neonatal mortality rate (neo-natal deaths per thousand live births) at national level is at 33 and ranges from 19 in urban areas to 36 in rural areas. Among bigger states, neo-natal mortality rate is highest in Madhya Pradesh 44 and lowest in Kerala.

Early neonatal mortality rate, at the national level, the early neo-natal mortality rate for the year 2010 has been estimated at 25 and ranges from 28 in rural areas to 15 in urban areas. Among the bigger states, Kerala and Madhya Pradesh are at the two extremes. The



percentage of early neo – natal deaths to the total infant deaths during the year 2010, at the national level has been 53.9 and it varies from 54.6 in rural areas to 49.6 in urban areas. Among bigger states, the percentage of early neo natal deaths for total infant deaths varies from the lowest level of 38.7 per cent in Kerala to the highest level of 69.4 per cent in Jammu and Kashmir. The Annual Health Survey 2010-11, shows that, in the Empowered Action Group (EAG) States and Assam, the neo -natal mortality rate (NNMR) is high with NNMR highest in Uttar Pradesh (50) and lowest in Jharkhand. The rural – urban gap is also very significant in these States⁷.

10. Infant Mortality

Infant mortality is defined as the infant deaths (less than one year) per thousand live births. The causes of death Report (2006) of India, cites a number of causes for infant mortality. Among infants, the main causes of death are: certain conditions originating in the Perinatal Period (P00-P96) (67.2 per cent), certain infectious and parasitic diseases (A00- B99) (8.3 per cent), diseases of the respiratory system (7.7 per cent), congenital malformations, deformations and chromosomal abnormalities (3.3 per cent), other causes (10.6 per cent). In 2010, IMR is reported to be 47 at the national level, and varies from 51 in rural areas to 31 in urban areas.

Though, infant mortality is showing a declining trend over the years, the progress is slow. It has been observed that, infant mortality among female

children is higher in most of the years. Infant mortality has declined for males from 78 in 1990 to 46 in 2010 and for females the decline was from 81 to 49 during this period. The per year decline in IMR was 1.6 points for both males and females and the percentage decline in female IMR is 39.5 per cent and the percentage decline in male IMR is 41.02 per cent during the last two decades. Female infants experienced a higher mortality rate than male infants in all major states⁸. Though the urban and rural gap in infant mortality has declined over the years, still it is very significant. The IMR has declined in urban areas from 50 in 1990 to 31 in 2010, whereas in rural areas the IMR has declined from 86 to 51 during the same period.

11. Immunization Status of the Children

The Coverage Evaluation Survey 2009 (UNICEF & Government of India)¹⁴, reveals the immunization coverage rates for each type of vaccination, according to either immunization card or mother's recall. The analysis of vaccine specific data indicates higher coverage of each type of vaccine in urban areas than in rural areas. According to the primary immunization schedule, the child should be fully vaccinated by the time he/ she is 12 months old. At national level, 61 per cent of the children aged 12-23 months have received full immunization. The coverage of immunization was higher in urban areas (67.4 per cent) compared to that in the rural areas (58.5 per cent). It is a matter of concern that, nearly 8 per cent children did not receive even a single



vaccine. Nearly 62 per cent of the male children aged 12- 23 months have received full immunization, while among the females it was nearly 60 per cent. It is shocking to note that, the birth order of the child still continues to affect the immunization coverage. While 67.4 per cent of first birth order children are fortunate enough to receive full immunization, only 40.4 per cent were so in the category of birth order 4 and above are covered under full immunization.

12. Prevalence of HIV/ AIDs in children

India's response to the HIV epidemic and the broad social mobilization of stakeholders has achieved significant results in controlling the HIV epidemic. The achievements warrant the need for further commitment and coordinated joint action that is guided by the best available scientific evidence and technical knowledge. Evident from the 2008/09 HIV estimates (latest Sentinel surveillance rounds), in 2009, the number of HIV infections has decreased from 24.42 lakhs in 2008 to 23.95 lakhs in 2009. However, the percent distribution of HIV infections for the age group 0- 15 years has increased from 4.20 per cent in 2008 to 4.36 per cent in 2009, indicating increased number of HIV infected children in 2009, which is a matter of concern⁹.

13. Nutritional Status of Children

India is one among the many countries where child malnutrition is severe and also malnutrition is a major underlying cause of child mortality in

India¹⁰. The report of the Hunger and Malnutrition Survey, which was conducted between October 2010 and February 2011 to assess the rate of under-nutrition among children under the age of five in 100 focus districts of rural India, makes progress in measuring under-nutrition at the district level in some of the states. The prevalence of low birth weight babies (less than 2.5 kg at birth) is 22.5 per cent as estimated by NFHS 3, but in NFHS 3 birth weight was reported only in 34.1 per cent of cases of live births (60 per cent of urban and 25 per cent of rural). Since in 75 per cent cases in rural areas, birth weight was not recorded, and health conditions are poorer in rural areas, actual percentage of low birth babies could be more than the reported figure. The following anthropometric indices are taken to assess the physical development of children.

14. Prevalence of Anaemia among Children

Anaemia, the condition of low level of haemoglobin in blood is serious concern as it can result in impaired cognitive performance, behavioural and motor development, coordination, language development, and scholastic achievement, as well as increased morbidity from infectious diseases. Among male and female children (6-59 months) the percentage of children with any anaemia was reported as 69 per cent and 69.9 per cent respectively, severe anaemia was reported for 3.2 per cent male children and 2.7 per cent female children. Anaemia was more prevalent in



rural areas (71.5 per cent), than urban areas (63 per cent). It is an established fact that, economic conditions of the family have huge impact on the nutritional status of children, which has been supported by the survey results. NFHS 3 (2005-06), reveals 76.4 per cent of children (6-59 months) in the lowest wealth index are suffering from anaemia whereas 56.2 per cent children of the highest wealth index are suffering from anaemia. This is indicative of the reality that affluence alone cannot rule out anaemia among children.

Anaemia prevalence among children of (6-59 months) is more than 70 percent in Bihar, Madhya Pradesh, Uttar Pradesh, Haryana, Chhattisgarh, Andhra Pradesh, Karnataka and Jharkhand. Anaemia prevalence among children of (6-59 months) is less than 50 percent in Goa, Manipur, Mizoram, and Kerala. For the remaining States, the anaemia prevalence is in the range of 50 per cent - 70 per cent. Observations of health facilities brought out some serious shortcomings¹¹.

15. Education Status of Children

According to the Constitution of India, elementary¹² education is a fundamental right of children in the age group of 6-14 years. The most significant development however, was that Article 21-A, inserted in the Constitution of India through the (Constitution 86th Amendment) Act 2002 to make elementary education a fundamental right and it consequential legislation, the right of children to Free and Compulsory Education Act 2009, became operative on

1st April 2010. It is found that the enrolment of students in nursery/pre-primary/basic school was 1635475 in 1990-91 and it was increased to 5050006 during 2003-04. The percentage growth during this period was recorded by 208.78 per cent and it was 25.70 per cent during 1990-91 to 2003-04. It was 43.26 per cent in case of middle education and 129.35 per cent regarding to higher secondary education.

16. Gross and Net Enrolment Ratio

Gross Enrolment Ratio (GER) at primary level is high at 115 per cent, and Net Enrolment Ratio (NER) has improved significantly from 84.5 per cent in 2005- 06 to 98 per cent in 2009-10. High GER at primary level, however, indicates the presence of over-age and under age children, possibly due to early and late enrolment or repetition. During this period, NER at primary level has shown improvement in most of the State/ Union Territories of the country.

GER at upper primary level is low, but had shown considerable improvement of 16.8 percentage points in the four years between 2005 and 2009. NER at upper primary is a cause of concern. It varies from 35.76 per cent in Sikkim to 90.51 per cent in Tamil Nadu. Thus, although more children are entering the education system, many are not progressing through the system. Upper primary NER at 58.3 per cent gives a clear indication of the ground to be covered.



17. Gender wise enrolment trends

The share of girls in the total enrolment at primary and upper primary level was 19 per cent and 46.5 per cent respectively in the year 2005-06; this increased to 48.5 and 48.1 at primary and upper primary levels respectively in 2009-10¹³. The improvement in school enrolment of girls shows the encouraging trend of the growing outreach of the schools to the girls. Gender Parity Index (GPI) has also shown significant increase, particularly at the upper primary level. In primary education, the GPI ratio has gone up from 0.76 in 1990-91 to 1.00 in 2009 -10 showing 31.6 per cent increase and in secondary education the increase is from 0.60 in 1990-91 to 0.88 in 2009-10 thereby showing 45.7 per cent increase

As on 2009-10, the GPI at Primary level ranges from 0.87 in Bihar to 1.13 in Damn & Diu. At Primary level, 7 State/ Union Territories have gender parity. As on 2009-10, the GPI at Secondary level ranges from 0.64 in Rajasthan to 1.36 in Damn & Diu. At Secondary level, 21 states have gender disparity while only one state (Karnataka) has gender parity, and for the remaining states and union territories have gender disparity against male children.

18. Dropout Rates

The increasing level of dropout rates in higher classes as evident from table 2.10 is a cause of worry. The Annual Health Survey (AHS), 2010-11, presents results on children currently attending school (age 6-17 years) and

children attended before. The percentage of children (6-17 years) currently attending schools varied from 83.1 per cent in Odisha to 92.6 per cent in Uttarakhand. The percentage of drop out children (age 6-17 years) is highest in Odisha (14.1 per cent).

19. Conclusion

All of the above is indicating a low profile regarding children. Thus, what is required is a complete re-examination of the legal framework for children as whole, identification of gaps and reconciliation of existing anomalies within the law and the implementation of policies, programmes and schemes meant for children yet at large. Only a recognition of children as individuals with rights can pave the way for future action. In the absence of this, all efforts will be sporadic, addressing only some symptoms and not the root cause of the problems that affect the children of this country.

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