



# CHILDREN IN INDIA-2018

- *A Statistical Appraisal*



**Social Statistics Division  
Central Statistics Office  
Ministry of Statistics and Programme Implementation  
Government of India  
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## FOREWORD

The emotional, social and physical development of children has a direct impact on the overall development of the country. Understanding the status of children is thus of immense importance. In the Indian context, this assumes special significance as children (0-14 years) comprise around one third of the total population of the country.

Survival and Health; Childcare and Nutrition; Development and Education; Protection; Participation are some of the areas which are critical in evaluating the status of children. To ensure that India's children develop well, adequate investment in early childhood development is essential. Every child has a basic right to be born in a safe and non-discriminatory environment and to grow through her formative years of life in a healthy and dignified way. Unfortunately, our adverse sex ratio at birth, child mortality rates and the child sex ratio reflect the ensuing challenges. Reducing the level of malnutrition and micronutrient deficiency and increasing enrolment and retention rates in school, as well as achievement and completion rates are focus areas in child development. Safeguarding children from violence, exploitation and abuse is extremely crucial.

In an endeavour to provide suitable statistics for informed decision making, the Ministry of Statistics and Programme Implementation has been bringing out various statistical publications on issues of concern. The present publication, '*Children in India 2018 - A Statistical Appraisal*' is the third such report on the state of children in India. It presents consolidated and updated statistics on the status of children in India and should serve as a useful reference tool to appraise the progress on various fronts.

I congratulate the Social Statistics Division of CSO, Ministry of Statistics and Programme Implementation for bringing out this report. I hope this report will be beneficial to policy makers and other stakeholders.

New Delhi

(K V Eapen)

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## PREFACE

The Ministry of Statistics and Programme Implementation attaches considerable importance to the coverage and quality aspects of statistics released in the country. The statistics released are based on administrative sources, surveys and censuses conducted by the Central and State Governments and are in tune with the demand of time. Statistics on various aspects of childhood, analyzed and presented at one place, is of immense use for policy makers, administrators, social activists and various other stakeholders. In view of this, the Social Statistics Division of Central Statistics office has been bringing out a statistical publication on children in India based on the official statistics on various related sectors. The Ministry had earlier brought out statistical publications on the subject in the years 2008 and in 2012.

The present publication 'Children in India 2018 - A Statistical Appraisal', presents and analyses the statistics on the conditions of children on broad indicators such as child survival, child development and child protection, etc. covering demographic particulars such as status of child nutrition, health and education, children at work and in situations of crime, etc. The publication also provides useful information on Constitutional and legal provisions for children and important child oriented policies and programmes.

I wish to place on record my appreciation for the valuable services rendered by the team of officers of the Social Statistics Division of the Central Statistics Office in bringing out this Report.

I sincerely hope that the publication 'Children in India 2018 - A Statistical Appraisal' would be of immense help to all stakeholders. I solicit valuable feedback from users of this report, which will, in turn, help us in further improving the utility of the publication.

*R. Lochan*

(Rajeev Lochan)

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## **Disclaimer**

***This is a statistical publication  
based on data produced by  
various official source agencies  
of India.***

# CHILDREN IN INDIA – 2018

## INDEX

	Topics	Page No
	<b>Highlights</b>	<b>8-11</b>
	<b>Introduction</b>	<b>12-15</b>
<b>Chapter 1</b>	<b>Population and Vital Statistics</b>	<b>16-32</b>
<b>Chapter 2</b>	<b>Health and Nutrition</b>	<b>33-53</b>
<b>Chapter 3</b>	<b>Education</b>	<b>54-65</b>
<b>Chapter 4</b>	<b>Child Protection</b>	<b>66-80</b>
	<b>List of Data Tables</b>	<b>82-83</b>
<b>Appendix</b>	<b>Data Tables</b>	<b>84-133</b>
<b>Annexure</b>	I. Definition Constitutional Provisions Legal Provisions Policies and Programmes Schemes	<b>135-148</b>
	II. Sustainable Development Goals And Targets Related to Children	<b>149-151</b>
	III. Special Provision/ Acts for Protection of children against crime	<b>152</b>
	IV. Definitions and Explanations	<b>153-154</b>
	V. References	<b>155</b>

## Highlights

- ❖ As per Census 2011, India, with a population of 121.1 Cr, has 16.45 Cr children in the age group 0-6 years and 37.24 Cr in the age group 0-14 years which constitute 13.59% and 30.76% of the total population respectively.
  - ❖ 48% of the child population in the age group 0-14 years is female.
  - ❖ 74% of the children (0-6 years) live in rural areas where as the rural population constitute 69% of the total population of India.
  - ❖ At all India level, the sex ratio in the age groups 0-6 years and 0-14 years are 918 and 916 respectively whereas it is 943 for all ages and also is not favourable to females in any of the States/UTs.
  - ❖ The Sex Ratio for children aged 0-6 years is at 970 in Meghalaya and Mizoram and is relatively better as compared to lowest in Haryana at 834.
  - ❖ As per Civil Registration System , Sex Ratio at Birth denoting the number of female live births to 1000 male live births has been reported as 881 in 2015 at all India level.
  - ❖ Registration of births at 88.3% in 2015 at all India level with 15 States achieving cent percent registration is commendable.
  - ❖ As per Sample Registration System (SRS) - 2016, Infant Mortality Rate (IMR) at all India level is 34 to 1000 live births. The IMR for female has been reported at 36 against 33 for male.
  - ❖ There has been substantial reduction in the IMR at all India level from 46 in 2011 to 34 in 2016. Among the bigger States/UTs, IMR varies widely from 10 in Kerala to 47 in Madhya Pradesh.
  - ❖ Under-five Mortality Rate (U5MR) estimated at 39 for 2016 at all India level varies significantly in rural (43) and urban areas. Among the bigger States/UTs, U5MR varies from 11 in Kerala to 55 in Madhya Pradesh.
- 
- ❖ NFHS-4 (2015-16) shows that at all India level, 38% of children under age five years are stunted (too short height for their age) which is an improvement from 48% in 2005-06. It is higher among children in rural areas (41%) than that of urban areas (31%).

- ❖ Five states with higher prevalence of stunting in children under age five are Bihar (48%), Uttar Pradesh (46%), Jharkhand (45%), and Meghalaya (44%), whereas it is lowest in Kerala and Goa (20% in each).
- ❖ At all India level, 21% of children under age five years are wasted (too thin for their height). It varies in the range of 6% in Mizoram to 29% in Jharkhand.
- ❖ At all India level, 36% of children under age five years are underweight which varies in the range of 12% in Mizoram to 48% in Jharkhand.
- ❖ As per the NFHS- 4(2015-16), 18% of infants had a low birth weight of less than 2.5 kg.
- ❖ At all India level, 28% of children had mild anaemia, 29% had moderate anaemia, and 2% had severe anaemia in 2015-16.
- ❖ The prevalence of anaemia among children in age group 6-59 months is highest among children in Haryana (72%) and lowest in Mizoram(19%).
- ❖ At all India level, 79% of live births in the five years before the survey were delivered in a health facility.
- ❖ Almost all births in Puducherry, Kerala, Lakshadweep, and Tamil Nadu were delivered in a health facility.
- ❖ In the five years before the survey, 81% live births were delivered by a skilled health provider, majority were attended by doctors (56%), followed by ANMs, nurses, midwives, LHV's (25%), and dais (traditional birth attendant) (11%). The proportion of births assisted by a skilled health provider has increased from 47% in 2005-06 to 81% in 2015-16.
- ❖ At all India level, 90% of Births in urban areas were delivered by a skilled health provider whereas the corresponding figure for rural areas is 78%.
- ❖ At all India level, 79% of women in age group 15-49 years who had a live birth in the five years before the survey (NFHS 4) received antenatal care from a skilled provider at least once for their last birth.
- ❖ At all India level, only 27% of newborns had a first postnatal check within the first 2 days after birth.
- ❖ Regarding the awareness on HIV/ AIDS, at all India level, 62% of women know that HIV/AIDS can be transmitted during pregnancy, 58% know that it can be transmitted during delivery, and 55% know that it can be transmitted by breastfeeding.

- ❖ At all India level, 62% of children age 12-23 months received all basic vaccinations at any time before the NFHS -4, and 54% received all basic vaccinations by age 12 months.
  - ❖ The percentage of children age 12-23 months who have received all basic vaccinations increased from 44% in 2005-06 to 62% in 2015-16.
  - ❖ The coverage of all basic vaccinations is highest in Puducherry, Punjab, Lakshadweep, and Goa (88% -91%) and lowest in Nagaland (35%) and Arunachal Pradesh (38%).
  - ❖ During the year 2016, Sample Registration system reported Fertility Rate in the age group 15-19 years as 10.7, with rural fertility rate (12.3) in the same age group being almost double the rate in urban (6.7).
- 

- ❖ Literacy rate among children (7-18 years) stands at 88.3% and the gender gap observed for this age group is 3% in 2011.
  - ❖ As per census 2011, the highest literacy rate among the age group 7-19 years is in Kerala (97.9%) and the lowest in Arunachal Pradesh (78.8%).
  - ❖ The UDISE 2015-16 enrolment data reveals that the Gross Enrolment Ratio (GER) at Primary level is 99.2% whereas at Upper Primary, Secondary and Senior Secondary levels, it is 92.8%, 80.0% and 56.2% respectively.
- 

- ❖ The number of working children in the age group of 5-14 years was 1.27 crore in 2001 which was 5% of total children in the age group 5-14 years whereas in 2011, the child workers (1.01 Cr) constituted 4% of the age group 5-14 years.
  - ❖ NCRB data reveals that rate of crime against children (below 18 years of age) has increased to 24 per lakh children in 2016 from 21.1 in 2015.
  - ❖ Kidnapping and Abduction of children are the highest registered category of crime against children in 2016.
  - ❖ Under Protection of Children from Sexual Offences Act, 2012 (POCSO) crimes reported areas high as 34.4% of total crime against children.
  - ❖ 35,849 cases of juveniles in conflict with the law have been registered in the year 2016, showing an increase of 7.2 per cent over the 33,433 cases of 2015.
-

- ❖ The Census 2011 showed that, in India, 20.42 lakhs children aged 0-6 years are disabled which constitute 1.24% of all 0-6 years age group children.
- ❖ As per Census 2011, the number of disabled children in the age group 10-19 years is 46.2 lakhs.

\*\*\*\*\*

## **Introduction**

India is home to the largest child population in the world. The Constitution of India guarantees Fundamental Rights to all children in the country and empowers the State to make special provisions for children. The Directive Principles of State Policy specifically guide the State in securing the tender age of children from abuse and ensuring that children are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity. The State is responsible for ensuring that childhood is protected from exploitation and moral and material abandonment.

The National Policy for Children, 2013 was adopted to affirm the Government's commitment to the rights based approach in addressing the continuing and emerging challenges in the situation of children.

### **The National Policy for Children, 2013**

*Recognises that:*

- a child is any person below the age of eighteen years
- childhood is an integral part of life with a value of its own
- children are not a homogenous group and their different needs need different responses, especially the multi-dimensional vulnerabilities experienced by children in different circumstances
- a long term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children

*Reaffirms that:*

- every child is unique and a supremely important national asset
- special measures and affirmative action are required to diminish or eliminate conditions that cause discrimination
- all children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding
- Families are to be supported by a strong social safety net in caring for and nurturing their children.

## **Guiding Principles of the National Policy for children**

- (i) Every child has universal, inalienable and indivisible human rights
- (ii) The rights of children are interrelated and interdependent, and each one of them is Equally important and fundamental to the well-being and dignity of the child
- (iii) Every child has the right to life, survival, development, education, protection and participation
- (iv) Right to life, survival and development goes beyond the physical existence of the child and also encompasses the right to identity and nationality
- (v) Mental, emotional, cognitive, social and cultural development of the child is to be addressed in totality
- (vi) All children have equal rights and no child shall be discriminated against on grounds of religion, race, caste, sex, place of birth, class, language, and disability, social, economic or any other status
- (vii) The best interest of the child is a primary concern in all decisions and actions affecting the child, whether taken by legislative bodies, courts of law, administrative authorities, public, private, social, religious or cultural institutions
- (viii) Family or family environment is most conducive for the all-round development of children and they are not to be separated from their parents, except where such separation is necessary in their best interest
- (ix) Every child has the right to a dignified life, free from exploitation
- (x) Safety and security of all children is integral to their well-being and children are to be protected from all forms of harm, abuse, neglect, violence, maltreatment and exploitation in all settings including care institutions, schools, hospitals, crèches, families and communities
- (xi) Children are capable of forming views and must be provided a conducive environment and the opportunity to express their views in any way they are able to communicate, in matters affecting them
- (xii) Children's views are to be heard in all matters affecting them, in particular judicial and administrative proceedings and interactions, and their views given due consideration in accordance with their age, maturity and evolving capacities.

The issues of child survival, health & nutrition, education and protection are being cared by many Government agencies and thus data on indicators related to children are being collected and compiled by more than one agency for different reference time-periods. Though the comprehensive results of these surveys are readily available once the results are released, the availability of consolidated results at one place is required for a holistic view to facilitative targeted policy and programme initiatives. This publication on children in India is an attempt to present important statistical revelations related to status of children in India in various sectors based on official data sources like administrative statistics, census and surveys. The main data sources used for preparation of this publication are Office of Registrar General of India, M/o Health and Family Welfare, M/o Human Resource Development, National Sample Survey Office, National Crime Records Bureau etc.

This publication has attempted to cover various aspects of child life, starting from the survival in the world, mortality during their first few weeks/months, vaccination against various diseases, practises for improving nutritional status of infants etc. More focus has been given to the health of the children in the tender age-group 0-6 years. The issues relating to mothers health which have significant impact on children's health have also been discussed in the publication. Education plays a very vital role in the development of children. The chapter on education captures data on many education indicators like enrolment rates, drop-out rates, etc. Children are a vulnerable group who are prone to various social, economic and environmental hazards. Data on various types of crimes committed against children, children with disabilities of one or more type, street children, orphan children, and children who have committed some crime are discussed in the chapter on child protection.

The constitution and legal provisions which address to the needs and the welfare of the children have been collated and presented in the form of Annexure. The Government of India has been implementing policies and programmes to improve the health care, education status and protection of children in the country. Time to time interventions in the form of children specific schemes of the Government have also been included in the

Publication. The Sustainable Development Goals and the targets related to children have also been listed in the annexure to give a fair idea about the importance given to children and also how the policy makers may plan adequate policies for the welfare of children to achieve the goals and targets in stipulated time frame. The statistical tables related to various indicators and all other relevant data have also been included in the Appendix.

\*\*\*\*\*

# Chapter 1:

# Population and Vital Statistics



## Chapter 1: Population and Vital Statistics

India is the second most populous nation in the world. The study of the demographic profile of its child population is important to understand the population dynamics of this group, which has vital role to play in shaping the future of the Country. Ensuring the healthy growth and development of children ought to be a prime concern of all societies. The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up, fulfilling their social, emotional and educational needs. New-borns and children are vulnerable to malnutrition and infectious diseases, many of which can be effectively prevented or treated.

### 1.1 Child Population

As per Census 2011, India, with a population of 121.1 Cr, has 13.59% (16.45 Cr) of its population in the age group 0-6 years and 30.76% (37.24 Cr) in the age group 0-14 years.

**Table 1.1.1 : Total Population and child population in India- census 2011**

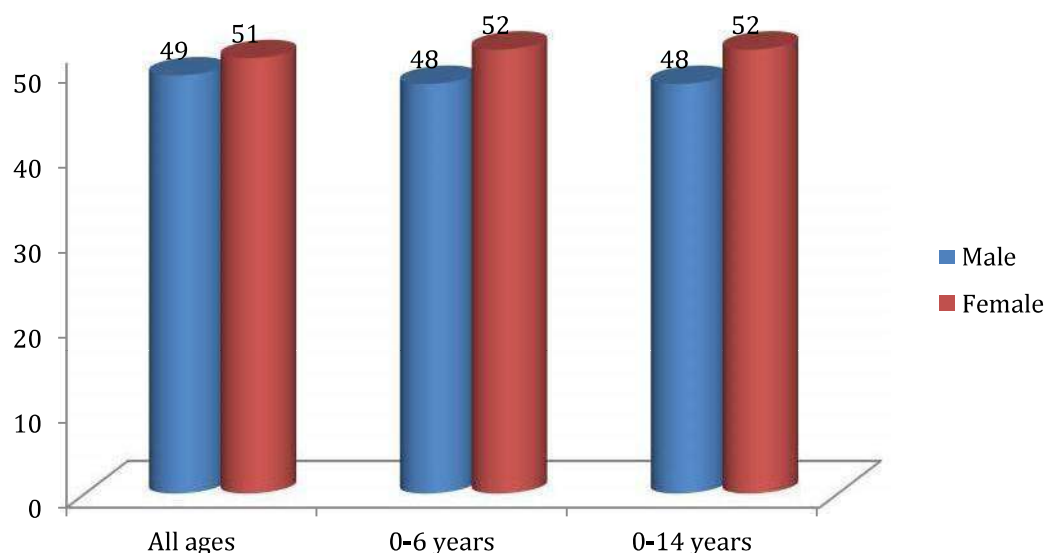
(In Crore)

	Total			Rural			Urban		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
<b>Total population</b>	121.09	62.33	58.76	83.37	42.78	40.60	37.71	19.55	18.16
<b>0-6 years</b>	16.45	8.58	7.88	12.13	6.31	5.82	4.32	2.27	2.05
<b>0-14 years</b>	37.24	19.44	17.81	27.36	14.23	13.12	9.88	5.20	4.68

Source: Office of Registrar General of India

The Census 2011 revealed that, the gender wise composition of the child population is nearly the same as that of the total population. 48% of the child population (both 0-6 years and 0-14 years) is female which is slightly lower than the overall proportion of females in the country.

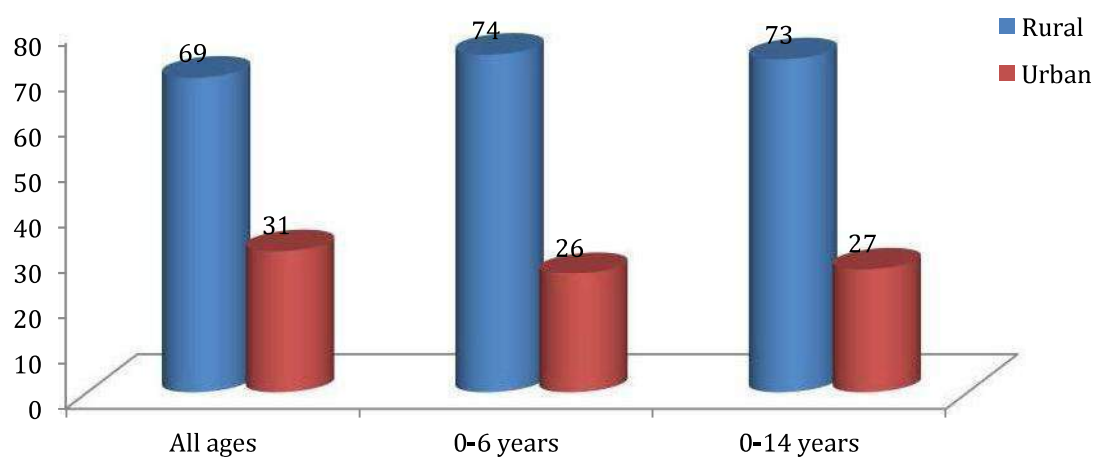
**Fig 1.1.1 : Population distribution by sex, India, Census 2011**



*Source: Office of Registrar General of India*

While 69% of the total population of India resides in rural areas, 74% of the children (0-6 years) live in rural areas.

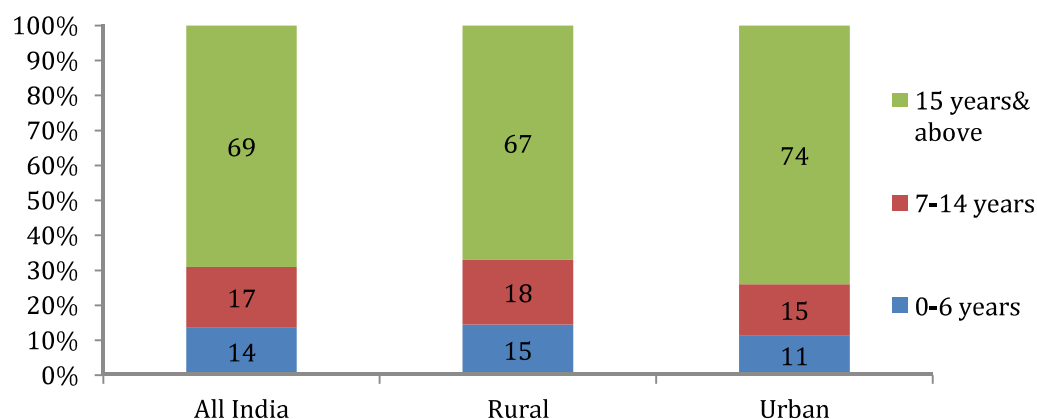
**Fig 1.1.2 : Population distribution of various age-groups by place of residence, India, Census 2011**



*Source: Office of Registrar General of India*

In rural India, 33% of its population belonged to the age group 0-14 years whereas in urban areas, 26% of the total population is in age group 0 -14 years.

**Fig 1.1.3 : Share of child population in total population by residence, India, Census 2011**

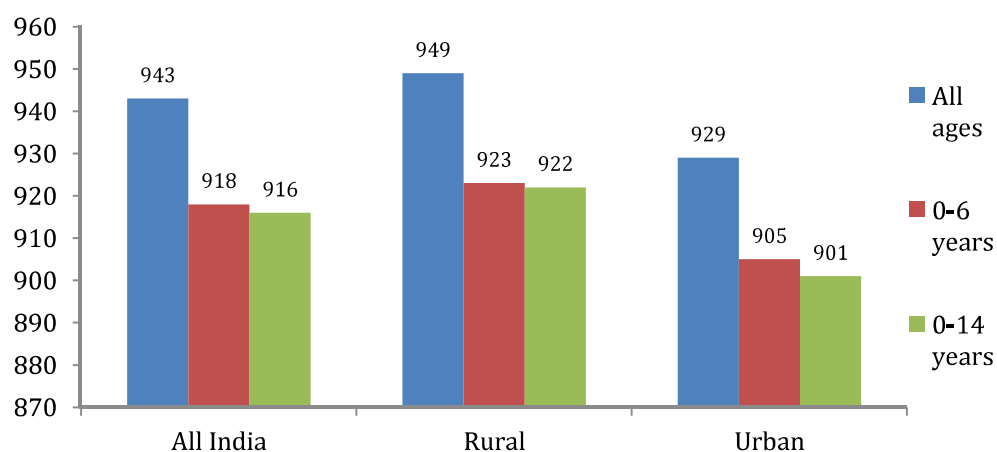


Source: Office of Registrar General of India

## 1.2 Child Sex Ratio (CSR)

The 'Sex Ratio', being the number of females per 1000 males, is an important demographic indicator. The Census 2011 data reveal that the child sex ratio is lower than overall sex ratio for all India as well as for rural and urban areas. At all India level, the sex ratio in the age group 0 -6 years is 918 and the same in 0-14 years age group is 916 whereas all age sex ratio is 943. The sex ratio in rural areas is better as compared to urban areas both for all ages and children.

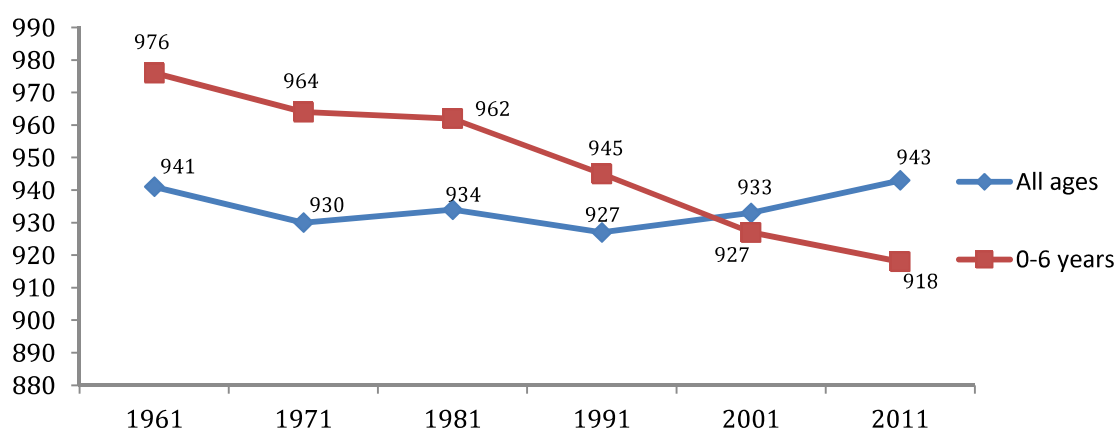
**Fig 1.2.1 : Sex Ratio : Census 2011**



Source: Office of Registrar General of India

An improvement has been observed in the sex ratio of population of all ages during 1961 to 2011, but the child sex ratio has ever been declining throughout the period with 1% decline over the last decade.

**Fig 1.2.2 : Trend in Sex Ratio - All ages and Children (0-6 years) -India**



Source: Office of Registrar General of India

During 1991-2011, child sex ratio declined in both rural and urban India. The decline in child sex ratio of 0-6 years age group during 1991-2011 in rural areas is by 25 points and in urban India, the same has dropped by 30 points. However, the gap in rural-urban child sex ratio has been reduced from 27 points in 2001 to 18 points in 2011.

**Table 1.2.1 :Child (0-6 years) Sex Ratio: 1991-2011 – India**

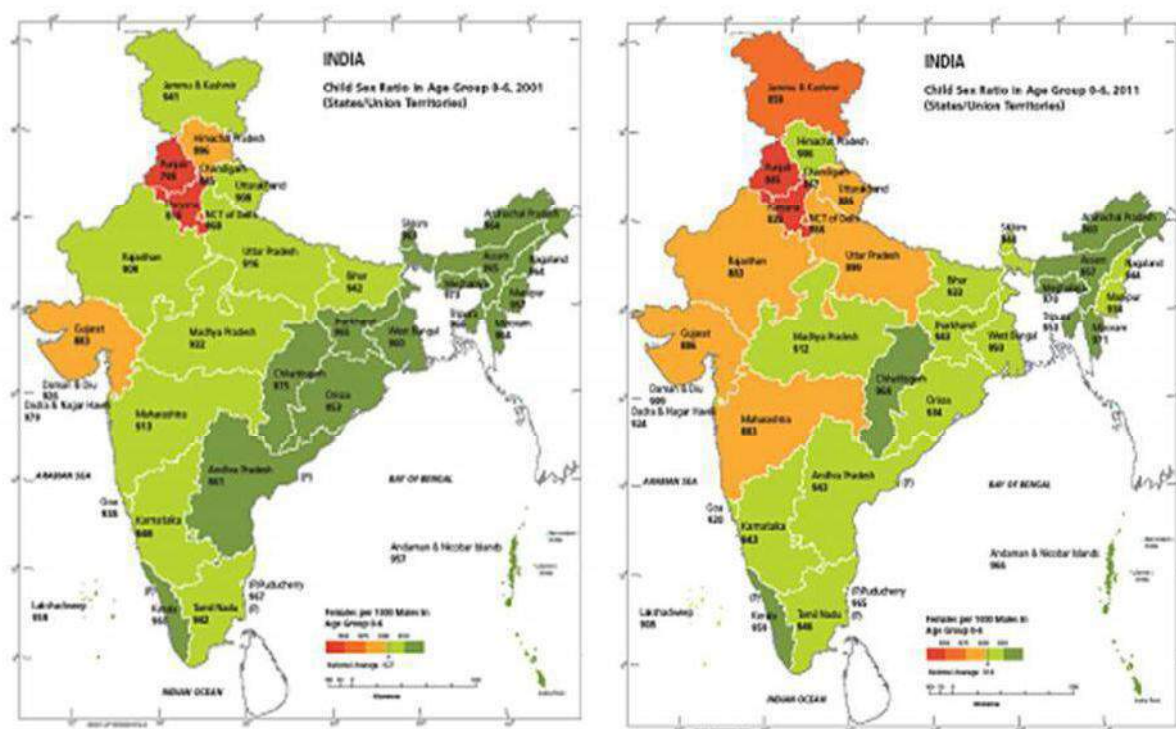
Census year	Total	Rural	Urban
1991	945	948	935
2001	927	933	906
2011	918	923	905

Source: Census, India, Office of Registrar General of India

As per Census 2011, the child sex ratio has been observed to vary significantly among States/UTs. The States/UTs with significantly low child sex ratio (<900) are Haryana (834), Punjab (846), Jammu & Kashmir (862), Delhi (871), Chandigarh (880), Rajasthan (888), Maharashtra (894), Uttarakhand (890), Gujarat (890). Though, the overall sex ratio is favourable to females in the State of Kerala (1084) and UT of Puducherry

(1038); there are no such states where child sex ratio is favourable to girls. The States/ UTs which are having better child sex ratio ( $\geq 950$ ) are Mizoram (970), Meghalaya (970), Andaman & Nicobar Islands (968), Puducherry (967), Chhattisgarh (969), Arunachal Pradesh (972), Kerala (964), Assam (962), Tripura (957), Sikkim (957) and West Bengal (956).

**Fig 1.2.3 :State-wise Child Sex Ratio in 2001 & 2011**



Source: Office of Registrar General of India

As a declining trend has been observed in the country's child sex ratio during 2001-2011, few States/UTs show significant decline in child sex ratio. Jammu & Kashmir has recorded a decline of 8.4%, Dadra Nagar Haveli and Lakshadweep show a decline of around 5% in CSR from 2001 to 2011. Punjab and Chandigarh have shown an improvement in CSR to the tune of 6% and 4.1% respectively, though the CSR in these states in 2001 was very low.

During 2001-11, the number of districts with very low child sex ratio (less than 800) has been reduced, however, there is a considerable decline in the number of districts with child sex ratio 950 and above.

**Table 1.2.2 : Number of Districts by ranges of Child Sex Ratio - India, Census 2001 & 2011**

Ranges of CSR	Census Year	
	2001	2011
Total	640*	640
<800	18	6
800-849	36	52
850-899	71	135
900-949	224	266
950-999	279	178
1000+	12	3

\*O/o RGI generated 2001 results for the 640 districts of Census 2011.

As per National Family Health Survey Reports, while overall child sex ratio has declined by 2 points during 2005-06 to 2015-16, an improvement of 2 points is observed in rural areas for this period, and a decline of 9 points were observed in urban areas.

**Table 1.2.3 : Child (0-6 years) Sex Ratio as per NFHS**

Year	Total	Rural	Urban
NFHS 3 (2005-06)	918	921	908
NFHS 4 (2015-16)	916	923	899

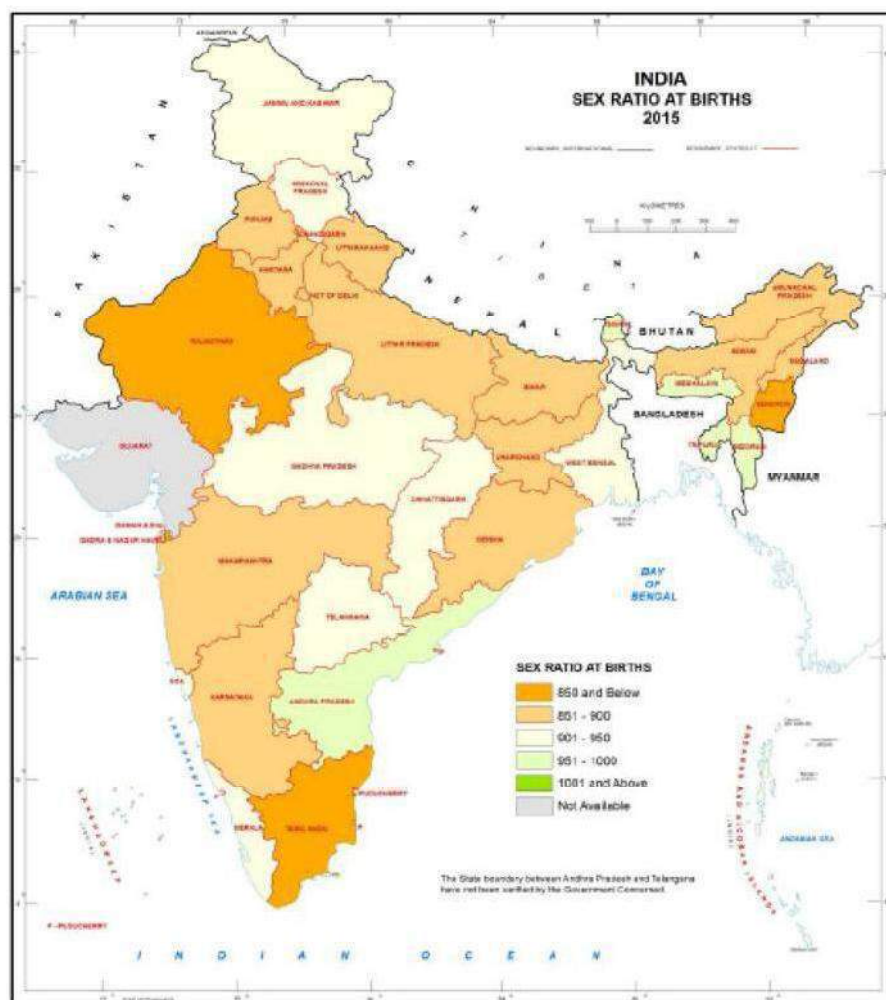
Source: National Family Health Survey

### 1.3 Sex Ratio at Birth (SRB)

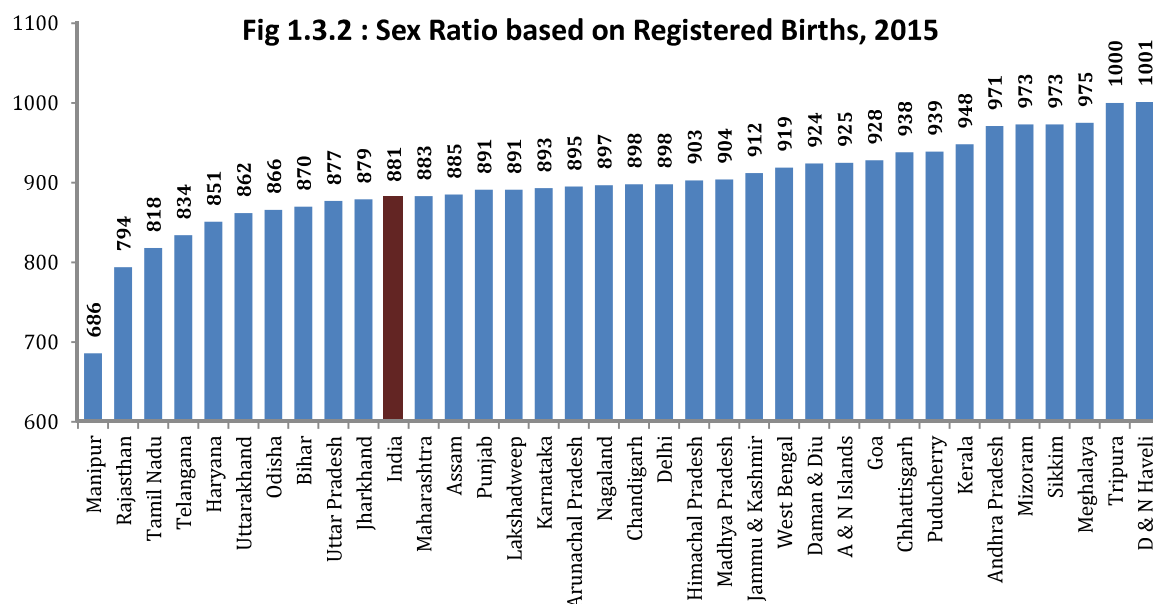
The Sex Ratio at Birth (SRB) is an important indicator to analyse the sex differential of the population at the beginning of their life. SRB denotes the number of female live births to 1000 male live births.

As per the report of the Civil Registration System, the sex ratio at birth for the year 2015 is 881 showing a decline from 2014 which was at 887. Among the States/UTs, the highest SRB has been reported in Dadar & Nagar Haveli (1001), followed by Tripura (1000), Meghalaya (975) and Sikkim and Mizoram both with 973. The lowest SRB has been reported in Manipur (686) followed Rajasthan (794), Tamil Nadu (818) and Haryana (851).

**Fig 1.3.1 : State-wise Sex Ratio at Birth -2015**



Source: Civil Registration System Report 2015, Office of Registrar General of India



Source: Civil Registration System Report 2015, Office of Registrar General of India

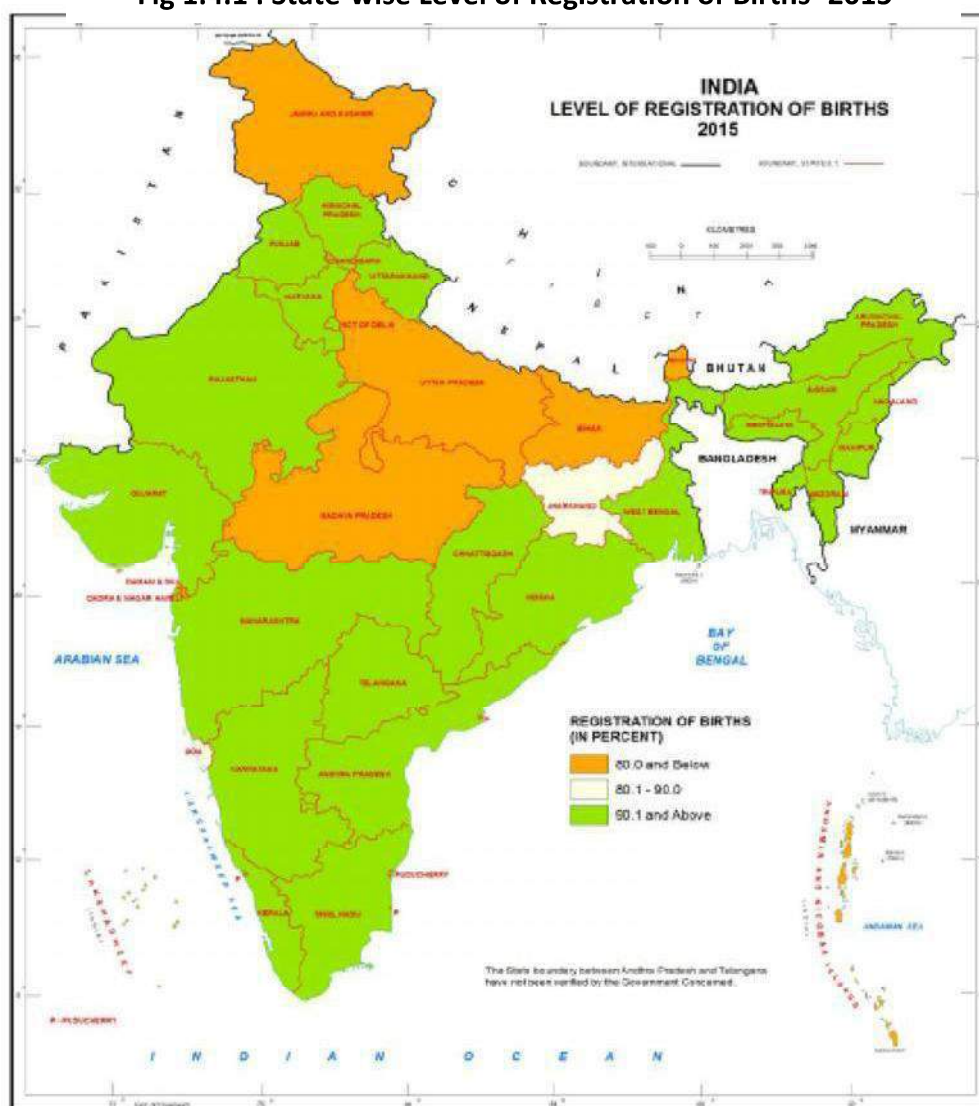
The SRS 2016 reported that during 2014-16, the sex ratio at birth at all India level is 898 (Rural: 902, Urban: 888) against 906 (Rural: 907, Urban: 905) during 2012-14. Among the bigger States, the sex ratio at birth varies from 959 in Kerala, 948 in Orissa to 837 in West Bengal, 832 in Haryana. In rural area, Kerala has the best SRB at 972 females born against 1000 male child; Haryana having lowest sex ratio at birth at 835. Among the urban area, Madhya Pradesh has recorded the highest sex ratio at birth as compared to other major States during 2014-16 and Gujarat having the lowest sex ratio at birth (820).

#### **1.4 Birth Registration coverage**

Registration of birth is a right of every child and is the first step towards establishing her/his legal identity. Civil Registration System (CRS) in India is the unified process of continuous, permanent, compulsory and universal recording of the vital events (births, deaths, still births) and characteristics thereof. The Registration of Births and Deaths Act, 1969 (Act No. 18 of 1969) provides for the compulsory registration of births and deaths. Civil Registration records are the best source of Vital Statistics. For the individual, records emanating from CRS provide her/his legal identity and access to the rights of a citizen including entitlements (social benefits provided by the Government).

Births are registered only at the place of occurrence. For births occurring in the house, head of the household is responsible to report the same to the Registrar of Births of the concerned area. It is the responsibility of the officer in-charge or any person authorised by her/him to report the births and deaths that occur in hospitals, nursing homes, health centres etc. to the Registrar of Births and Deaths of the concerned area.

**Fig 1.4.1 : State-wise Level of Registration of Births -2015**

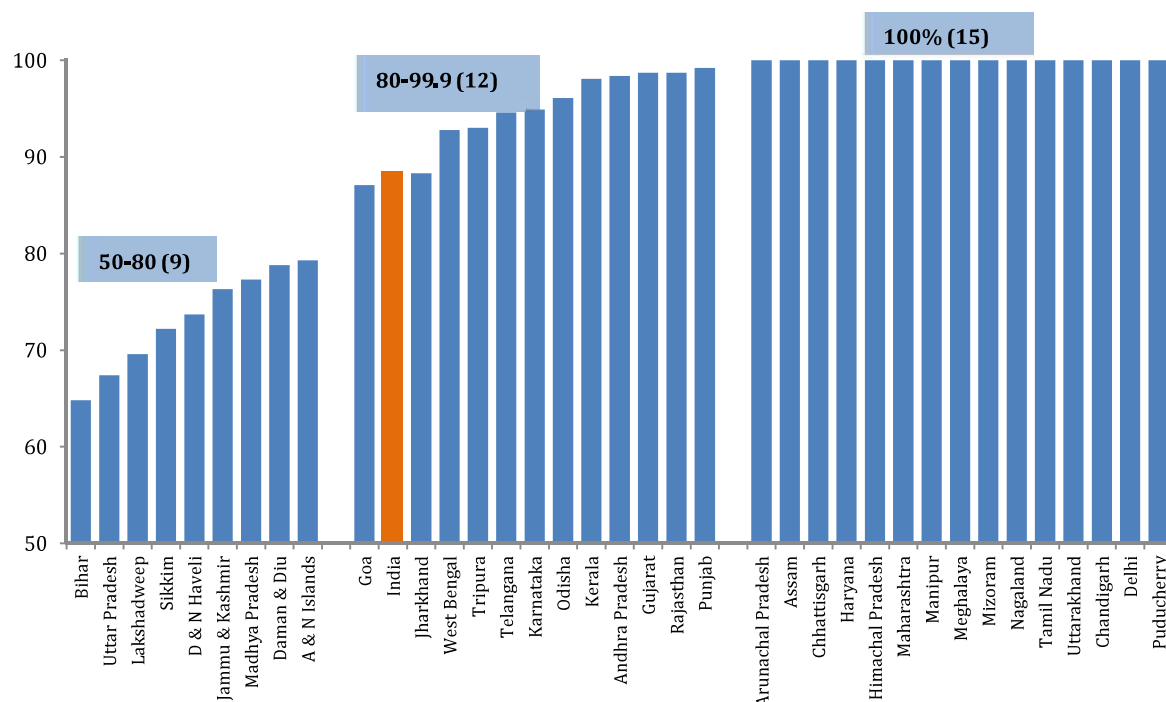


*Source: Civil Registration System Report 2015, Office of Registrar General of India*

The number of registered births has reached to 23.1 million in 2015 as compared to 23.0 million in 2014. There has been a gradual improvement in birth registration as the share of registered births to total estimated births is increasing year by year. As per CRS 2015, 50.2% male births and 44.3% of female births got registered in India.

The level of registration of births has increased to 88.3% in 2015 from 69.0% in 2006 i.e. in last 10 years an increase of about 19.3%. 15 States/UTs have achieved the cent per cent level of registration of births. 15 out of the remaining 20 major States have crossed 90% level of registration of births.

**Fig 1.4.2 : Level of Registration of Births of States/UTs, 2015**



Source: Civil Registration System Report 2015, Office of Registrar General of India

## 1.5 Mortality among Children

The status of mortality related indicators for children in India reflects the extent of threats to the health of the children. India still has high child mortality rate. The problem has caught attention of policy makers and researchers for several decades and focussed initiatives are leading to declining mortality rates.

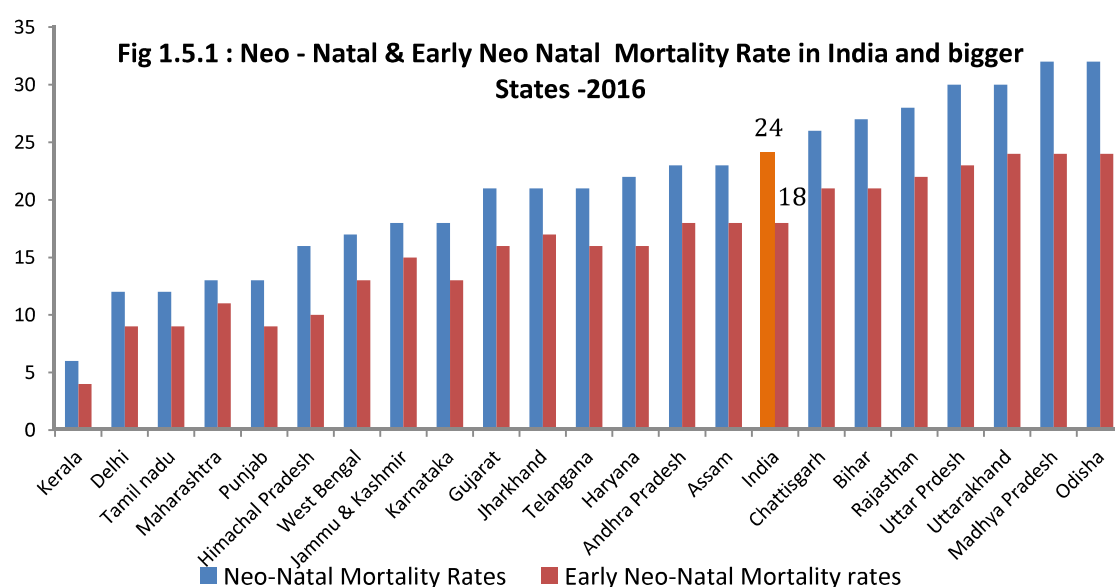
### 1.5.1 Peri-natal Mortality Rate and Still Birth Rate

Peri-natal Mortality Rate (PMR) is defined as the number of still births and infant deaths of less than 7 days per one thousand Live Births (LB) and Still Births (SB) taken together during the year. At the National level, SRS data estimates peri-natal mortality rate to be 23 and ranges from 26 in rural areas to 14 in urban areas. Among the bigger States/UTs, for PMR, Kerala (10) and Odisha (37) are the two extremes. The Still Birth Rate (SBR) is estimated as the ratio of the number of still births per one thousand live births and still births during the year. The estimate of Still Birth Rate for the year 2016, at the National level is 4. Among the bigger States/UTs, the highest level of still birth rate has been estimated for Himachal Pradesh (24) and the lowest for Jharkhand (0).

### 1.5.2 Neo-natal Mortality Rate

The Neo-natal Mortality rate is defined as the number of infant deaths less than 29 days of life per thousand live births. As per SRS 2016 report, the neo-natal mortality rate of the country is 24 and ranges from 14 in urban areas to 27 in rural areas in 2016. Among the bigger States/UTs, neo-natal mortality ranges from 32 in Odisha and Madhya Pradesh to 6 in Kerala. The percentage of neo-natal deaths to total infant deaths is 68.8 percent at the National level and varies from 60.4 percent in urban areas to 70.7 percent in rural areas. Among the bigger States/UTs, Uttarakhand (79.1) registered the highest percentage of neo-natal deaths to infant deaths and the lowest is in Assam (53.4).

Early neo-natal mortality rate i.e. number of infant deaths less than seven days of life per thousand live births forms an important component of infant mortality rate and more specifically of the neo-natal mortality rate. At the National level, the early neo-natal mortality rate for the year 2016 has been estimated at 18 and ranges from 21 in rural areas to 11 in urban areas. Among the bigger States/UTs, the early neo-natal mortality rate is lower in Kerala (4) and highest in Madhya Pradesh, Odisha and Uttarakhand (24). The percentage of early neo-natal deaths to the total infant deaths during the year 2016, at the National level, has been 53.2 and it varies from 54.8 in rural areas to 45.8 in urban areas. Among the bigger States/UTs the percentage of early neo-natal deaths for total infant deaths, varies from 40.5 in Kerala to 62.9 in Uttarakhand.



Source: Sample Registration System Report 2016, Office of Registrar General of India

### 1.5.3 Infant deaths

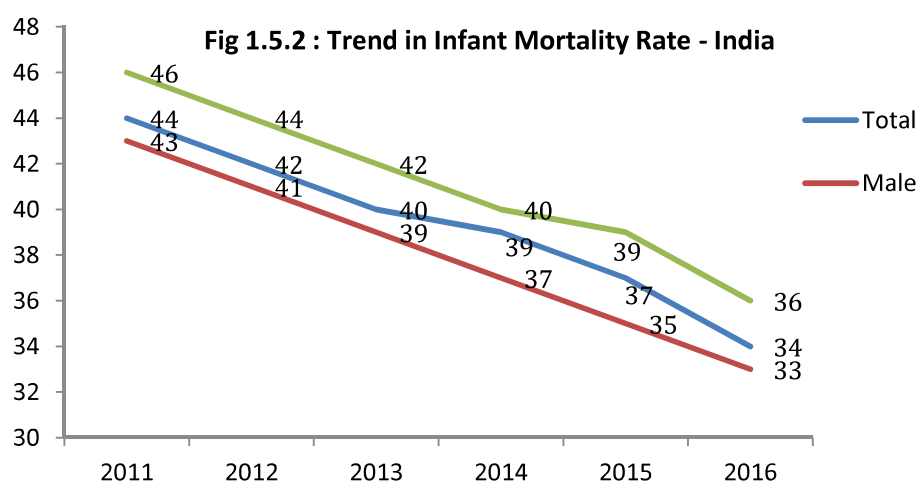
The infant deaths (death of a child less than one year old) get registered by place of occurrence (Rural /Urban) of the event. It may be observed that as per CRS 2015 data, the share of rural area is only 28.8% while that of urban area is 64.2% in total registered infant deaths during the year. Non-registration of infant deaths in rural area is a cause of concern which may be due to non-reporting of infant deaths to domiciliary events. The share of female infant deaths in total female deaths is 3.1% while the same for male is at 2.8%.

At the National level, the percentage share of infant deaths to total deaths in the year 2015 is 2.9 percent as compared to 3.1 in 2014 and varies from 1.6 percent in rural areas to 4.5 in urban areas.

### 1.5.4 Infant Mortality Rate

Infant Mortality Rate is defined as the infant deaths (less than one year) per thousand live births. SRS 2016 reported, at the National level, IMR is 34 and varies from 38 in rural areas to 23 in urban areas. Among the major States/UTs, IMR varies from 10 in Kerala to 47 in Madhya Pradesh in 2016.

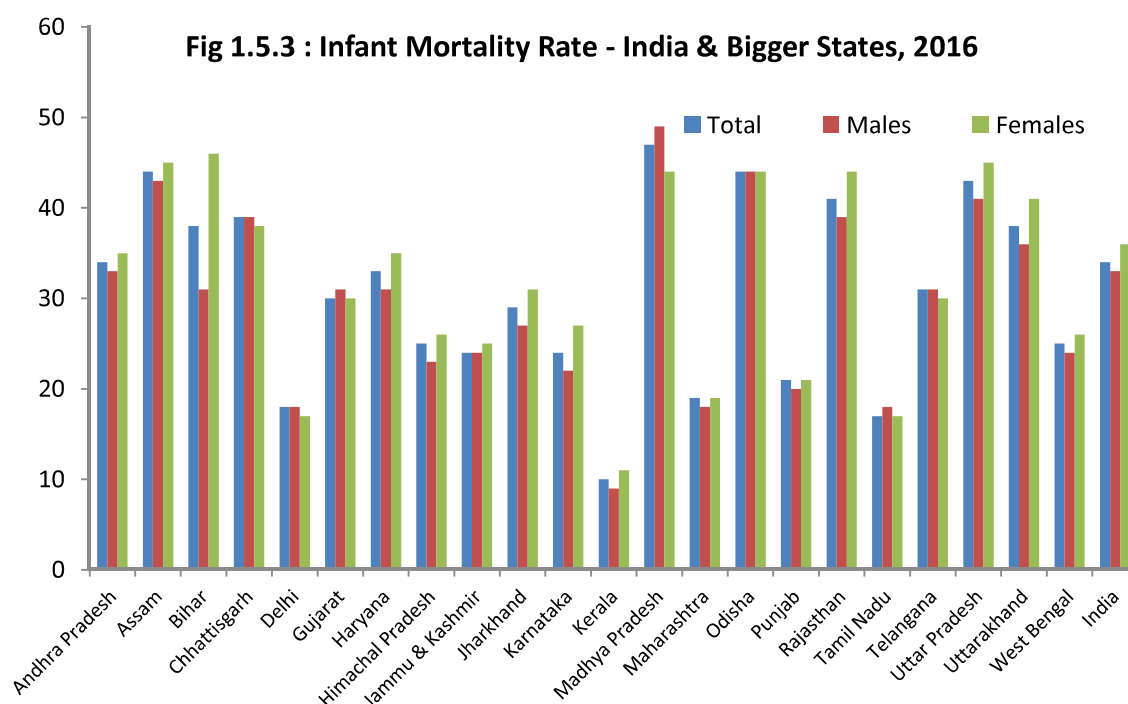
The trend in IMR at all India level (2011-16) showed that, female infants usually experience a higher mortality than male infants and in 2016, IMR for females is 36 vis-à-vis 33 for males at all India level.



Source: Sample Registration System Report 2016, Office of Registrar General of India

The gender wise differential in the IMR is most prominent in Bihar where IMR for Rural female is 47 as compared to 31 for rural male. In urban area,

Haryana females have higher IMR than their male counterpart. Assam, Gujarat and Madhya Pradesh have been observed to have much higher IMR in rural area as compared to urban areas. Among the major States/UTs, IMR varies from 10 in Kerala to 47 in Madhya Pradesh in 2016.



Source: Sample Registration System Report 2016, Office of Registrar General of India

As per the National Family Health Survey (NFHS-4), IMR has been reported as 40.7 during 2015-16 with highest reported for the state of Uttar Pradesh (63.5) and lowest for Kerala as (5.6).

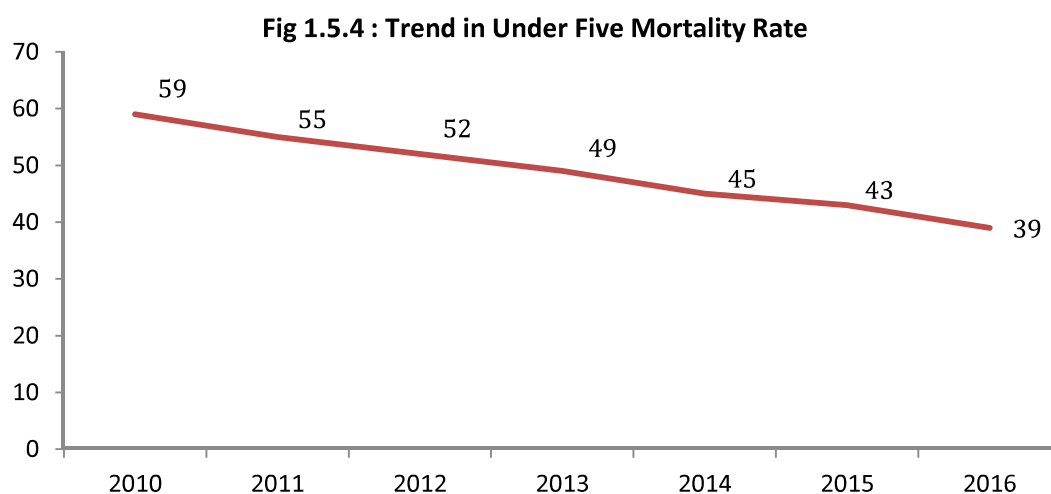
### 1.5.5 Child Mortality Rate

The SRS 2016 revealed that at the National level, child mortality rate (death rate for children aged 0-4 years) is estimated at 9.4 and it varies from 10.7 in rural areas to 6.0 in urban areas. Among the bigger States/UTs, this varies from 2.3 in Kerala to 14.2 in Madhya Pradesh. Higher death rates have been observed among female children as compared to male children in all States except in Andhra Pradesh, Delhi, Madhya Pradesh and Tamil Nadu.

### 1.5.6 Under-five Mortality Rate (U5MR)

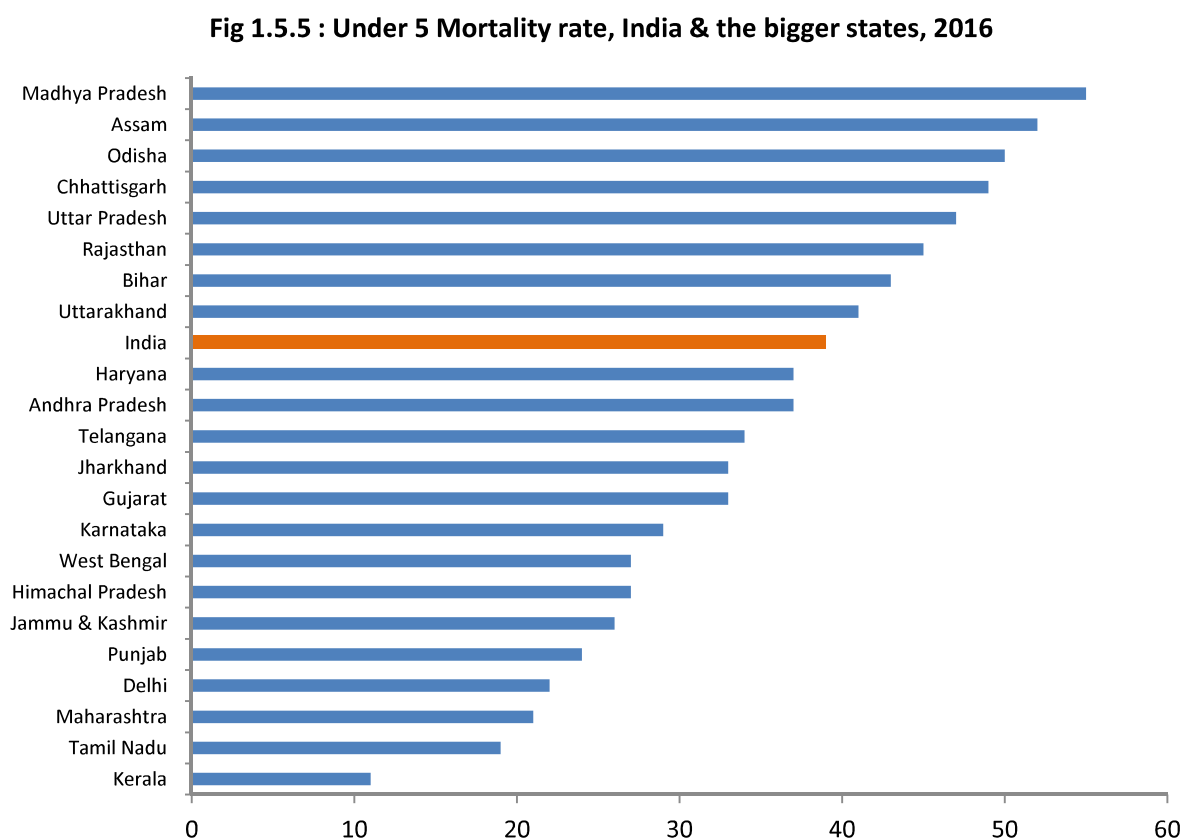
At the National level, Under-five Mortality Rate (probability of dying between birth and the fifth birthday) is estimated at 39 and it varies from 43 in rural areas to 25 in urban areas in the year 2016 as per Sample

Registration System. Among the bigger States/UTs, it varies from 11 in Kerala to 55 in Madhya Pradesh.



Source: Sample Registration System Report 2016, Office of Registrar General of India

The SRS 2016 reported that at all India level, U5MR among females is at 41 vis-a-vis 37 for males. All the bigger States/UTs have higher Under-five Mortality Rates for female than that of male except Chhattisgarh and Madhya Pradesh. The gap in female – male U5MR is highest in Bihar (16 points).



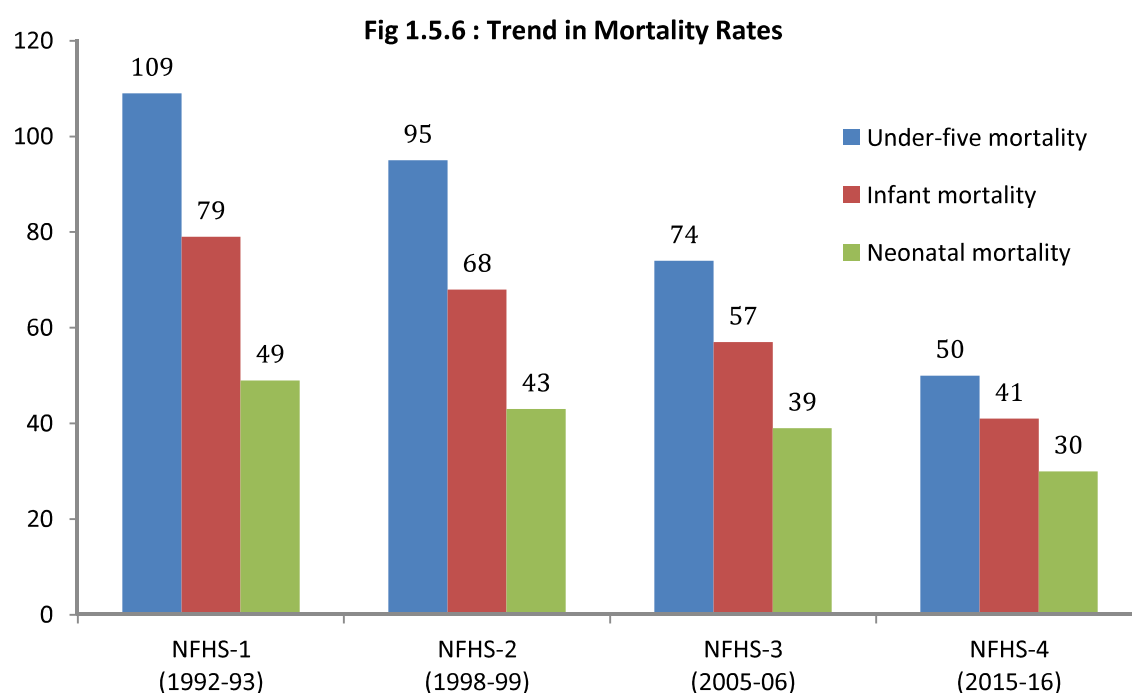
Source: Sample Registration System Report 2016, Office of Registrar General of India

### 1.5.7 Death Rate in 5-14 years age group

In 2016, SRS revealed that at the National level, the death rate for age group 5-14 years is estimated at 0.6. Rural-urban differentials exist with the urban areas registering lower death rates as compared to that in rural areas in majority of the States. Among the bigger States/UTs, the lowest death rate in this age group is registered in Kerala (0.2) and the highest in Jharkhand (1.4).

### 1.5.8 Trends in Infant and Child Mortality as reflected in NFHS-4

The NFHS-4 (2015-16) estimated that for the five-year period before the 2015-16, at all India level the neonatal mortality rate was 30 deaths per 1,000 live births. This means that one in 33 live births died during the neonatal period. The infant mortality rate was 41 deaths per 1,000 live births and the under-five mortality rate was 50 deaths per 1,000 live births. This indicates that one in 20 children in India die before their fifth birthday. More than four-fifths (82%) of these deaths occur during infancy.



Source: National Family Health Survey

The neonatal mortality rate declined from 49 deaths per 1,000 live births in the five years before the NFHS 1 (1992-93) to 30 deaths per 1,000 live births in the five years before the NFHS 4(2015-16). During the same

period, the infant mortality rate declined from 79 deaths per 1,000 live births to 41 deaths per 1,000 live births and the under-five mortality rate declined from 109 deaths per 1,000 live births to 50 deaths per 1,000 live births. The decline in the under-five mortality rate (54%) is slightly higher than the decline in the infant mortality rate (48%) during 1992-93 to 2015-16.

**Conclusion:**

Vital statistics are conventional numerical records of births, sickness, deaths and marriages, which help the policy makers to assess the health and growth of a community. The analysis of demographical study of children is particularly important as it is an indication of the future composition of the population which has impact on various sectors like employment, health etc. Further, it throws light on the need for targeted policy and programme interventions.

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## Chapter 2:

# Health and Nutrition



## **Chapter 2 : Health and Nutritional Status of Children**

The health sector has a special role to play given its unique reach to families and caregivers during the first 1000 days starting from conception which is a most critical time period for brain development. Multi-sectoral interventions are essential for improved health, nutrition, education, social welfare and child protection of all the children in the country. Good nutrition is essential for survival, physical growth, mental development, performance, productivity, health and well-being across the entire life-span: from the earliest stages of foetal development, at birth, and through infancy, childhood, adolescence and on into adulthood. Breastfeeding and complementary feeding are a critical aspect of caring for infants and young children.

Under-nutrition affects the human life and it is particularly harmful in early age groups i.e. childhood. Adequate and appropriate food is essential to promote and maintain tissue growth, and to regulate body processes. Therefore, food supply with necessary nutrients in sufficient amount is necessary to meet the requirements for children's body.

There is a growing recognition that protecting, promoting and supporting children in their early years is essential for the transformation that the world seeks to achieve in the next 15 years guided by the Sustainable Development Goals (SDGs).

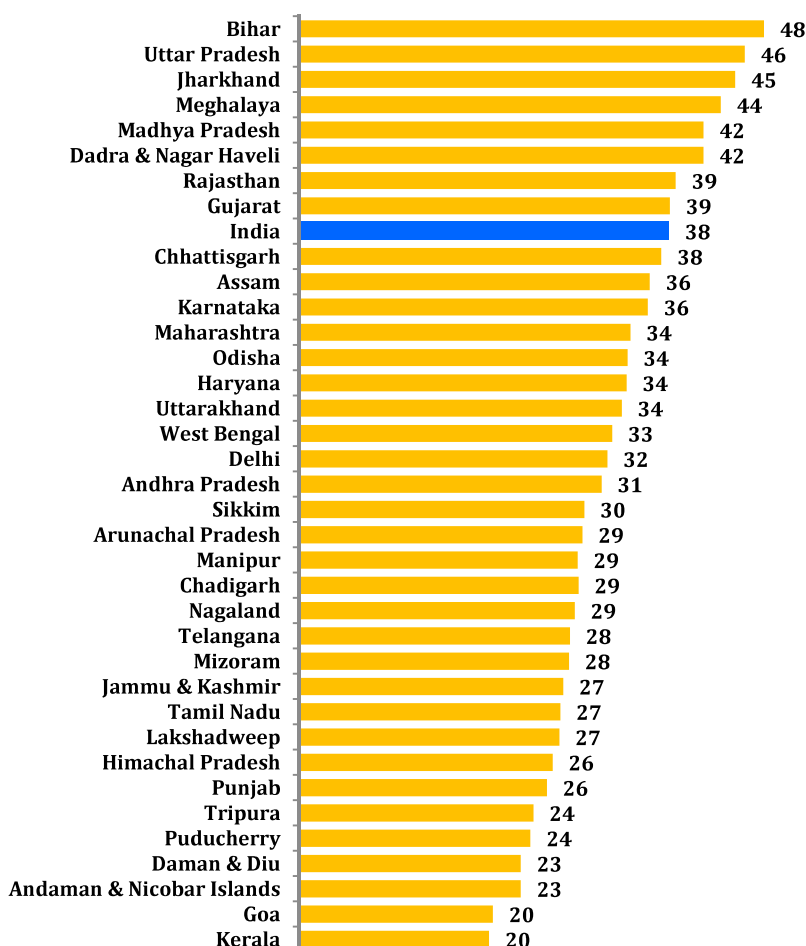
### **2.1 Stunting (height-for-age)**

Height-for-age is a measure of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted), or chronically undernourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted.

In India, NFHS-4 (2015-16) estimates 38% of children under age five years as stunted (too short for their age) which signify chronic under-nutrition. The prevalence of stunting has decreased from 48% in 2005-06 to 38% in 2015-16. Stunting is observed to be higher among children in rural areas (41%) than urban areas (31%).

The prevalence of stunting in children under age five is the highest in Bihar (48%), Uttar Pradesh (46%), Jharkhand(45%), and Meghalaya (44%), and lowest in Kerala and Goa (20% each).

**Fig 2.1.1 : Stunting in Children by State/UT**  
(Percentage of children age 0-59 months)



Source: NFHS-4 (2015-16)

## 2.2 Wasting (weight-for-height)

Weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children with Z-score less than minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted), or acutely undernourished. Children with weight-for-height Z-score less than minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted. Wasting may result from inadequate food intake or from a recent episode of illness causing weight loss.

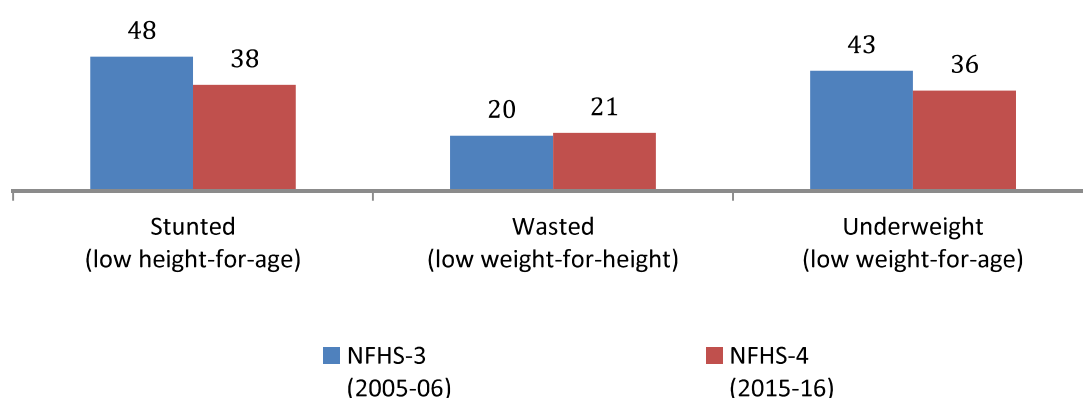
As per NFHS-4 (2015-16) survey, 21% of children under age five years are wasted (too thin for their height), which signify acute under-nutrition. The prevalence of wasting has remained the same since 2005-06 to 2015-16. Jharkhand has the highest levels of wasting (29%) among the States during the period 2015-16. The lowest levels of wasting are observed in Mizoram (6.1%) and Manipur (6.8%).

### 2.3 Underweight (weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic under-nutrition. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age Z-score is below minus three standard deviations (-3 SD) from the median are considered severely underweight.

NFHS-4 results reveal that, 36% of children under age five years are underweight. Jharkhand has the highest levels of underweight (48%). The lowest level of underweight is observed in Mizoram (12%) and Manipur (14%).

**Fig 2.3.1 : Trend in Nutritional Status of Children in India**  
(Percentage of children age 0-59 months)



Source: National Family Health Survey

### 2.4 Breastfeeding

Breastmilk is an uncontaminated nutritional source which contains all of the nutrients needed by children in the first six months of life. It is recommended that children be exclusively breastfed in the first six months

of their life. Appropriate infant and young child feeding (IYCF) practices include exclusive breastfeeding in the first six months of life, continued breastfeeding through age two years, introduction of solid and semi-solid foods at age six months, and gradual increases in the amount of food given and the frequency of feeding as the child gets older. It is also important for young children to receive a diverse diet, i.e., eating food from different food groups to take care of the growing micronutrient needs.

#### **2.4.1 Early breastfeeding**

Early initiation of breastfeeding is important for both the mother and the child. The first breastmilk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Thus, it is recommended that children be put to the breast feed immediately or within one hour after birth.

NFHS – 4 (2015-16) results show that 95% of children born in the two years before the survey were breastfed at some time. More than two-fifths (42%) of last-born children in the two years before the survey who ever breastfed were breastfed within one hour of birth, and over four-fifths (81%) of children began breastfeeding within one day of birth. The data reveals that about two-fifths (42%) of children born in the last 5 years were breastfed within 1 hour of birth. Timely initiation of breastfeeding is particularly low for women with no schooling, for home deliveries, and for births delivered by a traditional birth attendant (dai).

NFHS 4 data reveals that the percentage of children who are breastfed within one hour of birth is very low in Uttar Pradesh (25%); the States in which more than two-thirds of children are breastfed within one hour of birth are Goa, Mizoram, Sikkim, and Odisha.

#### **2.4.2 Exclusive Breastfeeding**

Exclusive breastfeeding in first 6 months of life is essential to lay down the foundation stone of infants for future years with advantages of lower risk of diarrhoea, respiratory tract infections, sudden infant death syndrome, allergies (e.g. asthma), obesity, Type 1 & 2 diabetes in later life, etc.

As per NFHS-4 (2015-16), 55% of infants under age six months are exclusively breastfed. Contrary to the recommendation that children under age six months are to be exclusively breastfed, many children in that age group are given other liquids, such as plain water (18%), other milk (11%), or complementary foods (10%) in addition to breastmilk. Exclusive breastfeeding among children under six months increased from 46% in 2005-06 to 55% in 2015-16.

### **2.4.3 Complementary Feeding**

After the first six months, breastmilk is no longer enough to meet the nutritional needs of the infant; therefore, appropriate complementary foods are recommended to be added to the diet of the child to meet the nutrients requirements including fruits and vegetables rich in vitamin A. The NFHS-4 (2015-16) indicates that 94% of Indian children age 6-23 months received breastmilk, milk, or milk products (2+ times) during the day or night before the interview. 20% of breastfed children had an adequately diverse diet since they had been given foods from the appropriate number of food groups, while 31% had been fed the minimum number of times appropriate for their age. The feeding practices of only 9% of breastfed children age 6-23 months meet the minimum standards for all IYCF feeding practices. 10% of all children age 6-23 months were fed the minimum acceptable diet.

The NFHS 4 data shows that breastfed children age 6-23 months are less likely to receive the minimum number of food groups than non-breastfed children age 6-23 months (20% and 34%, respectively). Children in urban areas (28%) are more likely than those in rural areas (20%) to have an adequately diverse diet. Breastfed infants (9%) are less likely to meet the minimum acceptable diets than the non-breastfed infants (14%).

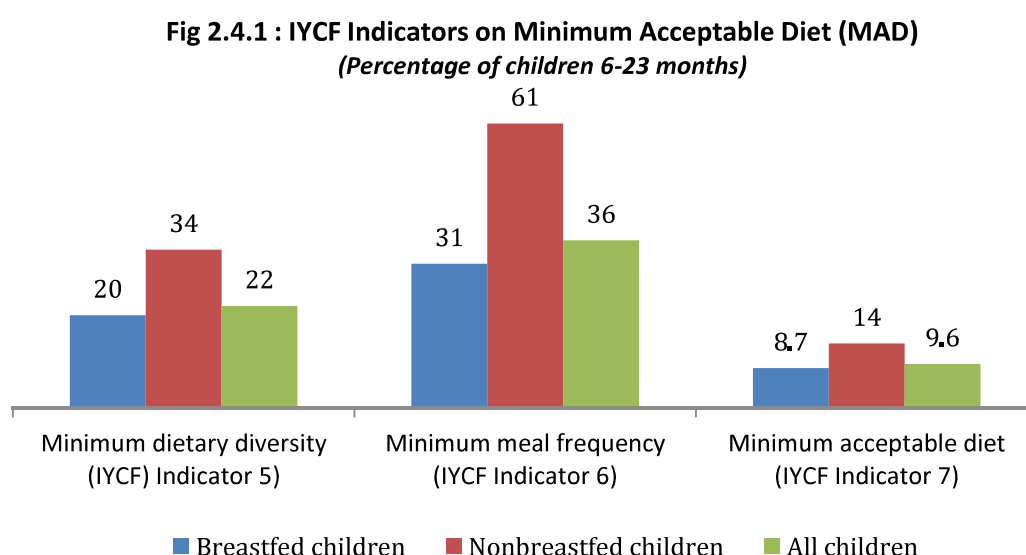
The proportion of children age 6-23 months who receive a minimum acceptable diet is highest in Tamil Nadu and Puducherry (31% each) and the lowest in Rajasthan, Chandigarh, and Dadra & Nagar Haveli (3% or less). The pattern is the same among breastfed and non-breastfed children.

### **2.4.4 Minimum Acceptable Diet**

Infants and young children should be fed a minimum acceptable diet (MAD) to ensure appropriate growth and development. Without adequate

diversity and meal frequency, infants and young children are vulnerable to under-nutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality. The WHO minimum acceptable diet recommendation, which is a combination of dietary diversity and minimum meal frequency, is different for breastfed and non-breastfed children. Breastfed children are considered to be consuming a minimum meal frequency if they receive solid, semisolid, or soft foods at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months. On-breastfed children ages 6-23 months are considered to be fed with a minimum meal frequency if they receive solid, semi-solid, or soft foods at least four times a day.

The NFHS-4 (2015-16) indicates that 94% of Indian children age 6-23 months received breastmilk, milk, or milk products (2+ times) during the day or night before the interview. 20% of breastfed children had an adequately diverse diet since they had been given foods from the appropriate number of food groups, while 31% had been fed the minimum number of times appropriate for their age. The feeding practices of only 9% of breastfed children age 6-23 months meet the minimum standards for all IYCF feeding practices. 10% of all children age 6-23 months were fed the minimum acceptable diet.



Source: NFHS-4 (2015-16)

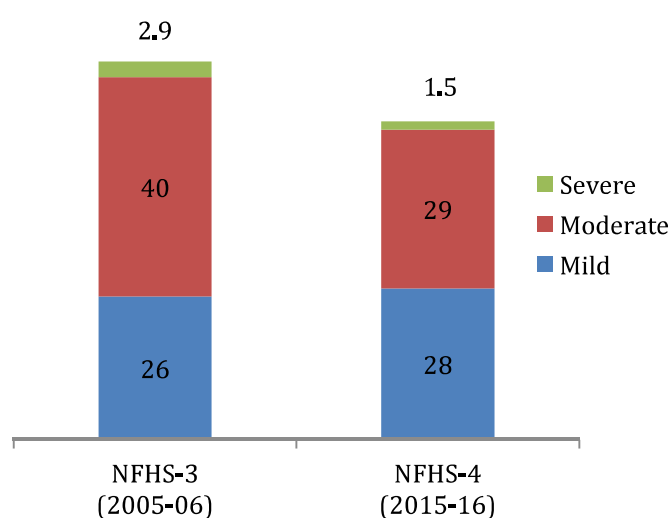
## 2.5 Anaemia Prevalence in Children

Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Iron is a key component of haemoglobin, and iron deficiency is

estimated to be responsible for half of all anaemia globally. Other causes of anaemia include malaria, hookworms and other helminths, other nutritional deficiencies, chronic infections, and genetic conditions. Anaemia is a serious concern for children because it can impair cognitive development, stunt growth, and increase morbidity from infectious diseases.

Overall, 58% of children had some degree of anaemia (haemoglobin levels below 11.0 g/dl). 28% of children had mild anaemia, 29% had moderate anaemia, and 2% had severe anaemia. Between 2005-06 and 2015-16, the prevalence of anaemia among children age 6-59 months declined from 70% to 58%, but continued to be higher among rural children.

**Fig 2.5.1 : Trends in Childhood Anaemia**  
(Percentage of children age 6-59 months)



Source: NFHS-4 (2015-16)

**Table 2.5.1 : Trends in prevalence of anaemia in children**  
(Percentage of children age 6-59 months classified as having anaemia)

Anaemia status by haemoglobin level	NFHS-4 (2015-16)			NFHS-3 (2005-06)		
	Urban	Rural	Total	Urban	Rural	Total
Mild (10.0-10.9 g/dl)	26.8	28.2	27.8	25.6	26.5	26.3
Moderate (7.0-9.9 g/dl)	27.5	29.7	29.1	34.2	42.1	40.2
Severe (<7.0 g/dl)	1.6	1.5	1.5	3.1	2.9	2.9
Any anaemia (<11.0 g/dl)	55.9	59.4	58.4	63.0	71.5	69.5
Number of children	56,240	1,48,757	2,04,997	10,133	32,255	42,388

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using the CDC formula (Centre for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR-3): 1-29). Haemoglobin levels are shown in grams per decilitre (g/dl).

The NFHS 4 (2015-16) reveals that Anaemia is more prevalent among children under age 24 months than among older children, with a peak prevalence of 71% observed among children age 12-17 months. Anaemia prevalence increases with increasing birth order of children and is higher among the children of anaemic mothers than non-anaemic mothers.

The prevalence of anaemia among children age 6-59 months is highest among children in Haryana (72%), followed by Jharkhand (70%) and Madhya Pradesh (69%). Several Union Territories have even higher prevalence of anaemia (Dadra and Nagar Haveli, Daman & Diu, and Chandigarh). The States with the lowest prevalence of anaemia among children are Mizoram (19%), Manipur (24%), and Nagaland (26%).

## **2.6 Presence of Iodized Salt in Households**

Iodine is an essential micronutrient, and iodized salt prevents goitre or any other thyroid-related health problems among children and adults. It is recommended that household salt should be fortified with iodine to at least 15 parts per million (ppm). The NFHS-4 (2015-16) tested for the presence or absence of potassium iodate or potassium iodide in household salt. Among the households in which salt was tested, 93% had iodized salt. This is much higher than in NFHS-3 (2005-06), when only 76% of households were using iodized salt. There is steady increase in the use of iodized salt by household wealth quintiles, from 90% in the lowest wealth quintile to 98% in the highest wealth quintile. Among the States, the use of iodized salt is lowest in Dadra & Nagar Haveli (71%), Andhra Pradesh (82%) and Tamil Nadu (83%).

## **2.7 Micronutrient Intake and Supplementation among Children**

Micronutrient deficiency is a major contributor to childhood morbidity and mortality. Micronutrients are available in foods and can also be provided through direct supplementation. Breastfeeding children benefit from supplements given to the mother. The information collected on food consumption among the youngest children under age two years is useful in assessing the extent to which children are consuming foods rich in two key micronutrients—vitamin A and iron in their daily diet.

Iron deficiency is one of the primary causes of anaemia, which has serious health consequences for both women and children. Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe Vitamin A Deficiency (VAD) can cause eye damage and is the leading cause of childhood blindness. VAD also increases the severity of infections such as measles and diarrhoeal disease in children and slows recovery from illness. VAD is common in dry environments where fresh fruits and vegetables are not readily available. The intake of both vitamin A-rich and iron-rich foods increases as children are weaned.

NFHS 4 (2015-16) estimates that around 60% of children aged 6-59 months were given vitamin A supplements in the six months preceding the survey. 44% of children age 6-23 months consumed foods rich in vitamin A in the day or night before the interview and 18% consumed iron-rich foods. 31% were given de-worming medication. The percentage of children age 6-59 months given Vitamin A supplements in the last six months ranges from 29% in Nagaland and 31% in Manipur to 89% in Goa.

## **2.8 Role of mothers in improving the health status of children**

Health care services during pregnancy and childbirth and after delivery are important for the survival and wellbeing of both the mother and the infant. Antenatal care (ANC) can reduce the health risks for mothers and their babies by monitoring pregnancies and screening for complications. Delivery at a health facility, with skilled medical attention and hygienic conditions, reduces the risk of complications and infections during labour and delivery.

### **2.8.1 Antenatal care (ANC) from a skilled health provider**

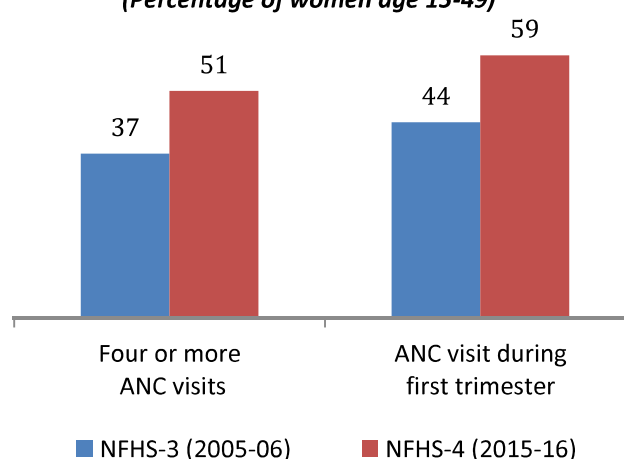
Antenatal care includes pregnancy care received from skilled providers, that is, doctors, auxiliary nurse midwives, nurses, midwives, and lady health visitors. As per NFHS-4 (2015-16), 79% of women age 15-49 who had a live birth in the five years before the survey received antenatal care from a skilled provider at least once for their last birth. The majority of women received antenatal care from doctors (59%), followed by auxiliary

nurse midwives (ANMs), nurses, midwives, and lady health visitors (LHVs) (20%).

NFHS-4 results show that use of a skilled provider for ANC is low in Nagaland (44%) and Bihar (49%), and high in Kerala and Lakshadweep (more than 99%). Use of a skilled provider for ANC services is higher in urban areas (89%) than rural areas (75%).

Use of a skilled provider for ANC services increases with rising education. 61% of women with no schooling obtained ANC services from a skilled provider, compared with 93% of women with 12 or more years of schooling. Women in the younger ages (below 20 years) are more likely to receive ANC from a skilled provider than women in the older age group 35-49 years (81% versus 62%). Similarly, women with a first birth are more likely to receive ANC from a skilled provider than women with a birth of order 6 and above (87% versus 49%).

**Fig 2.8.1 : Trends in Antenatal Coverage**  
(Percentage of women age 15-49)



Source: NFHS

WHO has recommended at least four ANC visits. NFHS 4 (2015-16) has revealed that, 51% of the women had at least four ANC visits during their last pregnancy and 17% of women had no ANC visits. Urban women are more likely to have had four or more ANC visits than rural women (66% and 45%, respectively). 59% of women had their first ANC visit during the first trimester. The median number of months pregnant at the time of the first visit for all women with at least one ANC visit is 3.5 months.

The proportion of women who had at least four ANC visits during their last pregnancy is lowest in Bihar (14%) and highest in Kerala (90%) and Andaman & Nicobar Islands (92%). The proportion of women who received the recommended four or more ANC visits increased from 37%

in 2005-06 to 51% in 2015-16. Over the same time period, the proportion of women who received ANC in the first trimester increased from 44% to 59%.

### **2.8.2 Protection against Neonatal Tetanus**

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during that pregnancy
- Two or more injections, the last one within three years of the birth
- Three or more injections, the last one within five years of the birth
- Four or more injections, the last one within ten years of the birth
- Five or more injections at any time prior to the birth

Neonatal tetanus, a major cause of early infant death in many developing countries, is often due to failure to observe hygienic procedures during delivery. NFHS-4 data shows that 89% of women's last births were protected against neonatal tetanus. About 9 in 10 women less than age 35 years had their last birth protected against neonatal tetanus, compared with 81% of older women age 35-49 years. The percentage of women whose last birth was protected against neonatal tetanus increased with education, from 84% among women with no schooling to 92% among those with 12 or more years of schooling.

Similarly, the percentage of women whose last birth was protected against neonatal tetanus increases with the wealth quintile, from 85% among women in households in the lowest wealth quintile to 93% among those in the highest wealth quintile.

### **2.8.3 Nutritional status of mother**

The malnutrition status of adolescent women becomes the genesis of low birth weight. Poor prenatal nutrition compounds the health issues of the infants and hence high rates of disease. So adolescent nutrition, delay in the age of first marriage and pregnancy, maternal nutrition and nutrition during pregnancy are the keys to reduce low birth weight (including micro nutrient supplementation), essential newborn care, appropriate infant and young child feeding practices (including, early and exclusive breastfeeding), and community management of acute malnutrition. Malnourishment of

adolescent girls contributes to poor maternal nutritional status and birth outcomes, including low birth weight. Anaemia varies by maternity status i.e. 58% of women who are breastfeeding are anaemic as compared with 50% of women who are pregnant.

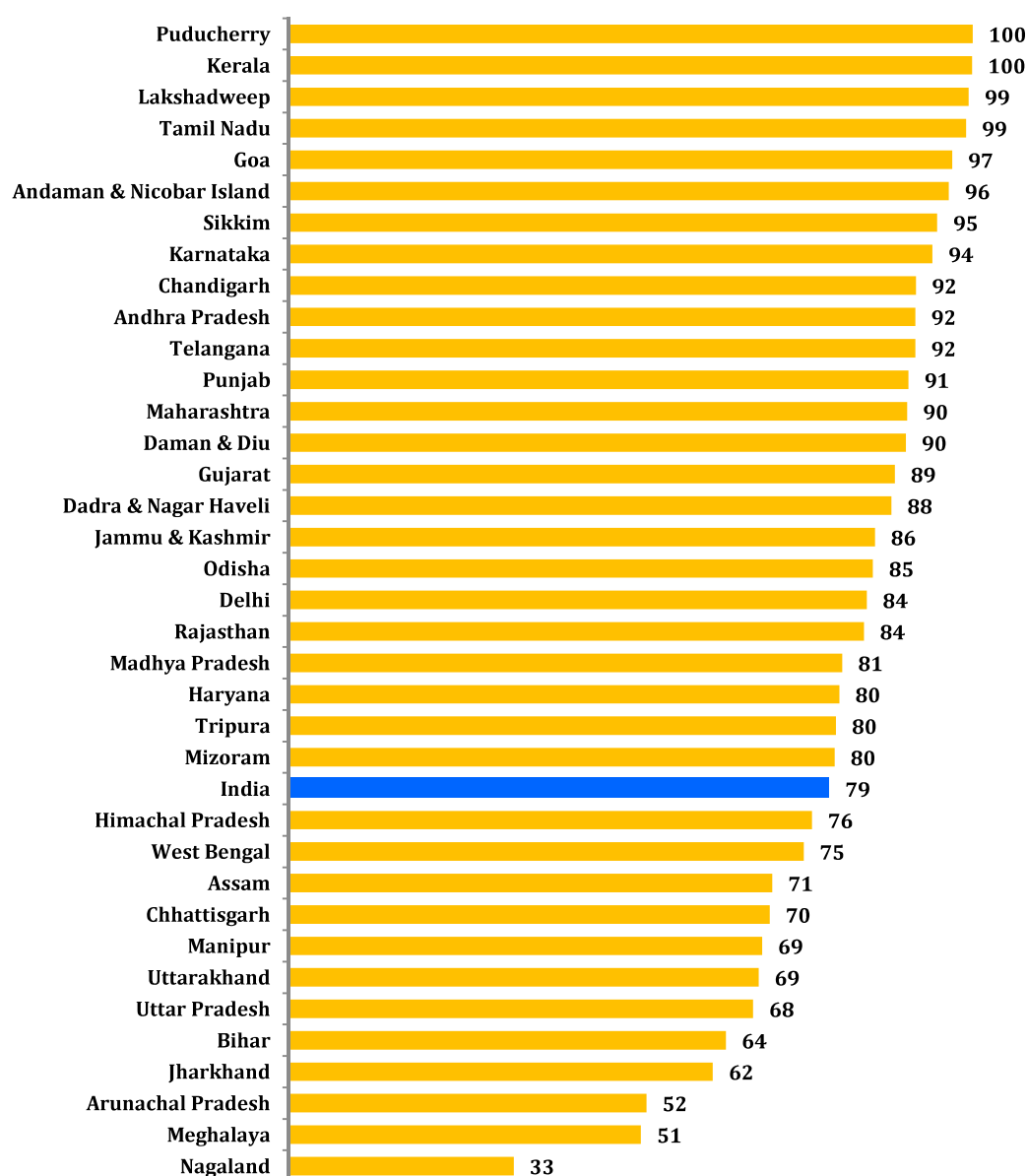
#### **2.8.4 Institutional Deliveries**

Increasing institutional deliveries (Deliveries that occur in a health facility) is an important factor in reducing neonatal mortality. As per NFHS-4 (2015-16), 79% of live births in the five years before the survey were delivered in a health facility. The most quoted reason for not delivering in a health facility was that the woman did not think it was necessary (40%), but 18% women sighted distance and transportation as the reason for non-institutional deliveries, 18% said that the husband or family did not allow them to have the delivery in a health facility, and 16% sighted cost as the reason.

Institutional deliveries doubled between 2005-06 and 2015-16, from 39% to 79%. Higher-order births are much less likely to be institutional deliveries; only 48% of sixth or higher order births occurred at a health facility, compared with 88% of first births. Antenatal care increases the likelihood of an institutional delivery. 91% of births to mothers who had four or more ANC visits were delivered in a health facility, compared with 57% of births to mothers who had no ANC visits. The mother's educational status is highly correlated with the place of delivery. 95% of births to mothers with 12 or more year of schooling were delivered in a health facility, compared with 62% of births to mothers with no schooling. 89% of births to urban women were delivered in a health facility, compared with 75% of births to rural women.

Almost cent per cent of births in Puducherry, Kerala, Lakshadweep, and Tamil Nadu were delivered in a health facility. 90% of births or more deliveries occurred in health facilities in 14 States and Union Territories. At the other end of the spectrum, only one-third of births in Nagaland and just over half of births in Meghalaya and Arunachal Pradesh were delivered in health facilities.

**Fig 2.8.2 : Health Facility Births by State/UT**  
(Percentage of births in the five years before the survey)



Source: NFHS-4 (2015-16)

### 2.8.5 Skilled Assistance during Delivery

Childbirth with the assistance of doctors, auxiliary nurse midwives, nurses, midwives, and lady health visitors can influence the birth outcome and the health of the mother and the newborn. A skilled attendant can manage complications of pregnancy and delivery or refer the mother and/or the baby to the next level of care.

The NFHS-4 findings show that in the five years before the survey, 81% live births were delivered by a skilled provider, majority were attended by doctors (56%), followed by ANMs, nurses, midwives, LHVs (25%), and

dais (traditional birth attendant)(11%). Skilled assistance during deliveries in India has increased substantially; the proportion of births assisted by a skilled provider increased from 47% in 2005-06 to 81% in 2015-16.93% of births to mothers who had four or more ANC visits were delivered by a skilled attendant, compared with 60% of births to mothers with no ANC visits. Only 19% of births that took place at the woman's own home were delivered by a skilled provider.

Births to women in urban areas (90%) are more likely to be delivered by a skilled provider than births to women in rural areas (78%).The mothers' educational status is highly correlated with skilled delivery. 95% of births to mothers with 12 or more years of schooling were delivered by a skilled attendant, compared with 66% of births to mothers with no schooling.

#### **2.8.6 Postnatal Health Check for Mothers**

A large proportion of maternal and neonatal deaths occur during the first 24 hours after delivery. For both the mother and the infant, prompt postnatal care is important to treat complications that arise from delivery and to provide the mother with important information on caring for herself and her baby. All women who deliver in a health facility receive a postnatal health check within the first 24 hours after delivery and that women giving birth outside of a health facility should be referred to a health facility for a postnatal check within 12 hours after giving birth.

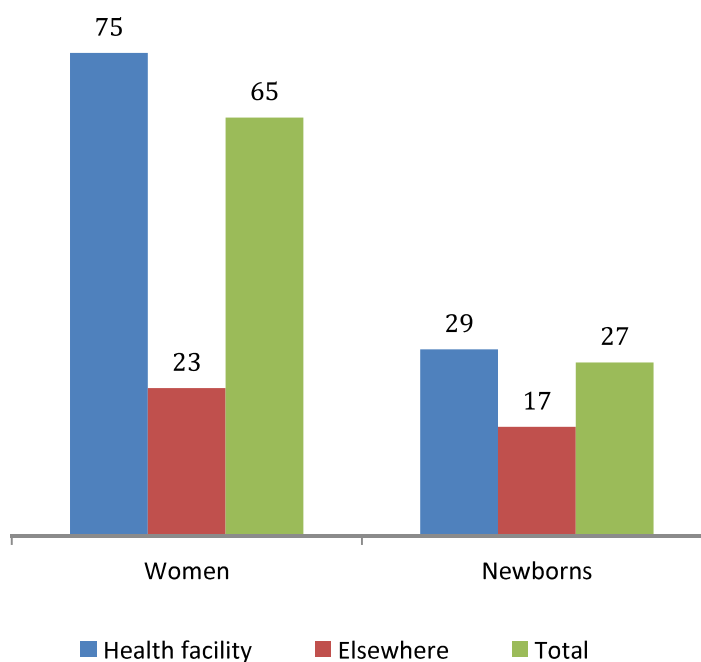
The first 48 hours of life is a critical phase in the lives of newborn babies and a period in which many neonatal deaths occur. Lack of postnatal health checks during this period can delay the identification of newborn complications and the initiation of appropriate care and treatment.

In India, as per NFHS-4 (2015-16) only 27% of newborns had a first postnatal check within the first 2 days after birth. 64% of newborns did not receive any postnatal health check.

Newborns delivered in a health facility were much more likely to receive a postnatal health check within two days of birth than those delivered elsewhere, particularly at their own home/parent's home. There is a positive relationship between the mother's level of education and a postnatal check in the first two days after birth. 31% of babies born to mothers with 12 or more years of schooling received a postnatal check within two days, compared with 22% of babies born to mothers with no schooling. 18% of newborns received a first postnatal check from a doctor, while 12% received a first postnatal check from an ANM, nurse, midwife, or LHV.

**Fig 2.8.3 : Postnatal Care by Place of Delivery**

*(Percentage of last births in the five years before the survey for which women and newborns received a postnatal check during the first two days after birth)*



Source: NFHS-4 (2015-16)

### 2.8.7 Adolescent birth rate

The adolescent fertility in India is a consequence of early marriage. The adolescent birth rate is the annual number of live births to adolescent women per 1,000 adolescent women. The adolescent birth rate is also referred to as the Age-Specific Fertility Rate for women aged 15–19 years. During the year 2016, Sample Registration system reported the Fertility Rate in the age group 15-19 years as 10.7, with rural fertility rate (12.3) in the same age group being almost double the rate in urban (6.7).

As per the NFHS-4, (2015-16), the level of teenage childbearing (Women aged 15-19 years giving birth or are pregnant with their first child) has declined from 2005-06 (16%) and 2015-16 (8%).

### **2.8.8 Birth Weight**

Birth weight is an important indicator when assessing a child's health for early exposure to childhood morbidity and mortality. Children who weigh less than 2.5 kilograms (kg) at birth are considered to have a higher-than-average risk of early childhood death.

As per the NFHS 4, (2015-16), 18% of infants had a low birth weight of less than 2.5 kg. Low birth weight decreases with an increase in the mother's schooling and household wealth status. Only 15% of births to mothers having 12 or more years of schooling have a low birth weight, compared with 20% of births to mothers having no schooling.

Similarly, 15% of births to mothers in households in the highest wealth quintile have a low birth weight, compared with 20% of births to mothers in the lowest wealth quintile households. The pattern of birth weight by background characteristics may be affected by the availability of birth weight records or the mother's recall and should be interpreted with caution.

### **2.8.9 Knowledge of mother-to-child transmission of HIV/AIDS:**

Increasing the level of general knowledge about transmission of HIV/AIDS from mother to child and reducing the risk of transmission using antiretroviral drugs are critical to reducing mother-to-child transmission (MTCT) of HIV/AIDS. As per NFHS-4 findings, 62% of women know that HIV/AIDS can be transmitted during pregnancy, 58% know that it can be transmitted during delivery, and 55% know that it can be transmitted by breastfeeding. Among men, 69% men know that HIV/AIDS can be transmitted during pregnancy, 64% know that it can be transmitted during delivery, and 56% men know that it can be transmitted by breastfeeding. Overall, 49% of both women and men know all three modes of mother-to-child transmission of HIV/AIDS.

## **2.9 Vaccination of Children**

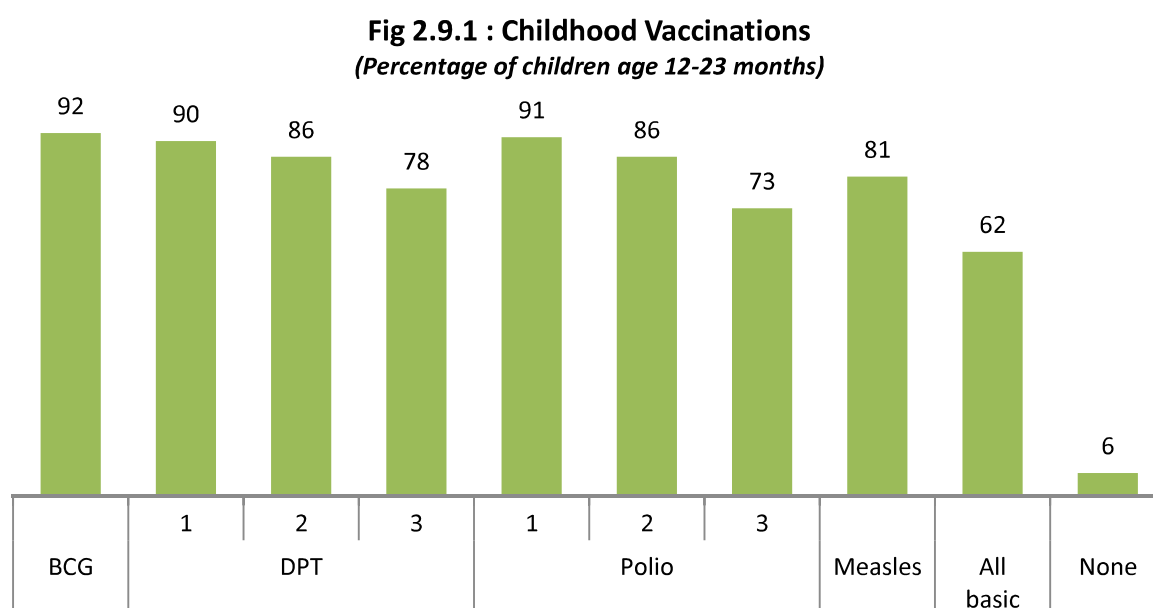
Immunizing children against vaccine preventable diseases can greatly reduce childhood morbidity and mortality. To have received all basic vaccinations, a child must receive at least:

- one dose of BCG vaccine, which protects against tuberculosis

- three doses of DPT vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus
- three doses of polio vaccine
- one dose of measles vaccine

NFHS-4(2015-16) reflects that 62% of children age 12-23 months received all basic vaccinations at any time before the survey, and 54%received all basic vaccinations by age 12 months.

Coverage was highest for the BCG vaccine (92%) and lowest for the third dose of polio vaccine (73%). Although more children received the first doses of the DPT and polio vaccines than the second or third doses, the dropout rates are higher for polio than for DPT. 90% of children age 12-23 months received the first DPT dose and 78% received the last dose. These percentages were 91% and 73% for the polio vaccine. 6% of children age 12-23months received no vaccinations. 63% of children received three doses of hepatitis B vaccine.



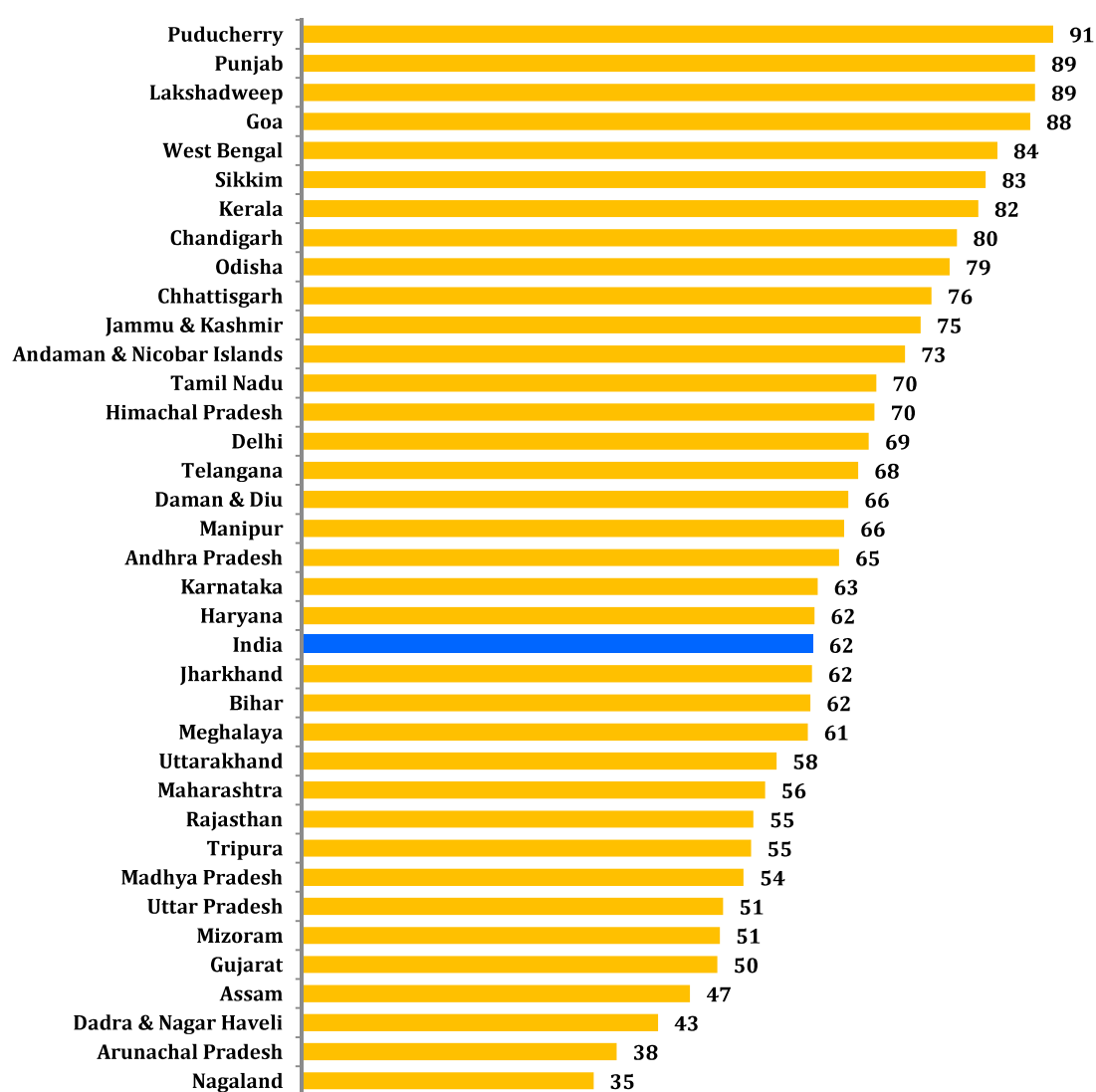
Source: NFHS-4 (2015-16)

The percentage of children age 12-23months who have received all basic vaccinations increased from 44% in 2005-06 to 62%in 2015-16. Between 2005-06 and 2015-16, this percentage increased more in rural areas (from 39% to 61%) than in urban areas (from 58% to 64%). The proportion of children who received no vaccinations remained low in both surveys (5-6%).

It has been observed in the NFHS-4 results that children age 12-23 months of first birth order are much more likely to receive all basic vaccinations than children of birth order 6 or more (67% versus 43%) and that Vaccination coverage increases with increasing mother's schooling; 70% of children age 12-23 months whose mothers have 12 or more years of schooling have received all basic vaccinations, compared with 52% of children whose mothers have no schooling.

Coverage of all basic vaccinations varies considerably by State and Union Territory. The coverage is highest in Puducherry, Punjab, Lakshadweep, and Goa (88-91%) and lowest in Nagaland (35%) and Arunachal Pradesh (38%).

**Fig 2.9.2 :Coverage with All Basic Vaccinations by State/UT**  
(Percentage of children age 12-23 months)



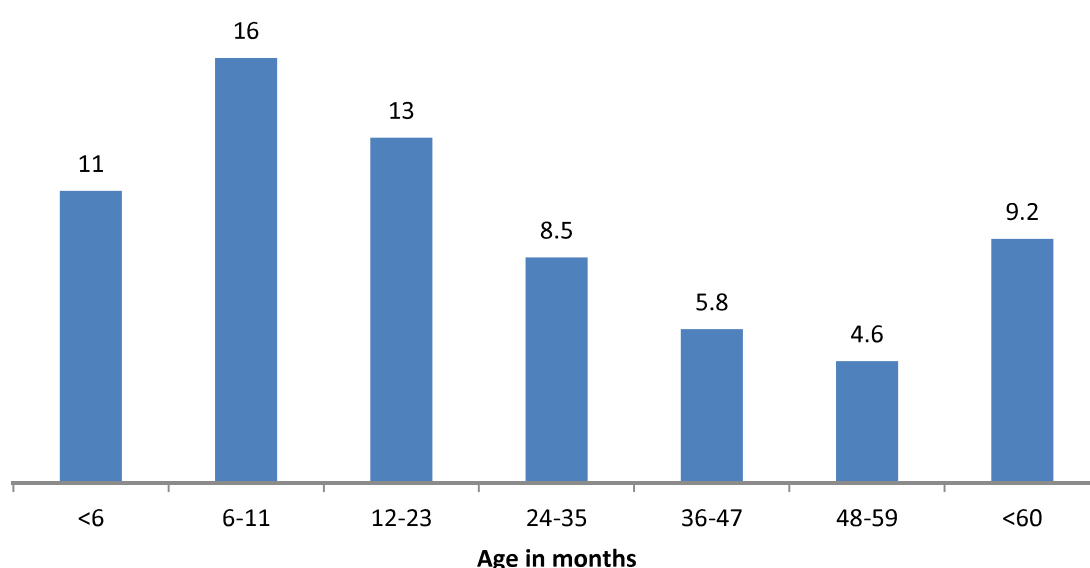
Source: NFHS-4 (2015-16)

### 2.9.1 Prevalence of Diarrhoea

Diarrhoea is the third leading cause of childhood mortality in India, and is responsible for quite a large number of deaths of children under 5 years of age. Appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease. In NFHS-4 survey, mothers reported that 9% of children under age five years had diarrhoea in the two weeks before the survey. Advice or treatment was sought for 68% of children under age five years who had diarrhoea in the two weeks before the survey. The prevalence of diarrhoea rises from 11% among children under age six months to 16% among those age 6-11 months, when complementary foods and other liquids are introduced. Prevalence remains high (13%) at age 12-23 months, which is the time when children begin to walk and are at increased risk of contamination from the environment.

Children with diarrhoea are given increased fluids or a fluid made from a special packet of Oral Rehydration Salt (ORS) or gruel. It has been observed that 60% of children with diarrhoea received some form of Oral Rehydration Therapy (ORT)—ORS packets (51%) or gruel (28%) or increased fluids (7%). While 19% of children received antibiotics, 15% were given both zinc and ORS, which can reduce the duration and severity of diarrhoea. 38% received continued feeding and ORT, as recommended. However, 18% of children with diarrhoea did not receive any treatment.

**Fig 2.9.3 : Prevalence of Diarrhoea by Age**  
(Percentage of children under age five years)



Source: NFHS-4 (2015-16)

### **2.9.2 Disposal of Children's Stools**

Proper disposal of children's faeces is important to prevent the spread of disease. NFHS data reveals that in 2015-16, only 36% of youngest children under age five years living with their mother had their last stools disposed of safely. Children's stools are more likely to be disposed of safely in households with an improved toilet facility that is not shared (59%) or a shared toilet (51%) than in households with an unimproved facility or no facility (12%). The data also reflects that children's stools are much more likely to be disposed of safely in urban households (61%) than in rural households (26%).

The proportion of children whose stools are disposed of safely varies from 13% in Odisha and 17% in Bihar to 92% in Kerala and 98% in Sikkim.

### **2.10 Conclusion**

Ensuring healthy lives and promoting the well-being for children is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child mortality. Major progress has been made on reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, more focussed efforts are needed to fully eradicate a wide range of diseases and address many other persistent and emerging health issues.

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# Chapter 3 :

# EDUCATION



## Chapter 3 : Education

Education is the most powerful tool which can lead to positive changes in different sectors like economic development, improvement in health conditions, better environment, etc. School education lays the foundation stone for the child's future. An assessment of the level of education in India is important while examining the conditions of children in India.

### 3.1 Literacy Rates

Literacy rate is one of the most important indicators of social development and is closely related to the socio economic growth of any country. Literacy rate of population is defined as 'the percentage of literates to the total population age 7 years and above'. Literacy rate in India has been growing consistently over the years and stands at 73% as per 2011 census. Female literacy rate (64.6%) is still much lower than male literacy rate (80.9%). However, the increase in literacy rate is comparatively higher in case of females in all age groups and thus, the gender gap in literacy rate is gradually decreasing over years and it has come down from 21.6% in 2001 to 16.3% in 2011. However, literacy rate among -children (considering the age-group 7-18 years) stands at 88.3% and the gender gap observed for this age group is 2.9 percentage points in 2011.

**Table 3.1.1 :Percentage of Literate by age and Sex**

Years ↓	Age Group →	7-9	10-14	15-19	All ages <sup>@</sup>	7& above
1991	Male	62.6	77.0	75.3	52.7	64.0
	Female	51.0	59.7	54.9	32.2	39.0
	Person	56.9	68.8	65.8	42.8	52.0
2001	Male	74.1	86.0	85.0	63.2	75.3
	Female	67.7	77.0	72.7	45.2	53.7
	Person	71.0	81.7	79.3	54.5	64.9
2011	Male	83.2	92.2	91.2	69.8	80.9
	Female	81.2	90.0	86.2	56.0	64.6
	Person	82.2	91.1	88.8	63.1	73.0

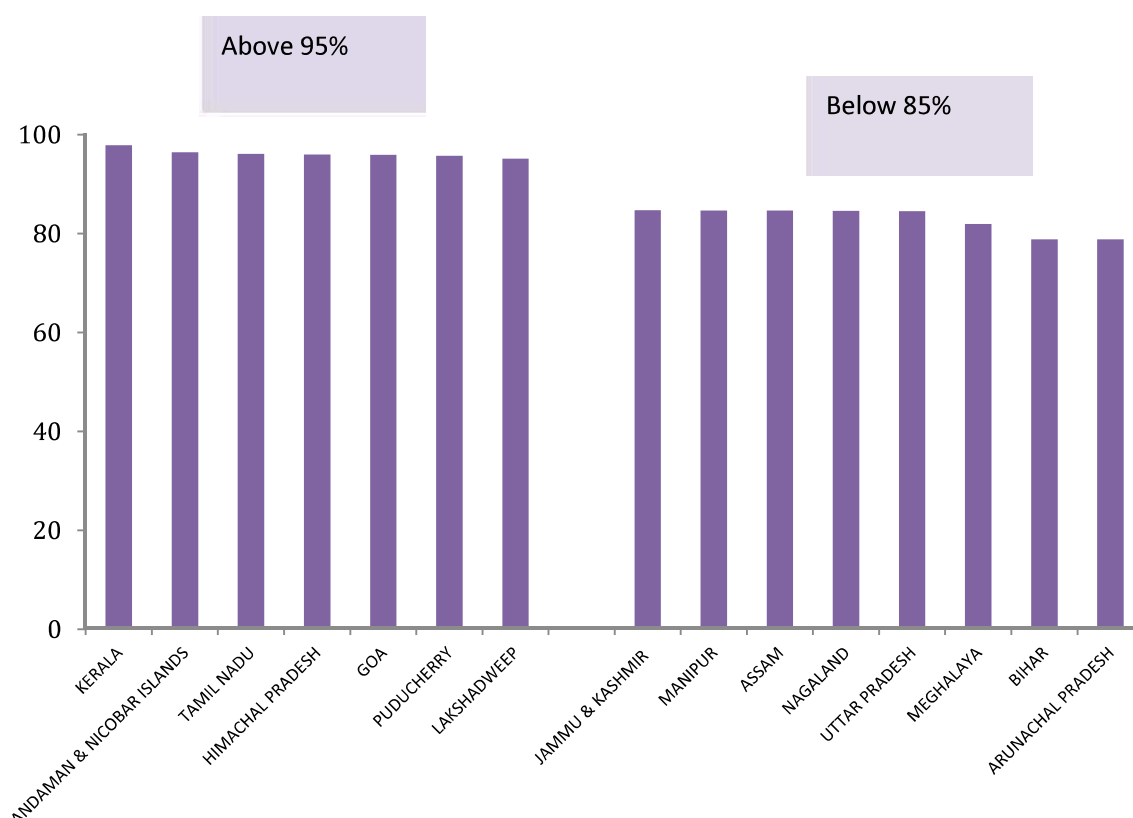
Source: Census2011

Note:

1. For 1991, figures exclude Jammu & Kashmir as the census was not held in that state.
2. For 2001, figures exclude three sub-divisions of Manipur viz. Mao Maram, Paomata and Purul of Senapati district, as census results in these three sub-division were cancelled due to technical and administrative reasons.
3. @ Based on population including 'age not stated'.

The highest recorded literacy rate among the age group 7-19 years is in Kerala (97.9%) and the lowest in Arunachal Pradesh (78.8%) as per census 2011. Many States have achieved above 95% literacy rate for population for the age group 7-19 years whereas, Arunachal Pradesh and Bihar have recorded literacy rates below 80% also.

**Fig 3.1.1 : Literacy rate among 7-19 years : high & low performing State/UTs**



Source: Census2011

### 3.2 Educational institutions

Educational institutions play an important role in development of human resources for any country. Adequate number of institutions and related infrastructure is very much essential for the well-being of students. In India, the number of recognised educational institutions has shown an overall increasing trend over the years. However, the rate of increase is comparatively high among primary and upper primary institutions, thereby implying better infrastructure availability at elementary level. A total of 12,72,212 educational institutions have been reported in India at elementary levels in 2014-15.

**Table 3.2.1 : Number of Educational Institutions by Type 2014-15**

Type	Number
Primary	847118
Upper Primary	425094
Secondary	135335
Senior Secondary	109318
<b>Total</b>	<b>1516865</b>

Source: Educational Statistics at a glance 2016

### 3.3 Pupil-Teacher Ratio (PTR)

Pupil-Teacher Ratio gives the average number of pupils (students) per teacher at a specific level of education in a given school-year. In 2014-15, in Primary level, there is one teacher for 24 students and in Upper Primary level, there is 17 students for one teacher.

**Table 3.3.1 :Pupil-Teacher Ratio (PTR) by Type of Institution 2014-15**

Type of Institution	Pupil Teacher Ratio
Primary	24
Upper Primary	17
Secondary	27
Senior Secondary	38
Higher Education#	24

#Does not include Stand Alone Institutions

Source: Educational Statistics at a glance 2016

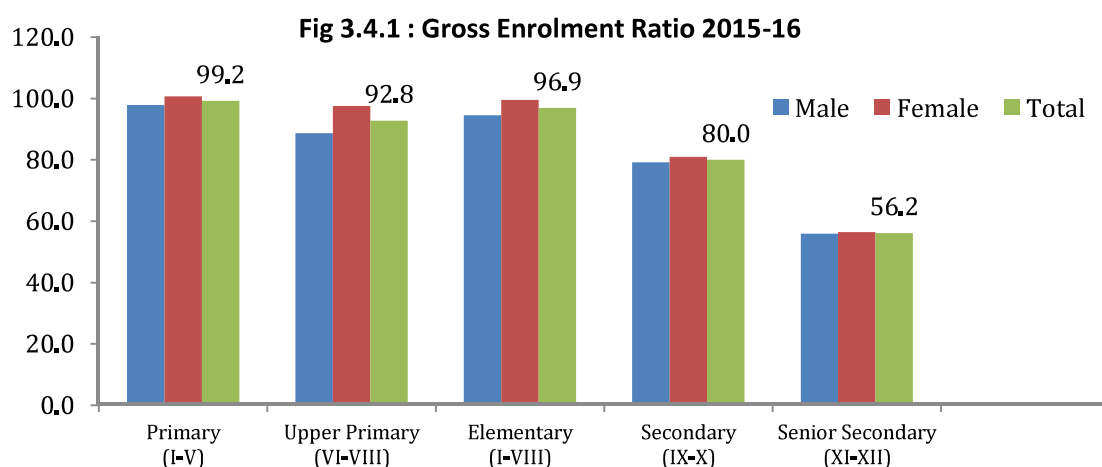
### 3.4 School Enrolment

Improvements in institutional and infrastructure facilities address many problems of access to schooling which get translated to better enrolment figures. In general, the enrolment figures show an increasing trend for all levels in India. At the primary level, 1291 Lakh students were enrolled in 2015-16. The enrolment figures for Upper primary, Secondary and Senior Secondary are 676 lakh, 391 lakh and 247 lakh respectively for 2014-15.

#### 3.4.1 Gross Enrolment Ratio (GER)

The Gross Enrolment Ratio is the number of individuals who are actually enrolled in a particular level of education per the number of children who are of the corresponding enrolment age. The 2015-16 enrolment data reveals that GER reduces with increase in level of education. The GER at Primary level is 99.2 and GER recorded at Upper

Primary, Secondary and Senior Secondary level are 92.8, 80.0 and 56.2 respectively. In Primary, Upper Primary and Secondary levels, GER for females is more than GER for males.

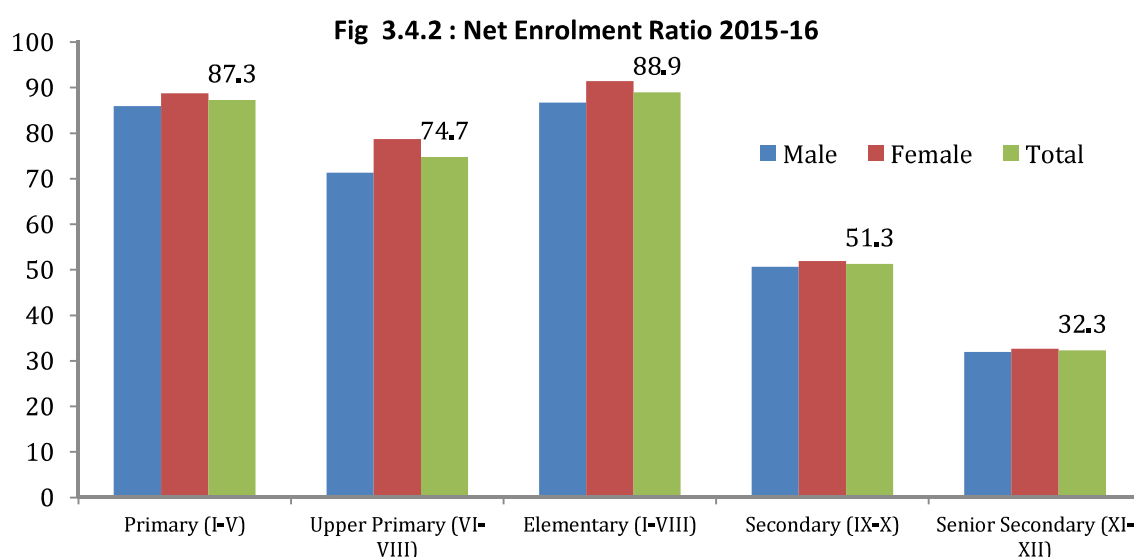


Source: School Education in India:U-DISE2015-16

a, GER at primary level is as high as 140.9 in Meghalaya whereas the observed GER at primary level in Andhra Pradesh is only 84.5.

### 3.4.2 Net Enrolment Ratio (NER)

The Net Enrolment Ratio (NER) is the total number of students in the official age group for a given level of education enrolled in that level, expressed as a percentage of the total population in that age group.



Source: School Education in India:U-DISE2015-16

Out of the States in which NER data is available, the highest value of NER during 2015-16 at elementary level was observed in West Bengal (96.86) and lowest (71.32) in Jammu & Kashmir.

### 3.4.3 Number of female enrolled per hundred male

The number of female enrolled per hundred male enrolled is increasing over the years in all levels of education, more than 90 female children were enrolled against 100 male children in all levels of education up to senior secondary during 2015-16.

**Table 3.4.2 : Number of Female per hundred Male Enrolled by Stages of Education**

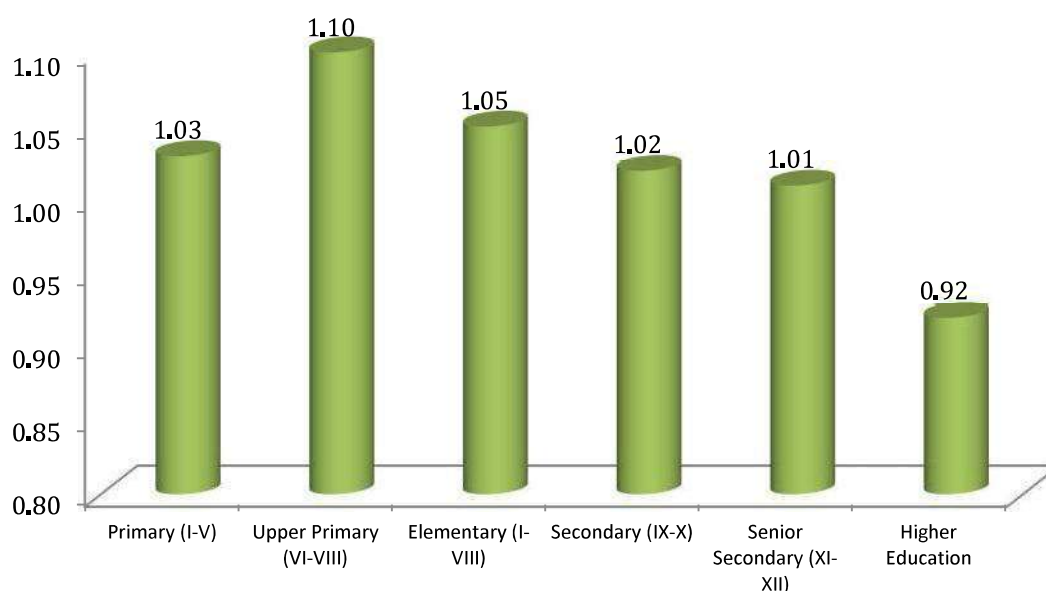
Level/ Year	Primary (I-V)	Upper Primary (VI-VIII)	Secondary ( IX-X)	Senior Secondary (XI-XII)	Higher Education
2005-06	87	81	73	72	62
2009-10	92	88	82	80	67
2015-16	93	95	91	90	86

Source: Educational Statistics at a glance 2016, School Education in India:U-DISE2015-16

### 3.4.4 Gender Parity Index (of GER)

The Gender Parity Index (GPI) is the ratio of GER of females to that of males at a particular level of education. The GPI has showed that, in the levels of Primary, Upper Primary and Secondary level, the gross enrolment has become favourable to females.

**Fig 3.4.3 : Gender Parity Index 2015-16**

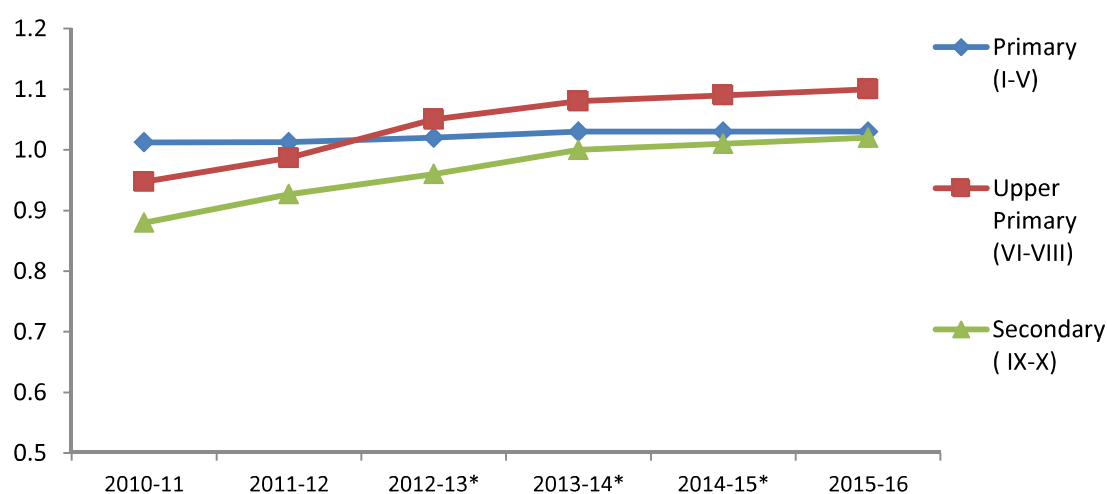


Source: School Education in India:U-DISE2015-16

During 2005-06 to 2015-16, Gender Parity Index has improved for all levels of school education. However, the improvement is more prominent in case of upper primary level. GPI has reached up to 1.03 and 1.10 in 2015-16

from 0.94 and 0.88 in 2005-06 for primary and upper primary levels respectively.

**Fig 3.4.4 : Trend in Gender Parity Index (GPI)**



Source: Educational Statistics at a glance 2016 , School Education in India:U-DISE2015-16

The highest value of GPI during 2015-16 at elementary level was 1.13 which was observed in Uttar Pradesh whereas States like Mizoram, Odisha, Sikkim and Rajasthan recorded GPI values less than 1.0.

### 3.4.5 Average Drop-out Rate

The Average Drop -out Rate presents the average of grade-specific drop-out rates in Primary Grades and is calculated by using the standard methods by considering grade-wise enrolment in previous year and the current year and grade-specific number of repeaters in the current year. The Average Annual Drop -Out rate for different levels of education is shown below.

**Table 3.4.3 : Average Annual Drop-Out Rate in School Education**

Classes/ Year	Primary			Upper Primary			Secondary		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2012-13*	4.68	4.66	4.67	2.30	4.01	3.13	14.54	14.54	14.54
2013-14*	4.53	4.14	4.34	3.09	4.49	3.77	17.93	17.79	17.86
2014-15	4.36	3.88	4.13	3.49	4.60	4.03	17.21	16.88	17.06

Source: Educational Statistics at a glance 2016 , School Education in India:U-DISE2015-16

\* Figures related to School Education are provisional.

In the recent years, the average annual drop-out rate is decreasing for both boys and girls for the primary level of school education whereas it is on rise in upper primary level. At secondary level, average annual drop-out rate decreased slightly in 2014-15 compared to 2013-14.

### 3.5 Participation in Education

Attendance ratios are taken as important indicators for providing a surrogate measure for the proportion of a population currently attending educational institutions. Gross Attendance Ratio (GAR), Net Attendance Ratio (NAR) and Age-specific Attendance Ratio (AAR) are three such principal indicators.

#### 3.5.1 Gross Attendance Ratio (GAR)

In the gross attendance ratio, for a particular level of education, the denominator consists of all persons in the official age-group for that level, whether attending or not, while the numerator consists of the persons who are studying in that particular level (including persons outside the official age-group). As per NSS 71<sup>st</sup> round (2014), for levels primary to higher secondary, GAR was 91% and 88% for rural males and females respectively, marginally lower as compared to 93% for both males and females in urban areas. It has been observed that with increase in level of education, there is a decrease in GAR. For above higher secondary level education, the GAR is as low as 9 for rural females against 12 for rural male whereas urban male and female have same GAR of 18 higher education.

**Table 3.5.1 : Gross Attendance Ratio (%) for different levels of education**

Level of education	Rural		Urban		Rural + Urban	
	Male	Female	Male	Female	Male	Female
Primary	102	100	102	102	102	101
Upper Primary	91	88	93	88	92	88
Secondary	86	84	90	94	87	87
Higher Secondary	63	58	73	75	66	63
Primary to Higher Secondary	91	88	93	93	91	89
Above Higher Secondary	12	9	18	18	14	12

Source: NSS 71st Round (2014)

### 3.5.2 Net Attendance Ratio (NAR)

For each education class-group, NAR is the ratio of the number of persons in the official age-group attending a particular class-group to the total number of persons in the age-group.

For the country as a whole, 84% of male and 83% of female children in the age-group 6-10 years, the official age-group for Classes I-V, were reported to be attending primary classes. There were no major rural-urban or male-female differences observed in 2014 in India till elementary level (primary and upper primary). At secondary and above levels, rural-urban gap widens among females compared to males.

**Table 3.5.2 :Net Attendance Ratio (%) for different levels of education**

Level of attendance	Rural		Urban		Rural + Urban	
	Male	Female	Male	Female	Male	Female
Primary	84	82	85	84	84	83
Upper Primary	64	61	67	64	64	62
Secondary	51	49	56	59	52	51
Higher Secondary	36	33	45	47	38	37
Above Higher Secondary	12	8	18	17	14	11

Source: NSS 71st Round (2014)

NAR showed a continual increase with the movement towards higher quintile class of Usual Monthly Per Capita Consumer Expenditure (UMPCE) at each level of attendance in both rural and urban India. Variation in NAR across UMPCE was wider after elementary level. These ratios varied between the lowest and the highest quintile classes from nearly 1.5 times at secondary level for both the areas.

**Table 3.5.3 :NAR for different levels of education for each quintile class of UMPCE**

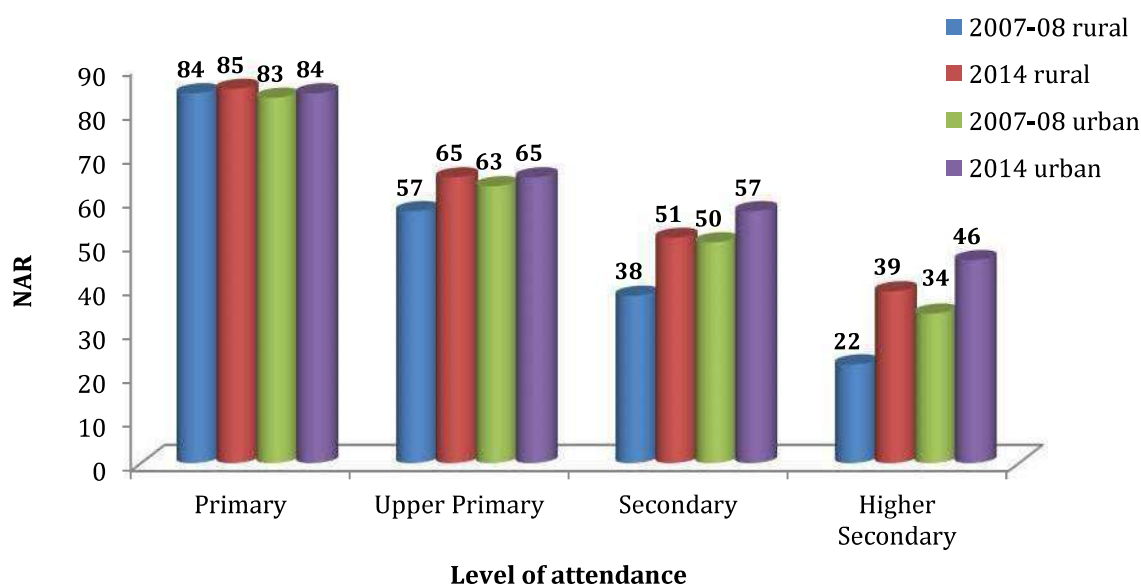
Quintile class of UMPCE	Primary	Upper Primary	Secondary	Higher Secondary	Above Higher Secondary
Rural					
1	79	55	38	18	4
2	82	61	45	26	5
3	84	65	50	31	8
4	86	66	55	42	12
5	89	67	63	53	20
All	83	63	50	34	10

Urban					
1	78	54	39	23	6
2	85	64	56	38	10
3	88	69	62	47	15
4	89	73	67	60	23
5	89	74	72	66	31
All	84	65	57	46	17

Source: NSS 71st Round (2014)

A remarkable improvement is evident in NAR 2014 over 2007-08 from secondary level onwards in both rural and urban areas. Improvement was more rapid in the higher levels of current attendance. At secondary level, NAR has been reported as 50% in 2014 in rural areas. In 2014, at primary level. The highest value of NAR (96%) was observed in Uttarakhand, Sikkim and Puducherry and the lowest was in Arunachal Pradesh (70%).

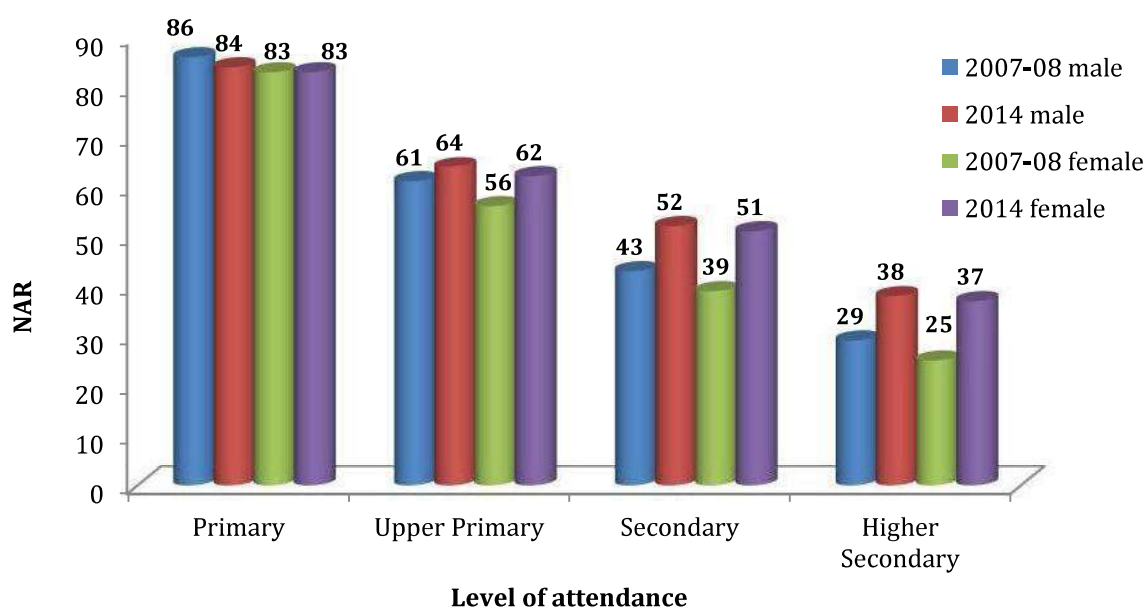
**Fig 3.5.1 : Net Attendance Ratio (%) in rural and urban areas**



Source: NSS 71st Round (2014)

It is observed that male-female gaps in NARs were narrowing over the years. Improvement in NAR was more observed for females. At secondary level, NAR became 52% (in 2014) from 43% (2007-08) for males and for females NAR has increased to 51% from 39% during this period. In general, NAR at all India level is improving in all levels of education for both males and females.

Fig 3.5.2 : Net Attendance Ratio (%) for males and females



Source: NSS 71st Round (2014)

### 3.5.3 Age-specific attendance ratio (AAR)

For each age-group AAR gives an idea of proportion of persons of a particular age-group currently attending educational institutions, irrespective of the level or class in which they are studying. The rural-urban gap in AAR is more prominent especially among the females in the higher age-groups.

Table 3.5.4 : Age Specific Attendance Ratio (%) for different age-groups

Age Group (years)	Rural		Urban		Rural + Urban		
	Male	Female	Male	Female	Male	Female	Person
6-13	90	88	92	91	90	89	90
14-17	75	72	81	83	77	75	76
18-23	32	24	40	38	35	28	32
24-29	4	2	6	3	4	2	3

Source: NSS 71st Round (2014)

### Conclusion:

Obtaining quality education is the foundation to improving people's lives and their sustainable development. Major progress has been made towards enhancing access to education at all levels and improving enrolment rates in schools particularly for girls. Basic literacy skills have

improved tremendously, yet further efforts are needed to make even greater strides for achieving universal education goals. India has achieved equality in primary education between girls and boys, but still there is much more to be achieved regarding quality and coverage at all levels of education.

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# **CHAPTER 4:**

# **CHILD PROTECTION**



## **Chapter 4: Child Protection**

Child Protection is about keeping children safe from a risk or perceived risk to their lives or childhood. It is about recognizing that children are vulnerable and hence reducing their vulnerability by protecting them from harm and harmful situations. Child protection is about ensuring that children have a security net to depend on, and if they happen to get trapped in the ill practises of the society or fall as victims of crimes the system has the responsibility to provide the child with the necessary care and rehabilitation to bring them back into the safety net and also to take adequate preventive measures.

It is the collective responsibility to protect children from abuse or neglect, prevent impairment of their health and development, and to ensure their growth in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully. Preventing and responding to violence, exploitation and abuse is essential to ensuring children's rights to survival, development and well-being. The development, care and protection of children needs to be ensured by facilitating access to learning, nutrition, institutional and legislative support for enabling them to grow and develop to their full potential into well-nurtured children with full opportunities for growth and development in a safe and protective environment.

The children form a very heterogeneous group with specific requirements for their development and growth, especially the girls, children from disadvantaged groups, marginalised communities, street children, children with disability, children hit by any kind of crime, children who committed the crime, etc., so everyone's requirement needs to be assessed and due consideration in accordance with their age, maturity and evolving capacities is required.

### **4.1 Child Labour**

Children are a valuable asset for any society. The child's natural place is at school and the playground. However many children are unfortunately denied these basic development opportunities in childhood.

Child labour is the practice of engaging children in economic activity, on part-time or full-time basis. Child labour actually makes poverty worse and also deprives children of education, resulting in poverty passing down from generation to generation.

The ill effects of child labour are many like long hours of work, malnutrition, impaired vision, deformities caused from sitting long hours in cramped over crowded work places, diseases like serious respiratory diseases, T.B., Cancer, etc. They are often forced to lead solitary lives away from their families, deprived of meaningful education and training opportunities that could prepare them for a better future.

The following are some of the situations in which children are engaged in work:

- *Agriculture- Children working long hours and under severe hardships on the fields including exposure to the hazards of working with modern machinery and chemicals.*
- *Hazardous Industries/ Occupations- Like glass making, mining, construction, carpet weaving, zari making, fireworks and others as listed under the Child Labour Act.*
- *Small industrial workshops and service establishments.*
- *On the streets- Rag pickers, porters, vendors etc.*
- *Domestic work- Largely invisible and silent and hence face higher degree of exploitation and abuse in the home of employees.*

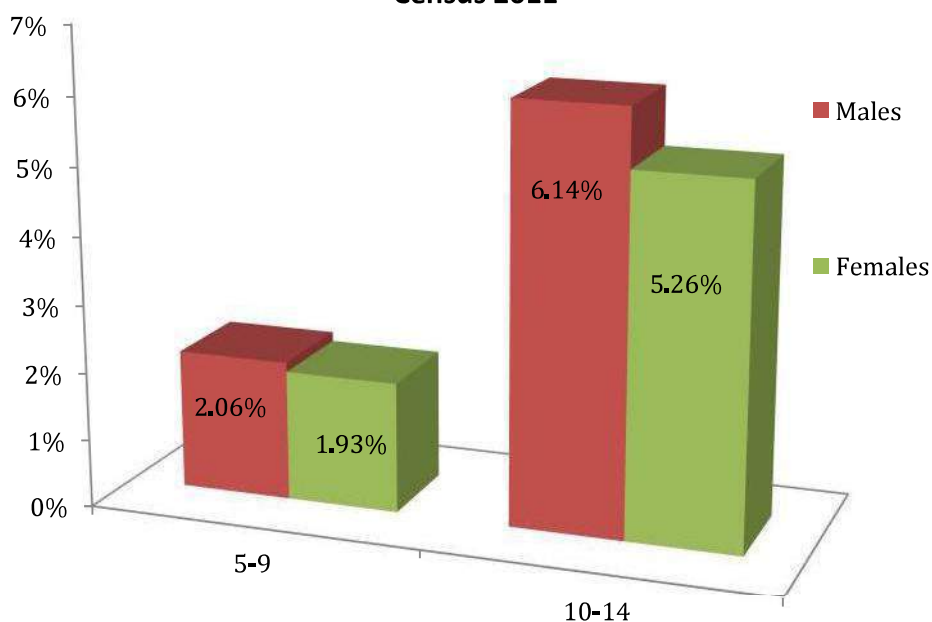
Recognizing that child labour is the outcome of multiple causes and has multiple dimensions, Government of India enacted legislation (1986) and prepared the national policy on child labour (1987) to tackle the problem with a multi-pronged approach. The important pillars of the national policy on the elimination of child labour have been as under:

- *Legislative Action Plan--Strict and effective enforcement of legal provisions relating to child labour under various laws.*
- *Convergence of government developmental programmes – Focus on converging various developmental initiatives to alleviate poverty, provide access to social security, health and education, economic and social empowerment of the child workers and their families.*

- *Project based plan of action – Implementation of National Child Labour Project Scheme (NCLPS) in the areas of high concentration of child labour.*

Census 2011 reports 1.01croreworking children (main + marginal) in the age group of 5-14 years as compared to the child population of 25.96 crore in the same age group. It further revealed that 2% of the children aged 5-9 years, and 6% of the children aged 10 -14 years are working.4.15% of the boys and 3.63% girls of age group 5-14 years are workers. In 2011, among the child workers, 75% belonged to the age group 10-14 years and 25% were from the age group 5-9 years.

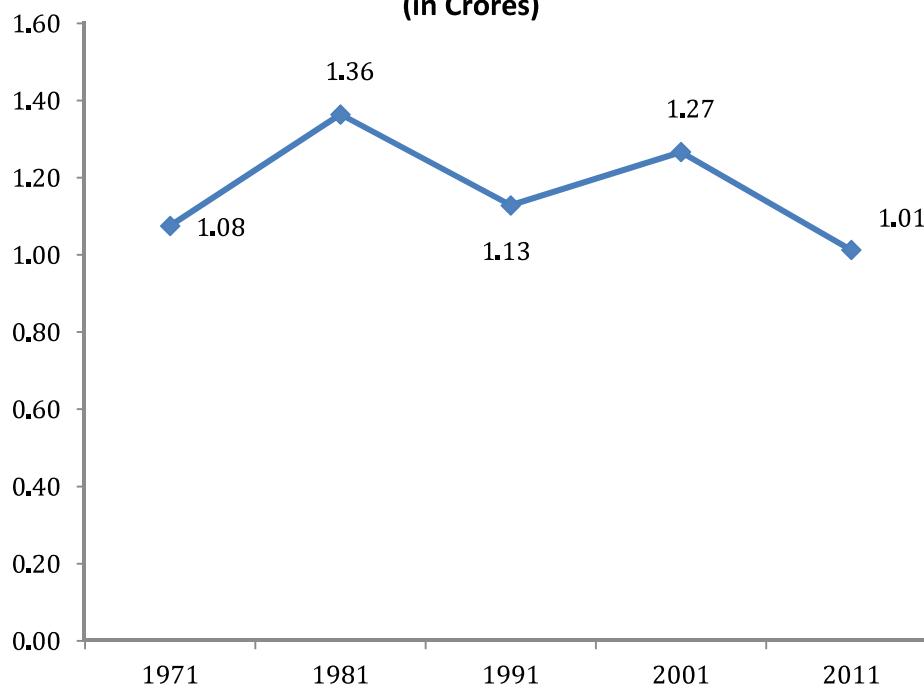
**Fig 4.1.1 : Proportion of Child workers by age group, India - Census 2011**



*Source: Census 2011*

As per Census, a fluctuating trend in the number of child workers has been observed during the last decades. The number of working children in the age group of 5-14 years was reported as 1.27crore in 2001 which was 5% of total children in the age group 5-14 years whereas in 2011, the child workers (1.01 Cr.) constitute 4% of the age group 5-14 years.

**Fig 4.1.2 : Trend in number of Child Workers  
(in Crores)**



*Source: O/o Registrar General of India*

The Census 2011 showed that, 56% of the child workers (0-14 years) are females as compared to 44% in 2001. There is a lot of variation in the proportion of children working among the States, Kerala with only 3% working children to 32% working children in Gujarat.

## **4.2 Violence/Crime against children**

Violence against children includes physical and mental abuse and injury, neglect or negligent treatment, exploitation and sexual abuse. Violence may take place in homes, schools, orphanages, residential care facilities, on the streets, in the workplace, in prisons and in places of detention. Such violence can affect the normal development of a child impairing their mental, physical and social being. Any form of abuse; physical, emotional, sexual, neglect, exploitation are potentially harmful to a child's health, survival, dignity and development.

Crimes against children include physical and emotional abuse, neglect and exploitation, such as through child pornography or sex trafficking of minors. The children are vulnerable to different kinds of crimes like kidnapping, murder, rape or assault to the modesty of girl child,

etc. The list of offences under the two broadly categorised offences under the Indian Penal Code (IPC) and the Special and Local Laws (SLL) is as given in Annexure III.

Crimes against children in India have been reportedly increasing over the years. The total number of crimes against children reported in 2016 as per NCRB is 106958, while 94172 crimes were recorded in 2015. The data suggest an upward trend with significant increase of crime rate from 21.1 in 2015 to 24.0 in 2016.

Kidnapping and Abduction of children are the highest registered category of crime against children, accounting for more than half of all crimes in 2016. Cases registered under Protection of Children from Sexual Offences Act, 2012 (POCSO) were reported as high as 34.4%. Rape is also a big category of crime against children amounting to more than 18% of all crimes against children.

**Table 4.2.1 : Incidence and Rate of Crimes committed against Children**

Crime Head	Crime Incidence			Crime Rate			Percentage Variation in Incidence	
	2014	2015	2016	2014	2015	2016	2014-2015	2015-2016
Total Crime against Children	89423	94172	106958	20.1	21.1	24.0	5.3%	13.6%

---

Crime Head	Total Cases Reported	Major States/UT during 2016		
Kidnapping & Abduction	54723	Uttar Pradesh (9657)	Maharashtra (7956)	Madhya Pradesh (6016)
Protection of Children from Sexual Offences Act, 2012	36022	Uttar Pradesh (4954)	Maharashtra (4815)	Madhya Pradesh (4717)

Source : Crime In India, 2016, NCRB

More than 50% of crimes against children have been recorded in just five States, namely Uttar Pradesh, Maharashtra, Madhya Pradesh, Delhi UT

and West Bengal. While Uttar Pradesh records the highest number of cases with 15% of recorded crimes against children, followed by Maharashtra (14%) and Madhya Pradesh (13%).

Rate of crime against children is defined as the number of crimes for every 1,00,000 population of children. States having the highest rate of crime in 2016 is given below:

**Table 4.2.2 : Incidence of crime against children**

State	Number of Cases 2016	Rate
Delhi UT	8178	146.0
A&N Island	86	61.4
Chandigarh	222	55.5
Sikkim	110	55.0
Mizoram	188	50.8
India	106958	24.0

Source :Crime In India, 2016, NCRB

A total of 96,900 cases reported under ‘crime against children’ were disposed of by police during 2016. The charge-sheeting rate under overall crimes against children (IPC & SLL) is 65.4% in 2016, which is lesser than charge-sheeting rate of 2015 (85.6%). The lowest charge sheet rate was found in cases of ‘Exposure and Abandonment’ (10.6%). Out of 22,763 cases in which trials were completed, 6,991 cases ended in conviction. Thus the conviction rate under crime against children at the national level stood at 30.7%.

The conviction rate under crime head ‘buying of minor for prostitution’ (100.0%) and Kidnapping for Ransom (60.7%) were highest during the year 2016. 98,865 male and 2,495 female persons were arrested for these crimes and 81,003 males and 2,012 females were charge-sheeted by the police and correspondingly, only 8,973 males and 145 females were convicted, 20,149 males and 472 females were acquitted during 2016.

### **4.3 Missing Children**

As per NCRB data, a total of 1,11,569 children below 18 years of age comprising 41,175 boys and 70,394 girls were reported missing by the year 2016. 41,067 boys and 22,340 girls were reported missing in the year 2016. The highest number of missing children were reported from West Bengal (16,881 children-4,595 males and 12,286 females) followed by Delhi UT (14,661 children-6,125 males and 8,536 females) and Madhya Pradesh (12,068 children-3,446 males and 8,622 females) by 2016. Out of total 1,11,569 missing children, a total of 55,944 children (20,364 males and 35,580 females) were traced in the year 2016 and 55,625 children (20,811 males and 34,814 females) were untraced at the end of the year.

### **4.4 Juveniles in Conflict with Law**

‘Juveniles in Conflict with Law’ refers to any person below age of 18 years who comes into conflict with the justice system as a result of being suspected or accused of committing crimes. Data on juveniles in conflict with law is based on police recorded First Information Report (FIR) only irrespective of final order.

The Indian Penal Code and the various protective and preventive special and local laws specifically mention the offences wherein children are victims. The Juvenile Justice (Care and Protection of Children) Act, 2015 allows for juveniles in conflict with Law in the age group of 16–18, involved in heinous offences, to be tried as adults.

In the year 2016, 35,849 cases of juveniles in conflict with the law have been registered, an increase of 7.2 per cent over the 33,433 cases of 2015. A total of 44,171 juveniles were apprehended in 35,849 cases, out of which 41,826 juveniles were apprehended under cases of IPC and 2,345 juveniles were apprehended under cases of SLL during 2016. The highest number of cases under juveniles in conflict with law were reported in Madhya Pradesh 20.6% (7,369 cases) followed by Maharashtra 18.4% (6,606 cases) and Delhi UT 7.0% (2,499 cases) during 2016. Majority of juveniles in conflict with law apprehended under IPC & SLL crimes were in the age group of 16 years to 18 years (73.8%) (32,577 out of 44,171) during 2016.

**Table 4.4.1 : Incidence of Crimes committed by Juveniles**

Crime Head	Crime Incidence			Percentage Variation in Incidence	
	2014	2015	2016	2014-2015	2015-2016
Crime Incidence (IPC+SLL)	38455	33433	35849	-13.1%	7.2%

Crime Head	Total Cases Reported	Major State/UT during 2016		
Theft	7717	Maharashtra (1673)	Tamil Nadu (667)	Uttar Pradesh (611)
Rape	1903	Madhya Pradesh (442)	Maharashtra (258)	Rajasthan (159)
Arms Act, 1959	228	Bihar (79)	Madhya Pradesh (38)	Rajasthan (19)
Juvenile Justice (Care & Protection of children) Act, 2000	224	Tamil Nadu (209)	Chhattisgarh (6)	Maharashtra (5)

Source : Crime In India, 2016, NCRB

#### 4.5 Homeless children/ orphans

NFHS-4 (2015-16) defines an orphan as a child with one or both parents who are dead. As per the NFHS- 4 (2015-16), overall, 5% of children under age 18 years are orphans. The percentage of children who are orphans rises rapidly with age, from less than 1% among children under age 2 years to 9% among children age 15-17 years. The Northeast region has the highest percentage of children who are orphans (6% or more in every State except Tripura).

The percentage of children under age 18 years who do not live with a biological parent decreased only slightly and i.e. from 4% NFHS-3 (2005-06) to 3% NFHS-4 (2015-16) . The percentage of children under age 18 years who are orphans did not change between 2005-06 and 2015-16 i.e. at (5%).

**Table 4.5.1 :Age-wise distribution of orphans**

Age in years	Percentage with one or both parents dead
<2	0.6
2-4	1.5
5-9	3.3
10-14	6.3
15-17	9.2

Source : National Health & Family Survey-IV, 2015-16

Central Adoption Resource Authority (CARA), a Statutory Body under M/o Women and Child Development has been established for the welfare of the orphan and the abandoned children which functions as a nodal body at the national level for promoting and regulating adoption of Indian children.

**Table No 4.5.2 : Year-wise number of adoptions within and outside the country**

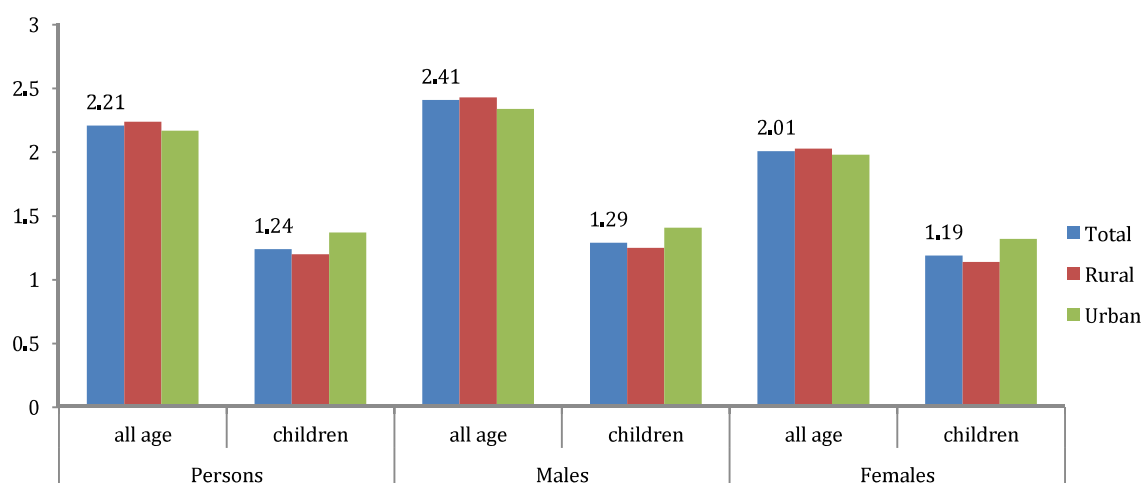
Year	In-country Adoption	Inter-country Adoption
<b>2013-2014</b>	3924	430
<b>2014-2015</b>	3988	374
<b>2015-2016</b>	3011	666
<b>2016-2017</b>	3210	578
<b>2017 - 2018</b>	2595	516

Source : CARA

#### **4.6 Children with disability (mental and physical)**

Disabled children are the most vulnerable group and they need special attention. The disability among children is a matter of serious concern as it has wider implications. The Census 2011 showed that in India, 20.42 lakhs children aged 0-6 years are disabled which constitute 1.24% of all 0-6 age group children. Thus, one in every 100 children in the age group 0-6 years suffered from some type of disability. The percentage of male disabled children to total male children is 1.29% and the corresponding figure for females is 1.19%.

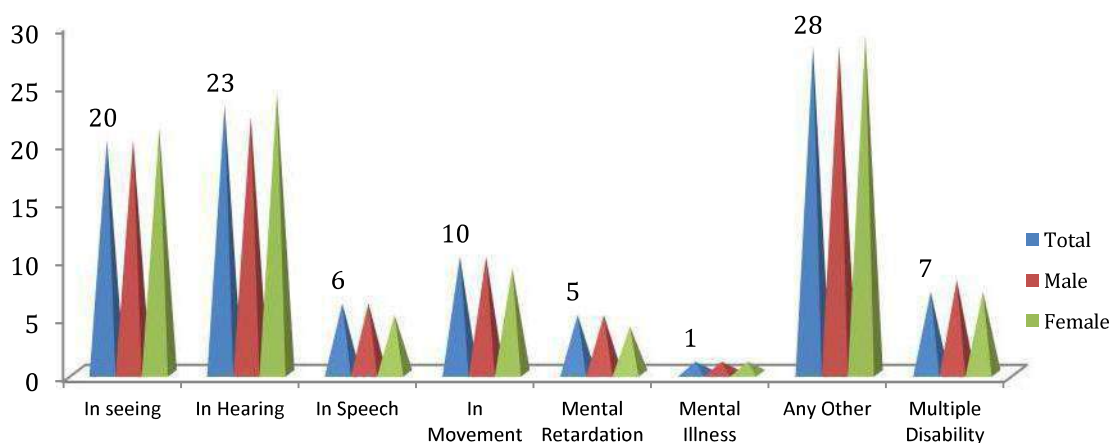
**Fig 4.6.1 : Percentage of disabled population - all ages and children (0-6 years) to the respective total population in India - Census, 2011**



Source :Census 2011

23% of the disabled children (0-6 years) are having disability in hearing, 30% in seeing and 10% in movement. 7% of the disabled children have multiple disabilities. A similar pattern is observed among male and female disabled children.

**Fig 4.6.2 : Type of disabilities (in %) among children (0-6 yrs) in India - Census, 2011**



Source :Census 2011

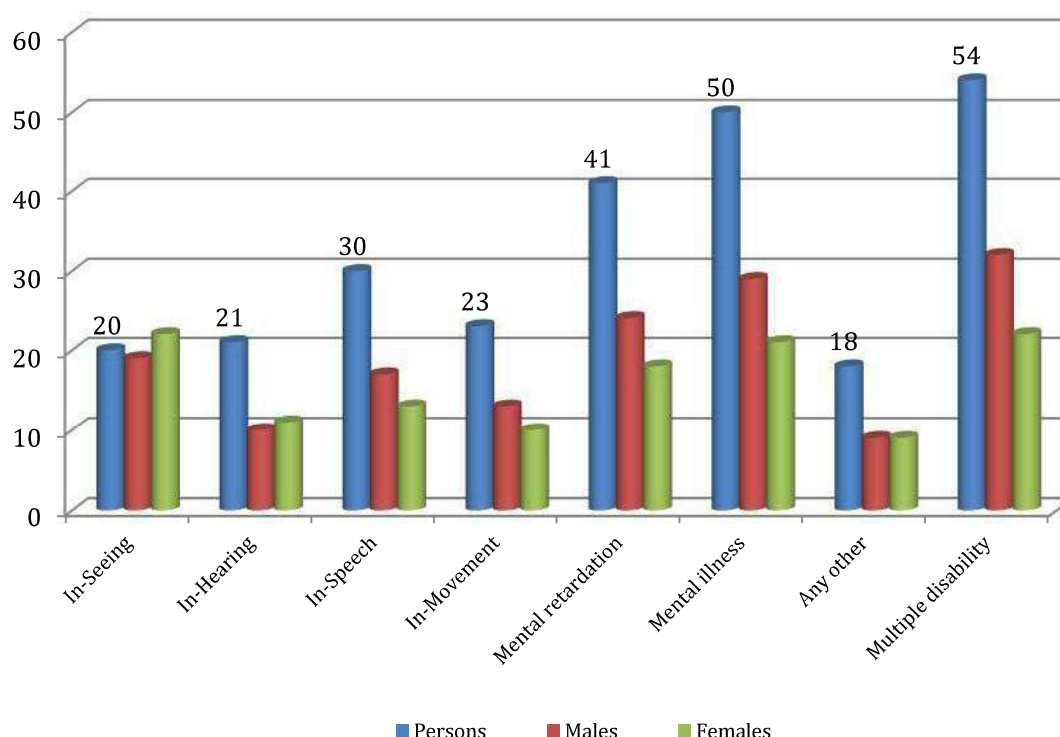
As per Census 2011, the number of disabled persons is highest in the age group 10-19 years (46.2 lakhs). Out of the total disabled in the age

group 0-19 years, 20% are having disability in hearing followed by 18% with disability in seeing. 9% has multiple disabilities.

The Census 2011 showed that, 61% of the disabled children aged 5-19 years are attending educational institutions and among the disabled children aged 5-19 years who were attending educational institutions, 57% are male children.

54% of the disabled children with multiple disabilities never attended educational institutions. Also, 50% of the children with mental illness never attended educational institution.

**Fig 4.6.3 : Disabled children (5-19 years) never attended educational institution by type of disability & sex in India - Census, 2011**



Source : Census 2011, O/o Registrar General of India

Bihar (12.48%) has the highest share of disabled children (0-6 years) in the population of disabled persons of the State followed by Meghalaya (11.41%). In Kerala, only 3.44% of the disabled persons belonged to the age group 0-6 years, which is the lowest among the State/ UTs. The State of Uttar Pradesh is home for the highest number of disabled children (0-6 years). Four States namely, Uttar Pradesh (20.31%), Bihar (14.24%),

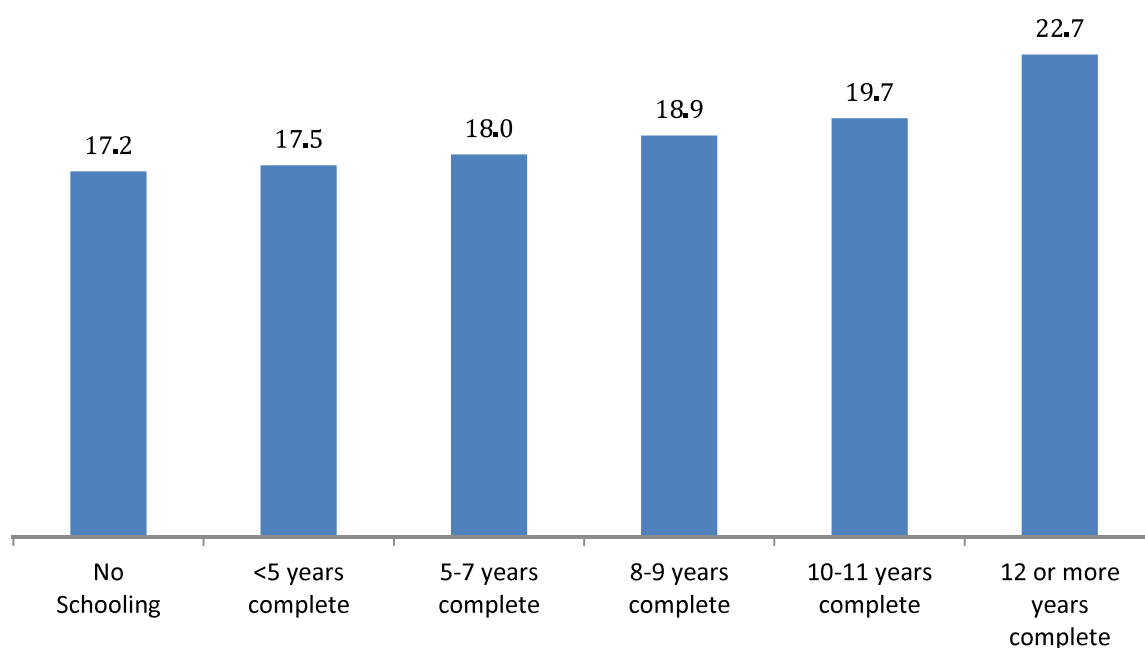
Maharashtra (10.64%), and West Bengal (6.48%) together have the burden of more than 50% of the disabled children.

#### **4.7 Child Marriage**

Marriage at a young age has far reaching consequences for both girls and boys in terms of their overall development and in making important life decisions and securing basic freedoms, including pursuing opportunities for education, earning a sustainable livelihood and accessing sexual health and rights. Child marriage has profound physical, intellectual, psychological and emotional impact on both boys and girls; it results in depriving childhood, educational opportunities, attainment of employment and curtails their productivity. For girls, it enlarges their fertility span, which almost certainly results in premature pregnancy and multiple pregnancies and is likely to lead to a lifetime of domestic and sexual subservience over which they have no control. The Prohibition of Child Marriage Act 2006 declared child marriages below the stipulated age as a cognizable offence.

Early marriage has been declining over time. As per NFHS-4 (2015-16), marriage before the legal age of 18 is 27% for women age 20-24 years, compared with 46% for women age 45-49 years. Similarly, for men, marriage before the legal age of 21 years is at 20% for men age 25-29 and at 29 % for men age 45-49 years to. The median age at first marriage for women age 20-49 years increased from 17.2 years in 2005-06 to 19.0 years in 2015-16. For men age 25-49 years, the median age at first marriage increased by almost two years between 2005-06 and 2015-16 (22.6 years and 24.5 years, respectively). The data suggests that urban women marry later than rural women. For women age 25-49 years, the median age at first marriage is 1.7 years more among urban women than rural women (19.8 years versus 18.1 years). Also, women having 12 or more years of schooling marry much later than other women. The median age at first marriage for women age 25-49 years increases from 17.2 years for women with no schooling to 22.7 years for women with 12 or more years of schooling.

**Fig 4.7.1 : Women's Median Age at First Marriage by Schooling**  
(Among women age 25-49)



Source: NFHS-4

NFHS -4 showed that, 28% of women age 18-29 years and 17 % of men age 21-29 years married before reaching the legal minimum age at marriage (18 years for women and 21 years for men). About two-fifths of women (18-29 years) married before reaching the legal minimum age at marriage in West Bengal (44%), Bihar (42%), Jharkhand (39%), and Andhra Pradesh (36%). About one-third of women (18- 29 years) in Rajasthan, Assam, Madhya Pradesh, and Tripura (33% each), as well as Dadra & Nagar Haveli (32%) and Telangana (31%) married before reaching the legal minimum age at marriage. The percentage of women (18- 29 years) married before reaching the legal minimum age of 18 years is lowest in Lakshadweep (5%), Jammu & Kashmir and Kerala (9% each), and Himachal Pradesh and Punjab (10% each). About one-fourth of men age 21-29 years in Rajasthan and Madhya Pradesh (28% each), Bihar and Jharkhand (27% each), Dadra & Nagar Haveli and Gujarat (26% each), and Arunachal Pradesh (24%) married before the minimum legal age. The lowest proportions of men (21-29 years) married below the legal age at marriage are in Kerala (2%), Chandigarh (4%), Puducherry and Goa (5% each), Himachal Pradesh (6%), and Tamil Nadu and Andaman & Nicobar Islands (7% each).

## **4.8 Conclusion**

Child Protection Systems (including Justice and Police, child and family social services, health and education and communities) provide improved quality of life and better access to services for the prevention of and response to violence, abuse and exploitation of children at all times. Parents, caregivers, and children demonstrate skills, knowledge and behaviour enabling children to grow up in caring homes and communities, including schools that are free from violence, abuse and exploitation.

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# Appendix : Data Tables

### List of Data Tables

S.No.	Table No.	Title	Page No.
1	1.1	Child Population - Census 2011	84
2	1.2	Percent Share of Child Population in Total Population of respective State/UT- Census 2011	85
3	1.3	Sex ratio of Child Population and all ages- Census 2011	86
4	1.4	Sex ratio in the Age-Group 0-6 Years by Residence : Census 2001 & 2011	87
5	1.5	Sex Ratio based on Registered Births, 2011-2015	88
6	1.6	Sex Ratio in the age-group ( 0-6 years) by Residence: 2015-16 (NFHS-4)	89
7	1.7	Level of Registration of Births, 2011-2015	90
8	1.8	Infant Mortality Rates by sex and residence, in bigger States, 2016	91
9	1.9	Neo-Natal Mortality Rates and Early Neo-Natal Mortality Rates by residence, in bigger States, 2016	92
10	1.1	Under-Five Mortality Rates (U5MR) by sex and residence, in bigger States, 2016	93
11	1.11 a	Mortality Rates (for the five-year period preceding the survey)	94
12	1.11 b	Mortality Rates (for the five-year period preceding the survey)	95
13	2.1	Percentage of mal-nutritioned children under five years of age: 2015-16	96
14	2.2	Breastfeeding status by age	97
15	2.3	Initial breastfeeding among children born in past two years : 2015-16	98
16	2.4	Median duration (months) of breastfeeding among last-born children born in the last three years	99
17	2.5	Minimum Acceptable Diet : 2015-16	100
18	2.6	Foods and liquids consumed by children in the day or night preceding the interview by breastfeeding status and age, India, 2015-16	101
19	2.7	Percentage of children age 6-59 months having anaemia(<11.0 g/dl): 2015-16	102
20	2.8	Prevalence of anaemia in children	103
21	2.9	Anaemia status by haemoglobin level: 2015-16	104
22	2.1	Presence of iodized salt in household	105
23	2.11	Micronutrient intake among children	106
24	2.12	Antenatal care by type of provider	107
25	2.13	Antenatal care indicators	108

S.No.	Table No.	Title	Page No.
26	2.14	Trends in maternal care indicators	109
27	2.15	Delivery and postnatal care	110
28	2.16	HIV/AIDS awareness indicators	111
29	2.17	Percentage of children age 12-23 months who have received all basic vaccinations : 2015-16	112
30	2.18	Percentage of children age 12-23 months who have received vaccinations : 2015-16	113
31	2.19 a	Percentage of children age 12-23 months who have received vaccinations : 2015-16	114
32	2.19 b	Percentage of children age 12-23 months who have received vaccinations : 2015-16	115
33	2.2	Prevalence of diarrhoea	116
34	2.21	Disposal of children's stools	117
35	3.1	Literacy Rate by Age and Sex - Census: 2011	118
36	3.2	Number of Recognised Educational Institutions	119
37	3.3	Level-wise Enrolment in school education (in lakh)	120
38	3.4	Gross Enrolment Ratio in different stages of education	121
39	3.5	Gross Enrolment Ratio for different stage of Education : 2015-16	122
40	3.6	Net Enrolment Ratio for different stages of Education : 2015-16	123
41	3.7	Gender Parity Index (GPI) in different stages of Education	124
42	3.8	Gender Parity Index for different stages of Education : 2015-16	125
43	3.9	Gross Attendance Ratio for different stages of education : 2014	126
44	3.1	Net Attendance Ratio for different stages of education : 2014	127
45	4.1	Proportion of Child workers by age group, India - Census 2011	128
46	4.2	Crime Against Children (IPC + SLL)	129
47	4.3	Incidence of Crime against Children under various crime Heads- 2016	130
48	4.4	Cases Registered against Juveniles (IPC+SLL)	131
49	4.5	Juveniles Apprehended under various crime head – 2016	132
50	4.6	Disabled Children (0-6 years) - Census, 2011	133

**Table 1.1: Child Population - Census 2011**

States/UTs	Total Population		Child Population					
			0-6 years		0-14 years		0-18 years	
	Male	Female	Male	Female	Males	Females	Males	Females
Andaman & Nicobar Islands	202871	177710	20770	20108	47271	45404	61135	58044
Andhra Pradesh	42442146	42138631	4714950	4427852	11205169	10585623	14632580	13729926
Arunachal Pradesh	713912	669815	107624	104564	249602	243759	315516	308093
Assam	15939443	15266133	2363485	2274645	5230649	5018250	6559738	6208885
Bihar	54278157	49821295	9887239	9246725	21697061	20024127	26248868	23548209
Chandigarh	580663	474787	63536	55898	144742	121770	192392	156388
Chhattisgarh	12832895	12712303	1859935	1801754	4152234	4031602	5248688	5086376
Dadra & Nagar Haveli	193760	149949	26431	24464	56346	51467	71317	61966
Daman and Diu	150301	92946	14144	12790	29148	25837	42462	32059
Delhi	8987326	7800615	1075440	937014	2459269	2106050	3210942	2710408
Goa	739140	719405	74460	70151	164106	154054	210661	196312
Gujarat	31491260	28948432	4115384	3661878	9282125	8163488	11846335	10367677
Haryana	13494734	11856728	1843109	1537612	4129750	3400204	5353869	4373631
Himachal Pradesh	3481873	3382729	407459	370439	934708	840677	1206577	1083940
Jammu & Kashmir	6640662	5900640	1084355	934550	2255174	1985536	2789004	2483574
Jharkhand	16930315	16057819	2767147	2622348	6101640	5789478	7565928	7034491
Karnataka	30966657	30128640	3675291	3485742	8233981	7790893	10705512	10024049
Kerala	16027412	17378649	1768244	1704711	3989641	3841333	5060037	4872718
Lakshadweep	33123	31350	3797	3458	8262	8195	10521	10520
Madhya Pradesh	37612306	35014503	5636172	5173223	12623269	11678973	15947178	14554582
Maharashtra	58243056	54131277	7035391	6291126	15780067	14137148	20396042	18092467
Manipur	1438586	1417208	194484	180873	444072	417616	563536	534843
Meghalaya	1491832	1475057	288646	279890	596904	581038	733567	713764
Mizoram	555339	541867	85561	82970	180955	175047	226257	218809
Nagaland	1024649	953853	149785	141286	351175	327857	448951	420286
Odisha	21212136	20762082	2716497	2556697	6167001	5909421	7799156	7520366
Puducherry	612511	635442	67527	65331	151966	146426	193607	185961
Punjab	14639465	13103873	1665994	1410225	3897168	3187782	5174159	4197215
Rajasthan	35550997	32997440	5639176	5010328	12548143	11177283	15845710	14048666
Sikkim	323070	287507	32761	31350	84338	81599	111851	108235
Tamil Nadu	36137975	36009055	3820276	3603556	8754861	8252642	11336945	10650138
Tripura	1874376	1799541	234008	224006	520047	497944	667426	638116
Uttar Pradesh	104480510	95331831	16185581	14605750	37589959	33718307	48064457	42864768
Uttarakhand	5137773	4948519	717199	638615	1652441	1476567	2137408	1917086
West Bengal	46809027	44467088	5410396	5171070	12638131	12099344	16511024	15609553
<b>India</b>	<b>623270258</b>	<b>587584719</b>	<b>85752254</b>	<b>78762999</b>	<b>194351375</b>	<b>178092741</b>	<b>247489356</b>	<b>224622121</b>

Source: Census of India 2011, Registrar General of India

**Table 1.2: Percent Share of Child Population in Total Population of respective State/UT- Census 2011**

States/UTs	0-6 years			0-14 years			0-18 years		
	Male	Female	Total	Males	Females	Total	Males	Females	Total
Andaman & Nicobar Islands	10.2	11.3	10.7	23.3	25.5	24.4	30.1	32.7	31.3
Andhra Pradesh	11.1	10.5	10.8	26.4	25.1	25.8	34.5	32.6	33.5
Arunachal Pradesh	15.1	15.6	15.3	35.0	36.4	35.7	44.2	46.0	45.1
Assam	14.8	14.9	14.9	32.8	32.9	32.8	41.2	40.7	40.9
Bihar	18.2	18.6	18.4	40.0	40.2	40.1	48.4	47.3	47.8
Chandigarh	10.9	11.8	11.3	24.9	25.6	25.3	33.1	32.9	33.0
Chhattisgarh	14.5	14.2	14.3	32.4	31.7	32.0	40.9	40.0	40.5
Dadra & Nagar Haveli	13.6	16.3	14.8	29.1	34.3	31.4	36.8	41.3	38.8
Daman and Diu	9.4	13.8	11.1	19.4	27.8	22.6	28.3	34.5	30.6
Delhi	12.0	12.0	12.0	27.4	27.0	27.2	35.7	34.7	35.3
Goa	10.1	9.8	9.9	22.2	21.4	21.8	28.5	27.3	27.9
Gujarat	13.1	12.6	12.9	29.5	28.2	28.9	37.6	35.8	36.8
Haryana	13.7	13.0	13.3	30.6	28.7	29.7	39.7	36.9	38.4
Himachal Pradesh	11.7	11.0	11.3	26.8	24.9	25.9	34.7	32.0	33.4
Jammu & Kashmir	16.3	15.8	16.1	34.0	33.6	33.8	42.0	42.1	42.0
Jharkhand	16.3	16.3	16.3	36.0	36.1	36.0	44.7	43.8	44.3
Karnataka	11.9	11.6	11.7	26.6	25.9	26.2	34.6	33.3	33.9
Kerala	11.0	9.8	10.4	24.9	22.1	23.4	31.6	28.0	29.7
Lakshadweep	11.5	11.0	11.3	24.9	26.1	25.5	31.8	33.6	32.6
Madhya Pradesh	15.0	14.8	14.9	33.6	33.4	33.5	42.4	41.6	42.0
Maharashtra	12.1	11.6	11.9	27.1	26.1	26.6	35.0	33.4	34.3
Manipur	13.5	12.8	13.1	30.9	29.5	30.2	39.2	37.7	38.5
Meghalaya	19.3	19.0	19.2	40.0	39.4	39.7	49.2	48.4	48.8
Mizoram	15.4	15.3	15.4	32.6	32.3	32.4	40.7	40.4	40.6
Nagaland	14.6	14.8	14.7	34.3	34.4	34.3	43.8	44.1	43.9
Odisha	12.8	12.3	12.6	29.1	28.5	28.8	36.8	36.2	36.5
Puducherry	11.0	10.3	10.6	24.8	23.0	23.9	31.6	29.3	30.4
Punjab	11.4	10.8	11.1	26.6	24.3	25.5	35.3	32.0	33.8
Rajasthan	15.9	15.2	15.5	35.3	33.9	34.6	44.6	42.6	43.6
Sikkim	10.1	10.9	10.5	26.1	28.4	27.2	34.6	37.6	36.0
Tamil Nadu	10.6	10.0	10.3	24.2	22.9	23.6	31.4	29.6	30.5
Tripura	12.5	12.4	12.5	27.7	27.7	27.7	35.6	35.5	35.5
Uttar Pradesh	15.5	15.3	15.4	36.0	35.4	35.7	46.0	45.0	45.5
Uttarakhand	14.0	12.9	13.4	32.2	29.8	31.0	41.6	38.7	40.2
West Bengal	11.6	11.6	11.6	27.0	27.2	27.1	35.3	35.1	35.2
<b>India</b>	<b>13.8</b>	<b>13.4</b>	<b>13.6</b>	<b>31.2</b>	<b>30.3</b>	<b>30.8</b>	<b>39.7</b>	<b>38.2</b>	<b>39.0</b>

Source: Census of India 2011, Registrar General of India

**Table 1.3: Sex ratio of Child Population and all ages- Census 2011**

States/UTs	0-6 years	0-14 years	0-18 years	All ages
Andaman & Nicobar Islands	968	961	949	876
Andhra Pradesh	939	945	938	993
Arunachal Pradesh	972	977	976	938
Assam	962	959	947	958
Bihar	935	923	897	918
Chandigarh	880	841	813	818
Chhattisgarh	969	971	969	991
Dadra & Nagar Haveli	926	913	869	774
Daman and Diu	904	886	755	618
Delhi	871	856	844	868
Goa	942	939	932	973
Gujarat	890	879	875	919
Haryana	834	823	817	879
Himachal Pradesh	909	899	898	972
Jammu & Kashmir	862	880	890	889
Jharkhand	948	949	930	948
Karnataka	948	946	936	973
Kerala	964	963	963	1084
Lakshadweep	911	992	1000	946
Madhya Pradesh	918	925	913	931
Maharashtra	894	896	887	929
Manipur	930	940	949	985
Meghalaya	970	973	973	989
Mizoram	970	967	967	976
Nagaland	943	934	936	931
Odisha	941	958	964	979
Puducherry	967	964	961	1037
Punjab	846	818	811	895
Rajasthan	888	891	887	928
Sikkim	957	968	968	890
Tamil Nadu	943	943	939	996
Tripura	957	957	956	960
Uttar Pradesh	902	897	892	912
Uttarakhand	890	894	897	963
West Bengal	956	957	945	950
<b>India</b>	<b>918</b>	<b>916</b>	<b>908</b>	<b>943</b>

Source: Census of India 2011, Registrar General of India

**Table 1.4: Sex ratio in the Age-Group 0-6 Years by Residence : Census 2001 & 2011**

States/UTs	Sex Ratio 2001			Sex Ratio 2011			% Change
	Rural	Urban	Total	Rural	Urban	Total	
Andaman & Nicobar Islands	966	936	957	976	954	968	1.16%
Andhra Pradesh	963	955	961	941	935	939	-2.28%
Arunachal Pradesh	960	980	964	975	957	972	0.79%
Assam	967	943	965	964	944	962	-0.27%
Bihar	944	924	942	938	912	935	-0.72%
Chandigarh	847	845	845	871	880	880	4.12%
Chhattisgarh	982	938	975	977	937	969	-0.64%
Dadra & Nagar Haveli	1003	888	979	970	872	926	-5.46%
Daman and Diu	916	943	926	932	894	904	-2.35%
Delhi	850	870	868	814	873	871	0.38%
Goa	952	924	938	945	940	942	0.44%
Gujarat	906	837	883	914	852	890	0.77%
Haryana	823	808	819	835	832	834	1.86%
Himachal Pradesh	900	844	896	912	881	909	1.47%
Jammu & Kashmir	957	873	941	865	850	862	-8.41%
Jharkhand	973	930	965	957	908	948	-1.80%
Karnataka	949	940	946	950	946	948	0.26%
Kerala	961	958	960	965	963	964	0.42%
Lakshadweep	999	900	959	911	911	911	-5.03%
Madhya Pradesh	939	907	932	923	901	918	-1.52%
Maharashtra	916	908	913	890	899	894	-2.06%
Manipur	956	961	957	931	949	936	-2.19%
Meghalaya	973	969	973	972	954	970	-0.34%
Mizoram	965	963	964	966	974	970	0.59%
Nagaland	969	939	964	933	973	943	-2.15%
Orissa	955	933	953	946	913	941	-1.24%
Puducherry	967	967	967	953	975	967	0.05%
Punjab	799	796	798	844	852	846	6.07%
Rajasthan	914	887	909	892	874	888	-2.26%
Sikkim	966	922	963	964	934	957	-0.63%
Tamil Nadu	933	955	942	936	952	943	0.13%
Tripura	968	948	966	960	947	957	-0.90%
Uttar Pradesh	921	890	916	906	885	902	-1.49%
Uttarakhand	918	872	908	899	868	890	-1.94%
West Bengal	963	948	960	959	947	956	-0.44%
<b>India</b>	<b>906</b>	<b>919</b>	<b>934</b>	<b>923</b>	<b>905</b>	<b>918</b>	<b>-1.66%</b>

Source : Census 2001, Census 2011, Registrar General of India

**Table 1.5: Sex Ratio based on Registered Births, 2011-2015**

State/UTs	2011	2012	2013	2014	2015
Andaman & Nicobar Islands	954	934	947	1031	925
Andhra Pradesh	983	985	954	955	971
Arunachal Pradesh	897	819	978	993	895
Assam	920	872	909	902	885
Bihar	N.A.	N.A.	924	868	870
Chandigarh	835	887	904	870	898
Chhattisgarh	915	895	925	934	938
Dadra & Nagar Haveli	960	954	876	890	1001
Daman & Diu	857	886	961	916	924
Delhi	893	886	895	896	898
Goa	934	929	946	947	928
Gujarat	901	902	901	886	N.A.
Haryana	833	832	840	843	851
Himachal Pradesh	918	916	906	896	903
Jammu & Kashmir	913	N.A.	923	914	912
Jharkhand	N.A.	847	885	886	879
Karnataka	983	971	943	926	893
Kerala	939	955	942	948	948
Lakshadweep	897	N.A.	969	1043	891
Madhya Pradesh	897	912	904	908	904
Maharashtra	861	894	901	911	883
Manipur	816	797	700	684	686
Meghalaya	942	947	978	968	975
Mizoram	972	968	954	963	973
Nagaland	873	873	873	860	897
Odisha	902	896	886	880	866
Puducherry	912	909	910	911	939
Punjab	852	844	876	880	891
Rajasthan	911	861	859	799	794
Sikkim	947	974	956	968	973
Tamil Nadu	905	904	853	834	818
Telangana	<i>Included in Andhra Pradesh</i>		954	961	834
Tripura	982	980	1055	882	1000
Uttar Pradesh	N.A.	930	883	881	877
Uttarakhand	869	847	843	865	862
West Bengal	924	926	913	897	919
<b>India</b>	<b>909</b>	<b>908</b>	<b>898</b>	<b>887</b>	<b>881</b>

Source: Civil Registration System 2015, Registrar General of India

Note: N.A. – Not Available

**Table 1.6: Sex Ratio in the age-group ( 0-6 years) by Residence: 2015-16 (NFHS-4)**

States	Rural	Urban	Total
Andhra Pradesh	841	967	874
Arunachal Pradesh	940	920	936
Assam	934	836	923
Bihar	939	936	939
Chhattisgarh	991	922	977
Goa	1074	821	897
Gujarat	939	806	884
Haryana	875	777	838
Himachal Pradesh	916	901	915
Jammu & Kashmir	924	895	917
Jharkhand	928	889	920
Karnataka	978	878	937
Kerala	1027	1013	1020
Madhya Pradesh	924	900	918
Maharashtra	899	943	918
Manipur	983	988	985
Meghalaya	1003	918	991
Mizoram	944	977	961
Nagaland	935	1007	955
Odisha	931	952	934
Punjab	869	827	852
Rajasthan	897	852	887
Sikkim	1002	735	907
Tamil Nadu	920	960	939
Telangana	894	923	907
Tripura	958	1082	987
Uttar Pradesh	907	888	903
Uttarakhand	948	858	918
West Bengal	963	881	939
<b>India (0-6)</b>	<b>923</b>	<b>899</b>	<b>916</b>
<b>India All ages</b>	<b>1009</b>	<b>956</b>	<b>991</b>

Source : National Family Health Survey (2015-16), M/o Health & Family Welfare

**Table 1.7: Level of Registration of Births, 2011-2015**

(in %)

State/UTs	2011	2012	2013	2014	2015
Andaman & Nicobar Islands	97.6	95.3	97.2	71.9	79.3
Andhra Pradesh	79.8	74.8	98.5	100	98.4
Arunachal Pradesh	100	100	100	100	100
Assam	85.8	87.6	97.7	100	100
Bihar	59.8	74.7	57.4	64.2	64.8
Chandigarh	100	100	100	100	100
Chhattisgarh	55.1	74.2	87.8	100	100
Dadra & Nagar Haveli	73.1	71.9	71.8	65.1	73.7
Daman & Diu	91.2	96.1	98.4	76.4	78.8
Delhi	100	100	100	100	100
Goa	92.6	100	100	86	87.1
Gujarat	100	100	100	95	98.7
Haryana	100	100	100	100	100
Himachal Pradesh	100	100	100	93.1	100
Jammu & Kashmir	69.9	69.8	71.8	75.5	76.3
Jharkhand	60.7	61.9	77.7	82	88.3
Karnataka	98.9	100	96	97.8	94.9
Kerala	100	100	100	100	98.1
Lakshadweep	76.8	75.1	60	59.5	69.6
Madhya Pradesh	86.5	87.2	84.1	82.6	77.3
Maharashtra	100	100	100	100	100
Manipur	81.2	83.1	100	100	100
Meghalaya	100	100	100	100	100
Mizoram	100	100	100	100	100
Nagaland	100	100	100	100	100
Odisha	95.6	96.4	93.9	98.5	96.1
Puducherry	100	100	100	100	100
Punjab	100	100	100	100	99.2
Rajasthan	96.7	98	98.4	98.2	98.7
Sikkim	79.3	80.3	79.9	74.1	72.2
Tamil Nadu	100	100	100	100	100
Telangana	Included in Andhra Pradesh		100	95.6	94.6
Tripura	85.9	91	91.4	81.7	93
Uttar Pradesh	64.9	57.5	68.6	68.3	67.4
Uttarakhand	77.5	79	76.6	86	100
West Bengal	100	100	92.8	92.5	92.8
<b>India</b>	<b>83.6</b>	<b>84.4</b>	<b>85.6</b>	<b>88.8</b>	<b>88.3</b>

Source: Civil Registration System 2015, Registrar General of India

**Table 1.8: Infant Mortality Rates by sex and residence, in bigger States, 2016**

States	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Andhra Pradesh	37	38	38	23	26	24	33	35	34
Assam	45	47	46	22	22	22	43	45	44
Bihar	31	47	39	26	34	29	31	46	38
Chhattisgarh	41	40	41	31	31	31	39	38	39
Delhi	23	25	24	18	16	17	18	17	18
Gujarat	39	37	38	18	19	19	31	30	30
Haryana	33	38	35	26	28	27	31	35	33
Himachal Pradesh	23	27	25	24	13	19	23	26	25
Jammu & Kashmir	24	26	25	23	23	23	24	25	24
Jharkhand	28	34	31	22	20	21	27	31	29
Karnataka	25	30	27	17	21	19	22	27	24
Kerala	10	11	10	8	11	10	9	11	10
Madhya Pradesh	53	47	50	34	31	33	49	44	47
Maharashtra	22	25	24	13	13	13	18	19	19
Odisha	45	46	46	36	31	34	44	44	44
Punjab	23	23	23	17	18	18	20	21	21
Rajasthan	42	47	45	27	33	30	39	44	41
Tamil Nadu	22	18	20	14	15	14	18	17	17
Telangana	36	33	35	24	25	24	31	30	31
Uttar Pradesh	45	47	46	29	40	34	41	45	43
Uttarakhand	39	44	41	27	32	29	36	41	38
West Bengal	25	26	25	22	23	22	24	26	25
<b>India</b>	<b>37</b>	<b>40</b>	<b>38</b>	<b>22</b>	<b>25</b>	<b>23</b>	<b>33</b>	<b>36</b>	<b>34</b>

Source: Sample Registration System 2016, Registrar General of India

**Table 1.9: Neo-Natal Mortality Rates and Early Neo-Natal Mortality Rates by residence, in bigger States, 2016**

States	Neo-Natal Mortality Rates			Early Neo-Natal Mortality Rates		
	Rural	Urban	Total	Rural	Urban	Total
Andhra Pradesh	27	11	23	21	8	18
Assam	24	13	23	19	8	18
Bihar	28	17	27	22	13	21
Chattisgarh	27	20	26	22	17	21
Delhi	16	12	12	8	9	9
Gujarat	27	13	21	20	11	16
Haryana	24	16	22	18	11	16
Himachal Pradesh	16	15	16	11	9	10
Jammu & Kashmir	19	15	18	17	11	15
Jharkhand	23	13	21	19	9	17
Karnataka	22	10	18	17	7	13
Kerala	7	4	6	5	3	4
Madhya Pradesh	35	20	32	26	16	24
Maharashtra	17	9	13	13	7	11
Odisha	33	24	32	25	17	24
Punjab	13	12	13	8	9	9
Rajasthan	31	17	28	25	14	22
Tamil nadu	16	9	12	12	6	9
Telangana	25	15	21	19	9	16
Uttar Pradesh	32	19	30	26	14	23
Uttarakhand	32	24	30	26	19	24
West Bengal	17	14	17	14	11	13
<b>India</b>	<b>27</b>	<b>14</b>	<b>24</b>	<b>21</b>	<b>11</b>	<b>18</b>

Source: Sample Registration System 2016, Registrar General of India

**Table 1.10: Under-Five Mortality Rates (U5MR) by sex and residence, in bigger States, 2016**

States	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Andhra Pradesh	42	41	41	23	30	26	36	38	37
Assam	52	60	56	22	23	23	48	57	52
Bihar	36	52	44	29	41	34	35	51	43
Chhattisgarh	53	52	53	31	32	32	49	48	49
Delhi	23	25	24	22	23	22	22	23	22
Gujarat	43	41	42	19	20	19	34	33	33
Haryana	38	46	41	26	32	29	34	42	37
Himachal Pradesh	25	30	28	28	16	22	26	29	27
Jammu & Kashmir	25	30	27	23	23	23	25	28	26
Jharkhand	32	37	35	29	24	26	31	35	33
Karnataka	30	36	33	19	22	20	26	31	29
Kerala	11	13	12	8	11	10	10	12	11
Madhya Pradesh	64	56	60	36	35	35	58	52	55
Maharashtra	25	29	27	13	15	14	20	23	21
Odisha	50	53	52	42	35	38	49	51	50
Punjab	26	25	25	21	25	23	24	25	24
Rajasthan	46	53	49	31	36	33	42	49	45
Tamil Nadu	24	22	23	14	16	15	19	19	19
Telangana	37	40	38	26	26	26	33	34	34
Uttar Pradesh	49	51	50	34	41	37	46	49	47
Uttarakhand	42	49	45	29	35	31	38	45	41
West Bengal	27	30	29	24	23	23	27	28	27
<b>India</b>	<b>42</b>	<b>46</b>	<b>43</b>	<b>24</b>	<b>27</b>	<b>25</b>	<b>37</b>	<b>41</b>	<b>39</b>

Source: Sample Registration System 2016, Registrar General of India

**Table 1.11 a: Mortality Rates (for the five-year period preceding the survey)**

States	Neonatal mortality Rate					Infant Mortality Rate				
	Rural	Urban	Male	Female	Total	Rural	Urban	Male	Female	Total
Andhra Pradesh	27.5	13.1	30.0	16.5	23.6	40.4	20.1	40.6	28.7	34.9
Arunachal Pradesh	12.5	9.1	9.6	14.1	11.8	24.0	18.6	23.0	22.7	22.8
Assam	34.8	15.9	36.9	28.6	32.9	49.9	28.3	51.5	43.7	47.7
Bihar	37.7	28.0	41.4	31.8	36.7	49.7	34.3	52.3	43.6	48.2
Chhattisgarh	43.1	38.1	46.6	37.5	42.1	56.4	44.4	57.1	50.7	54.0
Goa					(12.9)					(12.9)
Gujarat	28.4	24.5	32.0	21.1	26.8	38.8	27.3	38.4	29.4	34.2
Haryana	23.2	20.1	22.9	21.2	22.1	33.6	31.4	31.0	34.8	32.8
Himachal Pradesh			31.4	19.0	25.5			40.4	27.7	34.3
Jammu & Kashmir	21.4	28.7	24.4	21.8	23.2	31.1	36.7	35.3	29.2	32.4
Jharkhand	34.9	25.4	36.4	29.5	33.1	46.3	33.7	45.8	41.8	43.9
Karnataka	22.8	14.0	21.3	16.9	19.2	33.4	19.5	30.5	24.7	27.7
Kerala	4.4	4.4	3.7	5.1	4.4	5.4	5.8	5.7	5.4	5.6
Madhya Pradesh	38.9	31.4	41.4	32.3	37.0	53.9	43.9	55.5	46.9	51.4
Maharashtra	17.1	15.6	20.3	12.3	16.5	24.3	23.5	28.0	19.5	23.9
Manipur	17.0	12.7	17.7	13.3	15.6	24.7	15.9	24.1	19.3	21.7
Meghalaya	20.4	4.4	21.8	14.7	18.3	32.1	15.5	33.9	25.8	29.9
Mizoram	11.0	11.6	9.5	13.1	11.3	49.7	31.2	34.6	45.6	40.0
Nagaland	18.3	11.4	18.3	14.5	16.4	32.9	20.6	29.7	29.2	29.5
Odisha	30.3	17.3	27.7	29.2	28.4	43.3	20.9	40.5	39.6	40.1
Punjab	24.0	17.1	19.8	22.8	21.2	33.9	22.2	25.6	33.5	29.2
Rajasthan	32.3	20.4	31.1	28.4	29.8	44.2	30.7	42.5	40.0	41.3
Sikkim	25.5	(11.0)	26.7	(13.5)	20.8	37.7	*	32.3	(26.0)	29.5
Tamil Nadu	16.9	11.1	15.3	13.0	14.2	22.6	17.8	21.9	18.7	20.3
Telangana	30.6	12.2	23.0	20.7	21.9	38.2	20.3	29.3	30.3	29.8
Tripura	16.8	(2.3)	15.8	10.6	13.2	31.5	(11.6)	32.7	20.3	26.7
Uttar Pradesh	47.4	36.7	49.1	40.9	45.2	66.6	51.9	64.6	62.4	63.6
Uttarakhand	25.7	33.4	29.7	26.4	28.1	38.1	44.0	42.9	36.6	40.0
West Bengal	26.3	10.9	29.1	14.5	22.0	31.9	16.2	34.5	20.1	27.5
<b>India</b>	<b>33.1</b>	<b>20.1</b>	<b>32.8</b>	<b>25.8</b>	<b>29.5</b>	<b>45.5</b>	<b>28.5</b>	<b>43.3</b>	<b>37.9</b>	<b>40.7</b>

Source : National Family Health Survey (2015-16), M/o Health & Family Welfare

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death

\*Rate not shown; based on fewer than 250 unweighted person-years of exposure to the risk of death

**Table 1.11 b: Mortality Rates (for the five-year period preceding the survey)**

States	Child Mortality Rate					Under 5 Mortality Rate				
	Rural	Urban	Male	Female	Total	Rural	Urban	Male	Female	Total
Andhra Pradesh	4.7	9.4	5.7	6.5	6.1	44.9	29.3	46.1	34.9	40.8
Arunachal Pradesh	11.1	6.5	11.7	8.6	10.2	34.8	25.0	34.4	31.0	32.8
Assam	9.0	11.7	9.6	9.0	9.3	58.5	39.7	60.6	52.3	56.6
Bihar	10.9	6.3	8.3	12.7	10.4	60.1	40.4	60.2	55.8	58.1
Chhattisgarh	12.0	6.9	12.2	9.5	10.9	67.7	51.0	68.6	59.7	64.2
Goa					(0.0)					(12.9)
Gujarat	12.8	4.9	9.2	10.1	9.6	51.1	32.1	47.2	39.3	43.5
Haryana	10.7	5.2	6.1	11.6	8.6	43.9	36.5	37.0	46.0	41.1
Himachal Pradesh			3.0	4.0	3.5			43.3	31.6	37.6
Jammu & Kashmir	5.5	4.9	4.6	6.2	5.4	36.4	41.4	39.8	35.3	37.6
Jharkhand	12.7	4.6	9.3	13.0	11.1	58.4	38.2	54.7	54.3	54.5
Karnataka	4.8	4.4	3.5	5.9	4.6	38.0	23.8	33.9	30.5	32.2
Kerala	0.6	2.4	2.1	0.9	1.5	6.0	8.1	7.8	6.3	7.1
Madhya Pradesh	16.1	8.8	14.0	14.4	14.2	69.2	52.3	68.8	60.6	64.9
Maharashtra	6.1	4.1	7.2	3.1	5.3	30.3	27.5	35.0	22.5	29.1
Manipur	5.3	2.4	5.3	3.2	4.3	29.9	18.2	29.3	22.4	25.9
Meghalaya	11.0	4.5	11.5	8.6	10.1	42.7	20.0	45.0	34.2	39.7
Mizoram	8.9	3.6	5.6	6.6	6.1	58.1	34.7	40.0	51.9	45.9
Nagaland	9.6	4.4	9.2	6.9	8.1	42.1	24.9	38.6	35.9	37.3
Odisha	9.7	4.5	9.3	8.5	8.9	52.6	25.2	49.4	47.8	48.6
Punjab	5.3	2.3	4.7	3.4	4.1	39.0	24.5	30.1	36.8	33.2
Rajasthan	10.7	6.2	8.4	11.3	9.7	54.4	36.7	50.6	50.8	50.7
Sikkim	1.6	(5.3)	1.3	(4.4)	2.8	39.2	*	3.5	(0.3)	32.2
Tamil Nadu	7.7	5.7	8.1	5.2	6.7	30.2	23.4	29.8	23.8	26.9
Telangana	3.2	4.6	4.2	3.6	3.9	41.3	24.9	33.5	33.8	33.6
Tripura	5.0	(9.8)	2.1	10.6	6.1	36.4	(21.3)	34.7	30.7	32.6
Uttar Pradesh	16.8	10.7	12.1	19.3	15.5	82.3	62.0	75.9	80.4	78.1
Uttarakhand	8.1	5.1	4.0	10.5	7.1	45.9	48.8	46.8	46.7	46.7
West Bengal	6.1	0.2	4.1	4.7	4.4	37.8	16.4	38.5	24.7	31.8
<b>India</b>	<b>10.7</b>	<b>6.0</b>	<b>8.5</b>	<b>10.4</b>	<b>9.4</b>	<b>55.8</b>	<b>34.4</b>	<b>51.5</b>	<b>47.8</b>	<b>49.7</b>

Source : National Family Health Survey (2015-16), M/o Health & Family Welfare

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death

\*Rate not shown; based on fewer than 250 unweighted person-years of exposure to the risk of death

**Table 2.1: Percentage of mal-nutritioned children under five years of age: 2015-16**

States	Stunted			Wasted			Underweight		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Andhra Pradesh	32.5	28.3	31.4	17.8	15.5	17.2	33.1	28.4	31.9
Arunachal Pradesh	30.7	24.0	29.4	18.8	11.4	17.3	20.9	13.8	19.5
Assam	38.0	22.3	36.4	17.5	13.2	17.0	30.8	21.4	29.8
Bihar	49.3	39.8	48.3	20.8	21.3	20.8	44.6	37.5	43.9
Chhattisgarh	39.2	31.6	37.6	23.7	20.6	23.1	39.6	30.2	37.7
Goa	23.2	18.3	20.1	11.5	27.7	21.9	21.2	25.3	23.8
Gujarat	42.9	31.7	38.5	28.5	23.4	26.4	44.2	32.0	39.3
Haryana	34.3	33.4	34.0	21.3	21.0	21.2	29.9	28.5	29.4
Himachal Pradesh	26.7	21.4	26.3	13.3	19.1	13.7	21.6	17.1	21.2
Jammu & Kashmir	28.8	23.0	27.4	11.0	16.1	12.1	16.5	17.0	16.6
Jharkhand	48.0	33.7	45.3	29.5	26.8	29.0	49.8	39.3	47.8
Karnataka	38.5	32.6	36.2	26.9	24.8	26.1	37.7	31.5	35.2
Kerala	19.5	19.8	19.7	15.5	16.0	15.7	16.7	15.5	16.1
Madhya Pradesh	43.6	37.5	42.0	27.1	22.0	25.8	45.0	36.5	42.8
Maharashtra	38.4	29.3	34.4	26.1	24.9	25.6	40.0	30.7	36.0
Manipur	31.4	24.1	28.9	7.1	6.4	6.8	14.2	13.1	13.8
Meghalaya	45.0	36.5	43.8	15.5	13.7	15.3	29.9	22.9	29.0
Mizoram	33.8	22.7	28.0	7.8	4.5	6.1	15.7	8.5	11.9
Nagaland	30.9	22.5	28.6	11.7	10.1	11.2	18.0	13.6	16.8
Odisha	35.3	27.2	34.1	20.9	17.0	20.4	35.8	26.2	34.4
Punjab	24.5	27.6	25.7	16.1	15.0	15.6	21.1	22.4	21.6
Rajasthan	40.8	33.0	39.1	23.4	21.6	23.0	38.4	30.7	36.7
Sikkim	32.9	22.9	29.6	14.7	13.2	14.2	15.4	12.0	14.2
Tamil Nadu	28.6	25.5	27.1	20.3	19.0	19.7	25.7	21.5	23.8
Telangana	33.3	20.9	28.1	20.4	14.6	18.0	33.1	22.2	28.5
Tripura	26.8	17.2	24.3	18.0	13.4	16.8	25.0	21.7	24.1
Uttar Pradesh	48.5	37.9	46.3	17.9	18.0	17.9	41.0	33.7	39.5
Uttarakhand	34.0	32.5	33.5	19.9	18.6	19.5	27.1	25.6	26.6
West Bengal	34.0	28.5	32.5	21.6	16.7	20.3	33.6	26.2	31.6
<b>Total</b>	<b>41.2</b>	<b>31.0</b>	<b>38.4</b>	<b>21.5</b>	<b>20.0</b>	<b>21.0</b>	<b>38.3</b>	<b>29.1</b>	<b>35.7</b>

Source: NFHS-4 (2015-16)

Note : Level of malnutrition is below -2 standard deviations

Table 2.2: Breastfeeding status by age

(In %)

Age in months	Not breastfeeding	Exclusively breastfed	Breastfeeding and consuming:			
			Plain water only	Non-milk liquids/juice	Other milk	Complementary foods
<2	3.8	72.5	9.6	0.6	5.9	7.7
2-3	4.6	58.4	17.2	1.1	10.6	8.1
4-5	4.9	41.5	23.9	1.6	14.0	14.1
6-8	6.2	17	20	2.4	12.2	42.2
9-11	8.6	7.2	12.0	2.0	7.9	62.3
12-17	15.1	4.2	5	1.6	4.4	69.8
18-23	26.2	2.3	2.4	0.9	2.7	65.6
<4	4.3	64	14.2	0.9	8.7	7.9
<6	4.5	55.0	18.1	1.2	10.8	10.4
6-9	6.7	15	18.7	2.3	11.7	45.7
12-23	20.5	3.3	3.7	1.2	3.5	67.8

Source: NFHS-4 (2015-16)

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semisolids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

Children who receive breastmilk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water.

**Table 2.3: Initial breastfeeding among children born in past two years : 2015-16**

States/UTs	Percentage ever breastfed	Among last-born children born in the past two years who were ever breastfed:		
		Percentage who started breastfeeding within one hour of birth *	Percentage who started breastfeeding within one day of birth #	Percentage who received a prelacteal feed \$
Andaman & Nicobar Islands	96.9	43.4	83.8	13.2
Andhra Pradesh	96.4	39.2	79.0	23.4
Arunachal Pradesh	92.0	61.0	82.9	19.0
Assam	94.0	65.4	91.5	6.0
Bihar	94.4	35.3	80.9	24.7
Chandigarh	95.9	35.1	75.0	26.1
Chhattisgarh	97.1	47.4	90.3	9.4
Dadra & Nagar Haveli	95.3	46.0	81.5	5.7
Daman & Diu	96.6	53.8	84.8	11.5
Delhi	94.0	29.9	82.0	17.1
Goa	96.8	75.4	93.1	8.8
Gujarat	95.6	49.7	81.0	18.6
Haryana	95.1	42.3	82.1	31.2
Himachal Pradesh	93.7	40.6	80.7	20.4
Jammu & Kashmir	93.0	47.1	84.7	16.8
Jharkhand	96.7	33.0	83.4	19.3
Karnataka	89.2	57.6	82.1	8.7
Kerala	98.5	63.3	95.1	9.0
Lakshadweep	97.8	61.3	91.0	8.5
Madhya Pradesh	95.1	34.6	84.0	12.4
Maharashtra	96.3	57.0	86.5	13.1
Manipur	97.0	65.6	90.4	22.6
Meghalaya	96.7	60.8	92.5	15.5
Mizoram	95.4	73.4	91.9	16.3
Nagaland	95.5	52.9	85.9	30.7
Odisha	97.2	68.9	94.2	5.9
Puducherry	95.5	64.6	90.9	5.7
Punjab	94.5	29.9	74.9	32.1
Rajasthan	96.1	28.4	85.0	16.8
Sikkim	97.0	69.7	94.6	5.0
Tamil Nadu	94.5	55.4	88.1	13.5
Telangana	97.0	35.8	74.2	26.2
Tripura	97.7	46.2	90.2	2.9
Uttar Pradesh	93.8	25.4	67.5	41.5
Uttarakhand	94.1	28.8	72.2	39.1
West Bengal	96.8	47.7	88.7	11.0
<b>India</b>	<b>95.0</b>	<b>41.5</b>	<b>81.4</b>	<b>21.1</b>
Urban	94.9	42.9	80.2	22.3
Rural	95.1	40.9	81.9	20.6
Male	94.7	41.5	81.1	21.1
Female	95.4	41.5	81.8	21.0

Source: NFHS-4 (2015-16)

Note: \*Includes children who started breastfeeding immediately after birth

# Includes children who started breastfeeding within one hour of birth

\$ Children given something other than breastmilk during the first three days of life

**Table 2.4: Median duration (months) of breastfeeding among last-born children born in the last three years \***

States/UTs	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding #
Andaman & Nicobar Islands	28.8	4.2	5.0
Andhra Pradesh	22.9	4.4	6
Arunachal Pradesh	31.1	3.7	5.3
Assam	≥36.0	4.3	6.2
Bihar	≥36.0	2.7	6.7
Chandigarh	33.2	0.7	4.3
Chhattisgarh	≥36.0	5.3	6.6
Dadra & Nagar Haveli	16.3	4.6	7.2
Daman & Diu	18.2	0.7	0.7
Delhi	26.2	2.3	6
Goa	26.0	0.7	5.0
Gujarat	23.6	2.9	6.5
Haryana	31.5	2.4	6.0
Himachal Pradesh	22.1	4.1	5.1
Jammu & Kashmir	28.9	4.5	5.6
Jharkhand	≥36.0	4.0	6.6
Karnataka	20.9	2.8	5.5
Kerala	28.7	2.9	5
Lakshadweep	23.2	4.0	6.0
Madhya Pradesh	29.7	3.3	6.8
Maharashtra	25.4	3.2	5.6
Manipur	≥36.0	4.5	5.1
Meghalaya	29.3	0.9	4.4
Mizoram	25.8	3.9	5.2
Nagaland	18.5	1.6	4.5
Odisha	≥36.0	4.0	5.6
Puducherry	19.9	0.6	4.8
Punjab	25.3	2.6	5.5
Rajasthan	26.5	3.2	7.0
Sikkim	32.0	3.1	4.9
Tamil Nadu	17.4	2.2	3.9
Telangana	25.7	4.2	5.8
Tripura	≥36.0	7.1	7.9
Uttar Pradesh	30.1	1.6	5.2
Uttarakhand	31.0	2.4	4.7
West Bengal	≥36.0	2.6	4.7
<b>India</b>	<b>29.6</b>	<b>2.9</b>	<b>5.8</b>

Source: NFHS-4 (2015-16)

Note: \* Median durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding

# Either exclusively breastfed or received breastmilk and plain water, and/or non-milk liquids only

**Table 2.5: Minimum Acceptable Diet : 2015-16**

Background characteristic	Among breastfed children 6-23 months, percentage fed:			Among Non-breastfed children 6-23 months, percentage fed:				Among all children 6-23 months, percentage fed:			
	Minimum dietary diversity <sup>1</sup>	Minimum meal frequency <sup>2</sup>	Minimum acceptable diet <sup>3</sup>	Milk or milk products <sup>4</sup>	Minimum dietary diversity <sup>1</sup>	Minimum meal frequency <sup>5</sup>	Minimum acceptable diet <sup>6</sup>	Breastmilk, milk, or milk products <sup>7</sup>	Minimum dietary diversity <sup>1</sup>	Minimum meal frequency <sup>8</sup>	Minimum acceptable diet <sup>9</sup>
<b>Age (months)</b>											
6-8	6.6	34.1	4.9	49.8	10.6	44	2.5	96.9	6.8	34.7	4.8
9-11	13.5	22.5	5.5	61.2	23.1	56.5	7.9	96.7	14.3	25.4	5.7
12-17	23.6	30.8	9.4	64.6	33.2	63.1	14.3	94.7	25	35.7	10.1
18-23	29.3	35.2	12.6	62.9	38.8	63.0	17.1	90.3	31.8	42.5	13.8
<b>Total</b>	<b>19.8</b>	<b>31.2</b>	<b>8.7</b>	<b>62.4</b>	<b>33.6</b>	<b>61.1</b>	<b>14.3</b>	<b>94</b>	<b>22</b>	<b>35.9</b>	<b>9.6</b>
Male	19.5	31.7	8.8	64.6	33.9	62.8	14.7	94.5	21.7	36.5	9.7
Female	20.2	30.6	8.5	60.0	33.3	59.3	13.9	93.5	22.3	35.3	9.4
Urban	24.5	32.5	10.1	66.2	38.8	64.5	16.9	92.7	27.6	39.4	11.6
Rural	18.1	30.7	8.2	59.9	30.3	58.9	12.7	94.6	19.8	34.5	8.8

Source: NFHS-4 (2015-16)

Note :

1 Children receive foods from four or more of the following food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains or roots, including porridge or gruel, fortified baby food; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, shellfish, or organ meats; g. beans, peas, lentils, or nuts; h. foods made with oil, fat, ghee, or butter from

2 For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months

3 Breastfed children age 6-23 months are considered to be fed a minimum acceptable diet if they are fed the minimum dietary diversity as described in footnote 1 and the minimum meal frequency as defined in footnote 2

4 Includes two or more feedings of commercial infant formula, fresh, tinned and powdered animal milk, and yogurt

5 For nonbreastfed children age 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day

6 Nonbreastfed children age 6-23 months are considered to be fed a minimum acceptable diet if they receive other milk or milk products at least twice a day, receive the minimum meal frequency as described in footnote 5, and receive solid or semi-solid foods from at least four food groups not including the milk or milk products food group

7 Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt

8 Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 5

9 Children age 6-23 months are considered to be fed a minimum acceptable diet if they receive breastmilk, other milk or milk products as described in footnote 7, are fed the minimum dietary diversity as described in footnote 1, and are fed the minimum meal frequency as described in footnotes 2 and 5

**Table 2.6: Foods and liquids consumed by children in the day or night preceding the interview by breastfeeding status and age, India, 2015-16**

Age (months)	Liquids			Solid or semi-solid foods								
	Infant formula	Other milk *	Other liquids #	Fortified baby foods	Food made from grains \$	Fruits and vegetables rich in vitamin A @	Other fruits and vegetables	Food made from roots	Food made from beans, peas, lentils,	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any solid or semi solid food
<b>BREASTFEEDING CHILDREN</b>												
<2	2.3	8.3	5.3	1.8	6.3	4.9	3.1	2.6	1.7	2.8	1.9	8.0
2-3	2.9	13.3	5.4	2.4	6.3	4.9	3.2	2.4	1.8	2.4	2.3	8.6
4-5	4.5	17.7	8.0	4.3	9.8	6.3	4.1	3.3	1.9	2.9	3.1	15.1
6-8	7.8	27.4	19.1	13.9	32.5	14.5	9.3	7.3	4.7	5.6	7.2	45.5
9-11	9.6	34.7	28.3	17.0	56.3	28.3	16.7	15.0	9.4	10.5	12.1	68.7
12-17	10.6	39.5	36.1	15.3	71.6	44.8	26.4	24.3	14.4	19	17.3	83.1
18-23	9.8	40.8	38.3	14.4	79.0	54.2	31.5	29.4	18.5	23.9	20.4	89.4
6-23	9.6	36.5	31.8	15.1	62.8	38.2	22.5	20.6	12.6	16.1	15.1	74.5
Total	8.0	30.7	25.3	12.0	48.7	29.8	17.7	16.0	9.9	12.6	11.9	58.2
<b>NON-BREASTFEEDING CHILDREN</b>												
<2	9.1	23.1	11.5	5.3	8.8	9.5	6.9	2.9	5	8.8	9	16.5
2-3	6.7	36.0	9.9	5.3	9.8	7.6	4.2	3.5	2.8	3.6	3.8	14.8
4-5	13.8	44	19	8.2	11.6	9.6	5.4	5.6	3.6	4.5	6	23.2
6-8	12.9	50.7	30.0	20.3	32.2	21.6	12.2	8.2	4.6	8.3	9.0	50.4
9-11	18.1	59.9	34.2	22.7	56.1	37.8	24.1	22.5	11.2	16.5	15.4	69.7
12-17	16.9	62.1	44.7	21.2	70.6	51.1	33.6	26.9	17.8	25.4	26.8	84.5
18-23	14.9	62.7	47.3	20.2	79.3	56.8	39.4	32.6	22.1	29.7	30	90.4
6-23	15.7	61.4	44.0	20.7	71.1	50.7	34.2	28.1	18.5	25.6	26.2	83.8
Total	15.3	59.4	41.7	19.6	66.2	47.4	31.9	26.2	17.3	24	24.6	78.6

Source: NFHS-4 (2015-16)

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night).

\* Other milk includes tinned, powdered, and fresh animal milk

# Does not include plain water

\$ Includes fortified baby food

@ Includes pumpkin, carrots, squash, sweet potatoes that are yellow or orange inside, dark green leafy vegetables, ripe mangoes, papayas, cantaloupe, or jackfruit

**Table 2.7: Percentage of children age 6-59 months having anaemia(<11.0 g/dl): 2015-16**

States	Rural	Urban	Total	Male	Female	NFHS-3 (2005-06) Total
Andhra Pradesh	60.8	52.4	58.6	56.7	60.7	-
Arunachal Pradesh	51.0	49.7	50.7	50.2	51.2	56.9
Assam	36.5	27.6	35.7	35.9	35.4	69.4
Bihar	64.0	58.8	63.5	62.0	65.0	78.0
Chhattisgarh	41.2	42.9	41.6	41.6	41.5	71.2
Goa	41.2	52.2	48.3	49.4	47.2	38.2
Gujarat	64.6	59.5	62.6	64.1	60.8	69.7
Haryana	72.9	69.6	71.7	70.4	73.4	72.3
Himachal Pradesh	53.3	58.7	53.7	51.9	55.7	54.4
Jammu & Kashmir	44.1	40.6	43.3	42.6	44.0	58.5
Jharkhand	71.5	63.2	69.9	69.1	70.8	70.3
Karnataka	63.3	57.1	60.8	61.5	60.2	70.3
Kerala	35.7	35.5	35.6	35.2	36.0	44.5
Madhya Pradesh	69.8	66.2	68.9	69.1	68.8	74.0
Maharashtra	54.0	53.6	53.8	54.0	53.6	63.4
Manipur	22.0	24.5	22.8	24.8	20.7	41.1
Meghalaya	41.8	33.6	40.7	41.6	39.9	63.8
Mizoram	24.5	14.1	19.1	20.8	17.4	43.8
Nagaland	23.1	17.6	21.6	21.3	21.9	-
Odisha	45.7	38.1	44.6	44.0	45.1	65.0
Punjab	57.2	55.7	56.6	58.0	55.1	66.4
Rajasthan	61.6	55.7	60.3	60.3	60.3	69.6
Sikkim	52.7	59.7	55.1	58.4	51.1	58.1
Tamil Nadu	52.3	48.2	50.4	51.2	49.5	64.2
Telangana	67.5	51.6	60.7	62.2	58.9	-
Tripura	49.2	45.7	48.3	49.4	47.1	62.9
Uttar Pradesh	62.7	65.0	63.2	63.2	63.1	73.9
Uttarakhand	52.8	59.3	54.9	53.2	56.8	60.7
West Bengal	53.7	55.5	54.2	52.2	56.2	61.0
<b>India</b>	<b>59.4</b>	<b>55.9</b>	<b>58.4</b>	<b>58.3</b>	<b>58.6</b>	<b>69.4</b>

Source: NFHS-4 (2015-16)

Table 2.8: Prevalence of anaemia in children

States/UTs	Anaemia status by haemoglobin level			Any anaemia ( $<11.0$ g/dl)
	Mild ( $10.0-10.9$ g/dl)	Moderate ( $7.0-9.9$ g/dl)	Severe ( $<7.0$ g/dl)	
Andaman & Nicobar Islands	26.0	22.6	0.4	49.0
Andhra Pradesh	26.4	29.9	2.4	58.6
Arunachal Pradesh	29.1	24.1	1.1	54.3
Assam	23.9	11.4	0.4	35.7
Bihar	30.2	31.8	1.4	63.5
Chandigarh	27.5	41.6	4	73.1
Chhattisgarh	24.0	17.0	0.6	41.6
Dadra & Nagar Haveli	35.5	47.4	1.7	84.6
Daman & Diu	35.7	37.2	0.9	73.8
Delhi	19.4	36.2	4.1	59.7
Goa	29.8	18.1	0.5	48.3
Gujarat	31.5	29.3	1.7	62.6
Haryana	28.2	40.5	3.0	71.7
Himachal Pradesh	23.1	28	2.6	53.7
Jammu & Kashmir	21.1	21.6	1.2	43.8
Jharkhand	31.6	37.2	1.1	69.9
Karnataka	30.3	29.8	0.8	60.9
Kerala	22.7	12.5	0.4	35.6
Lakshadweep	27.8	25.5	0.4	53.6
Madhya Pradesh	29.4	37.6	2	68.9
Maharashtra	27.7	25.0	1.1	53.8
Manipur	16.5	7.2	0.2	23.9
Meghalaya	30.2	17.3	0.5	48.0
Mizoram	12.8	5.9	0.7	19.3
Nagaland	15.1	10.8	0.5	26.4
Odisha	24.8	19	0.8	44.6
Puducherry	29.0	15.6	0.2	44.9
Punjab	27.3	27.9	1.4	56.6
Rajasthan	27.1	31.3	1.9	60.3
Sikkim	32.4	22.2	0.4	55.1
Tamil Nadu	27.5	22.2	0.9	50.7
Telangana	24.7	33.5	2.5	60.7
Tripura	30.5	17.6	0.2	48.3
Uttar Pradesh	26.4	34.4	2.4	63.2
Uttarakhand	27.3	30.1	2.4	59.8
West Bengal	30.9	22.8	0.5	54.2
<b>India</b>	<b>27.8</b>	<b>29.1</b>	<b>1.5</b>	<b>58.4</b>

Source: NFHS-4 (2015-16)

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using the CDC formula (Centers for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR-3): 1-29). Haemoglobin levels are shown in grams per decilitre (g/dl).

**Table 2.9: Anaemia status by haemoglobin level: 2015-16**

Background characteristic	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	Any anaemia (<11.0 g/dl)
<b>Age in months</b>				
6-8	30.1	36.9	1.4	68.4
9-11	28.1	38.3	2.1	68.6
12-17	27.7	41	2.4	71.1
18-23	27.4	39.6	2.8	69.8
24-35	28.6	31.8	1.8	62.2
36-47	28.1	23.1	1.1	52.2
48-59	26.4	17.5	0.7	44.6
<b>Total</b>	<b>27.8</b>	<b>29.1</b>	<b>1.5</b>	<b>58.4</b>
Male	27.3	29.4	1.6	58.3
Female	28.4	28.7	1.5	58.6
Urban	26.8	27.5	1.6	55.9
Rural	28.2	29.7	1.5	59.4

Source: NFHS-4 (2015-16)

Note : Haemoglobin levels, is adjusted for altitude using the CDC formula (Centers for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR-3): 1-29). Haemoglobin levels are shown in grams per decilitre (g/dl).

\* Excludes children whose mothers were not interviewed

**Table 2.10: Presence of iodized salt in household**

States/UTs	Percentage of households with salt tested
Andaman & Nicobar Islands	99.9
Andhra Pradesh	99.4
Arunachal Pradesh	99.7
Assam	99.8
Bihar	99.7
Chandigarh	99
Chhattisgarh	99.7
Dadra & Nagar Haveli	98.5
Daman & Diu	96.8
Delhi	98.6
Goa	99.9
Gujarat	99.1
Haryana	99.6
Himachal Pradesh	99.6
Jammu & Kashmir	99.7
Jharkhand	99.8
Karnataka	99.4
Kerala	99.8
Lakshadweep	98.8
Madhya Pradesh	99.5
Maharashtra	99.4
Manipur	99.8
Meghalaya	99.8
Mizoram	99.8
Nagaland	99.9
Odisha	99.8
Puducherry	99.7
Punjab	99.7
Rajasthan	99.7
Sikkim	99.7
Tamil Nadu	99.5
Telangana	99.1
Tripura	100.0
Uttar Pradesh	99.4
Uttarakhand	99.5
West Bengal	99.8
<b>India</b>	<b>99.5</b>

Source: NFHS-4 (2015-16)

**Table 2.11: Micronutrient intake among children**

States/UTs	Youngest children age 6-23 months living with their mother		Children age 12-35 months	Children age 6-59 months		
	% who consumed foods rich in vitamin A in past 24 hours *	% who consumed foods rich in iron in past 24 hours #	% given vitamin A supplements in past 6 months \$	% given vitamin A supplements in past 6 months @	% given iron supplements in past 7 days	% given deworming medication in past 6 months \$,^
Andaman & Nicobar Islands	67.1	51.3	75.2	66.7	25.3	46.2
Andhra Pradesh	38.5	24.3	78.8	71.6	27.3	20.7
Arunachal Pradesh	59.0	41.4	46.7	40.3	20.8	28.6
Assam	53.3	26.8	57.3	51.2	20.5	30.2
Bihar	39.2	13.8	64.8	60.7	21.9	25.0
Chandigarh	22.0	5.9	62.0	56.3	12.9	16.3
Chhattisgarh	62.7	13.7	78.2	69.2	35.7	39.7
Dadra & Nagar Haveli	24.1	1.1	63.2	58.9	15.3	13.9
Daman & Diu	46.3	19.6	77.5	68.2	25.1	22.8
Delhi	51.6	11.5	64.2	58.1	28.1	41.5
Goa	36.0	20.9	91.1	88.6	55.5	65.6
Gujarat	43.8	5.1	75.9	70.3	32.0	28.2
Haryana	36.7	8.0	70.9	66.0	40.7	35.0
Himachal Pradesh	51.8	5.1	73.7	63.1	19.7	39.7
Jammu & Kashmir	62.1	44.2	72.0	64.0	19.1	39.1
Jharkhand	45.1	13.7	58.8	52.9	17.3	21.6
Karnataka	43.1	21.9	82.8	78.2	50.2	51.2
Kerala	55.1	37.8	81.6	74.4	17.8	50.5
Lakshadweep	54.3	44.6	54.2	52.2	10.1	47.2
Madhya Pradesh	39.6	7.6	66.3	59.6	25.9	29.5
Maharashtra	40.8	15.3	74.8	69.7	41.2	44.7
Manipur	68.9	52.9	39.0	31.4	4.5	9.2
Meghalaya	68.9	53.5	58.6	53.1	29.7	32.8
Mizoram	73.9	61.1	70.7	68.4	24.9	56.3
Nagaland	63.1	51.8	35.1	28.6	8.2	17.4
Odisha	62.5	16.5	76.8	68.5	27.9	27.5
Puducherry	72.2	56.9	76.5	74.4	45.1	49.1
Punjab	34.0	6.6	77.9	70.4	32.5	29.0
Rajasthan	26.6	2.8	45.1	40.1	14.1	15.6
Sikkim	68.2	36.8	86.6	82.7	50.9	47.9
Tamil Nadu	72.5	58.5	72.8	68.1	34.0	52.9
Telangana	42.8	26.8	81.3	75.3	37.3	25.2
Tripura	38.5	19.6	67.3	62.3	7.9	55.2
Uttar Pradesh	32.6	5.3	45.0	39.2	13.1	17.0
Uttarakhand	39.6	9.5	40.2	36.5	14.2	15.6
West Bengal	61.9	42.6	76.5	66.4	27.9	54.1
<b>India</b>	<b>44.1</b>	<b>17.9</b>	<b>65.5</b>	<b>59.5</b>	<b>26.1</b>	<b>31.4</b>

Source: NFHS-4 (2015-16)

Note: Information on iron supplements and deworming medication is based on the mother's recall. Information on vitamin A supplementation is based on the vaccination card (where available) and mother's recall.

\* Includes meat and organ meats, fish, poultry, eggs, pumpkin, carrots, squash, sweet potatoes that are yellow or orange inside, dark green leafy vegetables, ripe mango, papaya, cantaloupe, and jackfruit

# Includes meat and organ meats, fish, poultry, or eggs

\$ Based on the mother's recall

@ Based on the mother's recall and the vaccination card (where available)

^ Deworming for intestinal parasites

< Excludes children in households in which salt was not tested. Includes children whose mothers were not interviewed.

**Table 2.12: Antenatal care by type of provider**

States/UTs	Doctor	ANM/ nurse/ midwife/ LHV	Dai/ TBA	Anganwad i/ ICDS worker	Communit y/ village health worker	ASHA	No ANC	Percentage receiving ANC from a skilled provider
Andaman & Nicobar Islands	31.6	65.8	0.0	0.0	0.0	0.0	2.5	97.5
Andhra Pradesh	90.7	6.6	0.0	1.3	0.0	0.3	1.0	97.3
Arunachal Pradesh	45.4	12.5	0.1	0.1	0.1	0.7	40.8	57.9
Assam	58.8	23.6	0.3	1.4	0.5	4.7	10.5	82.5
Bihar	30.4	18.6	0.4	4.4	0.3	1.7	43.9	49.0
Chandigarh	61.1	35.9	0.6	0.0	0.0	0.0	2.4	97.0
Chhattisgarh	44.0	47.2	0.2	4.2	0.1	0.4	3.8	91.2
Dadra & Nagar Haveli	56.5	29.3	0.0	2.1	0.0	0.4	11.7	85.8
Daman & Diu	66.7	12.7	0.7	4.2	0.0	0.0	15.8	79.4
Delhi	76.7	12.3	0.5	0.5	0.0	0.1	9.8	89.1
Goa	87.4	7.0	0.0	2.7	0.0	0.0	2.9	94.4
Gujarat	71.0	9.4	0.4	3.3	0.1	2.0	13.7	80.4
Haryana	48.3	30.9	0.7	2.3	0.1	0.6	17.1	79.2
Himachal Pradesh	77.7	12.9	0.5	0.5	0.2	0.1	7.9	90.6
Jammu & Kashmir	81.8	8.6	0.6	0.2	0.1	1.1	7.6	90.4
Jharkhand	39.0	30.7	0.3	5.9	0.2	0.4	23.4	69.6
Karnataka	82.3	5.1	0.0	1.1	0.0	0.2	11.0	87.5
Kerala	98.9	0.3	0.0	0.1	0.0	0.0	0.6	99.2
Lakshadweep	99.3	0.4	0.0	0.0	0.0	0.0	0.4	99.6
Madhya Pradesh	31.3	37.6	0.5	6.9	0.1	1.0	22.4	68.9
Maharashtra	77.5	13.5	0.2	0.9	0.1	0.2	7.5	91.0
Manipur	86.6	1.9	0.5	0.1	0.1	0.6	10.1	88.6
Meghalaya	62.3	18.0	0.6	0.4	0.2	1.5	15.3	80.4
Mizoram	67.5	19.3	0.2	0.2	1.2	0.6	10.9	86.8
Nagaland	35.5	8.5	0.8	0.2	0.2	1.0	53.7	44.0
Odisha	75.9	7.0	0.4	7.8	0.2	2.8	5.7	82.9
Puducherry	87.9	9.1	0.0	0.1	0.0	0.2	2.6	97.0
Punjab	59.3	35.4	0.3	0.9	0.0	1.1	2.9	94.6
Rajasthan	54.9	27.8	0.2	2.5	0.0	0.5	14.1	82.7
Sikkim	70.8	22.8	0.0	0.0	0.0	1.3	5.1	93.6
Tamil Nadu	83.1	8.6	0.0	0.4	0.1	0.1	7.6	91.7
Telangana	85.8	8.6	0.0	2.0	0.1	0.2	2.7	94.5
Tripura	92.2	0.8	0.0	0.2	0.0	0.4	6.3	93.1
Uttar Pradesh	36.8	35.5	0.4	1.6	0.1	1.7	23.7	72.3
Uttarakhand	52.2	22.7	0.6	1.4	0.1	1.2	21.8	74.8
West Bengal	78.9	9.0	0.2	1.2	0.2	1.9	8.6	87.9
<b>India</b>	<b>58.8</b>	<b>20.4</b>	<b>0.3</b>	<b>2.5</b>	<b>0.1</b>	<b>1.2</b>	<b>16.4</b>	<b>79.3</b>

Source: NFHS-4 (2015-16)

Note: If more than one source of ANC was mentioned, only the provider with the highest qualification is considered.

ANM = Auxiliary nurse midwife; LHV = Lady health visitor; TBA = Traditional birth attendant;

ICDS = Integrated Child Development Services; ASHA = Accredited Social Health Activist

1 Skilled provider includes doctor, auxiliary nurse midwife, nurse, midwife, and lady health visitor

Table 2.13: Antenatal care indicators

States/UTs	% who had at least one ANC visit	% who had four or more ANC visits	% with an ANC visit in the first trimester of pregnancy	% who received two or more TT injections during the pregnancy	% whose last birth was protected against neonatal tetanus #	% who took IFA for at least 100 days
Andaman & Nicobar Islands	96.8	92.1	68.4	89.9	91.8	58.4
Andhra Pradesh	98.8	76.3	82.3	91.7	94.9	56.1
Arunachal Pradesh	56.1	26.7	36.9	56.5	63.9	8.3
Assam	87.8	46.4	55.1	83.6	89.8	32.0
Bihar	55.7	14.4	34.6	81.5	89.6	9.7
Chandigarh	96.9	64.5	67.4	89.1	95.1	44.9
Chhattisgarh	95.7	59.1	70.8	89.7	94.3	30.3
Dadra & Nagar Haveli	84.9	75.6	63.5	81.1	86.8	43.9
Daman & Diu	80.7	62.7	75.1	61.1	71.1	38.3
Delhi	89.2	67.9	63.0	83.3	90.6	53.8
Goa	96.7	89.0	84.4	89.3	96.2	67.4
Gujarat	85.1	70.5	73.8	81.4	86.6	36.8
Haryana	82.3	45.1	63.2	86.3	92.3	32.5
Himachal Pradesh	90.4	69.1	70.5	69.7	86.2	49.4
Jammu & Kashmir	90.9	81.3	76.7	81.6	87.4	30.2
Jharkhand	76.3	30.3	52.0	85.9	91.7	15.3
Karnataka	88.0	70.1	65.9	80.1	88.1	45.2
Kerala	92.6	90.1	95.1	94.8	96.4	67.1
Lakshadweep	87.4	82.3	90.6	90.0	93.6	81.7
Madhya Pradesh	75.6	35.7	53.0	83.3	89.8	23.5
Maharashtra	91.9	72.2	67.6	81.4	90.4	40.6
Manipur	89.5	69.0	77.0	84.5	88.8	39.2
Meghalaya	81.1	50.0	53.3	67.8	79.2	36.2
Mizoram	87.9	61.4	65.6	74.2	82.5	53.6
Nagaland	45.8	15.0	24.7	59.4	63.7	4.4
Odisha	92.9	61.9	64.0	89.3	94.3	36.5
Puducherry	97.2	87.7	80.6	75.0	82.1	66.3
Punjab	97.1	68.4	75.6	89.0	92.9	42.6
Rajasthan	85.5	38.5	63.0	81.9	89.7	17.3
Sikkim	91.0	74.7	76.2	95.9	97.2	52.8
Tamil Nadu	91.4	81.1	64.0	65.4	71.0	64.0
Telangana	96.6	74.9	83.1	85.4	88.8	52.7
Tripura	88.9	64.3	66.4	91.9	93.0	13.4
Uttar Pradesh	76.1	26.4	45.9	81.4	86.5	12.9
Uttarakhand	77.0	30.9	53.5	85.7	91.4	24.9
West Bengal	90.3	76.4	54.9	91.4	95.4	28.0
<b>India</b>	<b>82.7</b>	<b>51.2</b>	<b>58.6</b>	<b>83.0</b>	<b>89.0</b>	<b>30.3</b>

Source: NFHS-4 (2015-16)

Note: TT = Tetanus toxoid; IFA = Iron and folic acid

# Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth

**Table 2.14: Trends in maternal care indicators**

Maternal care indicators for births to women age 15-49 years during the five years preceding the survey by residence, NFHS-4 and NFHS-3, India

Indicator	NFHS-4 (2015-16)	NFHS-3 (2005-06)
<b>URBAN</b>		
Percentage who received antenatal care*	90.8	91.8
Percentage who had at least three antenatal care visits*	77.0	76.8
Percentage who received antenatal care within the first trimester of pregnancy*	69.1	65.8
Percentage of births delivered in a health facility#	88.7	66.7
Percentage of deliveries assisted by a skilled provider#, @	90.0	73.9
<b>RURAL</b>		
Percentage who received antenatal care*	80.4	74.8
Percentage who had at least three antenatal care visits*	59.4	47.8
Percentage who received antenatal care within the first trimester of pregnancy*	54.2	40.0
Percentage of births delivered in a health facility#	75.1	29.7
Percentage of deliveries assisted by a skilled provider#, @	78.0	37.7
<b>TOTAL</b>		
Percentage who received antenatal care*	83.5	79.6
Percentage who had at least three antenatal care visits*	64.6	56.0
Percentage who received antenatal care within the first trimester of pregnancy*	58.6	47.3
Percentage of births delivered in a health facility#	78.9	39.6
Percentage of deliveries assisted by a skilled provider#, @	81.4	47.4

Source: NFHS-4 (2015-16)

Note: \* Based on the last birth to women in the five years preceding the survey

# Based on all births to women in the five years preceding the survey

@ Doctor, auxiliary nurse midwife, nurse, midwife, lady health visitor, or other health personnel

Table 2.15: Delivery and postnatal care

States/UTs	% of births delivered in a public health facility	% of births delivered in a private health facility	% of births delivered in a health facility	% of deliveries assisted by a skilled provider*	% of births delivered by caesarean section	% of children who received postnatal care from a skilled provider in the first two days of birth1
Andaman & Nicobar Islands	92.0	4.3	96.4	97.2	19.3	23.1
Andhra Pradesh	38.3	53.2	91.5	92.1	40.1	28.5
Arunachal Pradesh	42.7	9.6	52.2	53.7	8.9	8.0
Assam	59.9	10.6	70.6	74.3	13.4	22.9
Bihar	47.6	16.2	63.8	69.9	6.2	10.8
Chandigarh	72.4	19.3	91.6	93.3	22.6	50.5
Chhattisgarh	55.9	14.4	70.2	78.0	9.9	34.2
Dadra & Nagar Haveli	66.4	21.6	88.0	89.5	16.2	20.7
Daman & Diu	43.0	47.1	90.1	77.0	15.7	19.4
Delhi	55.5	28.8	84.4	86.6	26.7	21.1
Goa	58.2	38.7	96.9	97.5	31.4	49.5
Gujarat	32.6	55.9	88.5	87.1	18.4	15.7
Haryana	52.0	28.4	80.4	84.6	11.7	21.4
Himachal Pradesh	61.6	14.8	76.4	78.9	16.7	29.0
Jammu & Kashmir	78.1	7.5	85.6	87.5	33.1	20.3
Jharkhand	41.8	20.1	61.9	69.6	9.9	21.7
Karnataka	61.2	32.8	94.0	93.7	23.6	22.3
Kerala	38.3	61.5	99.8	99.9	35.8	49.1
Lakshadweep	64.3	35.0	99.3	100.0	38.4	56.9
Madhya Pradesh	69.4	11.4	80.8	78.0	8.6	17.5
Maharashtra	48.9	41.4	90.3	91.1	20.1	30.5
Manipur	45.7	23.4	69.1	77.2	21.1	10.7
Meghalaya	39.5	11.9	51.4	53.8	7.6	9.0
Mizoram	63.7	16.0	79.7	83.6	12.7	11.0
Nagaland	25.1	7.7	32.8	41.3	5.8	1.6
Odisha	75.8	9.5	85.3	86.5	13.8	29.5
Puducherry	82.0	17.9	99.9	100.0	33.6	36.0
Punjab	51.6	38.8	90.5	94.1	24.6	47.2
Rajasthan	63.5	20.5	84.0	86.5	8.6	22.6
Sikkim	82.7	12.0	94.7	97.1	20.9	12.7
Tamil Nadu	66.6	32.3	98.9	99.2	34.1	35.4
Telangana	30.5	60.9	91.5	91.3	57.7	25.2
Tripura	69.1	10.8	79.9	80.9	20.5	8.4
Uttar Pradesh	44.5	23.3	67.8	70.4	9.4	24.4
Uttarakhand	43.8	24.9	68.6	71.2	13.1	19.2
West Bengal	56.6	18.6	75.2	81.6	23.8	26.7
<b>India</b>	<b>52.1</b>	<b>26.8</b>	<b>78.9</b>	<b>81.4</b>	<b>17.2</b>	<b>24.2</b>

Source: NFHS-4 (2015-16)

Note: \* A skilled provider includes a doctor, auxiliary nurse midwife, nurse, midwife, lady health visitor, and other health personnel. For birth attendance, if the woman mentioned more than one person attending the delivery, only the most qualified person is considered in this table.

Table 2.16: HIV/AIDS awareness indicators

States/UTs	Percentage who have heard of HIV or AIDS	Percentage who know that HIV/AIDS can be prevented by using condoms	Percentage who have comprehensive knowledge about HIV/AIDS*	Percentage who know that HIV/AIDS can be transmitted from a mother to her baby by all three means#
Andaman & Nicobar Islands	87.2	59.5	29.3	38.9
Andhra Pradesh	95.2	57.5	28.9	75.6
Arunachal Pradesh	78.0	45.2	16.0	34.4
Assam	77.7	44.6	9.4	40.3
Bihar	45.7	33.5	10.1	32.5
Chandigarh	98.6	87.6	41.1	59.3
Chhattisgarh	81.1	57.5	20.7	42.4
Dadra & Nagar Haveli	47.4	34.7	9.3	15.9
Daman & Diu	79.4	63.2	27.9	34.3
Delhi	89.1	72.6	32.7	51.3
Goa	97.2	77.4	34.6	70.0
Gujarat	59.3	43.1	18.4	33.8
Haryana	85.1	71.6	31.1	61.7
Himachal Pradesh	90.7	68.6	30.9	50.1
Jammu & Kashmir	91.6	68.5	19.0	64.8
Jharkhand	61.4	45.5	15.7	40.9
Karnataka	81.5	50.0	9.5	55.5
Kerala	98.8	74.2	43.1	48.8
Lakshadweep	94.1	46.7	22.0	44.2
Madhya Pradesh	61.0	46.8	18.1	38.5
Maharashtra	86.7	67.9	30.0	58.0
Manipur	99.0	79.0	40.7	52.6
Meghalaya	78.5	47.0	13.3	43.4
Mizoram	97.6	91.2	66.2	54.5
Nagaland	89.2	39.9	12.5	59.7
Odisha	90.0	59.4	20.2	57.4
Puducherry	99.0	72.7	25.4	55.9
Punjab	97.8	87.7	49.3	71.4
Rajasthan	65.0	50.4	19.1	45.1
Sikkim	90.9	62.7	25.5	57.4
Tamil Nadu	95.2	64.7	16.0	57.8
Telangana	90.1	59.1	29.5	65.6
Tripura	85.2	57.6	28.0	43.8
Uttar Pradesh	61.0	47.4	17.5	41.3
Uttarakhand	80.9	65.3	28.6	52.6
West Bengal	74.7	53.9	18.6	47.5
<b>India</b>	<b>75.6</b>	<b>54.9</b>	<b>20.9</b>	<b>49.1</b>

Source: NFHS-4 (2015-16)

Note: \* Respondents with comprehensive knowledge say that the consistent use of a condom every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, say that a healthy-looking person can have HIV/AIDS, and reject two common misconceptions about transmission or prevention of HIV/AIDS

# During pregnancy, during delivery, and by breastfeeding

**Table 2.17: Percentage of children age 12-23 months who have received all basic vaccinations : 2015-16**

States	Rural	Urban	Total	Male	Female
Andhra Pradesh	67.2	60.4	65.2	61.4	69.1
Arunachal Pradesh	36.4	44.2	38.2	37.4	39.1
Assam	44.4	70.9	47.1	48.0	46.0
Bihar	61.9	59.7	61.7	61.7	61.7
Chhattisgarh	74.3	84.8	76.4	77.6	75.1
Goa	(90.1)	(87.7)	88.4	(83.1)	(93.6)
Gujarat	50.4	50.4	50.4	48.9	52.2
Haryana	65.1	57.0	62.2	63.3	61.0
Himachal Pradesh	69.9	(64.8)	69.5	70.0	68.9
Jammu & Kashmir	72.9	81.6	75.1	74.3	76.0
Jharkhand	60.7	67.0	61.9	63.1	60.6
Karnataka	64.8	59.8	62.6	59.9	65.5
Kerala	82.0	82.2	82.1	82.1	82.0
Madhya Pradesh	50.2	63.0	53.6	54.2	52.9
Maharashtra	56.7	55.8	56.3	54.8	57.8
Manipur	61.7	74.2	65.8	68.4	63.1
Meghalaya	58.5	81.4	61.5	58.4	64.6
Mizoram	51.3	49.8	50.5	46.0	55.0
Nagaland	33.4	41.6	35.7	34.2	37.4
Odisha	79.2	75.0	78.6	79.8	77.1
Punjab	89.3	88.7	89.0	88.4	89.8
Rajasthan	53.1	60.9	54.8	50.2	59.9
Sikkim	83.7	(81.4)	83.0	81.5	84.9
Tamil Nadu	66.8	73.3	69.7	72.3	67.0
Telangana	68.3	67.8	68.1	72.0	63.6
Tripura	51.2	64.1	54.5	60.6	49.1
Uttar Pradesh	50.4	53.6	51.1	53.2	48.7
Uttarakhand	58.2	56.5	57.7	57.3	58.1
West Bengal	87.1	77.7	84.4	85.6	83.3
<b>India</b>	<b>61.3</b>	<b>63.9</b>	<b>62.0</b>	<b>62.1</b>	<b>61.9</b>

Source: NFHS-4 (2015-16)

Note: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death

**Table 2.18: Percentage of children age 12-23 months who have received vaccinations : 2015-16**

States	Hepatitis B *	BCG	DPT #	Polio \$	Measles
Andhra Pradesh	68.8	97.2	89.0	72.3	89.4
Arunachal Pradesh	40.9	70.9	52.3	53.7	54.6
Assam	52.0	82.3	66.5	56.0	71.4
Bihar	65.5	91.7	80.1	72.9	79.4
Chhattisgarh	76.4	98.4	91.4	81.7	93.9
Goa	85.2	100.0	94.2	92.9	96.5
Gujarat	38.6	87.9	72.7	62.3	75.0
Haryana	54.3	92.8	76.5	75.3	79.0
Himachal Pradesh	74.1	94.8	85.0	82.4	87.5
Jammu & Kashmir	70.3	95.6	88.1	83.8	86.2
Jharkhand	56.3	95.8	82.3	73.8	82.6
Karnataka	58.9	92.5	77.9	74.6	82.4
Kerala	82.4	98.1	90.4	88.5	89.4
Madhya Pradesh	56.3	91.6	73.4	63.6	79.6
Maharashtra	60.8	90.0	74.9	67.0	82.8
Manipur	69.8	91.2	77.8	76.6	74.2
Meghalaya	62.9	86.0	74.0	71.0	71.9
Mizoram	56.8	75.3	61.7	61.7	61.1
Nagaland	45.8	68.4	52.0	52.5	50.4
Odisha	83.2	94.1	89.2	82.8	87.9
Punjab	91.0	98.2	94.5	93.7	93.1
Rajasthan	53.0	88.8	71.6	65.4	78.1
Sikkim	84.1	98.9	93.0	87.7	93.3
Tamil Nadu	68.2	94.9	84.5	82.3	85.1
Telangana	70.6	97.4	87.9	75.3	90.6
Tripura	54.4	82.4	71.1	70.1	69.7
Uttar Pradesh	52.8	87.6	66.5	68.3	70.8
Uttarakhand	59.4	92.6	80.0	68.0	80.5
West Bengal	86.4	97.5	92.7	87.9	92.8
<b>India</b>	<b>62.8</b>	<b>91.9</b>	<b>78.4</b>	<b>72.8</b>	<b>81.1</b>

Source: NFHS-4 (2015-16)

Note: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death

\* 3 doses of Hepatitis B vaccine

# 3 doses of DPT vaccine

\$ 3 doses of Polio vaccine

**Table 2.19 a : Percentage of children age 12-23 months who have received vaccinations : 2015-16**

States	3 doses of Hepatitis B vaccine				BCG				3 doses of DPT vaccine			
	Rural	Urban	Male	Female	Rural	Urban	Male	Female	Rural	Urban	Male	Female
Andhra Pradesh	71.5	62.1	65.2	72.4	97.0	97.7	97.5	97.0	90.6	84.9	88.2	89.7
Arunachal Pradesh	38.1	50.1	42.0	39.7	68.0	80.4	71.6	70.2	49.9	60.0	54.3	50.1
Assam	50.0	70.0	53.7	50.2	81.0	94.3	83.7	80.8	64.6	82.8	67.7	65.2
Bihar	65.6	64.7	64.5	66.5	91.7	91.5	90.7	92.7	80.2	79.3	79.1	81.2
Chhattisgarh	75.0	81.9	76.6	76.1	98.7	97.1	98.2	98.6	91.0	93.2	92.4	90.5
Goa	(75.9)	(89.7)	(76.4)	(93.6)	(100.0)	(100.0)	(100.0)	(100.0)	(94.7)	(94.0)	(93.2)	(95.2)
Gujarat	37.2	40.5	38.3	39.0	85.9	90.6	88.5	87.2	69.1	77.6	72.3	73.1
Haryana	56.2	50.8	54.8	53.7	92.3	93.8	92.9	92.6	79.2	71.6	77.9	74.9
Himachal Pradesh	73.9	(76.3)	76.9	70.8	95.3	(88.1)	93.9	95.8	85.8	(74.8)	86.4	83.4
Jammu & Kashmir	68.7	74.9	68.0	72.7	94.7	98.5	94.9	96.5	86.7	92.4	86.7	89.6
Jharkhand	54.5	64.7	57.9	54.7	95.1	98.7	95.9	95.7	81.3	87.1	82.6	82.0
Karnataka	62.8	54.1	57.4	60.6	95.2	89.2	90.8	94.5	82.1	72.7	75.9	80.2
Kerala	82.1	82.7	81.9	82.8	97.9	98.3	97.9	98.3	90.3	90.5	89.8	91.1
Madhya Pradesh	53.4	64.3	56.4	56.2	90.3	95.0	91.6	91.6	70.7	80.8	74.0	72.7
Maharashtra	63.5	57.3	57.8	63.8	89.8	90.3	91.0	89.1	74.8	75.0	74.1	75.8
Manipur	65.8	78.1	73.6	65.8	89.1	95.5	91.0	91.5	74.3	84.9	79.4	76.0
Meghalaya	60.3	79.9	60.6	65.1	84.4	96.2	83.6	88.3	71.8	88.1	71.0	76.9
Mizoram	55.5	58.0	52.2	61.3	71.4	79.2	70.5	80.1	60.4	63.0	56.2	67.2
Nagaland	43.4	52.2	43.9	48.2	65.0	77.2	68.7	68.0	49.7	58.0	50.1	54.1
Odisha	84.0	78.8	84.9	81.3	94.2	93.3	95.0	93.0	89.6	87.4	90.1	88.3
Punjab	92.2	89.1	91.4	90.5	98.5	97.7	98.6	97.8	95.7	92.6	94.5	94.4
Rajasthan	51.7	58.0	50.0	56.4	87.0	95.3	87.7	90.1	69.8	78.4	68.6	75.0
Sikkim	86.4	(78.9)	80.6	88.4	99.2	(98.2)	98.0	100.0	95.0	(88.4)	92.0	94.1
Tamil Nadu	66.1	70.8	67.8	68.6	93.9	96.2	96.4	93.4	83.1	86.3	85.6	83.5
Telangana	71.4	69.7	75.2	65.3	97.2	97.6	98.1	96.6	86.3	89.5	87.3	88.6
Tripura	48.4	72.5	61.2	48.5	80.0	89.5	82.3	82.4	68.9	77.4	76.8	66.0
Uttar Pradesh	51.9	56.0	54.5	51.0	87.4	88.3	88.8	86.2	65.9	68.8	68.3	64.7
Uttarakhand	59.8	58.6	58.2	60.9	94.0	90.4	92.0	94.0	79.6	81.0	80.3	79.6
West Bengal	88.7	80.6	87.8	85.0	98.5	95.1	97.5	97.5	94.7	87.8	93.5	92.0
India	62.5	63.3	62.5	63.0	91.4	93.2	92.1	91.7	77.7	80.2	78.3	78.5

Source: NFHS-4 (2015-16)

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death

**Table 2.19 b: Percentage of children age 12-23 months who have received vaccinations : 2015-16**

States	3 doses of Polio vaccine				Measles vaccine			
	Rural	Urban	Male	Female	Rural	Urban	Male	Female
Andhra Pradesh	75.2	64.9	67.5	77.1	88.4	92.0	91.0	87.8
Arunachal Pradesh	51.0	62.7	55.5	51.8	51.9	63.4	55.0	54.2
Assam	53.7	76.4	56.4	55.7	69.7	86.1	72.5	70.2
Bihar	73.0	71.6	72.4	73.4	79.6	77.2	79.9	78.9
Chhattisgarh	80.2	87.5	82.5	80.8	93.3	96.3	95.1	92.7
Goa	(91.4)	(93.5)	(87.2)	(98.4)	(98.2)	(95.6)	(96.1)	(96.8)
Gujarat	63.0	61.5	60.6	64.4	73.7	76.7	74.8	75.2
Haryana	77.0	72.1	78.3	71.8	79.1	78.8	79.3	78.6
Himachal Pradesh	83.6	(67.3)	82.8	81.9	87.4	(89.2)	87.3	87.9
Jammu & Kashmir	83.1	85.9	83.2	84.5	84.2	92.1	85.2	87.2
Jharkhand	72.4	79.9	74.7	72.7	82.0	85.4	83.1	82.1
Karnataka	78.2	70.0	70.8	78.8	83.8	80.7	81.2	83.8
Kerala	87.6	89.6	87.4	89.7	88.6	90.3	90.1	88.5
Madhya Pradesh	61.5	69.5	63.4	63.8	77.7	85.1	79.7	79.6
Maharashtra	69.1	64.4	64.1	69.9	82.9	82.6	83.4	82.1
Manipur	72.7	84.7	78.8	74.3	70.4	81.8	75.4	72.9
Meghalaya	69.0	84.2	65.7	76.4	69.7	86.6	70.4	73.4
Mizoram	59.1	64.2	54.7	68.7	61.8	60.4	56.0	66.3
Nagaland	50.1	58.8	49.2	56.5	47.8	57.0	49.1	51.8
Odisha	83.3	79.9	84.8	80.7	88.5	84.7	88.8	86.9
Punjab	94.8	92.0	93.1	94.5	93.3	92.7	92.6	93.7
Rajasthan	64.5	68.5	61.7	69.6	75.8	86.5	76.0	80.5
Sikkim	87.9	(87.1)	87.5	87.9	94.8	(90.0)	91.6	95.4
Tamil Nadu	80.7	84.4	83.5	81.2	84.4	85.9	87.4	82.8
Telangana	76.3	74.4	78.7	71.6	89.4	91.8	93.1	87.8
Tripura	67.2	78.9	73.6	67.0	67.3	76.9	72.0	67.6
Uttar Pradesh	67.8	69.8	69.4	67.0	70.8	70.8	72.9	68.5
Uttarakhand	68.4	67.2	67.7	68.4	81.8	77.7	80.1	81.1
West Bengal	90.1	82.5	89.4	86.5	94.5	88.4	93.6	91.9
<b>India</b>	<b>72.6</b>	<b>73.4</b>	<b>72.4</b>	<b>73.3</b>	<b>80.3</b>	<b>83.2</b>	<b>81.7</b>	<b>80.5</b>

Source: NFHS-4 (2015-16)

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death

**Table 2.20: Prevalence of diarrhoea**

Background characteristic	Percentage of children with diarrhoea
<b>Age in months</b>	
<6	11.1
6-11'	16.4
12-23'	13.3
24-35	8.5
36-47	5.8
48-59	4.6
<b>Total</b>	<b>9.2</b>
Male	9.5
Female	8.9
Urban	8.2
Rural	9.5

Source: NFHS-4 (2015-16)

Table 2.21: Disposal of children's stools

State/Union Territory	Manner of disposal of children's stools					Percentage of children whose stools are disposed of safely*
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown in garbage	Left in the open	
Andaman & Nicobar Islands	45.5	17.9	3.0	8.1	24.5	63.6
Andhra Pradesh	17.5	10.8	10.5	16.9	43.2	28.9
Arunachal Pradesh	22.1	12.4	7.9	22.3	28.3	35.8
Assam	10.9	7.0	5.2	22.9	51.5	19.5
Bihar	8.5	5.2	3.1	11.7	66.6	17.1
Chandigarh	53.5	31.1	2.0	10.0	3.5	84.6
Chhattisgarh	12.7	7.6	6.5	18.7	51.9	21.9
Dadra & Nagar Haveli	22.2	21.5	7.7	16.3	32.3	43.7
Daman & Diu	59.9	14.7	4.1	3.9	16.9	74.6
Delhi	51.1	23.2	7.2	10.1	7.8	74.8
Goa	48.2	30.5	1.2	9.2	10.6	78.7
Gujarat	35.2	22.9	3.7	6.0	31.0	59.1
Haryana	48.0	16.1	5.3	9.9	19.2	65.2
Himachal Pradesh	42.0	36.5	3.3	4.6	12.5	78.7
Jammu & Kashmir	37.1	15.6	2.6	14.6	28.1	54.2
Jharkhand	10.8	6.4	6.9	9.3	62.9	20.5
Karnataka	27.0	14.3	4.0	14.6	38.9	42.1
Kerala	37.3	54.4	1.4	2.3	4.3	92.0
Lakshadweep	43.9	40.9	5.2	2.6	6.4	85.9
Madhya Pradesh	16.3	9.1	4.0	11.5	55.7	26.6
Maharashtra	36.8	12.9	4.9	10.7	34.1	50.1
Manipur	17.4	34.1	16.6	15.8	14.0	52.5
Meghalaya	19.8	15.3	23.7	20.6	16.0	36.3
Mizoram	41.3	34.0	7.7	14.4	2.4	75.3
Nagaland	22.5	31.8	13.4	18.7	10.9	55.9
Odisha	7.0	2.9	3.8	19.9	61.2	12.5
Puducherry	31.0	5.3	0.8	9.3	49.3	40.6
Punjab	49.1	31.3	4.5	8.8	6.1	80.5
Rajasthan	20.0	11.9	6.8	12.3	47.5	33.1
Sikkim	47.9	49.8	0.6	1.7	0.0	97.7
Tamil Nadu	23.3	9.6	4.5	9.1	51.9	34.2
Telangana	28.4	11.5	10.9	11.0	36.8	40.3
Tripura	13.2	41.4	27.1	7.8	9.7	54.7
Uttar Pradesh	17.8	7.4	5.4	18.8	48.0	26.9
Uttarakhand	35.6	29.1	2.6	3.6	27.6	65.3
West Bengal	18.6	21.9	6.4	26.2	25.6	41.4
<b>India</b>	<b>22.0</b>	<b>12.7</b>	<b>5.3</b>	<b>14.2</b>	<b>43.5</b>	<b>36.1</b>

Source: NFHS-4 (2015-16)

Note: \* Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the fecal matter was put/rinsed into a toilet or latrine, or if it was buried

**Table 3.1: Literacy Rate by Age and Sex - Census: 2011**

State/UT	7-18 years			7 years & above		
	Male	Female	Person	Male	Female	Person
Andaman & Nicobar Islands	96.4	96.4	96.4	90.3	82.4	86.6
Andhra Pradesh	92.0	89.7	90.9	74.9	59.1	67.0
Arunachal Pradesh	81.0	76.6	78.8	72.6	57.7	65.4
Assam	85.2	84.0	84.6	77.8	66.3	72.2
Bihar	81.6	75.7	78.9	71.2	51.5	61.8
Chandigarh	93.3	92.4	92.9	90.0	81.2	86.0
Chhattisgarh	91.1	88.1	89.6	80.3	60.2	70.3
Dadra & Nagar Haveli	94.5	88.9	92.0	85.2	64.3	76.2
Daman & Diu	93.6	94.0	93.7	91.5	79.5	87.1
Delhi	93.8	93.2	93.6	90.9	80.8	86.2
Goa	96.2	95.6	95.9	92.6	84.7	88.7
Gujarat	93.1	89.8	91.6	85.8	69.7	78.0
Haryana	92.7	89.5	91.3	84.1	65.9	75.6
Himachal Pradesh	96.3	95.7	96.0	89.5	75.9	82.8
Jammu & Kashmir	87.9	81.3	84.7	76.8	56.4	67.2
Jharkhand	88.1	82.8	85.5	76.8	55.4	66.4
Karnataka	94.0	92.1	93.0	82.5	68.1	75.4
Kerala	97.9	97.9	97.9	96.1	92.1	94.0
Lakshadweep	95.2	95.1	95.2	95.6	87.9	91.8
Madhya Pradesh	89.7	86.7	88.3	78.7	59.2	69.3
Maharashtra	94.1	93.1	93.6	88.4	75.9	82.3
Manipur	85.7	83.6	84.7	83.6	70.3	76.9
Meghalaya	80.5	83.4	81.9	76.0	72.9	74.4
Mizoram	93.5	91.5	92.5	93.3	89.3	91.3
Nagaland	84.9	84.2	84.6	82.8	76.1	79.6
Odisha	90.2	86.2	88.2	81.6	64.0	72.9
Puducherry	95.8	95.7	95.7	91.3	80.7	85.8
Punjab	91.1	90.3	90.8	80.4	70.7	75.8
Rajasthan	90.5	81.0	86.0	79.2	52.1	66.1
Sikkim	93.4	93.1	93.2	86.6	75.6	81.4
Tamil Nadu	96.4	95.9	96.1	86.8	73.4	80.1
Tripura	95.3	93.7	94.5	91.5	82.7	87.2
Uttar Pradesh	86.5	82.4	84.5	77.3	57.2	67.7
Uttarakhand	93.3	91.9	92.7	87.4	70.0	78.8
West Bengal	90.5	89.8	90.1	81.7	70.5	76.3
<b>India</b>	<b>89.7</b>	<b>86.8</b>	<b>88.3</b>	<b>80.9</b>	<b>64.6</b>	<b>73.0</b>

Source: Census 2011

**Table 3.2: Number of Recognised Educational Institutions***(in hundreds)*

Level/Year	Primary (I-V)	Upper Primary (VI-VIII)	Secondary (IX-X)	Higher Secondary (IX-XII)
2005-06	7726	2885	1060	536
2006-07	7849	3056	1122	574
2007-08	7878	3252	1138	592
2008-09	7788	3656	1221	642
2009-10	8199	3941	1222	717
2010-11	7485	4476	1312	720
2011-12	7143	4788	1283	841
2012-13*	8539	5778	2189	1224
2013-14*	8589	4215	1335	1036
2014-15*	8471	4251	1353	1093

*Source: Educational Statistics at a glance 2016**Note: \* Figures related to School Education are provisional.*

**Table 3.3: Level-wise Enrolment in school education (in lakh)**

Level/ Year	Primary (I-V)		Upper Primary (VI-VIII)		Secondary (IX-X)		Higher Secondary (XI-XII)	
	Male	Female	Male	Female	Male	Female	Male	Female
2005-06	705	616	289	233	145	105	78	56
2006-07	711	626	299	246	149	110	81	60
2007-08	711	644	311	262	159	123	93	70
2008-09	706	647	314	270	165	130	95	74
2009-10	697	639	317	278	169	138	99	79
2010-11	701	646	327	292	175	143	109	86
2011-12	726	672	331	299	186	155	116	94
2012-13*	696	652	333	317	183	163	107	93
2013-14*	686	638	341	323	197	176	118	105
2014-15*	676	629	345	327	201	182	124	111
2015-16	669	622	347	329	205	186	130	117

Source: Educational Statistics at a glance 2016 ; School Education in India 2015-16 : Flash Statistics, U-DISE

Note: \* Provisional Figures

**Table 3.4 Gross Enrolment Ratio in different stages of education**

Year	Primary Classes ( I-V)			Upper primary Classes (VI-VIII)			Secondary (IX-X)			Higher Secondary (XI-XII)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
2005-06	105.8	112.8	109.4	66.4	75.2	71.0	57.6	46.2	52.2	31.4	25.2	28.5
2006-07	108.0	114.6	111.4	69.6	77.6	73.8	58.6	47.4	53.5	31.5	26.1	28.9
2007-08	112.6	115.3	114.0	74.4	81.5	78.1	62.6	53.2	58.2	36.3	30.4	33.5
2008-09	114.0	114.7	114.3	76.6	82.7	79.8	64.8	55.5	60.4	37.5	31.6	34.5
2009-10	113.8	113.8	113.8	79.0	84.3	81.7	66.7	58.7	62.9	38.5	33.5	36.1
2010-11	116.3	114.9	115.5	82.9	87.5	85.2	69.2	60.9	65.2	42.3	36.2	39.4
2011-12	107.1	105.8	106.5	81.4	82.5	82.0	69.0	63.9	66.6	47.6	43.9	45.9
2012-13*	107.2	104.8	106.0	84.6	80.6	82.5	69.6	67.0	68.1	41.9	39.5	40.8
2013-14*	102.6	100.2	101.4	92.8	86.3	89.3	76.8	76.5	76.6	52.8	51.6	52.2
2014-15*	101.4	98.9	100.1	95.3	87.7	91.2	78.1	78.9	78.5	54.6	53.8	54.2
2015-16	100.7	97.9	99.2	97.6	88.7	92.8	81.0	79.2	80.0	56.4	56.0	56.2

Source: Educational Statistics at a Glance 2016, MHRD

School Education in India 2015-16 : Flash Statistics, U-DISE

Note: \* Figures related to School Education are provisional.

**Table 3.5: Gross Enrolment Ratio for different stage of Education : 2015-16**

States/UTs	Primary			Upper Primary			Secondary			Higher Secondary		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Andaman & Nicobar Islands	91.13	86.76	88.93	86.35	81.97	84.14	89.07	84.28	86.69	72.92	76.40	74.62
Andhra Pradesh	84.88	84.05	84.48	81.12	81.56	81.33	74.63	76.48	75.51	58.28	62.27	60.16
Arunachal Pradesh	127.61	125.88	126.76	127.14	133.20	130.13	91.66	87.58	89.63	62.02	61.60	61.81
Assam	104.70	107.59	106.11	87.65	98.75	93.05	72.48	83.04	77.59	38.22	39.47	38.81
Bihar	104.35	111.30	107.67	98.21	119.39	107.89	72.42	85.43	78.37	34.76	36.66	35.62
Chandigarh	77.42	86.57	81.44	90.42	102.40	95.53	85.23	89.84	87.19	80.86	86.75	83.28
Chhattisgarh	100.17	99.87	100.02	101.62	103.08	102.33	89.44	94.48	91.93	53.89	54.11	54.00
Dadra & Nagar Haveli	84.69	80.21	82.53	93.71	87.97	90.96	91.56	85.17	88.57	45.29	52.60	48.49
Daman & Diu	79.68	84.95	82.03	74.86	84.64	79.15	67.05	81.44	72.97	16.32	32.27	21.54
Delhi	108.04	113.93	110.71	118.86	140.55	128.12	103.23	111.27	106.81	73.25	83.60	77.90
Goa	100.89	104.45	102.57	96.83	100.93	98.74	103.03	105.44	104.16	70.79	81.59	75.84
Gujarat	95.64	99.11	97.24	94.70	96.99	95.73	80.26	66.82	74.13	45.17	41.42	43.43
Haryana	89.96	93.21	91.41	87.39	99.22	92.39	84.20	84.23	84.22	59.68	59.48	59.59
Himachal Pradesh	97.97	99.73	98.80	103.37	105.47	104.36	108.44	105.53	107.08	94.58	96.60	95.53
Jammu & Kashmir	84.86	87.24	85.98	68.77	71.85	70.20	67.65	65.88	66.81	61.01	55.98	58.60
Jharkhand	108.56	109.92	109.22	97.75	108.19	102.73	70.70	76.93	73.65	47.75	48.98	48.32
Karnataka	102.93	103.04	102.98	92.43	94.39	93.37	82.35	84.19	83.22	37.12	42.87	39.86
Kerala	95.45	95.44	95.44	94.55	96.28	95.39	102.31	102.58	102.44	72.88	82.44	77.56
Lakshadweep	77.90	69.90	73.80	92.53	75.67	83.26	105.39	102.06	103.66	93.23	102.35	98.16
Madhya Pradesh	95.35	93.52	94.47	90.49	98.13	94.02	81.54	79.30	80.49	47.04	43.24	45.25
Maharashtra	97.86	97.60	97.74	97.44	101.38	99.24	91.97	87.62	89.95	68.74	66.74	67.81
Manipur	128.91	132.90	130.85	127.00	132.94	129.89	93.61	92.52	93.07	71.10	64.81	67.95
Meghalaya	138.75	143.12	140.90	126.00	146.20	135.89	80.73	93.94	87.27	39.77	47.03	43.35
Mizoram	124.91	121.00	122.99	135.90	133.60	134.78	107.26	110.85	109.02	53.57	57.86	55.68
Nagaland	98.14	100.96	99.50	98.55	106.40	102.28	68.90	74.57	71.62	36.42	36.44	36.43
Odisha	104.91	102.50	103.73	94.86	93.63	94.26	79.40	79.83	79.61	@	@	@
Puducherry	80.20	90.23	84.79	82.41	92.57	87.04	83.59	95.38	88.95	64.74	86.95	74.80
Punjab	99.87	103.99	101.70	95.01	102.92	98.38	87.12	86.97	87.06	69.03	71.69	70.19
Rajasthan	101.27	99.48	100.43	91.46	91.21	91.34	81.15	70.12	76.06	66.09	51.59	59.31
Sikkim	107.27	98.32	102.87	143.72	157.85	150.61	113.52	126.14	119.78	60.72	75.88	68.23
Tamil Nadu	103.39	104.43	103.89	92.55	95.65	94.03	91.86	96.18	93.92	74.14	90.60	82.03
Telangana	103.13	102.90	103.02	88.61	90.27	89.41	80.73	84.44	82.53	57.99	64.88	61.32
Tripura	107.58	108.36	107.96	125.75	130.33	127.97	116.17	120.91	118.49	45.24	41.53	43.46
Uttar Pradesh	88.63	96.16	92.15	68.24	83.49	75.08	67.65	67.86	67.75	62.21	59.26	60.78
Uttarakhand	98.87	99.76	99.29	85.84	88.07	86.89	85.71	85.73	85.72	73.36	78.54	75.83
West Bengal	103.13	104.26	103.68	97.90	112.64	105.00	74.92	92.65	83.56	48.98	54.36	51.54
<b>India</b>	<b>97.87</b>	<b>100.69</b>	<b>99.21</b>	<b>88.72</b>	<b>97.57</b>	<b>92.81</b>	<b>79.16</b>	<b>80.97</b>	<b>80.01</b>	<b>55.95</b>	<b>56.41</b>	<b>56.16</b>

Source: School Education in India: U-DISE 2015-16

Note:

@ In a few states such as Odisha higher secondary is part of higher education which may not have been covered under U-DISE.

Enrolment Ratios are based on child population provided by the Department of Higher Education, Ministry of HRD

**Table 3.6: Net Enrolment Ratio for different stages of Education : 2015-16**

States/UTs	Primary			Upper Primary			Secondary			Higher Secondary		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Andaman & Nicobar Islands	79.39	76.01	77.69	67.87	63.98	65.91	58.68	57.9	58.29	43.45	47.48	45.42
Andhra Pradesh	71.23	73.03	72.1	61.39	65.49	63.37	49.63	55.18	52.29	23.1	26.7	24.8
Arunachal Pradesh	-	-	-	-	-	-	65.74	64.03	64.9	40.43	39.95	40.19
Assam	98.26	-	99.6	73.66	82.25	77.83	52.42	59.13	55.67	26.47	27.43	26.92
Bihar	97.49	-	-	88.26	-	96.88	45.22	52.65	48.62	20.06	20.93	20.45
Chandigarh	68.32	77.21	72.23	70.58	80.11	74.64	57.77	61.79	59.49	54.12	59.17	56.19
Chhattisgarh	91.66	91.72	91.69	81.31	82.93	82.1	54.56	57.36	55.94	31.51	33.06	32.28
Dadra & Nagar Haveli	78.22	75.53	76.92	71.21	66.98	69.18	58.6	54.72	56.78	25.98	32.11	28.66
Daman & Diu	69.29	74.06	71.42	58.85	67.08	62.45	44.5	54.63	48.67	12.55	24.41	16.43
Delhi	91.05	96.16	93.36	91.14	-	98.08	66.93	70.95	68.73	47.78	54.3	50.71
Goa	93.91	97.61	95.66	82.51	87.38	84.78	75.72	81.56	78.45	48.04	58.52	52.94
Gujarat	81.07	84.09	82.46	72.38	74.55	73.35	51.53	42.78	47.54	28.71	26.43	27.65
Haryana	72.66	75.12	73.76	65.93	74.04	69.36	50.75	50.51	50.65	31.8	31.06	31.47
Himachal Pradesh	81.5	82.77	82.1	79.66	81.36	80.46	68.04	66.61	67.37	53.47	55	54.18
Jammu & Kashmir	71.48	73.41	72.39	54.71	57.56	56.04	43.75	43.32	43.55	31.89	31.09	31.51
Jharkhand	96.54	97.93	97.21	85.06	93.57	89.12	48.07	51.32	49.61	27.74	29.23	28.43
Karnataka	96.32	96.48	96.4	78.43	80.39	79.37	61.57	62.78	62.14	24.91	29.3	27
Kerala	85.56	85.73	85.65	79.25	80.68	79.94	76.54	76.49	76.52	51.87	58.64	55.19
Lakshadweep	77.46	69.31	73.28	74.31	63.19	68.2	69.12	68.1	68.59	56.37	69.62	63.53
Madhya Pradesh	80.39	79.22	79.83	69.47	75.6	72.31	47.33	45.69	46.56	24.97	23.46	24.26
Maharashtra	85.83	85.74	85.79	76.63	80.7	78.49	60.47	59.33	59.94	41.31	42.48	41.85
Manipur	-	-	-	-	-	-	82.86	82.24	82.56	55.07	51.01	53.04
Meghalaya	95.81	97.94	96.86	69.75	76.12	72.87	46.12	53.72	49.88	23.77	28.24	25.98
Mizoram	-	97.67	99	91.5	93.6	92.52	56.6	63.7	60.08	30.04	34.13	32.05
Nagaland	82.22	84.25	83.2	77.92	84.16	80.89	44.46	48.59	46.44	22.24	23.08	22.65
Odisha	91.53	89.45	90.51	72.38	71.6	72	52.76	53.08	52.92	@	@	@
Puducherry	65.61	73.67	69.3	60.55	68.03	63.96	49.45	56.55	52.68	36.07	48.89	41.88
Punjab	82.16	86.54	84.1	86.26	93.26	89.24	51.11	52.24	51.6	40.74	42.94	41.7
Rajasthan	79.74	78.59	79.2	67.55	66.73	67.18	44.44	37.3	41.14	33.51	25.63	29.82
Sikkim	76.59	74.32	75.47	78.34	87.02	82.57	38.91	44.15	41.51	21.69	28.75	25.18
Tamil Nadu	90.46	91.37	90.9	75.9	78.31	77.05	64.93	67.03	65.93	47.4	56.94	51.97
Telangana	80.51	80.77	80.64	67.59	69.36	68.45	51.24	53.62	52.39	19.98	22.1	21.01
Tripura	97.58	98.43	97.99	-	-	-	88.42	91.27	89.82	33.32	30.08	31.77
Uttar Pradesh	79.89	86.68	83.07	55.11	67.19	60.53	42.04	41.9	41.98	34.7	33.07	33.91
Uttarakhand	84.03	84.86	84.42	65.68	66.86	66.24	52.07	50.86	51.49	40.4	43	41.64
West Bengal	93.63	94.42	94.02	76.19	86.82	81.3	47.19	57.77	52.35	29.46	32.92	31.11
<b>India</b>	<b>85.98</b>	<b>88.77</b>	<b>87.3</b>	<b>71.35</b>	<b>78.68</b>	<b>74.74</b>	<b>50.66</b>	<b>51.93</b>	<b>51.26</b>	<b>31.97</b>	<b>32.67</b>	<b>32.3</b>

Source: School Education in India: U-DISE 2015-16

Note: Level-wise enrolment of children within the official age-group as a percentage of the population of that age-group. Enrolment Ratios are based on child population provided by the Department of Higher Education, Ministry of HRD.

@: Higher secondary is part of higher education which may not have been covered under U-DISE.

**Table 3.7: Gender Parity Index (GPI) in different stages of Education**

Level/ Year	Primary (I-V)	Upper Primary (VI-VIII)	Elementary (I-VIII)	Secondary ( IX-X)	Higher Secondary (XI-XII)
2005-06	0.94	0.88	0.92	0.80	0.80
2006-07	0.94	0.90	0.93	0.81	0.83
2007-08	0.98	0.91	0.96	0.85	0.84
2008-09	0.99	0.93	0.97	0.86	0.85
2009-10	1.00	0.94	0.98	0.88	0.87
2010-11	1.01	0.95	0.99	0.88	0.86
2011-12	1.01	0.99	1.00	0.93	0.92
2012-13*	1.02	1.05	1.03	0.96	0.94
2013-14*	1.03	1.08	1.04	1.00	0.98
2014-15*	1.03	1.09	1.05	1.01	0.99
2015-16	1.03	1.10	1.05	1.02	1.01

Source: Educational Statistics at a Glance 2016 , MHRD  
School Education in India 2015-16 : Flash Statistics, U-DISE

Note: \* Figures related to School Education are provisional.

**Table 3.8: Gender Parity Index for different stages of Education : 2015-16**

States/UTs	Primary	Upper Primary	Elementary	Secondary	Higher Secondary
Andaman & Nicobar Islands	0.95	0.95	0.95	0.95	1.05
Andhra Pradesh	0.99	1.01	1.00	1.02	1.07
Arunachal Pradesh	0.99	1.05	1.01	0.96	0.99
Assam	1.03	1.13	1.06	1.15	1.03
Bihar	1.07	1.22	1.11	1.18	1.05
Chandigarh	1.12	1.13	1.12	1.05	1.07
Chhattisgarh	1.00	1.01	1.00	1.06	1.00
Dadra & Nagar Haveli	0.95	0.94	0.94	0.93	1.16
Daman & Diu	1.07	1.13	1.09	1.21	1.98
Delhi	1.05	1.18	1.10	1.08	1.14
Goa	1.04	1.04	1.04	1.02	1.15
Gujarat	1.04	1.02	1.03	0.83	0.92
Haryana	1.04	1.14	1.07	1.00	1.00
Himachal Pradesh	1.02	1.02	1.02	0.97	1.02
Jammu & Kashmir	1.03	1.04	1.03	0.97	0.92
Jharkhand	1.01	1.11	1.04	1.09	1.03
Karnataka	1.00	1.02	1.01	1.02	1.15
Kerala	1.00	1.02	1.01	1.00	1.13
Lakshadweep	0.90	0.82	0.87	0.97	1.10
Madhya Pradesh	0.98	1.08	1.02	0.97	0.92
Maharashtra	1.00	1.04	1.01	0.95	0.97
Manipur	1.03	1.05	1.04	0.99	0.91
Meghalaya	1.03	1.16	1.07	1.16	1.18
Mizoram	0.97	0.98	0.97	1.03	1.08
Nagaland	1.03	1.08	1.04	1.08	1.00
Odisha	0.98	0.99	0.98	1.01	@
Puducherry	1.13	1.12	1.12	1.14	1.34
Punjab	1.04	1.08	1.06	1.00	1.04
Rajasthan	0.98	1.00	0.99	0.86	0.78
Sikkim	0.92	1.10	0.99	1.11	1.25
Tamil Nadu	1.01	1.03	1.02	1.05	1.22
Telangana	1.00	1.02	1.00	1.05	1.12
Tripura	1.01	1.04	1.02	1.04	0.92
Uttar Pradesh	1.08	1.22	1.13	1.00	0.95
Uttarakhand	1.01	1.03	1.01	1.00	1.07
West Bengal	1.01	1.15	1.06	1.24	1.11
<b>India</b>	<b>1.03</b>	<b>1.10</b>	<b>1.05</b>	<b>1.02</b>	<b>1.01</b>

Source: School Education in India: U-DISE 2015-16

Note: @ In a few states such as Odisha higher secondary is part of higher education which may not have been covered under U-DISE.

Table 3.9: Gross Attendance Ratio for different stages of education : 2014

States/UTs	Primary	Upper Primary	Primary & Upper Primary	Secondary	Higher Secondary	Primary to Higher Secondary
Andaman & Nicobar Islands	109	86	98	99	112	101
Andhra Pradesh	105	92	100	88	70	93
Arunachal Pradesh	82	130	97	114	73	96
Assam	103	116	107	90	72	100
Bihar	97	89	95	78	55	87
Chandigarh	90	94	92	117	106	101
Chhattisgarh	102	87	96	88	60	89
Dadra & Nagar Haveli	96	82	91	101	37	86
Daman & Diu	88	40	69	72	93	73
Delhi	96	96	96	79	93	93
Goa	74	90	81	169	79	97
Gujarat	100	92	97	80	53	87
Haryana	100	90	96	91	80	93
Himachal Pradesh	105	99	103	111	96	103
Jammu & Kashmir	115	93	107	109	82	103
Jharkhand	105	90	99	95	51	91
Karnataka	99	88	95	99	65	91
Kerala	100	92	97	112	100	100
Lakshadweep	91	104	96	114	167	108
Madhya Pradesh	102	97	100	80	61	90
Maharashtra	100	92	97	101	67	92
Manipur	100	92	98	100	122	101
Meghalaya	107	116	110	122	50	102
Mizoram	103	97	101	128	99	105
Nagaland	103	84	96	105	116	101
Odisha	104	83	96	100	48	89
Puducherry	107	91	102	98	67	94
Punjab	108	88	101	91	93	98
Rajasthan	102	90	98	83	65	91
Sikkim	114	141	122	109	83	112
Tamil Nadu	101	89	96	108	74	95
Telangana	111	87	101	98	79	97
Tripura	103	114	107	105	67	102
Uttar Pradesh	102	78	93	67	59	84
Uttarakhand	106	103	105	92	71	98
West Bengal	100	106	102	97	56	94
<b>India</b>	<b>101</b>	<b>90</b>	<b>97</b>	<b>87</b>	<b>64</b>	<b>90</b>

Source: NSS 71st Round (2014)

**Table 3.10: Net Attendance Ratio for different stages of education : 2014**

States/UTs	Primary	Upper Primary	Primary & Upper Primary	Secondary	Higher Secondary
Andaman & Nicobar Islands	83	65	85	55	58
Andhra Pradesh	89	71	91	54	49
Arunachal Pradesh	70	67	84	55	29
Assam	87	72	93	56	35
Bihar	77	57	83	44	26
Chandigarh	78	70	84	84	78
Chhattisgarh	85	58	85	55	35
Dadra & Nagar Haveli	88	67	87	59	27
Daman & Diu	83	38	69	55	59
Delhi	82	67	87	43	56
Goa	71	62	80	92	63
Gujarat	88	70	90	54	37
Haryana	82	65	86	55	51
Himachal Pradesh	90	80	92	67	66
Jammu & Kashmir	91	62	93	44	38
Jharkhand	81	56	86	43	25
Karnataka	91	74	90	74	47
Kerala	90	76	92	80	74
Lakshadweep	91	85	94	75	59
Madhya Pradesh	84	68	87	47	32
Maharashtra	88	71	90	62	46
Manipur	88	64	92	68	57
Meghalaya	86	58	89	38	12
Mizoram	87	70	93	64	26
Nagaland	88	66	89	73	70
Odisha	88	66	87	67	32
Puducherry	96	79	94	57	49
Punjab	87	60	89	53	54
Rajasthan	81	57	85	43	29
Sikkim	96	68	97	42	27
Tamil Nadu	88	72	89	69	53
Telangana	93	68	92	68	52
Tripura	94	77	97	62	27
Uttar Pradesh	77	48	81	36	31
Uttarakhand	96	85	96	61	49
West Bengal	85	73	90	55	28
<b>India</b>	<b>83</b>	<b>63</b>	<b>87</b>	<b>52</b>	<b>38</b>

Source: NSS 71st Round (2014)

**Table 4.1 : Proportion of Child workers by age group, India - Census 2011**

States/UTs	5-9 years					10-14 years				
	Rural	Urban	Total	Male	Female	Rural	Urban	Total	Male	Female
Andaman & Nicobar Islands	2.13	1.88	2.04	2.06	2.01	3.25	2.97	3.14	3.58	2.69
Andhra Pradesh	1.64	3.10	2.11	2.17	2.04	7.02	4.88	6.33	6.26	6.41
Arunachal Pradesh	2.78	2.63	2.75	2.71	2.80	7.52	4.55	6.87	6.67	7.07
Assam	1.66	1.77	1.67	1.74	1.60	6.75	4.16	6.46	7.91	4.93
Bihar	2.34	2.16	2.32	2.42	2.21	5.47	3.93	5.31	6.06	4.48
Chandigarh	0.72	1.52	1.50	1.61	1.36	5.28	3.10	3.16	3.58	2.64
Chhattisgarh	1.65	0.74	1.46	1.43	1.50	8.80	2.68	7.54	7.38	7.70
Dadra & Nagar Haveli	0.73	0.93	0.81	0.89	0.73	5.91	3.48	5.03	4.56	5.55
Daman & Diu	0.45	0.71	0.63	0.66	0.60	2.21	5.68	4.41	6.48	2.01
Delhi	0.55	0.63	0.62	0.67	0.57	1.36	1.63	1.62	2.15	0.99
Goa	3.55	4.35	4.05	4.04	4.06	4.73	5.40	5.15	5.47	4.80
Gujarat	1.41	1.64	1.50	1.59	1.38	7.27	4.25	6.11	6.41	5.77
Haryana	0.98	1.86	1.27	1.32	1.21	3.52	3.23	3.43	3.79	2.97
Himachal Pradesh	5.71	1.70	5.35	5.22	5.49	16.06	3.05	14.86	14.32	15.47
Jammu & Kashmir	2.08	2.56	2.18	2.21	2.15	6.32	4.68	5.95	6.02	5.87
Jharkhand	2.40	1.06	2.14	2.12	2.15	8.98	2.45	7.60	7.70	7.49
Karnataka	1.55	2.22	1.79	1.85	1.74	6.45	4.38	5.71	6.13	5.26
Kerala	0.61	0.63	0.62	0.64	0.59	1.10	1.00	1.05	1.22	0.88
Lakshadweep	0.22	0.82	0.67	0.80	0.53	0.72	0.76	0.75	0.95	0.57
Madhya Pradesh	1.75	1.28	1.64	1.64	1.65	7.67	3.24	6.59	6.83	6.33
Maharashtra	2.33	1.98	2.18	2.23	2.13	5.71	3.49	4.78	5.06	4.47
Manipur	4.10	2.02	3.56	3.61	3.51	8.82	4.05	7.56	7.52	7.60
Meghalaya	3.31	1.25	3.00	2.99	3.02	9.72	3.15	8.57	9.49	7.62
Mizoram	1.60	0.86	1.27	1.24	1.30	7.56	3.06	5.37	5.21	5.54
Nagaland	7.41	2.35	6.12	6.07	6.18	25.00	6.27	19.92	19.88	19.96
Odisha	1.52	1.57	1.53	1.52	1.54	6.74	3.46	6.26	6.35	6.15
Puducherry	0.82	0.76	0.78	0.83	0.73	1.46	1.26	1.33	1.62	1.02
Punjab	1.88	2.83	2.22	2.34	2.08	4.65	5.07	4.80	5.66	3.71
Rajasthan	1.73	0.99	1.58	1.48	1.68	10.23	2.87	8.61	7.52	9.84
Sikkim	4.09	1.80	3.58	3.70	3.47	14.60	5.02	12.49	12.94	12.03
Tamil Nadu	1.51	1.69	1.59	1.62	1.56	3.40	2.90	3.17	3.47	2.85
Tripura	0.82	0.72	0.80	0.84	0.75	3.35	1.86	3.04	3.38	2.68
Uttar Pradesh	2.60	3.17	2.71	2.87	2.53	5.84	5.60	5.79	6.66	4.81
Uttarakhand	2.10	1.58	1.96	1.94	1.98	6.25	3.07	5.39	5.54	5.22
West Bengal	1.12	1.83	1.31	1.39	1.22	4.87	4.74	4.83	6.02	3.59
<b>India</b>	<b>2.01</b>	<b>1.96</b>	<b>2.00</b>	<b>2.06</b>	<b>1.93</b>	<b>6.42</b>	<b>3.84</b>	<b>5.72</b>	<b>6.14</b>	<b>5.26</b>

Source: Census of India 2011, Registrar General of India

**Table 4.2 : Crime Against Children (IPC + SLL)**

States/UTs	Crime Incidence			Crime Rate 2016
	2014	2015	2016	
Andaman & Nicobar Islands	50	102	86	61.4
Andhra Pradesh	2059	1992	1847	11.8
Arunachal Pradesh	134	181	133	28.3
Assam	1385	2835	3964	33.3
Bihar	2255	1917	3932	8.8
Chandigarh	208	271	222	55.5
Chhattisgarh	4358	4469	4746	47.2
Dadra & Nagar Haveli	11	35	21	16.2
Daman & Diu	7	28	31	34.4
Delhi	9350	9489	8178	146.0
Goa	330	242	230	44.2
Gujarat	3219	3623	3637	17.6
Haryana	2540	3262	3099	33.4
Himachal Pradesh	467	477	467	21.6
Jammu & Kashmir	211	308	222	4.9
Jharkhand	423	406	717	5.5
Karnataka	3416	3961	4455	22.7
Kerala	2391	2384	2879	30.8
Lakshadweep	1	2	5	25.0
Madhya Pradesh	15085	12859	13746	45.7
Maharashtra	8115	13921	14559	38.5
Manipur	137	110	134	14.0
Meghalaya	213	257	240	24.0
Mizoram	178	186	188	50.8
Nagaland	25	61	78	11.6
Odisha	2196	2562	3286	23.4
Puducherry	38	56	71	15.1
Punjab	1762	1836	1843	21.0
Rajasthan	3880	3689	4034	14.1
Sikkim	93	64	110	55.0
Tamil Nadu	2354	2617	2856	14.1
Telangana	1930	2697	2909	26.0
Tripura	369	255	274	22.1
Uttar Pradesh	14835	11420	16079	18.2
Uttarakhand	489	635	676	17.6
West Bengal	4909	4963	7004	23.8
<b>India</b>	<b>89423</b>	<b>94172</b>	<b>106958</b>	<b>24.0</b>

Source: Crime in India 2016, NCRB

Note: IPC: Indian Penal Code      SLL: Special & Local Laws

Crime Rate is calculated as Crime per one lakh of children population

**Table 4.3 : Incidence of Crime against Children under various crime Heads- 2016**

Sl. No.	Crime Head	Crime Incidence	Share in total crime incidence
<b>IPC Crimes</b>			
1	Murder	1640	1.53
2	Abetment of Suicide of Child	41	0.04
3	Attempt to Commit Murder	213	0.20
4	Infanticide	93	0.09
5	Foeticide	144	0.13
6	Exposure and Abandonment	811	0.76
7	Kidnapping & Abduction	54723	51.16
7.1	Kidnapping & Abduction	27534	25.74
7.2	K & A in order to Murder	222	0.21
7.3	Kidnapping for Ransom	166	0.16
7.4	K & A of Women to Compel her for Marriage	16636	15.55
7.5	Procurator of Minor Girls	2465	2.30
7.6	Importation of Girls from Foreign Country	5	0.00
7.7	Other Kidnapping	7695	7.19
8	Human Trafficking	340	0.32
9	Selling of Minors for Prostitution	122	0.11
10	Buying of Minors for Prostitution	7	0.01
11	Unnatural Offences	1247	1.17
	<b>Total IPC Crimes against Children</b>	<b>59381</b>	<b>55.52</b>
<b>SLL Crimes</b>			
12	Protection of Children from Sexual Offences Act	36022	33.68
12.1	Child Rape	19765	18.48
12.2	Sexual Assault of Children	12226	11.43
12.3	Sexual Harassment	934	0.87
12.4	Use of Child for Pornography/ Storing Child Pornography	47	0.04
12.5	Other Section of POCSO	3050	2.85
13	Juvenile Justice (Care and Protection of Children) Act, 2000	2253	2.11
14	Immoral Traffic (Prevention) Act, 1956	56	0.05
15	Child Labour (Prohibition & Regulation) Act, 1986	204	0.19
16	Prohibition of Child Marriage Act, 2006	326	0.30
17	Other Crime Committed Against Children (IPC+SLL)	8716	8.15
	<b>Total SLL Crimes against Children</b>	<b>47577</b>	<b>44.48</b>
<b>Total Crime against Children</b>		<b>106958</b>	<b>100.00</b>

Source: Crime in India 2016, NCRB

**Table 4.4 : Cases Registered against Juveniles (IPC+SLL)**

States/UTs	2014	2015	2016	Crime Rate
Andaman & Nicobar Islands	14	13	12	8.6
Andhra Pradesh	883	1015	809	5.2
Arunachal Pradesh	81	66	57	12.1
Assam	487	624	436	3.7
Bihar *	4371	1658	2335	5.2
Chandigarh	116	100	96	24.0
Chhattisgarh	1691	1914	1953	19.4
Dadar & Nagar Haveli	6	17	0	0.0
Daman & Diu	2	3	7	7.8
Delhi	1969	2366	2499	44.6
Goa	64	28	21	4.0
Gujarat *	4380	1577	1681	8.1
Haryana	1041	1098	1186	12.8
Himachal Pradesh	272	195	204	9.4
Jammu & Kashmir	102	181	198	4.4
Jharkhand	150	124	140	1.1
Karnataka	412	446	453	2.3
Kerala	1203	1398	628	6.7
Lakshadweep	1	0	0	0.0
Madhya Pradesh	6512	6583	7369	24.5
Maharashtra	5407	5693	6606	17.5
Manipur	23	17	10	1.0
Meghalaya	125	111	84	8.4
Mizoram	44	41	53	14.3
Nagaland	10	17	18	2.7
Odisha	838	934	994	7.1
Puducherry	16	61	72	15.3
Punjab	277	111	117	1.3
Rajasthan	2309	2203	2273	8.0
Sikkim	19	41	27	13.5
Tamil Nadu	1549	1814	2217	11.0
Telangana	931	1252	998	8.9
Tripura	64	37	25	2.0
Uttar Pradesh	1397	1006	1438	1.6
Uttarakhand	123	127	124	3.2
West Bengal *	1566	562	709	2.4
<b>India</b>	<b>38455</b>	<b>33433</b>	<b>35849</b>	<b>8.0</b>

Source: Crime in India 2016, NCRB

Note: \*Data for the year 2014 is under clarification (Bihar, Gujarat, West Bengal)

Crime Rate is calculated as Crime per one lakh of children population

Children In India-2018

**Table 4.5 : Juveniles Apprehended under various crime head – 2016**

Crime Head	Below 12 years	12-16 years	16-18 years	Total
<b>IPC Cases</b>				
Murder	13	263	901	1177
Culpable Homicide not Amounting to Murder	5	26	38	69
Causing Death by Negligence	5	65	230	300
Attempt to Commit Murder	4	239	1035	1278
Attempt to Commit Culpable Homicide	0	15	65	80
Grievous Hurt	15	313	1090	1418
Causing Injuries under Rash Driving	7	285	931	1223
Unlawful Assembly	2	54	122	178
Rioting	10	325	1691	2026
Assault on Women with Intent to Outrage her Modesty	10	329	1288	1627
Insult to the Modesty of Women	1	28	65	94
Kidnapping & Abduction	4	162	1198	1364
Human Trafficking	0	0	21	21
Rape	29	464	1561	2054
Attempt to Commit Rape	2	18	53	73
Unnatural Offences	8	92	118	218
Theft	222	2935	6982	10139
Criminal Trespass/Burglary	78	1268	2466	3812
Robbery	10	433	1355	1798
Dacoity	0	54	273	327
Extortion	0	10	92	102
Cheating	0	25	163	188
Arson	2	18	70	90
Forgery	0	2	17	19
Counterfeiting	0	3	11	14
Other IPC Cases	186	2921	9030	12137
<b>Total Cognizable IPC Crimes</b>	<b>613</b>	<b>10347</b>	<b>30866</b>	<b>41826</b>
<b>SLL Cases</b>				
Juvenile Justice (Care and Protection of Children) Act, 2000	0	223	2	225
Arms Act, 1959	2	32	209	243
Excise Act, 1944	0	55	188	243
Gambling Act, 1867	0	52	206	258
Prohibition Act (State)	0	21	155	176
Narcotic Drugs & Psychotropic Substances Act, 1985	0	34	161	195
Information Technology Act, 2000	0	5	20	25
SC/ST (Prevention of Atrocities) Act, 1989)	9	3	7	19
Explosives and Explosive Substances Act	0	1	6	7
Indian Railways Act, 1989	0	1	2	3
Unlawful Activities (Prevention) Act, 1967	0	0	1	1
Other SLL Crimes	13	183	754	950
<b>Total Cognizable SLL Crimes</b>	<b>24</b>	<b>610</b>	<b>1711</b>	<b>2345</b>
<b>GRAND TOTAL (IPC+SLL)</b>	<b>637</b>	<b>10957</b>	<b>32577</b>	<b>44171</b>

Source: Crime in India 2016, NCRB

**Table 4.6 : Disabled Children (0-6 years) - Census, 2011**

States/UTs	Disabled population	Disabled children	Share of disabled children in the disabled population	Share of disabled children to the total disabled children
Andaman & Nicobar Islands	6660	385	5.78	0.02
Andhra Pradesh	2266607	127168	5.61	6.22
Arunachal Pradesh	26734	2123	7.94	0.10
Assam	480065	35742	7.45	1.75
Bihar	2331009	290999	12.48	14.24
Chandigarh	14796	933	6.31	0.05
Chhattisgarh	624937	35229	5.64	1.72
Dadra & Nagar Haveli	3294	321	9.74	0.02
Daman & Diu	2196	113	5.15	0.01
Delhi	234882	13760	5.86	0.67
Goa	33012	1519	4.60	0.07
Gujarat	1092302	78316	7.17	3.83
Haryana	546374	37733	6.91	1.85
Himachal Pradesh	155316	7203	4.64	0.35
Jammu & Kashmir	361153	27939	7.74	1.37
Jharkhand	769980	73262	9.51	3.59
Karnataka	1324205	92853	7.01	4.55
Kerala	761843	26242	3.44	1.28
Lakshadweep	1615	77	4.77	0.00
Madhya Pradesh	1551931	117731	7.59	5.76
Maharashtra	2963392	217361	7.33	10.64
Manipur	58547	5201	8.88	0.25
Meghalaya	44317	5058	11.41	0.25
Mizoram	15160	908	5.99	0.04
Nagaland	29631	1930	6.51	0.09
Odisha	1244402	81105	6.52	3.97
Puducherry	30189	1273	4.22	0.06
Punjab	654063	43664	6.68	2.14
Rajasthan	1563694	89791	5.74	4.40
Sikkim	18187	628	3.45	0.03
Tamil Nadu	1179963	62538	5.30	3.06
Tripura	64346	4389	6.82	0.21
Uttar Pradesh	4157514	414824	9.98	20.31
Uttarakhand	185272	12164	6.57	0.60
West Bengal	2017406	132405	6.56	6.48
<b>India</b>	<b>26814994</b>	<b>2042887</b>	<b>7.62</b>	

Source: Census of India 2011, Registrar General of India  
Children In India-2018

# Annexure

### **Definition, Constitutional and Legal provisions, Policies and Programmes with respect to Children**

#### **Definition**

The United Nation's Convention on the Rights of the Child (UNCRC) is an international agreement which has incorporated rights of children without any discrimination whatsoever. Its preamble is based on four basic principles of Non-discrimination (Article 2), Best Interest of the Child (Article 3), Right to Life Survival and Development (Article 6) and Right to be Heard (Article 12). It was ratified by India on 11 December 1992. The UNCRC defines a child as *a human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier*. This definition of the child has definite bearing not only on child development programmes and on budgetary provisions for them, but also on production of statistics as applicable to different cross-sections of children in terms of reference ages. Nationally, the preamble of the National Policy for Children 2013 of India recognizes that-

- A child is any person below the age of eighteen years;
- Childhood is an integral part of life with a value of its own;
- Children are not a homogenous group and their different needs need different responses, especially the multi-dimensional vulnerabilities experienced by children in different circumstances;
- A long term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children.

In India, rights of citizens including that of children have been directly or indirectly provided for by the Constitution of India. The country has a well framed Constitutional, Legal and Policy structure to safeguard different cross-sections of children which align with specific age-groups issues for specific target groups of children such as, child labourers, children in school education, children in crimes, etc.

## **Constitutional Provisions**

The Constitution in its Part III (Fundamental Rights) and Part IV (Directive Principles of State Policy) guarantees under the articles mentioned below, rights to the children of India:

- Article 14: Citizens of India, including children, must be treated equally before law and must be given equal protection by the law without any discrimination or arbitrariness.
- Article 15 – The State shall not discriminate against any citizen .... Nothing in this article prevents the State from making any special provision for children.
- Article 15(1) – Prohibits discrimination against any citizen on the grounds of religion, race, caste, sex etc.
- Article 15(3): Discrimination is prohibited by the constitution. However, it shall not hold a ground to prevent the state from making special provisions for women and children for their benefit.
- Article 21: No person shall be deprived of his life or personal liberty without due process of law. A person has the right to adequate food, shelter, clothing, etc. Such life shall not mean mere animal existence.
- Article 21A: The State shall provide free and compulsory education to all the children falling in the age group of six to fourteen years in such manner as the State may, by law, determine.
- Article 23: Prohibits trafficking in human beings and beggar or any other form of forced labour.
- Article 24: Prohibits employment of children under the age of fourteen years in a factory, mine or in any other hazardous employment.
- Article 39 (e): The state shall strive to ensure that the tender age of children is not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.
- Article 39 (f): The state shall ensure children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity. It must also be ensured that childhood and youth are protected against exploitation and against moral and material abandonment.
- Article 41: The state is obliged to, within its economic capacity and development, secure provisions for educational opportunities and facilities.
- Article 44: The state shall make all possible efforts to secure a Uniform Civil Code for all the citizens, thereby implying a uniform code for the adoption of children.

- Article 45: The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.
- Article 46: It is the duty of the state to promote the educational and economic interests of weaker sections of the society with special care and therefore, the children therein.
- Article 47: The state is duty-bound to raise the level of nutrition and the standard of living and to improve public health, including that of children.
- Article 51 (c): International laws and treaties shall be respected by the state to every possible extent, including the CRC and its optional protocols, Optional Protocol to CRC on Sale of Children, Child Prostitution and Child Pornography and Optional Protocol to CRC on the Involvement of Children in Armed Conflict.
- Article 51 A (k): It shall be the duty of every citizen of India who is a parent or guardian to provide opportunities for education to his child or, as the case may be, ward between the age of six and fourteen years.
- Article 243G provides for the institutionalisation of child care by seeking to entrust programs of Women and Child Development to Panchayat (Item 25 of Schedule 11).

### **Legal Provisions**

Some of the important legislations in India to safeguard the rights of children are:

- The Guardian and Wards Act, 1890.
- The Immoral Traffic (Prevention) Act, 1956.  
The Immoral Traffic (Prevention) Act, 1956 [ITPA] is the premier legislation for prevention of trafficking for commercial sexual exploitation. It lays down stringent punishment for the perpetrators of the crime, such as, for keeping a brothel, living on the earnings of prostitution, procuring, inducing or taking persons for the sake of prostitution, detaining a person where prostitution is carried on etc. The Act also provides for setting up of Protective Homes by the State Governments.
- The Young Persons (Harmful Publications) Act, 1956.
- The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986
- The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and distribution) Act, 1992 and its amendment Act in 2003.
- Offences mentioned under IPC Indian Penal Code, 1860
- The Prohibition of Child Marriage Act 2006

Child marriage is a violation of child rights which has serious health repercussion on girls, such as frequent pregnancies, miscarriages and early motherhood. To eliminate the social evil of child marriages, the Prohibition of Child Marriage Act 2006 was enacted which prohibits child marriages rather than only restraining them. The Act prohibits the solemnization of child marriages where a person who, if a female has not completed 18 years of age and if a male has not completed 21 years of age. According to the Act, child marriage is a cognizable and non-bailable offence. The Act makes it mandatory for all States/UTs except Jammu and Kashmir to notify rules and prescribes that the States shall appoint Child Marriage Prohibition Officers (CMPOs) having responsibility over areas for preventing solemnisation of child marriage/s.

- The National Commission for Protection of Child Rights (NCPCR), a statutory body, was set up in March 2007 under the Commission for Protection of Child Rights Act, 2005, an Act of Parliament (December, 2005). The Commission's mandate is to ensure that all Laws, Policies, Programmes and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child.
- The Protection of Children from Sexual Offences (POCSO) Act, 2012  
To deal with child abuse cases, the Government has brought in a special law viz. "The Protection of children from Sexual Offences (POCSO) Act, 2012". The Act has come into force with effect from 14th November, 2012 along with the rules framed there under. The Act defines a child as any person below the age of 18 years and provides protection to all the children from the offences of sexual assault, sexual harassment and pornography. An offence is treated as "aggravated" when committed by a person in a position of trust or authority of child such as a member of security forces, public officer, public servant etc. The Act provides for the establishment of Special Courts for trial of offences under the Act, keeping the best interest of the child as of paramount importance at every stage of the judicial process. The Act incorporates child friendly procedures for reporting, recording of evidence, investigation and trial of offences.
- The Juvenile Justice (Care and Protection of Children) Act, 2015  
The act came into force on 15-01-2016 repealing the Juvenile Justice (Care and Protection of Children) Act, 2000. As per the provision of Section 110 (1) of JJ Act, 2015, the Juvenile Justice (Care and Protection of Children) Model Rules,

2016 have been framed repealing the Model Rules of 2007. The JJ Model Rules which were notified on 21st September, 2016 are based on the philosophy that children need to be reformed and reintegrated into society. The Rules are appreciative of the development needs of children and therefore best interest of the child along with child friendly procedures is incorporated across the provisions and is the primary objective of these Rules.

### **Policies and Programmes**

The Nation has implemented a number of Child centric policies addressing the issues of Child Survival, Child Development and Child Protection. The important among them are as follows:

1. National Policy for Children 1974, as the first policy document concerning the needs and rights of children, recognized children to be a supremely important asset to the country. The goal of the policy had been to take the next step in ensuring the constitutional provisions for children and the UN Declaration of Rights are implemented. It outlines services the state should provide for the complete development of a child, before and after birth and throughout a child's period of growth for their full physical, mental and social development.
2. National Policy on Education, 1986 was called for "special emphasis on the removal of disparities and to equalize educational opportunity," especially for Indian women, Scheduled Tribes (ST) and the Scheduled Caste (SC) communities. To achieve these, the policy called for expanding scholarships, adult education, recruiting more teachers from the SCs, incentives for poor families to send their children to school regularly, development of new institutions and providing housing and services. The NPE called for a "child-centered approach" in primary education, and launched "Operation Blackboard" to improve primary schools nationwide.
3. National Policy on child Labour, 1987 contains the action plan for tackling the problem of child labour. It envisaged a legislative action plan focusing and convergence of general development programmes for benefiting children wherever possible, and Project-based plan of action for launching of projects for the welfare of working children in areas of high concentration of child labour.
4. National Nutrition policy, 1993 was introduced to combat the problem of under-nutrition. It aims to address this problem by utilizing direct (short term) and indirect (long term) interventions in the area of food production and distribution,

health and family welfare, education, rural and urban development, woman and child development etc.

5. National Population Policy 2000 aims at improvement in the status of Indian children. It emphasized free and compulsory school education up to age 14, universal immunization of children against all vaccine preventable diseases, 100% registration of birth, death, marriage and pregnancy, substantial reduction in the infant mortality rate and maternal mortality ratio etc.
6. National Health Policy 2002: The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach is to increase access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Overriding importance is given to ensuring a more equitable access to health services across the social and geographical expanse of the country.
7. National Charter for children (NCC), 2003 highlights the Constitutional provisions towards the cause of the children and the role of civil society, communities and families and their obligations in fulfilling children's basic needs. Well-being of special groups such as children of BPL families, street children, girl child, child-care programmes, and educational programmes for prevention from exploitation find special mention in the NCC. It secures for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation. The Charter provides that the State and community shall undertake all possible measures to ensure and protect the survival, life and liberty of all children. For empowering adolescent, the Charter states that the State and community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens.
8. National Plan of Action for Children (NPA), 2005 was adopted by Government of India in the pursuit of well-being of children. NPA has a significant number of key areas of thrust out of which the one's relating to child protection are:
  - Complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child,

- Addressing and upholding the rights of children in difficult circumstances,
  - Securing for all children legal and social protection from all kinds of abuse, exploitation and neglect.
9. The National Policy for Children 2013 adheres to the Constitutional mandate and guiding principles of UNCRC and identifies rights of children under 4 key priority areas, namely, Survival, Health and Nutrition; Education and Development, Protection and Participation. The policy recognised that a child is any person below the age group of eighteen years. Childhood is an integral part of life with a value of its own. Children are not a homogenous group and their different needs, need different responses, especially the multi vulnerabilities experienced by children in different circumstances. A long term, sustainable multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children.

The National Policy for Children, 2013, reaffirmed that every child is unique and a supremely important national asset. Special measures and affirmative action are required to diminish or eliminate conditions that cause discrimination. All children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding. Families are to be supported by a strong social safety net in caring for and nurturing their children. In view of the furtherance of the objectives of the National ECCE Policy the following have been formulated and circulated to all states and UTs:

National ECCE Curriculum Framework has been framed to promote quality and excellence in early childhood education by providing guidelines for practices that would promote optimum learning and development of all young children and set out the broad arrangement of approaches and experiences rather than detailed defining of the content.

Quality Standards for ECCE have been framed to provide a framework that will assess the implementation of the ECCE programmes across the country and assist the ECCE centres and service providers in developing and maintaining dynamic quality programmes that reflect the objectives, the programmes, standards and practices of the ECCE policy.

Age appropriate child assessment Cards have been developed for use for formative assessment of children in the age bracket of 3-6 years.

10. National Early Childhood Care and Education (ECCE) Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development of child with focus on care and early learning for every child. It recognizes the synergistic and interdependent relationship between the health, nutrition, psycho-social and emotional needs of the child. This would add impetus to the ECCE activities mentioned in the revised service package of ICDS.

11. The National Plan of Action for Children 2016 was launched in the pursuit of well-being of children to provide a roadmap that links the Policy objectives to actionable strategies under the 4 key priority areas. It aims at establishing effective coordination and convergence among all stakeholders, including Ministries and Departments of Government of India and civil society organisations to address key issues pertaining to rights of children.

It is an initiative to further strengthen and activate the implementation and monitoring of national, constitutional and policy commitments and the UN Convention on the Rights of the child. In alignment with the National Policy for Children 2013, the NPAC has following objectives:

- i. Ensure equitable access to comprehensive and essential preventive, promotive, curative and rehabilitative health care of the highest standard, for all children before, during and after birth, and throughout the period of their growth and development.
- ii. Secure the right of every child to learning, knowledge, education, and development opportunity, with due regard for special needs, through access, provision and promotion of required environment, information, infrastructure, services and supports, for the development of the child's fullest potential.
- iii. Create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces.
- iv. Enable children to be actively involved in their own development and in all matters concerning and affecting them.

### **Child Budgeting**

Public expenditure meant for the development of the general population can be expected to have some benefits for children as well. However, since children comprise one of the largest disadvantaged sections of Indian Society, there is strong case for identifying the protection of public expenditure meant for addressing the needs of children in particular. This requires the segregation of schemes meant

specifically for addressing the needs of children, from other development schemes. The total magnitude of budget outlays on child specific schemes is referred to as the “Child Budget” is not a separate budget but a part of the total government budget. Child Budgeting has been included in the Monitoring and evaluation framework of National Plan of Action for Children, 2016.

### **Schemes for the well-being and development of Children**

Different Central Ministries are implementing various schemes / programmes following the guidance of the national policies for the welfare, development and protection of children. These schemes are aim to tackle the issues relating to the overall welfare of children. The State/ UT Governments also execute numerous programmes from time to time for improving the lot of children.

Following are some of the important schemes of Central Government in this regard-

#### **1. Integrated Child Development Services (ICDS)**

The Integrated Child Development Services (ICDS) Scheme is one of the world’s largest and unique programmes for early childhood care and development representing country’s commitment to its children and nursing mothers towards providing pre-school non-formal education, breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The objectives of the Scheme are:

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Provision of supplementary nutrition under the ICDS Scheme is primarily made to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children, pregnant women and lactating mothers. Under the revised Nutritional and Feeding norms State Governments/ UTs have been directed to provide 300 days of supplementary food to the beneficiaries in a year which would entail giving more than one meal to the children from 3-6 years who come to AWCs.

ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) is being implemented in 162 high malnutrition burdened districts with the following objectives:

- To strengthen the ICDS policy framework, systems and capacities, and facilitate community engagement, to ensure greater focus on children under three years of age.
- To strengthen convergent actions for improved nutrition outcomes

## **2. Pradhan Mantri Matru Vandana Yojana**

The scheme has been launched in 2017 to provide partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child. The cash incentive provided would lead to improved health seeking behaviour amongst the Pregnant Women and Lactating Mothers (PW&LM).

## **3. Rajiv Gandhi National Crèche Scheme (RGNCS)**

The Central Sector Scheme was launched to provide crèche facility to the children of age group of 6 months to 6 years of working women who is employed for a minimum period of 15 days in a month or 6 month in a year. The objective includes promoting physical, cognitive, social and emotional development (Holistic Development) of children and to educate and empower parents/ caregivers for better childcare.

## **4. Scheme for Adolescent Girls (SAG)**

A comprehensive scheme for the holistic development of adolescent girls called Scheme for Adolescent Girls is being implemented in 205 selected districts across the country, using the ICDS platform. Scheme for Adolescent Girls aims at an all-round development of Adolescent Girls (AGs) of 11-18 years by making them self-reliant through facilitating access to learning, health and nutrition through cost effective interventions. The Scheme for Adolescent Girls is a centrally sponsored scheme and is being implemented through the State Governments/UTs across 205 districts in the country. Anganwadi Centre is the focal point for delivery of the services. The scheme has two major components viz. Nutrition and Non Nutrition Component.

The adolescent girls under the scheme are provided supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients per day for 300 days in a year in the form of Take Home Ration or Hot Cooked Meal. Nutrition is provided to 11-14 years out-of-school girls and all girls of 14-18 years age (out of school and in school girls). While the nutrition component aims at improving the health & nutrition status of the adolescent girls, the non-nutrition component addresses the developmental needs.

Under the Non-Nutrition component, the out of school adolescent girls (11-18 years) are being provided IFA supplementation, Health check-up and Referral services, Nutrition &

Health Education, Counselling/Guidance on family welfare, Adolescent Reproductive Sexual Health (ARSH), child care practices and Life Skill Education and accessing public services. The adolescent girls aged 16-18 year are also provided vocational training in different trades in order to empower them.

#### **5. Kishori Shakti Yojana (KSY)**

This is a scheme with the objectives to improve the nutritional and health status of girls in the age group of 11-18 years as well as to equip them to improve and upgrade their home-based and vocational skills; and to promote their overall development including awareness about their health, personal hygiene, nutrition, family welfare and management.

#### **6. National Nutrition Mission (NNM)**

A National Nutrition Mission (NNM) has been setup from 2017-18 to work as an apex body to monitor, supervise, fix targets and guide the nutrition related interventions across the Ministries. The programme through the targets will strive to reduce the level of stunting, under-nutrition, anaemia (*among young children, women and adolescent girls*) and low birth weight babies. It aims to create synergy, ensure better monitoring, issue alerts for timely action to achieve the targeted goals.

NNM would strive to achieve reduction in Stunting from 38.4% (NFHS-4) to 25% by 2022 (Mission 25 by 2022). The goal of NNM is to achieve improvement in nutritional status of Children (0-6 years) and Pregnant Women & Lactating Mothers (PW&LM) in a time bound manner.

#### **7. Child Rehabilitation through Non- Institutional Care of Children Adoption**

Central Adoption Resource Authority (CARA) has been setup as a Statutory Body as per the provisions under Section 68 of the Juvenile Justice (Care & Protection of Children) Act, 2015 (Act No. 2 of 2016) to function as a nodal body at the National level for promoting and regulating adoption of Indian children, mandated to undertake the following:-

- Promote In-Country adoptions and to facilitate inter-State adoptions in coordination with State Agencies.
- Regulate Inter-Country adoptions.
- Frame regulations on adoption and related matters from time to time, as may be necessary.
- Carry out the functions of the Central Authority under the Hague Convention on Protection of Children & Cooperation in respect of inter-country adoption.
- Any other function as may be prescribed.

Government has notified Juvenile Justice Act, 2015 and Chapter VIII of the Act, provisions for adoption of orphan, abandoned & surrendered children and also adoption of children by relative, as defined in the Act. The Act has adequate safeguards mechanisms for the children to ensure their best interest and provides for reporting of all adoptions in the country including relative adoptions. Further, all adoptions under the Act have to proceed as per the Adoption Regulations, 2017. These regulations would strengthen adoption programme in the country by streamlining the adoption process with transparency, early de-institutionalisation of children, informed choice for the parents, ethical practices and strictly defined timelines.

“Adopt a Home” program has been launched whereby the corporate sector, business houses and individuals are invited to support the children staying in the Children Homes run under the Juvenile Justice (Care and Protection of Children) Act by the State Governments/UTs and their NGO partners.

Model Foster Care Guidelines have been developed in the light of the Juvenile Justice (Care and Protection of Children), Act, 2015 and JJ Model Rules 2016. These Guidelines provide detailed procedures, roles and responsibilities of stakeholders, along with various aspects related to the implementation of the foster care program. The State/ UTs to adapt or adopt the Guidelines as framed.

## **8. Integrated Child Protection Scheme**

The objectives of the Scheme are to contribute to the improvement in the well being of children in difficult circumstances, as well as reduction of vulnerabilities to situation and actions that leads to abuse, neglect, exploitation, abandonment and separation of children from parent.

Track Child: A TrackChild portal has been developed for tracking missing and recovered children all over the country. There are various stake holders responsible for data entry on TrackChild portal. Information of missing & recovered children is uploaded by the Police and information of children residing in Child Care Institutions (CCIs) is uploaded by Child Welfare Committees, Juvenile Justice Boards and functionaries of CCIs. The TrackChild was designed & developed as per the guidelines provided under the Juvenile Justice (Care and Protection of Children) Act 2000 and Integrated Child Protection Scheme.

Khoya-Paya Portal which integrated as citizen’s corner in the TrackChild portal with the objective of creating a citizen centric platform was to enable citizens to report missing children as well as sightings of their whereabouts without losing much time.

Found children can also be reported. Any citizen can register on KhoyaPaya by using an Indian Mobile number.

Childline services: The Childline service is a free 24x7 phone outreach service. Under ICPS, the services are expanded with the final objective of covering all the districts. Childline is working in 413 locations.

Railway Childline : This is a preventive initiative to provide care and protection to children who come in contact with Railways so that as far as possible children are rescued as soon as they fall out of safety net and repeated missing. This initiative is currently operating at 33 railway stations.

### **9. Beti Bachao Beti Padhao**

Beti Bachao, Beti Padhao (Save girl child, educate a girl child) is a programme that aims to generate awareness and improve the efficiency of welfare services intended for girl child. BBBP addresses the declining Child Sex Ratio (CSR) and related issues of women empowerment over a life-cycle continuum. It is a tri-ministerial effort of Ministries of Women and Child Development, Health & Family Welfare and Human Resource Development. The key elements of the scheme include Nation-wide awareness and advocacy campaign; Enforcement of PC&PNDT (Pre-Conception & Pre-Natal Diagnostic Techniques) Act; Enabling girl child education; and multi-sectoral action in selected districts of BBBP. There is a strong emphasis on mind set change through training, sensitization, awareness raising and community mobilization on ground. The main goal of the scheme is to celebrate the girl child and enable her education. The objectives of the Scheme are as under:

- To prevent gender biased sex selective elimination
- To ensure survival and protection of the girl child
- To ensure education and participation of the girl child

### **10. Ujjawala Scheme for Combating Trafficking**

Ujjawala is a comprehensive scheme to combat trafficking . The Scheme was launched with the objective to prevent trafficking of women and children for commercial sexual exploitation, to facilitate rescue of victims and placing them in safe custody, to provide rehabilitation services by providing basic amenities, to facilitate reintegration of victims into the family and society and to facilitate repatriation of cross border victims. The Scheme is being implemented mainly through NGOs. The Scheme has five components— Prevention, Rescue, Rehabilitation, Re-Integration and Repatriation of trafficked victims for commercial sexual exploitation.

Trafficking of children is an organized crime violating all basic human rights. Poverty, illiteracy, lack of livelihood options, natural / man-made disasters are some of the factors that make a person vulnerable to trafficking.

Commitment towards Prevention of Trafficking:

- i) Article 23 of the Constitution of India prohibits trafficking in human beings and forced labour.
- ii) “Immoral Traffic (Prevention) Act, 1956” lays down provisions for stringent punishment to the perpetrators of the crime.
- iii) Indian Penal Code also penalises offences related to trafficking.
- iv) India has ratified the:
  - UN Convention against Transnational Organized Crime with its Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children
  - SAARC Convention on Preventing and Combating Trafficking of Women and Children in Prostitution;
  - Convention on the Elimination of All Forms of Discrimination against Women;
  - Convention on the Rights of the Child: and
  - ILO Convention 138 regarding admission of age to employment and Convention 182 regarding worst forms of child labour.

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### **Sustainable Development Goal and Targets Related to Children**

The SDGs have given due importance to various developmental aspects of child life and have accordingly included 27 targets in the SDG monitoring framework. The global development agenda recognizes that sustainable and positive outcomes in development will not be achieved unless violence against children ends. Apart from indicators for prevalence of malnutrition, maternal and child mortality, etc.; five goals and eleven targets address violence and abuse, trafficking, sexual and other types of exploitation, harmful practices such as child marriage and the worst forms of child labour including children in armed forces along with promotion of safe public spaces, safe and non-violent learning environments and birth registration.

Goals	Targets
<b>GOAL 1: End poverty in all its forms everywhere</b>	<p>1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definition.</p> <p>1.3 Implement nationally appropriate social protection systems and measures for all, and by 2030 achieve substantial coverage of the poor and the vulnerable.</p> <p>1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate related extreme events and other economic, social and environmental shocks and disasters.</p>
<b>GOAL 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture</b>	<p>2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</p> <p>2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p>
<b>GOAL 3: Ensure healthy lives and promote well-being for all at all ages</b>	<p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p> <p>3.2 By 2030, end preventable deaths of new-borns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p> <p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other diseases.</p> <p>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national</p>

	<p>strategies and programmes.</p> <p><b>3.8</b> Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p><b>3.9</b> By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p> <p><b>3.c.</b> Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.</p>
<b>GOAL 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</b>	<p><b>4.1</b> By 2030, ensure that all girls and boys have access to complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.</p> <p><b>4.2</b> By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.</p> <p><b>4.4</b> By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.</p> <p><b>4.5</b> By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.</p> <p><b>4.a.</b> Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.</p>
<b>GOAL 5. Achieve gender equality and empower all women and girls</b>	<p><b>5.1</b> End all forms of discrimination against all women and girls everywhere</p> <p><b>5.2</b> Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p> <p><b>5.3</b> Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.</p> <p><b>5.c</b> Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels</p>
<b>GOAL 6. Ensure availability and sustainable management of water and</b>	<p><b>6.1</b> By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</p> <p><b>6.2</b> By 2030, achieve access to adequate and equitable sanitation</p>

<i>sanitation for all</i>	and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.
<b>GOAL 7. Ensure access to affordable, reliable, sustainable and modern energy for all</b>	<b>7.1</b> By 2030, ensure universal access to affordable, reliable and modern energy services.
<b>GOAL 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</b>	<b>8.7</b> Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.
<b>GOAL 10. Reduce inequality within and among countries</b>	<b>10.2</b> By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
<b>GOAL 11. Make cities and human settlements inclusive, safe, resilient and sustainable</b>	<p><b>11.2</b> By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons</p> <p><b>11.5</b> By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people invulnerable situations.</p> <p><b>11.7</b> By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities</p>
<b>GOAL 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</b>	<p><b>16.1</b> Significantly reduce all forms of violence and related death rates everywhere.</p> <p><b>16.2</b> End abuse, exploitation, trafficking and all forms of violence against and torture of children.</p> <p><b>16.9</b> By 2030, provide legal identity for all, including birth registration.</p>

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**Special Provision/ Acts for Protection of children against crime**

**Indian Penal Code (IPC)**(various sections providing penalty for crime against children)

- (i) Murder (Section 302 IPC)
- (ii) Attempt to Commit Murder (Section 307 IPC)
- (iii) Infanticide (Section 315 IPC)
- (iv) Foeticide (Section 315 and 316 IPC)
- (v) Abetment of Suicide of Child (Section 305 IPC)
- (vi) Exposure and Abandonment (section 317 IPC)
- (vii) Kidnapping & Abduction (Section 363, 363A, 364,364A, 365, 366, 367, 368 & 369 IPC).
- (viii) Procurement of Minor Girls (section 366-A IPC)
- (ix) Importation of Girls from Foreign Country(Section 366-B IPC)
- (x) Human Trafficking (Sec 370 and 370A IPC)
- (xi) Selling of Minors for Prostitution (Section 372 IPC)
- (xii) Buying of Minors for Prostitution (Section 373 IPC)
- (xiii) Unnatural Offences (Section 377 IPC)

**Special and Local Laws (SLL)** (various Acts providing penalty for crime against children)

- i) Prohibition of Child Marriage Act, 2006
- ii) Transplantation of Human Organs Act, 1994
- iii) Child labour (Prohibition & Regulation) Act, 1986
- iv) Immoral Traffic (Prevention) Act, 1956
- v) Juvenile Justice (Care & Protection of Children) Act, 2015
- vi) Protection of Children from Sexual Offences Act, 2012

## Definitions and Explanations

Indicators	Definition	Source
<b>Sex Ratio</b>	Sex ratio has been defined as the number of females per 1000 males in the population; it is expressed as 'number of females per 1000 males'  Sex Ratio = $\frac{\text{Number of Females} \times 1000}{\text{Number of Males}}$	Registrar General of India
<b>Level of Registrations</b>	The level of registration, defined as the percentage of registered births/deaths to the births/deaths estimated through Sample Registration System, determines the performance level of a State / Union territory with regard to functioning of Civil Registration System.  Level of Registration = $\frac{\text{Number of events registered during the year} \times 100}{\text{Number of estimated events for the year}}$	CRS, Registrar General of India
<b>Sex Ratio at birth (SRB)</b>	$\frac{\text{Number of female births registered during the year} \times 1000}{\text{Number of male births registered during the year}}$	CRS, Registrar General Of India
<b>Infant Mortality Rate (IMR)</b>	Infant Mortality Rate (IMR) is defined as the infant deaths (less than one year) per thousand live births.  $\frac{\text{Number of infant deaths during the year} \times 1000}{\text{Number of live births during the year}}$	SRS, Registrar General Of India
<b>Neo-natal mortality rate (NMR)</b>	$\frac{\text{Number of infant deaths of < than 29 days during the year} \times 1000}{\text{Number of live births during the year}}$	SRS, Registrar General of India
<b>Early neo-natal mortality rate</b>	$\frac{\text{Number of infant deaths of < than 7 days during the year} \times 1000}{\text{Number of live births during the year}}$	SRS, Registrar General of India
<b>Under-five Mortality Rate</b>	The under-five mortality is the probability (5q0) that a child born in a specific year or time period will die before reaching the age of five, subject to current age specific mortality rates. It is expressed as a rate per 1,000 live births.	SRS, Registrar General Of India
<b>Peri-natal mortality rate</b>	$\frac{\text{Number of still births and infant deaths of <7 days during the year} \times 1000}{\text{Number of live births and still births during the year}}$	SRS, Registrar General of India
<b>Age-specific fertility rate</b>	$\frac{\text{Number of live births in a particular age-group} \times 1000}{\text{Mid-year female population of the same age-group}}$	SRS, Registrar General Of India
<b>Neonatal mortality</b>	The probability of dying within the first month of life.	NFHS-4, M/o Health & Family Welfare
<b>Infant mortality</b>	The probability of dying between birth and the first birthday.	NFHS-4, M/o Health & Family Welfare
<b>Child mortality</b>	The probability of dying between the first and fifth birthdays.	NFHS-4, M/o Health & Family Welfare
<b>Under-five mortality</b>	The probability of dying between birth and the fifth birthday.	NFHS-4, M/o Health & Family Welfare
<b>Stunting (height-for-age)</b>	Height-for-age is a measure of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD)	NFHS-4, M/o Health & Family Welfare

	from the median of the reference population are considered short for their age (stunted), or chronically undernourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted.	
<b>Wasting (weight-for-height)</b>	Weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted), or acutely undernourished. Children whose weight-for-height Z-score is below minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted.	NFHS-4, M/o Health & Family Welfare
<b>Underweight (weight-for-age)</b>	Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic under-nutrition. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age Z-score is below minus three standard deviations (-3 SD) from the median are considered severely underweight.	NFHS-4, M/o Health & Family Welfare
<b>Minimum acceptable diet</b>	Proportion of children age 6–23 months who receive a minimum acceptable diet. This indicator is a composite of the following two groups:  $\frac{\text{Breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day}}{\text{Breastfed children age 6–23 months}}$ <p>and</p> $\frac{\text{Non-breastfed children age 6–23 months who received at least two milk feedings, and had at least the minimum dietary diversity (not including milk feeds), and the minimum meal frequency during the previous day}}{\text{Non-breastfed children age 6–23 months}}$	NFHS-4, M/o Health & Family Welfare
<b>Gender Parity Index (GPI)</b>	The Gender Parity Index (GPI) is the ratio of the number of female students enrolled at primary, secondary and tertiary levels of education to the corresponding number of male student in each level. Thus GPI (based on GER) which is free from the effects of the population structure of the appropriate age group, provides picture of gender equality in education	M/o Human Resource Development
<b>Gross Enrolment Ratio (GER)</b>	The Gross Enrolment Ratio (GER) for a class-group is the ratio of the number of persons in the class-group to the number of persons in the corresponding official age-group	M/o Human Resource Development
<b>Gross Attendance Ratio (GAR):</b>	For each class-group, this is the ratio of the number of persons in the class-group to the number persons in the corresponding official age-group. For example, for Class group I-V the ratio (in %), corresponding to normative age-group of 6-10, is $\frac{\text{Number of persons attending Classes I-V} \times 100}{\text{Estimated population in the age-group 6-10 years}}$	National Sample Survey 71 <sup>st</sup> Round
<b>Net Attendance Ratio:</b>	For each education class-group, this is the ratio of the number of persons in the official age-group attending a particular class-group to the total number persons in the age-group. For example, for Class group I-V the ratio (in %) is $\frac{\text{Number of persons of age 6-10 years currently attending Classes I-V} \times 100}{\text{Estimated population in the age-group 6-10 years}}$	National Sample Survey 71 <sup>st</sup> Round

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**References**

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