

The Disadvantaged Young Child in India: Challenges, Prospects and Way Forward

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1. Introduction

Despite all the evidence demonstrating the importance of Early Childhood Development (ECD), this is the period of a child's life in which governments often invest the least. Globally, an estimated 250 million children under five years of age – 43 percent of the under-fives growing up in low- and middle-income countries – will probably not develop to their full potential because they grow up facing a number of risk factors (Black *et al*, 2017) Children's vulnerability is known to extend beyond income-poverty to deprivation across a range of dimensions of wellbeing (Gordon *et. al*. 2003). Children experience deprivation differently from adults and older, they have specific and different need. According to UNICEF (2005), children are vulnerable to certain types of deprivation, even short period of deprivation can affect their long-term developments. Social inequalities among adults may be justifiable if they have grown up with fair treatment and equal opportunities. But when it comes to young children, the situation in terms of social and economic circumstances, they face, are beyond their control and hence not justifiable at all (UNICEF, 2016). Childhood poverty characterised by deprivation and failure to meet survival, protection, health and educational rights of children, is denial of children fundamental rights as envisaged by the UNCRC. Children who have been poor for a long time are reported to be worse off than those who are poor in a single period only (Bradbury *et al*, 2001). Thus, a careful analysis to identify deprivations and disadvantage experienced by young children is critically important to address inter-generational transmission of poverty. These include poverty; poor health and under-nutrition; inadequate responsive care and learning opportunities provided within the home; exposure to violence, abuse and neglect; and lack of access to quality ECD services, including pre-primary schooling. Disparities can be observed across several dimensions such as geography, location, social identity, age and gender being most noticeable.

The Reality of Young Children in India

India, the largest democracy in the world, is also home to the largest number of children in the world. Children constitute more than 400 million of the one billion plus population of India (UNICEF, 2011a). Close to one in five children (18 percent) aged under-four in the world live in India based on estimates of world population prospects (United Nations, 2017). The population of under six children was reported to be 165 million according to Census 2011 or 13.6 percent of the country's population. Amongst these the majority (122 million) resided in rural areas and in 2011, boys had a larger share of under six population (14 percent) compared to girls (13 percent).

This technical note draws data from various sources; fourth wave of National Family Health Survey (NFHS), Census 2011, Crime in India -2016 report, and National Prison Statistics 2015. NFHS was designed to provide information on population, fertility,

family planning, maternal and child health, nutrition, access and utilization to various services in India by state, UTs and district as well. This chapter highlights most of the data for the age group 0-5 drawn from NFHS-4 (N-259,627) except for ICDS and Census data which is related to under-sixes. For the note, we have also accessed data on disability from C series of Census. Report on 'Crime in India-2016' and 'Prison statistics -2015' published by National Crime Record Bureau, Ministry of Home Affairs, Government of India.

2. Which Group of Children Are Most Disadvantaged?

Child poverty and inequalities are the expression of political-economic-cultural forces that structure societies, and children's lives, in terms of distribution of resources and opportunities in ways that align to greater or lesser degree with ethnicity, caste, religion, urban/rural location, gender, generation etc. (Boyden and Dornan, 2012). However, in every society, some people have greater share of valued resources such as property, education, health, power etc. than others (NCERT, 2015-16). Gender and poverty-based deprivation accumulate if the person, even a child, belongs to lower caste. National statistics reveal that approximately 100 million children are in the poorest wealth quintile and half of all the poor children belong to the Scheduled Castes and Tribes groups and they continue to be at a significantly disadvantage (UNICEF, 2011b). 2015-16 NFHS-4 data shows that among the poorest wealth quintiles, more children belong to SC and ST households compared to Other Caste households. Percentage of undernutrition children and under five deaths are also higher among SC and ST children as compared to other caste. It is clear that children have not benefitted equally from the development of India. Underprivileged children in India struggle for survival in terms of hunger and lack access to health, education, protection, safety, shelter and so on (Bajpai, 2012). Vulnerabilities can also be in terms of exploitation, abuse, neglect and violence (Arora *et. al.*, 2015).

2.1 Poverty among Children

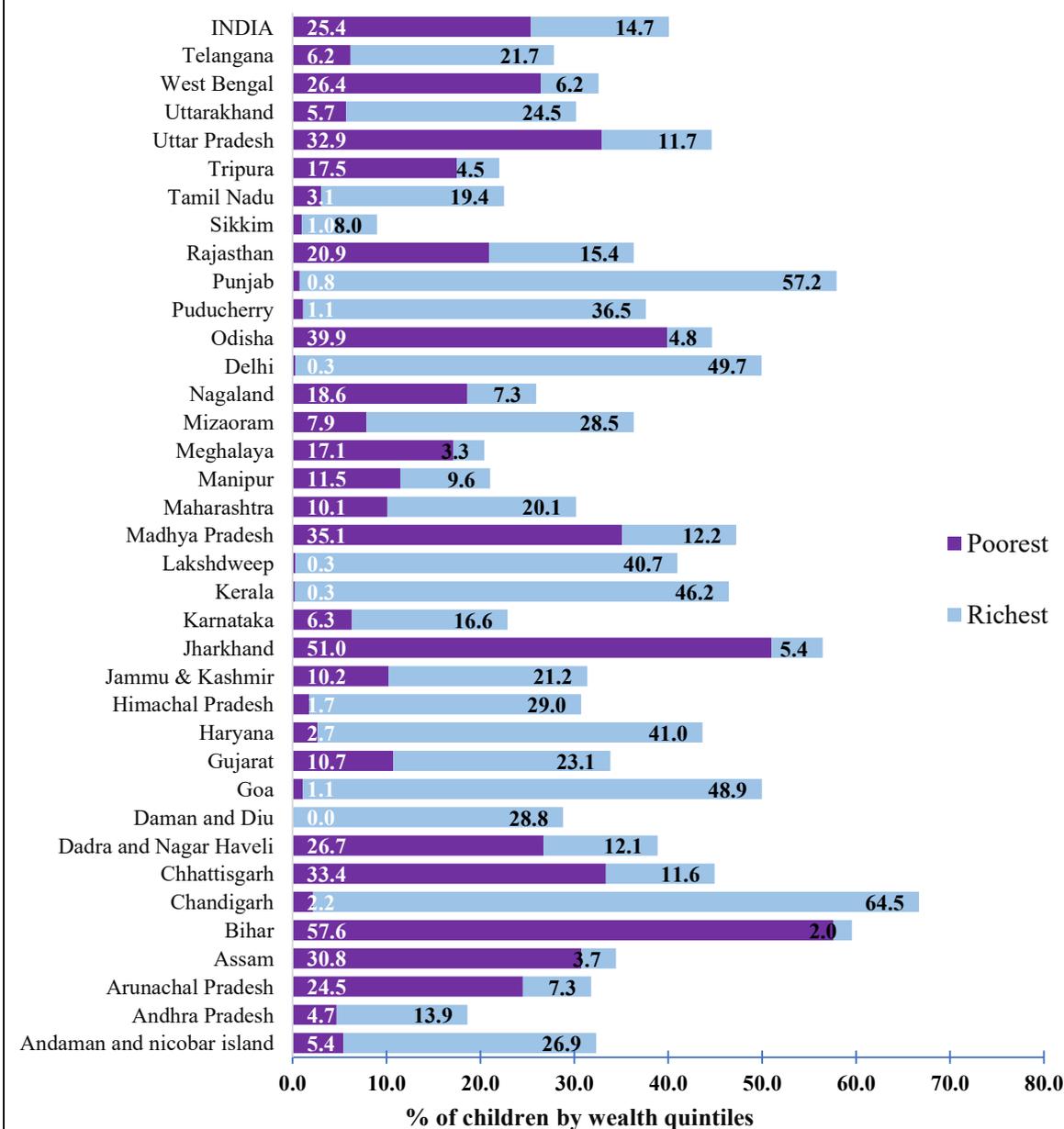
Poverty is a persistent problem throughout the world and has maleficent impacts on almost all aspects of family life and outcomes for children (Engle & Black, 2008). While the number of people living in extreme poverty has dropped by more than half – from 1.9 billion in 1990, to 836 million in 2015 – too many people are still struggling to meet the most basic human needs (United Nations, 2015). The Organization for Economic Cooperation & Development (OECD) states that in India growth has become more inclusive as about 140 million people have been taken out of poverty in less than 10 years, also states that many people still lack access to basic services (OECD, 2017). The first goal of Sustainable development goal also targets to end poverty in all forms and dimensions by 2030.

Though India has the fourth largest fastest growing Gross domestic product in the world, with a growth rate of 7.6 percent in 2016 (World Bank, 2016), it is home to

about one-third of the world's children living in poverty (Singh *et. al.*, 2018). The world's largest public funded child development programme, the integrated child development services (ICDS) launched in 1975 to provide food, pre-school education, primary health care to children under age 6. National Policy on Early Childhood care and Education was adopted in 2013 to ensure that children below age 6 have access to quality preschool education. In 2018, the government of India launched the national nutrition Mission (POSHAN Abhiyan) across 315 districts in country aiming to reduce stunting in children aged 0-6 from 38.4 percent to 25 percent by 2022.

Despite, India experiencing a period of rapid economic growth, poverty continues to remain a serious problem in India, adversely impacting human welfare in the form of poor health, low levels of education and ultimately poor quality of life. About 33 percent of India's population still lives in acute poverty (Agarwal, 2015) and children are most likely to get affected. Figure 1 shows the percentage of children under age 5 across various states of India, living in the poorest and richest wealth quintiles based on NFHS-4 data. It is evident that while the number of young children living in the poorest and richest household/s vary tremendously across state/s. Only 14.7 percent of children under age 5 in India live in households in the richest quintile, while about 25 percent live in households belonging to the poorest quintile. About to or more than 50 percent of children under age five in state Bihar, and Jharkhand belong to poorest households. In some states like Assam, Chhattisgarh, Madhya Pradesh, Odisha and Uttar Pradesh more than 30 percent of children residing in poorest households.

Figure 2 : Percentage of children under age 5 in Poorest and richest wealth quintiles in India



Source: National Family Health Survey, 2015-2016

2.2 Vulnerable Children Children Living in Slums

According to a report by National Institute of Urban Affairs (NIUA, 2016), about 40 percent of children (below 18 years) in India are vulnerable or live in difficult circumstances such as children without family support, forced into labour, abused/trafficked, children living in streets, affected by substance abuse etc. Census, 2011 highlighted that 65.5 million people in urban India lives in slums. Amongst, these 8.1 million (12.3 percent of the total slum population) are children of

age 0-6. It is interesting to highlight that highest percentage of children (under age 6) residing in slum is found in state Bihar (16.8 percent followed by Chandigarh (15.5 percent and Rajasthan (14.8 percent). However, when we look at absolute numbers of children growing up in slums, highest numbers are found in the state of Maharashtra (1.4 million) and Andhra Pradesh (1.14 million). This high proportion of young children experience extreme poverty, unhealthy living arrangement, are usually migrants and are often deprived of basic services such as safe drinking water, sanitation, early stimulation and care that puts children at high risk of morbidity, malnutrition, ill-health and mortality. Therefore, priority focus should be on their survival, growth, development and protection of these deprived children.

Children Living on Streets

Extremely poor households often have no option but to live on streets and young children (under six) living on the street are exposed to extreme deprivation and have to deal with not only harsh weather conditions but also high levels of penury and violence associated with living off the street including begging. According to Census 2011, India accounted for 1.77 million homeless population among which 0.27 million (15.3 percent) population are children below age six years. While little evidence exists of exact condition of young children living on streets. Save the Children (2012) conducted a study on life of street children in cities of Uttar Pradesh, Bihar, West Bengal and Andhra Pradesh. The study revealed that proportion of young street children (0-6 years) out of total children was highest in Patna (32 percent), though their absolute number was highest in Hyderabad (Save the children, 2012). Another study conducted in the city of Mumbai by ActionAid (2013) has shown that amongst 25,625 boys and 10,938 girls below age 18 identified living on the streets of Mumbai, 22.6 percent boys and 42.2 percent girls were below the age of 6 years. Out of these young children, about 11 percent were begging, and 2 percent were picking rags.

With rapid urbanisation and consequent migration, children from poor families move to the cities in search of economic security and are at great risk of growing up without access to basic services. According to most recent survey on migration lead by National Sample Survey organization (NSSO, 2012) nearly 326 million population have migrated while 15 million children were counted as internal migrant (UNICEF & UNESCO, 2013). 90 percent of migrant children did not have access to ICDS programs and Anganwadi services at worksite, 65 percent suffered from various communicable diseases, while 80 percent did not have access to education and 40 percent worked as child labour (NIUA, 2016).

Orphans

Orphans are yet another very vulnerable group of children and are in need of care and protection. SOS Children's Villages analysed NFHS 3 and Census 2011 data to conclude that there are 20 million orphans in India i.e. 4% of the child population.

The study highlighted that the states of Madhya Pradesh, Uttar Pradesh and Chhattisgarh are home to 6 million orphaned children under the age of 18. By 2021, these states will probably be home to 7.1 million orphans. The eastern region, encompassing Bihar, Orissa, Jharkhand and West Bengal, housed 5.2 million orphans, and was likely to have 6 million orphans by 2021. According to most recent 2015-16 NFHS data, 3.2 percent of children under age 18 and 2.7 percent of children under age 15 were not living with biological parents, with 5 percent of children under age 18 orphaned with one or both parents dead. To simplify the process of adoption of orphaned or abandoned children and bring in greater transparency in the process, the Government of India has issued the 'Adoption Regulations 2017'. However as per data shared by the government in the Lok Sabha, the in-country adoption number has come down from 5693 in 2010 to a mere 2717 in 2016-17. The online database managed by the Central Adoption Resource Authority (CARA) lists a mere 1,500 orphans available for adoption, leaving the large majority of children at risk of trafficking and abuse.

Child labour

Article 32 of the UN convention on the Rights of child recognizes the right of children to be protected from economic exploitation, from performing any work that is hazardous, interferes with their education, or is harmful to their health or physical, mental, spiritual, moral or social development (UNICEF, 2011a). According to International Labour Organization (ILO) study total of 152 million children – 64 million girls (42 %) and 88 (58 %) million boys are in child labour globally in year 2016, accounting for almost one in ten of all children worldwide. This study also showed that nearly half of all these child labour – 73 million children in absolute terms – are in hazardous work that directly endangers their health, safety, and moral development (ILO, 2017). In India as per the Child Labour (Prohibition and Regulation) Act, 1986, amended in 2016 ("CLPR Act") of India, a "Child" is defined as any person below the age of 14, and the CLPR Act prohibits employment of a Child in any employment including as a domestic help. According to Census 2001 data, there were 12.26 million working children in age group 5-14 years which has come down to 10.13 million in Census 2011. No children below age 5 were reported working, but children working below age 7 were significantly high number - 8,73,350, with almost equal number of children below age 6 were found working as main (4,34,422) and marginal (4,38,928) worker. Thus, children subjected to child labour at the tender age of 5-6 years, contribute to about 9 percent in child labour amongst children aged 5-14 in India. Highest number of child workers (below age 6) belong to the state of Uttar Pradesh (2,50,672), followed by Bihar (1,28,087) and Maharashtra (82,847). Clearly India is turning a blind eye to young children being denied the right to a childhood with such high number of children involved in child labour.

Children with Disabilities

As per Census 2011, in India, 1.24 percent of children in the age group 0-6 were disabled. Among these children with disability, 20.4 percent had visual impairment, 23.3 percent had hearing impairment, 5.6 percent speech impairment, 9.6 percent physical impairment and 7.30 percent had multiple disability (Census, 2011). 1.4 percent (3,97,015) of Scheduled caste (SC) children and 1.1 percent (1,76,110) of scheduled tribe (ST) children below age six were disabled. Maharashtra identified the highest percentage (1.63%, 2,17,361) of children with disability. Development is a foundational concept for early childhood policy and practice, and it is also central to realizing children's rights. The United Nations Convention of the Rights of the Child (UNCRC) draws heavily on the concept of development both as a substantive right (Article 6) and as a standard against which to protect children from harmful experiences (e.g., Article 32) and children with disabilities need to be provided early intervention services to be able to develop optimally. Unfortunately, due to lack of accessible rehabilitation services, the child with disability particularly born in a remote area in a poor family has limited chances of getting early intervention services s/he deserves and becomes a victim of gross neglect (Singh, 2013).

Table 1: Top 10 states by disability, percentage of slum population, homeless, number of children working under age 6 in India, Census, 2011

Rank	% Total disabled (0-6)	% Children (0-6) disabled in seeing	% Children (0-6) disabled in hearing	% Children (0-6) disabled in speech	% Children (0-6) disabled in Movement	% Children (0-6) disabled in mental illness
1	(Maharashtra, 1.63)	(Manipur, 40.7)	(Nagaland, 33.7)	(Goa, 12.5)	(Chhattisgarh, 19.6)	(Chandigarh, 3.6)
2	(Odisha, 1.54)	(Jharkhand, 29.0)	(Arunachal Pradesh, 32.3)	(Andaman & Nicobar Islands, 9.1)	(Lakshadweep, 18.2)	(Daman & Diu, 2.7)
3	(Bihar, 1.52)	(Bihar, 27.3)	(Uttar Pradesh, 30.7)	(Maharashtra, 8)	(Andaman & Nicobar Islands, 16.1)	(Nct Of Delhi, 2.4)
4	(Punjab, 1.42)	(Rajasthan, 22.9)	(Punjab, 30.2)	(Dadra & Nagar Haveli, 7.8)	(Madhya Pradesh, 13.7)	(Andaman & Nicobar Islands, 2.3)
5	(Andhra Pradesh, 1.39)	(Odisha, 22.3)	(Haryana, 29.4)	(Andhra Pradesh, 7.7)	(Kerala, 13.4)	(Meghalaya, 2.0)
6	(Manipur, 1.39)	(Maharashtra, 21.8)	(Sikkim, 28.8)	(Kerala, 7.5)	(Chandigarh, 13.2)	(Mizoram, 1.8)
7	(Jammu & Kashmir, 1.38)	(Arunachal Pradesh, 21.6)	(Meghalaya, 28.8)	(Sikkim, 7.3)	(Delhi, 12.8)	(Jammu & Kashmir, 1.7)
8	(Jharkhand, 1.36)	(Gujarat, 21.0)	(Bihar, 28.7)	(Chandigarh, 6.9)	(Rajasthan, 12.6)	(Gujarat, 1.5)
9	(Uttar Pradesh, 1.35)	(Karnataka, 20.8)	(Jammu & Kashmir, 26.3)	(Delhi, 6.8)	(Daman & Diu, 12.4)	(Goa, 1.4)
10	(Karnataka, 1.30)	(West Bengal, 19.9)	(Jharkhand, 25.5)	(Mizoram, 6.5)	(Puducherry, 11.9)	(Sikkim, 1.4)
Rank	% Children (0-6) disabled in Mental	% Children (0-6) disabled in Multiple	Girls per 1,000 boys at birth (SRB)	% Slum Children (0-6)	% Homeless children (0-6)	Number of Children (5-6) working

	Retardation	disability				
1	(Puducherry, 13.3)	(Dadra & Nagar Haveli, 21.5)	(Haryana, 834)	(Bihar, 16.8)	(Dadra & Nagar Haveli, 22.0)	(Uttar Pradesh, 250672)
2	(Tamil Nadu, 11.1)	(Lakshadweep, 19.5)	(Punjab, 846)	(Chandigarh, 15.5)	(Rajasthan, 20.7)	(Bihar, 128087)
3	(Daman & Diu, 8.8)	(Kerala, 16.4)	(Jammu & Kashmir, 862)	(Rajasthan, 14.8)	(Haryana, 19.8)	(Maharashtra, 82847)
4	(Kerala, 7.5)	(Sikkim, 15.9)	(Nct Of Delhi, 871)	(Meghalaya, 14.4)	(Punjab, 19.1)	(Andhra Pradesh, 54820)
5	(Manipur, 6.5)	(Andaman & Nicobar Islands, 15.3)	(Chandigarh, 880)	(Jharkhand, 14.3)	(Madhya Pradesh, 18.7)	(Madhya Pradesh, 42016)
6	(Goa, 6.5)	(Mizoram, 14.0)	(Rajasthan, 888)	(Gujarat, 14.3)	(Jharkhand, 18.6)	(West Bengal, 37320)
7	(Karnataka, 6.5)	(Chhattisgarh, 13.8)	(Gujarat, 890)	(Arunachal Pradesh, 14.3)	(Bihar, 18.4)	(Karnataka, 33489)
8	(Arunachal Pradesh, 6.2)	(Nct Of Delhi, 11.9)	(Uttarakhand, 890)	(Jammu & Kashmir, 14.2)	(Chhattisgarh, 18.4)	(Tamil Nadu, 32990)
9	(Mizoram, 6.2)	(Chandigarh, 11.9)	(Maharashtra, 894)	(Uttar Pradesh, 13.8)	(Meghalaya, 18.4)	(Rajasthan, 29939)
10	(Andhra Pradesh, 6.0)	(Himachal Pradesh, 11.8)	(Uttar Pradesh, 902)	(Haryana, 13.6)	(Gujarat, 17.3)	(Gujarat, 29871)

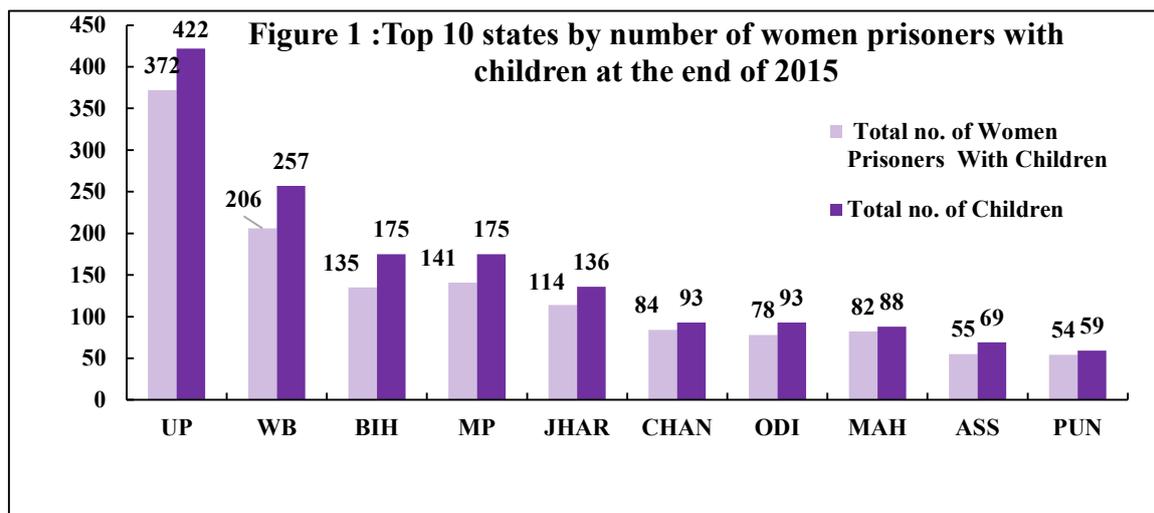
Source: Census 2011

2.3 Violence and Crime

Violence against children has serious physical and psycho-social consequences which adversely affect the health and well-being of a child. According to World health Organisation (WHO), child abuse constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 1999). However, violence against children is recognized only if it is registered as a criminal act under laws such as the Indian Penal code (IPC), the criminal procedure code (CPC), the Juvenile Justice (care and Protection) Act, 2000, the information Technology Act, 2000 and the protection of children against Sexual offences (POCSO) Act, 2012 and large number of unregistered cases remains uncounted (Know Violence in Childhood, 2018).. According to NCRB data (under the section 302 of IPC), 491 children below the age of six were murdered in year 2016 among which 242 were girls and 249 were boys. Maximum number of murdered children below age six were reported in state Maharashtra (94), followed by Gujarat (53), Karnataka (53) and Uttar Pradesh (49). 1,896 children under age six were registered as victims of kidnapping and abduction in 2016. Young children are also increasingly becoming victims of sexual abuse and according to the NCRB, 520 girls below age of six were raped in 2016, with maximum number once again from Maharashtra (107) followed by Uttar Pradesh (56) and Delhi (55). These very high incidence of crimes reported against children in Maharashtra, Delhi and Uttar Pradesh makes these states very unsafe for children.

Children Living in Jails

The development of children who are in jail with their mothers, who are either undertrial prisoners or convicts are an invisible group of vulnerable children who are often under the radar. These children end up staying in jail, either because of the young age of the child, while in other cases, it may be because there is no one at home to look after them or to take care of them in absence of the mother. It is obvious that that the jail environment is surely not congenial for development of the children (JUDIS, 2006). According to Prison statistics 2015, total number of children (below age 6) was 1866 with maximum number of children in prison found in UP (422), followed by 257 in West Bengal. Though, for the children living in prison there are various laws that stipulate that they should be provided early childhood care and education a study conducted by The National Institute of Criminology and Forensic Sciences in 2002 shows that most of these children were living in difficult conditions and suffering from diverse deprivations relating to food, healthcare, accommodation, education, recreation, etc. The study further highlighted that no appropriate programmes were found to be in place in any jail, for their proper bio-psycho-social development



Source: Prison Statistics of India, 2015, NCRB

Article 19 of the United Nations convention on the Rights of the child (CRC) kept the foundation for the protection of children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse while in the care of parents, legal guardians or any other person who is taking care of child (Ogando *et. al.*, 2015). Corporal punishment is any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Corporal punishment not only violates fundamental rights of children, it also has long lasting impacts for their life chance (Ogando *et. al.*, 2015).

Rank	Number of Children (0-6) murdered	Number of Children (0-6) kidnapped/abducted	Number of Girl child (0-6) raped
1	(Maharashtra, 94)	(Maharashtra, 334)	(Maharashtra, 107)
2	(Gujarat, 53)	(NCT of Delhi, 328)	(Uttar Pradesh, 56)
3	(Karnataka, 53)	(Chhattisgarh, 252)	(NCT of Delhi, 55)
4	(Uttar Pradesh, 49)	(Andhra Pradesh, 216)	(Andhra Pradesh, 42)
5	(Andhra Pradesh, 44)	(Uttar Pradesh, 135)	(Kerala, 42)
6	(Tamil Nadu, 41)	(Madhya Pradesh, 130)	(Madhya Pradesh, 39)
7	(Madhya Pradesh, 32)	(Rajasthan, 73)	(Karnataka, 39)
8	(Kerala, 23)	(West Bengal, 60)	(Chhattisgarh, 33)
9	(Chhattisgarh, 17)	(Gujarat, 51)	(Haryana, 32)
10	(West Bengal, 16)	(Karnataka, 51)	(Punjab, 15)

Source: Prison Statistics of India, 2015, NCRB

3. Disadvantaged from Birth

Besides the above mentioned vulnerable groups of children, many children also encounter early childhood inequality which results in profound negative effect not only on children's present lives, but also on their future prospective. Social and economic disadvantages in early life increases the risk of having lower income, lower standard of health and lower skills in adulthood and this in turn can perpetuate disadvantage across the generations (UNICEF, 2010). According to UNICEF (2013) study, nearly 135 million children in Asia and pacific region remain unregistered accounting 59 percent of global total. According to NFHS-4 data. in India, only 80 percent of children under five had their birth registered, while 20 percent remain unregistered. Within country, highest birth are registered in Puducherry with 99 percent and lowest for the state Uttar Pradesh with 60 percent only (IIPS & ICF, 2017). In the lack of formal recognition from the legal authority, children may be not counted by policy makers while planning for various services such as health care, education, social services and protection.

3.1 Gender Inequality

According to the UN Human Development Report 2016, India ranks 131 among 188 countries with a Human Development Index (HDI) value of 0.62. But this value falls by 30 per cent when inequality (in health and education) is factored in. With reference to gender inequality, the picture is particularly dismal, as India's HDI value slides down by 27 per cent when it is factored in. In terms of gender equality index (GEI), India with an index value of 0.748 ranks 125 out of a total of 159 countries in 2015. In many communities, gender inequality is one important root cause of children's poor development in the early years (Plan, 2017). Sex ratio at birth (SRB) is used to describe the number of female births (at age 0) per 1,000 of male births (at age 0) and is a robust indicator for the practice of gender biased sex selection than the child sex ratio. According to Census 2011 data, SRB for India is 910 girls per 1,000

boys, implying more boys compare to girls. Data shows that 13 states (Jammu & Kashmir, Haryana, Punjab, Uttarakhand, Delhi, Maharashtra, Rajasthan, Lakshadweep, Gujarat, Uttar Pradesh, Chandigarh, Daman & Diu and Bihar) have SRB lower than the national value with lowest value (779 girls per 1,000 boys) in Jammu & Kashmir followed by Haryana (835) and Punjab (851). Mizoram has the highest SRB with 989 girls per 1,000 boys. This imbalance is expected to have serious socio-demographic consequences, with 9,55,000 girls 'missing' in 2011 (Census, 2011).

3.2 Disadvantage Due to Teenage Mothers

The risk associated with teenage motherhood are well documented with the consequences starting at child birth and following both mother and child over the life span (Wall-wieler *et. al.*, 2016). Even when controlling for confounding factors, babies born to teenage mothers have a higher rate of infant mortality and morbidities than the babies born to older mother (Irvin *et.al.*, 1997). Findings from NFHS-4 shows that nearly one fourth (23.4 percent) of children in 2015-16 were born to teenage mothers (below age 19) in India. Amongst Hindus and Muslims there were 23 percent 28 teenage mothers respectively and a very high proportion (78.1 percent) of these young mothers belonged to rural area. Household wealth is also found an important indicator for teenage motherhood. About a third of children born to teenage mothers belonged to lowest wealth quintile while only 5.5 percent of young mothers were from the richest households. Teenage mothers constituted the highest proportion amongst Scheduled Tribes (29 percent) Scheduled Caste (26 percent) while OBC's and Other Castes were around 22 percent each.

State analysis shows that highest percentage (39.3 percent) of teenage mothers were reported in the state of West Bengal followed by Jharkhand (31.9 percent), Tripura (31.4 percent). There are eight more states (Tripura, Arunachal Pradesh, Assam, Bihar, Andhra Pradesh, Meghalaya, Dadra & Nagar Haveli, Madhya Pradesh and Maharashtra) which have more than quarter of the children born to teenage mothers in 2015-16. Child marriage is undoubtedly a key reason for young girls becoming mothers and NFHS 4 reports 26.8 percent girls married before 18 by women aged 15-24 years of age. Children born from these young mothers start life with increased vulnerability, since the large majority of children (60 percent) are born amongst the bottom two quintiles, with 36 percent mothers having no formal education. Undoubtedly, the mother's status, agency and ability to negotiate power relations and influence decision-making within the household affect the care that she is able to provide for her children- which in turn is inversely proportionate to age of the mother.

3.3 Delivery at Institutions

Health care services during pregnancy and childbirth are very important for the survival and well-being of both mother and new born. Delivery at a health facility with skilled medical attention and hygienic conditions reduce the risk of complications and infection during labour and delivery. According to NFHS-4 data, 79 percent of live births were delivered in a health facility in India five year before preceding the survey. It is interesting to highlight that the most common reason given by those who did not opt for delivering at a health facility was that women did not think it was necessary (40 percent) and 18 percent said that it was too far or there was no transport. Therefore, about one fifth of the sampled children were born outside institutions by untrained birth attendant/s, which might leave children with high risk of infections and morbidity conditions. Amongst these, the poorest quintile comprised 49 percent of non-institutional deliveries, while the richest had less than 4% deliveries outside institutions, and 85 percent of non-institutional deliveries were in rural areas.

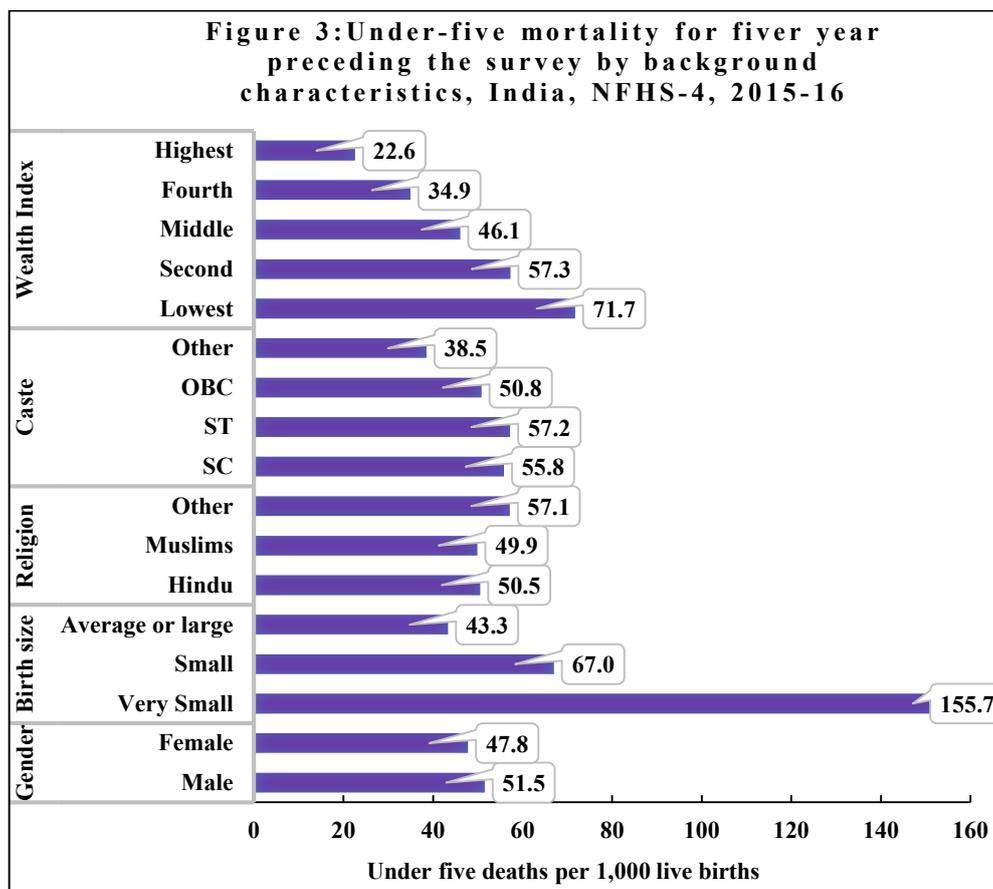
3.4 Childhood Mortality & Health

According to UNICEF (2011a) study, about 1.83 million children die annually in India before completing their fifth birthday and most of the deaths are due to preventable diseases. Latest NFHS-4 data shows that in year 2015-16 under five mortality was 49.7 deaths per 1,000 live births. It is clear that we have not achieved the Millennium Development Goal (MDG) 4 of 38 under five deaths per 1,000 live births and need to strive towards SDG Goal (25 deaths under five per 1,000 live births). In addition, significant variation has been noticed across regions and socio-demographic characteristics. Under five mortality ranges between 7 deaths per 1,000 live births in Kerala to 78 deaths in Uttar Pradesh (UP). Including UP, 7 states (Madhya Pradesh, Chhattisgarh, Bihar, Assam, Jharkhand and Rajasthan) demonstrate under five deaths higher to national value and 17 states had not even reached the MDG goal 4 (38 per 1,000 live births). Under five deaths is higher in rural area (56 deaths per 1,000 live birth) than in urban area (34 deaths per 1,000 live births). Under five deaths also decline with increasing household wealth and mother's education. Highest Infant deaths (death before completing the 12 months) and Neonatal deaths (within one month after birth) are also found in the state of UP. Gender gap is most pronounced in neonatal period (33 per 1,000 live births for boys and 26 per 1,000 live birth among girls) (IIPS & ICF, 2017).

Poor health at birth and childhood is associated with the poor outcomes during adulthood. Four kinds of illness among the children of age 0-4 years- prematurity and low birth weight, pneumonia and diarrhoeal account for about half of under five deaths in India (ORGI, 2015). The health risks to the infants and children of adolescent mothers have been well documented. Save the Children, 2011 reports that infants born to mothers under the age of 20 have a 73 per cent higher rate of

infant mortality than infants born to older mothers. In India, the infant mortality rate for mothers <20 years is 52 per 1000 live births (NFHS-4).

Still-births and new born deaths are much higher among infants of adolescent mothers than among infants of mothers aged 20 to 29 years. Premature birth and low birth weight are also more common, and in turn are linked to a higher risk of intellectual, language and socio-emotional delays (Save the Children, 2011). Around the world, child brides are less likely than adult women to receive adequate medical care while pregnant. The lack of care, and the fact that girls are not physically mature enough to give birth, put both mothers and their babies at risk (UNICEF, 2016).



Source: National Family Health Survey, 2015-2016

According to NFHS-4 data, about 31 Percent of children in India were born with low birth weight (LBW > 2.5 kg). Close to a third of all SC (32 percent), ST (33 percent), OC (31 percent) and OBC (29 percent) children had LBW. It is interesting to highlight that the rural children contribute to more than 70 percent of among the children born with LBW; indicating the poor health of rural children. Dadra & Nagar Haveli had the maximum LBW children (45.3 percent) followed by Maharashtra (41.1 percent) and Punjab (40.9 percent). Though, the prevalence (23 percent) is lower than the other states; highest share of LBW children in the country is contributed from

state Uttar Pradesh (13.4 percent), followed by Maharashtra (11 percent) and Bihar (9 percent).

Worldwide, 20 percent mortality among children aged less than 5 years is attributed to respiratory tract infections (predominantly pneumonia associated). If we include the neonatal pneumonia also in the pool, the burden comes around to be 35-40 percent mortality among children aged less than 5 years accounting for 2.04 million deaths/year. Million deaths study based on the Registrar General of India mortality statistics had reported 369,000 deaths due to pneumonia among children 1-59 months at the rate of 13.5/1000 live births (Selveraj *et al*, 2014). According to latest NFHS-4, 3 percent of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey. However, among the children with ARI, 78 percent sought for advice or treatment, while the remaining 22 percent remain untreated. The prevalence of children is highest among of age 6-11 months. Highest prevalence of ARI was found for the state Meghalaya followed (5.8 Percent) by Jammu & Kashmir (5.4 Percent). Two third of the children in Nagaland and half of the children in Arunachal Pradesh & Manipur remain untreated. In developing countries, children who are exclusive breast fed for 6 months had 30 percent -42 percent lower incidence of ARI compared to children who did not received for same duration of breast feeding (Ladomenou *et al*, 2010). In India, only 42 percent of women started breastfeeding within one hour of birth with highest prevalence in Goa (75.4 Percent) and lowest in Uttar Pradesh (25.4 Percent).

Furthermore, NFHS 4 reports that while 9 percent of children under age 5 had symptoms of diarrhoea, among those only 68 percent sought treatment or took advice. The combined effect of inadequate sanitation and unsafe water and poor hygiene are highly contributing to childhood deaths from diarrhoea. India has progressed a lot on improved drinking water source (UNICEF and WHO, 2010) and achieved the MDG Goal 7 target on improved drinking source. According to NFHS-4, in India, almost 90 percent of the household use an improved source of drinking water which includes piped water, public taps, standpipes, tube wells, protected dug wells, and springs, rainwater and community reverse osmosis (RO) plants. 91 Percent of urban and 89 Percent of rural household have access to improved source of drinking water. Clean water is also basic need for human life. Though, majority of the household from both rural and urban area have access to improved source of drinking water, 71 percent of rural household do not treat their water prior to drinking as compared with 47 percent of urban household. Sanitation is one of the biggest challenges in India. Only half of the Indian household (48 Percent) use improved toilets which are non-shared. However, 39 percent of household do not even use toilet facility. Less than 40 percent of SC children and not more than 30 percent of ST children have access to improved sanitation facility, indicating that they are still practicing open defecation and leading the poor hygiene (IIPS & ICF, 2017).

Immunizing children against the vaccine preventable disease can help in reducing the childhood morbidity and mortality. NFHS-4 marked the improvement in coverage of all basic vaccination such as BCG, DPT, polio and measles. According to NFHS-4 data, 62 percent of children age 12-23 months received all basic vaccination in India, up from 44 percent a decade ago in 2005-06 (NFHS-3). Between NFHS-3 and NFHS-4, the increase in coverage was pronounced for rural areas (from 39 percent to 61 percent) compared to urban areas (from 58 percent to 64 percent). Vaccination coverage was lowest for Nagaland (35 Percent) and Highest for Puducherry (91 Percent). Fifteen states (Nagaland, Arunachal Pradesh, Dadra & Nagar Haveli, Assam, Gujarat, Mizoram, Uttar Pradesh, Madhya Pradesh, Tripura, Rajasthan, Maharashtra, Uttarakhand, Meghalaya, Bihar and Jharkhand) had lower coverage than the national average in terms of all basic vaccination. Coverage was the highest for the BCG vaccine at 92 percent, up from 78 percent a decade ago, and the lowest for the third dose of polio vaccine at 71 percent, down from 78 percent in 2005-06. According to a recent report, around 2.9 million children in India do not get vaccinated against measles (Vaccine Alliance, 2017). There is no gender difference in vaccine coverage, however while 53 percent of children from the poorest quintile had vaccine coverage this was 70 percent for the richest households. Once again ST children were the most disadvantaged (56 percent coverage), followed by OBC (62 percent), SC (63 percent) and OC (65 percent) children.

3.5 Early Nutritional Deprivation

Childhood is period of continuous growth and development. An infant grows rapidly, doubling its birth weight by 5 months and tripling it by one year of age. During the second year, child increases not only in height by 7-8 cm, but also gains 4 times of its birth weight. (NIN, 2011). Therefore, adequate food and nutrition are essential for early childhood development to ensure healthy growth, strong immune system and cognitive development (UNICEF & WHO, 2012). The reduction of infant and young child malnutrition is important to the accomplishment of first and second Sustainable Development Goals (SDGs) which is about the end of extreme poverty in all forms and end hunger, achieve food security and improved nutrition and promote sustainable agriculture by 2030.

Stunting i.e. low height for age considered as a sign of chronic undernutrition, wasting i.e. low weight for height measure acute undernutrition. Wasting may result due to inadequate food intake or from a recent episode of illness causing weight loss. According to 2015-16 NFHS, 38 percent of children under age 5 were stunted, 21 percent were wasted and 36 percent were underweight. There is a distinct advantage for urban children with 31 percent stunted compared to 41 percent rural children. Maternal education is seen to be closely associated with stunting and 51 percent children of mothers with no formal education were stunted compared to 21 percent of children whose mothers has received higher education. Two percent of children under age 5 were also found overweight.

3.6 Pre-schooling

The earliest years of a child's life are key to predicting later success in school and life. In response to this, a National Policy on Early Childhood Care and Education was adopted in September 2013. The first goal of Education for all commitment also focuses on expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. India's 12th Five Year Plan (2012-17) has also conceived pre-primary sub-stages from 4 to 8 years old as an integrated early learning unit to ensure strong foundation for every child. (Singh & Mukherjee, 2017).

The integrated child development services (ICDS) Scheme is one of the world's largest programmes for early childhood development and initially launched in India in year 1975, which has a pre-school component. The number of children of age 3 to 5+ years who received pre-school education under the ICDS Scheme increased from 16.7 million in 2001-02 to 35.3 million in 2012-13 (NUEPA, 2014). However, according to most recent NFHS data, only 38.2 percent children under age six attended pre-school or early childhood care under (ICDS), rest of the children either didn't attend or were enrolled in private pre-schools. More children attended ICDS in rural areas (42 percent) compared to urban areas (28 percent), highlighting the significant enrolment in private preschools as seen in various studies such as Young Lives. Also, it is clear that there is segregation based on wealth with less children from the wealthiest quintile attending ICDS (22 percent) compared to 42 percent in the bottom two quintiles. Highest utilization of pre-schooling under ICDS was seen in West Bengal (66.8 Percent) and lowest was reported in Nagaland (5.9 Percent).

Table 3: Top 10 states by percentage distribution of children under age 5 by various indicators, NFHS-4, 2015-16

Rank	% teenage mother (below 19)	% LBW	% Stunted	% Wasted	% Underweight
1	(West Bengal, 39.3)	(Dadra And Nagar Haveli, 45.3))	(Bihar, 48.4)	(Jharkhand, 28.9)	(Jharkhand, 47.9)
2	(Jharkhand, 31.9)	(Maharashtra, 41.1)	(Uttar Pradesh, 46.3)	(Dadra and Nagar Haveli, 27.6)	(Bihar, 43.9)
3	(Tripura, 31.4)	(Punjab, 40.9)	(Jharkhand, 45.5)	(Gujarat, 26.5)	(Madhya Pradesh, 42.8)
4	(Arunachal Pradesh, 31.0)	(Chandigarh, 39.2)	(Meghalaya, 43.9)	(Karnataka, 25.9)	(Uttar Pradesh, 39.5)
5	(Assam, 30.9)	(Goa, 38.4)	(Madhya Pradesh, 41.9)	(Madhya Pradesh, 25.8)	(Gujarat, 39.4)
6	(Bihar, 28.8)	(Delhi, 38.4)	(Dadra And Nagar Havel, 41.8)	(Maharashtra, 25.5)	(Dadra And Nagar Havel, 38.8)
7	(Andhra Pradesh, 28.2)	(Madhya Pradesh, 38.3)	(Rajasthan, 39.1)	(Daman and Diu, 24.3)	(Chhattisgarh, 37.7)
8	(Meghalaya, 28.1)	(Rajasthan, 38.1)	(Gujarat, 38.3)	(Puducherry, 23.8)	(Rajasthan, 36.6)
9	(Dadra And Nagar Havel, 28.0)	(Andhra Pradesh, 37.4)	(Chhattisgarh, 37.6)	(Chhattisgarh, 23.1)	(Maharashtra, 35.9)
10	(Madhya Pradesh, 25.3)	(Gujarat, 37.0)	(Karnataka, 36.3)	(Rajasthan, 23.0)	(Karnataka, 35.1)

India	23.4	30.6	38.4	21.0	35.7
Rank	% with ARI	Under-five mortality per 1000 live birth	% Did not go for early childhood care/pre-school (Child age 0-71 months)	% of children (0-71 months) who did not receive any ICDS services	% Did not receive all basic vaccination
1	(Meghalaya, 5.8)	(Uttar Pradesh, 78.1)	(Nagaland, 94.1)	(Delhi, 81.6)	(Nagaland, 64.6)
2	(Jammu & Kashmir, 5.4)	(Madhya Pradesh, 64.6)	(Puducherry, 91.2)	(Arunachal Pradesh, 80.0)	(Arunachal Pradesh, 61.8)
3	(Uttar Pradesh, 4.7)	(Chhattisgarh Pradesh, 64.3)	(Manipur, 90.8)	(Manipur, 71.5)	(Dadra & Nagar Haveli, 56.8)
4	(Uttarakhand, 4.6)	(Bihar, 58.1)	(Delhi, 88.2)	(Daman & Diu, 70.5)	(Assam, 52.9)
5	(Punjab, 4.1)	(Assam, 56.5)	(Arunachal Pradesh, 85.6)	(Jammu & Kashmir, 66.8)	(Gujarat, 49.6)
6	(West Bengal, 3.3)	(Jharkhand, 54.3)	(Uttar Pradesh, 81.5)	(Nagaland, 64.9)	(Mizoram, 49.3)
7	(Haryana, 3.2)	(Rajasthan, 50.7)	(Rajasthan, 79.9)	(Rajasthan, 61.4)	(Uttar Pradesh, 48.9)
8	(Jharkhand, 3.2)	(Odisha, 48.1)	(Daman & Diu, 78.4)	(Uttar Pradesh, 61.2)	(Madhya Pradesh, 46.4)
9	(Puducherry, 3.0)	(Uttarakhand, 46.5)	(Jammu & Kashmir, 78.1)	(Haryana, 55.6)	(Tripura, 45.5)
10	(Chandigarh, 2.8)	(Mizoram, 46.0)	(Uttarakhand, 75.3)	(Andaman & Nicobar, 52.7)	(Maharashtra, 43.8)
India	2.7	49.7	61.8	46.4	38.0

Source: National Family Health Survey, 2015-2016

4. Conclusions and Recommendations

Twenty states and union territories of India now have more than one million children in the age group of 0-6. Five states including Uttar Pradesh (30.8 million), Bihar (19.1 million), Maharashtra (13.3 million), Madhya Pradesh (10.8 million) and Rajasthan (10.7 million) constitute more than half (About 52 percent) of the child (0-6) population of India. Among these five states, Maharashtra has the highest percentage of children with disability and highest cases reported for murder, kidnapping/abduction and rape; whereas under five mortality is found to be highest in Uttar Pradesh and Madhya Pradesh. Uttar Pradesh also has the largest number of children working below age 6; Bihar is reported to have the highest number of children living in slums and also the highest incidence of undernutrition in terms of stunting. Rajasthan holds the second highest rank based on percentage of children living on streets. This indicates these five states not only constitute the high proportion of children below age six, also have substantial number of vulnerable children in various aspects.

Moreover, vulnerability among children is also determined by caste as this is a very strong social construct in India. NFHS-4 data shows that among the children (under age 5) from poorest household, about 27 percent were from Scheduled Caste (SC) and 20.4 percent from Scheduled Tribe (ST) households while among richest

household, only 12 percent were from SC and a 2.9 percent were ST households, this implies towards that unequal distribution of income, goods and services. The restricted access to clean water, sanitation, nutrition, housing, education, health care and employment among the lower caste group is due to a toxic combination of poor social policies and programs and unfair occupation opportunities and income (Vijayanath *et. al.*, 2010). The poor, a majority from the lower castes, migrate to different parts of the country in search of work. Their migrant status means they lose many benefits generally offered to the poorer sections as their below poverty line and ration cards are not valid across state borders and they often end up living on the streets. Thus, children belonging to lower caste groups are more prone to become vulnerable. They are least likely to receive proper health facility, basic services such as clean drinking water and sanitation, early childhood care and education and may be more exposed to violence. In addition, SC (56 per 1,000 live births) and ST children (57 per 1,000 live births) experience high under five deaths than the other caste children (39 per 1,000 live births). Though, India has made significant reduction in child survival among the age groups 1-4, India has to do a great deal to prevent child marriage, teenage pregnancies and provide quality maternal and child care to reach the SDG goals for the most vulnerable groups of children.

Way Forward

While India may not have so far measured child poverty distinct from household poverty, childhood poverty is a crucial area of concern because of its role in jeopardizing the rights and wellbeing of children and adding the risk of subjecting them to future poverty. Childhood lived struggling against hunger, humiliation and violence often leads to adulthood spent in similar patterns of survival (Narayan and Petesch, 2007). Policy would need to be directed at ensuring that the most vulnerable children are provided equitable access to goods, services and opportunities. Given that poverty spells in childhood have long-term effects on children and their households, appropriate social protection mechanisms that would provide timely early intervention and support to children, families and communities is the need of the hour. Policies that are effective in reducing poverty among children, and ensuring their human development, can have an impact on chronic or persistent poverty and also help in breaking the inter-generational transmission of poverty (Castañeda and Aldez-Carroll, 1999; Yaqub, 2002). Thus, it is important to highlight the importance of child-focused poverty measures given that childhood is a crucial life stage in which to address and tackle poverty due to its short-term and long-run negative consequences (Brooks-Gunn and Duncan, 1997).

The 2030 Sustainable Development agenda Goal 1 on poverty calls for ending poverty in all its forms everywhere. It calls for ensuring social protection, enhancing access to basic services, and building resilience against the impacts of natural disasters. With over a billion children or about half of the world's children suffering from deprivation of basic human needs (Gordon *et al*, 2003), it is time we focus on

fine tuning poverty reduction strategies to address childhood poverty to achieve the Sustainable Development Goals. It is also important to understand that the quality of children's social, emotional, moral, and spiritual development, especially their feelings about their identity, self-worth, and personal well-being, is highly dependent on how they understand their relative social position, relative competence, and potential to access opportunities for personal, social and economic advancement (Boyden and Dercon, 2012). Keeping in view that exclusion across more than one dimension of disadvantage, results in severe negative consequences for quality of life, well-being and future life chances for all individuals (Levitas *et al.*, 2007) a convergent and coordinated policy response cutting across sectors and ministries is absolutely imperative. There is urgent need for policy makers to recognize that poverty begins in childhood with long lasting repercussion. Provision of an integrated package of social policies targeting the most disadvantaged groups of young children such as street children, children with disabilities, SC and ST children etc could be considered. Also, to measure deprivations experienced by vulnerable young children, desegregated data must be collected on a regular basis at state and district level to inform the planning process. Going forward, the SDG debates must ensure that poverty monitoring systems, link changes in children's lives with the policies underpinning those changes. This would provide an evidence base for policy choices that promote rather than undermine child wellbeing.

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