



***Childescents* in India: We are children too!**
A Report on Children aged 15-18 years

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CHILD RIGHTS AND YOU
www.cry.org

ACKNOWLEDGEMENT

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Foreword



Dear Reader,

This report is the result of a special journey undertaken by CRY in the recent years which has been both tough and rewarding. Over the last four decades, CRY has been working continuously with communities, policy makers, volunteers and youth in bringing about long-lasting change for children. During this significant period, a particular group of children kept coming to our attention - these children appeared to be caught in a strange nexus of being extremely vulnerable and having all needs of children but being considered as adults by the world around them.

This report is dedicated to these children, who appear seemingly invisible as “children” to the society at large. It is dedicated to these children who are often labelled as ‘grown up’ just because they look taller and older. These are children between 15-18 years of age, referred to as *Childescents* throughout this report. CRY is proud to present **“Childescents in India: We are children too!”** which offers a glimpse into their lives and their complex inter-linked struggles, as they navigate their daily lives in an environment that largely disregards the tumultuous paths laid out for their journey. The *Childescent* years i.e., 15 to 18 years is a period of great promise - it is a span of opportunity, a phase of transition of all sorts, and the last leg of childhood having potential for the rebirth of an individual. CRY aims to seize this very chance to make the most of this volatile but potent life stage, and therefore has conceptualised this report.

CRY has been committed to changing the way children are perceived and treated in society, and no group is more urgently deserving of this change than the *Childescents*. The changes that are required to protect and empower these children are myriad. Today we fail to protect this age group by disregarding their basic essential rights such as good quality education, protection from early marriages and premature entry into labour force.

However, the changes CRY is committed to spearheading for this age group run much deeper. Through this report CRY calls for a transformation in the very essence of the way the rights of these children are negotiated with by society and policy markers at large. Also, CRY strongly emphasises and demonstrates that they are still children, and are equally if not more deserving of care and protection than any other age group.

CRY seeks to drive this fundamental change through a multitude of continuing efforts. Our decades of experience tell us that the change we seek - where *Childescents* take their rightful place alongside children of other ages in a world where their needs are recognised and their rights honoured for a happy, healthy and creative childhood - is possible with concerted efforts.

We therefore leave you with this report - a compelling narrative that will not only begin to serve as a resource document and policy advocacy tool, but will also go on to become a part of the discourse and deliberation in professional and social circles to fulfil its true purpose.

With faith and goodwill,
Puja Marwaha,
Chief Executive
CRY - Child Rights and You

Acronyms

ADSI	Accidental Deaths and Suicides in India
AHS	Annual Health Survey
AHTUs	Anti Human Trafficking Units
ARSH	Adolescent Reproductive and Sexual Health Programme
ASER	Annual Status of Education Report
BMI	Body Mass Index
BRICS	Brazil, Russia, India, China and South Africa
CBGA	Centre for Budget and Governance Accountability
CLPRA	Child Labour Protection and Regulation Act
CRY	Child Rights and You
CSO	Central Statistics Office, Ministry of Statistics and Program Implementation
DDUGKY	Deen Dayal Upadhyaya Grameen Kaushalya Yojana
DGET	Directorate General of Training
DLHS	District Level Household Survey
ECCD	Early Childhood Care and Development
GATS	Global Adult Tobacco Survey
GER	Gross Enrolment Ratio
GHI	Global Hunger Index
HHI	Household Industry
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
ICRW	International Center for Research on Women
ICMR	Indian Council of Medical Research
IFPRI	International Food Policy Research Institute
IIPA	Indian Institute of Public Administration
ILO	International Labour Organisation
IYCF	Infant and Young Child Feeding
JJ Act	Juvenile Justice Act
JSY	Janani Suraksha Yojana
KSY	Kishori Shakti Yojana
LBW	Low Birth Weight
MDG	Millennium Development Goals
MHA	Ministry of Home Affairs
MHRD	Ministry of Human Resource Development
MLE/ MoLE	Ministry of Labour and Employment
MTP	Medical Termination of Pregnancy
MWCD	Ministry of Women and Child Development
NAS	National Achievement Survey
NCLP	National Child Labour Project
NCPCR	National Commission for Protection of Child Rights

NCRB	National Crime Records Bureau
NER	Net Enrolment Ratio
NEET	‘Not in Education, Employment or Training’
NFHS	National Family Health Survey
NIMHANS	National Institute of Mental Health and Neuro Sciences
NIN	National Institute for Nutrition
NMHS	National Mental Health Survey
NNMB	National Nutrition Monitoring Bureau
NPAC	National Plan of Action for Children
NUEPA	National University of Educational Planning and Administration
OBC	Other Backward Castes
OOSC	Out of School Children
PMKVY	Pradhan Mantri Kaushal Vikas Yojana
PTR	Pupil Teacher Ratio
PAB	Project Approval Board
PQs	Parliamentary Questions
RDA	Recommended Dietary Allowances
RGSEAG (SABLA)	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)
RMSA	Rashtriya Madhyamik Shiksha Abhiyan
RMSA TCA	Rashtriya Madhyamik Shiksha Abhiyan Technical Cooperation Agency
RTE Act	Right to Education Act
RTI/ STI	Reproductive Tract Infections/ Sexually Transmitted Infections
SC	Scheduled Caste
SCM	School Management Committee
SCPCR	State Commission for Protection of Child Rights
SCR	Student Classroom Ratio
SDG	Sustainable Development Goals
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribes
STEM	Science, Technology, Engineering & Mathematics
UDISE	Unified District Information System for Education
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

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Executive Summary

Introduction and contextualisation

This report is on the status of the Indian child between the ages of 15 and 18 years, bringing together the uniqueness, vulnerabilities as well as their potential for change. CRY recognises this age group - here after referred as '*ChilDESCENT*/ChilDESCENCE', as the last leg of childhood, and a critical window of opportunity with potential for transforming their future. India is home to the largest number of adolescents in the world and 100 million of these are *ChilDESCENTS*. Our years of experience in working with this age group of children, coupled by an attempt to study this age group vis-à-vis all indicators has established that they are indeed an ignored set of population lost in the transitory space from childhood to adulthood. We are sure that the lives of this age group of children would experience a sea change if we as society and the policy paradigm reassess them as a continuation of childhood while simultaneously recognising their distinct potential and vulnerabilities. The most powerful insight from our programming experience is that for change to be truly transformational in nature, it needs to be shaped at three inter-connected levels of self, society and system.

ChilDESCENCE is a time of significant change with growth and development in all spheres viz. physiological, cognitive, behavioural and psychological. At the same time *ChilDESCENTS*' views on society, their perception about people, attitude towards socio cultural norms changes enormously as well. With this, society too changes its lens in treating *ChilDESCENTS* as adults and expects them to participate in 'economic roles' and perform other activities treating them as 'quasi adults'.

Objectives of the report include to establish vulnerabilities of the ChilDESCENTS through an in-depth data and policy analysis making use of available secondary data and published literature, further identifying gaps and thereby hope to influence policy and decision makers.

Methodology involves integrated analysis of the global and regional trends, particularly understanding the impact of inequalities in economic and human development parameters, and the ongoing and expected population and demographic shifts. Extensive analysis of secondary data sources such as Census, Unified District Information System for Education (U-DISE), National Family Health Survey (NFHS), National Crime Records Bureau (NCRB) and additional data sources and references from official sources such as Ministry of Human Resource Development (MHRD), Ministry of Labour and

Employment (MoLE), Ministry of Home Affairs (MHA), Ministry of Women and Child Development (MWCD) and answers filed to parliamentary questions were also used in the study. With this, the report also captures CRY's experience of working with this age group through small scale researches and anecdotes.

Challenges and Limitations: Due to variations in existing definitions of children and adolescents in different policy documents, disaggregated data specific to 15-18 years is not uniformly available. With that there is also dearth of information in context of critical review of existing policies, thus limiting the base for policy analysis.

Snap shot of the key findings on this age group:

1. Today there are nearly a 100 million *ChilDESCENTS* between 15-18 years in India.
2. Over the next decade, One Billion children will pass through this life stage in India.
3. Only 1 in every 2 *ChilDESCENTS* between 15-18 years is studying in India
4. Less than 15% of the schools in India have opportunities for secondary and higher secondary education in India
5. Only 1 in every 3 school-going children in the country finish Class 12 at an appropriate age
6. 22.9 million *ChilDESCENTS* are currently working.
7. 38 million adolescents between 15-19 years are working in hazardous occupations
8. 4.1 million *ChilDESCENTS* are working and studying
9. 9.2 million *ChilDESCENTS* are married
10. 55% of the currently married women in India were married between 14-19 years of age
11. 3.7 million girls between 15-19 years are married and working
12. Only 30% of the married women between 15-19 years enjoy complete freedom of movement
13. One in every 5 married girls between 15-19 years reported violence by husbands
14. 3.4 million girls between 15-19 years are mothers
15. More than 400,000 girls between 15-19 years in India have 3 or more children
16. Only 15% of the married girls between 15-19 years use contraceptives
17. Every 7th pregnancy in this age group has a negative outcome (spontaneous abortions or miscarriages)
18. 19% of boys aged 15-19 years consume tobacco and 9% consume alcohol

19. Less than 1/3rd of the adolescents between 15-19 years have comprehensive knowledge about HIV/AIDS
20. One in every 5 adolescents have a mental disorder
21. *Childescents* account for 80% of all child suicides
22. Family issues and fear of failing in exams are the main causes of *Childescents* suicides
23. More than 40% of the children aged 15-19 are undernourished
24. 80% of the children between 15-19 years are not covered by any health insurance scheme
25. 54% of girls and 29% of boys aged 15-19 are anaemic
26. Nearly 70% of girls reported access and financial issues in availing healthcare
27. *Childescents* girls account for 60% of all kidnappings and abduction of children
28. *Childescents* girls account for 25% of all female rape victims in India

SOME TAKE AWAYS FROM THE REPORT

Differential terms used for this age group

Internationally as well as nationally, there are number of ways in which *Childescents* have been defined. A *Childescents* may be an adolescent (10 - 19 years: UNFPA, WHO), Youth (15 - 24 years: UN, ILO), or fall in the category of Young People (10 - 24 years: UNFPA), and finally, a child given that UNICEF and UNCRC define childhood as covering all persons up to the age of 18 years. This leads to operationally different provisions, privileges and rights under different legislative frameworks. There are legal and policy related consequences of having such multiple definitions and worldviews for this age group. In the current legislative framework in India, children under 14 and those above 14 are considered differently under specific legislations, especially the Right to Education Act, 2009 and The Child and Adolescent Labour (Prohibition and Regulation) Amendment Act, 1986 (and indirectly, the Juvenile Justice Act, 2015). The amended Child Labour legislations segregates children under 14 as children whereas those between 15 to 18 years as Adolescents. Though the National Policy of Children recognises all individuals less than 18 years as children, the Right to Free and Compulsory Act that has assisted in bringing education to lives of countless children, is not applicable to this age group.

Childescents' experiences of this life stage differ widely on account of their social background realities, societal expectations, and the freedoms available to them for choosing their own developmental pathways. Not all *Childescents*, thus are able to

retain childhood privileges by the time they reach this age. Yet, what continue to be seen as privileges, in fact, are non - negotiable rights that ought to be extended to all *Childescents*. Some specific issues and concerns that illustrate the constraints faced by *Childescents* involve:-

- continuing education vs. social pressure to give up school
- getting married and thrust into parental roles vs. free to learn and explore their talents
- economically responsible for self/ family vs. economically and emotionally dependent on their family and society
- able to choose health and personal well-being vs. prevailing social norms
- able to follow a learning pathway that will allow them to gain a decent livelihood and fulfil their personal dreams and aspirations; or simply, even lucky to have adequate support systems and be able to avoid being exploited due to family exigencies, caste hierarchies, or gender
- Pressure of expectations, pressure to perform well, pressure to be recognised and acknowledged in the society, school, amongst peers, etc.

Vulnerabilities- Intrinsic vulnerabilities are those that are inherent to the child's individual characteristics, including genetic makeup and personality, birth defined status and family situation while extrinsic vulnerabilities are circumstantial and related to external factors such as socio-economic status and circumstances, physical and social access to opportunities, and availability of services. Both these vulnerabilities faced by *Childescents* are multilayered, complex and inter-linked across the various socio - ecological levels such as individual, family, school and peer group, social norms and beliefs and institutional mechanisms and governance.

THEME WISE FINDINGS ESTABLISHING VULNERABILITIES - RISKS, GAPS and CHALLENGES

i) EDUCATION

- a) Deprived of access to secondary education, of the 100 million *Childescents*, only 56 percent continue to access schooling through formal schooling. *Childescents* accessing other modes of learning - open or distance learning or technical, vocational institute is miniscule (2 per cent)
- b) With respect to enrolment and drop out in school it was observed that 29 percent of *Childescents* in secondary education and 24 per cent of *Childescents* in higher secondary education are not age-appropriately enrolled

suggesting that a substantial percentage of children either leave school temporarily and then rejoin later, or may have joined school late. Finally, against 100 *Childescents* expected to be in secondary school by this age, only 30.5% transitioned into secondary and higher secondary schooling.

c) 29 percent of *Childescents* in urban areas do not attend school while the proportion is far higher in rural areas - 40 percent of *Childescents* who stay in rural areas do not attend school.

d) Gender gap - in case of *Childescents* who have never been to school, there is a visible gender gap across states. Clear gaps are visible especially at higher education levels (when education is no longer free, and socio - cultural attitudes on gender come into play) and in case of disadvantaged communities, with lower percentages of girls from Schedule Caste (SC) and Schedule Tribe (ST) communities transitioning from elementary to secondary education and thereafter, to higher secondary education. These gaps vary across states, indicating the impact of socio-cultural attitudes with respect to girls' education, especially in traditionally patriarchal scenarios such as Rajasthan, Gujarat and Uttar Pradesh. At the same time, the improved outlook in progressive states such as Tamil Nadu is also visible.

e) Traditional barriers in the case of disadvantaged groups and minority include cultural, geographical, and institutional barriers. Double marginalization is seen in case of *Childescents* belonging to the poorest quintile and excluded groups, one indicator of which are the school completion rates for 15 - 17 age group wherein only 20 percent of the poorest SC/ST *Childescents* completed secondary school in 2014 in comparison to 65 percent of the richest quintile students.

f) There is a discernible trend in the post drop-out course of both boys and girls, with girls getting into marital roles and boys entering the work force. This in turn hampers their future educational prospects limiting their prospects and forcing them to function sub-optimally disadvantage throughout their adult lives.

g) Poorest households pay relatively greater amounts on education with increasing progression in grades.

Secondary schooling is 2.6 times more expensive than primary for Income Quintile 1 households but only 1.3 times as much for rich households.

h) India's secondary education system has a significant proportion of private (unaided) schools. The proportion of these schools has increased from 28.9% of all schools in 2009 to 40% currently, and accounts for 33.5% of all pupil enrolment. The existence of a substantial section of secondary and higher secondary schools that is non state-owned has implications on improving equity in school participation due to affordability issues. This combined with inadequate availability of secondary schools further constrains *Childescents'* access to education.

ii) HEALTH

a) Given that *Childescence* is one of the healthier periods of human life, the mortality rates among 15 to 19 years age group are relatively low in comparison to the early childhood phase. Yet, there are marked shifts in global disease burden, both across gender and with time. Across the world, the leading causes of death among adolescents (15 - 19 years) include a mix of physical injury and prevalent disease burden with the inclusion of road injuries, HIV, suicide (categorized as self - harm), lower respiratory infections and interpersonal violence. However, this is also an age with increased risks to health from concerns of teenage pregnancy, early child birth complications, low birth weight etc.

b) *Childescents* of similar age may look very different in terms of their physical growth. Inability to look at least similar to others or within the broader perspective of what's considered as "normal" becomes extremely important during this phase. The *Childescents* is left grappling not just with inner changes but also societal expectations and peer pressure of looking attractive and being accepted, which in turn, adversely affect their self - image and esteem.

c) The societal notion of what is right and wrong which continues to be deep seated brings in lot of strong emotions of shame and guilt. Hence, *Childescents* may feel baffled about their feelings of attraction to the opposite or even same sex given our hetero-normative society. Inability to reconcile with their feelings of attraction in a

socially adept manner they end up indulging in uninformed experimental behaviour leading to poor outcomes.

d) When it comes to reproductive and sexual health, at one end *Childescents* grapple with the fear of being recognised, and are affected by stigma, shame and discomfort in seeking preventive counselling. At the other end, however field level functionaries like ASHA, ANM and counsellors who are expected to provide much needed comfort and assistance lack training on communication skills and are unable to meaningfully engage with *Childescents*.

e) Menstruation by itself is a natural physiological process which shouldn't require any restrictions for *Childescent* girls. Yet, societal rules, regulations and associated stigma, shame, lack of toilets at community and household level are existing issues faced by *Childescents* for which they need right information input, counselling and guidance.

f) NFHS 4 reveals that the number of live births among the 15 to 19 years age group was lowest and that the highest percentage of miscarriages (11.4%) was reported in this age group. Also, percentages of non - live births (including abortion, miscarriage, or stillbirth) were highest among *Childescent* girls (15.5 percent, with miscarriages having the highest share).

g) In Indian society, majority of reported teenage pregnancies takes place post marriage. Societal expectations from young married couples place implicit pressure to have the first child as early as possible and hence contraceptive use before the first child continues to be very low. This also corresponds with married *Childescent* girls being on the path to early motherhood.

h) Mental Health: The *Childescent* brain is still undergoing the process of maturation, and hence is deemed vulnerable to the effects of impulsiveness and rash behaviour. This is also suggested to be a primary driver that influences *Childescents'* experimentation with drugs and narcotic/ psychotropic substances

i). Evidence shows that a majority of mental health conditions manifest themselves during adolescence. Suicide, Depression, Anxiety and substance abuse are key issues which this age group often grapples with. Brief episodes of mental disorders during this period may not

translate into similar events in young adulthood. Therefore, timely intervention and successful resolution during adolescence ensures that such disorders are limited to *Childescence*.

iii) NUTRITION

a) Unlike the global scenario, in the Indian context, a significant proportion of its *Childescents* may be placed in the under-nourished category. This scenario indicates significant gap in adequate nutritional availability to meet energy and protein requirements of *Childescents* resulting in chronic energy and micronutrient deficit. Serious consequences such as low body mass index (BMI) and diseases associated with micronutrient deficiency, such as iron deficiency anaemia are significantly prevalent among *Childescents* in India. The recent NFHS-4 statistics show high prevalence of iron deficiency anaemia among girls aged 15 - 19 years at 54 percent in comparison to 56 percent in NFHS-3.

b) NFHS 4 showed that overall consumption of animal protein rich food such as eggs, fish and chicken and meat was quite low, around 40 percent girls and 46 percent boys between 15-19 years reported that they were consuming these items once in a week. Whereas, in terms of plant protein, 90 percent of *Childescents* reported that they were eating pulses and beans at least once a week. Green leafy vegetables which are important for alleviating **anaemia** were consumed by 83% girls and 86% boys at least once a week. Fruit consumption was very low, reported by 43 percent of girls and 50% of the boys in 15-19 years. Milk and curd which are important source of **calcium** was consumed once in a week by 65% girls and 76% boys in this age group.

c) Almost half the population in this age group reported that they consume fried foods at least once a week, similarly one fourth of girls and more than one third of boys consumed aerated drinks at least once in a week. Evidence also points to significant decline in consumption of energy, protein, fat and essential nutrients for this age group over the years.

d) Deprivation arising from lack of proper nutritious food and its outcomes become critical when individuals enter motherhood in their *Childescence* phase with pre-existing iron deficiency.

e) Family's affordability concerns and dietary diversity, changes in cultural practices and lifestyle, urbanization, gender roles and gender discrimination as reflected in household practices are significant barriers in having proper nutritional availability. Also behavioural and emotional response to food, including eating and dieting patterns may also significantly impact nutritional well-being of *Childescents*

iv) CHILD PROTECTION

a) When it comes to extending a strong child protection framework to all children, including *Childescents*, the overall Indian scenario has serious gaps. The primary limitation, in case of child protection, though continues to be on account of a seriously fragmented system, with multiple layers of functionaries, legal systems and institutional support mechanisms that do not interact with each other and consider the child's needs as supreme.

b) There is a clear dearth of segregated data on child protection, The Census of India captures data largely in the realm of work participation over the year, but fails to capture the detailed trends, the sector specific scenarios, and so on. Similarly, disaggregated and detailed data is unavailable on a number of areas such as on the various categories of children in need of care and protection. Child marriage data, for instance, is currently not captured systematically and in an accepted format. Data on trafficked children needs to be validated and concerted across different departments such as labour, legal enforcement, and Anti Human Trafficking Units (AHTUs). There are no primary baseline data studies that provide even a basic estimate of children facing neglect, corporal punishment at home/ school, or sexual abuse. Data on online abuse, stalking, and bullying of children by peers and adults is also not available except for pure guesstimates.

c) Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers. At least three out of four of children globally have been exposed to some form of violence/ abuse.

Childescents girls and boys both have specific attitudes regarding the acceptability of violence among intimate partners.

d) Globally estimated number of working *Childescents* is under recorded as it only includes those involved in hazardous work and therefore omits *Childescents* working in other occupations but who may be equally vulnerable. According to Census of India, 2011, there are 22 million working *Childescents* in India.

e) *Childescents* are especially prone to trafficking for commercial sex work as well as for forced labour. They may be enticed, duped or forced by traffickers into exploitative situations whether with agreement of their families or without their knowledge. While there are several reasons that contribute to the vulnerability of *Childescents* to trafficking, the complete absence of rural protective frameworks allows for the persistence of this phenomenon that violates the rights of *Childescents*. Along with those individual factors such as household level poverty and unemployment, personal aspirations, and witnessing violence at household level tends to fuel vulnerabilities.

f) Over the last decade, there has been a ten - fold increase in the number of crimes committed against children. A specific area of concern is the high statistics related to kidnapping and abduction of *Childescents* girls. This indicates multiple areas of concern, with a significant proportion of cases filed by parents in case of elopement due to love interest. 30.4 percent of these were cases of kidnapping compelling an underage girl into marriage. This indicate the vulnerable position of *Childescents* girls as well as societal expectations related to marriage of girls and the continued prevalence of parental control over sexuality of *Childescents* girls.

g) *Childescents* who have witnessed domestic violence also tend to exhibit aggressive behaviour as they have internalized the use of violence in interpersonal relationships to dominate others and, in the case of boys, have often been encouraged to do so.

h) Specific kind of violence including cybercrime, violence in school and bullying is a growing trend and challenges are peculiar in nature. It is estimated that globally 246 million children (including *Childescents*) experience some form of school violence and bullying every year.

i) Overall, in India, 35849 cases of offences committed by all children were reported in 2016 with the largest number

being property related crimes such as theft, burglary and robbery and a small proportion of serious crimes such as murder and attempted murder, abduction, and rape and sexual assault cases. Over the previous decade, involvement of children has shown an increase of less than 1 percent (from 1.8 to 2.7 percent) indicating that macro socio-cultural trends do not indicate unrest, negative aspirations, or poor developmental opportunities as have been indicated in other regions (especially Latin American and Caribbean regions known for high prevalence of youth crime).

j) The *Childescent* with disability is far more vulnerable than his able-bodied counterparts. The complex interplay of gender, poverty, access to basic services and support structures available to their caregivers further adds to their vulnerability.

POLICY ANALYSIS FROM THE LENS OF *CHILDESCENTS*

Under **International obligations**, India has progressively accepted its commitments to children by aligning with and ratifying international instruments such as conventions and protocols in context of children's rights. India has also formally stated the convergence in its national developmental trajectory with the **Sustainable Development Goals (SDG)** agenda. Out of the 17 SDG goals, Goal 2, 3, 4, 5, 8 & 16 specifically mention the needs of adolescents. Despite progression in implementation of rights, there continues to be legal and societal sanction for *Childescents* to take on adult roles in a number of arenas, most notably being economically active, entering marital lives and bearing children, thereby compromising a number of fundamental rights that are true entitlements of *Childescents*.

Contrary to the belief laid down in the **National policy for Children**, there is clear inadequacy in the protective net for the *Childescents*. The design of the protective environment does not take into account the specific vulnerabilities faced by *Childescents* and this is clearly evident by the fact that a large number of *Childescents* are unable to avoid being forced into labour, exploitation, or marriage, especially when faced with higher familial responsibilities or insurmountable socio-economic risks.

Historically, child protection in India evolved piecemeal as a response to immediate social problems of the times (such as child marriage, labour, and crime). Due to the path of evolution

followed, even today different ministries and departments continue to be in charge of specific areas such as child labour (MOLE), Trafficking (Home Affairs), crime against children (Home Affairs), marriage and juvenile justice (MWCD). The fragmentation is also visible in the form of a plethora of legislations, each addressing a problem in isolation. These legislations by design focus on system's response to child protection violations such as under the Prohibition of Child Marriage Act, the Child and Adolescent (Prohibition and Regulation) Act, 2015, the Prohibition of Immoral Trafficking Act (PITA), 1956, and Protection of Children against Sexual Offences, 2012.

The **amended Child and Adolescent Labour (Prohibition and Regulation) Act, 1986** allows adolescents in the age group of 15 to 18 years to work in employments that are deemed non hazardous. For this purpose, the list of hazardous occupations and processes has been bifurcated into two i.e. for children below 14 and for *Childescents* with the consequence that only an abridged version of occupations and processes exists wherein *Childescents* may not be employed. By removing all reference to informal occupations, and allowing categories such as domestic work and working in dhabas, carpet weaving, zari making and processes using zari, agarbatti making etc, the entire universe of informal labour is open to those who wish to reduce their cost margins through employing *Childescents*. Further, the law also does not have any provisions linking Childescent work to forced migration or trafficking.

In the current version of **Juvenile Justice (Care and Protection), Act 2015**, sections have been added suggesting differentiated treatment for some adolescents which is against India's constitutional provisions. These provisions involve a separate process of psychological inquiry, the focus of which is to establish psychological maturity of the *Childescent* and suggest if the case should be taken up under adult jurisprudence system rather than treating the person as a child in conflict with law. If the inquiry comes to such a conclusion, the case may be referred to the children's court to review the offences. In the current version of the act, this process is restricted to those above 16 years of age who are alleged to have committed heinous offences (described under IPC as crimes for which seven years of punishment or more may be awarded). This limits Childescents' access to the reformatory and rehabilitative pathway open to other children and fosters a very different pathway for those alleged to have committed a heinous offence without taking into account their heightened vulnerabilities.

In case of unmarried *Childescents*, pregnancy is not only a social taboo but also has significant legal implications under the **Protection of Children Against Sexual Offences (POCSO) Act, 2012**. Under the Act, any sexual activity below the age of 18 years is considered as an offence, and requires mandatory reporting to legal authorities. Following the passage of POCSO Act, access to safe abortion services for unmarried minor girls has further declined as the act mandates health care providers to legally report all such cases considering them cases of sexual abuse.

Schemes

A majority of existing schemes and programmes, such as **mid - day meal**, basic free health care, livelihood support programmes such as MNREGA, and food security, do not have a comprehensive focus on empowering and preparing *Childescents* for their lives today and tomorrow. Hence, the coverage of *Childescents* and their families in the current scenario is inadequate; fragmented, and not holistic enough. The mid - day meal, for instance, does not cover *Childescents* in its current format. The focus of **National Health Mission** is largely on maternal and infant health care with few adolescent friendly health services operational on - ground, and the **Rashtriya Madhyamik Shiksha Abhiyan (RMSA)** scheme doesn't extend entitlements under Right to Free and compulsory Education (RTE), 2009 (i.e., provide free education) to *Childescents* (It is yet to be seen whether Government of India has any plans to further extend the purview of RTE Act under the newly formulated **Integrated Scheme for School Education, 2018**). Similarly, schemes often exclude *Childescents* who are most vulnerable. For young mothers, **Janani Suraksha Yojana (JSY)** and **Janani Shishu Swasthya Karyakram** are the two schemes which provide free of cost delivery care including antenatal care and post natal care to women. However, under both these schemes, only women above 19 years are entitled to get the scheme benefits, thus the most vulnerable girls below 18 years are left out of the above.

Considering India's existing scenario, the section on secondary education takes into consideration Rashtriya Madhyamik Shiksha Abhiyan - the flagship scheme for secondary education as the scheme that operationalized the policy goals with respect to secondary education. Recently Rashtriya Madhyamik Shiksha Abhiyan (**RMSA**) has been subsumed into **Integrated Scheme for School Education**; however the scheme architecture and components have not yet been unveiled. The comprehensiveness of the education system is reflected in its ability to fulfil

multiple goals. This transpires into the creation of a well - designed system that lays equal focus on critical areas such as equitable access to all students (especially the disadvantaged), ensuring competency based quality education, concept formation, creativity and transferability of skills and knowledge, personality and citizenship development, and the ability to function in a knowledge based economy. Yet, RMSA, in its halting progress, is a) limited in design and b) has been unable to reach assigned targets of enrolment, access and infrastructure. With respect to the specific **incentive and inclusion based schemes**, the analysis shows limited outreach, and restrictions in the quantum of support provided to *Childescents*. Consequentially, the schemes failed to make a real difference in enrolment figures of the eligible groups of *Childescents*. The **National Institute of Open Schooling**, an autonomous body under Ministry of Human Resource and Development, is the overarching body providing basic, school and pre - degree education under open or distance education mode. Considering that close to 40 percent of all *Childescents* are not currently enrolled in formal schooling, the proportion making use of open schooling are far below potential number of participants. This has clear implications for educational deprivation in case of *Childescents*.

Critical analysis of the **Integrated Child Protection Scheme (ICPS)** suggests the existence of a skewed approach - with majority of allocations, schemes, and human resource investment currently situated in the tertiary level and therefore, lacking true adherence to prevention. For instance, the specific types of programmes clearly stated within ICPS include (a) Homes of various types for children; (b) Emergency Outreach services through Childline; (c) Open Shelters for children in need of care and protection in Urban and Semi Urban Areas; and (d) Family Based Non-Institutional Care through Sponsorship, Foster Care and Adoptions. In contrast, detailing of prevention aspects under ICPS are limited to setting up of block and village level committees without any mention of their capacity building, the broad mandate and interventions expected from these committees, and finally, their accountability. This is also true in case of the support to be accorded to the vulnerable families identified under the second tier of ICPS services i.e., families at risk. A comprehensive safety net, adequate personnel, real - time data collection and monitoring and support services have yet to become the reality for India's limited child protection system.

In recent years, the emergence of **Rashtriya Kishor Swasthya Karyakram (RKSK)** as an umbrella scheme for *Childescents* is a sign that the policy makers have accepted the complex and specific health needs of *Childescents*. The frontrunners to RKSK programme were schemes such as Adolescence Education Programme (AEP) launched in 2005 and **Adolescent Reproductive and Sexual Health scheme (ARSH)**, which, together, served to extend both knowledge and curative services to this age group. Despite increased awareness of the most sensitive needs of *Childescents* and their inclusion in national policy making, adolescent friendly comprehensive reproductive and sexual health information and services continue to be patchy, fragmented, and unevenly executed leaving *Childescents* grappling in the dark with their most personal, sensitive queries and concerns.

The recently launched the **Ayushman Bharat Programme** with the objective of moving towards universal healthcare. The Programme comprises two main initiatives- Health and Wellness Centres (HCWs) for primary health care and the National Health Protection Scheme to access health facilities at secondary and tertiary levels. Health and Wellness Centres (HWCs) will essentially be Sub Centres which will be upgraded to provide a wider range of services. The services relevant to health of *Childescents* include Comprehensive Childhood and Adolescent Health Care, Comprehensive Contraceptive Services and Comprehensive Reproductive Health Care. In addition to these, the bouquet of services also includes other generic health services such as Comprehensive Management of Communicable and Non-Communicable Diseases, Basic Ophthalmic Care, Basic ENT Care, Basic Dental Health Care, Basic Geriatric Health Care and the Screening & Basic Management of Mental Health Ailments. Multiple channels of outreach in the Reproductive Maternal Newborn Child and Adolescent Health **(RMNCH+A)** approach ensure that all *Childescents*, whether school going or out-of-school are covered through platforms such as Village Health and Sanitation Day (VHSND), Kishori Diwas, School based health programmes, Anganwadi Centres and Nehru Yuva Kendras. The programme follows a preventative approach through a comprehensive package of information, commodity supplies and curative services. However, without strengthening on - ground personnel, the state's ability to operationalize these services remains severely compromised.

Despite the new inclusion that gained importance, within overall public health architecture, the *Childescents* are still vulnerable in certain entitlements due to lack of convergence between

different ministries and diversified legal provisions for this age group. For instance married adolescent girls are not eligible for the scheme for maternal health care and institutional delivery **(Janani Suraksha Yojana)** because they got married below the legal age at marriage. Again, girls who become mothers are also bereft of the conditional cash transfer benefits introduced as part of the **Pradhan Mantri Matritva Vandana Yojana (National Maternity Benefit Scheme)** which considers pregnant women who are at least 19 years of age.

RECOMMENDATIONS

The following set of recommendations draws in the framework of CRY's approach for holistic and sustainable change and programming change model of adolescence where we believe change comes alive with working on three interconnected levels of self, society and system.

For the positive trajectory we envisage for *Childescents* it is essential to reach out to all involved stakeholders - legislators, policy makers and decision makers, *Childescents* peer group, parents and caregivers, teachers, community, front liner functionaries and implementing officials and authorities.

Overarching recommendations

- A concerted effort by all Ministries and Departments is required to fulfil all rights and obligations related to children.
- Policymakers, people in decision making capacity w.r.t *Childescents*, parents, and other forms of caregivers need to be aware of these shortcomings when dealing with, and on behalf of *Childescents* in any capacity. Any person who has not yet attained the age of 18 years shall continue to be considered as a child. Hence, he/she shall be given all the protections, all the opportunities, and all the special assistance that others in this grouping are provided. There ought to be no discrimination among children by virtue of their age, gender, religion, caste as along with other possible parameters of discrimination.
- Policy makers while investing for this age group needs to keep in mind both immediate and long term impact possibilities for this age group. Allocations for public investment in this age group need to factor in not just the requirements of the current generation of *Childescents* in order to overcome the obstacles and challenges faced by them but also to ensure that future generation indirectly gain from investments made for present generation of *Childescents*.

- There is further deep diving required for understanding implications of broad demographic trends because of the fact that different states in India are at different stages of economic, social and demographic transition. Breaking down the same would give clarity in required policy formulation and assessment on investment needs.
- Social Behaviour Change Communication strategy needs to be revised keeping in mind various issues faced by *Childescents* rather than just legislative enforcement or precautionary messaging.
- A constraint on publicly available segregated data by sex, age, location, and thematic areas remains both a constant limitation and causative factor for the low priority accorded to *Childescents* by policy makers. This should be addressed in order to extend required attention, action and support.
- Parents, caregivers, teachers and counsellors need to invest time with *Childescents* to understand their worldview, perceptions, and concerns. A patient hearing and healthy dialogue with *Childescents* about their fears, apprehensions, ideas, aspirations, dreams and wishes would help parents to engage deeply and understand them better. Positive conversations, role modelling and encouragement are essential to instigate renewed sense of belief in self-worth and self-esteem in *Childescents*.

EDUCATION

- **Universalization of secondary education** needs to be implemented on an urgent basis. Doing so will allow *Childescents* especially from marginalized communities to choose a positive trajectory for their lives. An amendment in the Right to Free and Compulsory Education should be brought forward to ensure the same. Schemes are not a substitute for extending free education upto secondary levels for *Childescents* who may be most vulnerable to leaving school on account of gender, financial affordability, or by virtue of belonging to disadvantaged groups. Inability to continue schooling also has other avoided costs from higher vulnerabilities including early marriage and motherhood, early entry into work, relegation to low skill low wage
- No more than 60% of all Indian children complete secondary school and net enrolment rates are little more than 40% suggesting that many are over age for their grade. There is a dire need to **improve net enrolment** rates in secondary education. The enrolment challenge

will have to take into account the traditionally disadvantaged who have, even after much progress, are currently excluded from secondary school. **Scheduled Tribe and Scheduled Caste children** enrol in secondary school at half (or less) of the rate of their more privileged peers. The challenge therefore, is to sharpen inclusiveness, understand implicit costs involved in schooling, and create educational pathways for girls, disabled, and those with multiple vulnerabilities.

- *Childescents* in difficult circumstances, combining work with school, prone to frequent migration, or married *Childescents* girls are often the ones with highest likelihood of dropping out from school. Systems need to be set up for identifying and tracking children at risk, those in need of remedial educational support, and those who need **flexible timing or scheduling changes**. This needs to be an on – going effort with assistance from community engagement. Appropriate supportive mechanisms such as **transport, accompanying adults** etc. may be required to ensure **safety of girl Childescents** and eliminate this as a barrier to accessing secondary education.
- Making **gender equality** a primary goal of school system will go a long way in improving their second class status throughout life. Inviting **positive role models, including parents** who have supported girls to take up higher aims in life, societal achievers, entrepreneurs and self – help groups are strategies that could be followed. **Interventions with boys and men** to bring about sustained societal change reduce gender based discrimination at home and in public spaces, and calling out incidents of neglect and implicit discrimination may be strong motivators to introduce collective shift in gender related attitudes in society.
- **School health programmes** are a crucial space for *Childescents* to augment their knowledge deficits in context of specific aspects such as mental health, substance use, nutrition, physical activity, and injuries and violence. The priority accorded to school health programme therefore needs to be expanded from a peripheral health programme to one that holds central position in the lives of *Childescents*.
- Over one-third of all parents were found to borrow money to pay for secondary schooling, including 39% of private unaided school parents, and 35% of government school parents. Nearly a third of government and private school parents borrow money to pay for private tuition. This **financial burden needs to be reduced** for

providing secondary education.

- In addition to making secondary education free and available to all children, **extension of mid – day meals to at least secondary level** is also a pressing nutritional support requirement.
- Secondary schooling remains a State responsibility and the bulk of secondary school costs continue to be paid from state budgets. Increased **financial allocation** for secondary schooling should be a priority. Pro-poor bursaries, fee waivers, and cash transfers must be considered and cost should be built into plans for sustainable financing and should be directed towards improvements in the fee free public system rather than as subsidies for private for profit providers. No children from households at or below the poverty line should have to pay direct and indirect costs for access secondary school. Nor should they have to borrow at high interest rates to support costs associated with secondary schooling.
- The availability of **competent subject experts** in schools where most vulnerable *Childescents* may be enrolled is the test of India's public education system. Not having this basic minimum standard would result in a system that is ineffective at its roots. Investing in **adequacy of teachers**, deploying them where most required, and **training** them in pedagogical tools that combine subject knowledge and emerging technologies to serve world class education to all *Childescents* should be accorded high priority. Capacities of functionaries, interactive teaching learning modules, and learn along capsules are essential for bringing in much needed vibrancy and attention
- **Pupil-teacher ratios** norms needs to be adhered to the extent possible. In the current scenario, there are schools with unacceptably high (even double the current RMSA norm of 40:1 in some states), while in others pupil teacher ratios have instead fallen below even 10:1 representing a great inefficiency in the use of resources. The number of **contract teachers** has been increased in some states to meet shortages showing unwillingness of state towards long-term investment. Understanding demographic transition can assist in such scenarios and temporary recruitment can help states meet peak demand without creating excess capacity on entering low enrolment phase due to ongoing population shifts.
- Enabling those *Childescents* who are unable to continue formal schooling to continue their educational journeys is possible through ensuring *Childescents* and their families

are given adequate information on open schooling opportunities; this, supplemented with adequate assistance for them to return to school at the earliest may further assist in universalization of secondary education and is a clear intervention area.

- A bouquet of choices should be available to allow *Childescents* to **transition successfully** from school to work, gain transferable **skills** that are beneficial in the long term, and contribute in positions of either employability or entrepreneurship in future.

NUTRITION AND HEALTH

- Undernourishment and micronutrient deficiencies continue to be the way of life for at least half of all *Childescents* in India. Single nutrient supplementation programmes have so far been insufficient to tackle iron deficiency anaemia on account of multiple issues. **A comprehensive education cum supplementation programme** needs to be introduced that will built on local food availability, bioavailability of nutrients and their adequate absorption, and prevention of external events such as infections, diseases and poor environmental conditions.
- The design and implementation mechanisms of **adolescent friendly health clinics** need adequate reflection. Inputs from primary stakeholders, i.e., *Childescents* on their experiences with existing facilities may be essential to development of context specific decentralized designs combining curative, counselling and commodity related services with adequate stress on confidentiality and satisfaction of service recipients.
- To increase the uptake of **ARSH services**, along with other components of accessibility and availability, softer aspects such as confidentiality of the user, user friendliness, effective communication on part of staff and service providers should be a prime area of focus.
- **Menstrual health** and hygiene is an important aspect for *Childescents*. Policy makers need to understand how gaps in functional toilets at household and community level may be addressed for fulfilling the needs of *Childescents* girls. Further, social and behavioural communication interventions are required to tackle associated stigma, shame and awkwardness among *Childescents* through multi-pronged interventions including parents, caregivers, teachers, counsellors and front line workers.
- While there is a need to plan interventions for **delaying age of marriage at a war footing**, especially for high

prevalence states and districts, there is also an urgent need to reconsider exclusionary programmes that restrict young mothers' access to reproductive and maternal care, and especially boosting their nutritional reserves during pregnancy.

- Formal education tends to be correlated with lower levels of **teenage pregnancy**. Twenty percent of *Childescents* girls with no schooling have already begun childbearing, compared with only 4.4 percent with 12 or more years of schooling. Extending schooling for girls is certainly the best strategy for delaying age of marriage.
- There is an existing contradiction between *Childescents'* **access to contraceptives**, safe abortion services and growing interest in intimate relationships with the opposite sex to **legal aspects with teenage relationships covered under the umbrella of sexual offence and assault crimes mandated under POCSO**. An open discussion on pros and cons of each position and finding a solution to this impasse is an urgent requirement.
- *Childescents'* exposure to **unsafe sex** continues to be pretty alarming with reported **low contraceptive usage**. Systemic investment needs to be carried out for enhancing knowledge on reproductive and sexual health, various associated risks, HIV/STI and other infections. At community and school level, the discomfort among care providers and *Childescents* associated with conversations around sex, sexuality, physical maturation, sexual exploration, body image and self esteem should be addressed equipping them with right information and channelizing their energies in right direction.
- **Mental health promotional programmes** need to be broad based and highlight both social and emotional aspects. Lack of spaces for communication with parents/ counsellors, peer group rejection, and feelings of isolation/ being unwanted are some of the factors that make *Childescents* vulnerable to depression, anxiety, suicidal thoughts. More awareness building and solution finding needs to be done for emerging challenges such as those emerging from human interaction with technology. Over use and dependence on technology and hand held devices has been found as a leading factor in increase of stress, anxiety, depression, insomnia and aggressiveness among this age group. Finally, along with recurring investments at all levels viz family, peer group, school is an essential component of ensuring mental health.
- *Childescents'* openness to experimentation, novelty and peer influence are often at the root of their initiation into

substance use. Current behaviour change communication focuses largely on the adverse health impacts of tobacco and other soft substances which are too far ahead in the future for *Childescents* to comprehend and accept. Behaviour change communication strategy needs to be revised keeping in mind these issues rather than either legislative enforcement or precautionary messaging.

PROTECTION

- The vulnerabilities of *Childescents* are most clearly reflected in context of protection issues. *Childescents* need to be treated as children, and legal discrepancies which allow for differential treatment of *Childescents* under various acts such as ITPA, CLPRA, and JJ Act need urgent resolution.
- The protection framework for *Childescents* is severely limited on account of paucity of credible, disaggregated data and prevalence rates of various socially tolerated phenomena including early marriages, hazardous work participation, and implicit phenomena such as trafficking, initiation into crime, child abuse and neglect, and physical disciplining across multiple interaction spheres. Serious convergence, application of online and centralized MIS systems and fixing of accountability of various legal enforcement and other functionaries needs to be taken up for filling up this gap.
- With the amendments in the **Child Labour legislation**, there is a need for further evidence building and research to capture the children's involvement in family occupation and engagement in hazardous and non-hazardous occupation and processes by two defined age group - children and 'adolescents'.
- **Violence against children** inclusive of *Childescents* and reported **Crime against Children** is worrying trend which requires urgent attention of deep rooted issues of poverty, unemployment, cracking down of illegal rackets and greater commitment by all actors.
- Less than 10 percent of juveniles apprehended had completed secondary education with 45 percent not yet at secondary level and 33 percent still studying in primary level. Considering that 73 percent of juveniles were in secondary education age group (16 - 18), the statistics show a possible linkage between investments in education to reserve the trend of entry into antisocial behaviour.
- Trafficking for forced labour, forced marriage, domestic labour is found very high in this age. In December 2015,

Supreme Court of India directed the Government to develop a comprehensive **legislation on Trafficking** by June 2016. However, the draft legislation still awaits introduction in Parliament which should be highly prioritised.

- Greater awareness, discourse and subsequent implementation of the Supreme Court **Judgement on Child Marital Rape** (October 2017) needs to be carried out with subsequent required amendments in the **Child Marriage legislation**.
- A combination of person, power, structure and public investment is urgently required if the gaps in existing child protection framework are to be adequately filled in. Prevention based strategies and fixing accountability at all levels need to be at the core of the child protection system. Community engagement is a must if all *Childescents* across the country are to have true access to a protection

oriented environment. Another area that preventative programming ought to focus on is the restrictive and unsafe environment faced by *Childescents* staying in urban slums.

- India's social safety net needs serious refurbishment as of now. It needs coming together of a range of stakeholders, ranging from informal social groups to supportive mechanisms (financial and non - financial), to community based care and rehabilitation mechanisms in order for all children to be adequately covered. Moving from ad-hoc financial support to a family based intervention plan for 'at - risk' families with constant emphasis on vigilance, tracking, and ongoing support requires massive investment of time, finances and human resources. Yet, if we acknowledge the support due to them and the difference in lives of India's biggest generation of *Childescents*, it is immensely doable.



1. INTRODUCTION

INTRODUCTION

This report is focused on the Indian child between 15 and 18 years of age. The children transitioning through this period are poised on the brink of childhood and adulthood and are at a particularly vulnerable and important stage of their lives. CRY believes that these years hold enormous potential both for *Childescents* themselves and the society. This last mile of childhood is characterized by high amount of vulnerabilities, and should be accorded equal if not higher priority as compared to other childhood stages. This report brings children between 15-18 years of age sharply into focus, throwing light on the uniqueness of this age group, both in terms of its vulnerabilities as well as potential for change.

1.1 Why this report?

This report is part of a concentrated effort to bring to forefront the lives of Indian children who are between the ages of 15-18 years. The report undertakes an in-depth assessment of the multitude of risks and vulnerabilities faced by this age group, their current status and an intensive consideration of the policy responses to the issues faced by them. At the threshold of adulthood, society has treated children in this age group rather inconsistently as they are burdened with adult responsibilities while still having restricted agency. This has resulted in children being left to devise their own ways to cope with responsibilities while receiving limited adult support. The policy interventions for children in this age group reflect the way society has viewed children in this age-group, especially in their fragmented and target less approaches. It seems that the lives of children in this age-group would experience a sea-change if the existing policy paradigms viewed them as a continuum of childhood while simultaneously recognizing their distinct potential and vulnerabilities. Through this publication, CRY hopes to bring about a much needed shift in the way that these children are viewed by society and policy makers, and aims to get them recognized as a distinct group meriting as much attention, if not more, as a child of any other age.

1.2 Who are the *Childescents*?

Childescent is an operational term used by CRY for this report to refer to children between 15-18 years of age.

Children in the age group of 10-19 years are considered as adolescents, which is the phase of transformation from childhood to adulthood. The term adolescence comes from the Latin word *adolescere*¹, meaning “to grow” or “to grow to

maturity”. Primitive peoples-as was true also in earlier civilizations- do not consider puberty and adolescence to be distinct periods in the life span; the child is regarded as an adult when capable of reproduction. The period of adolescence in human life is a challenging period in itself and further, within the spectrum of adolescents, *Childescents* (individuals aged 15-18 years) form a crucial segment. The current societal outlook views these children as quasi-adults and they are often coerced into take on adult-like roles such as being economically active, starting marital lives and childbearing.

This report aims to bring back the last leg of their childhood and through this publication, CRY, as an organization committed to child rights, seeks to re-emphasize and re-establish that individuals of this age group ought to be considered as children in the complete sense. Therefore, during the conceptualization and formulation of this report, the modified term *Childescent* was seen as a more suitable term rather than adolescent, to refer to these children.

1.3 Rationale

Children evolve during the entire phase of childhood. *Childescents* form a very special age group that can be distinguished even within the umbrella of childhood. They are innocent, yet wiser to the ways of the world. Their emotional and social interaction sphere is larger than younger age groups. For them, this is a time of evolving boundaries with parents and caregivers as they oscillate between dependence and their quest for autonomy and self discovery. They are the closest to adulthood, yet there is still a lot of distance to be covered.

Childescence is a critical period during which children are in the process of acquiring physical, social, emotional and cognitive maturity. With each step taken in the journey towards adulthood, this age group advances towards gaining physical and mental maturity, a process which continues till they become an adult and sometimes beyond. During this transformative stage in their life, they face many changes in their body and mind, some of which guide *Childescents* into a new trajectory. Their perspective on society and their attitude towards socio-cultural norms and values also undergo tremendous changes. Their involvement in risk taking, experimental behaviour and aggressiveness increases, which further enhances vulnerabilities of this age group. Change is not restricted only to *Childescents* in themselves, society too changes its lens to treat the *Childescents* as more like adults, bestows them with more responsibility, expects them to participate in economic roles and perform other activities associated with adulthood.

1 Hurlock E.B, Developmental Psychology : A Life Span Approach (Fifth Edition) page 222

Due to the enormity of changes in perceived roles of this age group at multiple levels: within themselves, in the family and in the society, they constantly struggle to fit into the surrounding environment. Still being children, theoretically, they are entitled to the protection of their rights; however in practice, change in their perceived roles does not allow them that privilege.

The choices, investments made, and opportunities extended in this age group lay the foundation for their overall life trajectories. These are also the individuals who will go on to take up parenting roles for the next generation - hence they need to be provided with adequate nutrition, education, life-skills, information and means of family planning, decent livelihoods and a chance to lead fulfilling lives.

Given the complex needs of this age group, it is understood that only through concerted efforts overlaying a number of Ministries and Departments can the State fulfil all rights and obligations related to these children. Children are at the centre of society, and hence, their needs and aspirations are spread across the mandates of multiple Ministries, policies, schemes and programmes. It is therefore imperative to understand each Ministry's role and involvement with respect to this group of children. This report tries to review and take cognizance of any limitations in the existing policy frameworks and institutional mechanisms towards extending adequate legislative and policy coverage to *Childescents*. We also recognize that certain groups may have higher vulnerabilities and therefore need nuanced support. Absence of supportive mechanisms and prioritized investment may lead to compromised potential of *Childescents*, with substantive impact on the developmental path of existing and future generations of citizens.

This report is our effort to showcase evidence that establishes some of these implicit assumptions. Doing so will provide stakeholders, including parents, caregivers and childcare professionals, and finally policy makers and decision makers with a clear portrait of India's *Childescents*, their needs and aspirations, locating where they are situated developmentally in the present scenario. It will further allow stakeholders to determine their priorities and strategies in moving from the present to a more progressive, empowering and fulfilling future for *Childescents* in India.

1.4 The CRY Approach

Since its inception, CRY has believed in every child's right to

childhood - to live, learn, grow and play. For nearly 4 decades, CRY has been consistently working to ensure sustainable change in the lives of children. CRY recognizes the significance of the adolescent years of a child which is an important focus of our work. Interventions with adolescent children are both strategic and critical to the attainment of CRY's vision for a healthy and happy childhood for all children.

Of particular significance are children between 15-18 years of age (also referred to as *Childescents* throughout this report), who are in the last lap of their childhood. *Childescents* are in a transitory period from childhood to adulthood - a stage of major growth and development in which significant physiological, cognitive, psychological and behavioural changes are taking place. In this stage of childhood, certain important developmental milestones such as identity formation and independence from parental/societal value systems need to be accomplished. CRY's experience highlights and confirms the vulnerabilities of *Childescents* in this life-stage. Rights are indivisible and inter-dependent; therefore, denial of one right invariably impedes the enjoyment of others. In addition, fulfilment of one right is contingent on fulfilment of others. CRY currently supports a large number of programs for children between 15-18 years in 19 Indian states in partnership with 82 grassroots' organizations. As per the CRY experience, these years of transformation of a child, when combined with the socio-cultural, economic and geographic determinants place *Childescents* in potentially vulnerable and exploitative situations.

CRY works with adolescents with a focus on enabling a safe and protective environment and achieving sustainable transformation in the lives of this group. CRY's theory of change recognizes children in the adolescent age-group as a critical segment in its life-cycle approach and is aware of the vulnerabilities of these children. Simultaneously CRY believes in the potential of these children to develop and make an impact, as also the need to extend positive opportunities to them. Desired change in the lives of adolescents cannot be achieved unless families and communities take active part in the "change process". It would be possible to ensure their meaningful participation through well-conceived interventions and that would result in not only shaping the perspectives of families and communities of adolescent children but also in enabling them to become the key change makers by initiating positive actions towards empowering adolescent children.

Experiential learning says that creating a platform for children

would give them space, encouragement, self-confidence, leadership abilities and a sense of direction. Such platforms offer an opportunity for children to enhance their understanding of their own situation, the factors responsible for it and to appropriately address them. The voice of adolescent children needs to be heard and strengthened. Various interventions through adolescent collectives would be able to shape their perspective on their rights and their life and enable them to be key “change influencers” of the change process. A collective always gives a sense of strength and confidence that things can be achieved through collective effort. Accountability of the state towards adolescent children is a critical area of focus, advocacy and intervention.

The CRY developmental intervention through its programming experience sees adolescent children as the pivot and driver of the intervention with the conviction that they have the transformative power to bring about sustainable positive change for themselves, younger children and society around them.

The most powerful insight from our programming experience is that for change to be truly transformational in nature, change has to be wrought at the three interconnected levels of the SELF, SOCIETY and the SYSTEM. The ideal state of system that CRY is committed to achieve in its vision, therefore considers the following for each level.

Self:

- The agency of adolescents is enhanced in all dimensions of their lives from everyday choices to major life decisions.
- Adolescents engage with the external world fully with Joy, Resilience & a heightened sense of Participation in everyday life.
- Adolescents become Key Influencers/change makers & lead change in the lives of other children & society.
- Adolescents complete their schooling and prioritize higher education and work related decisions.

Society:

- Parents understand the uniqueness & challenges of this stage, are better prepared to provide necessary support /safety nets within the family and in external sphere.
- Enhanced communication & collaboration within parent - adolescent relationship reducing the generation gap.

- Child marriage or child labour is not an option, rather secondary and higher secondary education and decent livelihoods become the focus for their children.

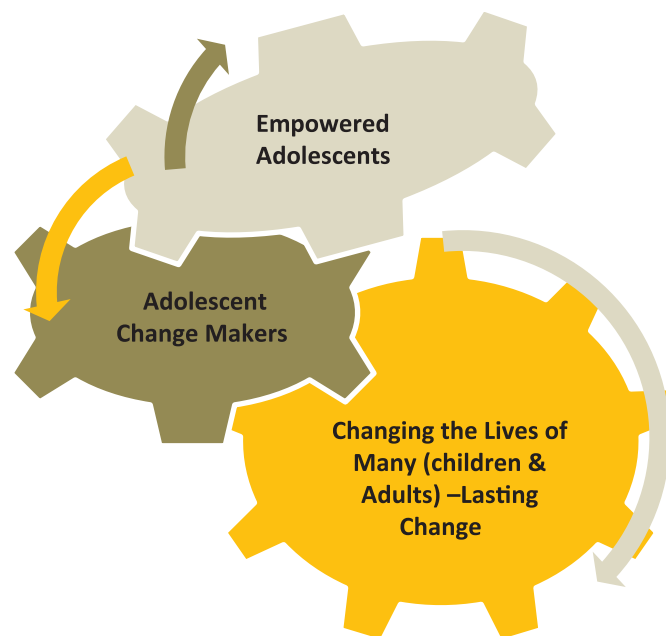


Figure 1. The CRY Model of Change for Adolescents

Community:

- Increased community support for adolescents and rejection of harmful traditions and practices.
- A protective environment for adolescents that is free from violence, abuse and exploitation.

Systems:

- Increased quality and accessibility of secondary schools.
- Increased capacities and sensitivity of duty bearers to prevent and address protection concerns such as child marriage, trafficking and violations of the rights of adolescents.
- Enhanced referral and redressal mechanisms, coupled with increased interdepartmental/inter-ministerial convergence.
- Child friendly health care systems that extend information and care support in non-judgmental manner.

Policy:

- National laws reflect international human rights standards with a nuanced policy framework for adolescents.

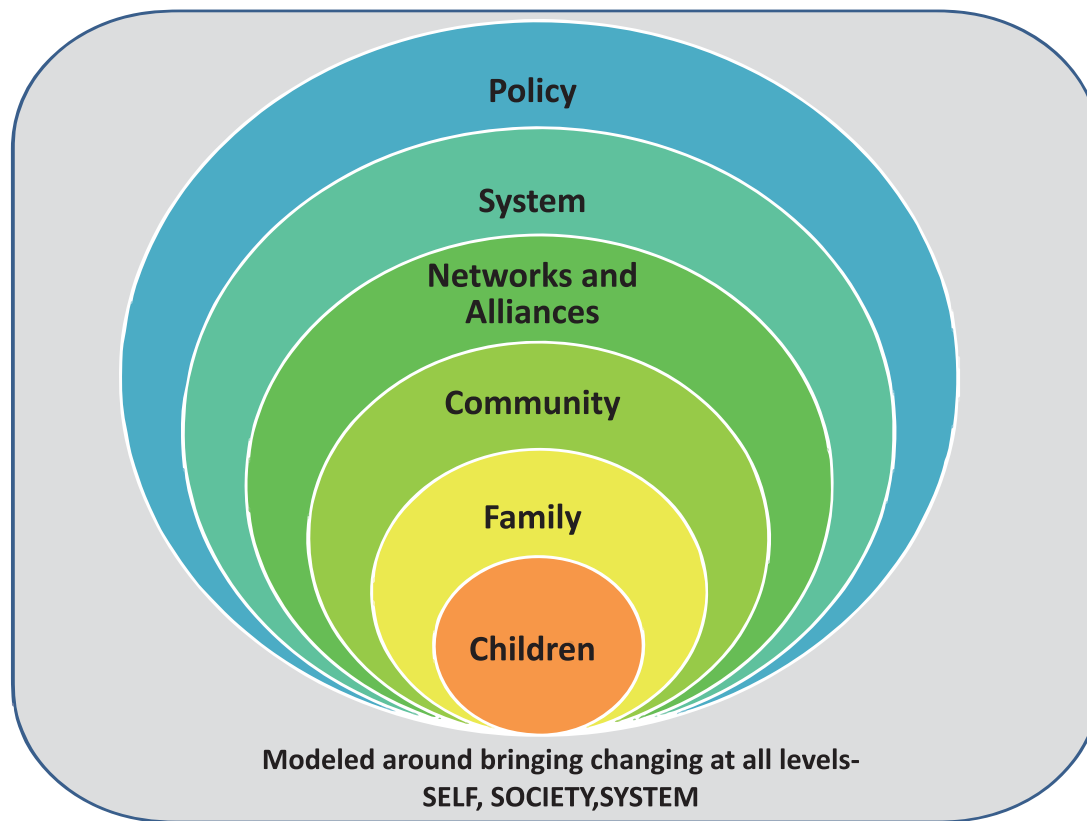


Figure 2. The CRY Approach for Holistic and Sustainable Change

- All children up to the age of 18 years have a right to education & to access child protection systems.
- Increased budget allocations for education, health and protection both at the national and state level.

1.5 Objectives of this Report

The objectives of this report are:

- To establish vulnerabilities of *Childescents* from available data sources/literature and to demonstrate that these vulnerabilities are not isolated, but are interlinked with one another and therefore need to be viewed in a continuum.
- To present an in-depth analysis of existing legal, policy provisions and available schemes for this age groups and identify gaps in these.
- To build a comprehensive knowledge base for the various stakeholders working with this age group
- To influence policy makers and decision makers towards '*Childescent* centric' programme planning, reserve adequate resources for this age group and implement programmes and schemes to bridge the existing gaps.

1.6 Methodology

The methodology in developing the knowledge base for this report consisted of four steps:

- Drawing a vision for this age group within existing rights-based frameworks and the Indian Constitution.
- Situational analysis of *Childescents* from available data sources and CRY experiences, thus defining the obstacles in their path.
- Critical analysis of existing provisions and policies within the Law for *Childescents*, and with their assistance,
- Reflections and recommendations on the way forward for this age group.

In doing so, this report adopts an integrated analysis of the global and regional trends on the status of *Childescents*, particularly inequalities in economic and human development parameters; as also ongoing and expected population and demographic shifts.

This report uses available data sources in the domain of Education, health, nutrition, protection and child rights perspectives to set the stage on how the *Childescents* are placed in the Indian context and then critically analyzes these data with CRY

experiences to define the vulnerabilities faced by this age group. Primary data from CRY programs and research studies have also been included wherever relevant.

In addition to analysis of secondary data on child labour and child marriage, the report creates indices to identify geographical hotspots specific to these two issues. For identifying the hotspots with relation to the incidence of child marriage and child labour, the study adopted the methodology used by V.V.Giri National Labour Institute and UNICEF in the report entitled “State of Child Workers in India: Mapping trends”.

This analysis is based on data collected from Census of India, 2011 on child marriage and child labour. To calculate the incidence rate for child labour as well as child marriage, the following formulae were used:

- a. Incidence Rate for Child Labour= (total number of child worker in the age group 15-18 years /total population in the age group 15-18 years) X 100.
- b. Incidence Rate for Child Marriage= (total number of child marriage in the age group 15-18 years /total population in the age group 15-18 years) X 100.

Once the incidence rates are calculated, 90 percent confidence intervals with mean and standard deviation (both child labour and child marriage) for each of the state and districts were constructed separately. Further, areas where the incidence was higher than the upper-limit of a 90 percent confidence interval were treated as hotspots. In addition to the hotspots, the report also uses a number of info-graphs to capture the representation and interpretation of data in a simple and easy manner.

Additionally, the report presents an overview of implementation status and coverage of various national and state specific programmes and schemes, pertaining to *Childescents* in India. A significant component within the report is to examine the various policies, schemes and acts that have a bearing on children in the 14 plus age group and their impact on *Childescents*’ lives, experiences and developmental processes.

1.7 Sources of Data

This study builds upon all recent and latest available secondary

data and statistics on a number of themes and phenomena involving, or focused around *Childescents*. Wherever appropriate, primary data and case stories from CRY intervention areas were also interweaved into the narrative.

Data on demographic information and trends in Indian context have been taken from the decadal census surveys and compiled information from the Registrar General of India (RGI) Census office, under the Ministry of Home Affairs, Government of India. Global demographic and migration trends have been extracted from World Population Statistics 2015. For age and state specific projection of the population, RGI Census Population Projection and Ministry of Human Resource and Development (MHRD) projection report have been referred to.

Secondary data on Education, such as for enrolment, school infrastructure; dropout, teacher availability, and performance have been taken from District Information System for Education (DISE/U-DISE), RMSA Reports and the Annual Statistical Reports, by MHRD of the last five years. Allocation of union and state budget details on education has been taken from Union and State Budget documents and PAB (Project Approval Board) meeting minutes and publications of Centre for Budget Governance and Accountability (CBGA). National Achievement Survey summary documents and Rashtriya Madhyamik Shiksha Abhiyan (RMSA), Joint Review Mission document from MHRD were also some of the essential sources of data consulted in the study. Finally, much of the qualitative insights in secondary education were captured from the series of comprehensive research studies undertaken by RMSA Technical Cooperation Agency (RMSA-TCA)².

Data on child protection is from multiple sources, including the Census of India, Annual reports from the Ministry of Women and Child Development (MWCD), Ministry of Labour & Employment (MoLE), and Ministry of Home Affairs (MHA).

Data on adolescent health and nutrition has largely been taken from the National Family Health Survey (NFHS) series, National Nutrition Monitoring Bureau (NNMB) and Global Disease Burden Report, ICMR 2016. Data from institutions such as the World Health Organisation (WHO) have been referred to understand the global trends and specific research papers have also been referred periodically to establish context and referenced throughout the report.

2 “Equity in Access and Learning: A Way Forward for Secondary Education in India”, RMSA-TCA, MHRD, 2016

Data on crimes against children, child marriage, trafficking, and children in conflict with law were sourced from the Annual Statistical compilations by National Crime Records Bureau (NCRB). Study reports by international organizations such as International Labour Organization (ILO), ICRW and Population Council formed the basis of plugging in data gaps on critical areas such as child labour, marriage and trafficking. Another important source of data/ information is from Parliamentary Questions tabled in the two Parliamentary Houses of the Indian Government- the Lok Sabha and the Rajya Sabha. Parliamentary Questions also provide valuable content on the intent of Government in the immediate short term regarding various issues faced by *Childdescents*.

Perspective building on rights and entitlements, legal provisions, and critique of existing schemes and programmes have benefitted from a number of sources, including NCPCR³, UNCRC⁴, UNICEF, 2011⁵, CSO⁶, and UNFPA 2014⁷. A detailed report on data gaps for women & children by IIPA was especially useful⁸. For a complete list of data sources, please refer to Annexure-1 - Sources of Data.

1.8 Challenges and Limitations

Challenges with differential availability of secondary data

While using the credible secondary sources of data on education, health, nutrition, protection and others in the overall child rights domain, availability of data specific to *Childdescents* was a huge challenge.

Differential availability of data on parameters related to *Childdescents* made it difficult to assess their precise situation at any point of time. Due to variation in the definition of children and adolescents in different policy documents, disaggregated data specific to 15-18 years are not available in some domains. Wherever possible and available, this report uses the secondary data pertaining to age group of 15-18 years; however, in absence of such age specific data, efforts have been made to relate the data to the closest possible age group.

- Nutrition, Physical, mental and sexual health related data is available only for 10-19 and 15-19 years in NFHS, DLHS and AHS surveys (in alignment with WHO framework). These surveys also give data on a wide variety of health related indicators such as substance abuse, health seeking behaviour, experiences in marriage including violence and control over sexuality, knowledge and prevalence of RTI/STI, sexual and reproductive health behaviour and practices, knowledge and usage of contraceptives, ownership of assets, mobility rights, economic independence and perceptions on various issues. The inclusion of 18 and 19 years in these indicators is therefore highly significant since children under 18 and adolescents aged 18 and 19 vary highly in characteristics, legal rights and readiness with respect to these issues.
- The Census gives data on child marriage, child labour and fertility. Education level at marriage, child bearing and school attendance for working *Childdescents* is highly significant but available only for late adolescents (15-19 years). This is of concern, since crossing 18 years marks the end of schooling and is the legal age for marriage in India. Census also gives fertility data only for girls between 15-19 years of age so there is no data on *Childdescents* boys who have taken on a parenting role.
- The Industrial classification of working children also gives data on children between 15-19 years and clubs different categories of work. This is not conducive for analysis of certain sectors of interest.
- Data on disability is only available for 10 to 19 years (Census of India, 2011) and therefore it is difficult to understand the status of *Childdescents* and the particular vulnerabilities of their age.
- Data on cause of death is available only for 15-24 years at aggregated level, which makes age-specific analysis impossible. This is vital since *Childdescents* are particularly vulnerable to maternal deaths and non-medical deaths.

3 Status of Children in 14-18 Years: Review Of Policy, Programme and Legislative Framework (2012-13)

4 General comment No. 20 (2016) on the implementation of the rights of the child during adolescence

5 THE STATE OF THE WORLD'S CHILDREN 2011: Adolescence: An Age of Opportunity

6 YOUTH IN INDIA 2017, Central Statistics Office, Ministry of Statistics and Programme Implementation Government of India, (Social Statistics Division)

7 A Profile of Adolescents and Youth in India, Office of the Registrar General & Census Commissioner, India (ORGI) & United Nations Population Fund (UNFPA), 2014

8 Base Paper on Availability of Data and Data Gaps for Situation Analysis of Well-being of Children and Women, IIPA, 2015

- Disaggregated age-wise and gender-wise data on crimes against *Childescents* is not available, limiting analysis especially for those who are particularly vulnerable due to trafficking/ bonded labour/ sexual exploitation. The National Crime Record Bureau gives limited age-segregated data on certain crimes for below 16 and above 16 years of age, in the light of the amended JJ Act.
- The ADSI (Accidents and Suicidal Deaths in India) reports provide data on *Childescents* but gender-disaggregated data is not available.
- Child headed household data is also not independently available by age (only aggregated figures for 0-19 years are available). However, it may be realistically assumed that mainly children over 14 years of age are responsible for running such households.
- Age-disaggregated data on *Childescents* migration is not available despite it being a critical issue. Census of India, 2011 gives only provisional data on migration for all ages clubbed together so no insights on *Childescents* could be drawn.
- There is also a serious dearth of data on education for children between 15-18 years of age. The U-DISE Secondary Flash statistics give only state-level data for a host of indicators related to secondary education whereas the data on elementary education is much richer, with district-level report cards that detail infrastructure, school enrolment and attendance, facilities etc. State-level aggregation is not very helpful since there are known wide variations within districts. This gap in availability of data publicly did not allow us to create district level hotspots related to education. Limited District-level data is available under RMSA but this gives information only on public secondary schools.
- One limitation is also that different datasets are available for different time periods, making the situation of *Childescents* difficult to analyse. For example, for a number of categories, data is available only from Census of India and the latest available round is from 2011, whereas, National Family Health Survey data is comparatively newer, as its fourth round was released in 2017. Thus, aligning different indicators from different source years and building a status story has been one of the challenges.

The resultant data gaps greatly limit policy makers' understanding of the situation of *Childescents*. Furthermore, often, publicly available data yields only quantitative, rather than qualitative situational analysis and is not detailed enough to showcase, for instance, the true situation of specific groups impacted by multiple vulnerabilities of gender, class, and poverty.

These data gaps are particularly significant since some of these areas are currently not adequately prioritized in terms of policy design and implementation. In child labour, for instance, estimates on working children below 14 years of age over time exist, but there is practically no data on *Childescents*' work participation based on which implications of their participation in economic activity could be measured. The gap in occupational health related statistics for children is one such specific area, where availability of disaggregated data could help advocate for appropriate and nuanced regulations on child and adolescent participation across multiple industrial, manufacturing and service sectors. Data gap therefore, are as much a cause of the low prioritization of *Childescents* as well as an outcome.

Challenges on account of multiple definitions

Childescents are also defined differently under various schemes, programmes and policies. For instance, different publicly available data sources and surveys/ datasets such as the Census Surveys, National Statistical Surveys, National Family Health Surveys etc, have utilized multiple ways to club the respondents into age group. Some refer to operational classification of age groups such as adolescents (10 - 19 years), economically active years (15-59 years), reproductively active years (15-45 years), while others maintain data by definitional classifications - juveniles (12 - 18, subdivided into 12 - 16 and 16 - 18), late adolescents (15-19 years), youth (15-24 years) etc. Some sources have other age-based criteria, for instance, in the world population division a *Childescents* may fall into any of the two age classifications, i.e., 15-17 years and 18-23 years.

Critical review of the existing policies is missing

There is also dearth of information in respect of identification of success factors and barriers to policy implementation. Very few existing policies/ schemes have been subjected to comprehensive impact evaluation. Further, benchmarking or international comparison of existing policies implemented, and comparison of policy frameworks in a specific subject area across states and nations would have been much beneficial. Though this report

attempts to fill in some of these gaps in a concerted manner, the analysis is not as broad - based as desired by the authors due to absence of details on the ground level situation across states and districts.

Some of the issues and concerns have been touched upon only briefly. This limitation has been guided by the necessity of making a choice between broad, yet defining phenomena vs. interesting, but niche themes within the vast landscape to be covered. While we agree that the nuances need elaboration, this may not be the best medium for doing so. However, the report provides adequate references to thematic studies for interested readers for an improved understanding on specific issues and perspectives.

Recommendations and the way forward at this stage are largely instructive, and in some cases, contingent upon future collection and synthesis of on - ground data/ information. These are therefore, at best intermediate, since upon further analysis of targeted data may lead to improved or nuanced decision making.

Absence of perspectives from stakeholders and Childescents

A significant limitation in this report is the absence of primary data and views of stakeholders' including *Childescents* themselves. The report is based largely on secondary data and statistics, which itself is a limitation. There may be multiple interpretations of secondary data by different sets of audiences, depending upon their orientation and area of interest. The lenses adopted by various stakeholders to view this data may vary from that of the authors. Thus, supplementation of the major concerns and gaps through collation of children's views, stakeholders' opinions including ground level functionaries (such as teachers, health workers, local self - government officials), policymakers, and parents as a parallel exercise may be carried out at a future date.



2. THE CHILDESCENTS

THE CHILDREN'S

2.1 Still a child

In numerous ways, be it physiological, psychological, social or cognitively, the 15-18 years period of a child's life is considered crucial for *Childescents*' overall development and transformation into productive, healthy, and positive citizens. Physically, these are the years of sudden spurts of growth and development. Significant bone formation occurs during this period, with adult levels of bone mass achieved close to the age of eighteen (Usha Kini, Nandeesh 2012⁹). This implies the utmost importance and necessity of adequate nutrition for *Childescents*. Absence of nutritional support may derail physical growth and skeletal maturity, resulting in permanent stunting (Padmanathan, Raghavan 2006¹⁰).

Additionally, both as a phase of transition and firming up the foundation for a physically and mentally healthy adulthood, this period is crucial as it extends a second chance to catch up with delays in growth. There is evidence to substantiate that optimal nutrition during the brief period of pre-pubertal growth spurt, some 18 to 24 months immediately preceding menarche, results in catch-up growth from nutritional deficits suffered earlier in life (Spear, 2002¹¹). Also, since physical as well as psychosocial maturation continues throughout this time span, any deprivation in this age group has long term serious implications.

Not just physical changes, a number of shifts occur even in the personal and social development areas of *Childescents*. They are at this stage highly influenced by their peer group, with research illustrating the links between peer group interaction and experimental behaviour (especially smoking, discovering their sexual orientation and preferences), increased risk taking behaviours (such as rash driving, adventurous forays, initiation into violence, crime or anti-social activities), aggressiveness, and heightened impulsivity. At the same time, this period is strongly associated with identity formation and exploration of one's individual creative skills, style, interests and habits¹².

Further, cognitive science research has indicated that brain development activity continues to occur well within the middle of teenage years. They may be close to physiological maturity but gaps in emotional and cognitive maturity exist. Consequently individuals in this age group often fail to take a long-term

perspective; and may be unable to fully comprehend the consequences of their actions - for self and others. This establishes the evolving emotional maturity of a *Childscent* and therefore distinguishes them starkly from adults.

Thus, as with each distinct phase of life, *Childescence* so is characterized by marked features including developmental tasks, unique challenges and a period of stability before entering the next phase of life. Developmental tasks in this period include a second chance for physical growth (puberty related spurt), educational attainment, handling social and cultural complexities, development of self-identity, autonomy and self-regulation. Challenges unique to this phase include successfully navigating the period of increasing autonomy, low resistance to peer influences, a lack of future orientation, and low risk perception. Socially, the need for acceptance by peers influences high-risk behaviour and acts as a primary stressor. *Childescents* also face stress due to the ongoing physical and psychological changes as well as the hormonal imbalances that chiefly occur during this period.

So when does a child become an adult? There is no universally accepted age point, so to say. Each child undergoes physiological, psychological and mental maturation at different periods and different ages. For reasons of legality and simplicity, a definite age marker is taken as the separation point between the fluid constructs of maturity, majority, and autonomy (internationally accepted as 18 years of age). Internationally (UNCRC) and domestic policies (National Policy for Children, 2013) have adopted 18 years as the accepted age marker of childhood completion. Therefore anyone who is below 18 years of age is considered as a child for all academic, administrative and practical purposes.

There is a scientific basis for arriving at the 18 years cut-off age of adulthood. The process of physical, mental and cognitive development reaches its full potential around this timeline, though recent neuroscience research suggests that this process continues well into young adulthood. The multifarious abilities that are emerging during this period include the ability to judge concepts of long-term or future repercussions of their actions; to comprehend the various dimensions of risk-taking activities in

9 Kini, U., & Nandeesh, B. N. (2012). Physiology of bone formation, remodeling, and metabolism. In Radionuclide and hybrid bone imaging (pp. 29-57). Springer, Berlin, Heidelberg.

10 Pathmanathan, G., & Raghavan, P. (2006). Bone age based linear growth and weight of underprivileged North-West Indian children compared with their well-off North-West Indian peers. J Anat Soc India, 55(2), 34-42.

11 Spear, B. A. (2002). Adolescent growth and development. Journal of the Academy of Nutrition and Dietetics, 523.

12 World Health Organization. (2006). Adolescent nutrition: a review of the situation in selected South-East Asian countries.

one's life; and accompanied by improvements in coordination between social, emotional and cognitive spheres of life. Conversely, this indicates *ChilDESCENCE* as a period where children are not fully capable of thinking through their actions. As seen from above, *ChilDESCENTS*, even till the time of completion of adolescence, continue to be highly susceptible to any alluring influences, lack foresight and have not yet matured in terms of their ability to estimate risks, the combined effect of which is seen in poor decision making.

Ideally, all *ChilDESCENTS* should remain in school; move into further general, technical or professional educational courses, or, into their chosen field for attaining higher levels of proficiency and excellence. Yet, not every *ChilDESCENT* in India has this privilege. A significant proportion of *ChilDESCENTS* may be deemed to be ready for, or may be coerced through their limiting circumstances to prematurely accept adult roles without the emergence of true adulthood characteristics such as higher self - dependence and autonomy.

As a society, there is a keen need to reflect on how we perceive *ChilDESCENTS* and their specific issues and concerns, such as

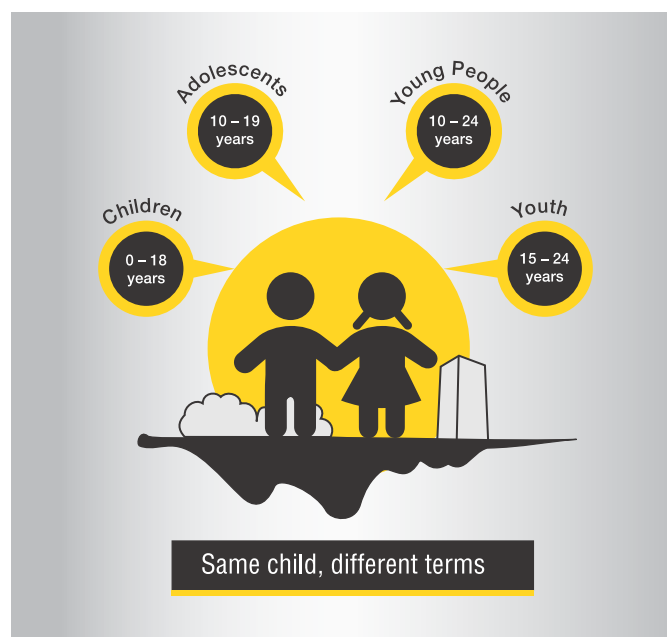
- continuing education vs. social pressure to give up school;
- getting married and thrust into parental roles vs. free to learn and explore their talents;
- economically responsible for self/ family vs. economically and emotionally dependent on their family and society;
- able to choose health and personal well-being vs. prevailing social norms;
- able to follow a learning pathway that will allow them to gain a decent livelihood and fulfill their personal dreams and aspirations; or simply, even lucky to have adequate support systems and be able to avoid being exploited due to family exigencies, caste hierarchies, or gender.

What this shows is that *ChilDESCENTS* experience of this stage differs widely on account of their social background realities, societal expectations, and the freedoms available to them for choosing their own developmental pathways. Not all *ChilDESCENTS*, thus retain childhood privileges by the time they reach this age. Yet, what continue to be seen as privileges, in fact, are non - negotiable rights that ought to be extended to all *ChilDESCENTS*. What is most crucial is the fact that it is certain categories of children who end up being limited by one, or a

series of circumstantial deprivations. The obstacles faced by *ChilDESCENTS* to exploring their personhood are rather severe in contrast to children who are privy to supportive environments.

2.2 Same child - different terms

Internationally as well as nationally, there are number of ways in which *ChilDESCENTS* have been defined. A *ChilDESCENT* may be an adolescent (10 - 19 years: UNFPA, WHO), Young People (10 - 24 years: UNFPA), Youth (15 - 24 years: UN, ILO) and a child given that UNICEF and UNCRC define childhood as covering all persons up to the age of 18 years. This leads to operationally different provisions, privileges and rights under different legislative frameworks.



There are legal and policy related consequences of having these multiple definitions and worldviews for this age group. A number of laws and acts that shield younger children below 14 from a life of hard labour are ineffective for this age group. The Factories Act, 1948 deals with the working conditions of adolescents in factories and formulates regulations on their employment on dangerous machineries. The National Child Labour Policy still considers child labour as referring to those under fourteen. Similarly, the Right to Education, 2009 that has assisted in bringing education to the lives of countless children, is not applicable to this age group. In the current legislative scenario, children under 14 and those above 14 are considered differentially under specific legislations, especially the Juvenile Justice Act, 2015 and the Child and Adolescent Labour (Prohibition & Regulation) Act, 1986.

These are just a few instances establishing that children in this age group are inadequately covered across legal and institutional safety mechanisms, and are particularly vulnerable.

	Pre-natal and early childhood (0-6 yrs)	Basic/ elementary (6-14 yrs)	Childescence (15-18 yrs)	Childhood (0-18 yrs)
Development and Education	ICDS, National Creche Scheme	SSA (PBBP, RAA)	RMSA	xx
	Integrated scheme for School Education (1st April 2018 to 31st March 2020)			
Health and Nutrition	JSSK, JSY, NNM, Mission Indradhanush	RBSK, MDM, School Health Scheme (Under SSA), Swach Bharat Vidyalaya	SABLA, RMNCH+A, School Health Scheme (Under RMSA), Swach Bharat Vidyalaya	NHM, NMHP
Protection	xx	xx	Ujjawala	ICPS, BBBP
Participation	xx	xx	xx	xx
Social Safety and Environment	PMMVY	xx	xx	NRUDWM

Table 1. Age-wise provisioning of Major Schemes in India

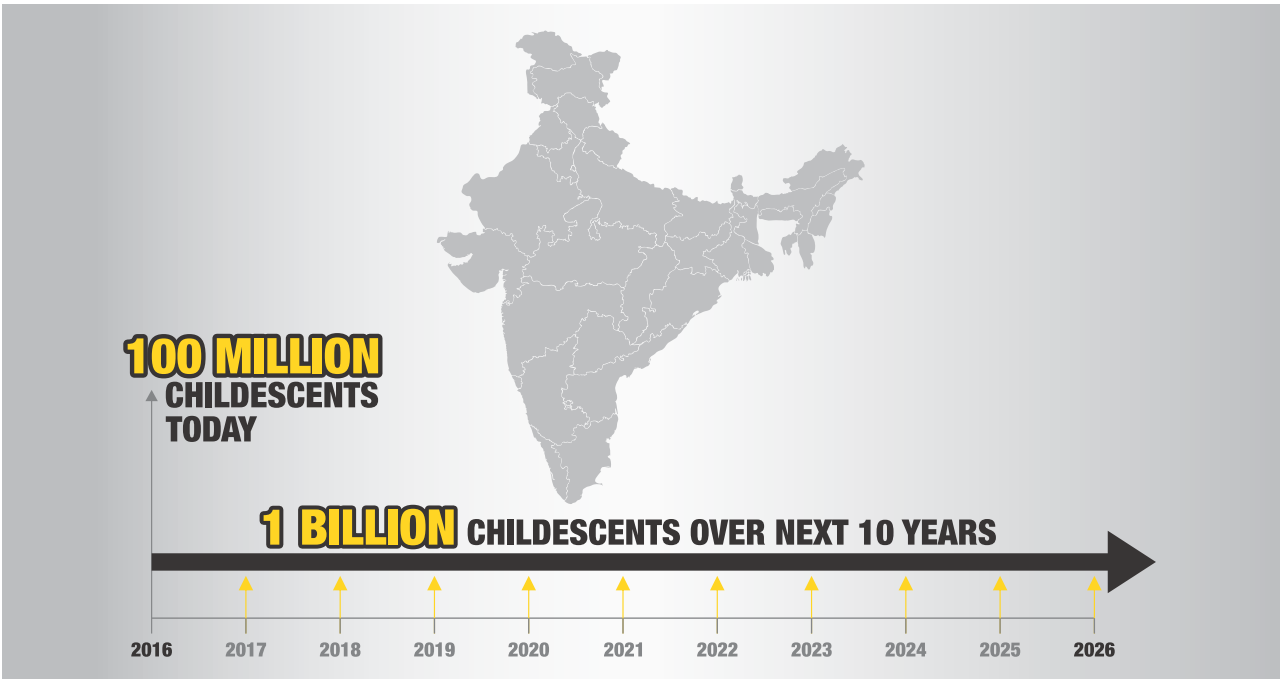
This scenario is similarly reflected in India's domestic policies and schemes for children. A number of existing policies and schemes directly or indirectly impact the situation of children. While some sector specific ministries are responsible for specific themes such as Education or Health, others handle specific areas directly or indirectly affecting children, such as Ministry of Labour and Employment. Together, Central and State Governments are expected to create a rich, multi - layered supportive framework that universally covers all children. However, in the current scenario, there is a lack of a comprehensive perspective wherein children, of all ages and socio-cultural groupings are systematically covered across major categories of rights and extended basic services such as health, education, nutrition, a social safety net, psychological support, life skills, information and participation, as well as safety and protection.

Here we can see the definitional boundaries and consequent limited applicability of various schemes and programmes in different thematic areas by beneficiary age group, clearly bringing out the gaps for the age group under study.

The diagram illustrates differential reach of children to services across the overarching child rights architecture committed to by the nation and consequent existing gaps in present context, especially on nutrition and education for Childescents. For instance, RMSA at present covers only *Childescents* studying in Class 9 & 10. Those who complete ten years of formal schooling may hence not find adequate support for continuation of education post completion of secondary education. There are therefore much expectations from the recently launched Integrated Scheme for School Education to fill up the existing gaps as detailed later. Similarly, nutritional support to school going children is not extended at secondary level (it is only available till the child reaches 14 years of age), leading to higher nutritional vulnerabilities among *Childescents*.

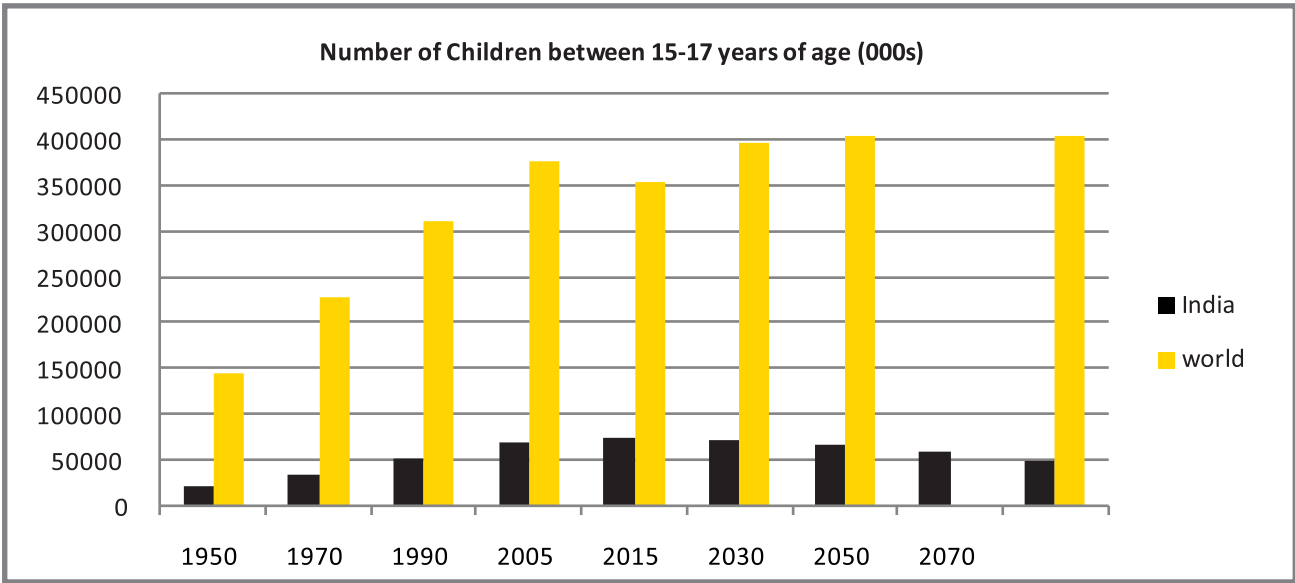
2.3 The masses that walk this path

Every fifth child in India today is a *Childescent*. That means every fifth child may, if neglected, fall through the cracks in the safety net of adequate care and protection. In absolute numbers, at the present, the total number of *Childescents* across India is nearly a 100 million (for state-wise population of *Childescents*, please refer Annexure 2).



Source. Census & Population projection-2016

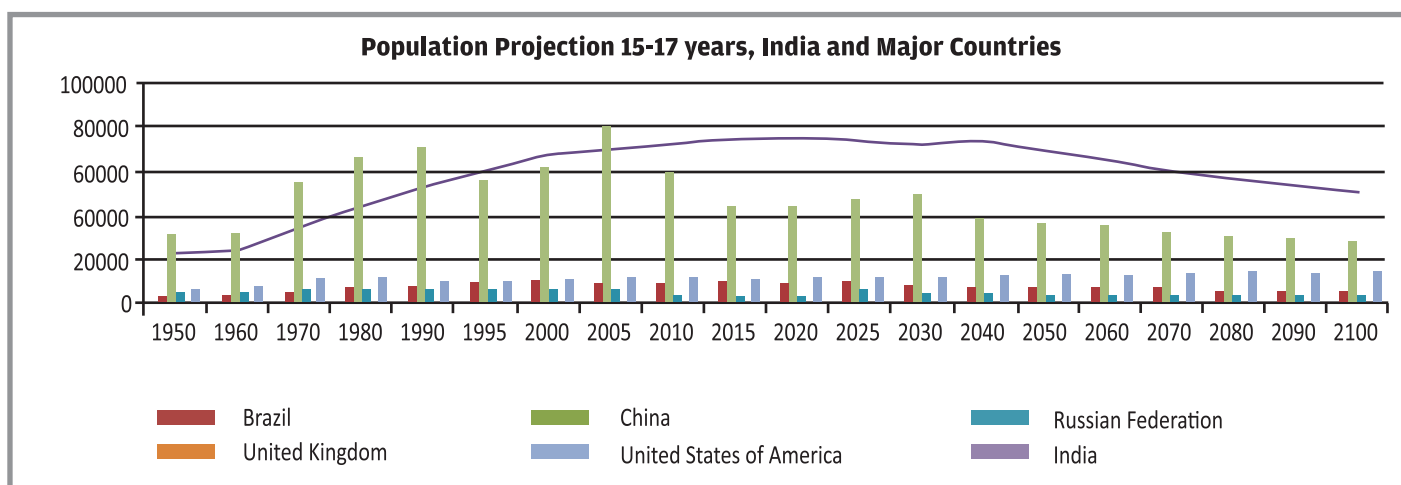
Not just for India, the numbers are significant when viewed from a global perspective as well. The UN World Population Division estimated global and country specific population for the 15 to 17 age group. Thus, in 1950, India's 15 to 17 year olds made up 16.2% of the total global population of this age group. Over the intervening decades, the proportion has increased to 21 percent in 2015 (as part of India's ongoing demographic dividend showing a significant growth rate for this age group over the last six decades) and will remain significant at 17 percent in 2050 and 13 percent in 2100.



Graph 1. Population of children between 15-17 years in India and World

Given below is the population projection in the 15-17 years age group for India and other major countries of the world. As can be seen, China's 15 - 17 age group peaked in 2005 and has since entered a declining trend whereas India will peak in 2020 and decline very gradually till 2040 at first. The sheer difference in population size of India over other countries is very much

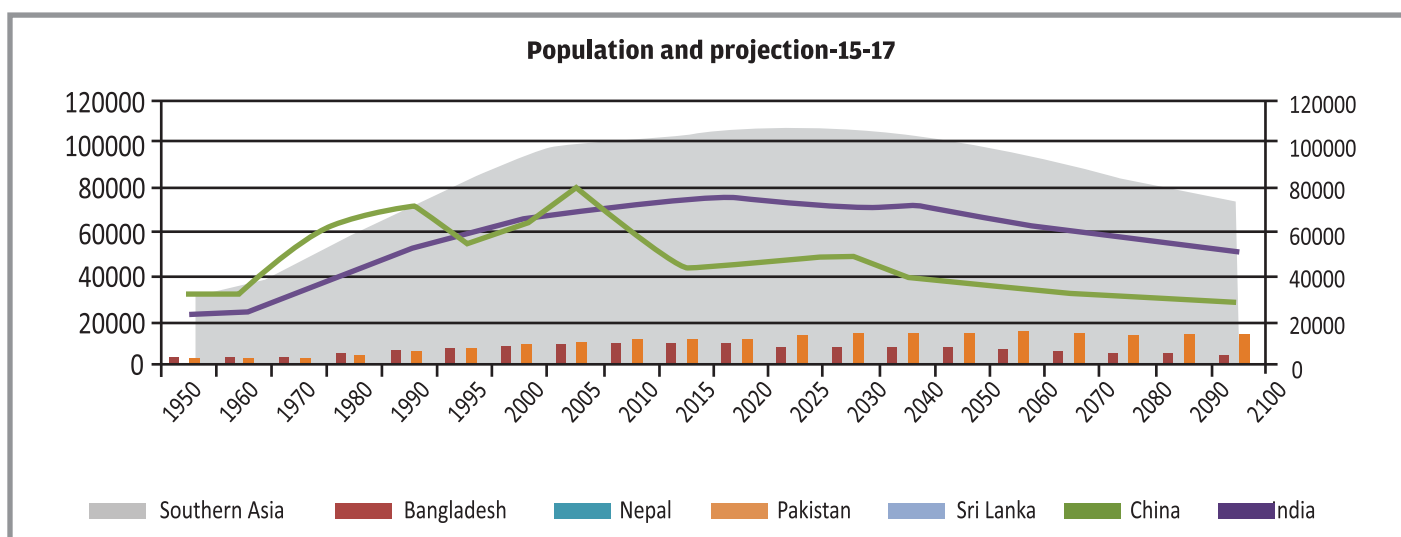
evident in the figure. Other countries show mixed trends: while Brazil seems to have had twin peaks in 2000 and 2015 and is now poised to start a gradual decline, the U.S.A shows an increasing population trend for this age group that will continue till 2100 (see graph below).



Graph 2. Population Projection of children between 15-17 years, India and Major Countries

The scenario of *Childescents* in India is also interlinked closely with the overall trends for South Asia. The graph below shows India's dominance and influence in population trends within the South Asia region. It also clearly shows the parallel trends estimated for adolescents in the 15 - 17 age group for both China and India. Within neighbouring countries, Bangladesh

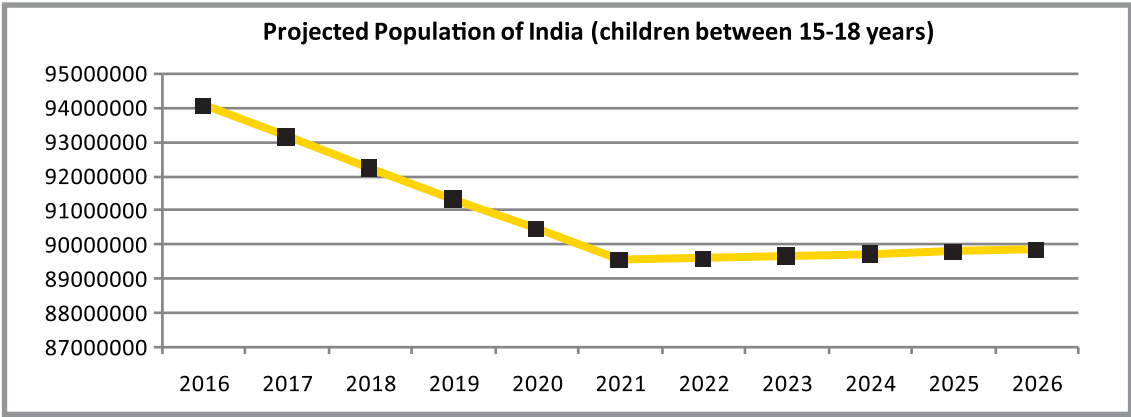
has begun its gradual descent whereas Pakistan is slated to continue its growth till the later part of this century and thereafter decline gradually. Just as in the graph above, we see that India's contribution to the population in this age group is by far the highest.



Graph 3. Population projection (15-17 years) of South Asian Countries

It is apparent that India is projected to have a greater number of children in this age group compared to the rest of the world over the coming decades. It is therefore all the more imperative that our policies and provisions for this age group be conducive to children's growth and development; enabling them to

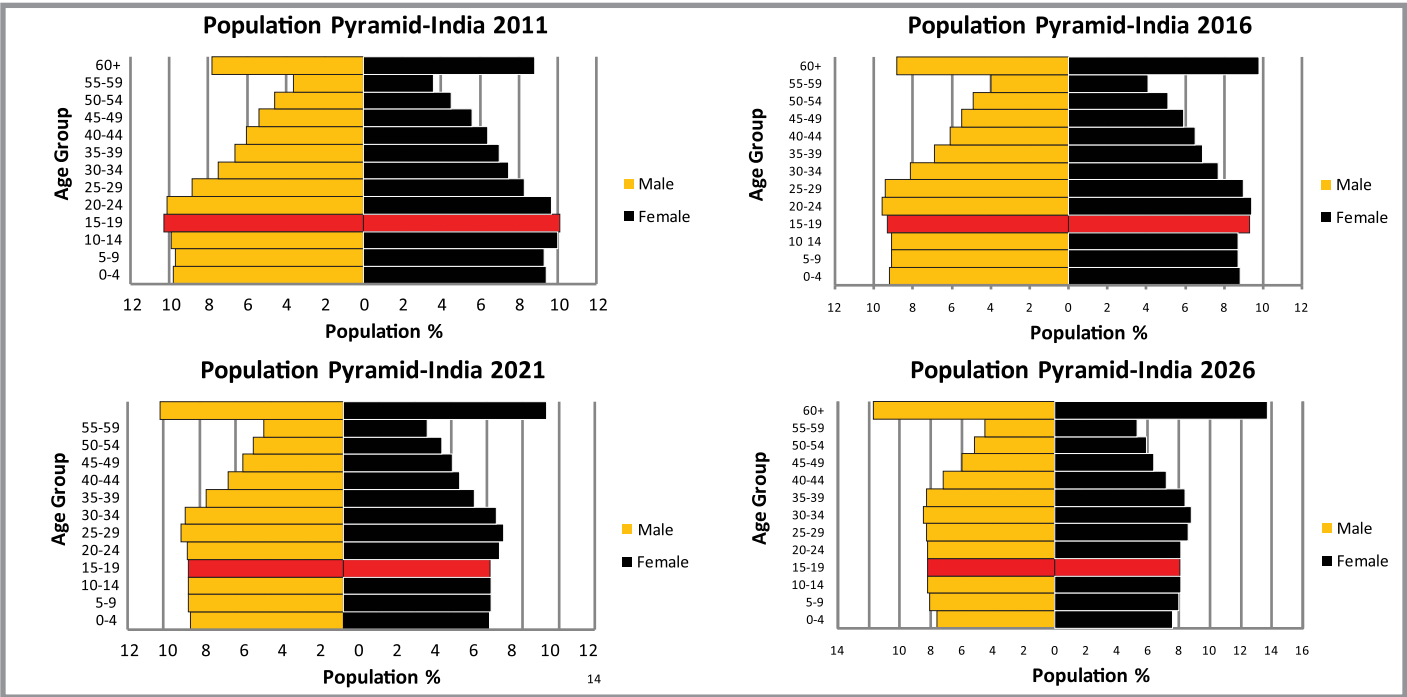
reach their full potential; and guide them towards becoming productive and empowered adults who are able to contribute constructively to the society and economy. Each year a staggering number of children are expected to pass through the *ChilDESCENCE* stage as indicated by the graph below.



Graph 4. Projected Population of *ChilDESCENTS* in India (2016-2026)

Interestingly, while the proportion of *ChilDESCENTS* in the population is decreasing over the years, Census of India¹³ data also shows that growth rate for the 15-19 years age group has been consistently higher than the average growth rate for the entire population in the country. Over 2001-2011, growth rate for the 15-19 years age group was 20.3% compared to an average 17.7% for the overall population of the country. A quick

look at the population pyramids across the years reflects the potential impact of slow reduction in the growth rate of 15-18 yrs population on the overall population distribution. Slowly over the decades, the pyramid is turning from bottom heavy to top heavy distribution. This switch is common to most developing/emerging countries, and is commonly known as demographic transition.



Graph 5. Population Pyramid, India (2016-2026)

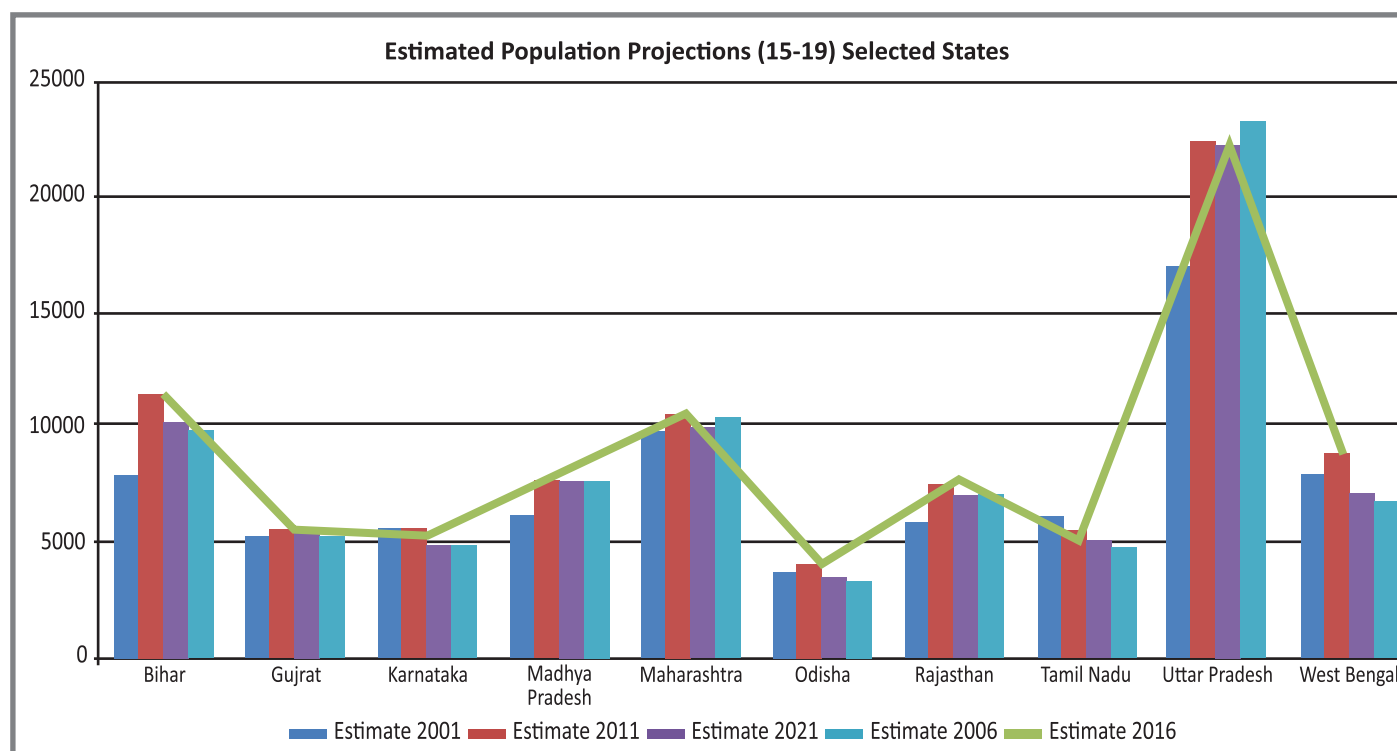
¹³ Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

The phenomenon of demographic transition is marked by a shift from high birth rates to reduction in fertility rates and a scenario wherein the number of productive adults in a society is higher than its dependents (i.e., elder citizens and children). For India, the implication is that in the coming decades, the number of productive adults will rise, leading to a period of potential exponential societal and economic growth, provided macroeconomic conditions and supporting global and sectoral trends remain positive. Experts believe that if these future adults are trained adequately and provided with productive roles and employment opportunities, this could result in massive gains for the country's overall output, whether in terms of economical growth, knowledge products, or societal transformation (freedom from poverty) of a majority of population.

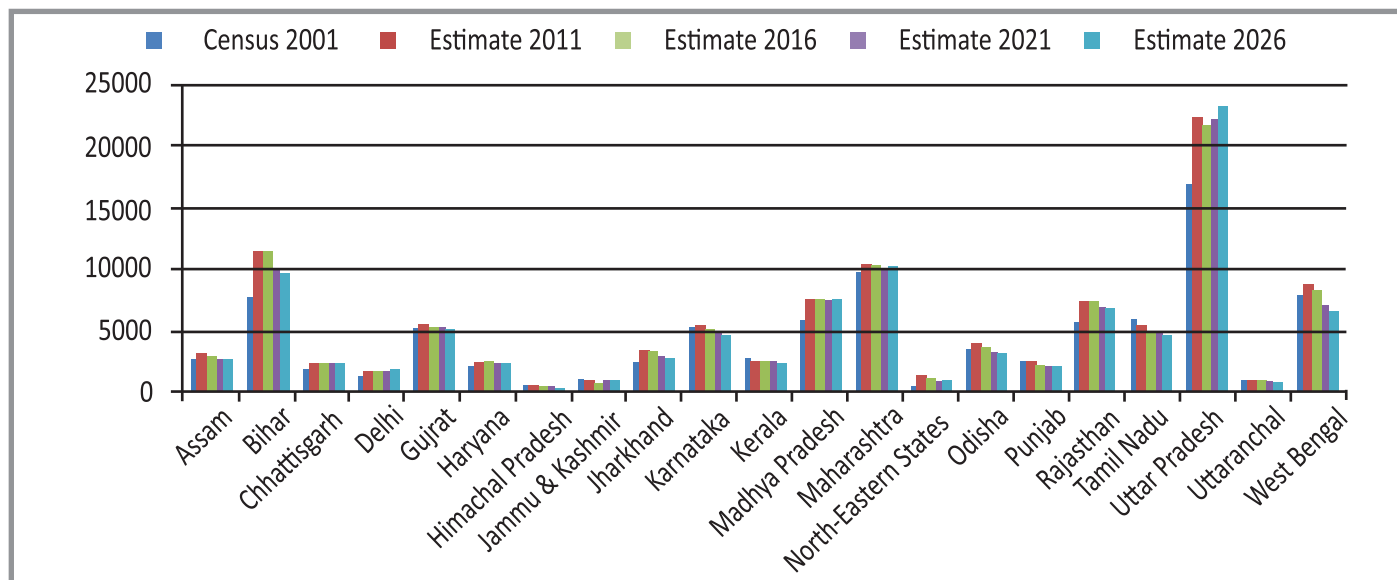
There is a need for further drilling down into the broad demographic trends displayed above. For instance, different states across India are currently at different stages of economic, social, and demographic transition, which has a bearing also on future population projections and consequently, also impact policy formulation and investment in the needs and requirements of *ChilDESCENTS*.

Given below is the state wise information available from the RGI population projections 2006. The differential trends in population growth are clearly visible from the graph as seen below. Some of the states especially Uttar Pradesh and Madhya Pradesh continue the rising population trend till 2026. At the same time, most of the states show the year 2011 or 2016 as the point of reversal, i.e., a direction shift from growth to decline. Bihar, Maharashtra, Odisha, Rajasthan & West Bengal are some of the states that are illustrative of this trend of slowing down and reversal in population growth. An exception is the state of Tamil Nadu which shows continuation of a reversal trend that started way back in 2001.

The trends show that in the medium term, the numbers of children in this age group are expected to decline. This however, should not result in a scenario of neglect for these children. Policy makers need to continue to invest in this age group over immediate and the long term. Doing so is critical not just for those presently undergoing *ChilDESCENCE* to overcome the obstacles and challenges stopping their growth and development, but also to ensure that future generations indirectly gain from investments made for present generation of *ChilDESCENTS* in the near term.



Graph 6. Projected Population (Selected States, 15-19), 2001-2016



Graph 7. State-wise Population Projection (15 to 19), India (2016-2026), Source: RGI population projections 2006 (in '000s)

The declining population trends will also allow policy makers to invest higher amounts per person in the medium term, and thus make up for the shortfalls occurring at present. This too is only possible if society extends continued priority to this age group. Traditionally, policy makers have often used the argument of competing demands on available financial resources as a consequence of which *ChilDESCENTS* have been

accorded low priority. This skewed development scenario needs to be altered as soon as possible. Adequate and comprehensive data and evidence generated on the vulnerabilities and issues of this age group is necessary to achieve the above and hence should form an essential research component of policy initiatives directed at *ChilDESCENTS* and also find space in targeted financial allocations for this group of children.



3. OBSTACLES IN THE PATH

OBSTACLES IN THE PATH

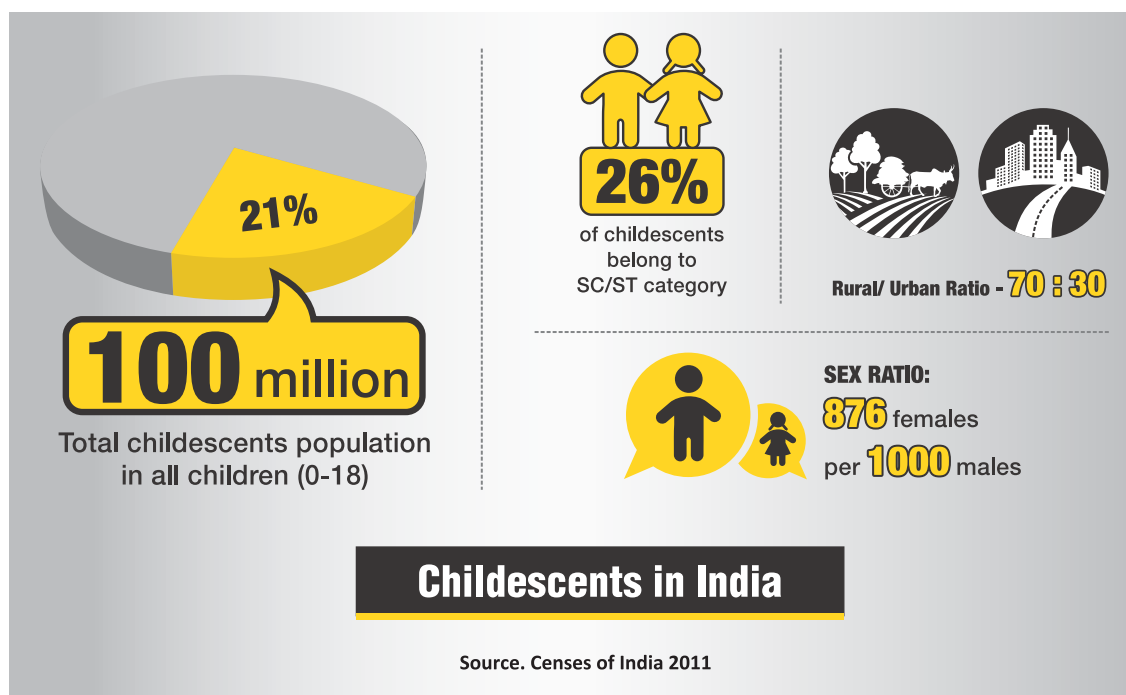
Obstacles in the path

Investment by Governments and policy makers towards strengthening human capital in this age group enable both personal and national growth, and may result in an improved quality of life. This holds particular relevance for India as a growing nation. If we are to truly assist this age group find their place in tomorrow's society and be in a position to influence positive change at all societal levels, it is necessary to build a comprehensive understanding of their needs and vulnerabilities. Without supportive interventions, vulnerable children in this age group cannot hope to continue receiving opportunities for education and learning. They may not be able to subsequently find decent work and livelihood, or hope to remain healthy and untouched by health hazards, including early pregnancy, HIV, or occupational hazards.

Understanding the special set of needs and requirements of this group of children may thus be the first step for engaging and

working with them. The unambiguous acceptance of both their higher susceptibilities to risks and the need to ensure presence of a well-designed, coordinated and functional preventive and protective system are necessary prerequisites in this direction. In short, before we come to the analysis of how to design and plan for improved and better defences for this age group of children, we definitely need to spend some time understanding what makes them vulnerable, and what, therefore are the risks, the gaps and the challenges specific to this group of children.

This section offers a detailed understanding of multiple vulnerabilities faced by *Childescents*. It also attempts to bring forth the critical gaps in provisioning of basic services and entitlements and the consequent obstacles faced by *Childescents* in their pursuit of education, health, well-being, and personal development.



Today, as nearly a 100 million *Childescents* in India stand on the threshold of adulthood, there are two questions that the state needs to consider to greatly decide their future - Are they protected? Are they empowered?

The questions however are, in turn, related to a number of prerequisites that coalesce together to form the safety net desirable for children across our nation. Several other inter-related questions about their present, thus, need to be asked:

Are they Protected?

- ✓ Are their primary life needs being met?
- ✓ Do they lead lives free from abuse and exploitation?
- ✓ Are they protected from life altering threats like early marriage and childbearing?
- ✓ Is their home/ living environment a safe & protective space?
- ✓ Do they have access to physical, mental and reproductive health services?

- ✓ Are they shielded from premature assumption of economic roles and financial/ responsibilities?
- ✓ Are they protected from taking on adult roles?

Are they empowered?

- ✓ Are they living a childhood where their rights are honoured?
- ✓ Do they have the power to make decisions in their own self-interest?
- ✓ Do they have appropriate knowledge and rights over their sexuality?
- ✓ Do they have access to quality school education?
- ✓ Do they enjoy adequate leisure and recreation?
- ✓ Do they have adequate avenues for personal growth and development?
- ✓ Do they have access to effective legal recourse?

- ✓ Do they have a healthy self-image?
- ✓ Do they have avenues for participation in various spheres of interaction and decision making?

A detailed discussion on why these vulnerabilities exist follows, after which we reflect on the status of *Childescents* on the ground. It is useful to see what the *Childescents* in our country are doing presently. In the current scenario, *Childescents* in India are at much variance with regard to their access to basic services, family life, support systems, and personal health and well-being. They also receive opportunities to discover and explore their talents and potential in varying degrees. Some of them are ensconced in empowering environments while others face prohibiting obstacles and barriers and are at distinct systemic disadvantage.

WHAT ARE A 100 MILLION CHILDESCENTS IN INDIA DOING?



3.4 million

Mothers



2.6 million

Heading Households



62.7 million

In educational Institutions



22.9 million

Working



9.2 mil

Married

Source. Censuses of India 2011

We can classify vulnerabilities below by their nature - intrinsic vulnerabilities are those that are inherent to the child's individual characteristics, including genetic makeup and personality, birth defined status and family situation while extrinsic vulnerabilities are circumstantial and due to external factors such as socio-economic status and circumstances, physical and social access to opportunities, and availability of services.

Vulnerabilities may also stem from life cycle stages and the specific nature of vulnerabilities may even undergo significant shifts as per their lifecycle stage. In this context, *Childescents* may have certain vulnerabilities that are equally applicable to all children, while some specific ones may be more specific to them as per their age status.

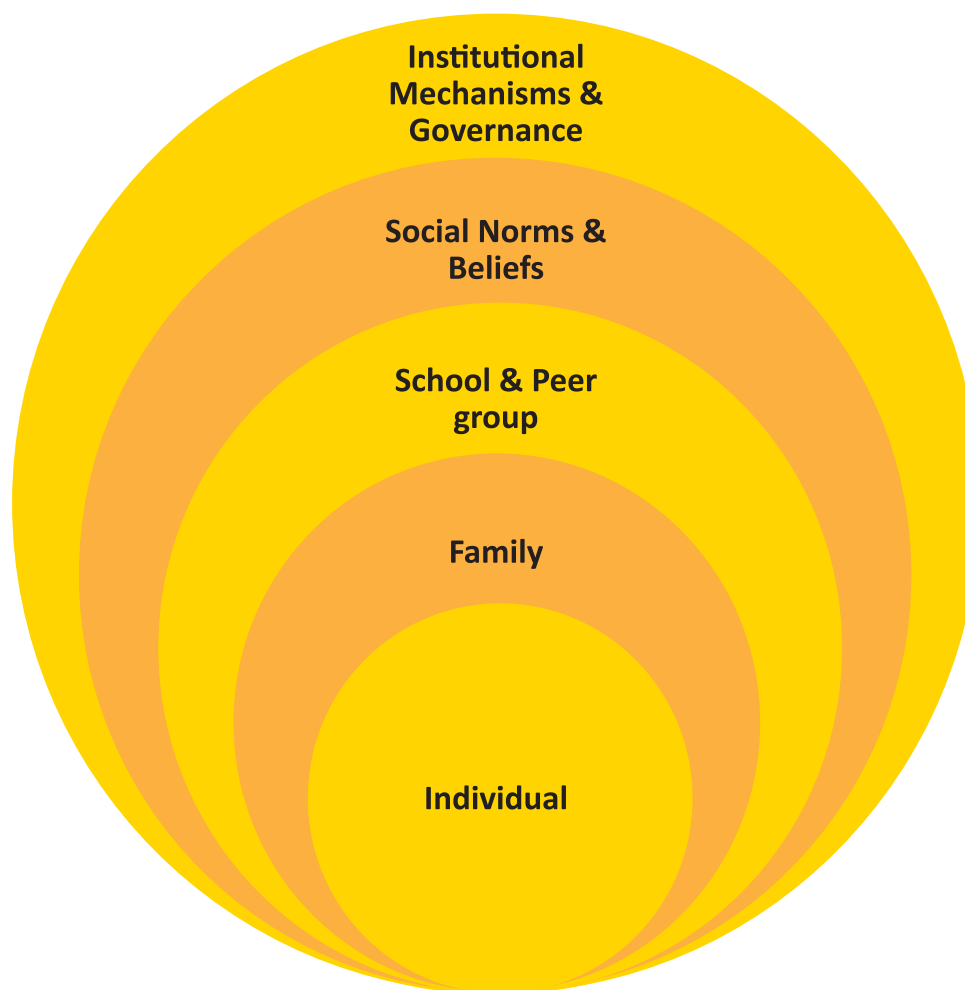


Figure 3. The layers of Vulnerabilities

Vulnerabilities faced by children may also be illustrated using a social - ecological model. According to this, multiple layers of vulnerabilities may start, at the core, with those on account of their individual characteristics, concerns or deficiencies. Similarly at the family level, one's vulnerabilities may include the family caste status, socioeconomic profile, staying in an unsafe

physical environment, poor access to safe water and sanitation services, exposure to crime or violence and so on. At the social level, this translates into social beliefs and norms such as those related to child marriage, abuse and labour. Vulnerabilities faced by *Childescents* are therefore multi-layered, complex and inter-linked as indicated in Table 2.

Individual	Family	School and Peer Group	Social norms and beliefs	Institutional mechanisms and Governance
Physical/ mental/ development (such as chronic illness, genetic issue, disabilities)	Socioeconomic scenario (long term poverty status, capacity to manage income, health shocks)	Social acceptance vs. isolation (bullying, aggressive behaviour)	Poor nutritional focus on adolescents, including socially disadvantaged	Prevalence of traditional hierarchies vs. emergence of human values of democracy, participation, transparency and accountability
Mental strength and resilience (stress response and coping skills)	Poor social status off in community (caste/ religion race/ any other)	Conducive environment and learning focus	Limited emphasis on education and skilling for girls	
Personality, conduct disorders, aggression	Dysfunctional subculture/ crime/ violence	Deviant peer group influence	Excessive burden of household chores on girls	Limited availability of Quality Education and health services
Impulsive behaviour/ risk –taking	Parental infirmity/ instability (illness/ drugs/ alcohol)		Social acceptance of child marriage, child abuse and labour	
Lower gender status of girls	Inability to provide psychosocial and emotional support		Lack of vigilance (trafficking, abuse)	Lack of / non– functional social protection safety net for all
	Staying in unsafe physical environment			Inability to adhere to accepted operational standards of public services

Table 2. Layers of Vulnerabilities

For the purpose of this report, the social - ecological model as presented above has been taken into consideration for highlighting the multi - layered scenario of vulnerabilities faced by *Childescents*. In doing so, CRY recognizes that nuanced interventions that take into account multiple deprivations suffered by *Childescents* are integral for positive changes in their lives.

Given the multitude of vulnerabilities, the question is still valid regarding how many children in India get a chance to truly explore their full potential in the present context. The sections ahead will address vulnerabilities across specific thematic areas as well as showcase how each right's attainment is closely dependent upon others.

3.1 Obstacles in Education

“There is no more powerful transformative force than education – to promote human rights and dignity, to eradicate poverty and deepen sustainability, to build a better future for all, founded on equal rights and social justice, respect for cultural diversity, and international solidarity and shared responsibility, all of which are fundamental aspects of our common humanity”. – Irina Bokova, Director - General of UNESCO.

Education is a basic human right of all human beings. The State therefore, has a public mandate to provide access to education as a public good. In an ideal scenario all children in school going age ought to be enrolled and regularly attending school. By the time they are 15 they should have thus progressed through eight years of uninterrupted schooling. Hence ideally, all *Childescents* are expected to be in secondary education (Class 9 - 12) and progress through higher classes.

The Transformative benefits of Education for *Childescents*

In recent years, education has been associated with a multitude of benefits for individuals, communities and societies. For both individuals and societies, returns from schooling increase with progression to higher levels. With the ongoing emergence of a global, knowledge based economy across both developing and developed economies, access to basic education may be insufficient in preparing *Childescents* for the future. Newer generation of citizens and workers need customized and transferable technical skills and an open worldview, in each of which the role of higher education is vital. Recent evidence consequently indicates that secondary and tertiary education has been more effective in allowing individuals to access decent work and earnings (UNESCO GEM, 2016). Secondary education, in particular, was found to be linked to higher financial returns, improvement in earnings in later life and inequality and poverty reduction (UNESCO Global Monitoring Report, 2016). It is also seen as linked with positive choices about sustainable and smaller families (Psacharopoulos and Patrinos, 2004¹⁴, Sperling and Winthrop, 2016¹⁵).

Secondary education also denotes a number of specific gender associated benefits. In case of girls, secondary education is also associated with lower fertility ratios, reduced early pregnancy

ratios and planned motherhood (Martin, 1995¹⁶, Malhotra, 2011¹⁷). For girls, secondary education also encourages a higher rate of return to work, is associated with reduction in domestic violence rates and empowerment illustrated by a higher say in family decision making (UNICEF, 2015)¹⁸.

Finally, not just individuals, societies too benefit from the transformative power of secondary education - as a rise in progressive values, the ability to accept multiple perspectives, promotion of social innovations and improved systems, economic growth and social development, and reduction in inequality, crime and violence.

The full potential of secondary education therefore goes far beyond the technical information imparted to students. Secondary education unlocks higher - order reasoning; brings awareness

and understanding of how technical and social systems around us work; and equips students with an adequate foundation of general education upon which multiple layers of specific skills can be built. In addition to educational development, formal schooling provides other supplementary benefits such as social cohesion, an opportunity for peer interaction and developing life skills.

In contrast, inability to continue schooling is often linked to early marriages, an early transition to economic roles, lower wages and poor or no skilling, and a transition into poverty. For example, in India, unskilled street vendors are one of the largest categories of self - employed workforce, comprising of a third of urban employment.

Secondary Education Prospects and Outlook for India

Globally, the expectations from nations regarding national educational achievement and progress have been spelt out initially in the Millennium Development Goals (MDG) 2015 and more recently, in the Sustainable Development Goals 2030. While MDG evaluated national progress against the target of universal primary education, the expectations in context of public education have since evolved to the current focus on education for continuous and lifelong learning. Goal 4 of Sustainable Development Goal 2030 pertains to quality education, and is stated as “Ensure inclusive and quality education

14 Psacharopoulos, P., Patrinos, H.A., (2004). Returns to Investment in Education: A Further Update. Education Economics, Vol. 12, No. 2

15 Sperling, G.B., Winthrop, R., (2016), What works in Girls' Education, DC, Washington, The Brookings Institution

16 Martin, T. 1995. “Women's Education and Fertility: Results from 26 Demographic and Health Surveys.” Studies in Family Planning 26: 187-202.

17 Malhotra, A., Warner, A., McGonagle, A., and Lee-Rife, S. 2011. Solutions to End Child Marriage: What the Evidence Shows. Washington, D. C: International Center for Research on Women. Website: www.icrw.org/files/publications/Solutionsto-End-Child-Marriage.pdf

18 UNICEF The Investment Case for Education and Equity, Education section, New York, January 2015

for all and promote lifelong learning”. Within this goal, Target 1 specifically extends the entitlement of primary and basic education to include secondary education, with the suggested target as universal completion of upper secondary education by 2030. In India, traditionally, secondary education has not received adequate attention from policy makers and educational planners. The previous decade has seen policy focus on strengthening and expansion of the primary education sector, especially after passage of the Right to Free and Compulsory Education Act, 2009 (RTE is the primary legislative instrument that extends access to education to all children in the age group of 6 to 14 years). Post the implementation of the Act, significant expansion has taken place in the primary education sector of India. From dismal enrolment rates in primary education in 1950-51, India is now close to achieving universal primary enrolment rate 99.2% (U-DISE 2015-16¹⁹) though persistent gaps remain in higher levels of education.

Discussions around universalization of secondary education have been around for the past decade, though they are yet to be fully adopted. As of now, the state currently has no legal binding to ensure that all children (regardless of age and schooling levels) have access to the education system; nor are parents obligated to continue to send those above fourteen years of age to school. However, steps have been taken to fill up the increasingly visible gaps in secondary education. With this objective, Rashtriya Madhyamik Shiksha Abhiyan, the flagship scheme for secondary education (limited in scope to Classes 9 & 10) was launched in 2009. Significant developments have also occurred in recent years in the vocational and skilling ecosystem though

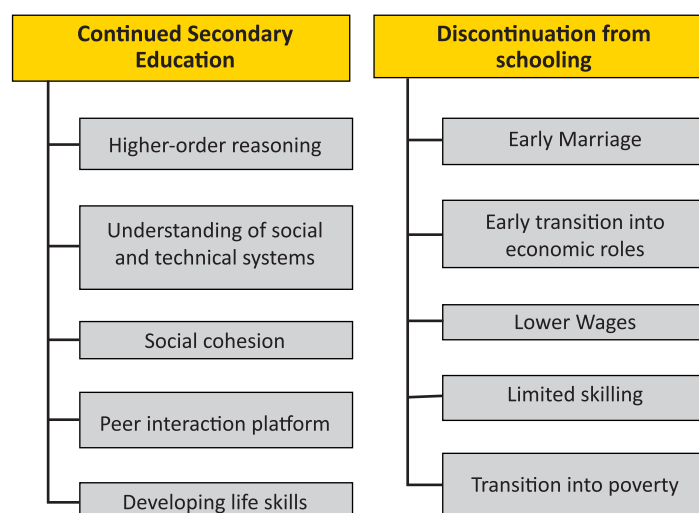


Figure 4. Consequences of schooling/ non-schooling

Childescents are not the primary target. Policy makers however, recognize the centrality of *Childescents* in youth in India's future developmental trajectory. Niti Aayog's India Action Agenda (2017) accepts the need for realigning the Indian education and skilling scenario in order for the future youth to be able to fulfil their potential and find an optimized place in the global scenario owing to India's demographic dividend promise. In a very recent development, Gol approved formulation of an Integrated Scheme for School Education, covering the various levels from pre - primary to higher secondary education. Allocations for SSA and RMSA are expected to be subsumed within this scheme.

Rashtriya Madhyamik Shiksha Abhiyan

The Government of India has taken up universalization of secondary education (limited to Class 9 & 10) through implementation of the Rashtriya Madhyamik Shiksha Abhiyaan (2009) as the flagship scheme for Secondary Education. The vision under RMSA is detailed below:

- ✓ To provide a secondary school within a reasonable distance of any habitation, defined as 5kilometer for secondary schools and 7 -10 kilometers for higher secondary schools.
- ✓ Ensure universal access of secondary education by 2017 (GER of 100%), and Universal retention by 2020
- ✓ Providing access to secondary education with special references to economically weaker sections of the society, the educationally backward, the girls and the disabled children residing in rural areas and other marginalized categories like SC, ST, OBC and Educationally Backward Minorities (EBM).

In 2014-15, the following schemes were subsumed under RMSA – Information and Communication Technology in Schools (ICT), Girls' Hostel, Inclusive Education for Disabled at Secondary School (IEDSS) and vocational education. Support to government aided schools has also been brought within the ambit of RMSA, though the support here may be limited to quality improvement initiatives such as teacher training, sensitization programme etc.

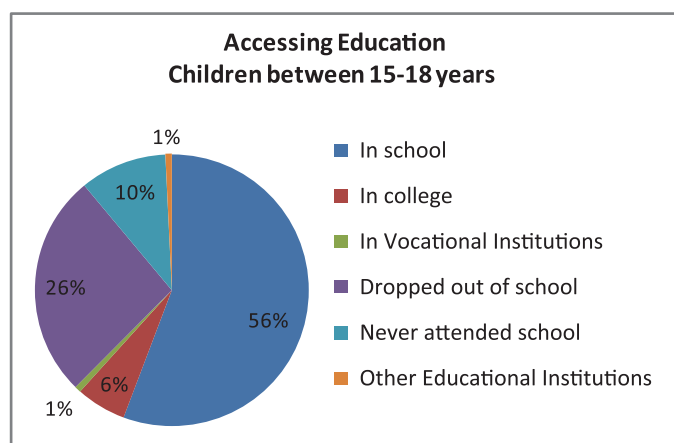
¹⁹ MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.

Status of Secondary Education in India

This section examines the capacity of the existing Indian educational system and its potential vis-à-vis needs of *Childescents*. How effective is the Indian education system in fulfilling the needs of *Childescents* and readying them for their role as a productive citizen? Is the system designed to provide comprehensive education including both general and technical education in line with societal requirements, technological advancements and concerns of employability? Are there substantial differences in the quality of education received by *Childescents* across India? And finally, what are the barriers linked to the continued lack of access to comprehensive and quality education? In this context, the three indicators identified and detailed below are access, affordability and availability of secondary education.

Limited Access to Secondary Education

Inability of a child to join or continue schooling may be categorized as the most basic level of educational deprivation. The reality today is that not all *Childescents*, irrespective of their geographical location, individual and family characteristics have access to age appropriate education. U-DISE 2015-16 data indicates Gross Enrolment for secondary and higher secondary education currently stands at 80% and 56% respectively²⁰.



Graph 8. Childescents' Access to School

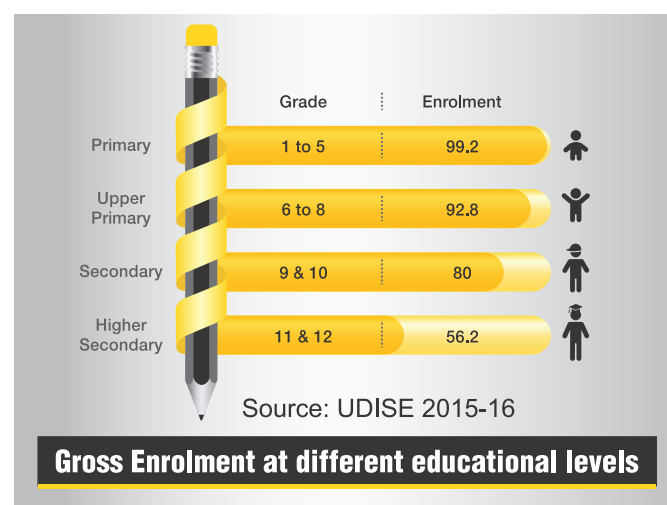
Census 2011²¹ data on school attendance shows that of the 100 million *Childescents* in India, a significant proportion continues to be deprived of access to secondary education. Majority of *Childescents* in India continue to access education through formal schooling (56%). The numbers of children accessing education from other modes such as open or distance education

system, or technical/ vocational education institutes is miniscule in comparison. The following sections bring forth the existing scenario defining educational access among *Childescents*, including enrolment, dropout and transition, and characteristics of those unable to access education.

The Census of India, 2011 tells us that 63 percent (62.8 million) of *Childescents* continue to have access to some form of education while 37 percent of *Childescents* are currently not accessing formal education. Additionally, of the entire population in this age grouping, 11% (10.3 million) have never been to school²², and may therefore be referred to as non-literate. Of the total population of *Childescents*, more than 20 percent (21.3%) are below or at primary education level and hence, their educational levels are far below what is expected at this age. Another 27 percent were attending or completed middle school, and hence have attained elementary education level²³. Finally, against 100 *Childescents* expected to be in secondary school by this age, only 30.5% transitioned into secondary and higher secondary schooling²⁴.

Progressive Hurdles to remaining in School

As seen from above, children may move out of school at successive levels of schooling, with significant drops shown in the transition from elementary or middle school to class 9 and 10. The three indicators that allow us to clearly understand the overall scenario of school participation include enrolment, dropout and school retention. Information on these parameters is available through annually updated Unified District Information System for Education (U-DISE) statistics hence showing recent trends in enrolment and dropout (in comparison with Census data that may be comparatively outdated).



20 MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.

21 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India.

22 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India - 10.36% never attended school (OOSC sheet); 10.92% non-literate - educational levels sheet.

23 26.65% in OOSC data sheet have attended school before and 62.98% are still in educational institutions

24 Ibid

The figure shows the existing enrolment scenario of *Childescents* in schools. The Gross Enrolment Ratio (GER) indicates the percentage of population enrolled in different educational levels irrespective of age, while the Net Enrolment

Ratio (NER) disregards overage and underage enrolment. As can be seen, there is a substantial gap between children placed in the right class with respect to their age and those who are in school but not enrolled in accordance with their age.

We see that 29% of *Childescents* in secondary education and 24% of *Childescents* in higher secondary education are not age-appropriately enrolled suggesting that a substantial percentage of children either leave school temporarily and then rejoin later, or may have joined school late. A small portion of this gap may also be accounted for by children who are too young for their class, but this percentage is usually negligible.

The gap is most significant at the secondary education level with difference between Gross and Net Enrolment estimated to be close to 29 percentage points. Hence, 29 out of 100 students enrolled in secondary education have actually reached this level either later or earlier than the appropriate age. It is safe to assume that majority of these *Childescents* have delayed education levels and thus may be over-aged for their current class. Though the reasons behind this delay may not be clear, possible reasons may include temporary absence or withdrawal from school due to work, marriage, family migration, illness, or disability. For an indication of state-wise gap between GER

and NER in Secondary and Higher Secondary Education please refer Annexures 2.

Further, the gradual decline in enrolment in higher levels of schooling indicates that educational progress of many *Childescents* is interrupted. As per chart above, *Childescents* may have been enrolled at appropriate ages, but not all of them transition to higher levels of education. The graph below shows two notable depressions in particular - after primary school (Class V) and after secondary school (Class X).

Ten percent children did not transition from middle or elementary school to Class 9 in 2014-15, while almost 30 percent did not transition from Class 10 to 11 in the same period. The significance of these dips is discussed in further sections (Source- U-DISE 2015-16²⁵).

A complementary parameter to school enrolment is the issue of dropout from school. Available statistics show that a significant proportion of *Childescents* dropout of school post elementary education (Class VIII). The percentage of *Childescents* that dropout at this stage increases steeply - from 4 percent at primary level it more than quadruples. At the entry to secondary level itself approximately 17 percent *Childescents*

dropped out of school in 2014-15. This does not reflect the total number of *Childescents* deprived of education as it doesn't include those who never completed elementary education (class VIII). To put the statistics in perspective, of all children enrolled in school in 2007-08, only 56.2 percent reached higher secondary school in 2015-16 (U-DISE 2015-16²⁶).

25 MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.

26 ibid

Secondary Enrolment and Transition Rates (U-DISE 2015-16 ²⁷)	
Secondary Gross Enrolment Rate	80.01%; 79.2% (boys); 81% (girls)
Secondary Net Enrolment Rate	51% (boys), 52% (girls)
Children that fail to reach Class 9	40% of all children ²⁸
Retention rate at secondary level	57.4 % (All India) (lowest in Nagaland 27.9 & Jharkhand 28.2 %)
Transition (elementary to secondary)	90.6 % (2014-15)
Transition (secondary to higher secondary)	69.04 % (2014-15)
Increase in Class 10 enrolment as proportion of Class 1 enrolment ²⁹	35% (from 34% (2004 -05) to 69% (2013-14))

Table 3. Secondary Enrolment and Transition Rates

As per Ministry of Human Resource Development (MHRD, 2016), secondary school completion rates remain at 60 percent of the overall population.

Right to Secondary Education Interrupted, but for whom

Who are these children who are unable to access, or remain in school? Which groups of children may be more likely to be excluded from continuing school post elementary education? Is the potential for continuation of education similar for those from different social and caste groupings? Do girls benefit equally from secondary education? This section applies the equity lens to build an understanding of how different *ChilDESCENTS* groups access education. These include gender, socially and economically disadvantaged children, and rural vs. urban differences.

Applying the equity lens on ChilDESCENTS' educational deprivation

A number of factors may be responsible for continuation or exclusion from schooling. Prior to creating an in-depth understanding of causal factors, there is a need to reflect on the characteristics of *ChilDESCENTS* who continue to be in school and those excluded from school. Among both never enrolled

and not in school, disaggregated analysis of children by gender, socio-economically disadvantaged grouping, and other categories needs emphasis. For instance, 29 percent of ChilDESCENTS in urban areas do not attend school while the proportion is far higher in rural areas - 40 percent of *ChilDESCENTS* who stay in rural areas do not attend school³⁰. As expected, exclusion from schooling also continues to be significant for children from socio-economically disadvantaged communities where financial and socio-cultural barriers are exponentially higher.

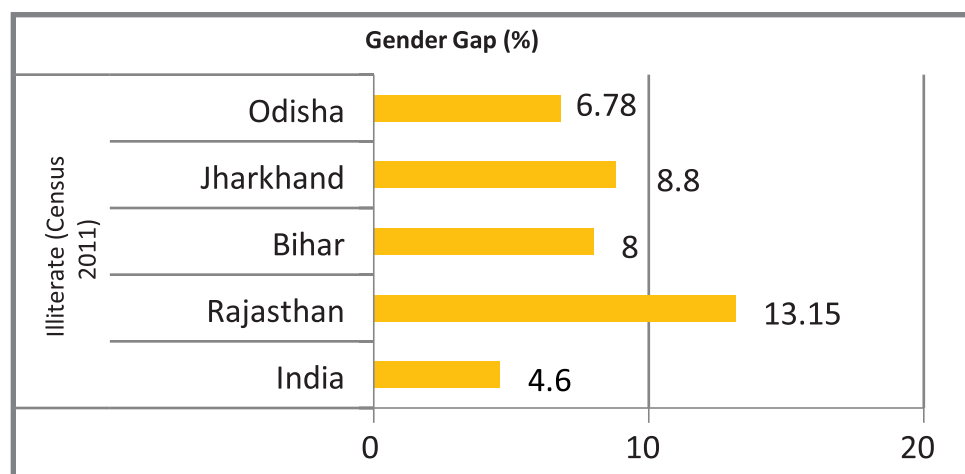
Gender: Though traditionally there have been significant gaps in girls' access to education, recent trends have been positively focused on achieving gender parity in education. However, there are still continuing gaps in girls' access to education, especially in specific states and in households with multiple disadvantages. For instance, in case of *ChilDESCENTS* who have never been to school, there is a visible gender gap across states. Similarly, among socially disadvantaged groups, though gender gap has increasingly declined, there are still gender differences in how boys and girls access school education.

²⁷ *ibid*

²⁸ RMSA - TCA (2015) Research Report III: Equity and Efficiency in expansion of Secondary Schools, retrieved from http://rmsaindia.gov.in/administrator/components/com_pdf/pdf/fc9763ef75_ce7091da433f5f2da1dffa-Equity-and-efficiency-in-expansion-of-secondary-schools-final.pdf

²⁹ Policy brief 2: Secondary Education: Challenges and Options: Part 2: Equity implications for expansion of secondary education

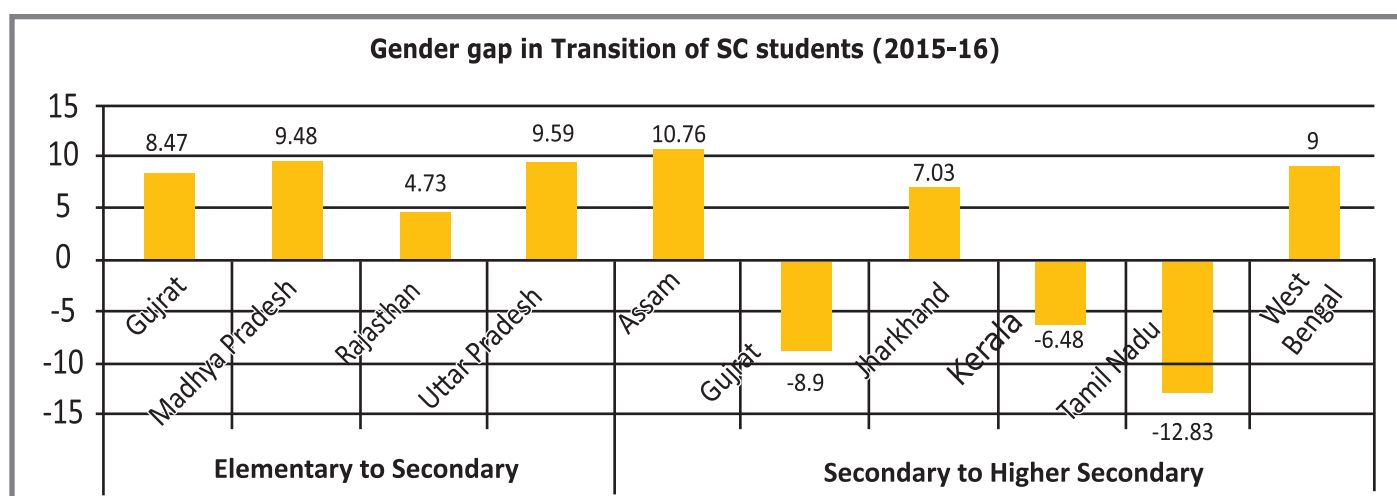
³⁰ Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India



Graph 9. Gender gap in Literacy of *Childescents*

Clear gaps are especially visible at higher education levels (when education is no longer free, and socio-cultural attitudes on gender come into play) especially in case of disadvantaged communities, with lower percentages of girls from SC and ST communities transitioning from elementary to secondary

education and thereafter, to higher secondary education. These gaps vary across states, indicating the impact of socio-cultural attitudes w.r.t girls' education, especially in traditionally patriarchal scenarios such as Rajasthan, Gujarat and Uttar Pradesh. At the same time, the improved outlook in progressive states such as Tamil Nadu is also visible.



Graph 10. Gender Gap in Transition of SC Students

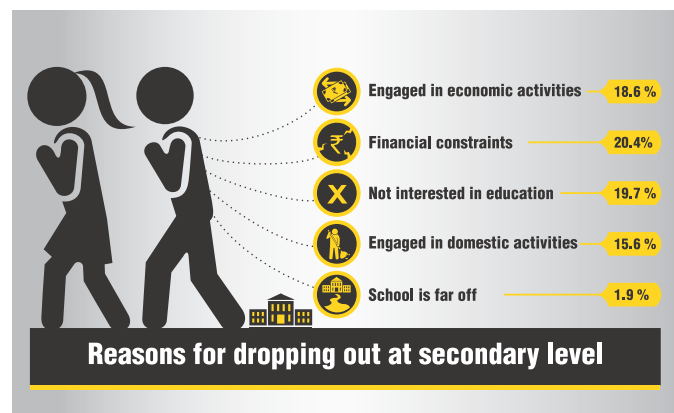
The multiple vulnerabilities of girls can be seen most prominently in case of *Childescents* girls in rural areas. The proportion of rural girls not attending school varies from 14 percent in Kerala to as high as a whopping 61 percent in states like Odisha. In contrast, for boys these rates vary from 14 percent to 54 percent (refer Annexure 2.4 for a complete state-wise list).

Rural Childescents girls not attending educational institutions	Odisha	60.5%
	Gujarat	59.8%
	Rajasthan	56.5%
	Dadra & Nagar Haveli	54.8%

Table 4. Top states with non-school attendance of Rural *Childescents* girls

A number of barriers impacting *Childescent* girls' access to education have been identified. Apart from issues of availability of appropriate schooling, traditionally significant infrastructural issues include paucity of drinking water and sanitation, particularly functional toilets for girls. In the recent two to three years, following the comprehensive focus on sanitation as a national agenda, schools, especially secondary and higher secondary schools have intensified the work on building toilets for girls. States such as Bihar, Chhattisgarh, Jharkhand and Telangana have made considerable progress in this regard.

Distance to school is also a significant factor at higher schooling levels and safety of *Childescent* girls during travel to and from school has been noted as a specific issue affecting enrolment. A number of schemes including residential schools for tribal girls, bicycles for adolescent girls, and pilot schemes of conditional cash transfer have assisted in reducing the gender enrolment gap. There is also a negative association between being a girl and enrolment in private unaided schools, largely due to the enhanced cost of schooling especially affecting those from



impoverished households. Statistics therefore show a marked preference for boys benefitting from continued education in comparison to girls.

Similar cultural phenomenon that impacts *Childescent* girls' learning and access to education is their involvement in household works. *Childescent* girls who get married and move to a new household are often unable to rejoin school due to multiple reasons including household work, social perceptions, identity issues and hesitation. In impoverished backgrounds, sibling care is also one of the reasons for inability of girls to continue education wherein girls take on 'adult' supervisory and care role in absence of parents or availability of any alternate provisions of care.

Case Story - The Invisible Burden

15 year old Rani's life has always been a roller coaster. Going-to school was a struggle from the beginning with poverty affecting the family badly. When she was 14, Rani's mother passed away while delivering a child. Automatically the onus of taking care of the new born and 2 other younger siblings fell on Rani.

Rani's father, a taxi driver, was an alcoholic who brought in money on a daily basis but he didn't want Rani to go to school. Instead he wanted her to take care of the household. Although Rani was very interested in studying, her whole time began to be taken up by sibling care, and she had to drop out of school. It was very difficult for her to manage everything and Rani finally ran away from home to her grandmother's house due to depression.

SPARSH, a CRY supported project in Mumbai came to know about her case and managed to trace her after about 2 months. They persuaded her to come back and figured out an action plan to tackle the problem. Slowly the teachers started talking to Rani about her interest in education and her vision of life. She started opening up about the obstacles.

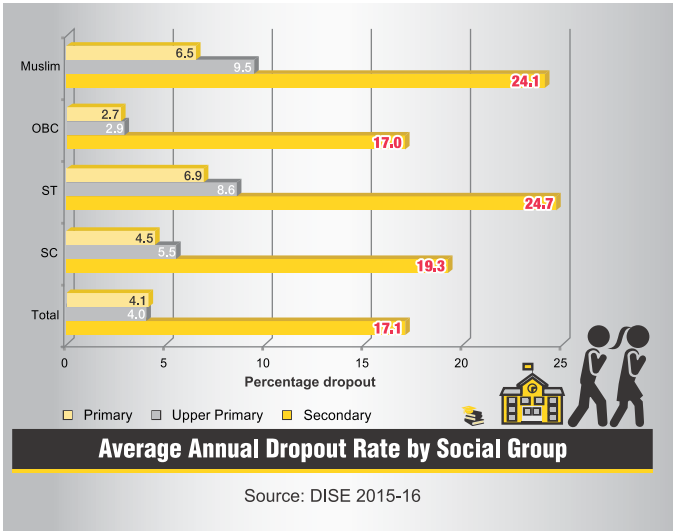
Slowly they convinced her to continue her studies. Rani came to know that she could appear for her secondary examinations and agreed to speak to her father. She prepared for her exams at home and finally appeared for her SSC examinations and she was able to pass with 67.4% marks.

There is a discernable trend in the post drop-out course of both boys and girls, with girls getting into marital roles and boys entering the work force. This in turn hampers their future educational prospects and they remain trapped in disadvantage their entire adult lives. Census of India, 2011³¹ data shows that more than 65% of the men and women who were married between 15-18 years of age were unable to reach beyond middle school, even at a later stage in their adult life. In contrast, evidence shows that with increase in educational level, there is a reduction in the probability of getting married (see Section 3.4.2) Disadvantaged Groups and Minorities: Again, of the *Childescents* facing educational deprivation, a majority are from socially disadvantaged groups, girls, minorities, and families

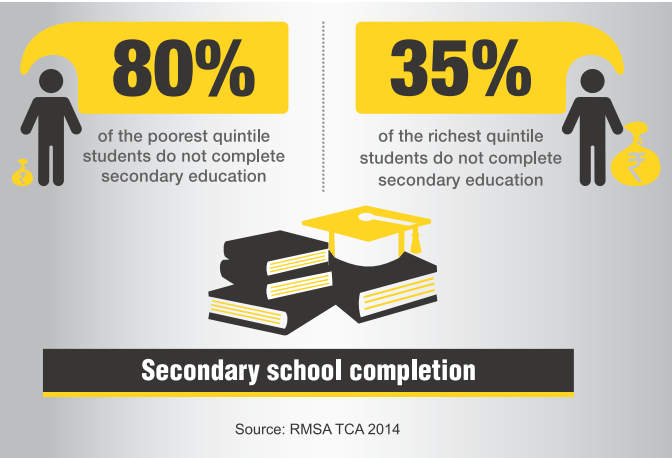
³¹ Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

with poorer socioeconomic status. Traditionally, among those excluded from education, socially disadvantaged groups (SC/ST) are a prominent category, with enrolment rates as low as half of the rest of the children. Even so, over the past decades, *Childescents* from these groupings have shown consistent growth in their secondary and higher secondary school completion rates. For instance, Scheduled Tribes (ST) initially had a 4.3% secondary completion rate and have now attained almost 18%, or more than three - fold increase. Overall too, enrolment base has considerably widened, with 51% students completing elementary school in 2014-15 (in comparison to 17% in 1993-94). In contrast, secondary and higher secondary completion rates have grown at slower rates, from 9% to 34% over the same period (RMSA TCA 2016)³².

Traditional barriers in the case of these groups have been cultural, geographical, and institutional. Discrimination and non - acceptance in school has been a significant barrier especially in case of the scheduled castes and tribes. Researchers also attribute part of the shift of students to private schools to the unwillingness of parents to allow their wards to mix with those from other castes. Again, a significant proportion of households from these groups still reside in remote, sparsely populated areas, resulting in lower access to schools. It is also the reason for higher proportion of *Childescents* from these groups being enrolled in smaller, ill - equipped schools and experiencing substandard quality of education (see section on school infrastructure).



Double marginalization is also seen in case of *Childescents* belonging to the poorest quintile and excluded groups, one indicator of which are school completion rates for the 15 - 17 age group. Only 20% of the poorest SC/ST *Childescents* completed secondary school in 2014 in comparison to 65% completion from the richest quintile students. Further, higher numbers of *Childescents* that drop out at both elementary and secondary levels belong to disadvantaged groups, including SC/ST and minorities.



Financial Status and School Participation: The *Childescents'* household socioeconomic status has been viewed as the most prominent reason behind discontinuation of schooling at secondary level. Thus affordability of secondary education is seen as a crucial aspect in context of discontinuation of schooling (see table 5).

Access to secondary school by income	Lowest household income quintile accessing school (11%) Richest quintile able to complete grade 10 (almost 100%)
Gross Attendance Ratio (GAR) (secondary school) income quintile³³	Richest quintile > 100% Poorest quintile 68%
Net Attendance Ratio (NAR) (secondary school) income quintile	Richest quintile 66% Poorest quintile 40% (approx.)
Type of School management and household income profile	Government schools enrol majority lowest quintile, upto 23% of richest quintile. Private aided schools enrol 11% of poorest & 34% of richest Private unaided schools enrol 9% poorest & > 39% of richest.

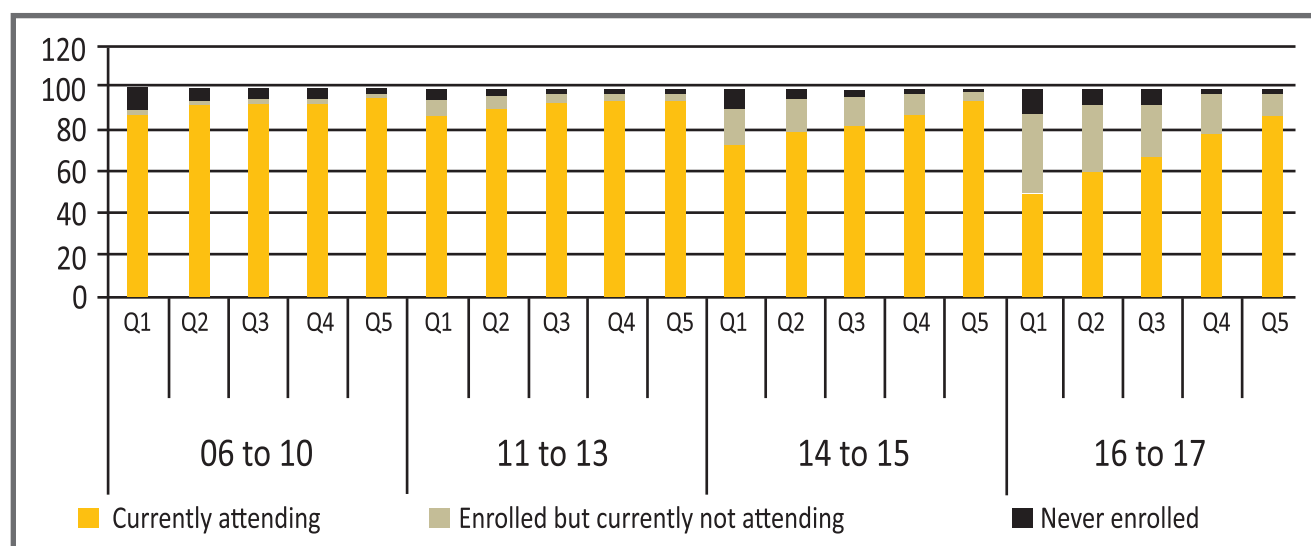
Table 5. Access and Affordability of Secondary School Education

³² Making it Past Elementary Education, Research Report 1, February 2016 RMSA TCA

³³ RMSA - TCA (2015) Research Report V Cost and Equity in Accessing Secondary Education, MHRD, October 2015

In the initial section, the progressive exclusion of children at different levels of schooling was detailed. However, there is a clear link between affordability of education and secondary enrolment as indicated in the figure below. A significant proportion of families from lower socioeconomic profiles are unable to

afford the sudden rise in school going costs once basic/ elementary education is completed. As a consequence, dropout rates climb steeply with education level and peak at secondary level, when RTE provisioning is no longer applicable. This indicates the need for extending free/ subsidized education for this age group.



Graph 11. Percentage distribution of children by schooling status, age group and expenditure quintile

In part, the non - subsidized nature of post - elementary education is the primary driving cause behind this scenario. For poorer households, progression to secondary schooling is accompanied by sudden rise in expenditure (since schooling may no longer be free or subsidized), and hence, may be accountable for the high dropout ratios among this category. Families especially at lower income quintiles need to put aside a substantial proportion of their monthly income on secondary education. This underlies the reality that discretionary spending power of poorest households is limited whereas the rich do not experience any such constraints. In actuality, the rich spend much more in absolute terms but they do not face the sudden shock as they spend more evenly between lower and higher levels of education. Another implication here is that poorest households pay relatively more on education with increasing progression in grades. Secondary schooling is 2.6 times more expensive than

primary for Income Quintile 1 households but only 1.3 times as much for rich households³⁴.

Quantum of expenditure may also vary with school type, i.e., cost of education for the household is higher in private and aided schools in comparison to government schools. This accounts for high ratios of poor students attending government schools as opposed to private unaided schools. Most of the costs incurred are due to items such as uniforms, books, stationery and tuition fees. For government schools these costs account for close to 51% of the total education expenditure with the percentage amounting to as high as 75% in case of private schools³⁵. The percentage of disposable household income spent on secondary education gives an indication of the cost difference between government school education and private (see table 6).

³⁴ ibid

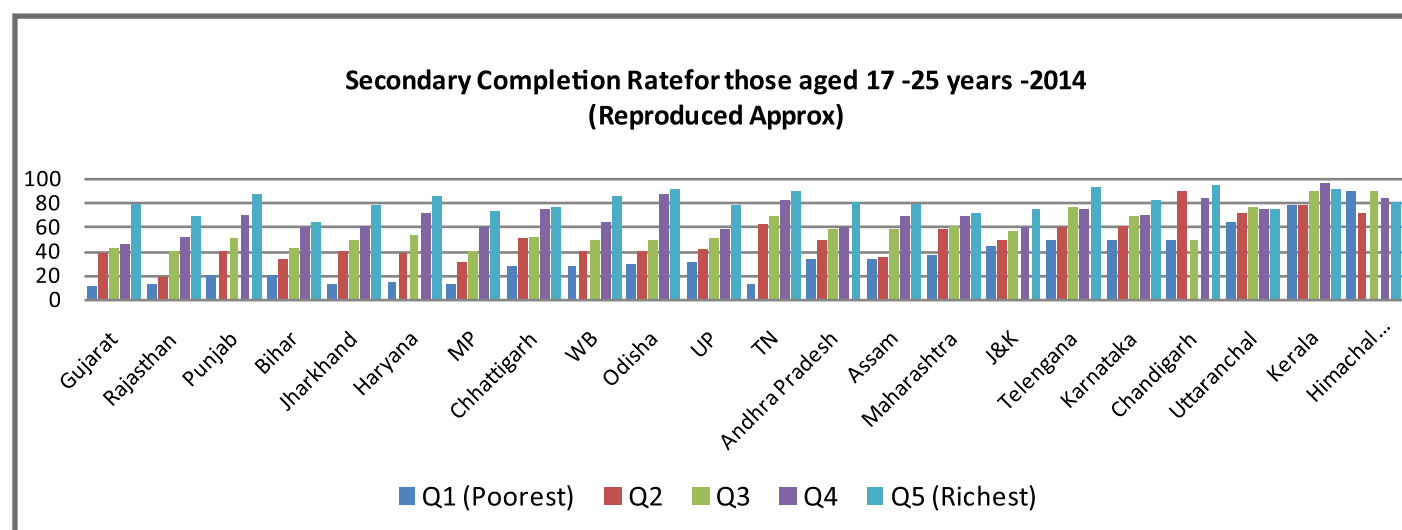
³⁵ Research Report 5, Cost and Equity in Accessing Secondary Education, RMSA - TCA, January 2016

	Government	Aided	Private unaided
Q1 (Poorest)	29.1	51.3	75.2
Q2	11.8	17.2	28.8
Q3	8.1	14.1	24.0
Q4	6.4	13.9	23.3
Q5 (Richest)	4.9	11.6	15.1

Table 6. Expenditure on secondary education as percentage of annual household disposable income

The end result is a widening gap in school completion rates by income. Here, the level of support provided by states may be crucial for transcending this gap. States that are considered progressive in context of their educational governance and

show comparatively higher secondary completion rates (for e.g., Kerala and Himachal Pradesh), whereas traditionally lagging states show lower completion rates especially for the lowest income group.



Graph 12. State-wise Secondary Education Completion rate (17-25 years)

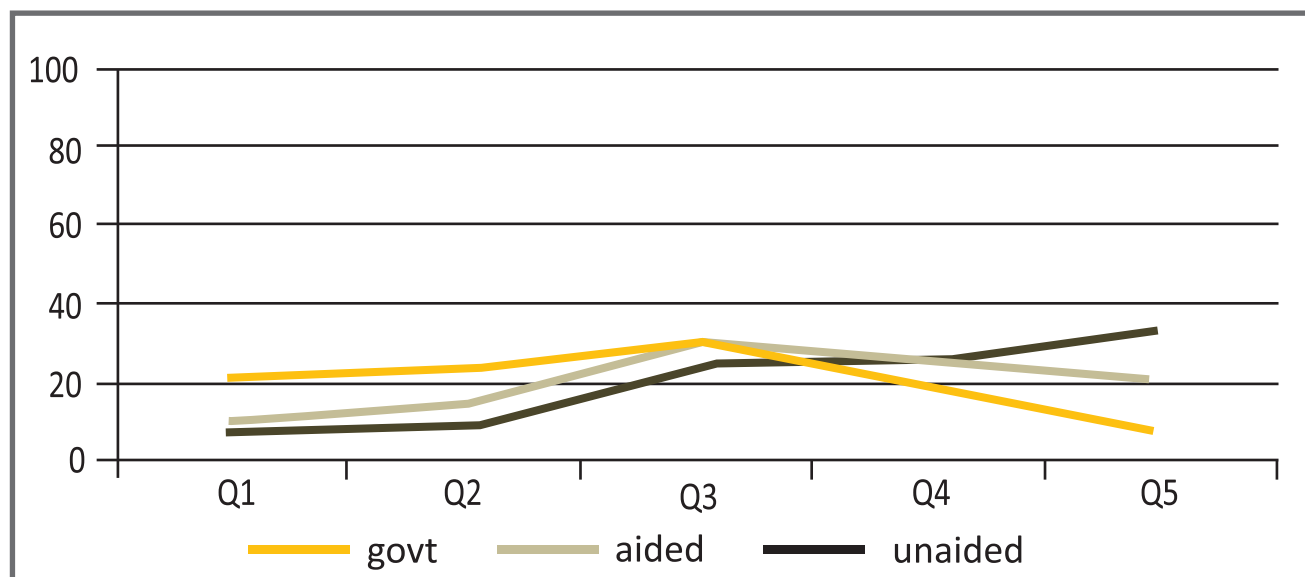
Consequently, a large proportion of children attending government schools are those belonging to the lowest two income quintiles (see figure below)³⁶ whereas majority of students in private unaided schools are from the highest income quintiles. When viewed along with the prospects of future enrolment from these groups, the scenario calls for higher public investment in secondary education if the state mandate for universalization of secondary education has to be achieved.

Research³⁷ has shown that while enrolment in private schools has increased in recent years, it has now reached a plateau and is unlikely to increase further unless affordability issues are taken care of. In coming years, majority of newer enrolments would be of children from marginalized groups, who, as seen from above, are more likely to enrol in government schools (due to lesser school fees and other costs). Enabling free education for lowest income quintiles and marginalized sections is therefore a key policy area for education investment.

36 RMSA – TCA (2015) Research Report III: Equity and Efficiency in expansion of Secondary Schools, retrieved from http://rmsaindia.gov.in/administrator/components/com_pdf/pdf/fc9763ef75ce7091da433f5f2da1dffa-Equity-and-efficiency-in-expansion-of-secondary-schools-final.pdf

37 RMSA – TCA (2015) Research Report III: Equity and Efficiency in expansion of Secondary Schools, retrieved from http://rmsaindia.gov.in/administrator/components/com_pdf/pdf/fc9763ef75ce7091da433f5f2da1dffa-Equity-and-efficiency-in-expansion-of-secondary-schools-final.pdf

Percentage of students currently attending secondary education by school type and income group

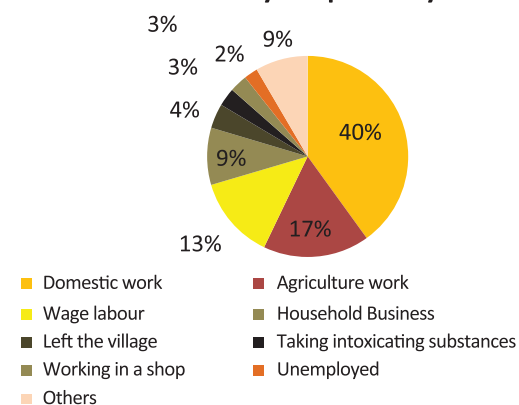


Graph 13. % of students attending secondary education by school type and income group (reproduced, approx. data³⁸)

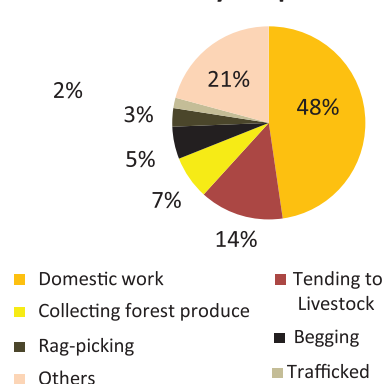
The Dropout Story

In 2017, CRY and its partner NGOs had conducted a census survey among select villages in 10 districts of Chhattisgarh and had interviewed nearly 10,000 families. The purpose was to assess the status of *Childescents* in these families, specifically to gauge if they are studying and if not, why. On an average, 38% of boys and 42% of girls were found to be out of school. The district-wise dropout rates for both boys and girls ranged from less than 15% to over 85%. While there were dropouts at all levels of education, the highest dropout was seen at secondary and higher secondary levels of education (34% and 25% respectively). More 70% of the children had dropped out because of lack of access to school (school being a long way away from home, jungle on the way to school, lack of proper means of commute to school etc). Around 5% of the dropouts was due to unaffordability of schooling. 4% of the boys and 11% of the girls had left school because they were not interested. The survey also included questions on the current main activity of *Childescents* after leaving school

Current Activity Dropout Boys



Current Activity Drop out Girls

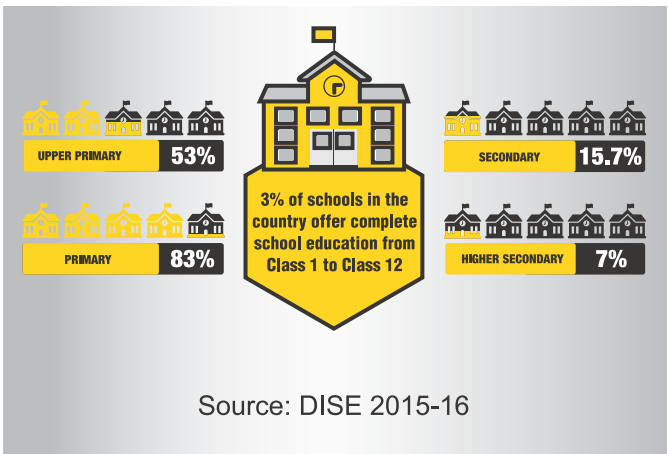


Barriers to Secondary Education Completion

There are a number of factors influencing uptake of secondary education among this age group including social, institutional, financial, and capacity barriers. We have subdivided these into structural and non - structural issues. For instance, availability of secondary schools, functional infrastructure, and trained human resources may be included within the broader grouping of physical and capacity barriers. On the other hand, gender related attitudes, affordability of secondary education, and economic cost of attending school, as discussed earlier, may be seen as within the broad grouping of social and equity linked barriers. Some of the critical factors affecting access viz. school infrastructure, affordability, and teacher availability are dwelled upon briefly in the sections that follow.

Institutional Barriers: Availability of Secondary Schools to Secondary Education Completion

One of the aspects is related to physical access, i.e., availability of secondary schools. With 1.52 million schools, (U-DISE 2015-16), India has, at present, the world's largest education system, catering to almost 40 percent of its total population . Overall, the school education system in India is bottom heavy, with the majority of schools operating only at the primary level, with fewer schools at each successive level i.e., at elementary, secondary, and higher secondary school levels. 83 percent schools offer only primary education. For *Childescents*, only 15.7 percent schools offer secondary schooling in any combination and almost 70 percent of these schools are presently situated in rural areas (see figure below). Finally, only around 3 percent of



the schools offer complete school education from Class I to Class XII, presenting a challenge for appropriate transition for children to higher education levels. (Refer to the section on dropout indicating spikes in out - of - school children at the transition points from primary to upper primary and thereafter to secondary school) (For state-wise list of secondary and higher secondary school presence, see Annexure 2).

Case Story - A Long Way to School

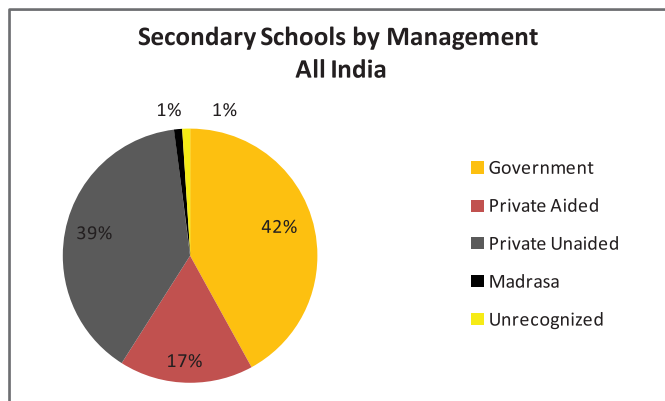
Satyendra lives with his parents and five siblings in Kakaraha village of the Vikas Khand Shankargad village panchayat in Allahabad, Uttar Pradesh. They belong to the Dalit community. His father, Nachku struggled to feed the family two square meals from the meager income he earned, although the NFSA (National Food Security Act) ration cards did bring in some relief to the family. The family's only asset was a small house; they did not possess any land for agriculture. Nachku, although a non-literate himself, wanted his children to be educated. So, Satyendra was admitted to the closest government primary school.

After passing class 5, he was sent to the upper primary school within 2 km from home. Satyendra managed to complete his education till class 8. However, he couldn't continue school as there wasn't a secondary school within the stipulated distance assured by the government, which led to him dropping out of school. Social workers came to his aid and convinced him to join school again, and got him admitted to class 9 in Sardar Patel Inter College within 2 years of his dropping out. However, it didn't help sustain the momentum and he dropped out again, soon enough. When asked about the problems he faced, he said that the school was too far away, and had there been a higher secondary school close by, it would've been easier for him to attend classes. When asked, his parents confided that it was getting difficult for them to spend on the education of all the children, and many a time they weren't able to afford the monthly fee of higher education. After a few days, when Satyendra insisted that he wanted to move to Hyderabad where his friends were finding jobs, his parents let him go, hoping it would help improve the family's economic situation. Soon, Satyendra left for Hyderabad with a few of his friends to start working in a toffee-making factory.

17-year-old Satyendra today earns Rs 6000 a month working 12 hours a day, and stands as the perfect example of a childhood that suffered owing to not having access to education.

39 MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.
40 Children constitute almost 40% of the total population in India (Source - Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India)

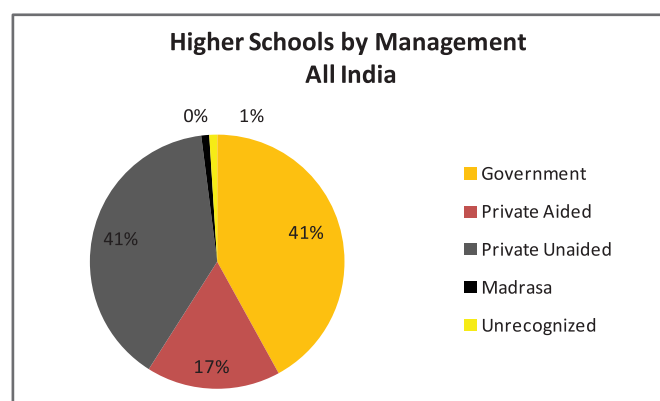
Secondary schools can be categorized in multiple ways - by geographical location, i.e., urban or rural; school management system; by the nature of certification or curriculum followed, general or technical/ vocational education provided, and finally, by the level of education provided in the school.



Graph 14. Secondary Schools by Management

In the current scenario, India's secondary education system has a significant proportion of private (unaided) schools. The proportion of these schools has increased from 28.9% of all schools in 2009 to 40% currently, and accounts for 33.5% of all pupil enrolment.

In contrast, proportion of Government schools equals 43% of all schools, with 39.7 percent of enrolment⁴¹. In the last decade, the expansion of private sector at secondary school level has been considerable, especially in contrast to the capacity constrained public education system. As seen from above diagram, the existence of a substantial section of secondary and higher secondary schools that is non state-owned has implications on improving equity in school participation due to affordability issues. This combined with inadequate availability of secondary schools further constrain *Childescents'* access to education. For instance, availability issues may hold significance in states such as Maharashtra, Uttar Pradesh, and Gujarat with more than



Graph 15. Higher Secondary Schools by Management

85% share of private secondary schools. (Please refer Annexures 2. In order to ensure that all children are able to physically access schooling, Government of India launched the national flagship scheme for universalizing secondary education, or Rashtriya Madhyamik Shiksha Abhiyan (RMSA) (see box on page 28).

Under RMSA, it was decided to locate government secondary schools within a reasonable distance of any habitation, which was assigned as 5 kilometres for secondary schools (barring exceptional circumstances). However, the distance estimation method does not by default translate into adequate numbers of schools. The placement of secondary schools is also contingent upon the number and location of primary and upper primary schools in nearby geographies. There is considerable divergence across states regarding the proportion of secondary schools available as against existing numbers of upper primary schools.

States with lesser and greater proportion of secondary schools (Source: U-DISE 2015-16 ⁴²)	
States that have 2 Upper Primary Schools for every Secondary School	Assam (2.11), Nagaland (2.15), Tripura (2.24), Karnataka (2.28), Rajasthan (2.32), Uttarakhand (2.33), Mizoram (2.46), Sikkim (2.52), Meghalaya (2.84), Chhattisgarh (2.85)
States that have 3 or more Upper Primary Schools per Secondary School	Gujarat (3.16), Jammu & Kashmir (3.33), Odisha (3.33), Madhya Pradesh (3.63), Dadra & Nagar Haveli (3.65), Uttar Pradesh (3.67), Arunachal Pradesh (3.97), Jharkhand (4.48), Bihar (5.06)

Table 7. State-wise proportion of Secondary Schools

41 RMSA - TCA (2015) Research Report III: Equity and Efficiency in expansion of Secondary Schools, retrieved from http://rmsaindia.gov.in/administrator/components/com_pdf/pdf/fc9763ef75ce7091da433f5f2da1dffa-Equity-and-efficiency-in-expansion-of-secondary-schools-final.pdf

42 MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.

On an average, there are 2.5 upper primary schools to every secondary school. The disparity is reflected in indicators such as higher pupil teacher ratios in Bihar (50), Jharkhand (62), and Uttar Pradesh (56), and lower pupil teacher ratios for North Eastern states. Considering that these are state averages, actual ratios of students and teachers by students on ground may be rather low if not worse.

Yet, PTR may not reflect the complete picture, especially in secondary and higher secondary school systems that need

subject specialist teachers due to higher academic requirements. The table above needs to be seen in the light of increasing exclusion of *Childescents* from higher levels of education. By the time *Childescents* reach higher secondary education, therefore, a higher number have already dropped out and thus excluded. Thus, the impact of lesser number of schools at higher levels is reflected in indicators such as high PTR. This clearly brings out the constraints in overall capacity of the education system and its inability to provide comprehensive education to India's *Childescents*

Variation in PTR by level and across States (Source U -DISE 2015-16 ⁴³)			
	Elementary	Secondary	Higher Secondary
Andhra Pradesh	20	20	71
Bihar	50	66	59
Jharkhand	36	62	78
Telangana	22	22	47
Uttar Pradesh	36	56	97
West Bengal	23	39	57
Variation in SCR by level and across States			
Andhra Pradesh	21	35	39
Bihar	51	107	86
Jharkhand	26	65	85
Maharashtra	31	49	65
Uttar Pradesh	30	51	64
West Bengal	29	74	56

Table 8. State-wise PTR by Educational Level

Institutional Barriers: Fragmented, small schools and progressive exclusion

As we have seen, schools in India cater to different levels rather than provide integrated/ comprehensive education from Class 1 to 12. The predominance of standalone schools that are able to reach only specific levels of students leaves *Childescents* vulnerable to interruption of education at post - elementary levels. It is important to reflect upon how capacity constraint plays out with respect to fragmentation of public education system. For instance, a *Childscent* residing in a village with a primary or upper primary school may, upon reaching secondary school have to travel to another village school which is the sanctioned secondary school for his/ her area. In remote tribal areas this may result in a decision to move to a residential school far away from the family. For girls, it often results in having to let go of

friends who, due to distance, mobility, safety, or other reasons drop out of school. This has bearing on the large number of dropouts that occur when students shift not just from one class to the next, but also need to find a new school at an appropriate level for the student. A further significant drop in GER occurs similarly in the transition from secondary to senior secondary with ratios falling to below 40 percent in states such as Bihar, Karnataka, Meghalaya and Nagaland with Gujarat, Tripura and Jharkhand faring slightly better.

Small schools, or those with less number of students enrolled also fall back in terms of infrastructural progress, or human resources attached to them. Smaller schools are more likely to fall short on multiple counts of physical infrastructure, and have fewer specialist/ subject teachers, especially in science and mathematics. While costs of running such small schools are

43 ibid

higher, these schools are considered inefficient, and therefore unlikely to be at the focus of policymakers' efforts on raising standards. *Childescents* in rural schools are more likely to be studying in low enrolment schools, with lesser chance of electricity, library and computer/ digital facilities. As a consequence of the multitude of factors above, learning outcomes of small rural schools have traditionally not been at par with larger, composite schools. This is extremely pertinent considering that children attending these schools represent the true beneficiaries of public educational system i.e., those for whom the present design of public education system was agreed upon. This also highlights the importance of public investment in education as a tool for promoting social justice. The overall scenario illustrated above raises concerns of sub-standard education being accorded to those sections of society who especially need greater support in order to benefit from access to education.

Institutional Barriers: School Infrastructure and Quality of Education

Infrastructure plays a significant role in secondary education as compared to basic or elementary education. There is for instance, the element of incremental complexities in educational concepts, particularly in science and mathematics requiring additional investment in both personnel and resources, such as laboratories and reading materials. The introduction of practical labs (especially Science and computers), and potential

advantages from digital methods of education also add to infrastructural requirements at the secondary education stage. On the other hand, for pubescent girls, especially, the availability of decent and functional and safe toilets and sanitation facilities that sometimes serves as a deciding factor in continuation of schooling in the higher standards, from grade 6 onwards. Teacher requirements also alter significantly at secondary education level; thus infrastructure and teaching norms at secondary education are quite different from those at basic or elementary education.

Lack of infrastructure and poor enrolment in secondary or higher education form a vicious cycle, each one both stemming from and resulting in the other. Lack of school infrastructure is met by low demand for education which in turn results in poor future investment in building the infrastructure. There is, as one may understand, a significant difference in standards across school infrastructure, as also quality of education provided to children across states, geographical location, and management type. The diverse status of secondary school infrastructure across states can be seen as below. For instance, separate laboratory facilities, an essential aspect of secondary school education, were found non-existent in many states - Karnataka, for instance, had 9.5 percent schools on average with separate laboratories for Physics, Chemistry and Biology. Paucity of laboratory facilities is a consistent scenario, with all India average as low as 32 to 34 percent for the three subject laboratories. Equally important is access to electricity, an aspect on which states seem to be quite diversely situated at present.

Status of secondary schools in India (U-DISE 2015-16 ⁴⁴)	
States with high PTR at Secondary Level	West Bengal (37), Madhya Pradesh (40), Uttar Pradesh (57), Bihar (59), Jharkhand (61)
States with low PTR at Secondary Level	Mizoram (9), Meghalaya (12), Manipur (13), Goa (13), Haryana (14), Chandigarh (14), Assam (13)
Average Classroom Ratios	Range: Odisha, Tripura (1.9) to Kerala (6.7), Delhi (6.9)
Student classroom ratios	Range: Bihar (97), West Bengal (85), Jharkhand (79) to Manipur, Mizoram, Jammu & Kashmir (29)
Schools sans building	Chhattisgarh (4%), Madhya Pradesh (6.5%), Tripura (14.4%)
School access to electricity	Bihar (34%), Jharkhand (54%), Odisha (60%)
Government schools with science laboratory, computer laboratory, library and functional computer ⁴⁵	2% small schools 10% of largest schools

Table 9. Status of secondary schools in India

⁴⁴ MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.

⁴⁵ Research Report III: Equity and Efficiency in Expansion of Secondary Schools RMSA-TCA, October 2015

Finally, statistics from recent years also indicate that newer schools, especially government schools, are small sized and

consequently have fewer resources (especially Human resources and personnel) as current norms are based upon enrolment sizes.

Enrolment Aspects	
Diverse enrolment ratios in secondary schools ⁴⁶	60% have fewer than 150 children Approx. 25% have fewer than 50 children Approx. 3% have more than 500 children (these schools also have 20% share of total enrolment)
Enrolment ratios in new schools ⁴⁷	35% schools opened post 2011 have fewer than 25 pupils

Table 10. Enrolment Aspects in Secondary Schools

Capacity Barriers: Human Resource Availability and Deployment

Secondary schooling is more intensive and assignation of subject teachers becomes highly crucial to student learning and school performance. Accordingly, RMSA staff norms require a minimum of 5 teachers and 1 head teacher for each secondary school with a minimum enrolment of 50 children in class IX and X. For optimum utilization of teachers, a minimum of 160

students in each class size (PTR = 40:1, hence four sections) is recommended. However, these characteristics were found in very few secondary schools (RMSA - TCA, 2015⁴⁸). A look at the available secondary research and statistics shows that only 21% secondary government schools are fully staffed as per norms (including principals and subject teachers) (8th JRM Aide Memoire, 2016⁴⁹). In a field study by RMSA - TCA (2015) of teacher availability, supply and demand dynamics in the states of Karnataka & Madhya Pradesh (MP), the following trends came to light.

Subject Teacher Availability	Karnataka	MP
Schools with 5 subject teachers	5.3%	1.8%
Schools with at least 2 language teachers	67.8%	42.6%
Schools with at least 1 maths teachers	63.6%	59.2%
Schools with at least 1 science teachers	61.3%	62.8%
Schools with at least 1 social studies teachers	38.3%	63.1%

Table 11. Teacher Availability in Karnataka and MP, Evidence from RMSA

As per the Education for All Global Monitoring Report 2011, by 2015, the demand for additional teachers is likely to reach the figure of 1.9 million teachers. Mulkeen et al. (2007)⁵⁰ suggests

the occurrence of a similar scenario specifically for secondary education, with demand especially acute for mathematics and science teachers.

⁴⁶ Policy brief 3: Secondary Education: Challenges and Options: Part 3: Efficient use of resources to expand secondary provision

⁴⁷ Equity and Efficiency in Expansion of Secondary Schools RMSA-TCA, October 2015

⁴⁸ Teacher management within India: A documentary analysis of the current situation: RMSA Technical Cooperation Agency, March 2014; CHARACTERISTICS OF Teachers Teaching Mathematics and Science, RMSA TCA, September 2015; Policy Brief 5, Characteristics of Teachers Teaching Mathematics and Science, RMSA TCA (n.d.)

⁴⁹ Eighth Joint Review Mission, Sept 20 - 30, 2016 Aide Memoire, RMSA retrieved from http://rmsaindia.gov.in/administrator/components/com_pdf/pd f/d8af2209020c6b640648ce6a652ea490-8th-JRM-Aide-Memmiore.pdf

⁵⁰ Mulkeen, A, Chapman, D.W., DeJaeghere, J.G., and Leu, E (2007). Recruiting, retaining, and retraining secondary school teachers and principals in Sub-Saharan Africa. World Bank Working Paper No. 99. African Human Development Series. Washington DC: The World Bank

The Third RMSA Joint Review Mission (JRM) 2013-14 specifically discussed the existing nationwide shortage of science and mathematics teachers, and also highlighted the self - fulfilling vicious cycle⁵¹ . Paucity of human resources results in poorer learning outcomes and consequently fewer students prefer to take up these streams in higher education. This further leads to high value placed upon the STEM (Science, Technology, Engineering and Mathematics) stream, making it a preferred choice of industry and society and one with higher employability prospects. Fewer candidates who have taken it up choose to return as teachers, as they have no dearth of jobs elsewhere. This cyclical phenomenon results in a decrease in the future supply of teachers in this stream (RMSA, 2014⁵²). This has also been one of the reasons behind the recent governmental emphasis on investment in raising the profile of STEM (Science, Technology, Engineering & Mathematics) as a critical area for teacher expertise.

This has adverse linkages for teacher capacities and training level. According to U-DISE (2015-16⁵³), teachers at the secondary level were found almost equally divided by level of qualification into Graduate teachers (42.54 percent) and Post Graduate teachers (43.46) while 11.20 percent were with qualifications below graduation⁵⁴ . State variation can be found in teacher qualification as well, with Karnataka having 38.20 percent secondary teachers who had not completed graduation themselves, followed by 11.89 percent in Odisha and 9.76 percent in

Bihar. The states of Uttarakhand (84.95), Chhattisgarh (84.87) and Uttar Pradesh (67.45) have the highest proportion of secondary teachers who have completed post graduation. In contrast, Assam (78.45), Odisha (68.64) and Maharashtra (62.75) had the highest proportion of Graduate teachers at Secondary level. The implication of having poorly educated teachers as those responsible for formative years of education is quite clear. However, there is lack of qualitative and quantitative data bringing out the correlation between teacher education and qualification levels and resulting impact on student achievement and learning outcomes. This is an area that needs evidence generation and adequate sample studies before any policy implications can be suggested.

This phenomenon needs to be seen in light with research illustrating that schools catering to children with lower socio - economic profile (referred to as high - poverty schools) are more likely to have on board teachers with lower academic qualifications (Peske & Haycogk, 2006; Clotfelter et al., 2007) (cited in RMSA, 2016)⁵⁵ . Similarly, according to the World Bank (2009), the shortage of teachers is even higher in rural schools, due to their locational disadvantage in finding qualified subject teachers (viz. English, mathematics, and science) who are willing to be posted in rural areas (cited in RMSA, 2016)⁵⁶ . Again, however, the logical conclusion would be to showcase impact of low teacher availability on learning standards and educational achievement of students forced to study in such a scenario.

Teacher availability	
Secondary Schools with all 5 Subject Teachers (2015-16, 23-State data ⁵⁷)	13.5%
Small schools (secondary enrolment less than 150 students) with trained teachers in the four core subjects ⁵⁸	35%
private schools with all core teachers (school size irrelevant)	30%

Table 12. Teacher Availability in Secondary Schools

Though U-DISE does not provide details of teacher vacancies, recent information shared by Ministry of HRD in Parliament in December 2016 established average teacher vacancy for elementary teachers at 17.51 percent and for Secondary teachers at 14.78 percent. GoI also stressed on state responsibilities in teacher recruitment, deployment and service conditions. The

major barriers to adequate teacher availability in schools as stated by the Government include lack of regular recruitment, non-sanctioning of posts, lack of effective teacher deployment, lack of subject specialist teacher in certain areas, and small school size (For state wise details of teacher vacancy at secondary school level please refer Annexure 2)

51 Third Joint Review Mission, 13 - 27 January 2014 Aide Memoire, RMSA, retrieved from http://rmsaindia.gov.in/administrator/components/com_pdf/pdf/3rd_Jrm_Aide_Memmiore.pdf

52 ibid

53 MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.

54 MHRD and NUEPA (2016), UDISE-2015-16: Secondary Flash Statistics, National University of Educational Planning and Administration, New Delhi, India.

55 Teacher Supply and Demand In Secondary Schools May 2016, RMSA TCA, May 2016

56 ibid

57 RMSA 7th JRM Aide - memoire

58 Research report III MHRD October 2015

Financial Barriers: Lags in Public Investment

The barriers to secondary education detailed above have a direct linkage with low levels of budgetary allocations, both by Centre and States, including availability of schools, upgradation of existing schools, and functional infrastructure and facilities. For RMSA, the flagship scheme for universalization and quality secondary education, the targets were to provide universal access to secondary level education by 2017 and universal retention by 2020. In comparison to the projected outlays under the twelfth five year plan, RMSA has been severely under budgeted across the entire period of its implementation. The Parliamentary Standing Committee on HRD noted in April 2016 that against total outlay of 27466 crore for RMSA during the Twelfth

Plan period, achievement till 2016-17 stood at 16881 crore, or 61% of the plan.

This has led to the scheme being adversely impacted by sluggish progress due to under allocations and slow uptake at state levels. A recent development has also been the shift in centre - state sharing norms in 2015-16 which has significantly impacted on ground implementation of a number of centrally supported schemes. Under the changed mechanism, states were expected to bear the recurring expenses, including salaries of teachers and supervisory staff. Majority of states appealed to the centre asking it to resume its financial obligations especially payment of teachers.

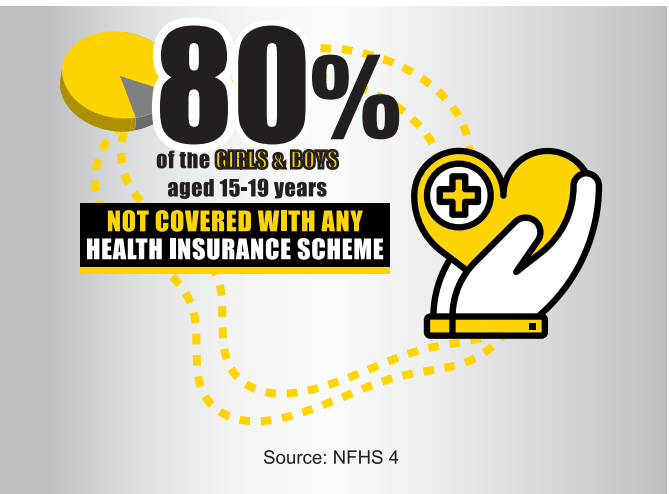
Financial Year	Projected Demand Under 12th plan	Budget Allocation (BE)	Variations	Actual Expenditure
2012-13	15000.00	3124.00	(-)11876.00	3171.00
2013-14	6785.00	3983.00	(-)2802.00	3045.90
2014-15	8000.00	5000.00	(-)3000.00	3398.00
2015-16	n/a	3565.00 (-29)	n/a	3488.80
2016-17	n/a	3700.00 (-6.88)	n/a	n/a

Table 13. Investment and Expenditure in RMSA 2012-2017

3.2 Obstacles for growing up healthy

“Failure to invest in the health of the largest generation of adolescents in the world’s history jeopardises earlier investments in maternal and child health, erodes future quality and length of life, and escalates suffering, inequality, and social instability”. - Lancet Second Commission on Adolescents, 2012⁵⁹

It is advantageous both socially and economically to invest in health of *ChilDESCENTS*. Laying a sound foundation of health of the *ChilDESCENTS* will help prevent disease burden in adulthood and subsequently produce healthy adults for a positive and productive society. The Lancet Commission stated investment in this age group to be a form of triple dividend, with immediate benefits, future benefits for the individuals, and benefits for prospective children (Patten et al., 2016⁶⁰). In contrast, available statistics show that only a small minority of *ChilDESCENT* girls and boys (15-19) currently have any form of health insurance.



The age group of 15-18 years is the period when health reserves are built, foundation is laid and well-being may be either fostered or compromised. This transitional phase also determines the extent to which an individual may strengthen his/ her social, emotional, educational and economic resources that act as supportive influences throughout life.

⁵⁹ Resnick MD, Catalano RF, Sawyer SM, Viner R, Patton GC. Seizing the opportunities of adolescent health. Lancet 2012; 379: 1564-67.

⁶⁰ Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., ... & Kakuma, R. (2016). Our future: a Lancet commission on adolescent health and wellbeing. The Lancet, 387(10036), 2423-2478.

Childescents' neurological development itself poses unique challenges to them. During adolescence, the brain undergoes a process to prepare for complex decision making. This process follows a back to front path if we look at the structure of the brain. Hence, the starting point is the limbic region which is related to memory and emotions and finishing point is the pre-frontal cortex responsible for regulating impulses and logical reasoning. Experts have suggested this developmental pattern to be at the root of emotionally charged behaviour often overriding awareness and logic in this age group. As a result, the *Childescent* brain, where the process of maturation is still ongoing, is deemed more vulnerable to the effects of impulsiveness and rash behaviour. It is also suggested to be a primary driver that influences *Childescents'* experimentation with drugs and narcotic/ psychotropic substances. Drug use during adolescence also increases the risk of developing a substance use disorder later in life. (Winters, Arria 2011⁶¹, see also Behrendt et al., 2009⁶²)

Similarly, the *Childescents* are in a stage where hormone changes in the body result in natural inclinations towards novelty and risk taking. Adolescence is a heightened period of

vulnerability because of the gaps between developmental process of the emotional, cognitive and behavioural correlates of the brain⁶³. It is also in these years that children are most susceptible to peer-pressure and are likely to be introduced to psycho-active substances such as alcohol, tobacco and drugs.

At the same time, *Childescents* are still under parental control while carving out larger roles for themselves. This is the time when they are searching for their individual identity as autonomous from their family and yet, are not ready to come into their own entirely as a separate entity altogether.

Health problems and risks during this period have the potential to seriously alter both physical fitness and opportunities for development. Imbalance in health determinants in this period often results in poor health status and deprives children of their right to development.

In addition, experts have also found evidence of positive consequences from planned, directed investment in *Childescents'* health issues, including increase in productivity, avoided costs of remediation and long - term vulnerability to critical illnesses.

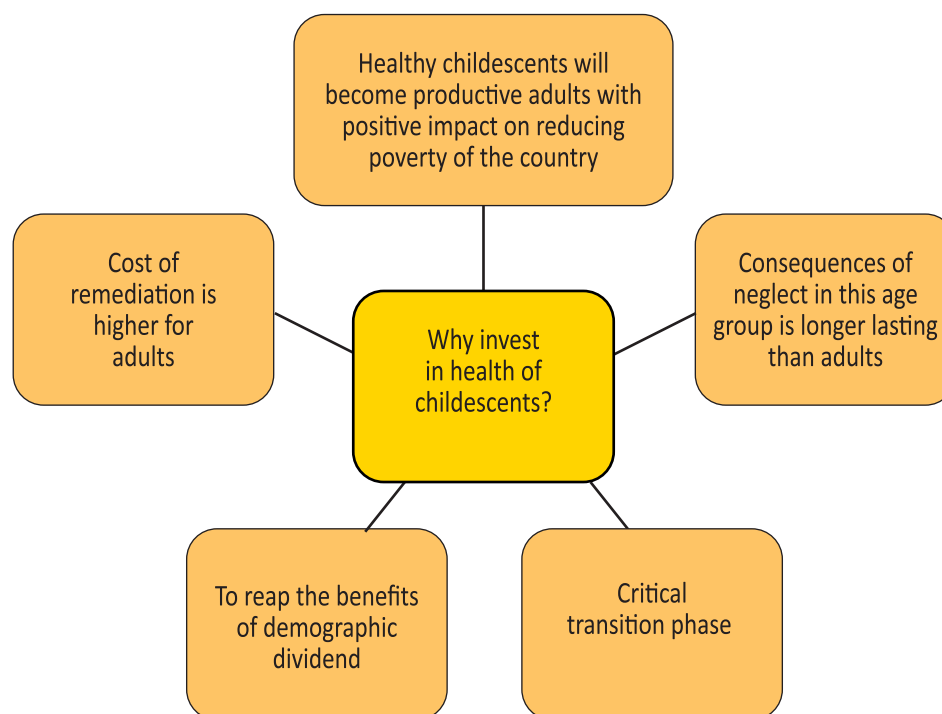


Figure 5. Why invest in *Childescent* Health, World Bank⁶⁴

61 Winters, K. C., & Arria, A. (2011). Adolescent brain development and drugs. The prevention researcher, 18(2), 21.

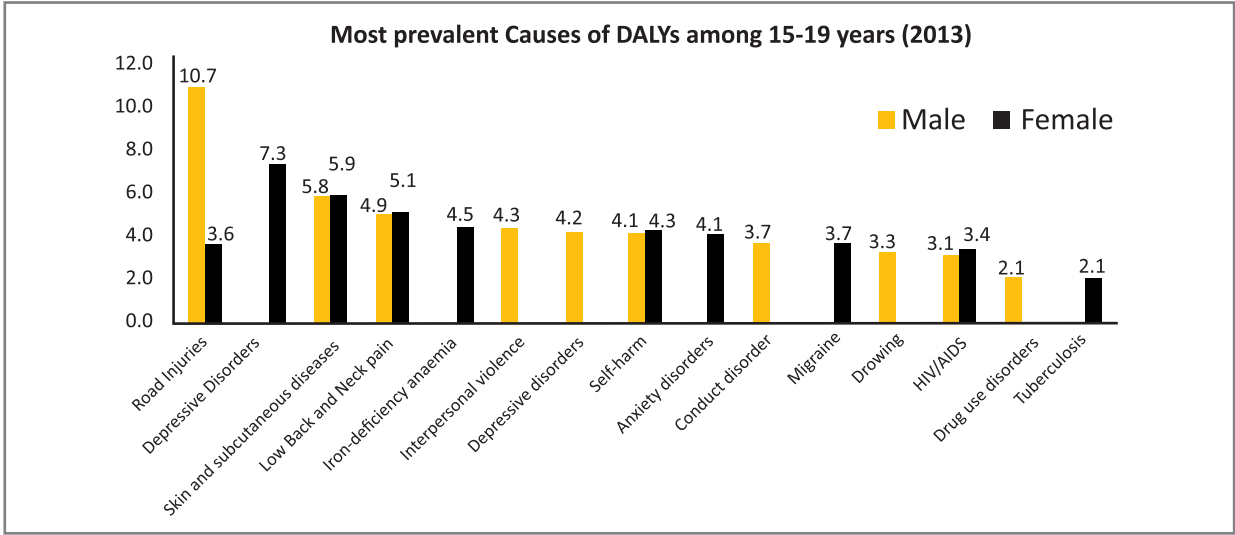
62 Behrendt, S., Wittchen, H. U., Höfler, M., Lieb, R., & Beesdo, K. (2009). Drug & Alcohol Dependence, 99(1), 68-78.

63 The Adolescent Brain - A neurodevelopment perspective, NIMHANS

64 World Development Report 2007 Development and the Next Generation, The International Bank for Reconstruction and Development / The World Bank Washington DC 20433

Given that **Childdescence** is one of the healthier periods of human life, the mortality rates among 15 to 19 years age group are relatively low. Yet, there are marked shifts in global disease burden, both across gender and with time. Across the world, the leading causes of death among adolescents (15 - 19 years)

include a mix of physical injury and prevalent disease mix with the inclusion of road injuries, HIV, suicide (categorized as self - harm), lower respiratory infections and interpersonal violence (WHO, 2017⁶⁵).



Graph 16. Most prevalent Causes of DALYs among 15-19 years (2013). Source: Mokdad et al, 2016⁶⁶
(DALY – disability-adjusted life year)

Factors or determinants that influence **Childdescents'** health patterns are multi - level and multi - dimensional and cannot be restricted to individual characteristics or family dependent patterns. Instead, the ecological model appears to be active at

diverse levels, ranging for individual and interpersonal to structural and macroeconomic phenomena, such as economic recession, pervasive inequalities, long - term conflicts and war.

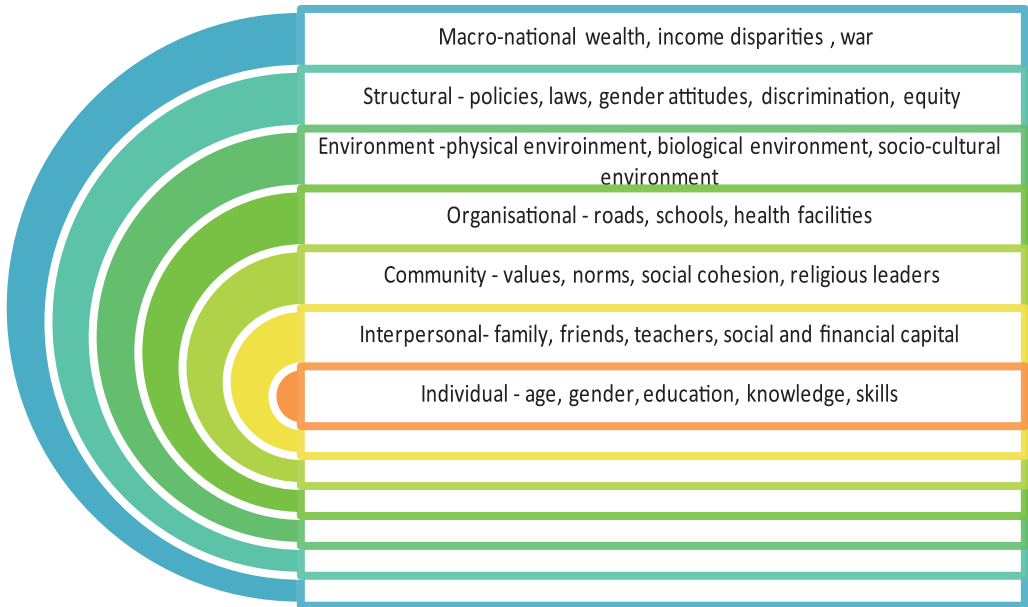


Figure 6. Determinants of adolescent health and Development-Ecological model (WHO, 2014⁶⁷)

⁶⁵ WHO Global accelerated action for the health of adolescents: Guidance to support country implementation, 2017
⁶⁶ Mokdad, A. H., Forouzanfar, M. H., Daoud, F., Mokdad, A. A., El Bcheraoui, C., Moradi-Lakeh, M., ... & Kravitz, H. (2016). Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 387(10036), 2383–2401.
⁶⁷ Report on Health for the world's adolescents, second chance in the second decade, WHO 2014, retrieved from <http://www.searo.who.int/indonesia/documents/health-for-world-adolescent-who-fwc-mca-14.05-eng.pdf?ua=1>

The subsequent sections attempt to investigate some of the key specific areas of concern with respect to *Childdescents*' health and development. As indicated in the figure below, the major concerns may be grouped into three key aspects of

Childdescents' health. In addition, the section briefly discusses the impacts and consequences associated with disability in this age group. For every health aspect, attempt is made to describe the status as well as the causes behind the poor health status.

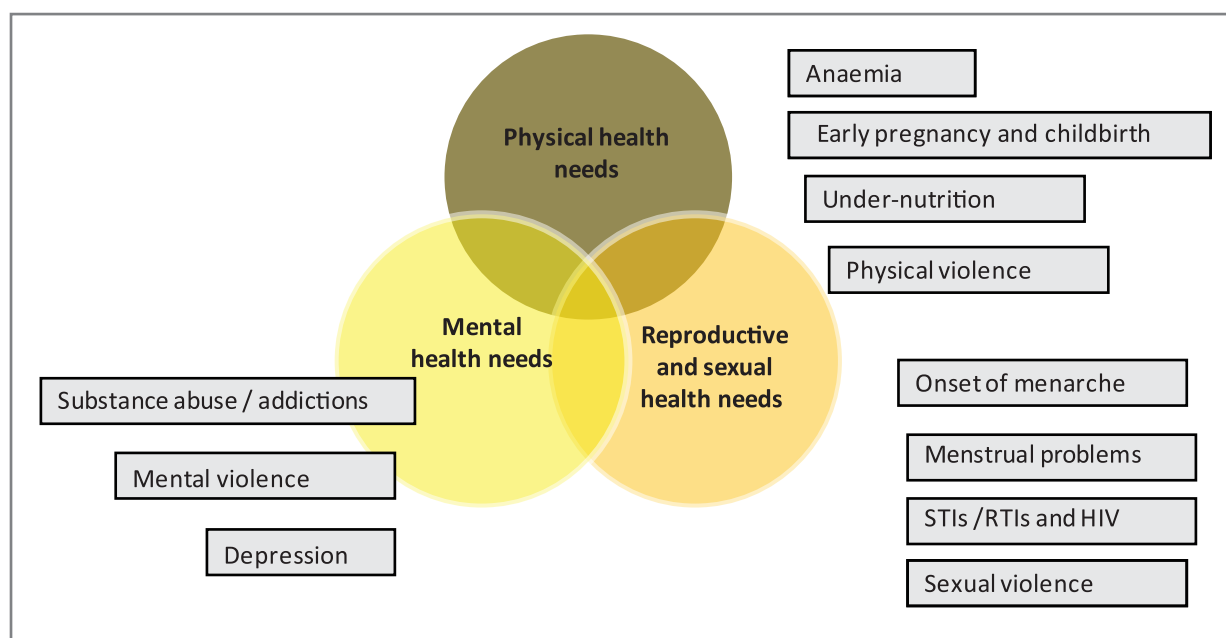


Figure 7. Key health needs of *Childdescents*

Adolescent Reproductive and Sexual Health

Reproductive health deals with the reproductive processes, functions and system at all stages of life⁶⁸. In the International Conference on Population and Development (ICPD) 1994, reproductive health has been comprehensively explained where people are able to have “satisfactory and safe sex life, they have capacity to reproduce and they also have a freedom to decide if, when and how often to do so. People have the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choices, as well as other methods of their choice for the regulation of fertility which are not against the law, and also the right to access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a health infant”.

While major puberty related growth has already taken place during early adolescence, physiological and sexual maturation including psychosocial and cognitive transformation continues till the person reaches adulthood. As stated earlier, there is no

time specific period for this transitory phase as each individual undergoes a very personal process of transformation. Reproductive and sexual maturation, issues and concerns play a predominating role in this period. This may be partly because of their novelty and unfamiliarity for the person, and in part, as they are crucial in shaping the person's self - image and consequently, physical and social identity.

Physical and Biological Changes

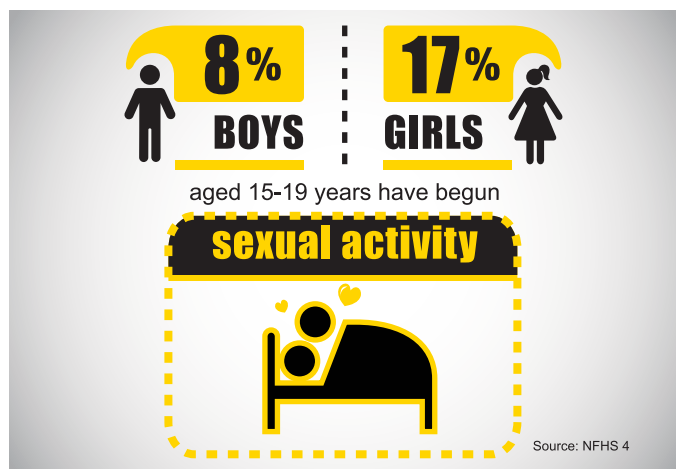
Physiological changes in this age group are a continuation of changes that began in early adolescence and continue further throughout leading to gradual sexual maturation. Biological bodily changes such as facial hair among boys and breast development among girls, changes in voice and physical growth, or spurt in terms of height increase may be included in this description. Some of the changes also include night ejaculation among boys and sexual fantasies and attraction within both sexes. Because of individual variation in the onset of pubertal changes, *Childdescents* of similar age may look very different in terms of their physical growth. Inability to look at least similar to others or within the broader perspective of what's considered as

68 Guidelines on Reproductive Health prepared by Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action) <http://www.un.org/pop in/unfpa/taskforce/guide/iatfrehp.gdl.html>

“normal” becomes extremely important during this phase. Therefore, short height or absence of facial hair can become cause of anxiety for a boy and a thick voice can become a concern area for girls. Onset of menarche puts lot of restrictions on girls’ mobility and significantly curtails their outdoor activities. However, seldom are these *Childescents* girls given appropriate objective information about potential risks such as HIV, sexually transmitted infections or unwanted pregnancy which are associated with unsafe sex.

Developing healthy attitude about self and sexuality

As a society, we do precious little to prepare *Childescents* to accept and embrace these inevitable changes, often resulting in awkwardness about their bodies, poor body image often leading to low self - esteem, lack of a healthy self - identity and predominating feelings of embarrassment and shame. These changes often dominate their inner self - talk, identity and self esteem and also at the same time become a cause for anxiety. In such a scenario, the *Childescents* is left grappling not just with inner changes but also societal expectations and peer pressure of looking attractive and being accepted.



For *Childescents*, this phase also denotes the time when they begin to explore their sexuality. Sexuality is not restricted to the sexual act but is a broader construct of how someone experiences and expresses themselves as a sexual being. This includes sexual preferences/ orientation, relationships, and sexual pleasure along with its physical, emotional and spiritual manifestations.

Given the moral prescriptions in Indian society and do's and don'ts still prevalent in traditional spaces, often adults' urge to control and suppress sexuality related discussions ultimately results in few spaces of open discussion. The societal notion of what is right and wrong which is deep seated brings in lot of strong emotions of shame and guilt. Hence, *Childescents* may feel baffled about their feelings of attraction to the opposite or even same sex in case of non-heterosexual individuals. Similarly, masturbation and any other sexual behaviours of their manifestations are not discussed in adequate detail by parents, teachers, health professional counsellors and mentor and often misunderstood by this age group.

Sexual activity among this age group though 'socially forbidden' is increasingly becoming a common phenomenon. Across different cultural settings and communities, this is increasingly becoming prevalent and sometimes an acceptable phenomenon. It is seen that in this age group more girls (17%) than boys (8%) are initiated into sexual activity because of early introduction into marriage. This when coupled with deep seated notions of patriarchy and social cultural setting does not leave the option of choice on the part of the girl.

Opportunity to reduce the risk of sexual and reproductive diseases

Given the natural flair for risk taking and seeking novelty in this age group, there is a possibility that the *Childescents* may engage in activities such as unsafe sex which may increase the possibility of infections like sexually transmitted diseases (STD/STIs) or HIV/AIDS. According to NFHS 4⁶⁹, one in ten women (age 25 - 49) surveyed reported having had sex before they were 15 years of age, while 38 percent had done so before they reached 18 years of age.

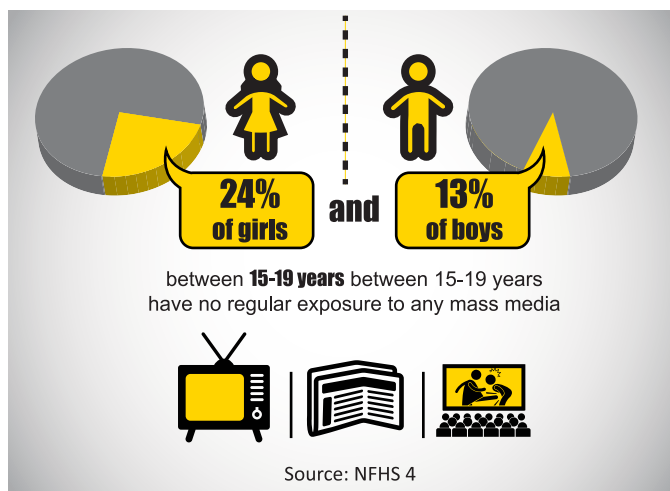
Also, it is seen that considerable proportion of girls (almost 27 percent of those aged 20-24 years) and a smaller number of boys (20 percent of those aged 25 - 29 years) were married before the age of 18 years (NFHS 4⁷⁰), thus early sexual activity may be initiated for married *Childescents*. Even among married *Childescents*, NFHS 4⁷¹ data indicated that only 15 percent of married Childescent girls (15 - 19) use a contraceptive method and only 10 percent use a modern contraceptive method⁷².

69 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

70 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

71 ibid

72 Modern methods Include male and female sterilization, injectables, intrauterine devices (IUDs/PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/jelly, the standard days method, the lactational amenorrhoea method, and emergency contraception



Hence, along with knowledge about safe sex, it is also important that *Childescents* have access to contraceptives to protect themselves from infections and unwanted pregnancies. Low awareness especially for girls could be due to restricted access to mass media, which is the most common medium for targeted messaging.

However, despite increased awareness of the most sensitive needs of *Childescents* and their inclusion in national policy making, adolescent friendly comprehensive reproductive and sexual health information and services continue to be patchy, fragmented, and unevenly executed. The potential risk here includes increased disease burden on the society, intergenerational health and nutritional issues for the next generations, not to mention the preventable emotional upheaval and pain to which *Childescents* may be subjected.

Important reproductive health problems faced by *Childescents*

This section provides an overview of the reproductive health issues faced by the *Childescents*. For clarity, the issues have been classified as follows:

Gynaecological and Menstrual health problems

For majority of girls menstruation starts between age 10 years and 15 years with an average age of 12 years. Further, initially it takes some months for the hormonal cycle to get routinized. During this phase, menstrual problems become one of the important health concerns for girls. These may include problems such as irregular cycles, heavy bleeding or accompanying pain and other symptoms. As we may see in the nutrition section, prevalence of anaemia is already quite significant in this age group, thus problems such as heavy bleeding or frequent cycles

aggravate anaemia. Though menstruation by itself is a natural physiological process which shouldn't require any restrictions for *Childescents* girls, it is observed that lack of toilets at community and household level makes it a difficult experience for a significant proportion of girls.

My lonely journey

I live in the slums of Dinanath Mitra Lane in Kolkata. Life is not as easy as I would like it to be, but I manage. In fact, sometimes I feel life was much easier for me till a year back - when I started menstruating. You wouldn't believe me if I narrate my life story, but I would stand by my statement.

I am the only child to my parents. My mother died when I was young. I grew up with my father, my uncle and my grandparents. I have never known about the special bond that mothers and daughters have...something that my friends keep talking about. I never had a woman in my house with whom I could share my girl troubles! But in all my life till now, I have never missed my mother more than the last one year. At fourteen, I was told by my friends that I am running late, a step behind all of them who had apparently started their journey into womanhood. The first time we spoke about it, I was a little jealous. But I heard the horror stories about the pain, the cramps and the blood stains. And I was thankful it hadn't happened to me.

But it did. And I had no one to run to for advice except for my grandmother. She told me I am not supposed to wash my hair during my periods, not supposed to visit the temple, not supposed to eat pickles, not supposed to run and play with my friends and most importantly, not supposed to talk about it. She told me I was impure during these 5 days of the month. And I must clean and wash all my clothes thoroughly and hang them separately, not with the other 'clean' clothes.

It frustrated me to not be able to talk about the discomfort I go through every month. I have mood swings, and I used to hate using cloth and then wash the dirty ones. I wanted to feel cleaner during those days and I really want to understand why this whole process is such a big secret. All my friends go through it...and that means every woman on earth has periods.

Recently, I got the chance to speak to some representatives of an NGO that helped me move from using cloth to using sanitary napkins. I feel much better nowadays. I really wish our families or schools prepared us better to live with menstruation in a cleaner and more informed manner.

The difficult experience is compounded by a myriad of other factors. For instance, in schools, lack of separate functional girls' toilet remains a significant reason for lower school attendance at the time of the monthly cycle. Additionally, girls' often find their mobility further restricted on account of non - availability of low cost sanitary napkins. Use of unhygienic material like rags or used cloth in such cases often becomes a cause for reproductive infections. NFHS 4 data indicates that a) less than

three fifth of *Childescents* girls (15 - 19 age group) reported using hygienic method regularly during menstruation and b) almost 62% of these girls used cloth whereas sanitary napkins were used by 42% girls⁷³ . Commercially sold sanitary napkins are considered quite expensive and thus there is a tendency to use them for longer periods instead of the prescribed time. This results in private part areas serving as a potent growth medium for germs, leading to multiple infections.

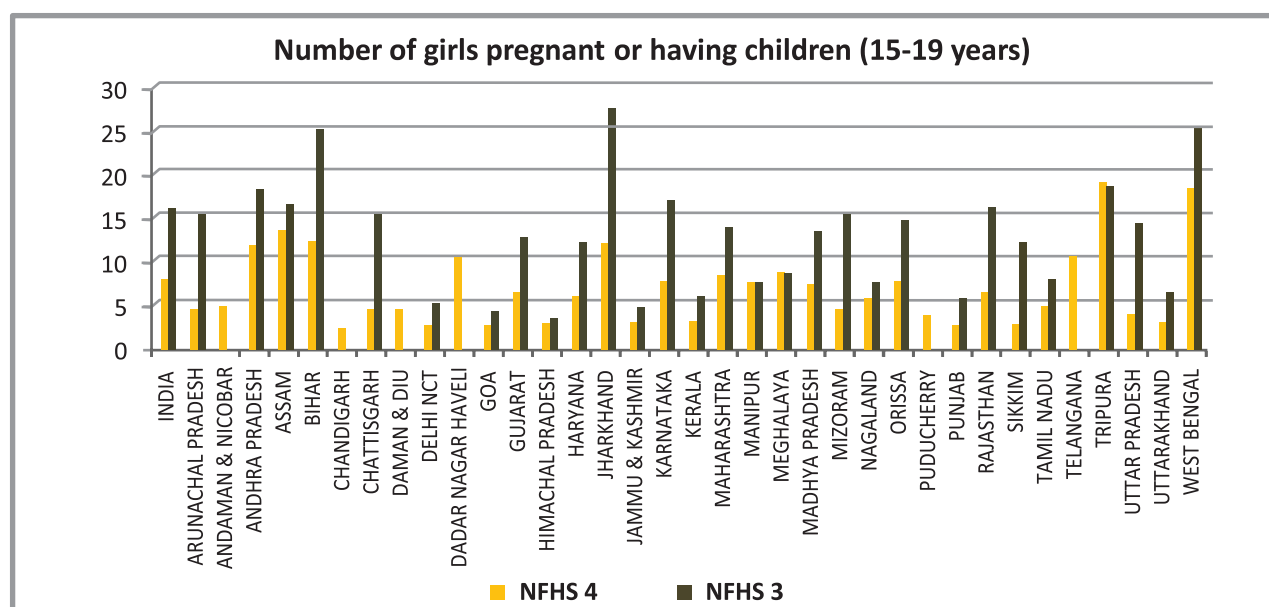
Indicator	Percent of hygienic method used
Education (years of schooling)	12 or more years of schooling vs. no schooling (81% vs. 20%)
Wealth/ socioeconomic profile	Highest to lowest Wealth quintile (89% versus 21%)
Rural urban difference	48% rural vs. 78% urban
Source: NFHS 4 ⁷⁴	

Table 14. Percentage of girls using hygienic methods of menstrual protection

Pregnancy among *Childescents*

Childescents girls are particularly vulnerable to a range of sexual and reproductive health issues of which pregnancy and motherhood are only limited aspects (Santhya and Jejeebhoy, 2015⁷⁵). In India, puberty, or, in case of girls, the onset of menarche was traditionally seen as the indicator for girls'

readiness for marriage. Even in the current times, early marriage and early motherhood is the reality for many girls in this age group. In India, one in 4 women is married before the age of 18 years (Census of India, 2011⁷⁶). In majority of cases, low levels of education and poor socioeconomic status continue to be associated with early marriage and early motherhood.



Graph 17. Statewise Trends in childbearing (Girls, 15-19 years)

⁷³ IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

⁷⁴ ibid

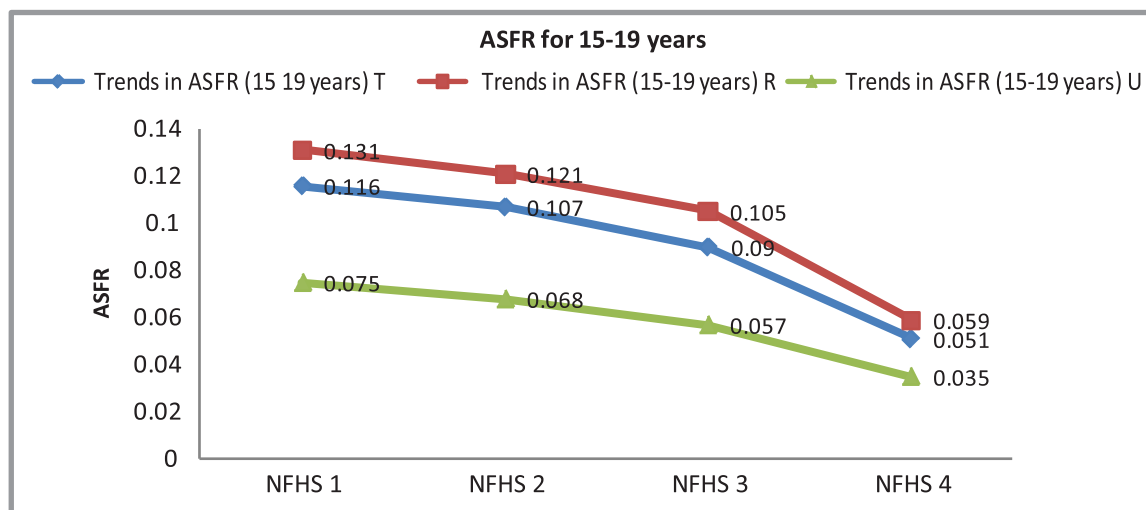
⁷⁵ Santhya, K. G., & Jejeebhoy, S. J. (2015). Sexual and reproductive health and rights of adolescent girls: Evidence from low-and middle-income countries. *Global Public Health*, 10(2), 189-221.

⁷⁶ Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

In Indian society, majority of reported teenage pregnancies takes place post marriage. Societal expectations from young married couples place implicit pressure to have the first child as early as possible and hence contraceptive use before the first child continues to be very low. This also corresponds with married *ChilDESCENTS* girls being on the path to early motherhood, with more than half (52%) of married Childescent girls surveyed reporting that they have either had a baby or are already pregnant with one. This initiation into early motherhood is especially common in rural areas, with one in ten of all *ChilDESCENTS* girls (15 - 19) having begun childbearing. On the other side, formal education tends to be correlated with lower levels of teenage pregnancy. 20 percent of Childescent girls with no schooling have already begun childbearing, compared with only 4.4 percent with 12 or more years of schooling. Yet, over time, proportion of girls

who become mothers has been reducing. The proportion of girls initiated into child bearing role before the age of 18 years has decreased significantly from 16% in 2005-06 (NFHS 3⁷⁷) to 8% in 2015-16 (NFHS 4⁷⁸) nationally.

According to World Bank⁷⁹, the adolescent fertility rate (births per 1,000 women ages 15-19) has steadily declined over the past five decades. For India, there has been a decline of 40 points in the previous two decades (i.e., from 63.5 in 2001 to 23.6 in 2015). With respect to India, as per NFHS 4 (2015-16)⁸⁰, age - specific fertility rate for 15 to 19 years age group was 56 births per 1000 women. Overall, there is declining trend in the fertility rate in the age group 15 to 19 years; however, rural urban disparities in fertility rates provide an indication of the continuing inequities.



Graph 18. Trends in Fertility rate

Marked reduction in the Age Specific fertility rates (ASFR) for girls aged 15 to 19 years, specifically those from rural areas could be attributed to the National Rural Health Mission. The initiative led to creation of a cadre of village level health workers who were entrusted with the responsibility of health related awareness and also helping young couples in delaying first pregnancy. Other social measures such as increase in educational level and increase in age at marriage may also have contributed to the decline in ASFR. However, this age group still requires special attention as a large number of girls continues to remain vulnerable faced with an early marriage and subsequently fertility.



77 IIPS & ICF, (2005-06). National Family Health Survey (NFHS-3), 2005-06, International Institute for Population Sciences, Mumbai, India

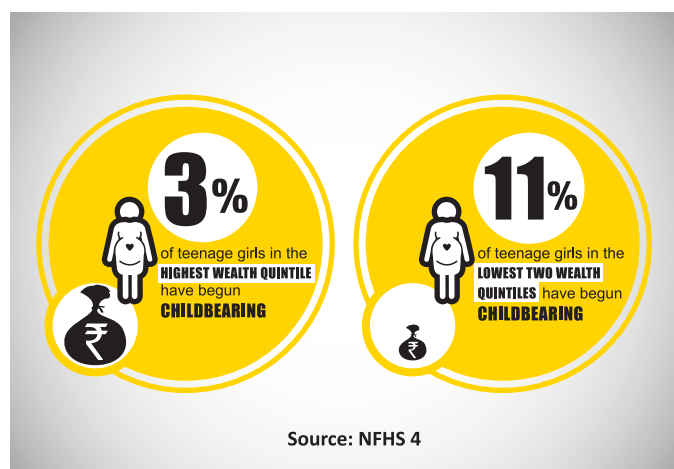
78 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

79 Adolescent Fertility Rate (births per 1000 women, 15-19 years), United Nations Population Division, World Population Prospects (accessed at <https://data.worldbank.org/indicator/SP.ADO.TFRT>)

80 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

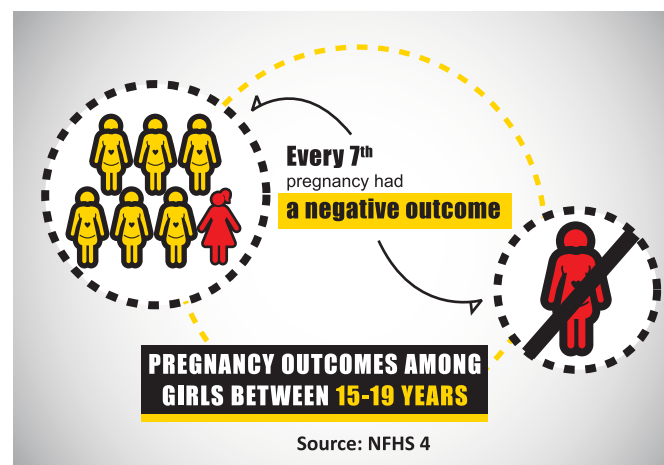
Even with the decreasing trend, it is worth pondering on the impact of foisting a motherhood role on the girl who is a child herself. Globally, pregnancy and childbirth related complications are the leading cause of death for 15-19-year-old girls⁸¹. Complications during pregnancy and delivery such as low birth weight, still birth, premature birth, obstructed labour, anaemia are well researched commonly documented (Scholl and Hediger, 1994⁸²; Scholl et al., 1994⁸³; Fraser et al., 1995⁸⁴; Kurz, 1997⁸⁵; Singh S., 1998⁸⁶; Chen et al., 2007⁸⁷; Ganchimeg et al., 2014⁸⁸). In India too, the latest statistics reflect the above scenario.

With respect to income levels, childbearing among *Chilodescents* girls decreases with the level of wealth with only 3 percent of those in the highest wealth quintile having begun childbearing as compared to 11 percent from the lowest two wealth quintiles which shows clear correlation between these two indicators. Similarly there is correlation between levels of teenage childbearing among *Chilodescent* girls belonging to scheduled tribe group being higher (11%) than the other three caste/tribe groups. (NFHS-4⁸⁹)



Poor Pregnancy Outcomes

Spontaneous abortions or miscarriages as well as desired termination of pregnancy, both pose an equal amount of risk for the



Chilodescents mother. Due to under age and related complications when a child's body is not ready for motherhood, there may be severe threats to the life and development of both the child and the mother.

NFHS 4⁹⁰ reveals that among women within the reproductive age, the number of live births among the age group 15 to 19 years was lowest while the highest percentage of miscarriages (11.4%) was reported from this age group. Finally, percentages of non - live births (including abortion, miscarriage, or stillbirth) were highest among *Chilodescent* girls (15.5 percent, with miscarriages having the highest share).

- 81 Adolescents: health risks and solutions Factsheet Updated May 2016, WHO 2016, <http://www.who.int/mediacentre/factsheets/fs345/en/>
- 82 Scholl, T. O., Hediger, M. L., Schall, J. I., Khoo, C. S., & Fischer, R. L. (1994). Maternal growth during pregnancy and the competition for nutrients. The American journal of clinical nutrition, 60(2), 183-188.
- 83 Scholl, T. O., Hediger, M. L., & Belsky, D. H. (1994). Prenatal care and maternal health during adolescent pregnancy: a review and meta-analysis. Journal of Adolescent Health, 15(6), 444-456.
- 84 Fraser, A. M., Brockert, J. E., & Ward, R. H. (1995). Association of young maternal age with adverse reproductive outcomes. New England journal of medicine, 332(17), 1113-1118.
- 85 Kurz, K. (1997). Health consequences of adolescent childbearing in developing countries. International Center for Research on Women. ICRW Reports and Publications, 1.
- 86 Singh, S. (1998). Adolescent childbearing in developing countries: a global review. Studies in family planning, 117-136.
- 87 Chen, X. K., Wen, S. W., Fleming, N., Demissie, K., Rhoads, G. G., & Walker, M. (2007). Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. International journal of epidemiology, 36(2), 368-373.
- 88 Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., ... & Vogel, J. P. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. BJOG: An International Journal of Obstetrics & Gynaecology, 121(s1), 40-48.
- 89 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India
- 90 ibid

Pregnancy Outcomes (15-19 years)	
Live Births	Lowest among women aged 15-19 years
Pregnancy Outcome	Highest rate of undesirable outcomes (still-births, miscarriages, LBW etc) among women aged 15-19 years
Post Delivery Complications	Highest among women aged 15- 19 years
Source: NFHS 4 (2015-16) ⁹¹	

Table 15. Pregnancy outcomes for adolescent girls (15-19 years)

Maternal death statistics for this age group may not be easily available due to underreporting and lack of public focus on lives of those especially belonging to remote communities or poorer household profiles. Analysis of 124 maternal deaths identified and documented over a period of two years (between January 2012 and December 2013) underscores vulnerability of younger women as it shows that out of 124 documented deaths, 9 cases or 7.3% were from the age group 15 to 19 years (CommonHealth, 2014⁹²). According to the SRS (2010-12)⁹³, girls in 15 to 19 years age group comprised of 7% of all maternal deaths in India.

From available secondary information, it may be established that prolonged and obstructed labour, and severe intrapartum and postpartum haemorrhage are some of the important causes of death in this age group. Apart from physical trauma, given the intensity of labour pains, delivery may also lead to psychological trauma for the *Childescent*. The situation worsens if the delivery results in loss of foetus adding to the psychological pain.

It is seen that the nutritional requirements of the pregnant *Childescent* are higher as they themselves are children and thus still growing. It is an established fact that growth of the child inside the womb as well as health of the underage pregnant girl is compromised. However, multiple pregnancies among *Childescents* are further risky because these girls are themselves in the process of growing up, thus depletion of vital nutrients such as iron or calcium in each pregnancy deprives them from realising their full growth potential.

In India, medical termination of pregnancy is allowed under very specific conditions, i.e., grave risk or injury to the pregnant

woman; or, risk of physical or mental abnormalities of the unborn child. Explicit written consent of guardian is required for abortion of a minor girl. Effectively hence, unmarried girls who find themselves pregnant have no other choice but to either carry the pregnancy to term, or, to go in for illegal and unsafe abortion. Besides concerns for legality of abortion, the social stigma attached compels young girls to seek unsafe abortion services from untrained providers in place of safe legal MTP services. In a recent estimation study for 2015 based on multiple data components, the researchers estimated that nearly half of all pregnancies in India in the period under study (i.e., 2015) were unintended, while a third resulted into abortion. The researchers estimated prevalence of abortion as 15.6 million with the rate of abortion per 1000 women in the reproductive age group (15 - 49 years) estimated at 47 abortions. Nearly three - fourth of these abortions were conducted informally, and not in health facilities (i.e., outside the purview of the Act). Further, around 5% abortions were not induced either through medication or through surgery and thus were probably unsafe. It would be worthwhile to look at the age disaggregated prevalence to know the occurrence levels of abortion among *Childescent* as a specific age group (Singh et.al, 2018⁹⁴).

Further, Banerjee and Anderson, 2012⁹⁵ unpacked the on - ground reality of abortion in the country through a study detailing the experiences of women who have undergone abortion. Nearly 50 percent of the respondents had initially attempted to self - induce abortion through traditional methods, concoctions, or medicines. Nine in ten women ended up taking external support from either qualified (37 percent) or unqualified health care providers. More than half of the respondents were admitted in hospital for post - abortion complications.

91 ibid

92 Subha Sri, B., & Khanna, R. (2014) Dead Women Talking: A civil society report on maternal deaths in India. CommonHealth and Jan Swasthya Abhiyan retrieved from <http://www.im4change.org/siteadmin/tinymce/uploaded/Report%20on%20maternal%20deaths%20in%20India.pdf>

93 Census of India, Sample Registration System Report. 2010-2012, Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India.

94 Singh, S., Shekhar, C., Acharya, R., Moore, A. M., Stillman, M., Pradhan, M. R., ... & Sundaram, A. (2018). The incidence of abortion and unintended pregnancy in India, 2015. *The Lancet Global Health*, 6(1), e111-e120.

95 Banerjee, S. K., & Andersen, K. (2012). Exploring the pathways of unsafe abortion in Madhya Pradesh, India. *Global public health*, 7(8), 882-896.

Disinclination and apprehension on part of young adolescent women in seeking pregnancy termination and care services is well-documented through various research studies. For instance, in a study conducted in Maharashtra it was seen that unmarried adolescents usually sought abortion care from a place which was far off from their place of residence as they wanted to hide the pregnancy from the community. The study also showed that in majority of cases abortion services were sought from informal providers, largely on account of confidentiality, respectful and non - judgemental treatment, and lack of mobility. The mobility issue was especially of relevance when large public facilities were located in urban areas away from the girl's location and required multiple visits (Ganatra and Hirve 2002)⁹⁶. Apart from these, morbidity in abortion cases of *Childescent* girls is often on account of delay in recognizing pregnancy, failure in self/ informal attempts at termination, and lack of parental/ spousal support (especially. when non - consensual sex has led to the pregnancy). Lack of agency among young women was another major reason for delay in seeking

care as women themselves may not be able to take the decision to terminate a pregnancy and hence involvement of husband/partner and family is crucial (Jejeebhoy, Kalyanwala, Xavier et al. 2010⁹⁷).

However, in case of unmarried *Childescents*, pregnancy is not only a social taboo but also has significant legal implications under the POCSO Act. In October 2017, the Supreme Court in response to a writ petition ruled that sexual intercourse even within marriage in case of a girl below 18 years of age amounted to rape⁹⁸. Under the Act, any sexual activity below the age of 18 years is considered as an offence, and requires mandatory reporting to legal authorities. Following the passage of POCSO Act, access to safe abortion services for unmarried minor girls has further declined as act mandates health care providers to legally report all such cases considering them cases of sexual abuse. Informal discussions with the private health care providers reveal that providers are reluctant to be legally involved and hence deny MTP services to unmarried girls below 18 years.

Supreme Court Judgment on Child Marital Rape- October 2017

In a landmark judgment by the Supreme Court in *Indepent Thought vs. Union of India*, the apex Court read down Exception (2) to Section 375 of the Indian Penal Code (IPC) to hold that sexual intercourse by an adult male with his minor wife with or without her consent, would amount to rape. Prior to this judgment, intercourse between a man and his wife, if the wife was above 15 years of age, did not constitute rape. The said IPC section in light of this judgment now reads as-

“Sexual intercourse or sexual acts by a man with his own wife, the wife not being less than 18 years of age, is not rape”

The following considerations were made while passing this judgment-

Bearing in mind the fact that India has ratified the UN Convention on the Rights of the Child (UNCRC) and the Convention on Elimination of all forms of Discrimination Against Women (CEDAW), the exception to marital rape in the IPC was found to be in contravention of these conventions.

Secondly, the exception was in violation of Article 14 (Right to Equality before law) and Article 21 (Right to Life and Personal Liberty) of the constitution. The Court also found that the exemption was inconsistent with other laws in force. And finally, the Court observed that the social impact of child marriage was too grave to allow for this exemption to continue.

The judgment steers clear of the issue of marital rape in the context of adult women.

Reproductive tract infections (RTIs), Sexually Transmitted Infections (STIs) and HIV/ AIDS among *Childescents*

Childescents are still in the process of physical, cognitive, emotional, and sexual maturation. This is the time period when new relationships are formed, and also when peer influence is high. Curiosity and inclination for experimentation is also

common in this age group especially for activities seen as pleasurable but lacking social sanction such as alcohol consumption, substance use or risky sexual activities. It is also seen that *Childescents* often behave with impulsiveness and are not able to fathom the risks associated with such behaviours. In addition, in some cultural settings, masculinity is judged in relation to indulging in risk taking behaviour and thus

96 Ganatra, B., & Hirve, S. (2002). Induced abortions among adolescent women in rural Maharashtra, India. *Reproductive health matters*, 10(19), 76-85.

97 Kalyanwala, S., Xavier, A. F., Jejeebhoy, S., & Kumar, R. (2010). Abortion experiences of unmarried young women in India: evidence from a facility-based study in Bihar and Jharkhand. *International perspectives on sexual and reproductive health*, 62-71.

98 S.C. Writ Petition (C) No. 382/2013 retrieved from http://supremecourtindia.nic.in/supremecourt/2013/17790/17790_2013_Judgement_11-Oct-2017.pdf

Childescent boys may engage in unsafe sex to prove their masculinity.

As reflected in NFHS-4 (2015-16)⁹⁹, data on *Childescents'* exposed to unsafe sex is pretty alarming. Among those surveyed, 70 percent of men in the 15-19 years age group reported having had a high-risk intercourse in the 12 months prior to the survey. Among this group, 10 percent of those who were sexually active during the previous year had multiple partners. In contrast, 27 percent of men in the age bracket of 20 - 24 years reported having had high - risk sexual intercourse, thus indicating the higher vulnerability of *Childescents*.

The risks become further enhanced if we consider the prevalence of low contraceptive use reported by surveyed *Childescents*. Among the male respondents aged 15-19 years, only 32 percent had reported having used condom in their last sexual act. There is considerable rural urban difference here, with majority of those staying in urban areas reporting condom use during high - risk sexual intercourse in comparison to rural respondents.

Sexually Transmitted Diseases/Infections (STD/STI), Reproductive Tract Infections (RTI) may be a potential adverse consequence of unsafe sex. An unprotected sexual activity with unknown sexual partners not only increases the chance of RTI/STIs,

but also attributes towards the possibility of getting infected with HIV virus. This is reflected in NFHS-4¹⁰⁰ data with ten percent of girls and 14% of boys aged 15-19 reported STIs or related symptoms (2015-16).

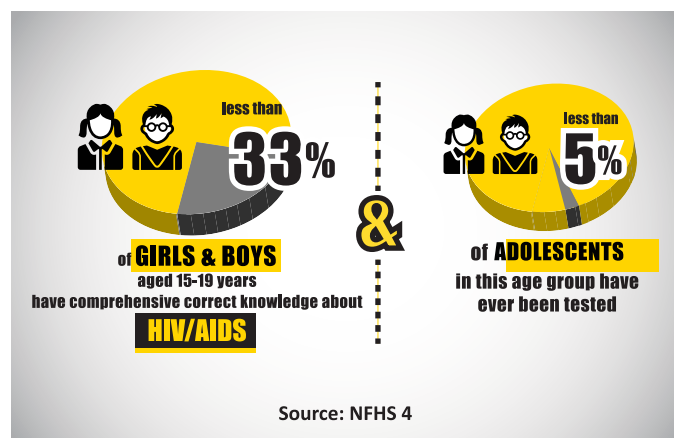
Globally, recent estimates suggest that at least 2 million adolescents (10-19) are presently living with HIV¹⁰¹. Further, HIV is listed as the second leading cause of death worldwide among adolescent girls and boys¹⁰². *Childescents* girls are at higher risk of HIV/ AIDS. Globally, girls in the initial years of reproductive age (15 to 24), account for one of the highest proportions (60 percent) among all young people living with HIV. They also make up 58 percent of all new HIV infections among young people (UN Women, 2016)¹⁰³. Apart from their biological vulnerability, *Childescents* girls are also socially vulnerable as they have very low negotiating power for safe sex (UNFPA, 2014)¹⁰⁴.

In current scenario, India, with 2.1 million people living with HIV as of 2016 was population wise the third largest nation globally (following South Africa and Nigeria) in terms of number of people living with HIV -PLWHA (UNAIDS, 2017)¹⁰⁵.

Why are *Childescents* facing these reproductive health problems?

Besides biological vulnerability, there are certain other social aspects responsible for the reproductive health issues, faced by the *Childescents*. This section delineates the social aspects of poor reproductive health among *Childescents* and the obstacles faced by them in realizing their reproductive rights.

An applicable model that illustrates various levels and interfacing of risks and protective factors with respect to adolescent reproductive health in developing countries has been illustrated in Figure 8. The model, in addition to the nested circles showcasing individual, interpersonal, community and institutional levels, has two further overlapping layers. One refers to predominant health risk behaviours in this life stage. The second one refers to the determining factors associated with positive youth development categorized into physical, emotional and social aspects.



99 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

100 ibid

101 <http://www.who.int/mediacentre/factsheets/fs345/en/>

102 THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030) Every Woman Every Child Retrieved from <http://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>

103 UNFPA SWOP (2017)

104 UNFPA SWOP (2014)

105 http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

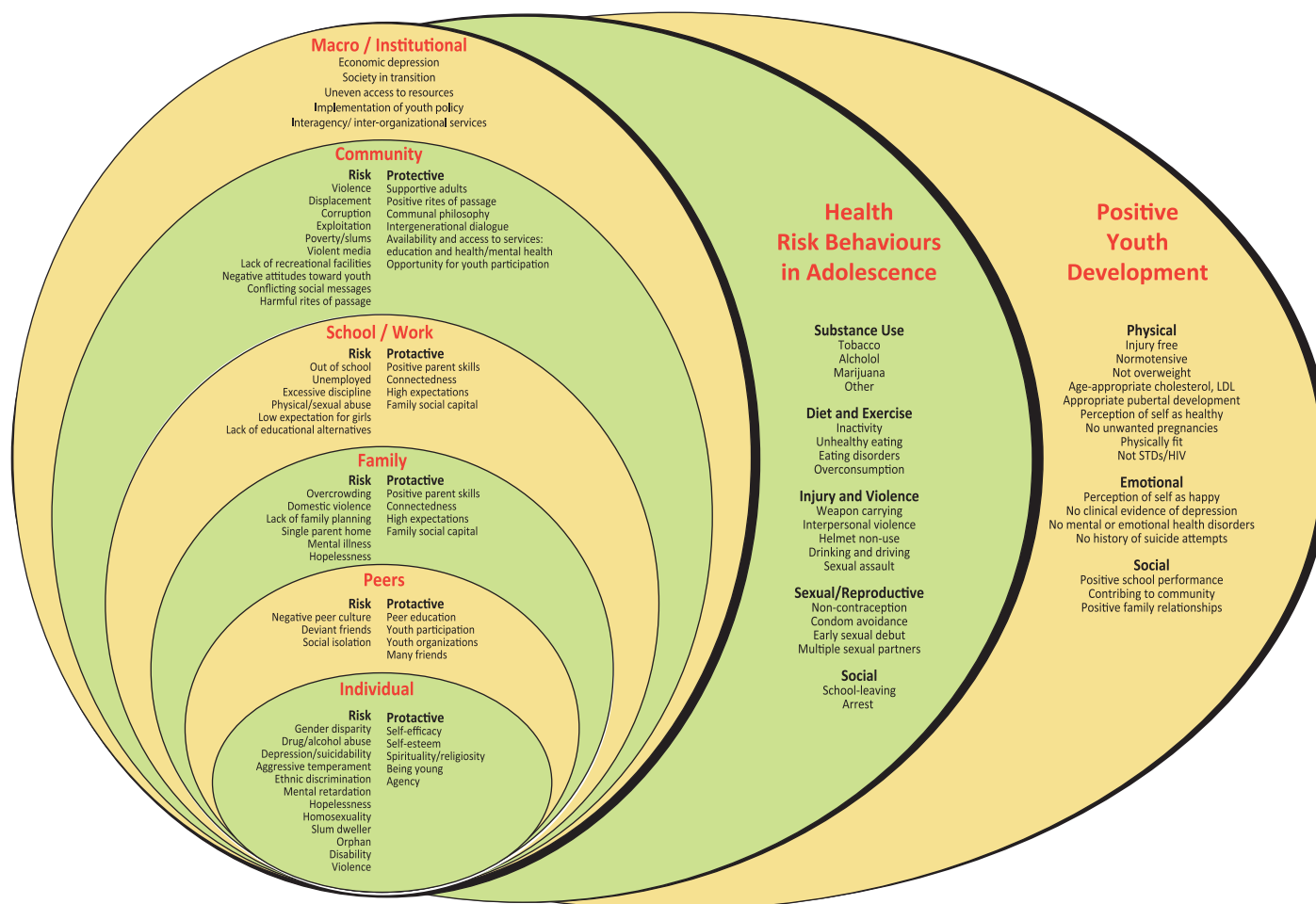


Figure 8. Risks and Protective Factors in Adolescent Reproductive Health - Source:WHO 2005

Lack of knowledge about reproductive health

The International Conference on Population and Development (ICPD, 1994) definition of reproductive health laid strong emphasis on access to information regarding reproductive health of the individuals so that they can take informed decisions regarding reproductive health matters such as use of contraception, number of desired children, pregnancy care or treatment of STI/RTI. However, in reality, *Chilodescents* in India have very limited access to information about reproductive health. Among Chilodescents (15 to 19 years), almost 93% of girls and 94% of boys reported that they were aware about any modern method of contraception. Yet, only 27.1 percent stated that they had used any modern method of contraception (NFHS-4¹⁰⁶). The survey also revealed that the level of information adolescents have about HIV/AIDS was disheartening, with 18.5 percent girls and

28 percent boys (15 - 19) reporting comprehensive knowledge about HIV/AIDS.

Limited sources of information

School or health personnel should ideally be the authentic sources of information in context of reproductive health for the *Chilodescents*. In reality that role is being played by popular media. In NFHS-4¹⁰⁷, Television was the commonest source of information, reported by more than 50 percent *Chilodescents*, closely followed by hoardings or wall - painting. This indicates both discomfort within *Chilodescents* to be able to open up to people in authority with their most personal, sensitive queries; as well as the inability of people holding such roles to add the construct of adolescent health information provisioning to their self - role perception.

106 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

107 ibid

Discomfort in holding discussions with *Childescents*

In addition to the above, it is often seen that there is discomfort among parents or teachers or health workers to discuss sex and sexuality related issues with *Childescents* especially if they are not married. There is an unfounded fear that if children are told about the matters related to sexual health, it will encourage them to initiate sexual activities. In contrast, existing research indicates the usefulness of sexuality education in delaying sexual activity onset, reducing high - risk or unprotected intercourse and multiple partners while simultaneously increasing safe sex practices and contraceptive use (Khanna and Ravindran 2015¹⁰⁸).

Also, there is a possibility that the parents themselves may not have access to accurate or scientific information about issues such as contraceptives, RTIs or fertility related issues. In absence of authentic sources of information, many a times *Childescents* rely on their peers for discussing these issues and thus may not be able to get proper information.



Providing correct knowledge and information through counselling services is a critical component of the Rashtriya Kishor Swasthya Karyakram (RKSK). However, a recent study¹⁰⁹ analysed the perspectives of various health care providers (including ASHAs, ANMs, MOs and counsellors) on adolescent health services. Of those trained in providing services to adolescents, the training components had limited focus on communication skills and engaging with *Childescents* and youth on sensitive matters, especially in context of interactions with opposite - sex. Consequently, field personnel

such as ASHAs and ANMs were ill - equipped to engage with unmarried *Childescents* boys and medical officers, with girls respectively.

Discomfort in talking about sexual health matters persisted, resulting in inadequate passage of information to the *Childescents*. While most providers agreed with the need to provide information about physical maturation, menstruation, body image, and sexual exploration prior to entering puberty and especially marriage, most of them felt that the opportunities to do so were limited. *Childescents* often came for services and support post incident, and rarely to seek information about safe practices prior to engaging in pre marital sex. Finally, very few of the care providers' extended contraceptive support to unmarried *Childescents* though majority did so for their married counterparts (Jejeebhoy, Santhya and Singh et al. 2014¹¹⁰).

Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A) Strategy

The RMNCH+A strategy (2013) seeks to address causes of maternal and child mortality with an emphasis on establishing the 'continuum of care', which includes integrated service delivery in various life stages including the childhood, adolescence, pre-pregnancy, childbirth and postnatal period, and throughout the reproductive age. The services are available at community / family level, sub-centres, primary, secondary and tertiary levels of care. Priority interventions for each life stage as per the RMNCH+A Strategy Document (2013) released by the Ministry of Health & Family Welfare are enlisted below-

Priority Interventions for adolescents-

1. Adolescent nutrition; iron and folic acid supplementation
2. Facility-based adolescent reproductive and sexual health services (Adolescent health clinics)
3. Information and counselling on adolescent sexual reproductive health and other health issues
4. Menstrual hygiene
5. Preventive health checkups

Priority interventions for pregnancy & child birth

1. Delivery of antenatal care package and tracking of high-risk pregnancies
2. Skilled obstetric care
3. Immediate essential newborn care and resuscitation
4. Emergency obstetric and new born care
5. Postpartum care for mother and newborn
6. Postpartum IUCD and sterilisation
7. Implementation of PC & PNDT Act

Contd..

108 Khanna, R. and T. K. Sundari Ravindran (2015). An Advocates' Guide for Monitoring Rights-Based Provision of Contraceptive Information and Services in India, SAHAJ and CommonHealth, March 2015

109 Jejeebhoy, S. J., K. G. Santhya, S. K. Singh et al. 2014. Provision of Adolescent Reproductive and Sexual Health Services in India: Provider Perspectives. New Delhi: Population Council.

110 ibid

Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A) Strategy

Newborn & Child care Priority Interventions

1. Home-based newborn care and prompt referral
2. Facility-based care of the sick newborn
3. Integrated management of common childhood illnesses (diarrhoea, pneumonia and malaria)
4. Child nutrition and essential micronutrients supplementation
5. Immunisation
6. Early detection and management of defects at birth, deficiencies, diseases and disability in children (0–18 years)

Priority Interventions for adolescents and adults in the Reproductive Age Group

1. Community-based promotion and delivery of contraceptives
2. Promotion of spacing methods (interval IUCD)
3. Sterilization services (vasectomy and tubectomy)
4. Comprehensive abortion care (includes MTP Act)
5. Prevention and management of sexually transmitted and reproductive infections (STI/RTI)

Accessing Adolescent Friendly Health Services (AFHS)

Availability of AFHS

Existing research on barriers faced by young people in accessing health care have focused on the availability, accessibility, acceptability, and equity of health services (Tylee et al., 2007¹¹¹). Considering the specific health needs of adolescents, especially in the area of adolescent reproductive and sexual health (ARSH), Government of India prioritized the setting up of adolescent friendly health clinics as part of RCH II under the umbrella of National Rural Health Mission. However, until 2011, ARSH clinics (both separate and operational from existing health centres) were functional in few spaces, estimated at around 70 District Hospitals, 242 CHCs and 846 PHCs¹¹². Clearly, these clinics are too few and may not be distributed uniformly across the country. At some places, there may be a standalone ARSH clinic, whereas, in other places, the clinics may be merged with existing services and hence fail to provide the full scale of services desired from Adolescent Friendly Health Services.^{113 114 115 116} Even the presence of the ARSH facility may lead to concern over non-availability of health providers, leading to few adolescents accessing services.

Adolescent Sexual and Reproductive Health (ARSH) Strategy

The ARSH Strategy was brought in to improve health service delivery for adolescents and influence health-seeking behavior of adolescents. It was conceptualized under RCH II but as on January 2014, was subsumed under Rashtriya Kishor Swashtya Karyakram with a target to reach out to 253 million adolescents across the country. Implementation guide on RCH II ARSH Strategy enlists the following as part of the core package of services in selected districts at Primary, Secondary and Tertiary levels of care-

Promotive Services:

Focused care during the antenatal period
Counselling and provision for emergency contraceptive pills
Counselling and provision of reversible contraceptives
Information/advice on SRH issues

Preventive Services:

Services for Tetanus Immunization
Services for Prophylaxis against Nutritional Anaemia
Nutrition Counselling
Services for early and safe termination of pregnancy and management of post abortion complications

Curative Services:

Treatment for common RTIs/STIs
Treatment and counselling for menstrual disorders
Treatment and counselling for sexual concerns of male and female adolescents
Management of sexual abuse among girls

Referral Services:

Voluntary Counselling and Testing Centre
Prevention of Parent To Child Transmission

Outreach Services:

Periodic health check ups and community camps
Periodic health education activities
Co-curricular activities

Accessibility of AFHS

Though AFHS services may be available, *Childescents* may face issues related to accessibility of services. In spite of a clinic being present in a specific location, *Childescents* may not be able to access health services, including both maternal and reproductive health services. The issues impacting accessibility may be related to financial cost of service (private vs. public), lack of awareness about

111 Tylee, A., Haller, D. M., Graham, T., Churchill, R., & Sancu, L. A. (2007). Youth-friendly primary-care services: how are we doing and what more needs to be done?. The Lancet, 369(9572), 1565-1573.

112 FOGSI (2011) Guidelines for establishing "Adolescent Friendly Health Centers"

113 McIntyre, P. (2002). Adolescent friendly health services: an agenda for change. WHO/FCH/CAH/02.14© World Health Organization October 2002

114 World Health Organization. (2012). Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services.

115 Santhya, K. G., Prakash, R., Jejeebhoy, S. J., & Singh, S. K. (2014). Accessing adolescent friendly health clinics in India: The perspectives of adolescents and youth.

116 Dixit, G. T., Jain, S., Mansuri, F., & Jakasania, A. (2017). Adolescent friendly health services: where are we actually standing?. International Journal of Community Medicine and Public Health, 4(3), 820-824.



existing services, or inability of the *Chilodescents* to reach AFHS services due to stigma or suppressed mobility especially for girls.

Acceptability of ARSH

This is one of the most prominent reasons for low uptake of the service by *Chilodescents*. Fear of being recognized, fear of parents/ guardians coming to know (lack of confidentiality) are especially true in rural area where service provider or counsellor may be from the same vicinity (Kumar, Yadav and Pandey, 2015¹¹⁷). In one study, it was found that parental consent was required to access services (Yadav et al., 2009¹¹⁸). Again, it is commonly seen that in PHCs, often ARSH and HIV counsellors sit in the same cabin, which compromises privacy and confidentiality (RKSK). *Chilodescents* may also be sensitive about existing clinics not being staffed by user friendly and competent service providers. Even qualified service providers may often not be trained to communicate effectively with *Chilodescents*; or, they may not be sensitive enough to handle concerns of *Chilodescents*. For instance, in a recent study, out of 44 doctors interviewed, only 3 had received formal training about adolescent health and adolescent friendly health services (Sujindra and Bupathy, 2017¹¹⁹). Additionally, as mentioned previously, since sexual activity among unmarried continues to attract social stigmas, there may be restrictions on *Chilodescents* for accessing contraception or abortion related services.

Most vulnerable segment remains untouched

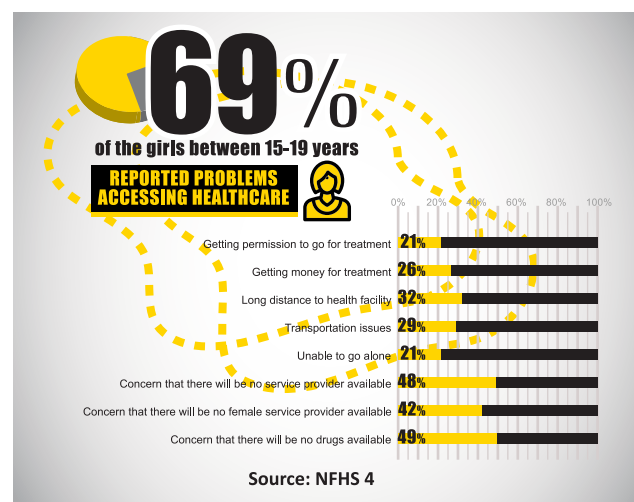
The equity related barrier for *Chilodescents* accessing reproductive and sexual health services is relevant especially in policy making context. For instance, *Chilodescents* who are most vulnerable to being affected by STIs and HIV do not have access to contraceptives. In case of married *Chilodescent* girls who become pregnant, they

do not receive the full set of antenatal and postnatal care services. One of the major challenges for this age group is that the Government programs like Janani Suraksha Yojana (JSY) has an inbuilt cut off of 18 years as eligibility criteria for receiving benefits of the scheme, thus these *Chilodescents* are not able to avail the services under the scheme. Many a times, since families are aware about the cut off, there is also false reporting about the age and minor girls also get reported as girls above 18 years making it difficult to estimate the exact proportion of vulnerable *Chilodescents*. This also impacts quality of post natal care services, since a significant proportion of *Chilodescents* deliveries may be home based and handled by informal health care providers.

Poor provisioning of services

Sometimes, facility presence may not lead to actual provisioning of specific services, for instance in case of contraceptives. At the ground level evidence has indicated that the public health system offers very limited choices of contraceptives. The thrust of the public health system is often on permanent methods of contraception i.e. sterilization, hence other contraceptive methods more conducive to the needs of *Chilodescents* and young adults are not adequately promoted by the system.

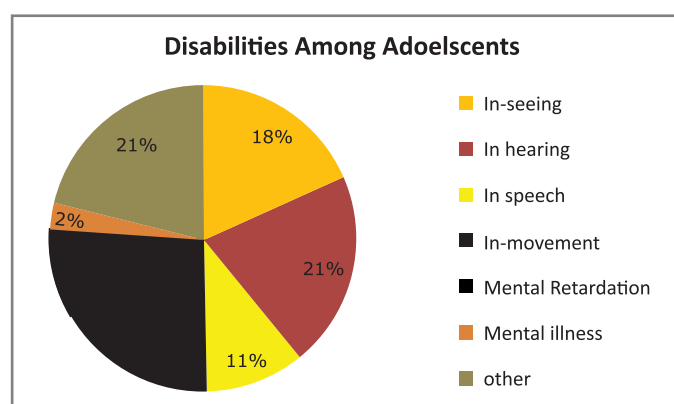
Overall then, *Chilodescents* face multiple problems in accessing healthcare as seen in the figure below that specifically details girls' access to healthcare. In addition to specific issues of access, distance, confidentiality, competence of personnel and availability of equipment and medicines, girls' face additional limitations such as those of mobility, transportation, permission and control over their whereabouts and financial limitations.



- 117 Kumar, D., Yadav, R. J., & Pandey, A. (2015). EVALUATION OF ADOLESCENT FRIENDLY HEALTH SERVICES (AFHS): CLIENTS'PERSPECTIVES. *International Journal of Current Research and Review*, 7(16), 34.
- 118 Yadav, R. J., Mehta, R., Pandey, A., & Adhikari, T. (2009). Evaluation of Adolescent-Friendly Health Services in India. *Health and Population: Perspectives and Issues*, 32(2), 96-104.
- 119 Sujindra, E., & Bupathy, A. (2017). Adolescent friendly health services: perceptions and practice of medical professionals. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 5(9), 2968-2972.

Childescents and Disability

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others¹²⁰. As per 2011 Census of India, 2011¹²¹, there are about 0.5 million adolescents suffering from some or the other form of disability, of which about 10% suffer from multiple disabilities.



Specific age-segregated data on *Childescents* is not available. A Study found that 30% of all street children have some type of disability, and that 90% of all children with disabilities in the developing world are still not in school¹²². Adolescents and young people with disabilities are amongst the most marginalised and poorest of the world's youth. They are routinely excluded from most educational, economic, social and cultural opportunities. The number of young people with disabilities is likely to increase in most developing countries due to advancements in medical sciences which improve survival rates and increase life expectancy among young people disabled through congenital disorders, illness or accident (UNICEF 2013¹²³).

Both prevention and management of disability are core issues in general in access to health. It is difficult to separate the interventions that are disability-specific from those that are related to health of the population in general. The critical periods for onset of disabilities such as locomotor disabilities, speech disabilities and mental disabilities is early childhood. For mental illness, adolescence and early adulthood are key. Early motherhood (during adolescence) along with limited access to health services increases the chances of disabilities in newborns

such as cerebral palsy, Attention Deficit Hyperactive Disorder (ADHD) and learning disabilities as compared to children born to women above the age of 20 years. Given widespread cases of adolescent anemia, malnutrition and vitamin deficiencies, the risk of young mothers having children with disabilities is higher since they are more likely to have pre-term and / or low birth weight babies, exhibit poor Infant and Young Children Feeding practices and so on. Thus one may conclude that a large proportion of disabilities in India can be prevented especially those related to maternal age, her health and nutrition status, and access to quality ante-natal and post-natal care for mother and child.

Vulnerabilities of *Childescents* with disabilities

The *Childscent* with disability is far more vulnerable than hisable-bodied counterparts. The complex interplay of gender, poverty, access to basic services and support structures available to their caregivers further adds to their vulnerability.

Poverty

There is a growing body of evidence that establishes linkages between disability and poverty. Poverty here includes multi-dimensional aspects such as access to health care, nutrition, safe housing, safe drinking water & sanitation, safety on roads, in schools and in workplaces. Thus, Poverty is both a cause and a consequence of disability- people experiencing poverty are more likely to be disabled; A *Childscent* who is born with a disability or who becomes disabled often faces social marginalisation and has significantly less chance of accessing health care, education, or employment leading to poverty, which in turn results in restricted access to safe housing and food, health care and so forth.

Care facilities and Instituional Support to care-givers of *Childescents* with Disabilities

Most *Childescents* with disabilities and their families are seen with eyes of pity. Social support for families raising *Childescents* with disabilities is limited. In addition, there are very few institutional mechanisms available to support caregivers of *Childscent* that could assist them with information on specific requirements of *Childescents*- This could be improved through helping *Childescents* on self care especially girls on safe health &

120 As defined in UN Convention on the Rights of Persons with Disabilities (UNCPRD) and the Rights of Persons with Disabilities Act, 2016

121 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

122 Poverty and disability- a critical review of the literature in Low and Middle-Income Countries (2011) Working Paper Series; Nora Groce,*Gayatri Kembhavi, Shelia Wirz, Raymond Lang, Jean-Francois Trani, Maria Kett

123 UNICEF (2013) Children and Young People with Disabilities Fact Sheet. UNICEF, New York, USA

hygiene practices, protection and reporting of violence and abuse, managing aggressive behaviour, socialization.

While each *Childescent* has the right to grow up in a family environment, abandonment is a huge area of concern for *Childescents* with severe or multiple forms of disabilities. There are very few institutions in the country which are equipped with the appropriate infrastructure and trained personnel to take care of *Childescents*. This leads to serious consequences for their health and education status. Statistics show that *Childescents* with disabilities are three times more likely to experience violent victimization¹²⁴.

Gender

Childescents girls with disabilities are far more vulnerable than boys when it comes to access to health and education services. A study undertaken by the Human Rights Watch across 6 major cities in India found that *Childescent* girls with intellectual and cognitive disabilities were far more likely to be institutionalised. Given the conditions of these institutions, many of them underwent forced Electroconvulsive treatment (ECT), forced medication and physical, verbal and sexual abuse. While facing serious forms of abuse, what is most unfortunate is the fact that most of them have almost no access to justice and are completely unaware of their rights and entitlements¹²⁵.

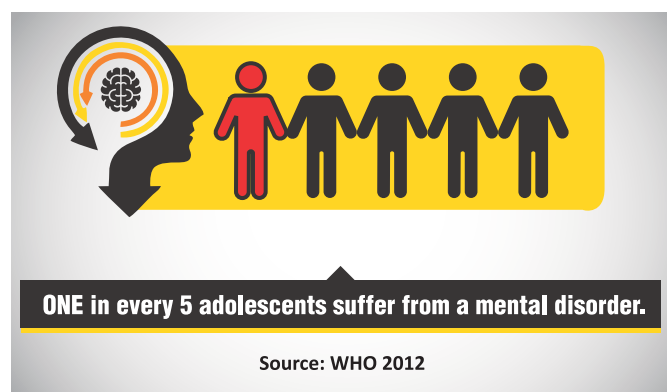
Identity and sexuality of *Childescents* with disabilities

Studies have shown that disability affects self-esteem in *Childescents* with regard to social, athletic, and academic competence as well as romantic appeal¹²⁶. In addition to constraints imposed by disability, cultural practices, gender, socialization, interactions with caregivers, socio-economic backgrounds play a significant role in crystalising the sense of self and sexuality among *Childescents* with disability. Poverty, discrimination, social isolation also contribute to shaping experiences of sexual desire and desirability or the lack of it. In most cultures, the pleasure associated with sexual intimacy is both decried and denied. In addition, *Childescents* with disabilities are systematically denied access to knowledge about sexuality,

sexual behaviour and services as part of our mainstream programmes on adolescent empowerment¹²⁷.

Mental Health Concerns during *Childescent* years

Across the world, recent estimates show that nearly 45 percent of the global burden of disease in adolescents (10 - 24 years) was contributed by mental disorders¹²⁸. There is substantial evidence establishing that a majority of mental health conditions manifest in adolescence¹²⁹. At the same time, research also shows that in a significant proportion of cases, brief episodes of mental disorders during this period may not translate into similar events in young adulthood (i.e., successful resolution during adolescence ensures that such disorders are limited to Childescence) (see Patton et al., 2014¹³⁰)



The transition phase has always played an important evolutionary role in human life. It is a preparatory phase for adulthood when skills associated with independent living are developed. Often an inability to find one's bearings, both as an individual and as a social being are at the root of major mental health concerns, including suicide and self-harm. Other risk factors include family violence, urbanization, lack of social support, isolation from peers, and obstacles to educational

124 <https://www.endabusepwd.org/problem/alarmed-rates/>

125 Human Rights Watch (2014), Treated Worse than Animals: Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India

126 Adamson, L (2003) Brief Report: Self Image, Adolescence and Disability, American Journal of Occupational Therapy 57, 578-581

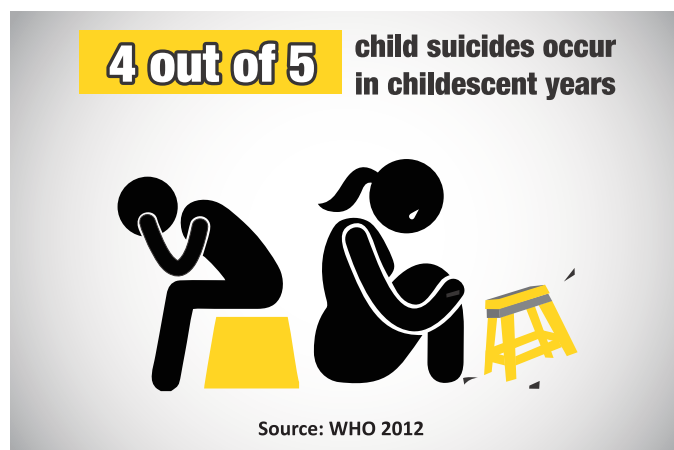
127 Murphy, N, Young P.C. (2005) Sexuality in Children and Adolescents with disabilities, Department of Pediatrics, University of Utah, Salt Lake City, Utah, USA

128 Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S. J., Dick, B., Ekeh, A. C., & Patton, G. C. (2012). Adolescence: a foundation for future health. The Lancet, 379(9826), 1630-1640.

129 Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., ... & Kakuma, R. (2016). Our future: a Lancet commission on adolescent health and wellbeing. The Lancet, 387(10036), 2423-2478.

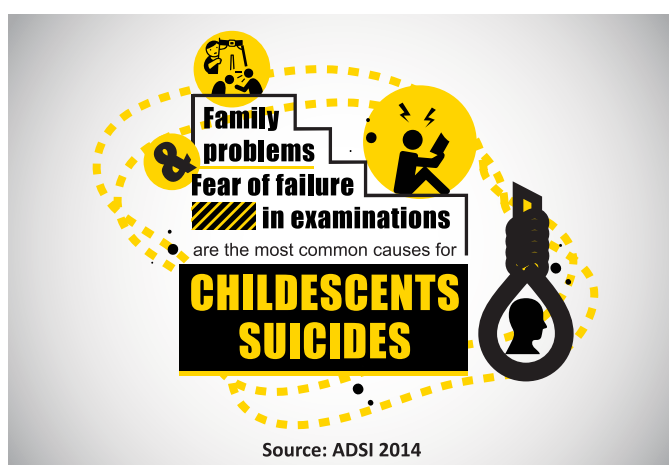
130 Patton, G. C., Coffey, C., Romaniuk, H., Mackinnon, A., Carlin, J. B., Degenhardt, L., ... & Moran, P. (2014). The prognosis of common mental disorders in adolescents: a 14-year prospective cohort study. The Lancet, 383(9926), 1404-1411.

attainment and economic development (see Patel et al., 2007¹³¹). Complementarily, researchers have also found evidence of the positive impact of social capital at both family and community level on mental health outcomes for both children and adolescents¹³².



Depression and Suicides among *Childrescents*

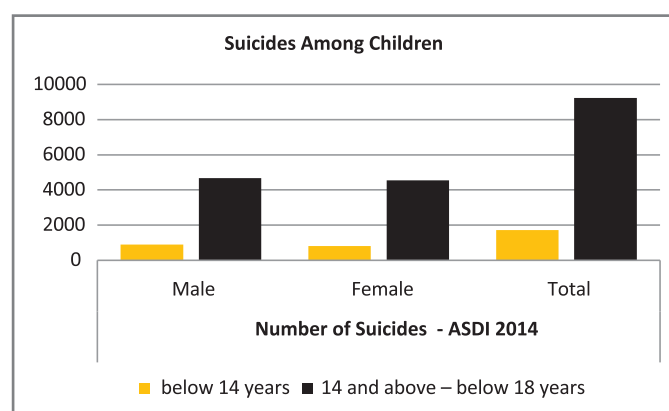
According to Census of India 2011¹³³, half a million children between 10-19 years were suffering from mental disorders. The National Mental Health Survey (2016) conducted in India has shown that the prevalence of mental disorders in age group 13-17 years was 7.3%. There were no gender based differences in the prevalence rates though urban area prevalence was higher than



rural areas. The survey revealed that the highest prevalence rates were for disorders related to the family of depressive disorders including Depressive Episode & Recurrent Depressive Disorder, and anxiety disorders including Agoraphobia, Phobic anxiety disorder and Psychotic disorder (NMHS, 2016¹³⁴).

Studies from India have indicated varying estimates of prevalence of depression among adolescents going up to 18.5 percent¹³⁵. It is seen that adolescent depression interferes with emotional, social, and academic functioning and is one of the important reasons behind school absenteeism, educational under achievement, substance abuse and suicidal behaviour. Globally depression is the third important cause of disease in this age group (WHO, 2017).

Brain studies among adolescents show that although they are capable of making rational decisions; in an emotionally charged situation, their brain is prone to making irrational emotional decisions. The number of suicides in children increases exponentially after the age of 14 and *Childrescents* account for 84 percent of all suicides¹³⁶ in children yet this issue is clearly under-acknowledged by the Government and society alike.



Graph 20. Suicides in Children by Age¹³⁷

131 Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), 1302-1313.

132 McPherson, K. E., Kerr, S., McGee, E., Morgan, A., Cheater, F. M., McLean, J., & Egan, J. (2014). The association between social capital and mental health and behavioural problems in children and adolescents: an integrative systematic review. *BMC psychology*, 2(1), 7.

133 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

134 National Institute of Mental Health and Neuro Sciences Bengaluru (2016), National Mental Health Survey, 2015-2016

135 Sunitha, S., & Gururaj, G. (2014). Health behaviours & problems among young people in India: Cause for concern & call for action. published in *The Indian journal of medical research*, 140(2), 185

136 Accidental Deaths and Suicides in India, National Crime Records Bureau, 2014

137 ASDI 2015 data was inaccessible despite being released at the time of this report

Why depression and suicide happens

Globally self-harming behaviour, including suicide is the third leading cause of death in older adolescents (15-19 years). Sivagurunathan et al. in their study in 2015 mentioned that 40 percent of suicides in India occur during this transition phase¹³⁸. A study by Aaron et al confirms that family conflicts, domestic violence, poor school achievement, failure in love relationship/ hopes and mental illness were some of the factors behind suicides among young people (Aaron et al, 2004¹³⁹). Rapid changes in the social structures due to globalization have also been found as contributing to increase in mental health problems among youth.

DECIDE. COMMIT. SUCCEED

Fall seven times, stand up eight

-Japanese Proverb

Sunitaben, a 15 year old girl, lived with her family in Gujarat and was appearing for SSC (Secondary Board Examinations) that year. Being a bright child, Sunita's parents had high expectations from her for her board exam results.

However, destiny had something else in store for Sunita. Not only her, but her parents and family members were shattered to know that Sunita had failed in her exams. Heart-broken and thoroughly disillusioned with life, Sunita dropped out of school. Her parents, who too had lost all hopes, became disinterested about her continuing her education. Often, out of sheer distress, they would question her about her failure despite being a smart and hardworking student. They also taunted her saying it would have been better had she not taken up studies at all. Sunita was distraught because not only did she have to deal with the anguish of failing the exam but also had to go through the agony of dealing with her parents' harsh demeanour towards her.

Gram Swaraj Sangh (GSS), a CRY-supported child education project that works in vands (hamlets) of Kutch to ensure education of the marginalized children, got in touch with Sunita and started motivating her to pursue her education again. They instilled hope in her by slowly convincing her that failing once does not necessarily mean the end of everything.

GSS convinced her parents about the importance of education in one's life and also about how encouragement to children is crucial in improving their self-confidence and helping them succeed. They also inculcated a lot of confidence in her. This helped her decide to appear for her exams again. She rejoined her studies, struggled, studied hard and gave her best.

Sunita was ecstatic to know that she had passed her examination. In doing so, she became the first girl in her vand to be studying in Class 11. Currently she is continuing her education in Saraswati Vidyalyay and intends to pursue a diploma course after that.

In addition, recent ADSI data (2014¹⁴⁰) reveals that illnesses, family problems, failure in examinations and matters of love were the four major reasons behind suicides amongst *Childescents*. Problems appear greatly magnified to the Childescent brain which is probably in its most vulnerable state during a person's lifetime.

Childescents are in the state where they are fraught with several questions regarding the internal changes that are taking place within their bodies such as opposite sex attraction or the urge for experimentation. Parents are an important source of information in this phase. However, it is seen that sensitive topics like love affairs or queries around sexual relationships are rarely discussed with parents. *Childescents* often accept peer group as the only avenue where they can discuss such sensitive issues. Thus lack of spaces for communication with parents/ counsellors, peer group rejection, and feelings of isolation/ being unwanted are some of the factors that make *Childescents* vulnerable to depression.

Family structure also plays an important role in defining the mental health status of the *Childescents*. In a recent study, the authors studied the impact of family structure on social and emotional maturity of adolescents. The authors stated that respondents staying in a joint family situation scored better in individual, interpersonal and social adjustment and were also better in context of emotional maturity in comparison to those from nuclear families. (Singh et al 2014¹⁴¹). Also, they showed higher emotional stability, emotional progression, social adjustment, personality integration and independence component of emotional maturity than those from nuclear family.

Education system - absence of life-skill education: One of the important roles of education system is to equip the students for managing their emotions and also to equip them with life skills like decision making, anger management, handling peer pressure and developing healthy interpersonal relationships. However given the school drop-out rate for children in this age group, a large percentage miss getting trained on these aspects. In schools following some semblance of life - skill education programme, structuring the programme and implementation in the face of multiple pressures remains an area of concern. Since most schools have not given serious thought to imparting life

138 Sivagurunathan, C., Umadevi, R., Rama, R., & Gopalakrishnan, S. (2015). Adolescent health: Present status and its related programmes in India. Are we in the right direction?. Journal of clinical and diagnostic research: JCDR, 9(3), LE01.

139 Aaron, R., Joseph, A., Abraham, S., Muliylil, J., George, K., Prasad, J. & Bose, A. (2004). Suicides in young people in rural southern India. The Lancet, 363(9415), 1117-1118.

140 Accidental Deaths and Suicides in India, National Crime Records Bureau, 2014

141 Singh, R., Pant, K., Laitonjam, V. (2014). Impact Analysis: Family Structure on Social and Emotional Maturity of Adolescents, Anthropologist 17(2), 359-365

skills to the students, those children who are attending school are also not learning important skills such as handling stress, handling peer pressure or decision making.

Dependence on Technology: A very important influential factor on mental health of *Childescents* is information overload due to use of mobile technology. Meta-analysis of studies conducted in India looking at smart phone addictions among teenagers revealed that around 39 to 44 percent of teenagers were found to be addicted to Smartphone usage. A person may be said to be addicted or dependent when he/she is continuously using something for the sake of relief, comfort, or stimulation, which often causes cravings when it is absent. This addiction for phones has significant impact on their interpersonal communication skills. A new mental health condition emerging rapidly is defined as nomophobia or a fear of being without ones' phone. It is feared that overuse of Smartphone may lead to increase in stress, anxiety, depression, insomnia and aggressiveness. Online social networking has been identified as an important reason behind feeling of loneliness among *Childescents*. Often it is seen that social media sites such as Facebook become a place for bullying and stalking leading to mental harassment (Davey and Davey, 2014¹⁴²).

There is a vicious cycle between poor mental health and its outcomes. Due to poor mental health, the child emotional, social and academic functioning gets compromised, which further leads to overall poor performance which further aggravates depression, thus it becomes very important to break this vicious cycle and provide timely access for treatment of depression.

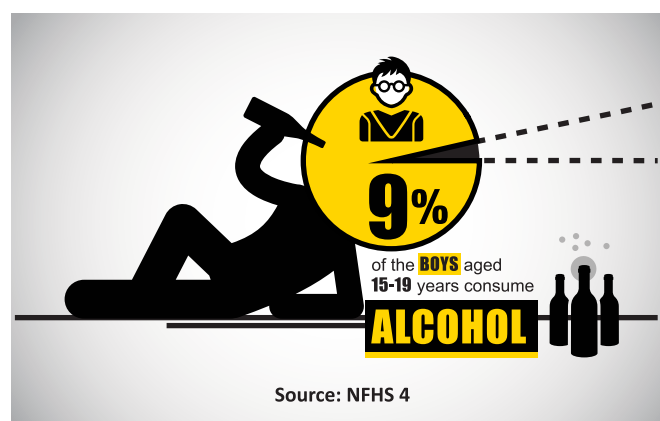
Substance Abuse

Tobacco and alcohol are easily accessible, affordable and appear to be a popular recreation among *Childescents*. Cheaper variations of alcohol, intoxicants and narcotic substances are likely to contain harmful adulterations which pose a further threat to their health. Long term alcohol consumption has serious health impacts like damage to liver or pancreas, but occasional alcohol consumption may also sometimes lead to development of alcohol tolerance, due to which body gets used to higher and higher doses of alcohol without suffering from

immediate side effects like hangover, nausea or vomiting, as well as leading to alcohol addiction. A risky association is that of rash driving under the effect of alcohol, which can be fatal as well. Apart from access, there are push factors that influence usage such as stress, peer-pressure, lack of impulse control, and propensity towards novelty, excitement, risk-taking and arousal. Besides tobacco and alcohol, a variety of other substances may be used to get intoxicated. Some common methods are inhalation of petrol, glue or adhesives, ingestion of pain killers and cough syrups or injecting drugs and opioids.

It is seen that tobacco consumption is quite common among *Childescents*, which can start as early as by the age of 10 years. Data on illicit drug use (i.e., the four drug classes of opioids, amphetamines, cocaine, and cannabis in India is highly scarce, as is the case with major developing countries (Degenhardt and Hall, 2012)¹⁴³.

In recent years, as shown by the evidence from NFHS-4¹⁴⁴ across India, trends in alcohol and drug use have shown a decline. From the third to the fourth round of NFHS¹⁴⁵, a marked decrease has occurred in the percentage of boys and girls who reported consumption of alcohol or tobacco. 18.5% of boys and 1.6% of girls in the age group 15 to 19 years reported about consumption of tobacco in some or the other form. Cigarette smoking was reported by 6.5 percent of boys and 2.8% reported use of bidi.



It is heartening to see that more than one-fourth (27.2% girls and 30% boys) in this age group tried to stop smoking in the

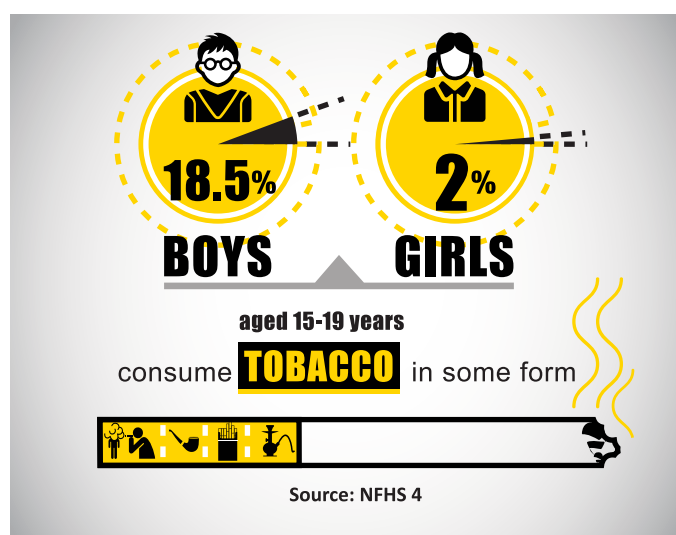
142 Davey, S., Davey, A. (2014). Assessment of Smartphone Addiction in Indian Adolescents: A Mixed Method Study by Systematic-review and Meta-analysis Approach. *Int J Prev Med.* 2014 Dec; 5(12): 1500-1511

143 Degenhardt, L., & Hall, W. (2012). Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *The Lancet*, 379(9810), 55-70.

144 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

145 IIPS & ICF, (2005-06). National Family Health Survey (NFHS-3), 2005-06, International Institute for Population Sciences, Mumbai, India

period preceding the survey. Global Adult Tobacco Survey (GATS) 2016-17¹⁴⁶ report reveals that visual warning on cigarette packets (85% pack warning on cigarette packets) is effective with 62% of cigarette and 54% of bidi smokers think about quitting. Regarding alcohol, 0.5% girls and 8.9% boys reported consumption of alcohol in this age group (NFHS-4¹⁴⁷).



Factors associated with substance abuse

Substance abuse and mental health problems are interlinked. It is observed that substance abuse is common among people who are suffering from depression. Also because substances like alcohol impact central nervous system, its consumption leads to symptoms like lethargy, feeling of hopelessness. Also, persons suffering from depression often resort to alcohol and other mood elevating substances.

Similarly peer and joint experimentation among peers is common and a significant number of *ChilDESCENTS* get exposed to multiple types of substances and may become habituated. Studies have shown that sibling's substance use increases the likelihood of substance use among *ChilDESCENTS* (Agrawal and Lynskey 2008, cited in Hernandez, Alma, Araiza, Michelle 2014¹⁴⁸). Similarly, poverty, unemployment, also act as stressors for children and push them towards substance abuse.

Stress has been identified as an important factor increasing vulnerability to addictions. Use of mood-altering substances are seen as an accepted coping strategy for managing stress. Since, this age group is going through a transition phase, family troubles such as death, domestic violence and separation, dysfunctional relationships including emotional neglect and abuse, unavailability of parents and lack of familial support and parent - child communication, and single parenthood could be the circumstances creating stress. Research studies also suggested that these factors influence the *ChilDESCENTS* in their transformation stage with increased risk of substance abuse (Sinha, 2008¹⁴⁹). Stress may also be on account of poor performance in schools, dysfunctional peer groups or other social adjustment issues.

Hormonal changes: Besides testosterone and estrogen, there are two other important hormones which alter the behavior of *ChilDESCENTS*. First one is melatonin, which regulates the sleep cycle. There is delay in rise of melatonin levels among *ChilDESCENTS* thus they prefer to sleep late and wake up late. The second hormone is Cortisol, also known as stress hormone. Thus, if the *ChilDESCENT* is in a stressful situation, his/her ability to function logically gets reduced.

Risk taking behaviours: Erikson (1968 cited in Hernandez, Alma, Araiza, Michelle 2014¹⁵⁰) in his 'stages of development' suggests that the period of adolescence comprises of the "Identity vs. Role Confusion" stage. Thus, *ChilDESCENTS* are prone to engaging in risky behaviors in order to establish their identity. For *ChilDESCENTS*, short term rewards or the feeling of pleasure derived from these substances is more appealing than the potential long - term negative consequences of these substances. Further, limited capacity to control impulses further increases *ChilDESCENTS'* propensity for risk taking (Iacono, Malone, & McGue, 2008¹⁵¹). Research on neurobiological development of *ChilDESCENTS* reveals that enhanced risk taking may stem from the associated gains with garnering novel experiences. Since *ChilDESCENTS* keenly perceive feeling of elation from such novel experiments, they are more open to experimental behaviour and may slowly get habituated. Although adolescence is a healthy age group, given their penchant for experimentation, they are significantly vulnerable to substance abuse.

146 Global Adult Tobacco Survey, World Health Organisation. (2016-17)

147 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

148 Hernandez, Alma Elizabeth and Araiza, Stephanie Michelle, "Beliefs About Substance Abuse Among Adolescents: What Works?" (2014). Electronic Theses, Projects, and Dissertations. Paper 61

149 Sinha, R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the new York Academy of Sciences*, 1141(1), 105-130.

150 Hernandez, Alma Elizabeth and Araiza, Stephanie Michelle, "Beliefs About Substance Abuse Among Adolescents: What Works?" (2014). Electronic Theses, Projects, and Dissertations. Paper 61

151 Iacono, W. G., Malone, S. M., & McGue, M. (2008). Behavioral disinhibition and the development of early-onset addiction: common and specific influences. *Annu. Rev. Clin. Psychol.*, 4, 325-348.

Peer influence: Peer influence and social conformity also impact risk taking behaviour (Doremus-Fitzwater, Varlinskaya, Spear, 2010¹⁵²). The *Childescents* have a strong acceptance need with respect to their peer group and may act as a driver for starting to indulge in substance abuse. Misconceptions suggesting smoking to be an indicator of macho behaviour also act as a factor for early entry into such behaviours as a way to impress friends. Use of these substances is also reported for overcoming shyness and gaining acceptance by the friends (Population council and UNICEF, 2013¹⁵³). Similarly, researchers have found evidence of association between the experience of bullying and substance abuse. (Wallis, 2010 cited in Hernandez, Alma Elizabeth and Araiza, Stephanie Michelle, 2014¹⁵⁴).

Nutrition

To understand the level of hunger globally, International Food Policy Research Institute (IFPRI), developed Global Hunger Index (GHI), which comprehensively measures hunger and four of its associated factors by country and region every year. Under-nutrition is one of the four pillars of the GHI. The GHI Report 2017 revealed that India stood at 100th rank, which places her in the highly vulnerable category among 119 countries with serious threats on the health and well being of her population.

Nutritional status works as backbone of the individual health. Proper nutritional food intake transforms individual into healthy wellbeing and it becomes highly critical in the *Childescence* phase due to the growing needs of the individual. Adolescence is considered to be the second most critical phase for physical growth in human life, with substantial demands for both nutrients and energy (Story and Stang, 2005¹⁵⁵). It is also seen by some as the last chance to rectify growth lag and nutritional deficiencies that may have occurred during early childhood (Samal and Dehury, 2017¹⁵⁶, Aguayo and Paintal, 2016¹⁵⁷). Additionally, *Childescence* is the phase when the individual's

future foundation is being consolidated. Thus, the foundation needs to be built with proper nutritional status, failing which the next generation would suffer from nutritional lag. Accordingly, evidence suggests that adolescent boys and girls require extra nutrition especially in the phases of rapid growth and development (WHO-adolescent-friendly-health-services-2002)¹⁵⁸.

Nutritional needs during *Childescence*

During adolescence, girls and boys go through different periods of rapid physical growth and maturation, though both face equally sharp nutritional demands during this period. For girls' the advent of menstruation leads to higher iron demands on account of replacement of loss of the micronutrient during monthly cycles. Similarly, due to earlier maturation, protein requirements peak for girls in the 11 to 14 age group, reducing far below when they enter the 15 to 18 age group. On the other hand, peak maturation for boys' occurs later, leading to higher nutritional demands in their case. Owing to the increase in both muscle (more in boys) and fat (more in girls), energy and protein needs are significantly high in this age group, compared to children under 14 years of age or adults.

According to Story and Stang, 2005¹⁵⁹ the nutritional demands during peak growth phase may be two times that required during the overall period of adolescence. Energy demands for this period vary depending upon the physical activity needs of the individual person, his/ her basal metabolic rate, and energy requirement due to ongoing pubertal growth and development. In India, recommended dietary allowances (RDA) have been established for two discrete age and gender groups of *Childescents*: 13 - 15 and 16 - 17, . The recommended dietary allowances (RDAs) as given below are estimates of nutrients to be consumed daily to ensure the requirements of all individuals in a given population are being met (NIN, 2011¹⁶⁰)

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- 152 Doremus-Fitzwater, T. L., Varlinskaya, E. I., & Spear, L. P. (2010). Motivational systems in adolescence: possible implications for age differences in substance abuse and other risk-taking behaviors. *Brain and cognition*, 72(1), 114-123.
- 153 Population Council & UNICEF. *Adolescents in India: a desk review of existing evidence and behaviours, programmes and policies*. New Delhi, ; 2013
- 154 Hernandez, Alma Elizabeth and Araiza, Stephanie Michelle, "Beliefs About Substance Abuse Among Adolescents: What Works?" (2014). *Electronic Theses, Projects, and Dissertations*. Paper 61
- 155 Story, M., & Stang, J. (2005). *Nutrition needs of adolescents. Guidelines for adolescent nutrition services*. Minneapolis, MN: Centre for Leadership, Education and Training in Maternal and Child Nutrition Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, 21-34.
- 156 Samal, J., & Dehury, R. K. (2017). Family impact analysis of mid-day meal (MDM) scheme in India with special focus on child education and nutrition. *Journal of Development Policy and Practice*, 2(2), 151-162.
- 157 Paintal, K., & Aguayo, V. M. (2016). Feeding practices for infants and young children during and after common illness. Evidence from South Asia. *Maternal & child nutrition*, 12(S1), 39-71.
- 158 *Adolescent Friendly Health Services - An agenda for change*, WHO 2002
- 159 Story, M., & Stang, J. (2005). *Nutrition needs of adolescents. Guidelines for adolescent nutrition services*. Minneapolis, MN: Centre for Leadership, Education and Training in Maternal and Child Nutrition Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, 21-34.
- 160 *Dietary guidelines for Indians*, National Institute for Nutrition 2011

The recommended dietary allowance for *ChilDESCENTS* is given in the table below.

Nutrient	13 – 15 girls	13 – 15 boys	16 – 17 girls	16 – 17 boys
Net energy kcal/ day	2330	2750	2440	3020
Proteins Gms / day	51.9	54.3	55.5	61.5
Visible fat g/day	40	45	35	50
Calcium mg/day	800	800	800	800
Iron mg/day	27	32	26	28
Source: Dietary guidelines for Indians, NIN, 2011				

Table 16. Recommended Dietary Allowance for *ChilDESCENTS*

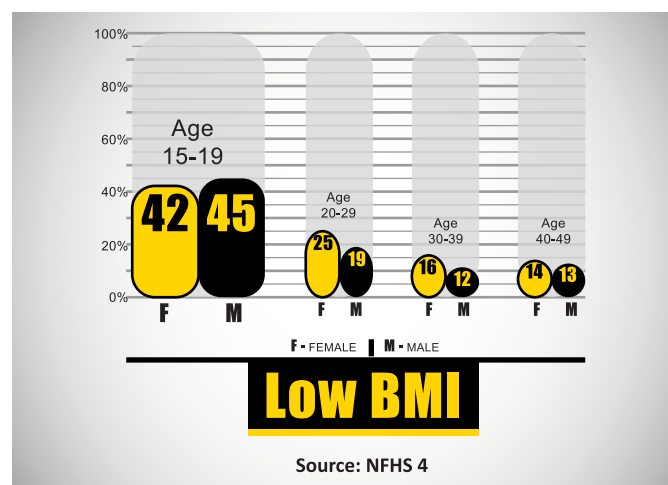
Nutritional Status in *ChilDESCENCE*

Globally, trends in nutritional outcomes in the last few decades have indicated a substantial increase in childhood obesity and overweight in developed countries, whereas developing countries continue to show trends in under-nutrition alongside rising patterns of obesity. So much so that one in three adolescents worldwide is affected by overweight and obesity. In contrast, South Asia on the whole has some of the lowest statistics of adolescents who are overweight (only 9 percent of female children and youth) (Akseer et al., 2017¹⁶¹). The health significance of being overweight and rising high obesity levels during this age arise from their correlation with cardiovascular issues and other lifestyle diseases in adulthood.

However, unlike the global scenario, in the Indian context, a significant proportion of its *ChilDESCENTS* may best be placed in the under-nutrition category (Jeemon, et al., 2009¹⁶²; Sunitha and Gururaj, 2014¹⁶³). This scenario indicates that there is a significant gap in adequate nutritional availability that are essential for meeting energy and protein requirements of *ChilDESCENTS* which results in chronic energy and micronutrient deficit. Serious consequences such as low body mass index (BMI) and diseases associated with micronutrient deficiency such as iron deficiency anaemia are significantly prevalent among *ChilDESCENTS* in India. In addition, with specific reference to pregnant girls, nutritional gaps gain seriousness due to competition between maternal growth needs and requirements of the foetus.

Low Body Mass Index (BMI)

In relation to *ChilDESCENTS* with low BMI, the situation prevalent in India even a decade ago was decidedly poor, with 47 percent of girls and 58 percent of boys between 15-19 years having low BMI¹⁶⁴. Recent NFHS-4¹⁶⁵ data suggests that little has changed over the years despite numerous measures. Even now, 42 percent of the girls and 45 percent of the boys in 15-19 years age group are below normal BMI (NFHS-4)¹⁶⁶. For state-wise details of *ChilDESCENTS* having low BMI please refer Annexure 2.



Only 50.4 percent of boys and 53.8 percent of girls in 15 to 19 years age group had normal BMI. There are no significant differences in mean BMI for both *ChilDESCENT* girls and boys (19.4 for girls and 19.3 for boys) (NFHS-4)¹⁶⁷. Almost 13 percent of girls in

161 Akseer, N., Al-Gashm, S., Mehta, S., Mokdad, A., & Bhutta, Z. A. (2017). Global and regional trends in the nutritional status of young people: a critical and neglected age group. *Annals of the New York Academy of Sciences*, 1393(1), 3-20.

162 EEMON, P., PRABHAKARAN, D., MOHAN, V., THANKAPPAN, K., & JOSHI, P. (2009). Double burden of underweight and overweight among children (10–19 years of age) of employees working in Indian.

163 Sunitha, S., & Gururaj, G. (2014). Health behaviours & problems among young people in India: Cause for concern & call for action. *The Indian journal of medical research*, 140(2), 185.

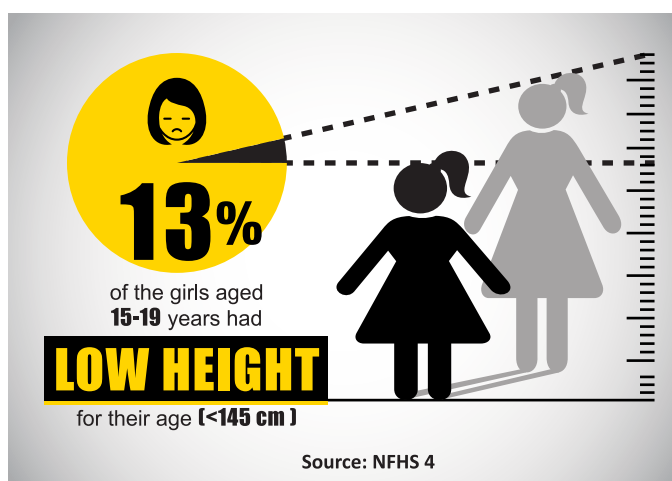
164 IIPS & ICF, (2005-06). National Family Health Survey (NFHS-3), 2005-06, International Institute for Population Sciences, Mumbai, India

165 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

166 ibid

167 ibid

15 to 19 years age group have height less than 145 cm. indicating the prevalence of chronic malnutrition in this age group (NFHS-4)¹⁶⁸. The prevalence of short stature is highest in this age group among the women from 15 to 49 years of age. However, it needs to be accounted that not all girls in the age group may have attained the highest potential for their height as they are still in the growth phase. Even so, the presence of short stature, or stunting, as an indicator of chronic under-nutrition has been well defined.



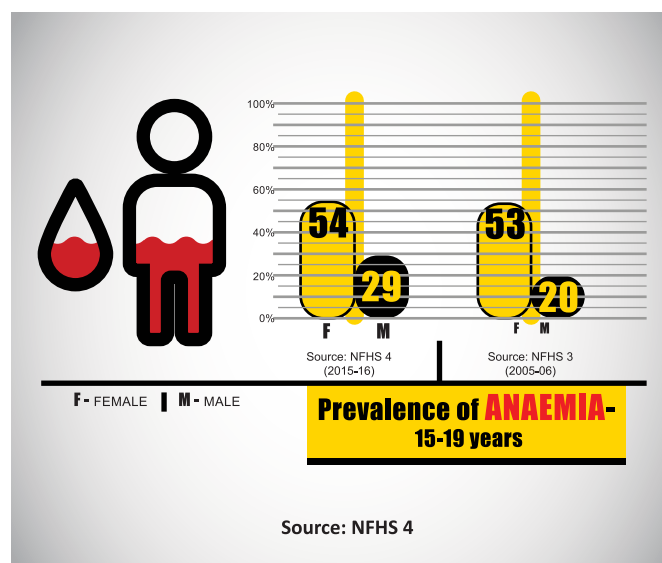
Micronutrient deficiencies in *Childescents*

Two major sources of micronutrient deficiencies among children include iron deficiency and Vitamin A deficiency, both of which find space in the top 15 sources of global morbidity and mortality¹⁶⁹. Iron deficiency and anaemia resulting from iron deficiency together account for an approximate 2500 DALY (Disability Adjusted Life Years) among girls in some parts of the world, with highest proportions present in South Asia, followed by iodine deficiency and Vitamin A deficiency respectively¹⁷⁰. Among other micronutrients, the most crucial ones for this phase of life are Zinc, Calcium, Vitamin D and folate (Vitamin B) that are primarily required for skeletal growth. Among these amalgamated micronutrients too, South Asia has highest disease burden stemming from deficiencies (two to three times that associated with the next highest region) (Akseer et al., 2017¹⁷¹).

Iron Deficiency Anaemia in *Childescents*

Anaemia indicates nutritional deficiency of iron mainly because of inadequate diet. Other factors which are responsible for anaemia are parasitic infections like malaria and worms, genetic disorders like thalassemia and sickle cell anaemia. One of the important reasons for high prevalence of anaemia among Indians is the inadequate quantity of animal based foods and low quantity of iron rich food in the diet, along with lack of other nutrients such as vitamin B 12, folate and minerals like zinc and copper (Zimmermann and Hurrell, 2007¹⁷², Rao et al., 2011¹⁷³). For *Childescence*, body iron requirements show a sharp increase in alignment with pubertal growth needs, and for girls, additional needs exist related to menstruation.

However, over the years, India has not been able to make much progress in improving iron deficiency levels of its populace. The recent NFHS-4¹⁷⁴ statistics show high prevalence of iron deficiency anaemia among girls aged 15 - 19 years at 54 percent in comparison to 56 percent in NFHS-3¹⁷⁵.



168 ibid

169 Akseer, N., Al Gashm, S., Mehta, S., Mokdad, A., & Bhutta, Z. A. (2017). Global and regional trends in the nutritional status of young people: a critical and neglected age group. *Annals of the New York Academy of Sciences*, 1393(1), 3-20.

170 ibid

171 ibid

172 Zimmermann, M. B., & Hurrell, R. F. (2007). Nutritional iron deficiency. *The Lancet*, 370(9586), 511-520.

173 Rao, S., Joshi, S., Bhide, P., Puranik, B., & Kanade, A. (2011). Social dimensions related to anaemia among women of childbearing age from rural India. *Public health nutrition*, 14(2), 365-372.

174 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

175 IIPS & ICF, (2005-06). National Family Health Survey (NFHS-3), 2005-06, International Institute for Population Sciences, Mumbai, India

More than 40 percent (41.1%) of girls and around 16 percent of boys were mildly anaemic whereas prevalence of moderate (12% for both sexes) and severe anaemia (1% for both sexes) was quite similar among girls and boys in 15 to 19 years age

group (NFHS 4)¹⁷⁶. This is also corroborated by primary studies such as Toteja et al, 2006¹⁷⁷, Kakkar et al., 2011¹⁷⁸, Kumari et al., 2017¹⁷⁹. For state-wise prevalence of iron deficiency anaemia in children between 15-19 years, please refer Annexure 2.

Dietary intake during *Childescence*

Over the years though, both calorie consumption and dietary intake have reduced considerably in Indian context. Ramachandran (2014)¹⁸⁰ details the shifting patterns in dietary intake in India over the past few decades, confirming its persisting deficiency in micro-nutrients such as Vitamin A, iodine and iron.

In overall calorie consumption, India has seen a downward spiral since the 1970's (ibid). Both rural and urban calorie intakes continue to be below the Planning Commission established per capita 1979 norm of 2,400 kcal in rural areas and 2100 kcal in urban areas.

Table 2.2 Changes in dietary patterns (1993-2009)									
	Share of Calorie intake from cereals (%)	Roots and tubers	Sugar and honey	Pulses, nuts, oilseeds	Veg and fruits	Meat, eggs, fish	Milk and milk products	Oils and fats	Misc. foods
Rural									
1993-1994	71.03	2.65	4.8	4.92	2.02	0.68	6.15	5.34	2.41
1999-2000	67.55	3.25	5.14	5.46	1.97	0.77	6.17	7.37	7.32
2004-2005	67.54	3.25	4.78	4.98	2.23	0.76	6.42	7.36	2.98
2009-2010	64.16	2.78	4.61	4.54	1.84	0.72	6.79	8.53	6.04
Urban									
1993-1994	58.53	2.54	6.21	6.05	3.26	1.02	8	8.79	5.6
1999-2000	55.05	2.9	6.15	6.8	2.94	1.12	8.23	11.24	5.52
2004-2005	56.08	2.82	5.69	6.68	2.94	1.2	8.23	11.24	5.52
2009-2010	55.01	2.59	5.66	5.94	2.62	1	9.37	11.92	5.87
Source NSS 66th Round									

Table 17. Change in Dietary Patterns (1993-2009)

Among non - cereal food groups, the downward trend in consumption of pulses, nuts and oilseeds, and meat and poultry is clearly visible as seen from the above table. On the other hand, consumption of oils, fats and miscellaneous foods including processed foods and beverages (such as tea, coffee and aerated drinks) have risen up in proportion over the period between 1993 and 2010, as indicated in 66th round of the National Sample Survey (NSS).

However, in India, information regarding dietary patterns of *Childescents* is very limited. The recent 4th round of NFHS showed that overall consumption of animal protein rich food such as eggs, fish and chicken and meat was quite low. Around 40 percent girls and 46 percent boys between 15-19 years reported that they were consuming these items once in a week¹⁸¹. In terms of plant protein, 90 percent of *Childescents* reported that they were eating pulses and beans at least once a week.

176 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

177 Toteja, G. S., Singh, P., Dhillon, B. S., Saxena, B. N., Ahmed, F. U., Singh, R. P., ... & Sarma, U. C. (2006). Prevalence of anemia among pregnant women and adolescent girls in 16 districts of India. Food and Nutrition Bulletin, 27(4), 311-315.

178 Kakkar, R., Kakkar, M., Kandpal, S. D., & Jethani, S. (2011). Study of anemia in adolescent school girls of Bhopal. Indian journal of community health, 23(1), 38-40.

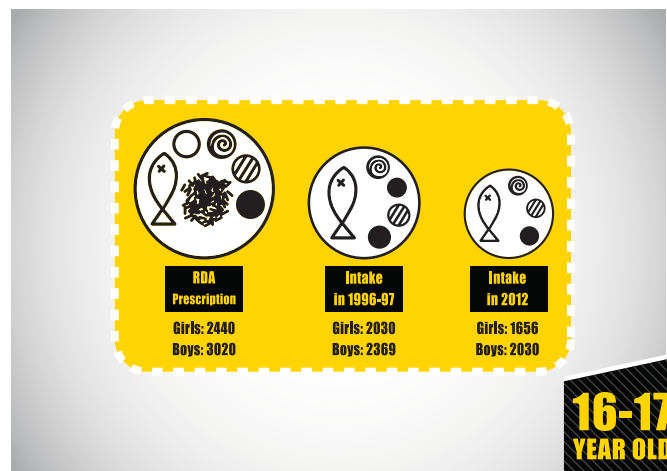
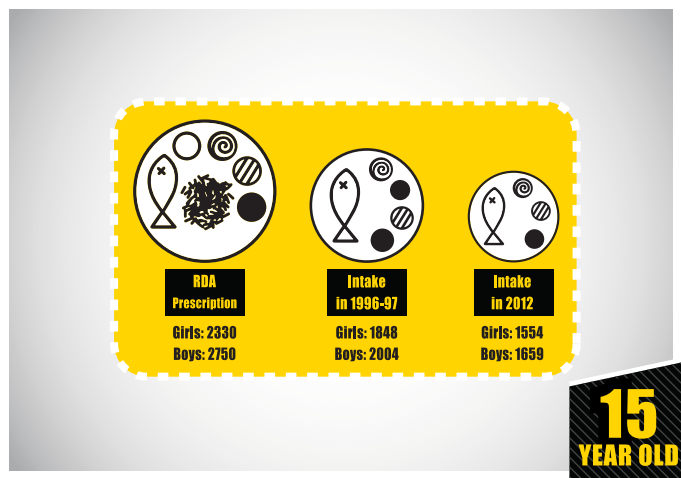
179 Kumari, R., Bharti, R. K., Singh, K., Sinha, A., Kumar, S., Saran, A., & Kumar, U. (2017). Prevalence of Iron Deficiency and Iron Deficiency Anaemia in Adolescent Girls in a Tertiary Care Hospital. Journal of clinical and diagnostic research: JCDR, 11(8), BC04.

180 Ramachandran, N. (2014). Changing Calorie Consumption and Dietary Patterns. In Persisting Undernutrition in India (pp. 29-46). Springer, New Delhi.

181 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

Green leafy vegetables which are important for alleviating anaemia were consumed by 83% girls and 86% boys at least once a week. Fruit consumption was very low, with consumption levels reported by 43 percent of girls and 50% boys in 15-19 years. Milk and curd that act as an important source of calcium was consumed once in a week by 65% girls and 76% boys in this age group.

Almost half the population in this age group reported that they consume fried foods at least once a week, similarly one fourth of girls and more than one third of boys consumed aerated drinks at least once in a week. Evidence also points to significant declining consumption of energy, protein, fat and essential nutrients for this age group over the years, especially in rural areas as evidenced from the NNMB survey findings indicated below.



Consequences of poor nutritional status among

Imbalances in nutritional support may lead to growth stunting, immunity deficiencies in and repeated episodes of sickness; resulting in the individual's inability to reach his/ her full growth potential (Population Council and UNICEF, 2013¹⁸²). Deficiency in proper nutritional support in childhood and *Childescence* also hampers the preventive strategy for chronic adulthood diseases such as cardiovascular issues, cancer, and osteoporosis.

Consequences of stunting on overall growth

Long term effects of stunting which is often initiated during early childhood phase itself includes delays in mental development, lower school performance, and reduction in overall cognitive capacities, and further lead to poor livelihood and earning capacities in adulthood (Akseer et al., 2017¹⁸³).

Consequences of anaemia on *Childescents*

Anaemia impacts health of the human being significantly as there is inadequate supply of oxygen to the body tissues due to low blood haemoglobin levels. Other adverse effects of anaemia are increased fatigue and reduced work capacity in the individual. Anaemia also hampers the immune system making the person more susceptible to infections which may further aggravate anaemia (Bentley and Griffiths, 2003¹⁸⁴).

Deprivation arising from lack of proper nutritious food and its outcomes become critical when individuals enter motherhood in their *Childescence* phase with pre-existing iron deficiency. Anaemia during pregnancy poses an additional risk during delivery as even in case of normal blood loss during delivery, the woman may become severely anaemic. Anaemic *Childescent* mothers are at a high risk of miscarriage, still-births, premature delivery, or delivering babies with low birth weight and maternal mortality¹⁸⁵.

182 Population Council & UNICEF. Adolescents in India: a desk review of existing evidence and behaviours, programmes and policies. New Delhi, ; 2013

183 Akseer, N., Al-Gashm, S., Mehta, S., Mokdad, A., & Bhutta, Z. A. (2017). Global and regional trends in the nutritional status of young people: a critical and neglected age group. *Annals of the New York Academy of Sciences*, 1393(1), 3-20.

184 Bentley, M. E., & Griffiths, P. L. (2003). The burden of anemia among women in India. *European journal of clinical nutrition*, 57(1), 52.

185 Mahendran, A. (2015). Visible and Invisible Health Problems of Youth in India. *Humanities and Social Sciences Letters*, 3(4), 157-166.

In contrast, improvement in iron status has a number of benefits for **Childescents**, as illustrated below.

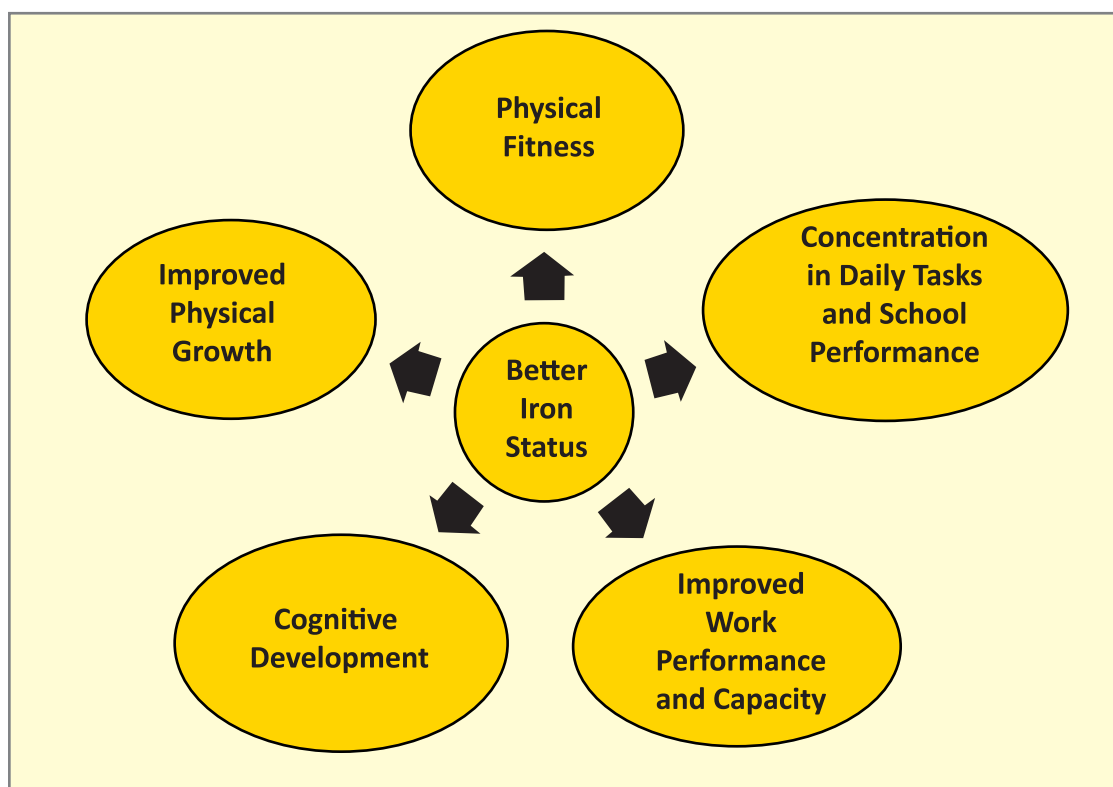


Figure 9. Benefits of Improved iron status

Barriers in nutritional well being of **Childescents**

Apart from individual preferences and limitations, a number of factors affect proper nutritional availability and access for **Childescents**. Family's affordability concerns and dietary diversity, changes in cultural practices and lifestyle, urbanization, gender roles and gender discrimination as reflected in household practices are significant in this context. At the broader societal

level, the implications of a healthy environment, agricultural practices and cropping patterns, and policies related to food subsidy and targeted outreach become crucial. Finally, behavioural and emotional response to food, including eating and dieting patterns may also significantly impact nutritional well - being of **Childescents**¹⁸⁶.

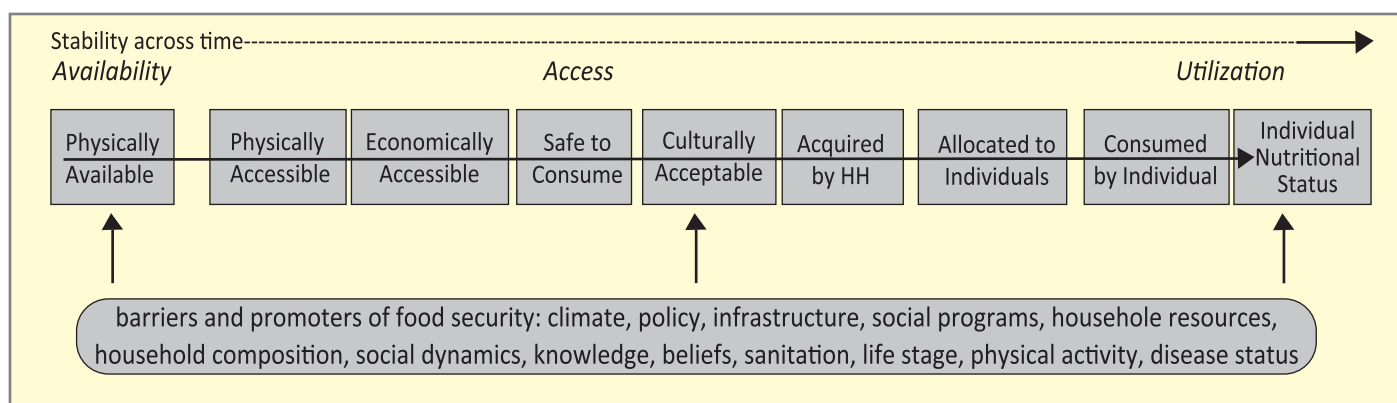


Figure 10. The Loci within the food security conceptual pathway by domain of food security

¹⁸⁶ Jones, A. D., Ngure, F. M., Pelto, G., & Young, S. L. (2013). What are we assessing when we measure food security? A compendium and review of current metrics. *Advances in Nutrition*, 4(5), 481-505.

Food insecurity

An easy definition of food security would be having access to food needed for a healthy life by all people. Some of the important aspects of food security include availability (i.e., ensuring presence of sufficient amount of food that is qualitatively appropriate); access (i.e., both physical and economic access) and stability (i.e., access to food at all times and under all circumstances, including income shock, disasters, or seasonal food insecurity) (FAO, 2006¹⁸⁷). At the same time, in addition to adequate supply, unequal distribution of food as a consequence of poor economic resources and individual's resource capabilities also adversely affects the nutritional status (Patel et al., 2015¹⁸⁸).

In India food security was brought under the ambit of Article 21 that refers to the Fundamental Right to life and human dignity (including adequate food) following a writ petition in the Supreme Court (PUCL 2001). However, despite the fact that the National Food Security Act by Government of India, 2013 ensures the distribution of food grains at subsidised rate, it is not enough to ensure adequate healthy nutrition and specific growing needs of *Childescents*.

A diverse diet and lifestyle changes

Having access to different types of food over a period of time is also one indicator of food security (Hoddinott and Yohannes, 2002¹⁸⁹). A diet that is made up of diverse food groups is more likely to fulfil micronutrient requirements of the body (Akseer et al., 2017¹⁹⁰, Harding, Aguayo and Webb, 2018¹⁹¹). Hoddinott and Yohannes also collated research establishing well-being outcomes of dietary diversity such as improved birth weight, blood haemoglobin content, child anthropometric status and

reduction in hypertension and cardiovascular diseases (ibid). Availability of a diet rich in diverse foods has the potential to reduce stunting in children and improve overall nutritional outcomes (Shrimpton, Mbuya and Provo, 2016)¹⁹². Lower socioeconomic indicators, poverty, and those belonging to rural households have a higher likelihood of inadequate diversity in diet, resulting in a high intake of cereal based foods and monotonous plant based diets (ibid).

In a comparison of shifting dietary patterns of India and China, Popkin et al., 2001 noted the common trends such as moving from dietary deficit to dietary excesses, intake of higher fats and lower carbohydrates, and, for India, high dairy and sugar intakes (Popkin et al., 2001)¹⁹³. Researchers have suggested the influence of westernization in Indian households diets, with predominance of wheat, temperate fruits and vegetables, and high protein and energy dense foods (see Pingali and Khwaja, 2004¹⁹⁴, Pingali, 2007¹⁹⁵).

Cultural aspects: gender discrimination in allocation of food

Considerable research has focused on differential access to food to women and men in a household. Chellan and Paul, 2010 suggested that one of the significant reasons behind higher iron - deficiency in girl children could be accounted for through gender discrimination at food plate level in the household¹⁹⁶. However, other researchers have attempted to bring out selective nature of girl child neglect that is dependent upon the overall sibling birth - order combination, with both girls and boys born after multiple siblings experiencing poor nutrition and immunization outcomes (See Pande, 2003¹⁹⁷; Mishra, Roy and Retherford, 2004¹⁹⁸).

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- 187 FAO (2006) Food Security Policy Brief, June 2006, Issue 2 retrieved from <http://www.fao.org/forestry/13128-0e6f36f27e0091055bec28ebe830f46b3.pdf>
- 188 Patel, K., Gartaula, H., Johnson, D., & Karthikeyan, M. (2015). The interplay between household food security and wellbeing among small-scale farmers in the context of rapid agrarian change in India. *Agriculture & Food Security*, 4(1), 16.
- 189 Hoddinott, J., & Yohannes, Y. (2002). Dietary diversity as a food security indicator. Food consumption and nutrition division discussion paper, 136(136), 2002.
- 190 Akseer, N., Al-Gashm, S., Mehta, S., Mokdad, A., & Bhutta, Z. A. (2017). Global and regional trends in the nutritional status of young people: a critical and neglected age group. *Annals of the New York Academy of Sciences*, 1393(1), 3-20
- 191 Harding, K. L., Aguayo, V. M., & Webb, P. (2018). Hidden hunger in South Asia: a review of recent trends and persistent challenges. *Public health nutrition*, 21(4), 785-795.
- 192 Shrimpton, R., Mbuya, N. V., & Provo, A. M. (2016). The Double Burden of Malnutrition in East Asia and the Pacific. World Bank Retrieved from <https://openknowledge.worldbank.org/bitstream/handle/10986/26102/112852-WP-DoubleBurdenofMalnutritioninEAP-PUBLIC.pdf?sequence=1>
- 193 Popkin, B. M., Horton, S., Kim, S., Mahal, A., & Shuigao, J. (2001). Trends in diet, nutritional status, and diet-related noncommunicable diseases in China and India: the economic costs of the nutrition transition. *Nutrition reviews*, 59(12), 379-390.
- 194 Pingali, P., & Khwaja, Y. (2004). Globalisation of Indian diets and the transformation of food supply systems. *Indian Journal of Agricultural Marketing*, 18(1), 2004.
- 195 Pingali, P. (2007). Westernization of Asian diets and the transformation of food systems: Implications for research and policy. *Food policy*, 32(3), 281-298.
- 196 Chellan, R., & Paul, L. (2010). Prevalence of iron-deficiency anaemia in India: results from a large nationwide survey. *Journal of Population and Social Studies [JPSS]*, 19(1), 59-80.
- 197 Pande, R. P. (2003). Selective gender differences in childhood nutrition and immunization in rural India: the role of siblings. *Demography*, 40(3), 395-418.
- 198 Mishra, V., Roy, T. K., & Retherford, R. D. (2004). Sex differentials in childhood feeding, health care, and nutritional status in India. *Population and development review*, 30(2), 269-295.

Knowledge and environmental aspects

Nutrition is not simply about availability or access to good sources of food with adequate energy and desired micronutrients. A number of interlinked aspects are responsible for overall nutritional status of a person such as nutrient loss during the cooking/ preparation phases, bioavailability of specific micronutrients such as iron, calcium, Vitamins and iodine; and absorption losses due to infections, diseases and so on. For girls with high likelihood of getting pregnant, understanding their vulnerabilities becomes highly important. Yet very few girls understand the relevance of proper nutrition during pregnancy, and are aware of the details of how their existing low height and poor weight gain during pregnancy may impact their and the baby's nutritional well - being.

Further, nutritional status of a person is also impacted by other variables such as environmental conditions (safe drinking water, sanitation and physical hygiene etc) and quality and access to health services. Nutrition education as currently provided by frontline workers is simply inadequate with stress only on deficiency of single nutrient rather than integrative understanding (Burchi, Fanzo and Frison, 2011¹⁹⁹). This is also reflected in Shrimpton, 2016²⁰⁰ who mentions country specific case studies highlighting the outdated nutritional knowledge of health workers, and lack of emphasis on nutritional communication in work profile of health workers (Shrimpton, 2016).

3.3 Early Marriage - A journey too soon

Marriage is a social contract with a sanction, which presupposes the readiness of the individuals involved to become a provider, a nurturer and carer, and additionally, represent the marital unit in broader social roles. In case of *Childescents*, this involves multiple transitions for both boys and girls: married individuals are expected to move from educational roles to economic and caregiving roles; they are socially and legally empowered to enter into sexual relationships, though often without adequate information, experience and negotiating power. For girls, marriage commonly involves a shift in one's identity and family roots. Girls, post - marriage are expected to leave their family, friends, and community spaces and enter a totally new world,

often feeling isolated and abandoned in the process. The enormity of all the changes required often places an excessively large burden on individuals who are not yet physically and emotionally mature; and who have not yet found their calling in terms of chosen fields of work and livelihood, neither have they gained a high degree of skills and expertise, or realized their personal and social identities. With this the individual's self - identity gets subsumed within the societal roles and unit in marriage.

Beyond the lack of preparedness, child marriage is understood as a human rights violation, a legal breach and a scenario of both gender discrimination and exploitation. The Convention on the Rights of the Child (CRC) committee states that a child marriage maybe viewed as a form of forced marriage since one or both parties involved may not be in a position to give full, free, and informed consent (USAID, 2015)²⁰¹. Child marriage deprives the child of his /her childhood, the opportunity to pursue higher education, and freedom from violence, abuse and exploitation. *Childescents* girls especially, may be coerced or urged into childbearing roles and household duties. They may not be accorded power and decision making, resulting in curtailment of their own prospects for personal development and growth. These girls may therefore have higher chances of remaining less educated and increasingly dependent economically, perpetuating further discrimination and lower status within the family. Early pregnancy and motherhood may further create scenario of high maternal and child health risks, nutritional deficiencies, and poor maternal health outcomes²⁰².

Child Marriage numbers – Too big to ignore

UNICEF 2014 estimated prevalence of child marriage worldwide at approx 15 million girls every year. Further, approximately 720 million living women have been estimated to have been married as minors in comparison to 156 million men (UNICEF, 2014²⁰³). Further, in absence of serious and immediate action by Governments and all stakeholders, a further 150 million girls will be married before reaching the age of 18 over the next decade (UNICEF, 2014 cited in ICRW & World Bank, 2015)²⁰⁴.

199 Burchi, F., Fanzo, J., & Frison, E. (2011). The role of food and nutrition system approaches in tackling hidden hunger. *International journal of environmental research and public health*, 8(2), 358-373.

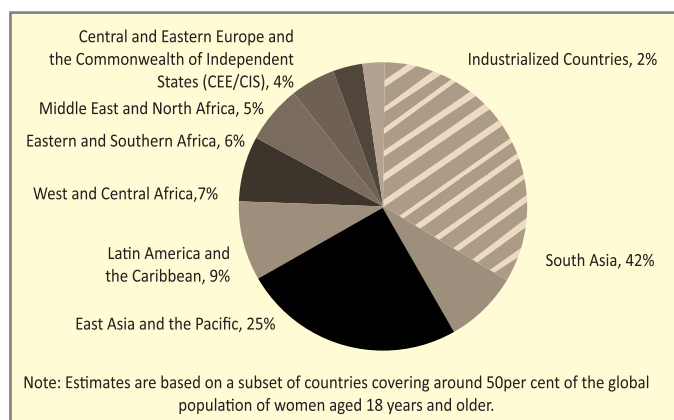
200 Shrimpton, R., Mbuya, N. V., & Provo, A. M. (2016). The Double Burden of Malnutrition in East Asia and the Pacific. World Bank Retrieved from <https://openknowledge.worldbank.org/bitstream/handle/10986/26102/112852-WP-DoubleBurdenofMalnutritioninEAP-PUBLIC.pdf?sequence=1>

201 Gliński, A. M., Sexton, M., & Meyers, L. (2015). The child, early, and forced marriage resource guide task order. Washington DC: Banyan Global, USAID.

202 Singh, A., & Espinoza Revollo, P. (2016). Teenage marriage, fertility, and well-being: Panel evidence from India.

203 UNICEF (2014) Ending Child Marriage: Progress & Prospects. UNICEF New York. Retrieved from https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

204 ICRW & World Bank (2015). Economic Impacts of Child Marriage: Preliminary findings from analyses of existing data. Research Brief November 2015. Quentin Wodon, Suzanne Petroni, Chata Male, Adenike Onagoruwa, Aboudrahyme Savadogo, Jeff Edmeades, Aslihan Kes and Neetu John



Graph 21. Concentration of married adolescent Girls by Geography

Additionally, every year, nearly 16 million adolescent girls aged 15-19 years old give birth (UNFPA, 2013²⁰⁵). A significant proportion of early marriage cases are from South Asia (42 per cent).

Within South Asia, Bangladesh reportedly has the highest child marriage rate (two out of every three women in the 20 - 24 age group reported that their marriage took place before 18 years of age), followed by India, Nepal and Afghanistan. Due to its large population size, however, India, till recently, was estimated to be accountable for one third of global child brides.

Statistics about child marriage in India are derived either from the national Census or nationally representative surveys such as NFHS (with 4th survey dated 2015-16). As per Census of India, 2011²⁰⁶, close to 17 million children and young people in the age group of 10 to 19 years were married, majority being girls (76 per cent)²⁰⁷. More than 50 per cent of married *Childescent* girls belong to five states - UP, West Bengal, Bihar, Rajasthan & Maharashtra (Census of India, 2011²⁰⁸).

Currently married population by age at marriage and State – Census of India, 2011 ²⁰⁹	
States with more than 30 % of currently married population whose age at marriage was 14+ to 17+	Rajasthan, West Bengal, Jharkhand, Chhattisgarh, Andhra Pradesh, Madhya Pradesh
States with more than 20 % and less than 30 % of currently married population whose age at marriage was 14+ to 17+	Andaman and Nicobar, Lakshadweep, Maharashtra, Uttarakhand, Bihar, Uttar Pradesh, NCT of Delhi, Haryana, Sikkim, Tripura, Odisha
States with more than 10 % and less than 20 % of currently married population whose age at marriage was 14+ to 17+	Tamil Nadu, Jammu and Kashmir, Karnataka, Puducherry, Gujarat, Kerala, Himachal Pradesh, Chandigarh, Meghalaya, Assam, Arunachal Pradesh, Nagaland, Manipur, Dadra Nagar Haveli, Daman and Diu
States with less than 10 % of currently married population whose age at marriage was 14+ to 17+	Goa, Mizoram, Punjab

Table 18. Statewise Currently married population by age at marriage

205 Loaiza, E., & Liang, M. (2013). Adolescent pregnancy: a review of the evidence. United Nations Population Fund. UNFPA, New York retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf

206 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

207 Singh, R., & Vennam, U. (2016). Factors shaping trajectories to child and early marriage: Evidence from Young Lives in India. Policy Paper, Oxford: Young Lives.

208 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

209 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

The district hotspot map for child marriage in India is given below.

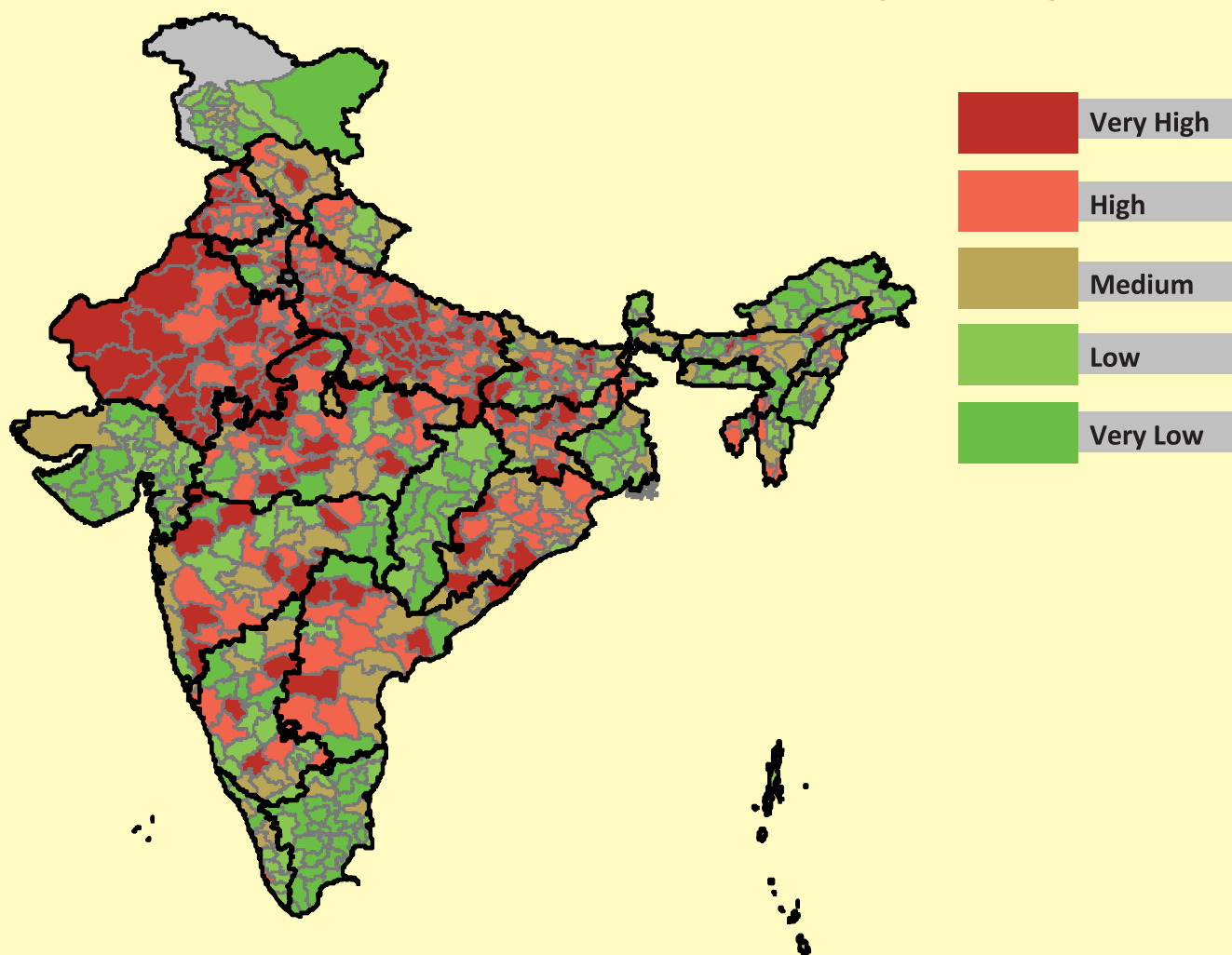
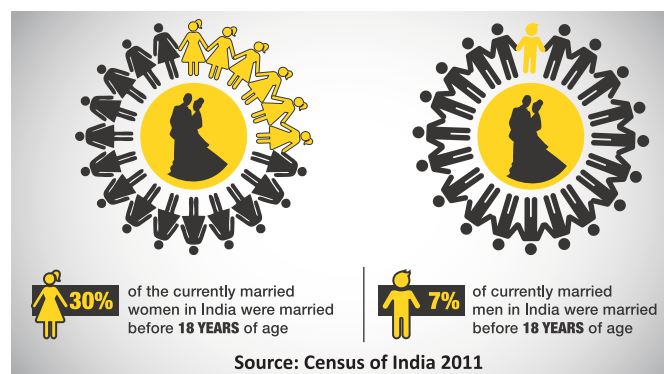


Figure 11. *Childescent Marriage Hotspot*

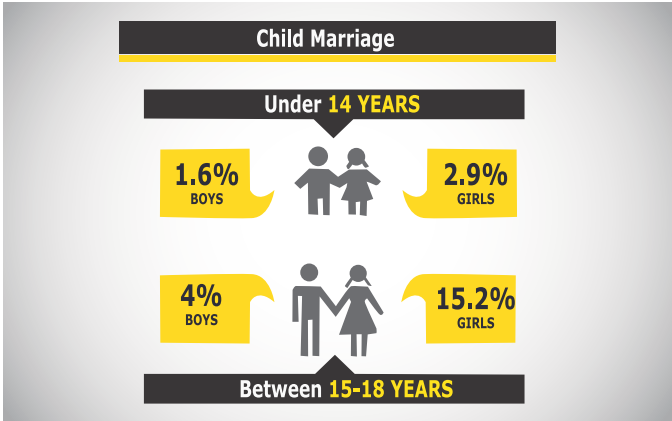
Every 10th *Childescent* in India is married (Census of India, 2011²¹⁰). There are 9.2 million *Childescents* who are married in India of which 77% are girls. In comparison to girls, the prevalence rates of marriage among men who were minors are comparatively low. More than 65% of the girl child marriages across the world take place during the *Childescent* years (Census of India, 2011²¹¹)



210 ibid

211 ibid

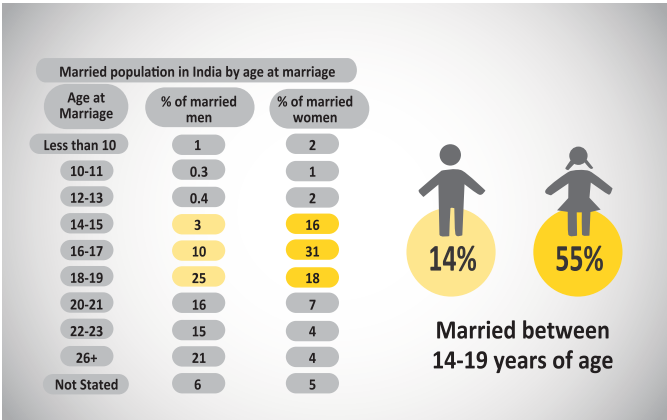
Even among the married *Childescents*, there are wide variations in the prevalence of married children by residence. The table below indicates the gender-centricity of the issue. There are mixed trends in child marriage in India. Over 2001-2011²¹², the number of married children in India has actually increased by 20%.



	% of Boys who are married	% of Girls who are married
<i>Childescents</i> in Urban areas	3.4	12
<i>Childescents</i> in Rural areas	4.3	17

Table 19. Percentage of married children by age and gender

In India, most cases of child marriage take place during *Childescence*. Census of India, 2011 shows that less than 2 percent boys and 3 percent girls were married before they reached *Childescence*. However, the percentage was five times higher in case of *Childescent* girls. Overall, 14.8% of men and a staggering 55.5% of women were married when they were around the *Childescent* years (Census of India, 2011)²¹³. This is corroborated by evidence from a research study conducted by CRY in 6 districts of Karnataka. The study assessed the causes and risks of early marriage in girls, and found that more than 75% of the cases of early marriage occurred in *Childescent* age group.



As per NFHS-4²¹⁴, 8 percent of women in the 15-19 age group (i.e., 52 percent of currently married *Childescents*) have entered motherhood role, with 5 percent already having given birth and 3 percent pregnant with their first child at the time of the survey.

These numbers are higher in rural areas, with 1 in 10 *Childescent* girls (15 - 19) in rural areas having started walking the path to motherhood. Socio - economic vulnerabilities and their linkage with early marriage are clearly visible in the sample. For instance, there is a strong association between early marriage and education -among women without any schooling, one in five have started childbearing, whereas among those who completed 12 years of schooling or higher, one in twenty - five have begun childbearing. Similarly, very few girls belonging to higher wealth quintiles (3 per cent) have started childbearing in contrast to higher proportion of those from lowest two quintiles (11 per cent). Among currently married *Childescent* girls, 33.7 per cent have already given birth while 17.8 per cent were already pregnant at the time of the survey. Finally, low awareness and lack of access to contraceptive methods results in higher pregnancy rates for *Childescent* girls, with NFHS 4²¹⁵ stating low uptake of contraceptive methods among currently married *Childescent* girls (15 percent) and use of modern contraceptive method as low as 10 per cent.

212 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India
213 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India
214 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India
215 ibid

The Prohibition of Child Marriage Act, 2006

It replaced the Child Marriage Restraint Act, 1929 and was notified on November 1st, 2007. It defines child marriage as marriage in which either of the contracting parties is underage i.e. girl is below 18 years and boy is below 21 years. Its key provisions include-

- Child marriage is voidable at the option of either boy or the girl who was underage at the time of marriage. However, the limit for filing of annulment petition is till the boy turns 23 and girl turns 20 years of age.
- All children born out of such marriages will be deemed legitimate for all purposes and will be liable to receive maintenance and custody in their 'best interest' in the event of annulment
- Marriages will be deemed as void under three conditions- 1) if child is enticed out of keeping of lawful guardian; 2) child is forced or compelled, or by deceitful means induced to go from any place 3) is sold for marriage, or sold after marriage and is trafficked or used for immoral purposes
- The Court may issue an injunction against persons or organizations conducting child marriages either suo moto or upon receiving information from a member of the public or through the Child Marriage Prohibition Officer. Any marriage solemnized despite an injunction shall be deemed void ab initio
- The Child Marriage Prohibition Officer (CMPO) appointed under this Act is responsible for awareness generation against child marriage, providing support to contracting parties during filing of petition and annulment proceedings, building of evidence for effective prosecution, receiving complaints on child marriage and furnishing compiled information on the same to the government.

Factors influencing Child Marriage

Overwhelmingly, researchers have found that no one factor acts as the sole contributory factor for an early marriage. Instead, child marriage occurs in a complex scenario, precipitated by a number of underlying factors including prevailing gender discrimination norms, son preference and undervaluing of girls, socio - cultural practices, poverty and socio - economic household situation, lack of educational and capacity building opportunities for girls, weak law and governance scenario and security and safety concerns and emergence of conflict and disaster situations.

Prevailing gender norms: Traditional conceptions of gender still abound in rural areas, where girls are relegated to household duties and unpaid care work. Discrimination also leads to fewer employment opportunities for girls, leading to perpetuation of their second sex status in society. Families choose not to invest in girls' education and development due to the presumption that they will move away post marriage - 'paraya dhan' and cannot extend any monetary or other assistance to their paternal households (see ICRW & UNICEF, 2011²¹⁶, Feeny and Crivello, 2015²¹⁷, Singh and Vennam, 2016²¹⁸).

Socio - cultural practices: A number of socio - cultural practices act as an influencing factor for early marriage. For instance, the existing belief that lesser amount of dowry may be required for marrying off younger girls'. Older girls' require older, more educated bridegrooms, thus necessitating higher dowries (ICRW & UNICEF, 2011²¹⁹, Singh and Vennam, 2016²²⁰). Similarly, parents may hope to reduce wedding ceremony expenses through holding combined marriages of multiple girls' in the household or extended family thus leading to early marriages. These concerns are even stronger for poor socio-economic households, as unlike rich households, they may not be able to afford higher dowry, and, may have more to gain by collective marriages as stated above (also Vennam, U., Komanduri, A., and Roest²²¹). Finally, a disproportionate sex ratio in some states has been responsible for emergence of certain socio - cultural practices such as bride exchange (atta - satta) - see section on forced marriages and trafficking.

Limited educational and skilling opportunities: In many cases, girls are forced to drop out of school at higher levels on account of larger school distance and lack of adequate public transportation²²². Families also feel the cost of educating girls as dearer than investment in boys' education. This becomes a significant factor in poor households and at secondary education level when education is no longer free²²³. Research has shown that a higher proportion of girls who drop out from school enter into marriage (Singh and Vennam, 2016²²⁴, Roest, 2016²²⁵). Similarly, despite recent focus on skilling, opportunities for girls, esp from remote and rural areas remain limited.

216 Nanda, P., Kapoor, S., Mukherjee, S., Hersh, M., Basu, S., & Bhargava, R., UNICEF (2011). Delaying Marriage for Girls in India.

217 Feeny, E., & Crivello, G. (2015). How gender shapes adolescence: Diverging paths and opportunities. Policy Paper, Oxford: Young Lives.

218 Singh, R., & Vennam, U. (2016). Factors shaping trajectories to child and early marriage: Evidence from Young Lives in India. Policy Paper, Oxford: Young Lives.

219 Nanda, P., Kapoor, S., Mukherjee, S., Hersh, M., Basu, S., & Bhargava, R., UNICEF (2011). Delaying Marriage for Girls in India.

220 Singh, R., & Vennam, U. (2016). Factors shaping trajectories to child and early marriage: Evidence from Young Lives in India. Policy Paper, Oxford: Young Lives.

221 Singh, R., & Vennam, U. (2016). Factors shaping trajectories to child and early marriage: Evidence from Young Lives in India. Policy Paper, Oxford: Young Lives.

222 Roest, J. (2016). Child marriage and early child-bearing in India: risk factors and policy implications. Policy Paper, Oxford: Young Lives. Retrieved from <http://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PolicyPaper-10-Sep16.pdf>

223 Nanda, P., Kapoor, S., Mukherjee, S., Hersh, M., Basu, S., & Bhargava, R., UNICEF (2011). Delaying Marriage for Girls in India.

224 Singh, R., & Vennam, U. (2016). Factors shaping trajectories to child and early marriage: Evidence from Young Lives in India. Policy Paper, Oxford: Young Lives.

225 Roest, J. (2016). Child marriage and early child-bearing in India: risk factors and policy implications. Policy Paper, Oxford: Young Lives. Retrieved from <http://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PolicyPaper-10-Sep16.pdf>

Safety and protection of girls' sexuality: Traditionally, girls' were married off as soon as they reached puberty. Parents have agreed that protecting their girls from caste violence and from premarital sex exploration is one of the key influencing factors behind continuing early marriage trends. Caste based domination by upper castes in rural areas where honour of lower caste girls is at daily risk plays a significant role in the higher proportion of child marriages from backward castes^{226, 227}. The weak law and order mechanism and governance system further ensures that child marriage legislations are rendered ineffective on the ground. Finally, research has shown an increase in child marriage statistics in the aftermath of disaster and post - conflict situations in South Asia (UNFPA, 2012²²⁸ , World Vision, 2013²²⁹ , Glinski, 2015²³⁰)

Numero Uno

In the entire village of Bansipur (Munger, Bihar), there is only one college-goer. Her name is Julie Kumari. If that fact has surprised you, what will add to it is that this is a village of 'Musahars' or rat catchers, and the college is situated at a distance of two hours from the village.

And there's more to come.

Julie was studying in Class IX when her parents decided to marry her off since this was the norm in the village. But she was busy dreaming of becoming a doctor, and nothing else could come in the way. Such resistance was unheard of in this extremely poor and backward village of Bihar. Julie knew it would be difficult for her to fight the battle alone.

Julie was not prepared for what followed. All her relatives and the entire village demanded answers from her parents as to why they went against the tide. The person who single handedly answered every question, and faced every hindrance was Julie's mother. Herself an ASHA worker today, Julie's mother had studied till class X before she was married off. She stood like a pillar for Julie and ensured that Julie not only completed her Higher Secondary but also went to college.

As her brother today accompanies her to college every day because it's a long way from her house, he is helping her move closer to her dream of becoming a doctor. Because she had dared to dream, today her two other sisters are also continuing with their studies. While one of them is in class IX, the other is in class VII.

Julie has a list of firsts against her name today. It all started because she dared to dream. It was possible because her mother believed in her dream.

CRY supported project Disha Vihar, had, in the meanwhile, initiated a children's group in the village called the Munna - Munni Manch. They extended support by getting the staff of Disha Vihar involved. A series of discussions followed, and the wedding was finally called off.

NO TO CHILD MARRIAGE

In drought-affected Parbhani district in Maharashtra, a group of young girls have come together to put a stop to child marriage in their villages

Parbhani is a district around 500 km from Mumbai. The district is infamous for its high rate of farmer suicides and child marriages. According to Census of India, 2011²³¹ , 11% of the girls under 18 year of age are married in Parbhani. Rani Kale (17 years old) from Savli village recalls how she narrowly escaped being married off a week before her sixteenth birthday.

Her parents, both farmers had decided to migrate to the city to look for work with the entire family (which included Rani's two young brothers) before Rani was married off. "I wanted to finish school and did not want to get married. My parents told me that they would not be able to take care of me in the city as they would be busy looking for work and hence they thought that by getting me married off their obligations towards me would be over and that I would be protected" she recalls saying that she managed to convince them that she wanted to continue her studies for a few more years.

Many villages in Marathwada region (specially the talukas of Pathari, Selu and Manvath) are now lying empty except for the presence of the elderly. The drought has led to large scale migration of families residing here in search of jobs on construction sites or in sugarcane cutting in other cities and villages. Migration is the main cause for a large number of families marrying off their teenage daughters much before they have attained the age of 16 years also forcing them to drop out of schools.

"I took the help of my friends from my group who met and convinced my parents and they finally agreed," says Rani. Kale is part of the group Savitribai Chya Kanya (Daughters of Savitribai named after the social reformer Savitribai Phule), brainchild of Child Rights and You (CRY) and its grassroots partner Sankalp Manav Vikas Sanstha. The adolescent girls group has been active since the past 3 years and comprises of around 20 girls in each village ranging in the age group of 14 to 18 years. They meet once a week to share updates and often voluntarily talk to the parents of underage girls whose marriages are often finalized without their approval.

17-year-old Geeta Kale is one of the group members who although couldn't stop her own marriage, has been working hard to stop other teenage girls being pushed into it. "I was married off at 15 years of age and there was nothing I could do about it then. But when I came to know of this group after I came to this village I joined them and now work alongside them create awareness of the disadvantages of getting married young," she says adding that she had to give up her studies and was keen on appearing for her Std X exams.

"I want to become an IAS officer", says Rani adding that she is now working hard in trying to realize her dreams. "My parents have migrated but they have left me behind and I now stay with my grandmother," she says. Most girls in Savli village are keen on higher studies and are staying back on their own and attending school as well as doing all the household chores. They are cared to by their extended family members or grandparents while those staying alone at home, reach out to their girls' group for company and advice.

226 Nanda, P., Kapoor, S., Mukherjee, S., Hersh, M., Basu, S., & Bhargava, R., UNICEF (2011). Delaying Marriage for Girls in India.

227 Singh, R., & Vennam, U. (2016). Factors shaping trajectories to child and early marriage: Evidence from Young Lives in India. Policy Paper, Oxford: Young Lives.

228 Marrying too Young. End Child Marriage. United Nations Population Fund. UNFPA, New York Retrieved from <https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf>

229 Myers, J. (2013). Untying the knot. Exploring early marriage in fragile states. World Vision UK - RR - CP - 02

230 Glinski, A. M., Sexton, M., & Meyers, L. (2015). The child, early, and forced marriage resource guide task order. Washington DC: Banyan Global.

231 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

Many *Childescents* in the country are not as lucky as Rani (*Childescent* girl in the case above) and are not able to escape the hideous fate and consequences of early marriage or underage pregnancies.

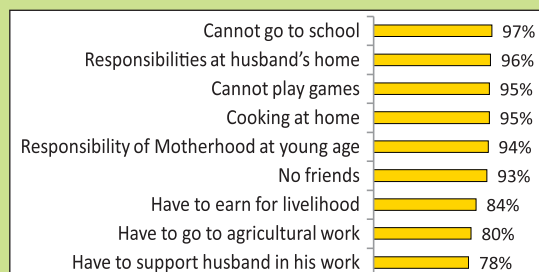
Consequences for the Individual	Consequences for the family	Consequences for the Scoiety
<ul style="list-style-type: none"> • Poor health outcomes due to early sexual debut and early pregnancy • Higher chances of reproductive health infections as young girls have limit autonomy to insist on safe sex or use of contraceptives • Higher chances of death during pregnancy • Poor mental health outcomes as there is depression and isolation. • Forced marriage may also trigger suicidal thoughts • Higher risk of sexual, physical violence • Limited mobility • Lack of control over financial resources • Limited participation in community events 	<ul style="list-style-type: none"> • Decreased earning potential due to restrictions in participation in labourmarket • Poor maternal health also leads to poor health of children such as low birth weight, under nutrition • Increased health expenses 	<ul style="list-style-type: none"> • Fewer members in workforce • Less educated workforce • Low productivity of the community • Low per capita income of the country • Country needs more resources for social services • Reduced political participation

Figure 12. Consequences of Early Marriage

In 2016, Samajika Parivarthana Janandolana, a CRY partner NGO had undertaken a study on girls who were married while they were children. Data collection was undertaken in 93 villages in 6 Districts of Karnataka (Raichur, Gulbarga, Belgaum, Haveri, Bangalore Urban & Davangere). Interviews were conducted with 130 young women in the age-group of 18 – 25 years who were forced into early marriages as children. The purpose of the study was to understand the reasons as well as impact of early marriages among women. The study found that while girls were married at as young as 11 years of age, 15 years was the age at which maximum marriages occurred and 75% of the respondents were married between 15-17 years. The age-at-marriage bifurcation by caste is given below:

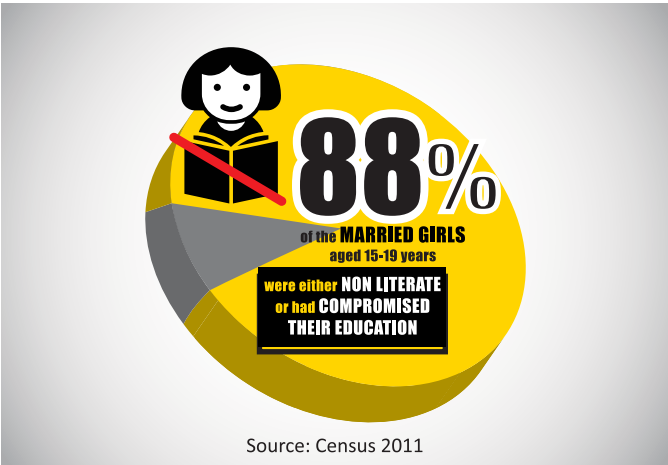
Age at Child Marriage	11 to 13 Age	14 Age	15 Age	16 Age	17 Age
SC	9.4	10.9	32.8	23.4	18.8
ST	5.0	15.0	15.0	30.0	35.0
OBC	10.3	6.9	27.6	27.6	24.1
General	12.5	12.5	25.0	37.5	12.5

64% of fathers and 74% mothers of the respondents had never been to school. Respondents who got married at 14 yrs / 15 yrs had higher illiteracy of parents. 29% of husbands of early girl child marriages had never been to school. 15% of respondents had never gone to school. 82% of respondents had dropped out of school before 10th Std Highest dropout was seen between 8th Std and 10th Std (35%). 91% respondents who had dropped out of school before 10th were married at 16 years. The most frequently cited reasons cited by parents for getting their girls married early are were onset of puberty of girls, the onset of perceived “right age” of marriage, getting a good proposal which was too good to let go and the perception that “Girls anyway belongs to their husband’s house hence it is good to marry them at the earliest”. Responses given by girls when asked about the implications of early marriages are given alongside:



Early marriage and Education

The relationship between education and early marriage is a complex one since they form a vicious cycle with inter-generational effects (Wodon et al., 2017²³²). It is almost impossible to adequately describe the exponential leap in vulnerability when a child or *Childescent* enters marital life. Along with the spike in associated health risks including reproductive and sexual



health risks, the premature acceptance of marriage role significantly disrupts the physiological, social and intellectual development of young girls and boys. For girls, early marriage and pregnancy often curtails their access to and continuation of education. Post marriage, social expectations and domestic responsibilities play a role in limiting their attendance in school. Once pregnancy and motherhood is realized, dropping out from school is a reality for a significant proportion of girls. This further hampers their future prospects adding disadvantages to their adult life as well. This lack of education can have harmful ripple effects on girls' lives: girls with lower levels of education often lack the knowledge and skills to participate in the formal market and are confined to informal or home-based work, typically characterized by inferior working conditions and lower incomes. Hence, a majority of *Childescent* girls who get married at lower ages also illustrate lower educational levels. In contrast, evidence shows a reduction in the probability of getting married with increase in educational level for this age group (8.s).

Educational Level of Married Girls	
Educational Level	Percentage of married women (15-19 years of age)
Non-literate	27.5%
Literate but below primary	6.1%
Primary but below middle	18.4%
Middle but below matric or secondary	17.9%
Matric or secondary but below graduate	26.1%
Schooling level not known	3.9%
Source: Census of India, 2011 ²³³	

Table 20. Educational Level of married girls (15-19 years)

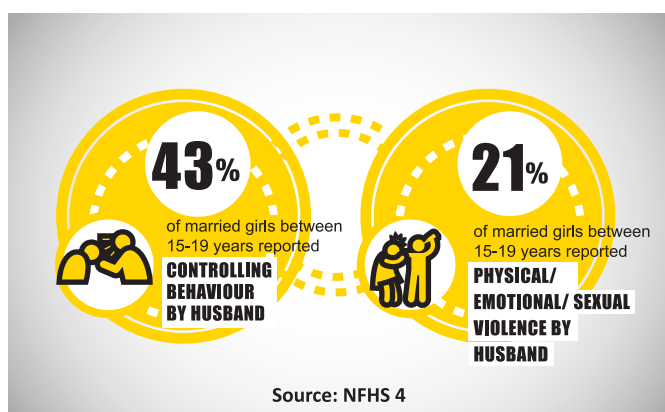
Research in South Asia has indicated the positive role of education in delaying the age of early marriage. Raj et al, 2014²³⁴ analysed girl child marriage rates for two decades (1991 - 2011) across four South Asian countries i.e., Bangladesh, India, Nepal and Pakistan (see also Raj, McDougal and Rusch, 2012)²³⁵. The

authors stated that in India, both primary and secondary education access had a protective influence against girl child marriage for all minors, however, in the other three nations, the protection was only for younger adolescents (<14) but not *Childescents*.

232 Wodon, Q., Male, C., Nayihouba, A., Onagorwu, A., Savadogo, A., Yedan, A., ... & Steinhaus, M. (2017). Economic impacts of child marriage: global synthesis report.
233 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India
234 Raj, A., McDougal, L., Silverman, J. G., & Rusch, M. L. (2014). Cross-sectional time series analysis of associations between education and girl child marriage in Bangladesh, India, Nepal and Pakistan, 1991-2011. PloS one, 9(9), e106210.
235 Raj, A., McDougal, L., & Rusch, M. L. (2012). Changes in prevalence of girl child marriage in South Asia. Jama, 307(19), 2027-2029.

Married minors and violence

Married girls are at a higher risk of sexual, physical, and emotional violence. Additionally, UNICEF (2014) reported that approximately one in three *Childescent* girls across the world may have been exposed to violence by their intimate partner at some point²³⁶. Majority of literature in this context is based on the marital relationship and violence arising within it, not taking into account aspects such as dowry related harassment, or power dynamics within the household. For instance, NFHS 4 indicated that 43 percent married *Childescent* girls (15 - 19) faced controlling behaviour by their spouse. Parsons et al., (2015) detailed literature citing high levels of physical and emotional violence among girls married as minors²³⁷, ²³⁸. Similarly, one in five married adolescent girls (aged 15-19) have experienced physical, sexual or emotional violence in the marriage relationship (NFHS 4).²³⁹



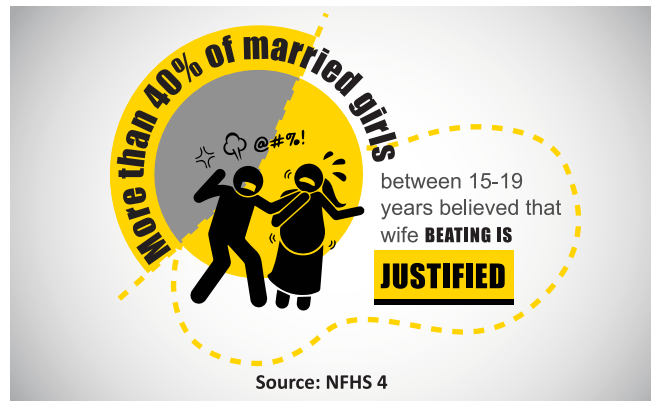
Research has shown that adolescent girls in India married before reaching the age of 18 are a) more likely to experience partner violence (physical and sexual)²⁴⁰, and b) those who experience partner violence during pregnancy are at double risk of perinatal

and neonatal mortality²⁴¹. For instance, in a sample of 2199 women from the state of Uttar Pradesh, Ahmed, Koenig and Stephenson (2006) found that progeny of mothers exposed to domestic violence during pregnancy had higher risks for perinatal and neonatal mortality²⁴². Similarly, in a study based on NFHS 3²⁴³ data from two states with high incidence of early marriage, viz. Bihar and Rajasthan²⁴⁴, multi-linear regression analysis demonstrated association between early marriage and intimate partner violence, particularly in the state of Rajasthan. Additionally, in another study based on NFHS 3²⁴⁵ data with addition of a domestic violence module, it was suggested that 43 percent of married as minors reported spousal violence in comparison to 24 percent reported by those married as adults²⁴⁶

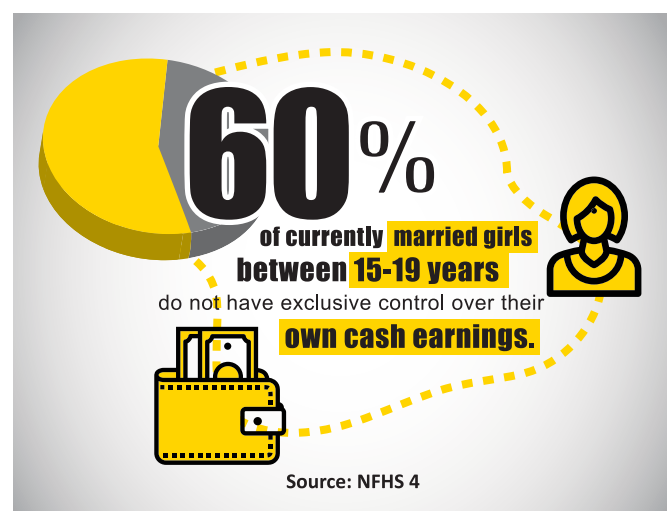
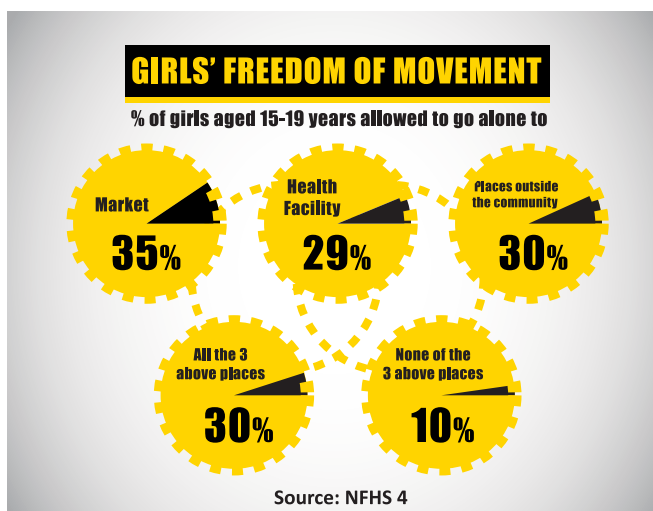
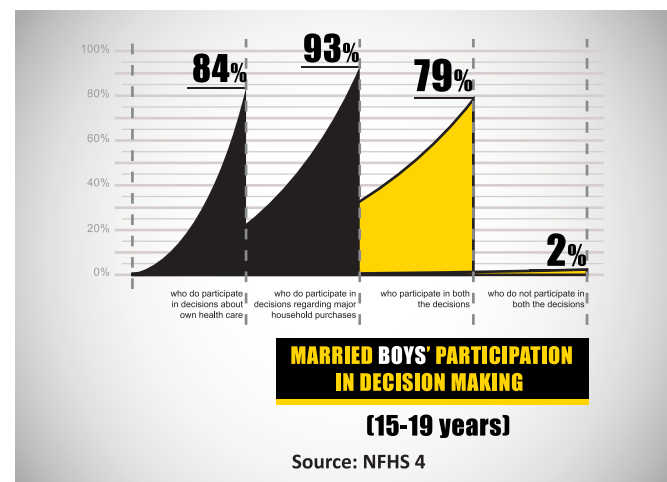
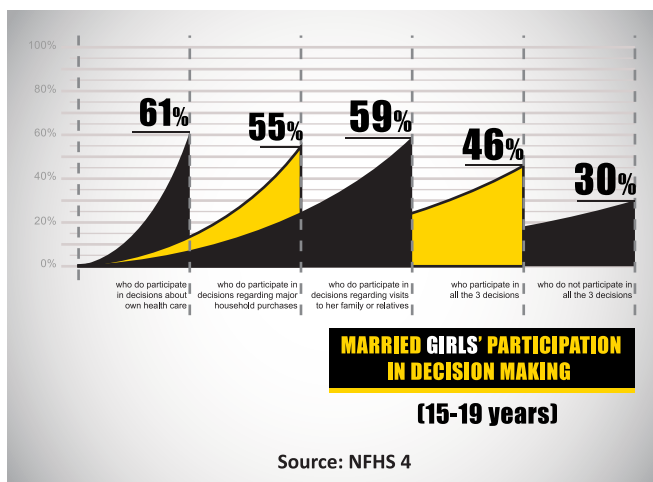
NFHS 4²⁴⁷ discusses intimate partner violence (IPV) or spousal violence in detail. Among *Childescent* girls (15-19) surveyed, 16.1 reported having experienced physical violence after turning 15 years of age. Similarly, 11 percent reported having faced emotional violence while 2.5 percent of all *Childescent* girls who were part of the survey reported having faced sexual violence. Of all women ever pregnant and who experienced physical violence during pregnancy, 4.7 percent were *Childescent* girls (15 - 19).

Childescent girls and boys both have specific attitudes regarding the acceptability of violence among intimate partners. Almost half of *Childescent* girls (47.7 percent) and similar number of *Childescent* boys (44.7) agreed that at least one of seven specific reasons warranted physical violence by husband. For both sexes, suspicion of unfaithfulness and not showing respect to in-laws were major reasons for justification of physical violence against the wife. Refusal to have sex with the spouse was also seen as a justified reason for reprimanding one's wife by 16.1 percent of *Childescent* male respondents.

- 236 Shiva Kumar, A. K., Stern, V., Subrahmanian, R., Sherr, L., Burton, P., Guerra, N., ... & Mehta, S. K. (2017). Ending violence in childhood: a global imperative.
- 237 Parsons, J., Edmeades, J., Kes, A., Petroni, S., Sexton, M., & Wodon, Q. (2015). Economic impacts of child marriage: a review of the literature. *The Review of Faith & International Affairs*, 13(3), 12-22.
- 238 Wodon, Q., Male, C., Nayihouba, A., Onagoruwa, A., Savadogo, A., Yedan, A., ... & Steinhaus, M. (2017). Economic impacts of child marriage: global synthesis report.
- 239 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India
- 240 Speizer, I. S., and E. Pearson, 'Association between Early Marriage and Intimate Partner violence in India: A focus on youth from bihar and rajasthan', *Journal of Interpersonal Violence*, vol. 26, no. 10, 2011, pp. 1963-1981;
- 241 Hidden in plain sight statistical analysis, EN_3 Sept 2014.pdf cites: Ahmed, S., M. A. Koenig and R. Stephenson, 'Effects of Domestic violence on Perinatal and Early-childhood Mortality: Evidence from North India', *American Journal of Public Health*, vol. 96, no. 8, 2006, pp. 1423-1428.
- 242 Ahmed, S., Koenig, M. A., & Stephenson, R. (2006). Effects of domestic violence on perinatal and early-childhood mortality: evidence from north India. *American journal of public health*, 96(8), 1423-1428.
- 243 IIPS & ICF, (2005-06). National Family Health Survey (NFHS-3), 2005-06, International Institute for Population Sciences, Mumbai, India
- 244 Speizer, I. S., and E. Pearson, 'Association between Early Marriage and Intimate Partner violence in India: A focus on youth from bihar and rajasthan', *Journal of Interpersonal Violence*, vol. 26, no. 10, 2011, pp. 1963-1981;
- 245 IIPS & ICF, (2005-06). National Family Health Survey (NFHS-3), 2005-06, International Institute for Population Sciences, Mumbai, India
- 246 Raj, A., Saggurti, N., Lawrence, D., Balaiah, D., & Silverman, J. G. (2010). Association between adolescent marriage and marital violence among young adult women in India. *International Journal of Gynecology & Obstetrics*, 110(1), 35-39.
- 247 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India



Marriage also results in reduced autonomy and decision making capacity of *Childescent* girls. For instance the graphs below show considerable difference in participation of married girls vs. married boys in family related decision making (e.g. issues of personal health, household purchases, and visits of family members and relatives).



Similarly, statistics also indicate lower mobility issues among married girls as an implicit indicator of restrictions on their personal freedom post marriage. Only 30 percent of all respondent *Childescent* girls had the freedom to move freely, even to places outside the community. Finally, a significant proportion of married *Childescent* girls do not have autonomy over their own earnings. This is also a reflection of the status of *Childescent* girls within the household and their low negotiation power.

Violence in the marital relationship, thus, adds another dimension of vulnerability into the early marriage scenario and hence, leads to increased vulnerability and poorer health outcomes especially for *Childescent* girls and their offspring.

3.4 Children and Violence

“Child Protection” is about protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. It is about ensuring that no child falls out of the social security and safety net and, those who do, receive necessary care, protection and support so as to bring them back into the safety net.’ (ICPS Scheme, 2009)

The scenario that comes to mind when reading words such as danger, risk, harmful situations, or adverse circumstances in life may be extreme forms of danger, especially obvious situations, such as those of war, conflict, or disaster. Yet child protection is, in reality, not just about protecting children from the harm rendered by such circumstances, but putting in layers of protection between the child and any adverse situations. Child protection is thus a way of living, of reducing risks and vulnerabilities that a child faces in every context of his/ her life. Children may face a number of risks in different contexts/ spaces of their lives that may arise from, or through people, infrastructure, or activities, or the existing socio-cultural system and patterns. Physical or sexual violence, emotional neglect and maltreatment, economic exploitation of children are some very real life - altering scenarios that are witnessed by children, and that, in turn, have the potential to alter the child’s ability to reach his/ her full potential. If in fact, we broaden our perspective, it is possible to perceive the interlinkages between commonly perceived discrete social problems such as child labour, marriage, trafficking and child maltreatment and neglect and the inability of society to provide a protective, flourishing place

where the child feels empowered and unburdened. It is this lack of a comprehensive social security and safety net and a comprehensive child protection framework that hampers true developmental progress of an individual, and consequently, the society.

For *Childescents*, the dangers from exposure to adverse life circumstances are even greater. This may be partly on account of the prevalent social norms which see Childescence as a time of transition from childhood to adulthood, resulting in extension of some amount of social protection, yet also allowing the individual to take on greater social and economic roles at the same time. The continuing prevalence of phenomenon such as early marriage and child labour indicate the existing gap in child safety net accorded to *Childescents*.

On the other hand, *Childescents*, may lack emotional preparedness to manage this phase of transition characterized by an extension of their social and interaction sphere. Higher influence of peers, intensive involvement in social groups and civic spaces, and excessive relationship aspirations also create extended vulnerabilities within *Childescents*. It is in situations when they are not yet intellectually or emotionally prepared that they demonstrate bursts of risky, impulsive behaviour, involvement in dysfunctional groups, and even delinquency and self - harm or violence against others. Hence, *Childescents*, may be a victim of both extraneous circumstances and their own inability to deal with these complex circumstances.

Here, then, if we were to consider child protection issues as obstacles to a child’s complete development as an individual, it becomes imperative to consider all social phenomena that may bring in the possibility of real, or perceived harm or danger to the child’s life, starting with actual or intended violence.

Violation of children’s rights and child protection issues do not take place only in extreme situations in one’s life, such as those of war, conflict, or disaster. They do not occur only with children who are bereft of their families; in fact, it is a fallacious assumption that the child is most safe when at home or within the safety sphere of one’s family. Children may face a number of risks in different contexts/ spaces of their lives that may arise from or through people, infrastructure, or activities or the existing socio-cultural system and patterns. These risks are contingent upon their age, location, social and cultural context and existing support systems. Yet child protection is, in reality, about creating layers of protection surrounding the child (i.e., creation of a safety net).

Layers in the context of child protection are expected to include the entire range from preventive, supportive and responsive mechanisms taking into account contextual vulnerabilities of children. A comprehensive, multidimensional perspective for child protection ought to include safety guidelines for physical risk elements such as design, construction and maintenance of spaces and infrastructure, safety measures for activity or programme design, as also checks and balances for human interactions, including both adult to child and child - to - child. It includes building capacities of both children and adults around the understanding of protection and empowering them to take appropriate actions for safeguarding children and risk management hence becomes an integral part of a comprehensive child protection framework. A protective environment therefore requires constant vigilance and action, including awareness of risks in daily lives, their identification, reduction or mitigation.

In context of both risk identification and mitigation, violence against a child is the most direct and visible indicator of a break in the protection system and in the child's safety. However, not all types of violence may be easy to recognize and comprehend. Childhood violence often takes different forms that are very specific, and yet, may not be recognized as violence per se. These disguised forms of violence often occur due to prevalent social norms that tolerate, accept, or even promote violence. Very often, even lack of knowledge of the protection framework may manifest into violence against the child. This may lead to a situation where in the violent practice may continue unabated as a consequence of ignorance, leading to a lasting impact on the affected child. Take corporal punishment, for instance- it is an implicit form of violence against children with its roots in socially and culturally accepted disciplining of children at homes or in school.

The impact of such implicit forms of violence may in fact be greater as they become integrated into social norms and often don't tend to be focus of policies. Taking a broader view, it is possible to perceive the inter-linkages between commonly

perceived social problems on one side such as child labour, marriage, trafficking and child maltreatment and neglect on the other side. These social problems in reality illustrate gaps in child protection framework and our inability to insure a safe and protective space to all children. It is this lack of a comprehensive social security and safety net and a comprehensive child protection framework that hampers true developmental progress of an individual, and consequently, the society.

Violence and *Childescents*

Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers. At least three out of four of children globally have been exposed to some form of violence/ abuse²⁴⁸.

Yet, societal perspective of crimes and violence against children and corresponding legislations tend to focus more on issues such as trafficking and sexual assault which are more explicit forms of violence rather than implicit ones such as corporal punishment, child labour or child marriage. However, if we take into consideration child protection issues as all social phenomena that may bring in the possibility of real or perceived harm or danger to the child's life, the most obvious starting point shall be the presence of actual or intended violence against a child.

The Multifarious nature of violence against children

The manner in which violence has been defined has been broad based in recent years. From a strictly physical definition involving either injury, death or deprivation, globally, the description of violence expanded to include neglect, emotional maltreatment, and impact on the child's dignity (see World Report on Violence and Health (2002)²⁴⁹. In accordance, UNCRC (Art. 19) presents a comprehensive definition of violence:

"All forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse".

248 Know Violence in Childhood. 2017. Ending Violence in Childhood. Global Report 2017

249 Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. The lancet, 360(9339), 1083-1088

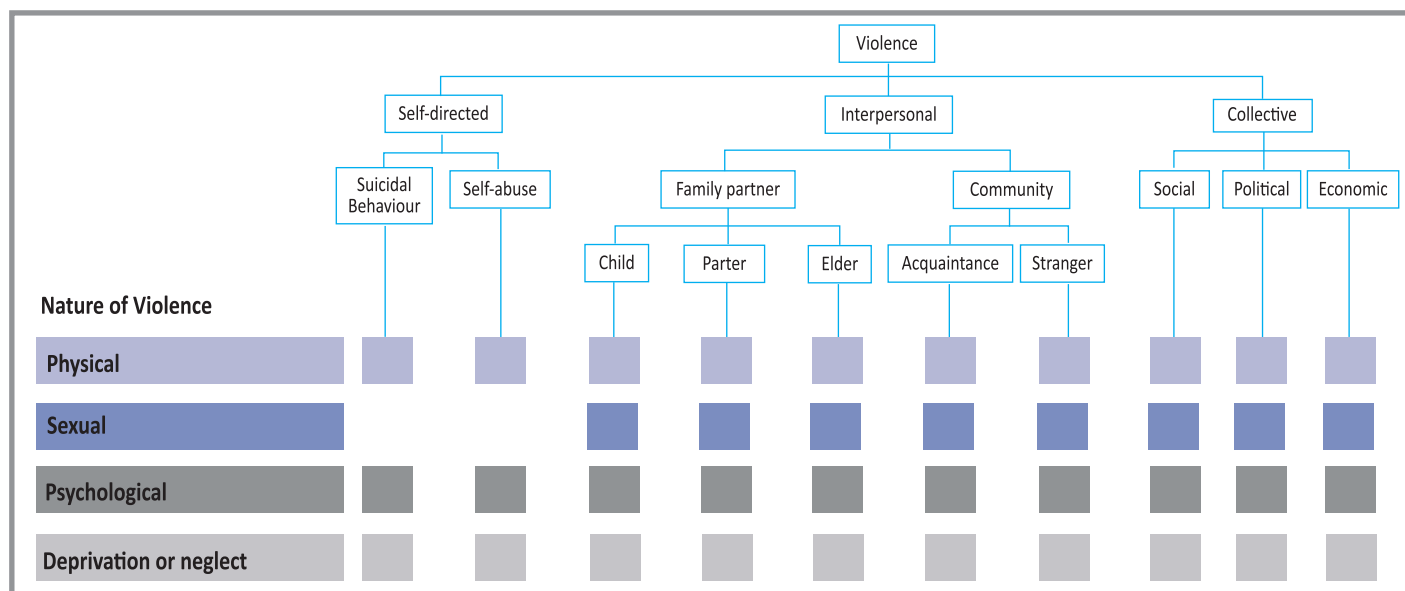


Figure 13. Typology of Violence (Reproduced by WHO, 2002)

The multifarious nature of childhood violence is reflected in the number of ways in which it may be classified. This includes classification by nature or type; place of perpetration; aggressor or perpetrator and finally duration over which it may occur. Hence, violence against children covers the entire range from verbal abuse to emotional maltreatment and from physical assault to sexual violence. Similarly, it may occur in a single occurrence or over a prolonged period of time, it may take place at home, in school, or any other institutional setting (such as shelter homes, orphanages, or other settings), in public spaces, or in the community. Finally, it may be an unintentional act that occurred spontaneously, or, may have been a planned, or even a routine phenomenon for the perpetrator.

This complexity can be understood better if we look at the violence continuum that may extend across multiple layers of interacting variables. In the entire period of childhood, the

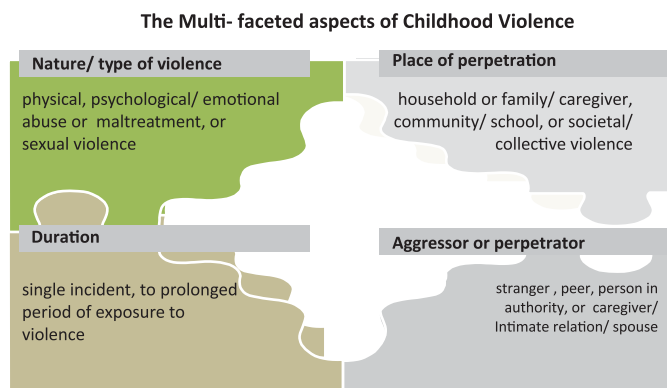


Figure 14. The multi-faceted aspects of Childhood Violence

potential of risks due to violence that a child may face are therefore enormous. The range extends from a single event to prolonged abuse; from unintended, accidental violence to a well - thought out planned exploitation of a child; from trivial to severe acts of violence; and finally, from a close relationship to collective violence that may be societal or by a specific group of persons.

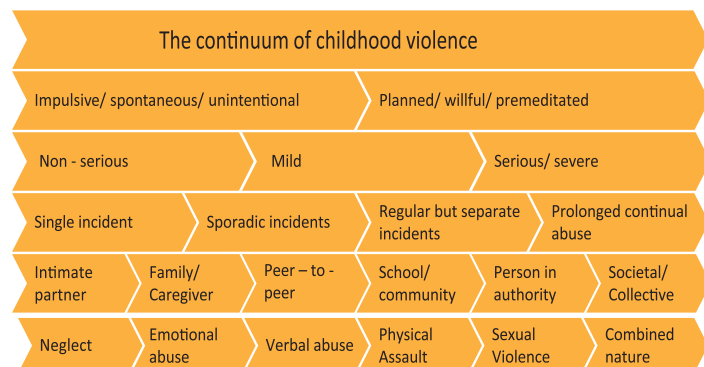


Figure 15. The continuum of Childhood Violence

What the continuum tries to illustrate is the high number of variables that come into play on how a child may be affected by violence. In accordance, what it also brings to light is the seriousness and comprehensiveness of thought which needs to be given to the task of designing a truly protective environment and, the layers of protection and response needed to ensure that a child facing multiple potential violence laden scenarios is not permanently scarred by these.

What makes *Childescents* vulnerable to violence?

In addition to the continuum of violence detailed above, it is also possible to understand and delineate commonly identified risk factors for *Childescents* in context of violence into multiple levels as given below.

Individual level - Being a *Childescent* is in itself a cause for vulnerability. This is often complicated by additional factors such as low educational attainment, social and economic background, having a disability or mental health issues, sexuality and sexual orientation and the exposure to drugs and violence within close quarters. *Childescents* who belong to specific communities which are already low on the social or economic hierarchy are at a higher risk of violence due to deprivation, or lack of social acceptance. Those who are out of school are at an increased risk of interpersonal or structural violence.

Interpersonal level - Vulnerability of *Childescents* also arises out of the nature of interpersonal relationships and its influence on their lives. *Childescents* who lack a strong emotional bond with their parents/ caregivers or come from dysfunctional families are more prone to being inflicted or subjected to violence than others. Parental involvement in violence either within home or in criminal activity outside, parental misuse of substances is another crucial aspect that makes them vulnerable. At the level of peers, their association with delinquent peers, or misuse of substances significantly increases their susceptibility to violence. Early or forced marriages, especially in the case of girls, raise their vulnerability to physical, emotional and mental violence in addition to depriving them of other basic rights.

Technological risks of violence against children - A recent study on cybercrimes against children²⁵⁰ suggested that rapid technological advances and widespread access of ICTs, (including high-speed internet and mobile devices with internet connectivity) have transformed societies around the world. Children in particular have adopted these technologies from an early age resulting in ICTs becoming an integral part of their lives. There is thus an increased risk of ICT misuse and involvement in exploitation and abuse of children due to their naiveté and trust in strangers. Children are particularly at risk as they often do not fully understand consequences and threats associated with ICT use, and may not be sufficiently aware that,

once shared, control over such material is effectively waived. Children who engage in risky online behaviour and don't pay attention to online safety and privacy face a higher risk of exploitation, cyber-enticement, solicitation or grooming. The easy engagement offered by online mediums and chat groups, along with reduced opportunity for parental supervision and monitoring are both significant aspects here. Consequently, *Childescents*, face increased risks related to cyber-enticement, exposure to harmful material and cyber-bullying.

Cultural practices and norms - Certain cultural practices and norms tend to support implicit forms of violence and normalize their practice in everyday lives. Practices which lead to gender role stereotyping, inequality, violent disciplining of children, hierarchical parent-child relationships, traditions supporting male dominance and social acceptance of patriarchal norms, all lead to increased vulnerability of the *Childescents*.

Societal - The influence and interaction of societal factors also makes *Childescents* vulnerable to violence. Living in areas of high population density with limited shared resources, transient or migrant populations, lack of adequate housing or support to families, high levels of unemployment all lead to social instability and discontent. Small triggers in such volatile communities could lead to violence. When there is lack of routine and social instability, there is also a higher propensity for abuse of drugs or alcohol either by *Childescents* themselves or by adults around them, which again make *Childescents* vulnerable. At the structural level, poor governance structures, lack of social protection measures and poor economic, health and education policies also make for fragile societies, which put *Childescents* at risk.

It is however, not possible to neatly categorize violence as stemming from only one specific level. In fact, these factors interact with each other to have a multiplier effect on children and *Childescents*. For instance, research shows that repeated exposure to physical disciplining, as with other forms of violence, can have long-term consequences, including cognitive and physical impairments, lower self-esteem and educational achievement, and increased risk for delinquency, substance use and adult criminal behaviour²⁵¹.

250 Study on the effects of new information technologies on the abuse and exploitation of children (UNODC, New York 2015) - https://www.unodc.org/documents/Cybercrime/Study_on_the_Effects.pdf

251 UNICEF New York (2014), Hidden in Plain Sight: A Statistical Analysis of Violence Against Children

Collective Violence- Children and Armed Conflict

During times of wars, children are not just by-standers, but systemic targets of violence. A large number of them get injured, or killed; and the ones that survive grow up deprived of the material and emotional needs and social structures essential for a well-rounded life. Their spaces of safety such as homes, schools, hospitals and playgrounds are rendered inaccessible.

The exposure to collective violence and accompanying range of vulnerabilities may also be quite diverse. For instance, there may be children who have been, or whose families have been directly affected by any form of conflict, violence, or disaster; children who have been, or whose families have been forced to migrate from their traditional homestead on account of any natural, or man-made disaster or conflict, and need special assistance for rehabilitation and mainstreaming into society; and finally those who have been affected by the lack of basic services, including access to health, education, developmental services, and support on account of long – term conflict, economic or physical blockade, or the suppression of developmental activities due to the above. This range of vulnerabilities indicates that no child in a geographical scenario of conflict is left untouched; each one faces multiple impacts from the happenings around them, even passing on the scars generationally to their next in line.

Amongst these various categories, there is a clear distinction of children who have been most intensely involved and therefore affected by conflict scenarios. In 2005, a specific set of conflict-related violations against children was identified as part of a periodic report by the UN Secretary-General on children and armed conflict. The report acknowledged that serious violations such as torture and other forms of ill-treatment, administrative detention, enforced displacement, sexual exploitation and hazardous work all bring about equally detrimental effects on the lives of children and young people²⁵².

Within India, there are well – known pockets or geographical locations where generations of children have been witness to situations of armed conflict and thereby subjected to serious consequences of collective violence. The report of the Secretary-General on children and armed conflict (A/70/836–S/2016/360) issued on 20 April 2016 observes that children as young as 6 years of age have been taken in by armed groups, including the Naxalites, in Bihar, Chhattisgarh, Jharkhand, Maharashtra, Odisha and West Bengal States. Reports indicate that children were coerced to join children’s units (“Bal Dasta”), where they were trained and used as couriers and informants, to plant improvised explosive devices and in front-line operations against national security forces. The abduction of adolescent girls by armed groups was also noted as a serious concern. Abducted children are subjected to grave violations and abuses, and forced to serve in combat functions, exposed to sexual violence and, reportedly used as human shields.

The nature and type of violence likely to be experienced by a child also changes with the different stages in a child’s development. For instance, during *Childescence*, there is a rise in incidents of violence on account of peer – to – peer violence, especially in the form of bullying and physical assault, as also incidents fuelled by impulsive behaviour, alcohol or drug – induced violence.

Adolescent girls are often at the receiving end of very specific forms of violence, for e.g., harassment at school, eve – teasing and, in married adolescents, intimate spousal violence at home. There are also gender associated shifts in how violence is experienced by Childescent girls, with 18 million girls aged 15-19 reportedly experiencing sexual abuse, and 55 million *Childescents* girls (15 – 19) having been at the receiving end of physical violence post turning 15²⁵³.

Estimates of Violence against Children

Global estimates of violence indicate that almost, one in six children globally lives in conflict affected areas²⁵⁴. The number of children living in a conflict zone has increased by more than 75 percent from the early 1990s when it was around 200 million, to more than 357 million children in 2016. 165 million of these children are affected by high intensity conflicts. Further, 1.3 billion boys and girls underwent corporal punishment at home, 261 million school children were exposed to peer violence, and approximately 100,000 children were victims of homicide in the previous year²⁵⁵. Among youth (10 – 29 years), this figure rises to 2,00,000 every year, making homicide the fourth leading cause of death in young people globally. In another study, Hillis, Mercy, Amobi, and Kress (2016) analysed population based surveys to establish that globally approximately 23% adults reported being subjected to physical abuse as a child, 36% reported experiencing emotional abuse, and 16.3% reported experiencing physical neglect (cited in Lilleston, P. S., Goldmann, L., Verma, R. K., & McCleary-Sills²⁵⁶).

253 Ibid

254 War on Children: Time to end grave violations against children in conflict, Save the Children 2018, <https://www.savethechildren.net/waronchildren/pdf/waronchildren.pdf>

255 Know Violence in Childhood. 2017. Ending Violence in Childhood. Global Report 2017. Know Violence in Childhood. New Delhi, India

256 Lilleston, P. S., Goldmann, L., Verma, R. K., & McCleary-Sills, J. (2017). Understanding social norms and violence in childhood: theoretical underpinnings and strategies for intervention. *Psychology, health & medicine*, 22(sup1), 122-134.

When it comes to specific forms of violence, the limiting availability of reliable and recent data is clearly visible. Globally, it is estimated that 246 million children (including **Childescents**) experience some form of school violence and bullying every year²⁵⁷. Gershoff (2017)²⁵⁸ analysed available data on school based corporal punishment across the world, providing details of prevalence rates of school corporal punishment across 63 countries, including India. According to the data cited by Gershoff, 78% of 8 year olds interviewed²⁵⁹ states that they had been subjected to corporal punishment in their school in the in past week, while the percentage reduced to half (or 34%) in case of 15 year olds interviewed. The data was part of the longitudinal Young Lives research project and therefore collated from the project area in two Indian states of Andhra Pradesh and Telangana.

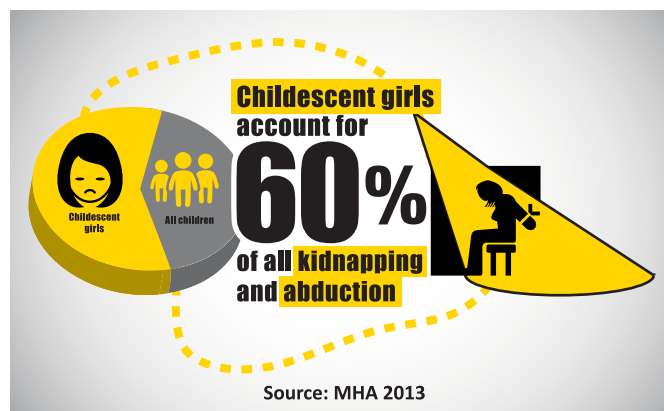
The Indian Scenario: National Child Abuse Study

Nationally available statistics from India are not very recent. A comprehensive study on Child Abuse in India was published in 2007 under the aegis of the Ministry of Women and Child Development. The study covered 13 states with a sample size of 12447 children, 2324 young adults and 2449 stakeholders. Even after a decade, this study remains the only available evidence based study detailing violence against children. The study found that 25.01% adolescents in the age group 15-18 years reported being physically abused. One finding from the study was that 53.8% of children who faced corporal punishment were from state run schools. In the case of sexual abuse, amongst Childescents, more than one third of those interviewed (37.82 percent) admitted to having been exposed to sexual assault. The study also looked at working children across all ages including those working in hazardous occupations not permitted by the Child Labour (Prohibition and Regulation) Act, 1986. Of the interviewed sample of children, 56.38 percent were working in some of the hazardous occupations (inclusive of domestic work, roadside restaurants and dhabas, construction work, bidi rolling, lock making, embroidery and zari, etc). The study also attempted to establish the burden of work on children. Additionally, more than half (50.2%) children reported working seven days a week, i.e., continuously without time for rest, studies, or play. For *Childescents*, the burden of work was also similar, with 44.36 percent children reportedly working all days of a week.

Data from Crime against Children

Recent statistics reported by National Crime Records Bureau indicate the growing rate of crime against children in recent years. Over the last decade, there has been a ten - fold increase in the number of crimes committed against children. Of 106958 incidents of crime against children, 54723 or 51 percent were incidents of kidnapping and abduction.

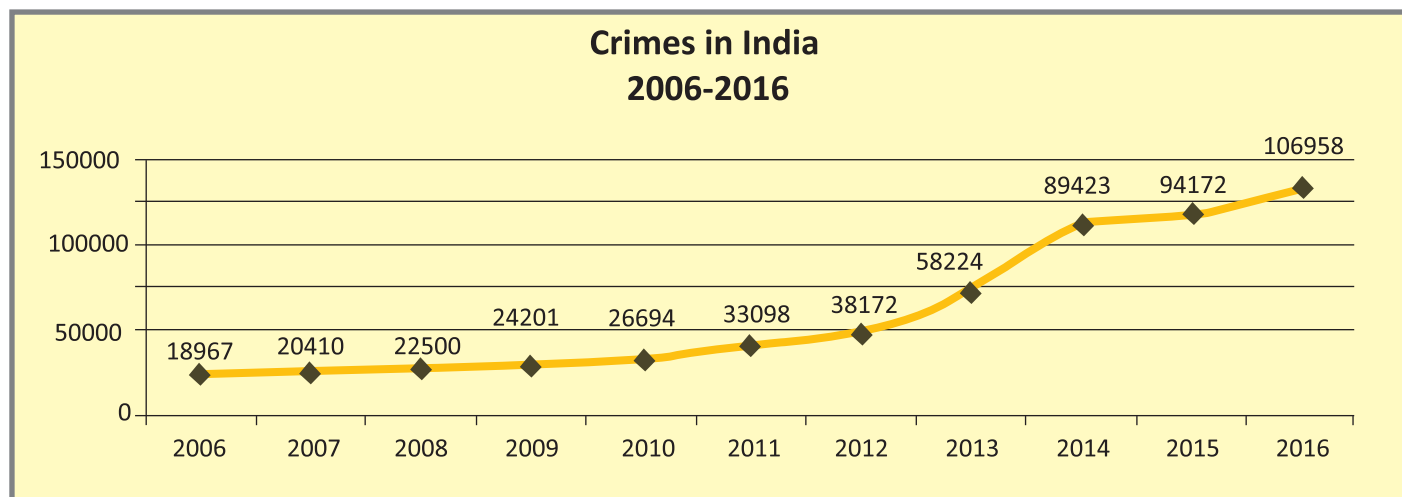
A specific area of concern is the high statistics related to kidnapping and abduction of *Childescent* girls. This indicates multiple areas of concern, with a significant proportion of cases filed by parents in case of elopement due to love interest. For instance, within this category, 30.4 percent of these were cases of kidnapping to compel an underage girl into marriage (Reference Table 4A. 2(i), Crime in India, 2016). At the same time, the high statistics indicate the vulnerable position of *Childescent* girls as well as societal expectations related to marriage of girls and the aspects of parental control over sexuality of *Childescent* girls.



257 UNESCO Global Status Report on School Violence and Bullying, 2017 retrieved from <http://unesdoc.unesco.org/images/0024/002469/246970e.pdf>

258 Elizabeth T. Gershoff (2017) School corporal punishment in global perspective: prevalence, outcomes, and efforts at intervention, *Psychology, Health & Medicine*, 22:sup1, 224-239, DOI: 10.1080/13548506.2016.1271955

259 Ogando Portela, M. J., & Pells, K. (2015). Corporal punishment in schools: Longitudinal evidence from Ethiopia, India, Peru, and Viet Nam (Innocenti Discussion Paper No. 2015-02). Florence: UNICEF Office of Research. Retrieved from <https://www.unicef-irc.org/publications/pdf/CORPORAL%20PUNISHMENTfinal.pdf>



Graph 22. Crimes Against Children in India over the last decade (2006-2016)

Apart from kidnapping, sexual offences constitute 1/3rd of all the crimes against children, with major crimes such as rape and sexual assault now covered under the POCSO Act (superseding earlier sections of IPC including 354, 376 and 509/511). There has not

been much change in state wise trends of crime against children, with more than 50% of the offences concentrated in 5 states - UP, Maharashtra, MP, Delhi and West Bengal.

Crime Head (2016)	Crime Incidence (2016)	% of all crimes	Conviction Rate	Pendency Percent
Kidnapping & Abduction	54723	48.9	22.7	91.6
Rape	19765	18.5	28.2	89.6
Sexual Assault (incl. Sec 354, IPC)	12226	11.4	30.7	87.9
Crimes under POCSO (Other Categories)	4031	3.8	57.27 (avg)	90.6 (avg)
Procurator of minor girls	2465	2.3	4.4	90.5
Crimes falling under JJ Act	2253	2.1	64.0	87.8
Murder	1640	1.5	44.2	91.9

Table 21. Conviction and Pendency Rate by Crime-head, 2016

The response of the criminal justice system to the occurrence of crime against children is crucial if children are to be truly protected within the society. Yet, statistics indicate both high pendency (i.e., cases yet to be decided) and low conviction rates (barring crimes against POCSO which are expected to be presided over by fast track courts and Juvenile Justice Act related cases of abuse, neglect, as also trafficking of children). For a list of offences and punishments under POCSO Act please refer Annexure 2.

More crucially, these statistics fail to record all crimes against children in their rightful space. For instance, cases of corporal punishment, for want of a specific crime head, may be registered under physical assault, and specific crimes against girls such as honour killing, acid attacks also go unmentioned in the recording

of crimes (though a separate IPC section on acid attacks has been introduced in recent years). The biggest anomaly however, is in the case of missing children. Statistics indicated that the number of children missing as of date in 2016 were 111569. Of these, approximately half, i.e., 55944 were recovered/ traced during the year while a similar number remained untraced (55625). Yet the similarities and differences between a missing child and a kidnapped child needs to be specified and similarly, the difference between those who were traced and those rescued and restored to the family needs deliberation and better reporting. Similarly, cases of child labour, trafficking and marriage need further disaggregation and prioritization in context of case recording and detailing of the case scenario that may be important for public researchers, practitioners and social planners.

Impact of exposure to violence on *ChilDESCENTS*

Physical impact

Direct impacts of violence includes, at worst, severe injuries and in some cases, even death. Exposure to violence at a young age can impair brain development and cognitive functioning, damage to respiratory and immune system. It may also lead to a cumulative impact of poor educational attainment and vocational under-performance.

Poor coping and high risk behaviours

ChilDESCENTS exposed to violence and other adversities are substantially more likely to engage in substance abuse and engage in risky sexual behaviours. They also have higher rates of anxiety, depression, other mental health problems and suicide.

Risk of unintended pregnancies

This is another impact on health of girls which leads to unsafe abortion practices, gynaecological problems, and sexually transmitted infections, including HIV. At its worse, in some social contexts, unintended pregnancies could also lead to honour killings.

Immediate and long – term impact

ChilDESCENTS exposed to violence and other adversities are more likely to drop out of school, have difficulty finding employment, and have increased risks for later victimization and/or perpetration of interpersonal and self-directed violence. It also plays a contributory role in a wide range of non-communicable diseases during adulthood. The increased risk for cardiovascular disease, cancer, diabetes, and other health conditions is largely due to the negative coping and health risk behaviours associated with violence.

Violence against Children and its Impact on the Global Economy

A study on the impact of violence against children on the global economy²⁶⁰ finds that significant costs transpire from the different forms of violence against children for individuals, communities, governments and economies. In the case of global costs resulting from physical, psychological and sexual violence, these costs can be as high as 8% of global GDP.

Considering other forms of violence, such as children's involvement in hazardous work, the global costs are estimated to be \$97 billion every year, which is equivalent to seven times Iceland's 2013 GDP. The economic impact of another form of violence against children - that of children associated with armed forces or groups - has been estimated to be \$144 million annually. More specific data and in-depth primary research needs to be generated on the different forms of violence against children, particularly in low- and middle-income countries.

The Report on conflict and children²⁶¹ found that in case of conflict-affected countries and territories, violence against children has slowed their progress towards the Millennium Development Goals. This means that children in these countries were more likely to be poor, malnourished, out of school or in generally poor health than many others around the globe, whether as a cause or a consequence of armed conflict. While overt violations and negative effects may not be solely attributable to war, it is fairly clear that the interplay of armed conflict, poverty and discrimination often compounds the harmful consequences for children.

ChilDESCENTS' response to Violence

Individuals deal with exposure to violence in numerous ways. Studies have shown that repeated or prolonged exposure to violence has long term consequences on the child, society and global economy. Internalized violence either leads to a response that is directed inward, toward the self, leading to self destructive behavior, or that may be directed to the external environment leading to varying degrees of aggressive behaviours among *ChilDESCENTS*.

Self – directed harm behaviours

A study on adolescent behavior²⁶² found that *ChilDESCENTS* (aged 16 years) tended to have suicidal ideation and ideas of inflicting self harm when exposed to adverse experiences within the span of the previous year. The forms of violence witnessed ranged from minor sexual assault to severe forms of violence including murder. Family dysfunction including caregiver instability such as caregivers' marriage, separation, divorce, moving out of the home, the addition of a significant other into

260 Impact of violence on global economy- Perezniato, P, Montes, A, Routier, S and Langston L, (2014), Costs and Economic Impact of Violence Against Children- https://www.childfund.org/uploadedFiles/public_site/media/ODI%20Report%20%20The%20cost%20and%20economic%20impact%20of%20violence%20against%20children.pdf

261 Children and conflict in the changing world, UNICEF 2009 https://childrenandarmedconflict.un.org/publications/MachelStudy-10YearStrategicReview_en.pdf

262 Journal of adolescence Vol. 35, Issue 1, February 2012, Pages 175-186 Thompson R, Proctor L.J, English, D.J, Dubowitz, H, Narasimhan S, Everson, M.D- Suicidal Ideation in Adolescence:

the home, or death made them vulnerable to suicide. In addition residential instability such as instances where the child moved with the family to a new place, moved away from the family, spent time homeless or in a homeless shelter, the family was evicted, or the child stayed with friends or family because s/he had no place else to stay also presented in suicidal tendencies among *Chilodescents* studied. Physical abuse was associated with higher than double likelihood of suicidal ideation whereas psychological abuse was associated with more than a tripled likelihood of suicidal ideation.

Intimate partner violence (or domestic violence)

This involves physical, sexual and emotional violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”. Globally, nearly one in three adolescent girls aged 15 to 19 (84 million)²⁶³ in formal unions have been the victims of emotional, physical and/or sexual violence perpetrated by their husbands or partners. *Chilodescents* who have witnessed domestic violence also tend to exhibit aggressive behaviour as they have internalized the use of violence in interpersonal relationships to dominate others and, in the case of boys, have often been encouraged to do so. The vulnerabilities and impact of intimate partner violence has been discussed in a separate section earlier dedicated to child marriages in the Indian context.

Involvement in Juvenile Crime

Most children who exhibit violent behavior have been exposed to some form of violence or another. They fall out of the safety net either due to dysfunctional families, or peer association or other factors of vulnerabilities identified earlier. Thus Children in conflict with law may be influenced by a number of extenuating circumstances.

Chilodescents and Legal Offences: Juvenile Crime

This section essentially brings out information about young offenders and the impact of being apprehended for possibly having committed a legal offence as a child. The foremost source of statistics on children in conflict with law in India is the annual publication of crime statistics (NCRB, 2016²⁶⁴). Overall, in India, 35849 cases of offences committed by all children were reported in 2016 with the largest number being property related crimes such as theft, burglary and robbery and a small proportion of serious crimes such as murder and attempted murder, abduction, and rape²⁶⁵ and sexual assault cases. Some significance may also be given to children involved in rioting, which is a reflection of their emotionally charged behaviour. Causing grievous hurt, rioting, and hurt due to rash driving are also significant as examples of impulsive and aggressive behaviour.

A positive indication here is the miniscule numbers of children involved in offences overall. Over the previous decade,

Crime Head (2016)	Incidence (percent of all offences by children)	16 – 18 year olds (percent of all juveniles)
Theft crimes	10139 (22.3)	6982 (68.8%)
Burglary	3812 (8.6)	2466 (64.7%)
Rape	2054 (4.65)	1561 (76%)
Rioting	2026 (4.59)	1691 (83.46%)
Robbery	1798 (4.07)	1355 (75.36%)
Sexual assault	1627 (3.68)	1288 (79.16%)
Grievous hurt	1418 (3.21)	1090 (76.87%)
Kidnapping and abduction	1364 (3.09)	1198 (87.83%)
Attempted murder	1278 (2.89)	1035 (80.99%)
Hurt due to rash driving	1223 (2.77)	931 (76.12%)
Murder	1177 (2.66)	901 (76.55%)

Table 22. Juvenile Crime by Crimehead

²⁶³ UNICEF New York (2014), Hidden in Plain Sight: A Statistical Analysis of Violence Against Children

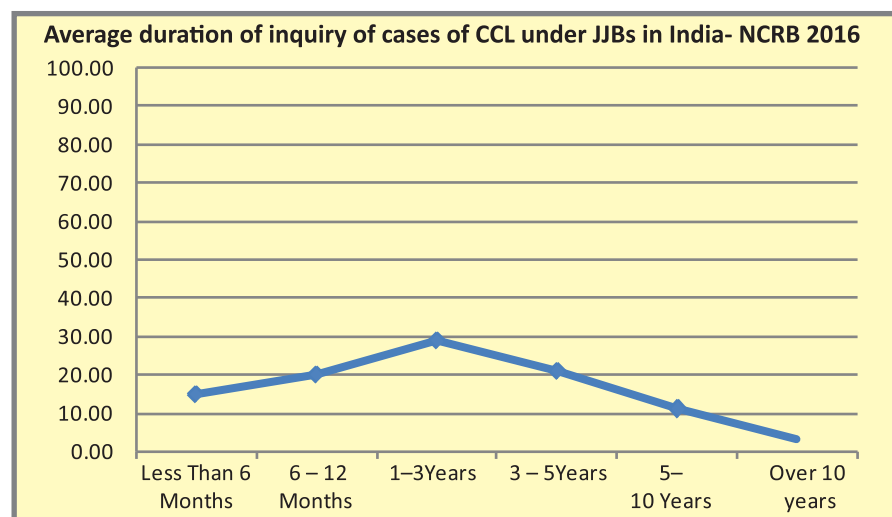
²⁶⁴ Juveniles Apprehended, National Crime Records Bureau,

²⁶⁵ including POCSO cases under which consensual sex between minors also amounts to rape

involvement of children has shown an increase of less than 1 percent (from 1.8 to 2.7 percent) indicating that macro socio-cultural trends do not indicate unrest, negative aspirations, or poor developmental opportunities as have been indicated in other regions (especially Latin American and Caribbean regions known for high prevalence of youth crime).

The overwhelming proportion of 16 to 18 year olds in these incidents points to the need for proactive and positive engagement practices with this group of children. Within 2016, 73.75 percent of juveniles (32577) apprehended for an offence (total 44171) belonged to the age group of 16 to 18.

In the reporting year (2016), the juvenile justice system processed the cases of 65659 children (all ages), including those pending from earlier. Of these, 25226 children's cases remained in progress at the end of the year. Hence, the system as of reported date had the capacity to process matters of 40,433 cases (61.5 percent). Yet, out of 14411 cases under trial by juvenile justice boards in the reported period, the average duration of trial was one to three years. Hence, on average, being apprehended in a matter of offence would result in loss of two years of a young person's life, especially in the formative years of life.



Graph 23. Average duration of inquiry of cases of CCL under JJBs in India

In terms of education, less than 10 percent of juveniles apprehended had completed secondary education with 45 percent not yet at secondary level and 33 percent still studying in primary level. Considering that 73 percent of juveniles were in secondary education age group (16 - 18), the statistics show a possible linkage between educational dropout and entry into antisocial behaviour. Almost 86 percent of all children apprehended live with their families and a further 10 percent with guardians, though details about family life are unavailable from this dataset. Less than 4 percent are homeless and therefore out of the family based safety net

A 2015 study conducted with children in observation homes, special homes and place of safety in Delhi under the aegis of DCPCR²⁶⁶ found multiple deprivation characteristics of interviewed children including belonging to poor socio-economic strata, low education profile of parents, and often, disrupted families. The children themselves had high likelihood of having

dropped out from school, and already in employment. However, the authors averred that one of the reasons behind such demographic profile of offenders may also be attributed to the fact that offenders from higher socio-economic backgrounds were more likely to have settled matters out of court, ensuring no family stigma is associated. Correspondingly, both official statistics and available respondents were tilted towards those from poor socio-economic backgrounds. The authors stated that the lack of future orientation and understanding of the consequences of their actions plays a significant role in offences by children. When faced by emotional or stressful circumstances, the *ChilDESCENTS* are more likely to act impulsively without considering the consequences of their actions. Additionally, 58.8 percent cases indicated the influence of peer group with offences carried out in a group scenario. The combination of the above patterns underlines the cognitive immaturity and impulsive behaviour of *ChilDESCENTS* while also highlighting the high peer group influence on their actions.

266 DCPCR (2015) WHY CHILDREN COMMIT OFFENCES Study on Children in Conflict with Law in Delhi retrieved from <http://www.butterflieschildrights.org/admin/re-source/Why%20Children%20Commit%20Offences-DCPCR.pdf>

3.5 Locating *ChilDESCENTS* within the arena of work

Work is an integral part of social living and in India largely children participating in work start at an early age. The transition of a *ChilDESCENT* from school to work marks a massive change in an individual's life. Yet, it becomes crucial that the transition comes at an appropriate time when the individual is ready for work in all ways, including physically, cognitively, and emotionally. Early transition to work leads to increased vulnerabilities and consequent exploitation of the child in numerous ways as shown in the section below.

Starting work at an early age brings with it a number of inherent risks and vulnerabilities for the child, household, as also the nation. For one, children who may drop out of school to enter the world of work may find it difficult to return to school. The labour intensive nature of most child work categories makes excessive demands on the individual, effectively interfering with the child's ability to learn, and thereby, continue schooling in a comparable manner with non - working children. Those who attempt to do so often find it difficult to cope with studies, leading consequently to poor school performance and lower learning levels, particularly at higher levels of education. They lag behind their school peers, often receive minimal guidance and encouragement from school authorities and, many times may be faced with financial constraints during their struggles. This combination of external pressures and rising magnitude of continuous effort often results in their being forced to give up their efforts for re-entering education midway in order to once again go out in search of work²⁶⁷.

Labour is defined in India in terms of economic production. Thus the work accounted for in statistics and policy frameworks in a child's life is often restricted to only paid employment, and implies rendering invisible children's participation in household roles; in assisting families whether in agriculture or family based enterprises, and temporary work, such as during peak agricultural season²⁶⁸.

Girls and the case of Household Work: In 2017 ILO for the first time released data on children's involvement in household

chores²⁶⁹. Around 217 million *ChilDESCENTS* spend at least some time each week performing chores for their household. 34 million children between 15-17 years spend 21 hours or more doing household chores of which more than 70% are accounted for by high percentages of girls in successive hourly ranges of 28 hours per week (75% of 14.5 million) and 43 or more hours per week (80% of 5 million children). Finally, girls also show a higher likelihood of performing 'double duty' i.e., being involved in both employment and household work, leaving little to imagination on the resulting interference on their educational development.

For the purpose of this study, we move beyond the conceptual issues of child work and labour and retain all forms of employment by children as part of child work. VVGNLI (2017)²⁷⁰ states the various forms of child labour, including paid/ unpaid; self-employed/wage-employed; domestic/industrial, migrant/non-migrant; and so on. Girls, specifically, may be involved in household chores that take them away from pursuing formal education, yet may not be economically rewarding to the person or family.

The internationally accepted definition of child labour as given by ILO is in fact based on its two International Conventions on a) Minimum Age Convention 1973 (No. 138) and Worst Forms of Child Labour Convention 1999 (No. 182). In accordance, all nation states are encouraged to have a fixed minimum age for employment and, eliminate children from participation in 'worst forms of labour' that cover a) slavery, trafficking and forced labour b) use of children for prostitution or other sexual exploitation c) use of children for illicit activities and d) hazardous work. In its estimation of child work, three important classifications stated by ILO are: children in employment, children in child labour, and children in hazardous work²⁷¹.

India, through its latest amendment of the Child and Adolescent Labour (Protection and Regulation) Act, 1986 has set forth a minimum age criteria for employment of children at 14 years and introduced a new definition of adolescents (14 to 18 year olds) who are prohibited from selected occupations and processes categorized as hazardous occupations.

267 ILO 2017 Global Estimates of Child Labour filename global_estimates_of_child_labour-results_and_trends_2012-2016

268 VV.Giri Institute of Labour Studies, UNICEF. (2017), State of Child Workers in India, Mapping Trends retrieved from <https://vvgnli.gov.in/sites/default/files/State%20of%20Child%20Workers%20in%20India-Mapping%20Trends.pdf>

269 ILO, 2017 Global Estimates of Child Labour filename global_estimates_of_child_labour-results_and_trends_2012-2016

270 VV.Giri Institute of Labour Studies, UNICEF. (2017), State of Child Workers in India, Mapping Trends retrieved from <https://vvgnli.gov.in/sites/default/files/State%20of%20Child%20Workers%20in%20India-Mapping%20Trends.pdf>

271 ILO, 2017 Global Estimates of Child Labour filename global_estimates_of_child_labour-results_and_trends_2012-2016

The conventional definition of child labour in India is actually that of hazardous work as seen from above:

‘Child labour’ refers to work that is mentally, physically, socially or morally dangerous and harmful to children; interferes with their schooling by depriving them of the opportunity to attend school; obliges them to leave school prematurely; or requires them to attempt to combine school attendance with excessively long and heavy work”.

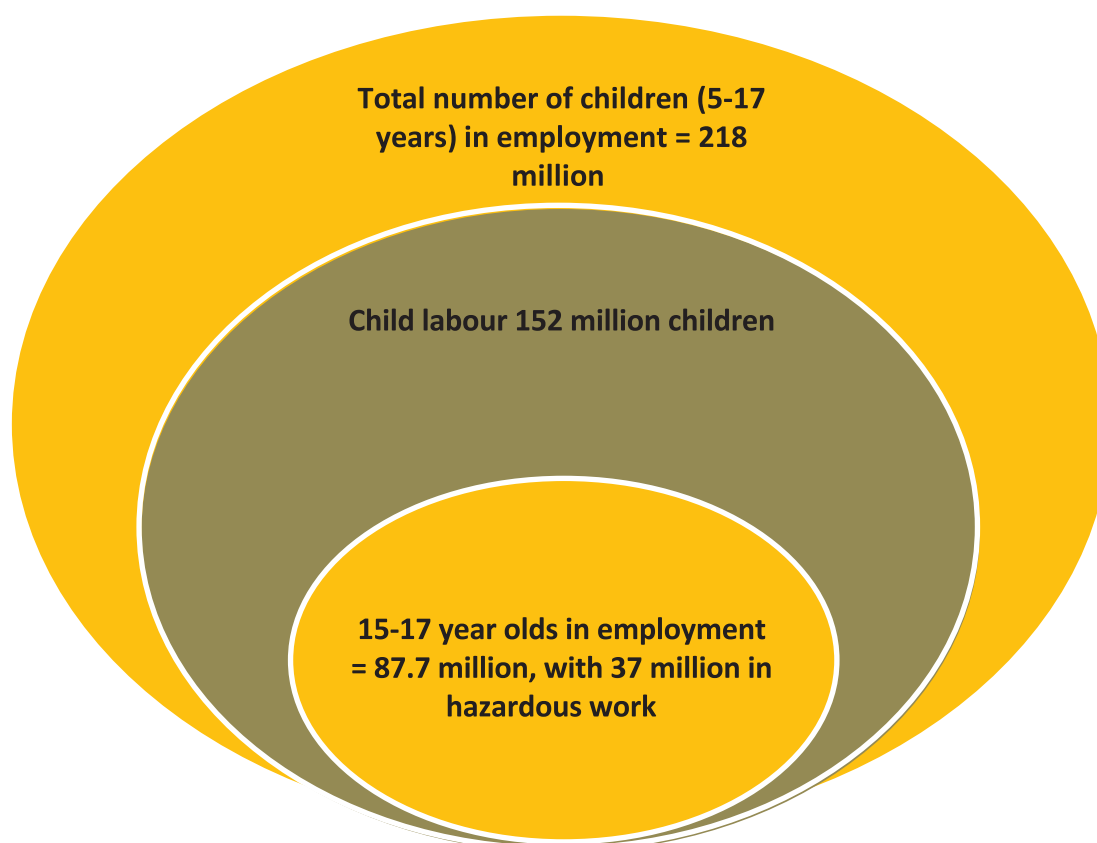


Figure 16. Working Children in Hazardous Occupations by Age Source: ILO 2017²⁷²

Essentially though, the globally estimated number of working *Childescents* is under recorded as it only includes those *Childescents* in hazardous work and therefore omits those in other occupations but equally vulnerable. While doing so, ILO enumerates that working adolescents counted under child labour may have a higher likelihood of dropping out from school at an early age, as well as indicate higher levels of occupation related injuries and health issues. In one way then, the global estimates take into account only the explicit vulnerabilities of adolescents leaving aside other implicit vulnerabilities.



²⁷² ibid

Childescents engaged in work: Numbers and Magnitude

In India, the Decadal Census survey continues to be the primary source of available work related statistics providing rudimentary data about *Childescents* working throughout the year and those working for some time during the year. According to Census of India, 2011²⁷³, there are 22 million working children in India between 15-18.

The heat-map below shows the concentration of *Childescents* working in India. This allows us to see which districts are the hotspots of child labour across India and therefore need prioritised attention and immediate and urgent action.

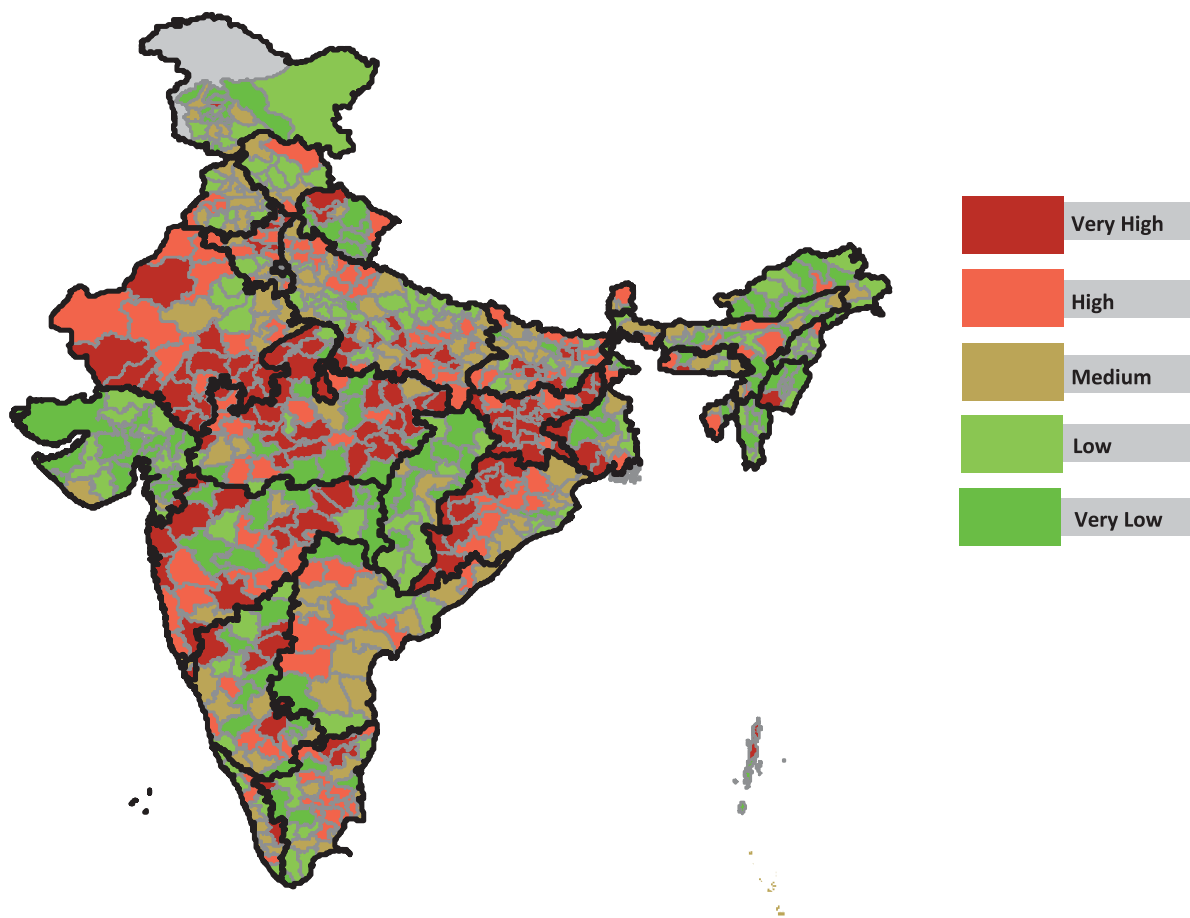


Figure 17. Heat Map of Working *Childescents* in India

At a given point of time, a child may be classified as a student, in an economic role, or NEET (Not in education, employment or training²⁷⁴). In India, because the Right to Free and Compulsory Education is till the age of 14 years, *Childescents* have a higher likelihood of taking on economic roles and moving into employment as compared to those below 14 years of age.



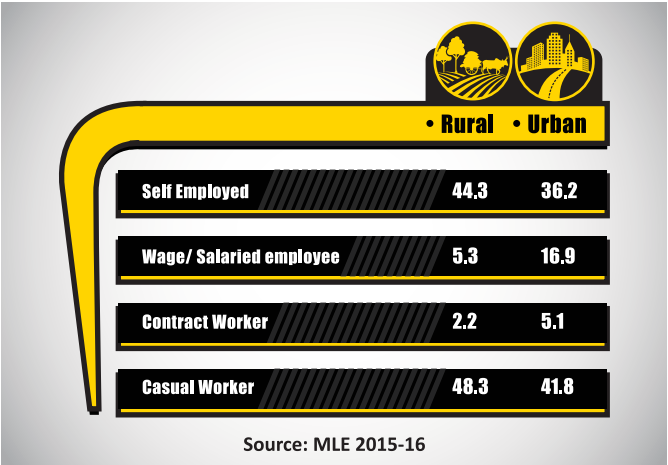
273 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

274 UNESCO (2016) Global Education Monitoring Report. Education for people and planet: CREATING SUSTAINABLE FUTURES FOR ALL

Also Census of India, 2011²⁷⁵ data shows close to 25.08% of *Childescents* (15 - 19 years) were estimated to be performing an economic role. This does not include those whose primary role was performing household duties (comprising of another 8.33% population in this age group). The proportion of children who were non workers and whose primary role was that of a student was estimated at 55.8% of this age group. Also close to 14.7% of the 15 to 19 age group population were identified as main workers (economic role for a major portion of the year). As a corollary, working for more than six months in a year would imply that these *Childescents* are no longer benefitting from school education.

More recent statistics on *Childescents* participation in work are available from Ministry of Labour and Employment through its annual surveys. The latest Employment - Unemployment Annual Survey 2015-16 conducted by Ministry of Labour and Employment includes youth employment trends (though in the category of 15 - 17 year - olds). Since *Childescents* are considered part of the national labour force, there are some other age disaggregated statistics available such as unemployment rate (persons who are currently not working but may be seeking for work) and information on labour productivity.

The Survey also classifies workers by different types of activities, as per the four broad categories of Self Employed, Wage/Salaried Worker, Contract Workers and Casual Labourers.

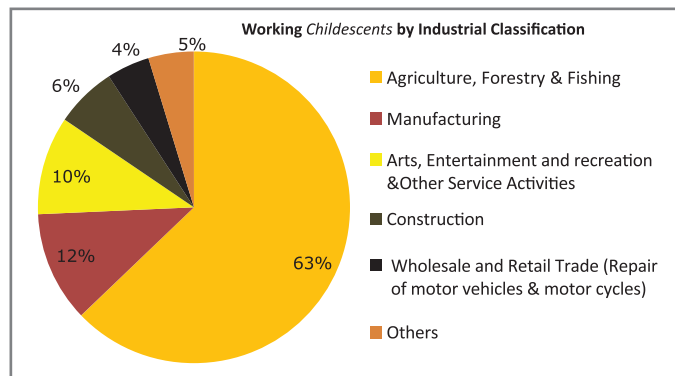


The classification in the 2013-14 survey²⁷⁶ by rural and urban areas detailed along depicts highest percentage of Causal workers and self employed category clearly indicating that majority of *Childescents* who are already economically active are operating in mainly these two categories. ILO includes self - employed (and those contributing to family work) as part of its description of ‘vulnerable employment’. Similarly, casual workers are subject to irregular employment and lack access to decent work and a sustainable career pathway.

Globally, ILO classifies child labour in three broad sectors, i.e., Agriculture, Industry and services. As per latest estimates, 15 to 17 year olds show a shift from agriculture (which is predominant choice of work in younger ages) to industry and services. As per ILO, close to 50 percent of those in the 15 - 17 age group are working in agriculture, with the rest divided equally into the industry and service sectors (ILO, 2017²⁷⁷). In India, the Employment survey 2013-14²⁷⁸ provides a classification of 15 to 17 year olds by sector of work based on the National Industrial Classification 2008, under which sectors are grouped according to it, a majority of persons were found to be employed under Agriculture, forestry & fishing sector. The other sectors where significant numbers of persons were found to be employed comprised of construction, manufacturing, wholesale and retail trade.

Drawing from above, 90% of working adolescents in the 15 to 17 age group are either self – employed or working as part of the casual workforce with associated high vulnerabilities and facing hurdles to their economic growth and success. Regulating, or prohibiting the types of activities they can undertake would be a huge challenge. Additionally, restricting the types of occupations within the Act has further narrowed the scope of preventive and in fact limited the scope of supportive interventions for this group of workers.

275 ILO, 2017 Global Estimates of Child Labour filename global_estimates_of_child_labour-results_and_trends_2012-2016
276 Youth Employment - unemployment scenario, Volume II, 2013-14, GoI Ministry of Labour and Employment, Labour Bureau, Chandigarh
277 ILO, 2017 Global Estimates of Child Labour filename global_estimates_of_child_labour-results_and_trends_2012-2016
278 Youth Employment - unemployment scenario, Volume II, 2013-14, GoI Ministry of Labour and Employment, Labour Bureau, Chandigarh



Graph 24. Working Children (15-19 years) by Industrial Classification²⁷⁹

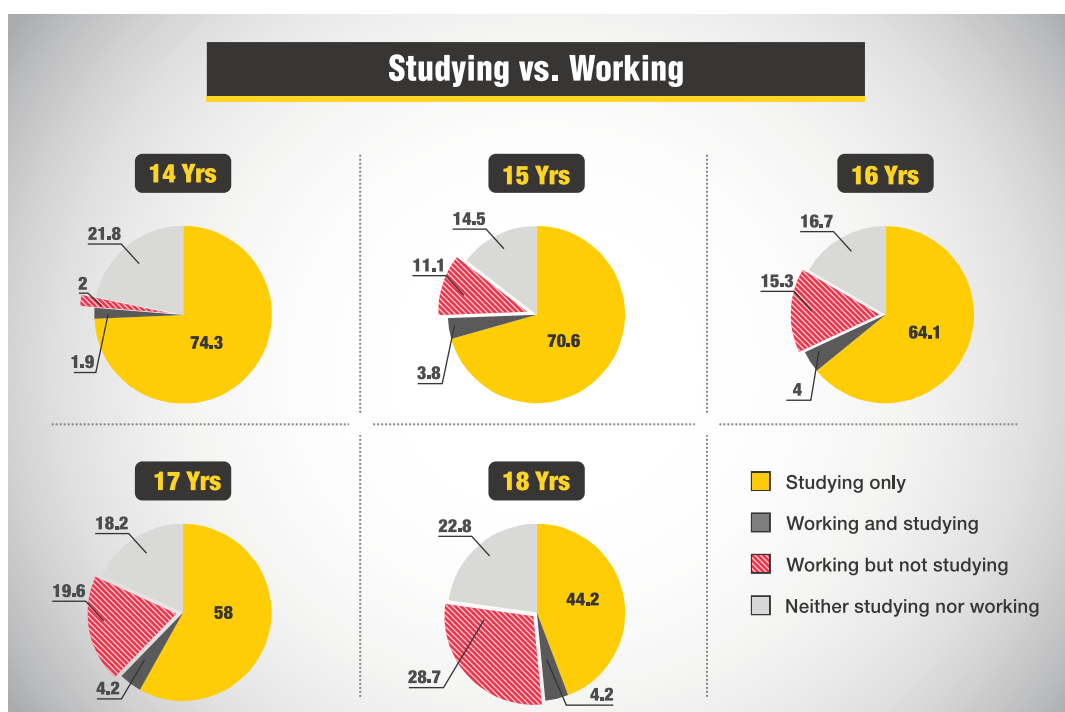
The data (represented in the figure above) on working *Childrescent* shows highest share to Agriculture, Forestry and Fishing, followed by Manufacturing and Arts, Entertainment and recreation & other services activities where other Service Activities include Activities of Households as Employers: Undifferentiated Goods and Services & Activities of Extra-Territorial Organizations and Bodies.

Trends within working Childrescents

Girls and boys are not equally in work however: while almost 20% of *Childrescent* boys were working, only 8.8% of girls were classified as main workers (work participation rate for 15 - 18 year olds for boys was 28%, whereas for girls it is 17.2%²⁸⁰). At the same time, statistics from Census of India, 2011 also indicate the large number of *Childrescents* engaged in work for some time in a year (or marginal workers)²⁸¹. Out of the working *Childrescents*, 80.2 workers are in Rural setting whereas 19.8 percent workers are from urban area²⁸².

Education And Work

A child may turn economically active in the aftermath of dropping out of school, or they may combine school and work. When Education and work is combined, there is high probability of Education getting ignored. *Childrescent* burdened with this double work would often find it difficult to cope with education and as the year progresses the proportion of those attempting to match school and work further shrinks. Similarly, access to education has the power to desist children from working. The adjoining figure clearly illustrates a drastic reduction in persons currently working as their educational levels improve.



²⁷⁹ Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

²⁸⁰ ibid

²⁸¹ UNFPA, Registrar General of India Office (2014) A Profile of Adolescents and Youth in India retrieved from ??

²⁸² Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

Within current scenario alongside the increasing level of education there is a subsequent increase in working and studying category. By the time the child is 18 years the proportion of studying + working increases to 28.7 percent from 1.9 percent when the child is about 14 years.

Lack of (access to) education is a push factor for *Childescents*

As seen from above, *Childescents* are particularly vulnerable to giving up education on account of work. The thirty percentage point drop from age 14 and below to age 18, and the twenty - six percentage point increase in those working without continuing education are clear indicators to the same. Supportive interventions to keep children in school may therefore have the added beneficial advantage of reducing early work participation of *Childescents*. The figure also acts as an indirect proof for the inverse correlation between continued access to education and transition into labour. Globally, the recent decades have seen almost 30 million reduction in youth labour force (1991-2014) even in the face of growing trend for absolute youth population figures (ILO, 2015)²⁸³. Increased involvement of this age group in secondary and tertiary education has been suggested as a prominent reason for the reduction in youth labour force given as followed by general improvement in the economic situation of households.

Dearth of Data on Child and *Childescent* Labour

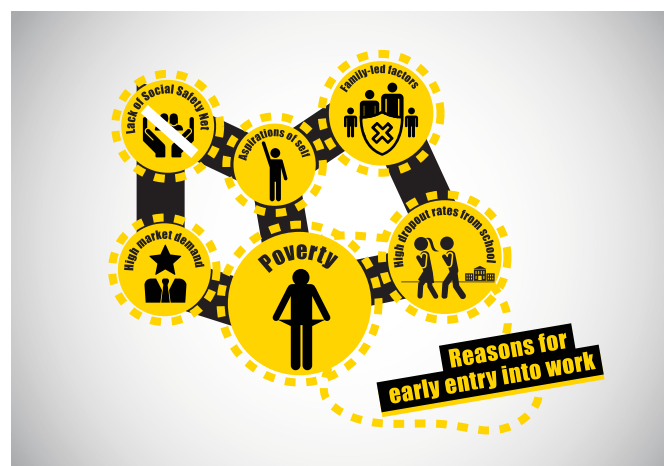
Traditionally, collation of data on child labour has been confined to children below 14; hence, there is paucity of information for *Childescents*. For instance, there are no statistics available on the pattern of adolescent employment, wages available to them in comparison to adult workers, nature and quantum of hazardous work carried out by these individuals and consequent rates of accidents, occupational illnesses, disability, or fatality statistics for these individuals.

Currently, information on Children and work is available through the data on cases registered; children rehabilitated through special training centres and mainstreamed into formal schools, and finally, surveys and census data. The table comparing the statistics on working children and response measures by states is presented in the Annexure 2.

The annexure states the gap between incidence and response given by the state for children below 14, which also in a way reflective of the efforts carried out for *Childescents*. Some of the states where large numbers of adolescents are working (as also, children below 14) have not much to show by way of response. For instance, Uttar Pradesh, being a large state, also has the largest number of working adolescents. Yet it is West Bengal which has the largest numbers of special training centres under NCLP. The numbers of children placed in NCLP schools shows large variance over the years. Tamil Nadu, West Bengal, Rajasthan, Madhya Pradesh and Maharashtra, with high incidence and availability of special schools, have surprisingly low numbers of children mainstreamed across the years. Karnataka and Odisha are two states where large numbers of bonded labourers have been identified and released over the years. Yet, there is a significant difference in context of response to child labour - whereas Karnataka shows substantial numbers of inspections, hardly any inspections are carried out across Odisha. Karnataka and Tamil Nadu are two states with more number of inspections than any other state. However, these inspections hardly ever get converted into actual filing and prosecution of cases under the child labour act.

Factors Influencing *Childescents* Engaging in Work

The reasons behind *Childescents* moving into economic role are the same as for all children, including household poverty situation, labour as a coping strategy, market demand, socio-cultural norms, lack of access to education, and child's input as unpaid assistance for family, especially in agriculture and contractual home-based work.



283 ILO, 2015, GLOBAL EMPLOYMENT TRENDS FOR YOUTH retrieved from http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_412015.pdf

Poverty as a causal factor

The linkage between poverty and entry of children and *Childescents* into work has been known for a long time. Poverty is a driver for early entry into work, thus leading children and Childescents into informal, insecure and low wage work. The 2015 Global Youth Employment Report, (ILO, 2015)²⁸⁴ states that globally, those employed as youth (defined here as 15 - 24) were 1.5 times more likely to belong to the lowest poverty class and 1.2 times more likely to be in the moderately poor class in comparison to adult workers. Particularly for low income countries, the report estimates that approximately 90 percent of the young workers are active in informal employment. Formal employment with its associated attributes such as decent payment, job security and non - exploitative working conditions are highly difficult to find for this population grouping.

Lack of Social Safety Net

A safety net or support system is an integral need of not just children but also families, especially those tackling multiple vulnerabilities at the same time (such as gender, caste, poverty, disability or illness, among others). Households need this support not just to face poverty, but also manage risks, shocks and disasters. According to ILO, more than 5 billion people world wide (above 70 percent of World population) lack access to adequate social protection (ILO, 2017²⁸⁵). The overall definition of social protection measures encompasses a whole range of initiatives including, for instance, public employment programmes, health and unemployment protection, social transfers, and social security measures for specific age groups and disabilities. Additionally, access to credit through microcredit, microinsurance and similar initiatives are also emerging alternatives for extending social protection to vulnerable families.

The very fact that families continue to resort to child labour as a coping mechanism in times of vulnerability indicates the gaps in existing social security measures. In India, Governments have explored programmes for adult unemployment (NREGA), incentives for girl schooling etc. However, there is no comprehensive social protection scheme that supports vulnerable families,

especially with corresponding indicators for child protection such as Bolsa Família in Brazil). The existing household support in India occurs through state commitment to provide one time rehabilitation money for rescued child and bonded labourers. (The crucial nature of this missing gap is indicated through existing studies that show re-entry of children into work, even after being rescued. A study carried out in 2014 by CRY and Committed Action for Relief and Education (CARE) revealed from the children who were rescued in the raids during the year 2008-09 in Mumbai, 73 percent of children went back to work with the same employers within the period of a year²⁸⁶.

Family based factors

According to the Global out of School Children Initiative Report, 2015²⁸⁷ , of the five most common barriers to education, one was the household's reliance on child labour. The Global Understanding Child Work survey collated findings from eight sample countries, suggesting that in six of the countries (Democratic Republic of the Congo, Ghana, India, Liberia, Nigeria and Tajikistan), work for family (both paid and unpaid) accounted for above 40 percent of that carried out by out - of school child labourers and in the other two (Ethiopia and Mozambique), it arose to over 80 percent²⁸⁸ . Corroborating the high incidence of child labour in family based work, ILO 2017 states that a majority of children in the most recent estimates were not in a traditional employment based relationship with a third - party employer, but were found to be working either in family based agriculture or family based enterprises. Consequently, there is substantial need to understand and explore family characteristics related to child labour. For instance, Aggarwal, 2004 (cited in VVGNI, 2017²⁸⁹) provided the following characteristics of households with higher incidence of child labour: landless rural households, average family size, belonging to socially backward classes, and headed by self - employed/ labourers. Another large category of households as stated by Aggarwal, 2004 included a) large - sized households and b) debt ridden households.

284 ibid

285 ILO, 2017 Global Estimates of Child Labour filename global_estimates_of_child_labour-results_and_trends_2012-2016

286 CRY, 2008, Developing a new perspective on Child Labour Exploring the aftermath of Mumbai raids, Mumbai, India

287 UNESCO Institute for Statistics (2015) FIXING THE BROKEN PROMISE OF EDUCATION FOR ALL: Findings from the Global Initiative on Out-of-School Children, UNICEF, UNESCO

288 ibid

289 VV.Giri Institute of Labour Studies, UNICEF. (2017), State of Child Workers in India, Mapping Trends retrieved from <https://vvgni.gov.in/sites/default/files/State%20of%20Child%20Workers%20in%20India-Mapping%20Trends.pdf>

Limiting Labour policy Construct in India

The characteristics of *Childescent* labour, as detailed above, also brings forth the contradictions and limiting nature of India's labour policy construct. Over the years, India has followed a straightforward definition of child labour, one which does not take into account part - time work, temporary periods of work, and also, non - remunerative household work. The Indian state has conventionally followed the principle of prohibiting work for children in specific occupations. Following the recent amendment the State has applied this in case of *Childescents*, but only in specific sectors or employments deemed to be highly exploitative or that might lead to physical or otherwise harm to the person concerned. In the recently amended Child Labour Act, for the first time India has defined 14 years as the minimum age for employment. It has also extended the list of prohibited occupations and processes to now apply to working *Childescents* (i.e., those above 14 but below 18 years of age). Hence, age has been considered as the dividing variable for the two categories of child and adolescents (as per CLPRA Act).

At the same time, current labour legislations are not favourable to the needs and requirements of participating *Childescents*. They include sections for preventing and punishing exploitation, but do not ensure a level playing field for working children, both in terms of wages and training opportunities. Regulations of work conditions take into account the more vulnerable nature of *Childescents* but these alone are decidedly insufficient to promote decent work availability to *Childescents*.

Additionally, labour regulations, welfare measures and therefore labour violations are applicable largely to the formal sector²⁹⁰. They do not extend their protective scope to those working in family establishments, or in informal sector. In fact, the overall labour policy construct may be responsible for having given rise to the phenomenon of subcontracting, piece rate work contracts and similar methods through which the entire household participates in the activity, including children, without coming under the ambit of labour legislations (see, for instance, the explanation of rise of home based work in Beedi industry following the passage of Beedi and Cigar Workers (Conditions of Employment) Rules, 1968 (Sarvanan²⁹¹, 2002 ; cited in VVGLNI, 2017).

Urban shift and Household Migration

Migration of children with the household for work is a response that often occurs as a consequence of shocks in the family's livelihood. Often, the direct consequences are moving out of education, as well as child's additional input as unpaid worker in the occupations in which parents may be engaged, often hazardous by nature²⁹². A number of studies have explored the exploitative nature of such work, including in brick kilns, subcontracted agricultural labour in soyabean, or other activities. One specific area that needs urgent attention is the phenomenon of child domestic work, that takes place in fact, not through simple rural to urban migration but unsupervised, illegal trafficking of children, especially *Childescent* girls, from poor states and districts to urban agglomerations such as Delhi, Mumbai and Kolkata.

Consequences of Involving *Childescents* in Economic Activities

Children being forced to assume economic roles are often faced with multiple consequences, including but not limited to occupational health hazards, abuse and exploitation at the workplace (and otherwise). As stated earlier, *Childescents* are at higher likelihoods of experiencing work related injuries, disorders and incidents. Some of these are a consequence of the type of work they may be involved in, with higher propensity for accidents/ burns/ other hazards, or risky behaviour (such as fireworks; pesticides or heavy machinery related injuries in agriculture; diving accidents in fisheries etc). Long-term consequences of those performing repetitive physical actions as part of the job role include consequent irreversible damage to the body for instance, eyes, spine, or hands and other exposed body parts (for instance, in embroidery related activities, bidi making, or garment manufacturing related subcontracted work).

Transiting into work at an early age also predisposes *Childescents* to gain entry into low - level, physical work that is not preferred by other workers, and is therefore easily available, while not being highly remunerative. Doing so prevents them from gaining essential skills that are preferred in the market and subsequently moving up the skill/ specialization pathway. Hence, even if they return to work again, they

290 South Asia In Action: Preventing And Responding To Child Trafficking Analysis Of Anti-Trafficking Initiatives In The Region, UNICEF 2009

291 Sarvanan, Velayutham (2002). "Women's Employment and Reduction of Child Labour: Beedi Workers in Rural Tamil Nadu," Economic and Political Weekly, December 28, pp. 5205-5214.

292 Akinola, A., Krishna, A.K.I., Chetlapalli, S.K. (2014), Health equity for internal migrant labourers in India: An ethical perspective: Indian Journal of Medical Ethics 11(4):232-7

continue to be segmented into the same unskilled/ semi - skilled, low paying bracket with higher likelihood of exposure to physically hard/ financially non-remunerative/ and potentially hazardous occupations. This pattern has been a consistent trend in India's employment scenario. NITI Aayog's Three Year action agenda (2017-18 to 2019-20)²⁹³ states underemployment to be a pervasive scenario in India, with majority of workers stagnating in low - productivity, low - wage jobs. The recommendation by the Aayog is for a shift from capital - intensive or skilled - labour intensive goods and services to those that are labour - intensive in nature. This may be even more difficult in the emerging scenario, wherein developments such as artificial intelligence and automation of work may result in developing economies such as India adversely affected by technology - induced unemployment. Thus, those who move out of school into the world of work at young ages may be unable to gain higher order technical, cognitive and critical thinking skills and thus, be prone to a future filled with higher propensity towards unemployment, insecure or irregular employment, and low remunerative work²⁹⁴.

Health Effects of Hazardous Child Labour

Though lack of collated statistics w.r.t. health impacts of child labour do not allow presentation of the detailed scenario, studies have indicated the adverse effects of certain occupations on children, especially in manufacturing processes involving close proximity to heat (glass making, ceramics, rubber, and brick kilns); chemical, corrosive substances and toxic substances; handling pesticides and insecticides etc. Over the years, these have been the basis for addition of occupations to the schedule listing hazardous processes and activities in the CLPRA Act. Other than these prohibited occupations, however, children are often at high risk for generic physical injuries, allergies, cuts and burns, animal bites or fractures as a result of a wide range of actions such as falling from trees or heights, drowning, or injuries riding horses/ vehicles, or during operating machinery. In some cases, the health effects of child labour can develop as a long term consequence during adult life, as in the case of cancer, silicosis, TB and so on.

Drop out from education

The correlations between work participation of adolescents and school dropout rates are well known. So are the consequences for early acceptance of economic roles by adolescents - lack of opportunity for skilling/ higher education and therefore, continuation of work in unskilled, low - paying, increased effort roles even in adulthood; open to higher chances of occupational health injuries and hazards; poor nutrition and ability to cope with sudden unemployment shocks; and finally continuation of intergenerational poverty cycle.

The relationship between education and work is crucial both as a determinant and as a consequence of transition from school to work. In some cases, *Childescents* drop out of school due to the demands of work, while in others, lack of access to continued educational opportunities and affordability issues cause *Childescents* to drop out of school and transition to work. ILO 2017²⁹⁵ additionally suggests that while child labour involvement predisposes children to remain in low paying jobs on account of poor skills and educational background, an overall atmosphere of poor employment prospects may also guide parental decision to move children into work at an early age rather than towards continuation of education (VVGLNI, 2017)²⁹⁶. Low returns from an education that provides little skills, poor employability and no guarantee of a brighter future act as a disincentive for investment in children's education.

Early participation of children in work is not beneficial, whether in context of human capital development, or gaining access to preferred forms of employment, or finally, avoiding segmentation of adolescent workers into roles that are limiting, repetitive, and temporary in nature. Avoiding school to work transition would therefore allow a higher proportion of *Childescents* to continue schooling, skill development, and development of human capital; furthering access to better livelihoods and productive employment and a smooth transition into adult roles at a later age.

293 Niti Aayog (2017) India Three Year Action Agenda (2017-18 to 2019-20) Government of India, NITI Aayog, Sansad Marg, New Delhi 2017

294 International Commission on Financing Global Education Opportunity (2016). The Learning Generation. Investing in education for a changing world. Retrieved from http://report.educationcommission.org/wp-content/uploads/2016/09/Learning_Generation_Full_Report.pdf

295 ILO, 2017 Global Estimates of Child Labour filename global_estimates_of_child_labour-results_and_trends_2012-2016

296 V.V.Giri Institute of Labour Studies, UNICEF. (2017), State of Child Workers in India, Mapping Trends retrieved from <https://vvgnli.gov.in/sites/default/files/State%20of%20Child%20Workers%20in%20India-Mapping%20Trends.pdf>

3.6 Trafficking

In legal terminology, human trafficking refers to transfer of persons from one place to another for exploitative purposes. Children form one of the most vulnerable sections w.r.t. trafficking, with 79 per cent of all detected trafficking victims estimated to be women and children (UNODC 2016)²⁹⁷. India is known as a source, transit and destination in context of trafficking, including for children (US Department of State (2016)²⁹⁸ . However, majority of trafficking in India is domestic or internal trafficking^{299 300}. Children may be trafficked for multiple purposes, including commercial sexual exploitation, labour (particularly domestic work, or industrial/agricultural farm labour), marriage, adoption, etc.

Trafficking of children for work is a recent trend heavily governed by economic forces such as demand and supply of manpower, wage rates, and need for labour to take on hazardous and low or non - wage tasks. *Childescents* are especially prone to both trafficking for commercial sex work as well as for forced labour. Their naiveté, physical vulnerability, and inability to foresee future consequences of incidents make them an easy prey. The engagement levels with a trafficker too vary with individual cases. A child may be trafficked by a stranger, an acquaintance or friend, or even, a family member or partner (See Santhya, Jejeebhoy and Basu, 2014³⁰¹).

The intricate way in which trafficking is carried out and its potential to bring adverse outcomes for the family was illustrated in the case of Munni and her baby Falak. Munni got married in her *Childescence* years and had multiple children immediately afterwards. Munni was lured by a person who befriended her and led her onto a lady, who was the actual trafficker in this case. The journey which Munni took willingly in order to find her way out of a violent marriage, took her from Bihar to Delhi and then Rajasthan. On the way, her children were taken away from her and sold into adoption while the youngest, Baby Falak, ended up in her staying with another *Childescence* girl, Guddi, who, being motherless, couldn't be of any assistance after she found herself being an unwilling caregiver for Falak. It was only after Baby Falak's accidental death was discovered and the separate pieces started to come together that Munni, now sold as a virgin bride in Rajasthan, could be reunited with her remaining children. The case, highlighted the sheer ineptitude of existing legislations and vigilance mechanisms and showcased how easy it is for traffickers to lure their victims in absence of stringent monitoring.

The default legislation for trafficking in India has been the Immoral Trafficking Prevention Act (ITPA, 1956) that refers only to commercial sexual exploitation. Accordingly, section 5 of ITPA refers to procuring, inducing movement, transporting or bringing up for prostitution, or causing to take up prostitution. Under ITPA, offences against children are treated primarily through increase in the duration of punishment³⁰² . Yet, the act is not considered to be comprehensive as it often leads to criminalization and prosecution of victims of sex trafficking . Again, rehabilitation of victims has not been prioritized and adequately implemented. Also, ITPA's mandate is restricted only to trafficking³⁰³ for commercial sexual exploitation and does not cover other purposes of trafficking in persons. In 2013, Government of India introduced section 370 IPC

Amendment through Criminal Law Amendment, 2013. The provision extends the earlier restricted concept of immoral trafficking to align it with the United Nations Convention against Transnational Organised Crime (UNTOC) and Palermo Protocol (2000). Again, this only covers human trafficking as a legal offence and doesn't function as a social and protective mechanism that converges all aspects of rehabilitation and reintegration of trafficked victims into operation. In December 2015, Supreme Court of India directed the Government to develop a comprehensive legislation on Trafficking by June 2016³⁰⁴ . However, the draft legislation still awaits introduction in Parliament.

297 UNODC (2016) Global Report on Trafficking in Persons

298 US Department of State. (2016). Trafficking In Persons Report 2016. US Department of State, 419. Retrieved from <https://www.state.gov/documents/organization/258876.pdf>

299 UNICEF (2009) Innocenti Research Centre South Asia In Action: Preventing and Responding to child Trafficking: analysis of anti-trafficking initiatives in the region

300 Dottridge M (2008). Child Trafficking for Sexual Purposes. Thematic Paper contributed by ECPAT in World Congress III against Sexual Exploitation of Children and Adolescents. retrieved from www.ecpat.org/wp-content/uploads/legacy/Thematic_Paper_Trafficking_ENG.pdf

301 Santhya, K. G, S. J. Jejeebhoy and S. Basu. 2014. Trafficking of Minor Girls for Commercial Sexual Exploitation in India: A synthesis of Available Evidence. New Delhi: Population Council retrieved from https://www.popcouncil.org/uploads/pdfs/2014PGY_TraffickingIndia.pdf

302 Regmi, K. (2006). Trafficking into prostitution in India and the Indian judiciary. Intercultural Hum. Rts. L. Rev., 1, 373

303 ibid

304 Writ Petition (C) No.56 of 2004, Prajwala Vs. Union of India & Ors.

Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2018

The Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2018 is the first comprehensive piece of legislation on trafficking and addresses the issue from the point of view of prevention, rescue and rehabilitation. Its key highlights include:

- For the first time, a definition of aggravated forms of trafficking, which includes trafficking for the purpose of forced labour, begging, trafficking by administering chemical substance or hormones on a person for the purpose of early sexual maturity, trafficking of a woman or child for the purpose of marriage or under the pretext of marriage or after marriage etc. has been provided under the bill.
- It requires the establishment of fast track courts for speedy trial, setting up of a rehabilitation fund for the victims of trafficking and ensures their confidentiality.
- It also creates dedicated institutional mechanisms at District, State and Central Level that will be responsible for prevention, protection, investigation and rehabilitation work related to trafficking
- The National Investigation Agency (NIA) will perform the tasks of Anti-Trafficking Bureau at the national level under the Ministry of Home Affairs (MHA) in order to be able to investigate national as well as trans-national nature of the crime.
- Offences under this Act shall be cognizable and non-bailable
- Time frame for trial and repatriation of victims is one year from taking offense into cognizance

Estimates and numbers

Trafficking is considered as a 'hidden' criminal activity³⁰⁵ and hence, reliable data on its extent is not readily available. Known or reported cases form only a subset of the entire universe of trafficking cases, the true extent of which remains unknown.

Accurate numbers of children trafficked for various purposes are hence almost impossible to obtain. Globally, US Department of State (TIP, 2016) estimated human trafficking to be a \$150 billion industry. In recent years, ILO has initiated the use of an umbrella term "modern slavery", which encompasses multiple concepts including forced labour, debt bondage, forced marriage, slavery and slavery like practices, and human trafficking³⁰⁶. This allows a comprehensive estimation of persons trafficked across various purposes.

According to ILO's 2017 global estimates³⁰⁷, 40.3 million human beings were victims of modern slavery^{308, 309}. Of these, ILO estimated 25 percent of modern slavery victims to be a child. 21 percent of all persons in commercial sex exploitation were children, while 18 percent of those forced into labour and 37 percent of those forced into marriage were children³¹⁰.



Figure 18. Numbers on Child Exploitation

³⁰⁵ UNODC (2008) Background Paper for Quantifying Human Trafficking, its impact and the responses to it. The Vienna Forum to fight Human Trafficking, 13-15 February 2008, Austria Center Vienna. Retrieved from <https://www.unodc.org/documents/human-trafficking/2008/BP024QuantifyingHumanTrafficking.pdf>

³⁰⁶ ILO (2017) Global estimates of modern slavery and child labour Regional Brief for Asia and the Pacific retrieved from http://www.ilo.org/wcmsp5/groups/pub lic/@ed_norm/@ipec/documents/publication/wcms_597873.pdf

³⁰⁷ ILO, (2017) Global estimates of child labour: results and trends 2012-2016, International Labour Organization (ILO), Geneva, Switzerland.

³⁰⁸ See <http://www.alliance87.org/2017ge/modernslavery#lsection=0>

³⁰⁹ ILO (2017) Global estimates of modern slavery: Forced labour and forced marriage. International Labour Office (ILO), Geneva, 2017 retrieved from http://www.alliance87.org/global_estimates_of_modern_slavery-forced_labour_and_forced_marriage.pdf

³¹⁰ *ibid*

In India, the best available estimates are for those involved in sex work, since studies on trafficking for labour or marriage are insignificant. Even in case of trafficking for sexual exploitation, there is a paucity of recent primary large scale studies, with the two available large scale studies having been conducted in 2004 (Sen and Nair, 2004³¹¹ ; Gram Niyojan Kendra, 2004³¹²). Estimates of children trafficked for commercial sexual exploitation, expected to be the largest amongst those trafficked, vary considerably. Researchers over the years have suggested widely varying estimates, ranging from 70,000 to 3,000,000 women and minor girls, of which 30 - 40 per cent were assumed to be below 18 years of age³¹³. Existing studies have attempted to estimate these numbers through a) available surveys with existing commercial sex workers (CSW who entered this work when they were still a minor (retrospective data on entry age) (Ramesh et al, 2010³¹⁴ , Gupta, 2011³¹⁵) b) those trafficked for sex work as a minor (see Gupta, 2011, George and Sabharwal, 2013) and c) adolescent girls at the time of survey (4 to 16 per cent of sample) (MWCD & UNODC, 2008 (cited in Sandhya, Jejeebhoy and Basu, 2014³¹⁶).

George and Sabharwal, 2013³¹⁷). For a detailed study of methodology, please refer to Sandhya, Jejeebhoy and Basu, 2014³¹⁸ . In the 2004 NHRC study, minors accounted for up to 21 per cent of the sample, while 62 percent of the adult survivors who were part of the survey accepted that they had been trafficked as children (NHRC-UNIFEM-ISS, 2004³¹⁹).

What statistics on cases filed tell us

The biggest data gap in context of child trafficking in India continues to be the astronomical difference between estimates of trafficking for various purposes and complaints/ cases registered in the legal domain. Cases that come before the legal enforcement system are way less in number due to multiple reasons such as social/ economic demand, tolerance of sex work, poor enforcement, political patronage, low prioritization of trafficking as a socio-legal issue, among others. Globally, the number of assisted victims of trafficking was as low as 66,520 (US Department of State, 2017) while another global report (UNODC, 2016) suggested a total of 63,251 victims across 106 countries and territories between 2012 and 2014.

The scenario in India also reflects the low numbers (see Lok Sabha Unstarred Question No. 3311, 17th March, 2015, starred question No. 344, 20th March 2018)³²⁰ . Until 2014, sections under IPC predominated the number of cases filed which largely comprised of those for the purpose of sexual exploitation (procurement of minor girls, buying and selling of minors for prostitution), accompanied by cases filed under ITPA Act, 1986. As stated earlier, the Immoral Traffic (Prevention) Act, 1956 covers cases of girls trafficked for commercial sexual exploitation (CSE). In India, since 2014, cases reported for human trafficking have been added to the statistics, though very few cases of forced labour/ trafficking for labour purposes

311 Shankar Sen and PM Nair (2004) A Report on Trafficking in Women and Children in India, 2002-2003 NHRC UNIFEM ISS Project

312 Cited in Santhya, K. G, S. J. Jejeebhoy and S. Basu. 2014. Trafficking of Minor Girls for Commercial Sexual Exploitation in India: A synthesis of Available Evidence. New Delhi: Population Council retrieved from https://www.popcouncil.org/uploads/pdfs/2014PGY_TraffickingIndia.pdf

313 ibid

314 Ramesh, B. M., Beattie, T. S., Shajy, I., Washington, R., Jagannathan, L., Reza-Paul, S., Blanchard J.F., & Moses, S. (2010). Changes in risk behaviours and prevalence of sexually transmitted infections following HIV preventive interventions among female sex workers in five districts in Karnataka state, south India. Sexually transmitted infections, 86(Suppl 1), i17-i24.

315 Gupta, J., Reed, E., Kershaw, T., & Blankenship, K. M. (2011). History of sex trafficking, recent experiences of violence, and HIV vulnerability among female sex workers in coastal Andhra Pradesh, India. International Journal of Gynecology & Obstetrics, 114(2), 101-105.

316 Santhya, K. G, S. J. Jejeebhoy and S. Basu. 2014. Trafficking of Minor Girls for Commercial Sexual Exploitation in India: A synthesis of Available Evidence. New Delhi: Population Council retrieved from https://www.popcouncil.org/uploads/pdfs/2014PGY_TraffickingIndia.pdf

317 George, A., & Sabarwal, S. (2013). Sex trafficking, physical and sexual violence, and HIV risk among young female sex workers in Andhra Pradesh, India. International Journal of Gynecology & Obstetrics, 120(2), 119-123.

318 Santhya, K. G, S. J. Jejeebhoy and S. Basu. 2014. Trafficking of Minor Girls for Commercial Sexual Exploitation in India: A synthesis of Available Evidence. New Delhi: Population Council retrieved from https://www.popcouncil.org/uploads/pdfs/2014PGY_TraffickingIndia.pdf

319 See Sen and Nair, 2004

320 Lok Sabha Unstarred Question No. 3311, 17th March, 2015, Starred question No. 344, 20th March, 2018 retrieved from <http://164.100.47.190/loksabhaquestions/annex/14/AS344.pdf> Crime in India, National Crime Records Bureau

are yet to be reported. The NCRB³²¹ annual crime statistics gives statistics related to a) immoral traffic prevention act, 1956 and b) human trafficking under Sec. 370 of IPC (only available for recent years). It also inputs cases under human trafficking from collation of cases under Sec. 370 & 370 A and Procurement of Minor Girls (Section 366-A IPC), Buying of Minor Girls for Prostitution and Cases under the Immoral Traffic (P) Act, 1956. The collation of data from these sources is illustrated below.

	No. of children rescued (MOLE) ³²² *	Human Trafficking (Section 370 & 370A IPC) (including child trafficking)	Cases reported under ITPA Act	Procurement of Minor Girls	Buying & Selling of Minors For Prostitution	Cases reported under human trafficking
2008	97803	-	2,659	224	79	3,029
2009	133266	-	2,474	237	89	2,848
2010	95289	-	2,499	679	208	3,422
2011	126321	-	2,435	862	140	3,517
2012	NA	-	2,563	809	123	3,554
2013	NA	-	2,579	1,224	106	3,940
2014	NA	720	2,617	2,020	96	5,466
2015	NA	1021 (221 – child)	2641	3087	128	6877
2016	NA	340 (child)	56 (child)	2465	129	8132

Table 23. Number of cases recorded under different head and rescued

Majority of the reported cases under child trafficking are from a handful of states. This phenomenon may be partly due to lack of awareness or sensitization of law enforcement personnel about

the recently introduced Section 370 & 370A on trafficking. Additionally, there is no age disaggregated data on trafficking cases for children below 18. A separate profile of those above 14 and below 18 is also not available in the present schemata.

Age Determination and Trafficking

The issue of age determination is crucial in context of children rescued from prostitution. Given the lack of cross referencing in ITPA and JJ Act to the above categories, it might be so that a number of children may get directed to homes for women rather than girls' homes, simply due to reporting of their age as above 18 by the police. This also has other repercussions, such as being closeted with other survivors, not being part of the juvenile justice system, and also, lack of proper mainstreaming through access to education, life skills and vocational education.

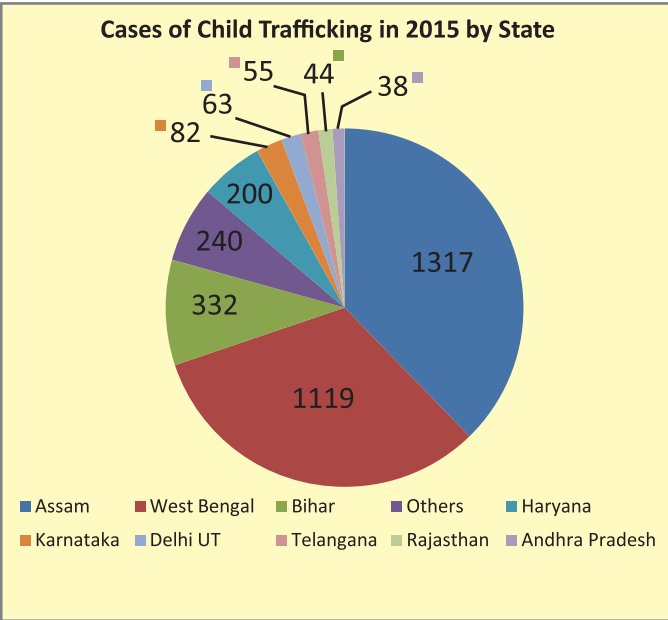
In this context, the Ujjwala scheme is meant for women and children who are vulnerable to trafficking for commercial sexual exploitation as its primary beneficiaries. The scheme acknowledges that a large proportion of the rescued victims from commercial sexual exploitation are children, and sets aside resources for their further education, through both formal education and open school system. Vocational training options for survivors (including children) are also one aspect of the scheme objectives.

Age determination is mentioned under Section 15 (5A) of ITPA, following which section 17(3) talks about intermediate custody of a child to any institution established or recognised under any Children Act. The procedure followed needs to be aligned with the Juvenile Justice System so that the involvement of Child Welfare Committees is ensured in cases that come under the ambit of ITPA. The child protection system also needs to be informed about the functioning of the Ujjwala scheme homes that ought to be registered as Child Care Institutions under the JJ Act, 2015, and follow standardized procedures and minimum standards of care as per the act.

321 Crime in India, National Crime Records Bureau

322 UNSTARRED QUESTION NO. 619, Ministry of Home Affairs

The one and only instance where number of children rescued in context of trafficking was shared in 2012 by the Union Minister for Labour & Employment in response to a Parliamentary Question in August 2012. According to those statistics, the largest number of children rescued was in 2009, with 1,33,266 children followed by 2011 with 1,26,321 children rescued. However, the sources for these statistics were not mentioned.



Graph 25. Cases of Child Trafficking by State, 2015³²³

A majority of cases illustrated in the chart above that are currently under investigation are related to the IPC section on procurement of minor girls. Cases related to trafficking for labour remain as a small percentage. An illustration of how the system operates for child labour and the non - application of child trafficking in cases of trafficking for labour can be seen from the example below³²⁴.

In a 2013 meeting by DCPCR with data sharing by multiple departments, the representative from the labour department shared statistics related to child labour rescue done by the taskforce constituted under direction of the Delhi

High Court. Between July 2009 and June 2013, 3734 children were rescued from different districts of Delhi including 2357 below 14 years and 1377 above 14 years. According to the DCPCR, 95% of child labour in Delhi is either trafficked or comprised of unaccompanied migrants from other states. For instance, another representative shared that in 2012 – 2013, the CWCs in Delhi addressed 1637 cases of child labour, of which, 427 children were from Bihar, 331 from West Bengal and 223 from Uttar Pradesh. Clearly, these cases were not being counted under trafficking. Even in 2015, only 63 cases were reported under child trafficking from Delhi (NCRB³²⁵, 2016 see graph 25.)

What makes *Childescents* vulnerable to trafficking

Childescents are especially prone to trafficking for commercial sex work as well as for forced labour. They may be enticed, duped or forced by traffickers into exploitative situations whether with agreement of their families or without their knowledge. Child trafficking is often seen as a maladaptive coping response by the household/ individual which prompts traffickers to take advantage of the vulnerability. (See George, Vindhya and Ray, 2010 for a detailed review of trafficking for commercial sexual exploitation)³²⁶. Some of the most prominent factors stated by the authors leading to the incidence of trafficking include poverty and economic deprivation, gender discrimination and preference for the male child, domestic violence and dysfunctional households, distressed families and urban migration (see also Ghosh (2014)³²⁷ and skewed regional development patterns and consequent demand and supply patterns³²⁸. Lack of further educational opportunities or early school leaving patterns also act as an influencing factor in such scenarios, with girls often trafficked for marriage, and boys for exploitative labour³²⁹. Finally, children from marginalized families are at higher risk of being trafficked in comparison to others.³³⁰

Vulnerabilities may also be different for different kinds of trafficking. While there are several reasons that contribute to the vulnerability of *Childescents* to trafficking, the complete absence of rural protective frameworks allows for the persistence of this phenomenon that violates the rights of

³²³ Data from NCRB 2016 was unavailable at the time of drafting of the report despite being released

³²⁴ [1]DCPCR (2013) Interface Meeting on Rehabilitation of Rescued Child Labour as per Action Plan for abolition of Child Labour in Delhi, September 4, 2013

³²⁵ Crime in India, National Crime Records Bureau, 2016

³²⁶ George, A., Vindhya, U., & Ray, S. (2010). Sex trafficking and sex work: Definitions, debates and dynamics—A review of literature. *Economic and Political Weekly*, 64-73.

³²⁷ Ghosh, B. (2014). Vulnerability, forced migration and trafficking in children and women: A field view from the plantation industry in West Bengal. *Economic and Political Weekly*, 49(26), 58-65.

³²⁸ ILO (2006) The Demand Side of Human Trafficking in Asia: Empirical Findings. (Bangkok: International Labour Office, 2006) Retrieved from <http://www.ilo.org/wcmsp5/groups/public/---asia/--->

³²⁹ US Department of State. (2016). *Trafficking In Persons Report 2016*. US Department of State,

³³⁰ *ibid*

ChilDESCENTS. However, the section below divides the vulnerabilities into individual, family, community factors and emergency situations as the main framework for understanding the same.

Individual factors

Poverty, illiteracy and unemployment are some of the major factors that make *ChilDESCENTS* vulnerable to trafficking. Presence of loopholes in existing regulatory and supervisory mechanisms and an apathetic enforcement emboldens employers and traffickers to take advantage of desperate families often with no social security net. With the absence of schooling facilities at higher levels, *ChilDESCENTS* often seek opportunities for work and fall prey to traffickers. There are also instances where families living in abject poverty willingly send their children out to work into urban areas with the hope of supplementing family income through this ‘opportunity’.

Personal Aspirations also contribute to vulnerabilities of *ChilDESCENTS*. Since *ChilDESCENCE* is a time of increasing personal agency and exploration, an aspiration to shift to an urban life is what makes *ChilDESCENTS* vulnerable. Traffickers lure them with a promise of employment and a better life not only for themselves, but also their families- only to sell them into forced labour or sexual exploitation.

Love affairs and marriage with *ChilDESCENT* girls with the intent of trafficking is especially common. The use of persuasion and coercion is common in luring *ChilDESCENT* girls and young women for the purpose of sexual exploitation/ forced marriage and in recent years, even domestic work³³¹. Girls fall in love with traffickers who take them to cities or across international borders with the promise of a good life together and later sell them into the market either for sex trade or forced labour. *ChilDESCENTS* from poor families, unstable livelihoods, or vulnerable circumstances are at higher risk of being trafficked in this manner³³². In many cases, the original trafficker is only one in a large informal chain, and sometimes, even the final destination of the victim may be uncertain, and depend only on the monies offered by the next link in the chain. A case in point is that of Munni and Baby Falak, where the role of the trafficker was to bring the girl and her children to the buyer who ultimately decided the breaking up of the family for multiple trafficking

purposes including for marriage and adoption. *ChilDESCENTS* from poor families, unstable livelihoods, or vulnerable circumstances are at higher risk of being trafficked in this manner.

Personal history of abuse and violence is another key contributor to *ChilDESCENTS* vulnerability to trafficking. *ChilDESCENTS* who face physical and sexual abuse either by adults in their home or in their marital families including husband or in-laws make desperate attempts to escape their abusive situations often becoming easy prey to traffickers. See, for instance, the case of Munni and her baby Falak mentioned earlier.

In many cases, rather than taking the elopement route and risk police action, traffickers prefer to recruit directly from families, with promises of a job, education, or marriage³³³. There are no gender constraints here, with women traffickers aplenty: often those who earlier engaged in sex work turn into traffickers at a later stage in life, lacking skills and societal support to earn a decent livelihood in any other form. They target poor, vulnerable households, often with many children, who are therefore open to letting one child go forward with the lure of a well – paying job, or even, marriage. Such a vulnerable household scenario often leads to higher tolerance of trafficking, with families often knowingly entering the transaction, and consider themselves helpless in the face of strong allurements as well as monetary payments.

Community factors

Patriarchal norms and cultural practices tend to control women’s bodies and personal agency. These get manifested into prevalent customs such as child marriage and dowry which push families to the brink of debts, poverty and subject girls to physical, emotional and sexual violence in their marital families. Often these also act as triggers for *ChilDESCENTS* who either try to escape the situation of their own volition or those who are sold by their families for the purpose of marriage in exchange for money.

There are certain communities whose women **traditionally practice sex work** as their main occupation. This includes the initiation of *ChilDESCENTS* into sex work soon after attaining puberty. Instances of ‘virginity auctions’ of *ChilDESCENTS* within the community are rampant. While some continue to be in the profession within the community, several others are brought into bigger cities for sex work.

331 Aangan India (2015) retrieved from <http://aanganindia.org/wp-content/uploads/2015/10/PACT-Pilot-Report.pdf>

332 ILO (2006) The Demand Side of Human Trafficking in Asia: Empirical Findings. (Bangkok: International Labour Office, 2006) Retrieved from http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_73_en.pdf

333 Santhya, K. G. S. J. Jejeebhoy and S. Basu. 2014. Trafficking of Minor Girls for Commercial Sexual Exploitation in India: A synthesis of Available Evidence. New Delhi: Population Council retrieved from https://www.popcouncil.org/uploads/pdfs/2014PGY_TraffickingIndia.pdf

Emergency situations

Natural Disasters and Civil Strife tend to aggravate economic deprivation and affect livelihoods of entire communities. While there are some who are able to piece their lives together again, there are others who are unable to recover from the shock. The breakdown of family and community structures of protection and sudden removal of access to basic services often leaves families with little choice. This results in distress migration to cities in search of better life options, or forcing families to send *ChilDESCENTS* outside the community to augment income. Traffickers sometimes pose as family members to get custody of unaccompanied children and later on, coerce them into a life of exploitation.

Consequences of Trafficking

In discussing trafficking, what's almost impossible to comprehend is the impact on the individual due to multiple scenarios of selling and abuse. The act of trafficking is not straightforward, but involves a person being treated like a commodity, passing through multiple hands, and receiving varied amount/ degrees of abuse at each successive step. In most cases, abuse takes place during the journey itself, both as a method of preparing the person for future life and often, as form of payment for the services rendered. This is more common in case of persons trafficked for sexual exploitation. Hence, even before reaching the final destination and entering a life of exploitation, the person has already undergone severe violation and exploitation.

Depending upon the purpose of trafficking, the nature and degree of exploitation, the individual set of circumstances, the possibility of peer support and social acceptance, and finally, the individual's own coping mechanisms, consequences of being trafficked may vary considerably from one case to another. Common consequences of being trafficked include isolation: children may find themselves in a new place without any support, new lifestyle, new work environment with nothing to fall back on. Being devoid of freedom is an integral aspect of trafficking. The very persons who bring them to the new scenario are their exploiters, and hence, they end up being completely

dependent upon them for everything. Their place of stay, food and place of work are often a single place which is the same place where their exploitation takes place. They have little or no contact with families back home, and find their daily lives, their hopes for future, and their aspirations completely shattered.

Even if some of those trafficked manage to find their way back to their families at some point in life, the challenge of family integration is stronger than accounted for, especially when trafficking may have occurred for sexual exploitation or marriage. This is magnified in case of *ChilDESCENT* girls who find themselves unprepared for a decent life, with an interrupted education, little or no skills, and socially isolated from friends and family.

Forced labour

In India, examples of forced labour by children in India include work in contract/ agricultural farms in Punjab and Central India. Apart from this, children across India are often involved in harvesting BT cotton^{334, 335}, accompanying families working in brick kilns³³⁶, rice mills and embroidery industries, among others. Often forced and exploitative labour takes the form of work for advance paid, such as in families that work in brick kilns, or contract agricultural labourers; or, work for promised pay, for instance in the Sumangali scheme in Tamil Nadu³³⁷.

In case of forced labour, debt bondage, or exploitative labour, some common consequences have been suggested by researchers and practitioners. The trafficked person (including a child) may be worked excessively hard, with long hours of work and inadequate rest, repetitive or hazardous work conditions leading to injury or permanent damage, or work without pay, often accompanied by poor living conditions. Children who end up in forced labour scenarios often find themselves in horrendous work conditions drastically different from what was promised by the trafficker. Consequent to being trafficked, they may be forced into work that is severe for their age and ability, often accompanied by poor nutrition, unhygienic conditions of stay, restriction of freedom, low wages or non-payment of wages and restrictions on returning home.

334 Morrow, V., & Vennam, U. (2009). Children's accounts of combining work and education in cottonseed production in Andhra Pradesh: implications for discourses of children's rights in India'.

335 UNODC (2013) Current Status of Victim Service Providers and Criminal Justice Actors in India on Anti-Human Trafficking: A Review Retrieved from https://www.unodc.org/documents/southasia/reports/Human_Trafficking-10-05-13.pdf

336 US Department of State. (2016). Trafficking In Persons Report 2016. US Department of State, 419. Retrieved from <https://www.state.gov/documents/organization/258876.pdf>

337 US Department of State. (2016). Trafficking In Persons Report 2016. US Department of State, 419. Retrieved from <https://www.state.gov/documents/organization/258876.pdf>

Children and *ChilDESCENTS* are often trafficked also for domestic work, especially in full - time positions. The nature of such dependency and the potential of staying in abusive circumstances renders them prone to being subjected to a life of indignity, physical and sexual abuse. In many cases, traffickers in the form of placement agencies take wages in advance and in the form of commission, leaving children to work through the intervening period with minimal or no wages. The contract made between placement agencies and employers forces girls almost in a position of enslavement, due to which they have no choice but to continue staying at the employer for months together and are not in a position to return home at will. For many girls, this is the first time they have moved out of their home, and the entire journey of coming over to urban cities has been complex and difficult for them. Very often they find themselves unable to go back on their own even if freedom is given to them.

Abuse at the hand of employers takes many forms, from giving them less and stale food, restricting their outside movements, overworking them, and verbal abuse, beatings, and sexual abuse. Girls, especially those taken for domestic servitude are often isolated, and cases abound of their ill-treatment, starvation, and physical and sexual assault or exploitation.

Forced Marriage due to adverse child sex ratio

The impact of an adverse child sex ratio for the last two decades in the states of Punjab, Haryana, Rajasthan & Gujarat has resulted in trafficking of girls from Eastern India, especially the states of West Bengal, Assam, Manipur, Jharkhand, Bihar & Odisha^{338, 339} (also known as 'paro' or the girl who came from across the river). With child sex ratios in 800's and 700's these areas have been impacted by shortage of girls for marriage in the North Western part of the country³⁴⁰. Families have resorted to different solutions such as exchange marriages where a pair of siblings (one boy and one girl) gets married to another similar sibling pair (often also resulting in inadvertent child marriages since the age difference between the brother and sister may not always be appropriate to the legal requirement). For those families who don't have a girl to offer in exchange, bride buying through agents is the next recourse. Cases abound where a single girl has been married off to a number of brothers (ECPAT, 2011)³⁴¹. Girls purchased through this approach are often not treated as legitimate wives, but as sex slaves, or in many cases, just a medium for producing an heir, especially a boy.

Another threat for adolescent girls is in the form of potential increase in child marriage rates. This substantial gap of over 200 girls for every 1000 boys in a given age cohort means that girls from lower age cohorts may be borrowed to fill in the gap, thus leading to progressively lower age at marriage levels, particularly in the severely affected states.

Adverse Sex Ratios during adolescence	
Bottom five states/UTs 2011	Adolescent sex ratio (10 – 19 years)
Haryana	805
Punjab	791
Dadra & Nagar Haveli	775
Chandigarh	756
Daman & Diu	584
Source: Census 2011 and UNFPA ³⁴²	

Table 24. Bottom five states -Adolescent Sex Ratio

338 UNODC (2013) Current Status of Victim Service Providers and Criminal Justice Actors in India on Anti-Human Trafficking: A Review Retrieved from https://www.unodc.org/documents/southasia/reports/Human_Trafficking-10-05-13.pdf

339 Ray, N. (2007). Wither childhood? Child trafficking in India. *Social Development Issues*, 29(3), 72-83.

340 Sen and Nair, 2004

341 ECPAT (2011) Global Monitoring status of action against commercial sexual exploitation of children: INDIA, 2nd edition
A Profile of Adolescents and Youth in India Office of the Registrar General & Census Commissioner, and UNFPA 2014

342 A Profile of Adolescents and Youth in India Office of the Registrar General & Census Commissioner, and UNFPA 2014

While no official, or even, unofficial estimates are available, young girls below 18 years are often the victim of such bride buying. Belonging to poor, impoverished families, their parents are often relieved to have them married off without incurring much expense, and, lured by the promise of no dowry, even accompanied by gifts from the groom's side in these cases. The flip side of course, is the second class treatment accorded to these girls post trafficking and marriage. Not understanding the language, the customs, and traditions of the groom's side, they often find themselves married off to men with a significant age difference; find themselves working as unpaid domestic or farm labourers. They are often forced into multiple pregnancies till they produce a male heir. In short, their lives are much different from the rosy scenarios they may have entertained. Unless rescued before marriage, they also do not see a way out of their lives nor are their tumults recognized in any official statistics and accounted for.

Trafficking for sex work

Childescent girls trafficked for sexual exploitation easily comprise of one of the most vulnerable categories of *Childescents*. Consequences of being trafficked for them could be divided into everyday consequences and long-term. Living a life of prostitution leaves the *Childescent* open to certain risks and adverse scenarios. Specific consequences include exposure to sexually transmitted diseases or infections, through clients that refuse to accept safe sex conditions. Physical abuse, beating, or dangerous sexual acts are also common occurrences, often when the child is living under severe exploitative conditions. Often trafficked children are unable to receive proper medical assistance, even for common health issues, and specifically, for routine testing and medical diagnosis.

The trauma involved in their induction into sex work scars them for their entire life. Taken from their families at a tender age, these girls find themselves poorly used for the pleasure of others, and are rejected by society most brutally. Even after they may be rescued or have an option of leaving their current circumstances, many of them find they really have nowhere to go. Families shy away from accepting that their ward was involved in a 'dirty' profession and hence, reintegration with their family is not a realistic proposition despite years of programmes focusing on rehabilitation and social reintegration. The social stigma is so strong that for many of the *Childescents* even skilling and employment opportunities do not work out in

the long-term, leaving them with no option but to go back to the profession, transform into traffickers themselves, or lead a completely new life with fake names and identity, and have no personal connection with their friends and family.

3.7 Conclusion

In our effort to look at the status of *Childescents*, we have looked at the emerging demographic trends and how the scenario of *Childescents* as a specific population group will evolve in the short and medium term. We have clearly brought out the criticalities of this transition phase in the lifecycle of a substantial group of our population. We have also showcased the specific needs of this age group that must be prioritized for immediate attention and extensive public investment. Finally, through a comprehensive status check, we have illustrated the existing vulnerabilities of this age group and the obstacles common to this age group across the thematic areas of education, health, nutrition and protection. We have seen how the hurdles before this age group changes their life trajectories permanently from a life full of potential and aspirations to one where the barriers facing them are insurmountable at multiple levels, forcing them into a life of servitude, exploitation and abuse, unable to become a productive member of the society.

The section above clearly illustrates that as a target age group, we have not, as a country, invested in their well-being till now, and the consequences are self-evident. We need to make up for the lost years and ensure that the coming generation that forms a significant proportion of our overall population is well prepared for life's challenges. We need to break the continuing cycles of poor maternal health and nutrition in India. We need to invest wholeheartedly in their education and skill development; enhance their capability to manage in a dynamic world with newer technologies and challenges such as automation in jobs; and tackle new challenges such as a resource deficient planet, burgeoning population and climate change, and an increasingly irregular employment and livelihood scenario. Finally, there is an urgent need to ensure that safety and security concerns of this age group are accorded priority, and that mechanisms are in place for prevention and mitigation of high risk circumstances. For this, we need to simultaneously invest in teachers, health professionals, counsellors, and other people who will act as guides and show the way forward.

In order to achieve the above, the role of public investment in *Childescents* becomes imperative. Drawing from the life stage demands of this group, we can substantiate the specific areas that need continued societal investment in the well - being of *Childescents* in the form of

- Human resources, such as trained teachers, counselors, skill providers, health professionals;
- Physical infrastructure
- Progressive legal entitlements,
- Sports, volunteering, social, civic and technical participation and training;
- Access to opportunities for skilling and education,

Taken together, the presence or absence of the above could mean a world of change for the life trajectories of *Childescents*. The impact of above could drastically change their access to further opportunities, whether for work or living; bring a feeling of social exclusion or extend a sense of identity, belongingness and safety; and finally lead them either to aspiration, optimism and creativity or despondence, desperation and hopelessness.

The future of a *Childescent* is equally dependent on the concerted efforts of families, communities, policy makers, educators and health care professionals. Therefore there is a strong need for all of us to acknowledge that they are children and treat them as such. Be it social norms around labour or marriage, safety concerns of girls, health and well - being of early pregnant mothers - to - be, all of us have a role to play keeping them safe and staying invested in the positive future prospects of this age group.



4. Policy Analysis

POLICY ANALYSIS

4.1 Policy Framework for Children in the 14 plus age in India

The legal and policy framework of India is derived to a great extent from our constitutional provisions. Along the years, India has progressively accepted its commitments to children through aligning and ratifying international instruments such as UN conventions and covenants. Together, with its national commitments and international obligations, these have influenced the laying down of India's overall policy framework for children in the form of policy documents, legislations, schemes, plans and programmes. In this context, the National Plan of Action for Children (NPAC), 2016 states that the following policies are critical to ensuring that rights of all children are met regardless of their individual, socioeconomic, geographic or ethnic profiles.

- National Policy for Children, 1974/ 2013
- National Policy for Education, 1986
- National Nutrition Policy 1993
- National Health Policy, 2002
- National Charter for Children, 2003
- National Plan of Action for Children, 2005/ 2016

National Policy for Children

In 1974, India formulated the first ever National Policy for Children. The policy was further revised in 2013 in order to align the policy to the State's acceptance of the right - based approach to child development as per its International obligations & commitments. The policy document states its recognition and takes guidance from the four basic rights of the child: right to life, survival, development, protection & participation, and its adherence to the principles of non - discrimination and best interests of the child. In its preamble, the National Policy for Children, 2013 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; For *Childescents*, these assumptions are crucial as they allow us to articulate the non - negotiable benchmarks that we will encounter throughout the text of this report. It is against these benchmarks that we shall map the current scenario, the progress made so far, and the challenges that continue to hamper the development and security of this age group.

4.2 Constitutional Provisions

All Indian citizens are equal before law and entitled to equal protection of the laws (Art 14) - by default this article is also applicable to all children. This provision of equality is extended to ensure that there is no discrimination between persons on grounds of religion, race, caste, sex or place of birth (Art 15). The Constitution of India recognizes the special needs of women and children and can, thereby, make special provisions for them (Art. 15 (3)). Further, values of inclusion and equity are promoted through Article 15 that allow the State to make special provisions for the advancement of any socially and educationally backward classes of citizens including the Scheduled Castes or the Scheduled Tribes (Art 15(4), (see also Art 29)). This also applies specifically in context of their admission to educational institutions including private educational institutions (aided or unaided) (as per Art 15 (5)), except the minority educational institutions as per clause (1) of article 30). Further, under the Art 46 of Directive Principles of State Policy, the State shall promote the educational and economic interests of the socially disadvantaged sections, such as the Scheduled Castes and the Scheduled Tribes, and protect them from social injustice and exploitation.

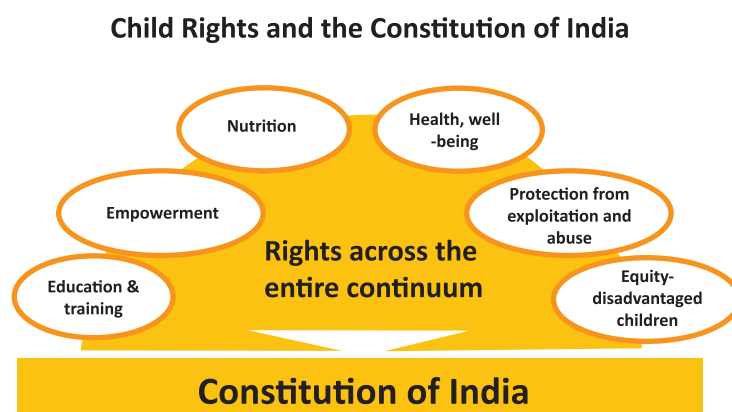


Figure 19. Child Rights and the Constitution of India

The rights architecture defined by Fundamental rights and duties thus critically covers the entire continuum of child rights from education, empowerment, and training to health, well-being and protection from all forms of exploitation and abuse. However, *Childescents* are covered to a limited degree under a number of provisions as detailed below. For instance, Art 23 prohibits trafficking in human beings, unpaid labour (beggar) and other similar forms of forced labour. Article 24 prohibits children below 14 years from employment in factories, mines or any other hazardous employment. However, this article, in its current form, is limited in coverage and consequent protection accorded to children above 14 who form a significant part of India's workforce. Also, the limitations in specific places and forms of employment implicitly prevent children from realizing their optimum potential through appropriate educational, vocational, or recreational opportunities. Similar restricted entitlement is provided under Art 21 (a) that mandates the State to provide free and compulsory education only to children falling in the age of six to fourteen years.

Additionally, the Directive Principles of State Policy mandates the State to "ensure that the tender age of children is not abused and they are not forced by economic necessity to enter vocations unsuited to their age or strength" (Art 39 (e); and "that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment" (Art 39 (f)). Further, with Art 47, the State shall strive to raise nutrition levels, standard of living of people and improvement of public health.

4.3 International Obligations

Along the years, India has progressively accepted its commitments to children through aligning and ratifying international instruments such as conventions and protocols in context of children's rights. Foremost among these is the Convention on the Rights of the Child (UNCRC), and two Optional Protocols to the UNCRC including the involvement of children in armed conflict and the Optional Protocol on the sale of children, child prostitution and child pornography. India has also signed the United Nations Convention on the Rights of Persons with Disabilities, the United Nations Convention against Transnational Organized Crime and its Optional Protocol to Prevent, Suppress and Punish Trafficking in Women and Children, as well as the Hague Convention on Protection of Children and Cooperation in respect of Inter-Country Adoption.

In the international development trajectory, the major policy instruments in the recent years have been the UN Millennium Declaration, 2000 and the **Sustainable Development Goals (SDG), 2015**. India has formally stated the convergence in its national developmental trajectory and the Sustainable Development Goals agenda. Out of the 17 SDG goals, Goal 2, 3, 4, 5, 8 & 16 specifically mention the needs of adolescents. These Goals and targets are as follows:

Sustainable Development Goals (SDG) 2015

Goal 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Target 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

Goal 3 Ensure healthy lives and promote well-being for all at all ages

Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Goal 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Target 4.1 Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

Target 4.4 Substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

Target 4.5 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

Target 4.6 Ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

Goal 5 Achieve gender equality and empower all women and girls

Target 5.1 End all forms of discrimination against all women and girls everywhere

Target 5.2 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

Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

Goal 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Target 8.5 Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

Target 8.6 Substantially reduce the proportion of youth not in employment, education or training

Target 8.7 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

Target 8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

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

Target 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

4.4 Age Dependent Vulnerabilities and Discrepancies in Legislative Support

Childescents are in a stage of transition between being viewed as child (dependents) to complete adulthood. This results in their being considered old enough for taking on economic roles, especially when faced with family issues and economic shocks, be married off (especially girls) due to societal pressures and constraints, or even be recruited as soldiers, porters or as labour by armed groups, and so on. India's current legislative scenario considers children under 14 and those above 14 differentially under specific legislations, especially the Juvenile Justice Act, 2015 and the Child Labour (Prohibition & Regulation) Amendment Act, 2016. For the *Childescents*, ICPS scheme has a significant role to play, both in cases of Child in Need of Care & Protection (CNCP) and Child in Conflict with Law (CCL). A number of Laws and Acts that shield younger children from a life of hard labour are ineffective for this age group. Similarly, the Right to Education, 2009 that has assisted in bringing education to the lives of countless children, is not applicable on this age group. Other legislations, such as POCSO, applicable to this age group, have not yet been understood in the right spirit by its main actors, far less implemented within the judicial system. It also impinges somewhat through the change in age of consent which, according to practitioners, may not be a very progressive move for this age group.

Protection of Children Against Sexual Offenses (POCSO) Act, 2012

The POCSO Act was formulated in order to address the issue of sexual offenses against children in a gender neutral manner. The main features of POCSO Act are as follows-

- The act defines children as persons upto the age of 18 years.
- It raises the age of sexual consent from 16 to 18 years, thereby making all sexual activities with children as statutory rape.
- It categorizes offenses based on nature and gravity into 22 offenses and the punishment for each
- The categorization is as follows- sexual assault, penetrative sexual assault and sexual harassment. Sexual assault and penetrative sexual assault is considered 'aggravated' based on relationship and proximity between child and perpetrator, the impact of the offense on the child and the circumstances of the offense.
- It places the age of sexual consent at 18 years
- It lays down procedures for reporting of offenses and recording of statements from children. the child is entitled to an interpreter or an expert while recording evidence.
- Reporting to the police about a sexual offense is mandatory under this Act and there are punitive provisions for non-reporting
- It mandates the creation of special courts for speedy trial under this Act. The process of trial has also been made child friendly by making them on-camera and ensuring that the child does not have to face his / her perpetrator through the proceedings
- Children are entitled to legal representation of their choice / free legal aid.
- It also makes provisions to ensure confidentiality of the child through the proceedings especially when it comes to the media
- The Act also provides for rehabilitative measures to an extent through provision of compensation and linking with the Juvenile Justice system through the Child Welfare Committee

4.5 Transition from policies to programmes and schemes

Policy making in India follows a well - versed norm. The foundation of Government programming or development interventions in any thematic area is laid down in a comprehensive legislative document that lays down the overall vision for the thematic, increasingly with a defined timeline. The policy document also defines the architecture required for fulfilling the objectives of the policy, including short term programmes, schemes, or missions. In many cases, entitlements mandated under the

constitution or vide existing policy are concretized through domestic legislations, Centre and State. In other scenarios, the policy may be operationalized through a specific scheme or programme, often in a targeted manner rather than being open for all beneficiaries. Additionally, schemes, pilots and programmes may be initiated even in absence of existing, or recently updated policies. In such cases the limitation is the absence of governmental mandate to continue with the scheme till the outlined objectives are met. This occurs especially in case of schemes that are launched as a progressive step or populist measure, often without dedicated sources of funds, or, those launched as pilot programmes in specific blocks or districts. Economic conditions in the medium or long term often require governments to either realign, or allocate minimum financial resources for such programmes resulting in unchanged lives and unmet rights. Finally, operational gaps in schemes may prevent *ChilDESCENTS* from benefitting from the intended scheme objectives.

Children are at the centre of society, and hence, their needs and aspirations are spread across the mandates of multiple Ministries, policies, schemes and programmes. It is therefore imperative to understand each Ministry's role and involvement with respect to children. A number of Ministries play significant roles with respect to child development. While some are sector specific ministries responsible for specific themes such as Education or Health, others handle specific areas directly or indirectly affecting children. Further, some of the areas fall under the domain of State governments such as Public health and sanitation, prisons and reformatories, and Water. State and Centre may also have dual power in some thematic, such as adoption, Labour Welfare, technical education, Social security and social insurance, among others.

4.6 Policy Analysis – Rationale

India stands tall globally in context of the overall *ChilDESCENT* population with Census 2011 figure of 15 – 19 age group at 12,05,26,449, or 10% of the overall population of the country³⁴³. Though population growth rate for this age group is slated to slow and reverse in coming decades, the absolute numbers, especially for several large states may still continue to grow over the short term. In the coming years, ensuring basic rights and assisting *ChilDESCENTS* on a positive trajectory will be essential for policy makers as detailed below.

In the current scenario, despite progression in implementation

of rights, there continues to be legal and societal sanction for *ChilDESCENTS* to take on adult roles in a number of arenas, most notably being economically active, entering marital lives and bearing children, thereby compromising a number of fundamental rights that are true entitlements of *ChilDESCENTS*. Policymakers, people in decision making capacity w.r.t *ChilDESCENTS*, parents, and other forms of caregivers need to be aware of these shortcomings when dealing with, and on behalf of *ChilDESCENTS* in any capacity. In this section we shall discuss in detail the existing schemes and programmes in various areas that currently extend benefits and opportunities to these children, the overall public investment envelope for this group, and finally, how different stakeholders can come together to maximize their full potential.

A majority of existing schemes and programmes, such as mid – day meal, basic free health care, livelihood support programmes such as MNREGA, and food security, are not focused on empowering and preparing *ChilDESCENTS* for their lives today and tomorrow. Hence, the coverage of *ChilDESCENTS* and their families in the current scenario is inadequate; fragmented, and not comprehensive enough. The mid – day meal, for instance, does not cover *ChilDESCENTS* in its current format. The focus of National Health Mission is largely on maternal and infant health care with few adolescent friendly health services on – ground, and the RMSA scheme doesn't extend entitlements under RTE (i.e., provide free education) to *ChilDESCENTS* (It is yet to be seen whether Government of India has any plans to further extend the purview of RTE Act under the newly formulated Integrated Scheme for School Education, 2018). Similarly, schemes often exclude *ChilDESCENTS* who are most vulnerable. For young mothers, Janani Suraksha Yojana (JSY) and Janani Shishu Swasthya Karyakram are the two schemes which provide free of cost delivery care including antenatal care and post natal care to women. However, under both these schemes, only women above the age of 19 years are entitled to get the benefits of the scheme thus the most vulnerable girls below 18 years are left out of the benefits of the scheme.

Children from this age group are specifically vulnerable for migration for labour, commercial sex work, forced marriage, and other forms of exploitation and need a protective environment. Doing so is essential for creation of child-friendly villages and cities, monitoring and immediate information sharing and intervention on any form of abuse/ exploitation/ trafficking and

343 Profile of Adolescents and Youth in India, Size, Growth Rate and Distribution of Adolescent and Youth Office of the Registrar General & Census Commissioner, and UNFPA India 2014

so on. India is seriously lagging behind in terms of creation of a child-friendly environment as demonstrated by other nations.

Yet, the current emphasis of ICPS scheme functioning at the ground is largely on individual case management and handling, rather than optimized capacity building of ground level functionaries and legal enforcement system around preventative actions. Here, the preventative approach would have been expected to lay emphasis on avoiding families from resorting to potentially negative coping strategies – such as early marriage, school dropout, child labour and trafficking, and thus have larger positive impact on the ground. Critical areas of gap in preventative programming include livelihood promotion for families, for instance, as a means for preventing child labour and probably, trafficking. Similarly, use of techniques such as juvenile diversion as a strategy for mainstreaming and rehabilitating those in conflict with law have not yet been explored in India. Another area that preventative programming ought to focus on is the restrictive and unsafe environment faced by *ChilDESCENTS* staying in urban slums. Boys may be particularly affected by dysfunctional peer groups, easy exposure to crime whereas girls may be vulnerable to an unsafe living environment, poor water and sanitation facilities, and turning into victims of crime and sexual harassment.

In recent years, India has made much progress in critical areas such as primary and elementary education enrolment, reducing the gender gap in education, infant mortality rates, and setting up systems and processes in critical child protection components. However, gains in secondary education continue to be less than optimum, and children from poor and marginalized groups are more likely to discontinue education or drop out midway. Multiple policy and implementation issues abound in context of rehabilitation of children who have been trafficked (including in commercial sexual work), rescued from hazardous or exploitative work, or have been victim of child marriage, crime or are children in conflict with law. This puts the impetus on policy makers to prioritize positive, nuanced, and effective interventions with the potential to successfully transform the developmental trajectories of the billions of *ChilDESCENTS* who shall be the ones to take India forward in coming years.

Education and Training: Investing in Human Capital for today and tomorrow

The first step towards creation of a strong human capital is provisioning of education and skilling components for this age

group. Research has indicated that investment in secondary education yields the highest possible return including, as per some studies, for each additional year of schooling, a 10 percent increase in adult wages. In accordance universal access to secondary education finds place in the recently established Sustainable Development Goals and the Education 2030 Agenda to which India is also a signatory.

Currently, secondary education is not recognized as a legal entitlement, though SDG Goal 4 on Quality Education emphasizes universal reach of both general and technical education. The Indian Education System has undergone major expansion in recent years, particularly after RTE Act, 2009 was implemented. Consequent to implementation of RTE, India, for the first time mandated public provisioning for free and compulsory education for children, though restricted to those in the age group of 6 to 14 years. Effectively then, this limited entitlement to education results in a scenario wherein neither the state has a clear mandate to ensure all children continue to be covered by the education system, nor are parents obliged to send those above fourteen years of age to school.

Educational support for the marginalized groups gains prominence as a continuing critical gap. Recent enrolment trends and findings from secondary and primary research have indicated that inclusion gaps continue to exist at secondary and higher secondary education levels. As seen earlier, the likelihood of *ChilDESCENTS* continuing school improves drastically with family income levels. Partly, this is driven by the fact that post – elementary education is no longer free, and families especially at lower income quintiles need to put aside a substantial proportion of their monthly income on secondary education as illustrated earlier.

In the current scenario, school enrolment continues to be highest in primary education and falls sharply after class 8, where the RTE ends. As a step forward, and recognizing the need for secondary education, considerable progress has been made in recent years following the initiation of Rashtriya Madhyamik Shiksha Abhiyan. The scheme, focused on Class 9 & 10, is the national flagship scheme for universalization and quality secondary education, under which primary targets include ensuring universal access to secondary level education by 2017 and universal retention by 2020. It is noteworthy that the earlier vision of RMSA had specified a target of achieving 75% GER in Higher Secondary Classes by 2017. Yet, the existing narrow approach to secondary and higher secondary education

affects enrolment, allows a significant proportion of children to discontinue schooling, and makes for poor learning outcomes. The shift from primary education to all levels i.e., secondary, higher, technical and professional education hence, has not yet been fully achieved. In April 2018, Government of India initiated the formulation of an Integrated Scheme for School Education, though the contours of the scheme are yet to be fully worked out.

As per Ministry of Human Resource Development³⁴⁴, India's secondary education enrolment rates were stated to be much below, for instance, BRIC (Brazil, Russia, India, China) countries. For instance, since 2000, China has demonstrated near universal enrolment at the secondary schooling level, and high school completion rates for higher secondary students (exception being the least developed parts of the country). Other developing parts of the world such as East Asia (90%) and Latin America (103%) have shown higher enrolment rates while OECD countries have retained universal secondary enrolment rates for above half a century.

Transition in National Educational Policies

India has had two national policies on education- in 1968, following the Report by the Education Commission in 1966, and the National Policy on Education 1986 further amended in 1992. The National Education Policy was initially formulated by the Government of India in 1968 post recommendations from the Secondary Education Commission (1952-53) and the Indian Education Commission (1964-66), or Kothari Commission. This

was followed by the National Plan of Action on Education, revised in 1992. As of date, India is in process of drafting and finalizing its New Education Policy with successive drafting committees attempting to bring together concerns of multiple stakeholders.

In the ensuing decades since the 1992 policy, the country has undergone considerable transformation. The demand for education has increased, there has been a massive expansion and diversification of education at all levels. Expansion of the education system by increase in number of schools gave rise to challenges of balancing education quantity as well as quality. The Government system has been more oriented towards primary and elementary education while the private sector has become ingrained in the pre-primary and secondary education.

The last three decades have seen significant changes in the education discourse through guidelines and legislations such as the National Curriculum Framework (2005), the Rights of Children to Free and Compulsory Education Act (2009), the Report of Justice Verma Commission on Teacher Education and National Policy for Children 2013. At the core of the above is the unequivocal belief that education is a basic right of the child and a public good, thus placing the onus of its provisioning on the Government. Linked with this belief are aspects of transparency and accountability in education delivery. The goals of education also follow closely within these beliefs of rights, dignity, equity and justice. The emphasis of all these developments is on placing the child at the centre of the education system.

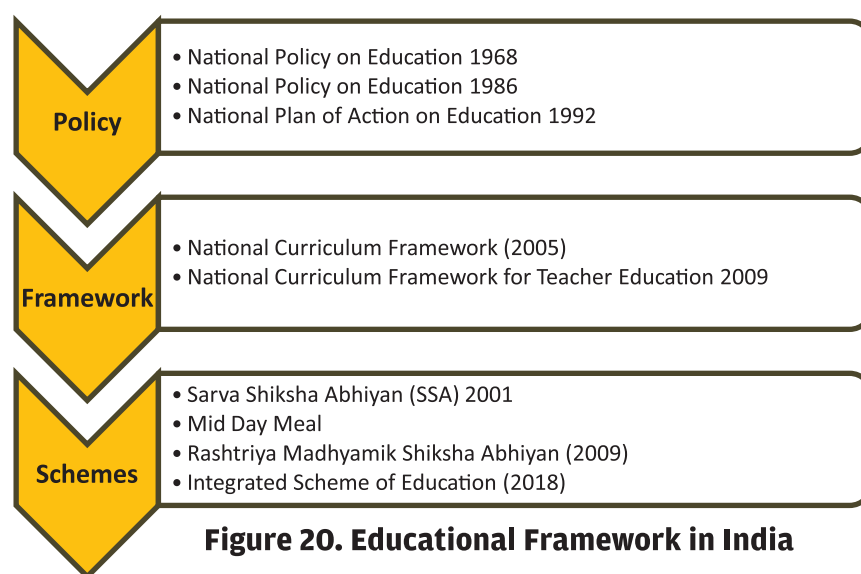


Figure 20. Educational Framework in India

344 MHRD, (2015), Demographic Transition and Education Planning, RMSA - TCA Research report-2, Ministry of Human Resource and Development, Government of India, New Delhi, India.

Indian Educational system – Existing Architecture

Until 1975, education remained purely a State subject with responsibility of delivery of education at District and Block levels rested solely with the respective states. The 42nd Amendment Act of 1976 transferred education (along with 4 other subjects) from the State list to the Concurrent list. By virtue of this constitutional amendment, legislation related to education and its provisioning became the joint responsibility of the state as well as central government. Policy shifts are generally recommended via the Central Advisory Board on education (CABE). At the Central level, the Ministry of Human Resource Development looks after education, with the two departments of School Education and Higher Education. Further, academic support is extended through a combination of DIETs, Block Resource Centres (BRCs) and Cluster Resource Centres (CRCs). In states, the institutional mechanisms include Department of Education, state and district level societies, and BRC/ CRCs, followed by School Management Committees mandated to

supervise implementation at the school level. In contrast, National Institute of Open Schooling and Industrial Training Institutes (ITIs) and Centres in India fall under Ministry of Skill Development and Entrepreneurship.

For RMSA, the Centre State interaction is regulated via the Project Approval Board (PAB) which clears financial allocation and future work plan for all states. Fund sharing mechanisms in recent years have altered following the implementation of recommendations of the Fourteenth Finance Commission, with differential sharing at the elementary and secondary education levels. It is, however, expected that the current architecture for approval and implementation will now change with the advent of the Integrated Scheme for School Education, 2018, since both SSA and RMSA have been subsumed under the umbrella scheme. Also noteworthy in context of financial allocation is the recent establishment of Madhyamik & Uchhatar Shiksha Kosh (MUSK) in August 2017, from which substantial monies are expected to be generated for Secondary and Higher Secondary Education.

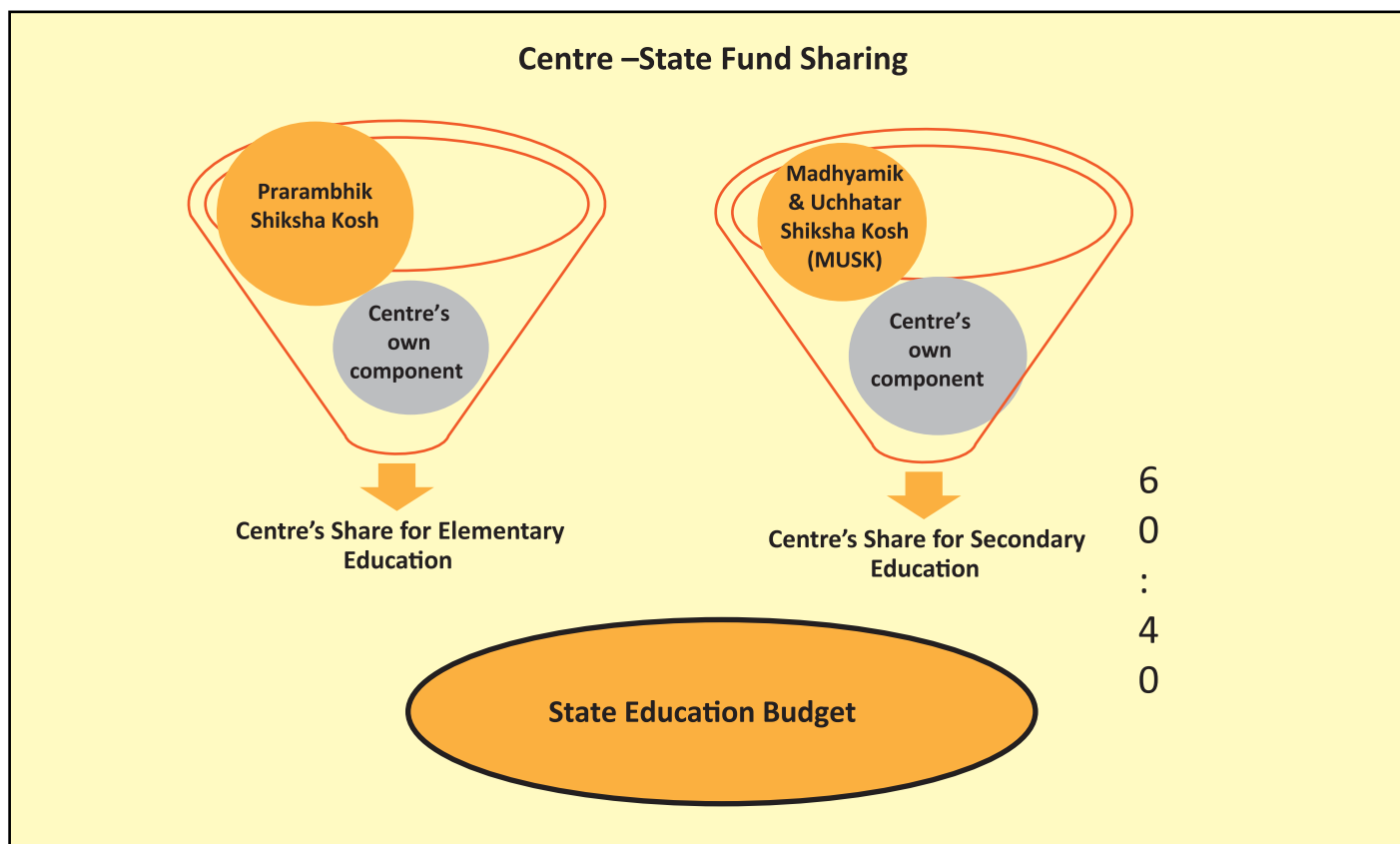


Figure 21. Centre-State Fund Sharing in Education

Apart from the general educational system, which is the mainstay of the Ministry of HRD (MHRD), there have been major shifts in policy evolution of the technical and vocational aspects of education as well. In 2015, GoI established the Ministry of Skill Development and Entrepreneurship with the vision of skilling 500 million individuals by 2022. The vision of the 2015 National Skill Development Policy is to create an ecosystem of empowerment by rapid skilling on a large scale while ensuring high standards and to promote a culture of innovation-based entrepreneurship for generating wealth and employment and ensure sustainable livelihoods for all citizens. Apart from technical education, a separate focus under the skill development scenario has been on vocationalization of education. This endeavour has been piloted with the school education department of MHRD via emphasis on exploring public private partnership opportunities and interaction with industry based associations and foundations.

Policy Analysis – Secondary Education

This section attempts to carry out a critical analysis of existing provisions and policies related to secondary education with significant impact on *Childescents*. In this context, the analysis shall focus on achievement of policy goals through operationalization of selected schemes taking into account objectives, coverage, human resources, design and implementation challenges, and financial outlays. Under design challenges, for instance, we try to analyze the impact that a scheme's design

has on fulfilling policy objectives, its role as an exclusion or inclusion marker for certain categories of children, and pros and cons in scheme design. Implementation challenges, in contrast, showcase the practical on - ground realities that influence the degree to which a scheme may operate successfully, and the corresponding impact on beneficiaries. Again, both design and implementation challenges interact with other key aspects such as human resources and financial outlays that often decidedly impact a scheme's potential.

Considering India's existing scenario, the section on secondary education takes into consideration Rashtriya Madhyamik Shiksha Abhiyan - the flagship scheme for secondary education as the scheme that operationalized the policy goals with respect to secondary education (though the recently formulated Integrated Scheme for School Education is now projected as covering both secondary and higher secondary education, the scheme architecture and components have not yet been unveiled. Further, since RMSA has now been subsumed under the said scheme, it is assumed that design aspects and components of RMSA will continue in the current format). Additionally, various schemes that incentivize school continuation, for instance, for girls, students from marginalized groups and socioeconomically poor households are also included here. Finally, aspects of technical education and skill development as relevant to *Childescents* are also presented for the reader's understanding.

S.No	Policy/ Scheme/ Act	Coverage	Ministry
1A	Rashtriya Madhyamik Shiksha Abhiyan	National (govt. schools)	MHRD
1B	National Institute of Open Schooling	National	MHRD
2	Inclusive schemes on education		
2A	National Scheme of Incentives to Girls for Secondary Education (subsumed under RMSA)	National (govt. schools)	
2B	Inclusive Education of the Disabled at Secondary Stage' (IEDSS) (subsumed under RMSA)	National (govt. schools)	MHRD
3	Scholarship Schemes		
3A	Pre matric scholarship scheme (for minority community students)	National	MoMA
3B	Pre matric scholarship scheme to Other Backward Classes for Studies	National	MoSJE
3C	Dr. Ambedkar Pre-Matric and Post-Matric Scholarship for DNTs	National	MoSJE
3D	Pre Matric Scholarships to the Scheduled Caste Students	National	MoSJE
3E	Students Studying in Classes IX & X	National	MoTA
3F	Children of Parents engaged in unclean occupations	National	MoSJE
3G	Dr.Ambedkar Post -Matric Scholarship for the Economically Backward Class Students	National	MoSJE
3H	Post-Matric Scholarship for students belonging to Scheduled Castes	National	MoSJE
3I	Post Matric Scholarship (PMS) for ST students	National	MoTA
3J	Post matric Scholarship (PMS) Scheme for students belonging to the notified minority communities	National	MoMA
4	Residential Hostels/ Schools for Disadvantaged Groups		
4A	Strengthening Education among Scheduled Tribe (ST) Girls in Low Literacy Districts	54 districts	MoTA
4B		National	MoSJE
4C	Eklavya Model Residential Schools		MoTA
4D	Establishment of Ashram Schools in Tribal Sub Areas	National	MoTA
4E	Centrally Sponsored Scheme of Hostels for ST boys and ST Girls	National	MoTA
4F	Nanaji Deshmukh Scheme of Construction of Hostels for DNTs' Boys and Girls	National	MoSJE
5	Schemes for Meritorious students		
5A	National Means cum Merit Scholarship Scheme (NMMSS)	National	MHRD
	Upgradation of Merit of SC Students	National	MoSJE
5C	National Science Talent Search Scheme (NSTSS)	National	MHRD

6	Skill Development/ Vocational Education Schemes (excluding RMSA)		
6A	National Skill Development and Entrepreneurship Policy, 2015	National	MSDE
6B	Vocational Training Centres in Tribal Areas	National	MoTA
6C	Pradhan Mantri Kaushal Vikas Yojana	National	MSDE
6D	Apprentice Protsahan Yojana	National	MSDE
*MHRD = Ministry of Human Resource Development; MoMA = Ministry of Minority Affairs; MoSJE = Ministry of Social Justice and Empowerment; MoTA = Ministry of Tribal Affairs; MSDE = Ministry of Skill Development and Entrepreneurship			

Table 25. List of Schemes in Education by Coverage and Ministry

Matching the Objective for Secondary Education

A starting point for the policy makers would be the UNESCO 1996 Delors Report, and its four pillars of learning. The report strongly suggested that human development requires certain types of knowledge which may not be properly emphasized by formal education. Thus, conscious effort needs to be placed in organized learning mechanisms to integrate these four pillars:

- ▶ Learning to know - a broad general knowledge combined with in depth understanding on a small number of subjects
- ▶ Learning to do - to broaden work education from functional skills to competencies, soft skills, dealing with complex situations, team working, and collaboration
- ▶ Learning to be - personality development, acting with growing autonomy, judgment and personal responsibility
- ▶ Learning to live together - understanding other people, developing an appreciation of interdependence

Thus, the overall emphasis should be on bringing up citizens with a progressive and open outlook, capable of matching steps with the global scenario and emphasizing values of tolerance, acceptance and secularism. The defined focus of secondary education according to the above framework is on instilling in students the combination of knowledge, skills and attitudes and a progressive outlook in tune with changing societal trends rather than simply focusing on educational competencies.

Emphasis in context of secondary education in India has been on providing access to secondary education to children of the appropriate age group irrespective of their socioeconomic backgrounds. This was the mainstay of National Policy on Education, 1986. Additional areas identified under NPE 1986 included ensuring children gained insight into our history,

culture and a national perspective, understanding of their constitutional rights and duties and a sense of citizenship, and finally, both a positive work ethos and a foundation seeped into human values.

With changing aspirations and progress over the last few decades, policy goals and plan priorities have also been updated, though it may not have followed a comprehensive process. For instance, under the National Plan for Action 2016, Sub-objective 2.3 discusses the plan priorities linked to secondary education, highlighting aspects such as affordability, universal access and quality education (see box below)

National Plan for Action, 2016: Priority Action (Sub-objective 2.3 Promote affordable and accessible quality education up to the secondary level for all children)

- Ensure availability of secondary schools, open schools and learning centres as per the norms with adequate infrastructure.
- Establish Secondary and Higher secondary schools with adequate infrastructure.
- Scholarship schemes for SC/ST/Minority children.
- Open schools /distant education facility for children 15–18 years old.
- Hostel facilities for boys and girls from hard to reach areas, scheduled caste and tribal children.
- Appropriate bridge courses and counselling facilities for all out of school (OOS) children, children rescued from child labour/trafficking and their subsequent enrolment in age appropriate classes.
- Train teachers to adapt and implement child-friendly teaching learning process.

This clearly shows a shift to techno - managerial aspects, though retaining the equity emphasis in NPE 1986. Finally, the Sustainable Development Goal 4: **Ensure inclusive and quality education for all and promote lifelong learning** covers the entire educational landscape from affordable and quality basic and secondary education (general) to inclusiveness, skilling, decent work and employability (also referred to as Education 2030). The current global debate around secondary education emphasizes affordable access to technical, vocational and university education; skills for employment, decent jobs and entrepreneurship; and, knowledge and skills for sustainable lifestyles, human rights, global citizenship and appreciation of cultural diversity.

RMSA – The Flagship Scheme for Secondary Education

The first step towards creation of a strong human capital is provisioning of education and skilling components for this age group. Equitable education and universalizing access to secondary education has been at the focus of Government policy in

recent years. The Rashtriya Madhyamik Shiksha Abhiyan, or RMSA is the Government of India's flagship scheme for universalizing access to secondary education in India. RMSA goal is to universalise entry into secondary school by the end of 2017 and achieve universal completion of grade 10 by 2020.

The RMSA scheme has been designed primarily for extension of secondary school system towards universalization through two potential pathways

- Setting up of new secondary schools in areas devoid of schools; and
- Upgradation of existing primary/ elementary schools to include secondary levels (Class 9 and 10) of education

Within this overall framework, a number of areas have been emphasized in the current scheme design (see table below). Additional steps have been taken to improve the standards of human resources and provide remedial education to entry level students (Class 9) to assist them to benefit from secondary education.

Physical Infrastructure	Quality Interventions	Equity Interventions
Additional class rooms	appointment of additional teachers to reduce PTR to 30:1	micro planning
Laboratories	focus on Science, Math and English education	Ashram schools upgradation (preference)
Libraries	In-service training of teachers	area s with high proportion of SC/ST/Minority for opening of schools (preference)
Art and crafts room	science laboratories	special enrolment drive for weaker section
Toilet blocks	ICT enabled education	more female teachers in schools
Drinking water provisions	curriculum reforms	separate toilet blocks for girls
Residential Hostels for Teachers in remote areas	teaching learning reforms	

Table 26. Quality and Equity Interventions under RMSA

As can be seen from above, the stress is equally given on

- Minimum physical and infrastructure standards (class rooms, toilets, drinking water, art and craft rooms and laboratories, residential schools and hostels)
- Specific aspects of secondary education such as focus on Science, Mathematics and English (STEM), science laboratories, ICT enabled education

Coverage and Reach

The RMSA scheme can at best be slated as a precursor to bringing access to secondary education for all students. In terms of coverage and reach, schemes such as RMSA focus purely on the public educational system, that is to say, the government and government aided schools, which together make up around 60 percent of India's schools. This leaves *Childescents* currently studying in private unaided schools out of the scope of this analysis. Further, given the restricted envelope of RMSA focused

only on Classes 9th and 10th, *Childescents* in higher educational classes, i.e., 11th and 12th, are not covered by any scheme improving their access and quality of school education. The

impact this may have on the overall nature of secondary education trajectory of India's *Childescents* shall be discussed in upcoming sections.

Year	% of Privately Owned Secondary Schools	% of Privately owned Higher Secondary Schools
2010-11	54.8% (combined data for secondary and higher secondary schools)	
2011-12	Data not available	
2012-13	52.4	55.0
2013-14	54.8	55.6
2014-15	55.5	58.8
Source: UDISE 2015-16		

Table 27. Percentage of Secondary and Higher Secondary Schools by Management

Unlike elementary schooling however, secondary education is not free for all and results in significant dropout, primarily from the financially poor sections and the socially disadvantaged groups. More than 55% of schools offering secondary and higher secondary education in the country are not state-owned which renders them unaffordable to children of low income households (Source: U-DISE 2015-16³⁴⁵). On the other hand the share of State owned schools have not seen any significant enrolment increase over the years.

As per Census of India, 2011³⁴⁶, the number of children at the school entry level (i.e., 6 year olds) across India was slated to be 25 million which, in near term, is estimated to decline to near about 17 million in 2025. Simultaneously, early age *Childescents* or those aged 14 and 15 (secondary school age) are expected to decrease from greater than 50 million to under 39 million by 2025. This has significant implications on strengthening and design of future school system across age in India. With the on-going demographic transition and states moving to lower fertility rates, some states shall be faced with over - capacity while others may still not be able to cater to all those desiring of progressing to higher education.

At the same time, there is need to take into account the dismal school enrolment and completion rates. The overall grade 1 enrolment figures in India stand at 27 million children, though only 19.7 million finally reach secondary level. The Government of India estimated that approximately 60% *Childescents* complete secondary education and hence, close to 40% of those who entered grade 1 are unable to reach the secondary level. At the same time, a substantial number of *Childescents* may have been delayed in entering school, or they may have

gone through temporary dropout or repetition during their school tenure. Overall, less than 30 percent of all 14 year old children are in the correct grade according to their age. This has a substantial impact on *Childescents* educational deprivation and access to secondary school. This also translates into lower educational outcomes, for instance, in the present scenario, close to 50 percent of *Childescents* who complete secondary education fail to clear Board exams, and thus are unable to achieve required learning outcomes.

Design Challenges – Secondary Education

The comprehensiveness of the education system is reflected in its ability to fulfil multiple goals and objectives as indicated above in the existing policies and plan formulations. This transpires into the creation of a well - designed system that lays equal focus on critical areas such as equitable access to all students (especially the disadvantaged), ensuring competency based quality education, concept formation, creativity and transferability of skills and knowledge, personality and citizenship development, and the ability to function in a knowledge based economy.

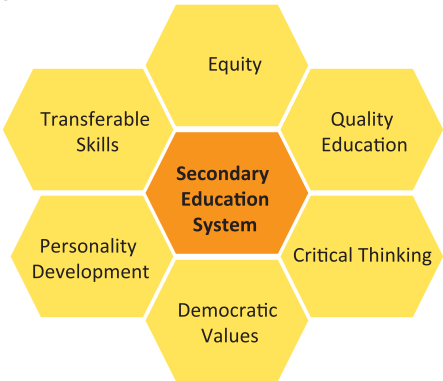


Figure 22. Well-designed System of Secondary Education

345 MHRD and NUEPA (2016), UDISE-2015-16: School Education in India, National University of Educational Planning and Administration, New Delhi, India.
 346 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

These are tall demands indeed from a system that is yet to stabilize and which continues to have a high degree of inbuilt disparity. Additionally, this vision for secondary education is considerably broader than that of RMSA scheme with its univocal stress on access and inclusiveness. The capacity to place equal emphasis on each of these objectives also requires investment in both quality and functional infrastructure and high quality, trained human resources.

As seen in the section on obstacles, availability and affordability of education are the two prominent barriers to continuation of schooling. Hence, from a system design perspective, the stress should be on

a) ensuring access to formal schooling especially for the sections more likely to drop out or not complete school education (this would include RMSA, scholarship schemes for specific groups of *Childescents* and residential schools for specific groups as all of these focus on retention of *Childescents* in formal schooling)

b) multiple pathways for reintegrating the significant percentage of *Childescents* who may not be able to continue schooling on account of affordability, distance, marriage, work requirements, or any other reason (this would include remedial learning opportunities, open schooling and distance education, and technical and vocational education options)

Balancing equity and efficiency in Secondary Schools

Availability of secondary schools has been addressed under RMSA by the strategy of new schools and upgrading of existing schools. Yet, this dual strategy has introduced a number of challenges in the existing educational system by virtue of its design. Over the years, geographical location of secondary schools has evolved with different policy recommendations. The table below suggests that norms have moved from being population and habitation specific to be based on distance parameters.

Policy/Programme	Distance Norms	Revision Recommended
Secondary Education Commission 1952-53	Five miles	30 students per teacher & 40 students per class
First AISES 1957	Five miles	Schools for habitations of 5,000
Education Commission 1964-66	Five to seven miles	Upwards revision of distance and population limits for new schools
Third AISES(1973)	Five Km	Undertake Education Commission's recommendation of Five to seven miles
Fourth AISES	Eight Km (Five Miles)	
CABE 2005	Distance norm rationalised	Recommended revision of the distance norm and rationalising it.
11th Five Year Plan	Five Km	
RMSA 2009	Five Km	12th FYP 2012-17, Reasonable distance of five to eight Km
Source: Equity and efficiency in expansion of secondary schools, MHRD, 2016		

Table 28. The Distance Conundrum for Secondary Education

This pattern of secondary education expansion has brought about a scenario of contradiction between **equitable and inefficient schools**. Statistics from recent years indicate that a significant proportion of newer schools, especially government schools, are small sized and consequently may be allocated scarce resources (especially teachers or human resources). Evidence shared earlier shows that these schools are predominantly located in rural and remote areas. According to estimates, six states in the existing scenario are those where above 70% of the small schools are situated. These small schools are seen as cost inefficient and are less likely to be adequately staffed (i.e., have qualified teachers in all core subjects). As per existing norms, secondary schools are expected to have minimum of six teachers, yet in case of small schools this results in much lower workloads and higher recurring expenditures for the state. The primary reason behind this scenario is the increasing proportion of standalone schools that cater to only grades 9 and 10. From an earlier proportion of 14% standalone schools that were setup in the period from 1951-2000, this has gone up to almost 21% of schools created post 2011.

On the other hand, remote and smaller habitations are often those facing social exclusion issues and hence ought to be a priority area of investment in educational system as a tool for promoting social justice. Considering the prominent focus in RMSA on inclusion of marginalized groups, this scenario highlights the contradiction between equity and efficiency of small schools and the need for a nuanced policy response.

What further adds complexity to this scenario is the linkage between **school size, infrastructure and teacher availability**. Smaller schools are more likely to be situated in rural areas, fall short on multiple counts of physical infrastructure, and have fewer specialist teachers, especially in science, mathematics and ICT. While costs of running such small schools are higher and adversely impact aspects related to efficiency, at the same time, their learning outcomes may also not be at par with larger and composite schools. This raises concerns of sub-standard education being accorded to those sections of society who especially need greater state support in order to benefit from access to education.

Also correlated to the above are the consequences arising from the continuing **fragmentation of schools** into elementary, secondary and higher secondary schools. However, with

universal access to primary education within reach, and secondary education emerging as the desirable norm, there may be a need for more flexibility in the extension and expansion of schools in the current scenario. While such a tiered system may have been appropriate in the past, with considerably low enrolment rates even in primary education, it certainly needs a relook in the newer paradigm of secondary education.

Piecemeal approach on Affordability and limited scope of targeted interventions

We discuss issues and concerns linked with equity oriented programmes and incentivization schemes targeted at different sets of beneficiaries in this section. Run by various Ministries, including HRD, Social Justice, and Tribal Affairs, these schemes are also supplemented at state level by specific schemes for particularly disadvantaged groups or weaker sections. Each of these schemes has several eligibility criteria, and too often, a ceiling in terms of the number of scholarships available by disadvantaged group or socioeconomic criteria and gender. (See Annexure 2. for a complete description of schemes)

Thus, these schemes, though promoting the idea of inclusion, are not universally targeted, i.e., they do not cater to every child who fulfils the expected criteria. Majority of the schemes are limited in their outreach, with state specific numbers of scholarships to be given out to those fulfilling the assigned criteria. Within these selected groupings too, scholarship allocation occurs on a first come first serve basis due to severely restricted budgets. For this purpose, objectivity is maintained through online application mode via a national scholarship portal. The limitation to this methodology is that it tends to put schools operating from remote locations with poor internet capabilities and scanning facilities at a disadvantage. Also, the scholarships once assigned have to be renewed every year, leaving no guarantee that the student will continue to avail benefits throughout the entire secondary and higher secondary schooling period. It may be worthwhile to get responses from the field on the practical issues faced by students/ guardians/ school authorities on the ease of filling up the applications and availing of the scholarships. In some cases, the schemes have been associated with Aadhaar card of the students, and the limited numbers of students with valid aadhaar cards may be a disadvantage in availing benefits. Again, on ground analysis would be useful to understand the linkage with bank accounts of students.

Moreover, the scholarship amounts are often too less, and may hardly be sufficient to meet basic needs of the students they seek to support. Implicitly, the limited impact of this methodology of enhancing affordability is evident in the still stagnating enrolment figures for the various categories, be it girls, children with disability, or *Childescents* belonging to specific groups such as SC/ST/OBC/ Minorities/ DNTs etc. Most of the schemes also tend to be exclusive; there are few schemes, or perhaps none, wherein a beneficiary may combine benefits from multiple schemes, whether state or national, merit based or those based on fulfilment of certain conditions.

Overall, the stress on acknowledging multiple vulnerabilities of girls within these specific groups is appreciated within varying contours of scheme design. In a number of cases, specific portions of schemes have been earmarked for girls, along with other enabling features, for instance in case of funding of hostels for girls belonging to remote geographical areas. For *Childescents* who are disabled, beneficiary students have been provided with additional allowances, although in reality the amounts are far too meagre to make any substantial difference. The opportunity cost for looking after such *Childescents*, engaging with them, and full time care cost far more than the allocations per student, and a lack of sensitized and trained teacher cadre has further exacerbated matters.

The selection of schemes also includes those for setting up and running of residential hostels for minority and ST students. In the recent years, the positive influence played by residential hostels for girls, including the Kasturba Gandhi Ballika Vidyalaya at Upper Primary level has been duly recognized and appreciated. Schemes for hostels are of two types - either the funds are provided for construction and furnishing of the hostels, or for daily expenses. Only the Eklaya Model Residential Schools, which is a comparative model to the quality oriented Kendriya Vidyalayas and Navodaya Vidyalayas for general students provides for both construction and recurring expenses. In the other schemes, state governments are expected to fill up the recurring expenses of students, teachers, and daily management of schools.

A small category of schemes is also focused on selected meritorious students, though these may combine eligibility based on disadvantaged grouping and being a meritorious student in some cases. The predominantly differentiating point about these schemes is that the scholarship amounts here are quite substantive, unlike other scholarship schemes that largely

furnish basic tuition and maintenance amounts. Selection for these schemes is generally through a scholastic test conducted either by state government or a central body such as NCERT.

In conclusion, the specific incentive and inclusion based schemes analysed above are targeted, limited in outreach, and restricted in the quantum of support that they provide. Consequentially, they have failed to make a real difference in enrolment figures of the eligible groups of *Childescents*. In fact, the uncertainty around whether or not the individual may be selected for scholarship is often detrimental to the family decision making around whether or not the child may continue schooling once elementary education is completed. This clearly indicates that such schemes are not a substitute for extending free education upto secondary levels for *Childescents* who may be most vulnerable to leaving school, on account of gender, financial affordability, or by virtue of belonging to disadvantaged groups.

Limited uptake of open and technical schooling

As discussed earlier, a substantial proportion of *Childescents* find it difficult to continue formal schooling at secondary and higher secondary levels and consequently drop out or are unable to complete schooling successfully. Given the significant numbers, it is expected that they choose other modes of continuing education. However, a look at statistics provided by National Institute of Open Schooling and Directorate General shows the miniscule numbers of individuals (age disaggregated information not available) who have opted for these modes of learning.

According to DGET (Director General of employment & training) website, as of 2014 there are total of 11,964 ITIs across all states and UTs of India extending training across 126 trades with a total seating capacity of 16.92 lakh students (across all ages). There would be a certain overlap in numbers accessing open school education as it also caters to students of ITIs. The National Institute of Open Schooling, an autonomous body under Ministry of Human Resource and Development, is the overarching body providing basic, school and pre - degree education under open or distance education mode³⁴⁷. It has four levels of courses, of which three are useful for *Childescents* (academic courses at senior and senior secondary level; vocational courses (certificate, diploma and stand - alone certificate courses); and open basic education (A, B, and C pertaining to class 3, 5 and 8 respectively). The other courses provided by NIOS are teacher training courses provided through online mode. Of the above, enrolment in 2015-16 was 503935 for academic and 30990 for

347 http://www.nios.ac.in/media/documents/NIOS%20PROFILE%20FINAL_Curve_English.pdf

vocational courses. Considering that close to 40 percent of all *Childescents* are not currently enrolled in formal schooling, the proportion making use of open schooling are clearly miniscule. This has clear implications for educational deprivation in case of *Childescents*. A significant proportion of those out of school fall under the category of neither in education, employment or training (NEET) with poor well-being and social and economic costs (Lauren et al., 2017³⁴⁸). Enabling *Childescents* unable to continue formal schooling to utilize open schooling opportunities; and assisting their return to school at the earliest is a clear intervention area with multiple positive outcomes for this age group.

Lack of a future oriented outlook

In the last decade, internet, mobile technologies and social media have exponentially advanced the common person's access to information and technological resources. Newer technologies such as 3D printing may bring about even further enhancements in our innovation and experimentation capabilities in the coming years. Implementing newer educational technologies, such as online modules and digital education needs spearheading at the immediate. Multi - grade, multi - level teaching may become the new norm if enrolment rates continue to head downward, with states hoping to benefit from higher efficiency and lower cost of providing education for all children. Building a composite school system is beneficial since it allows sharing of teachers across elementary and secondary

levels, and thus bringing down costs. Further, teachers need to be trained, not just in classroom pedagogy and teaching, but also non - conventional aspects of education such as life skills, use of digital and technology based tools, virtual teaching methodology and also progressive values in education. The emergence of newer technologies, stress on governance, outcome - focused planning, and innovative teaching methodologies needs to be fully incorporated in the existing public education system. The secondary education system has the potential to maximally benefit from seamless use of technologies to impact students' learning, competencies, and skill based components. Further, technologies may be of much use in various aspects of systemic planning and data utilization, including teacher and student attendance, analysis of student feedback and usage of computers or mobile apps using big data analysis systems, curriculum design and adaptation, learning assessment systems, and so on.

Implementation Challenges

Progress under RMSA has been sluggish, due to under allocations and slow uptake at state levels. As illustrated in earlier sections, there is considerable state variance in almost all standards and performance heads be it access and availability of schools, trained human resources and supervisory staff, training and capacity building, curriculum improvements and adaptation to changing environment, and a stress on independent thinking and a progressive worldview of students.

12th Five Year Plan Targets	
1854 new schools	12682 new schools have been sanctioned, out of which 11990 schools have become functional.
all the existing secondary schools were supposed to be strengthened	A total approval of 37,799 Schools was identified, out of which 24,368 schools have been completed.
127000 additional teachers	A total of 1,20,284 teachers were approved against which 61,374 teachers have been recruited.
Achieve near-universal enrolment in secondary education, with enrolments exceeding 90 %	80.02 (2015-16)
Setting up of Girls Hostel in all the EBBs (3451)	Against 2549 approved hostels, 1316 have become functional with number of girls admitted B as 119611
Source: Parliamentary Standing Committee Report No. 305, 9th March 2018	

Table 29. 12th Five Year Plans – Targets and Progress in Secondary Education

348 Mawn, L., Oliver, E. J., Akhter, N., Bambra, C. L., Torgerson, C., Bridle, C., & Stain, H. J. (2017). Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. *Systematic reviews*, 6(1), 16.

One crucial area that has significantly impacted on – ground implementation has been the **quantum of public investment in secondary education system**. Following the advent of Right to Education and setting up of the RMSA, there was urgent need for capacity enhancement of the public secondary education system. Yet, the system was marred by slow pace of expansion, poor human resource development, and low financial allocations. It is not a surprise therefore that expansion of private sector at secondary education level has surpassed the public education system.

Another dimension significantly affecting implementation is the **Centre – State dynamics**. Unlike elementary education, the major proportion of decision making and investment in secondary school planning and on – ground implementation resides with the States, which are considerably constrained by their availability of financial space. Consequently, some states have shown considerable progress while others have continued to move at a slow pace. This is clearly evident by two measures a) state variation in availability of secondary schools vis-à-vis upper primary schools and b) the considerable gaps in human resources (Lok Sabha Qs. AS265³⁴⁹) wherein laggard states had illustrated high levels of teacher vacancies (the monies for which come from state budgets). Finally, one area that continues to be underemphasized is the **timeliness of providing inputs**, especially textbooks, science materials and toolkits, and even human resources. Pre-empting students needs and ensuring inputs reach them at appropriate time of the academic year has the potential to greatly improve learning outcomes even with minimal changes otherwise. This includes human resource optimization, for example ensuring vacancies of subject teachers are filled in immediately; promotions and transfers timed to bring minimal upheavals in learning space, and so on.

In terms of technical education, **training of vocational course providers** and especially trainers of specialized skills is an area that is not yet prioritized for implementation. Pilot schemes for vocationalization within secondary education system have attempted to get around this issue through partnerships with private foundations and service providers and hence have lost out on expanding capacities of existing human resources. Provisioning of technical education also has a number of other shortcomings especially lack of focus on creating an overall conducive ecosystem, aligning generic and technical education curriculum, and finally, selection of courses focusing on creativity in students and future workforce instead of simply filling up skilled blue collar positions.

Promotion of Information and Communication Technology (ICT) in Schools

The use of ICT material and its integration into the curriculum have been in extensive discussion in the recent past. In 2010, the Revised Centrally Sponsored Scheme of ICT@ Schools was approved. The ICT component under SSA aimed at provisioning of networked computers, accessories and an Internet connection in a phased manner. It also envisaged sourcing/ developing of a variety of software tools and pedagogically appropriate e-content in local languages to serve the school curriculum. The focus has been on suggesting the adoption of energy efficient, cost-effective ICT solutions, which increase the number of access points in each school enabling more and more children to use the facility more frequently. Another aspect of enhancing ICT capacities has been on creating a network of teachers and schools in a specific geography—to enhance collaborative teaching and learning (12th Five Year Plan document). The plan document also outlined the components under the Mission Mode Project (MMP) on School Education on ICT operationalized under the umbrella of the National e-Governance Plan (NeGP), including the following:

- i. Developing ICT skills of all heads of schools, teachers, non-teaching staff and students;
- ii. Creating a repository of quality-assured digital contents in English, Hindi and regional languages in all subjects especially in science and mathematics;
- iii. Training and encouraging teachers to develop and use e-content;
- iv. Creating provisions for ICT in classrooms or portable facilities like a notebook/laptop and a projector with rechargeable battery, and implement ICT-integrated education;
- v. Enabling provision of ICT-integrated examination and e-governance at the institutional and systemic level including setting up of education portal(s).

Specifically for Secondary Education, ICT education formed a specific goal under RMSA, as also the 12th Five Year Plan goals for secondary education. According to Parliamentary Steering Committee Report (2018)³⁵⁰ as of 3rd January 2018, 88757 schools had been approved for receiving ICT based interventions for secondary and higher secondary schools while these had become functional in 62712 schools.

349 Lok Sabha Starred Question No. AS265, retrieved from <http://164.100.47.190/loksabhaquestions/annex/10/AS265.pdf>

350 Demand of Grants 2018-19 Department of School Education and Literacy, Report No. 305, Ministry of Human Resources Development (March, 2018)

However, given the issues of electricity supply, realizing ICT goals seem far-fetched. A mere 56 percent of schools in the country get electricity. A break-down of this figure reflects that almost 74 percent schools in the east and 67 percent of total

schools studied in the North have no electrification. An analysis of U-DISE data for 2015-16 shows a similar picture. The 5 worst states in terms of school electrification are as below:

Percentage schools without electricity - 5 worst states (not including North Eastern States)	
Jharkhand	42.2%
Bihar	41.9%
Odisha	28.3%
Madhya Pradesh	20.6%
Uttar Pradesh	20.6%
India	59%
Source: UDISE 2015-16	

Table 30. Top 5 states with lowest share of electrified schools

This shows that the very context in which these schools function will make ICT-enabled education a challenge. However, increased financial allocation and other resources towards

improving school infrastructure could help resolve this issue. Further, U-DISE 2015-16 data also indicates the presence of computers in schools across states as per table below.

Percentage schools without computer - 5 worst states (not including North Eastern States)	
Bihar	65.9%
Uttar Pradesh	62.7%
Jharkhand	58.4%
Chattisgarh	53.6%
Odisha	51.8%
Madhya Pradesh	48.4%
Source: UDISE 2015-16	

Table 31. Top 5 states with least share of computerised schools

ICT inclusion in school education may serve multiple benefits, as the infrastructure may be used, in addition to supplement classroom education, to also serve similar functioning for adult education, data management, school attendance and teacher performance appraisal, and so on. Specifically as a supplement to classroom transaction of education, ICT benefits include multiple modes of learning through digital content (visual, auditory, language support), individualized learning and feedback through e-content, local language content provision, and concept revisioning.

Assessing Performance and Quality

In terms of quality education, decision making, creativity and general education skills, the learning standards and assessment

programme of NCERT is limited in its focus on broad subject competencies in areas such as Science, Mathematics and English. Hence, performance assessment of the current secondary education system is attempted purely through the various board exams that provide a singular stamp of passed or failed on both the student and the school. While the examination system continues to be the only system that provides objective assessment of learning imparted to students across states and school management patterns in a single format; it fails to build a realization of how far the student has progressed especially when viewed in the light of divergent backgrounds, languages and attributes. It also highlights the need for comprehensive learning assessment at each stage rather than simply a cumulative measure of subject learning in the current format.

Further, the existing system does not stress on original thinking and innovation, articulation and applicability of key concepts learnt in school. Whether students passing through the system have learnt to internalize problem solving, adopt democratic values, illustrate development of true citizenship, or specialize in technical skills for increasingly complex roles in professional lives does not yet form the basis for evaluation in the existing design of the education system.

Assurance of quality and school standards is an independent area that needs to be delinked from traditional assessment systems. One - time student performance measures such as NAS scores provide an insight into student learning but are neither adequate nor comprehensive for an assessment of the secondary education system. Joint Review Mission reports attempt to fill this gap through random periodic field visits across states to bring in qualitative and quantitative field perspectives. The Government of India has recently committed to conducting an Annual Survey of Learning Outcomes (sample based) in 2017-18 through a third independent party. Also, the recently mooted School Education Quality Index (SEQI) (NITI Ayog) is an attempt to provide equal emphasis on four key parameters of access, equality, governance and learning outcomes across schools and states that could be further improved upon.

Finally, in recent years, piecemeal initiatives have been introduced focusing on, for instance, bringing technology within reach of the average student with stress on digital education, smart classrooms, innovation (Rashtriya Aavishkar Abhiyan) among others. School governance, standards and evaluation have similarly been emphasized with initiatives such as Shala Sidhi, ShaGun, and the above mentioned School Quality Index. In addition to being very specific, one - time activities, the reach of these programmes continues to be severely limited. Schools are not mandated to participate across the entire spectrum of activities, and often, the targeted and state specific nature of these initiatives doesn't allow their development as part of a well - thought out system design.

In context of technical and vocational education, the involvement of multiple stakeholders, such as government, industry and civil society in providing apprenticeship and skill training has led to an expansion of the skilling ecosystem. The regulation aspect has assumed importance to ensure that candidates who take these courses are adequately trained and can be awarded recognition in accordance with their competence levels. This is

especially crucial from a policy perspective given the current emphasis on incentivising skill development through subsidizing learners and skill providers through public investment and subsidies. The advancements in the skilling system have also led to the mechanism of third party assessment and certification for quality assurance. Different ministries and schemes have opted for their own institutional arrangements.

These differences in scheme guidelines, standards and learning outcomes also results in a scenario wherein across scheme assessments cannot be compared. The above illustrates the need for common national standards for assessment and certification along lines similar to qualification packs for learners and teachers (see British Council & ILO, 2014³⁵¹). Further, regulation, certification, and empanelment processes for teachers and assessors are critical areas for standardization and long term sustainability of the overall system. With privatization and incentivization of the skilling system, regulating the skilling landscape needs to be given due priority and care. With short - term modular courses gaining preference with both learners and employers, appropriate rigorous standards for assessment of learning outcomes are essential for retaining credibility of the demand driven system over time.

The need for higher public provisioning at this level is essential if we truly want transformative change in societal trajectory through education. Provisioning for a public secondary education system has now been accepted as a core area for sustainable development globally. India too needs to strongly emphasize the above through extending the scope for Right to Education Act to include Secondary Education at the minimum.

4.7 Protective Environment for Children in the Indian Context

The protection framework in India is based on specific principles drawn from the Constitution of India, the Convention on the Rights of the Child, the 2007 United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules), the Hague Convention on International Adoption and national policy and legislative mechanisms. The Constitution of India has several provisions that form the basis of a protective environment for children. For instance, Article 23 prohibits traffic in human beings and forced labour. Article 24 protects children and enjoins that no child below the age of 14 years will be employed to work in any factory or mine or hazardous

351 British Council, ILO (2014), Skills Assessment in India: A Discussion Paper on Policy, Practice and Capacity

employment. Additionally, the Directive Principles of State Policy mandates the State to “ensure that the tender age of children is not abused and they are not forced by economic necessity to enter avocations unsuited to their age or strength” (Art 39 (e); and “that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment” (Art 39 (f)).

Child protection legislations in India have evolved over time with emergence of issues either in the form of social phenomena (such as child marriage and child labour), or law and order issues (such as child trafficking and crime against children). Consequently, a majority of legislations related to child protection are categorized as Special & Local Laws rather than being streamlined within the comprehensive Indian Penal Code. This has critical implications on the development of the overarching child protection framework within the country.

Policy Analysis – Child Protection

This section analyses the existing child protection framework in India, marked predominantly by the ICPS scheme, and the legislative framework to address issues such of child labour, marriage, trafficking, and sexual offences against children (POCSO act). The analysis focuses on objectives, coverage, human resources, design and implementation challenges, and financial outlays of the said protection framework.

Given the specific nature of these schemes and legislations, this section first provides details of relevant schemes and then undertakes analysis of child protection thematic area. Selected schemes include ICPS, NCLP, and recent acts such as POCSO, 2012, Criminal Law Amendment Act, 2013, Juvenile Justice Act, 2015, Child Labour (Prohibition & Regulation) Amendment Act, 2016, and Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2018.

Integrated Child Protection Scheme

The dominant scheme linked to protective services for children is the Integrated Child Protection Scheme (ICPS). The ICPS scheme was launched in 2009 and a predominantly financial revision of norms was carried out in April 2014. The broad based definition of protection within the ICPS schema is as follows:

‘...“Child Protection” is about protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. It is about ensuring that no child falls out of the social security and safety net and, those who do, receive necessary care, protection and support so as to bring them back into the safety net.’

The ICPS scheme follows a pyramidal approach, with preventive features at the primary level, followed by secondary and tertiary levels. It is the tertiary level that has occupied centre stage of dialogue and discussion within the Indian context. This is because the tertiary level consists of the response mechanisms that reach out to children and families requiring immediate and intensive support from the state and civil society. The secondary level, the intermediate layer, is focused on reducing vulnerabilities and providing support to ‘at risk’ families and children through social protection measures.

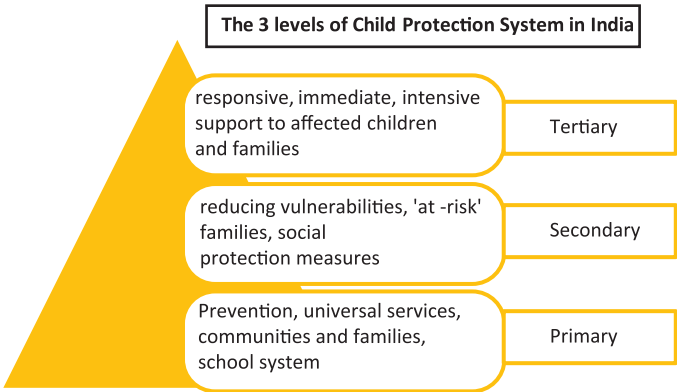


Figure 23. Child Protection System of India

It foresees certain children to be, on account of their circumstances, more vulnerable than others and requiring, special attention, calling them as ‘children in difficult circumstances’. For this purpose, the Juvenile Justice Act, 2015, defines children in need of care and protection in context of twelve distinct scenarios in which children are considered to be highly vulnerable and require institutional support. These include children who are:

- homeless and without means of support;
- working, begging or living on the street;
- under care of an adult who may cause harm, or neglect to the child,
- mentally ill or mentally or physically challenged or suffering from terminal or incurable disease exacerbated through lack of supportive family circumstances

- living with unfit or incapacitated parents or guardians
- orphan, abandoned, or surrendered by parents or guardians
- missing or runaway and whose parents or guardians cannot be found
- vulnerable to being abused, tortured or exploited for the purpose of sexual abuse or illegal acts
- vulnerable and is likely to be inducted into drug abuse or trafficking
- likely to be abused for unconscionable gains
- victim of or affected by any armed conflict, civil unrest or natural calamity
- at imminent risk of marriage before attaining the age of marriage

The ICPS follows a tiered structure, with central and state project implementation agency and support units, followed by the district child protection units (DCPU) at the next level. Each DCPU works with statutory authorities, i.e. the Child Welfare Committees (CWC) and Juvenile Justice Board (JJB) stipulated to function at the district level, as well as with a range of government and civil society organizations providing requisite services for children.

Child & Adolescent Labour (Prohibition and Regulation) Act, 1986

In 2016, Government of India amended the Child Labour 1986 Act, placing a minimum age of employment at 14 years. However, children under 14 'assisting' their families in family employment have been allowed through an exception clause. The Amended Child and adolescent Labour (Prohibition and Regulation Act, 2016) however allows adolescents in the age group of 15 to 18 years to work in employments that are deemed non hazardous. For this purpose, the list of hazardous occupations and processes has been bifurcated into two i.e. for children below 14 and for *Childescents* with the consequence that only an abridged version of occupations and processes exists wherein *Childescents* may not be employed. By removing all reference to informal occupations, and categories such as domestic work and working in dhabas, carpet weaving, zari making and processes using zari, agarbatti making etc, the entire universe of informal labour is open to those who wish to reduce their cost margins through employing *Childescents*.

National Child Labour Project Scheme (NCLPS)

Established in 1988 following the legislation on child labour, the

NCLP scheme has been revamped in 2016. The rationale for revamping of the scheme was a) on account of the advent of the Right to Education Act, 2009, according to which all children in the 6 - 14 age group ought to be in formal school, and b) Child Labour Prohibition & Regulation Amendment Act, 2016 under which *Childescents* working in hazardous occupations and processes are also covered. In the original scheme, a straight forward process was followed. The NCLP scheme was activated only in areas of high child labour. District Project Societies conducted periodic survey on the ground to identify children below 14 years of age engaged in occupations listed under the 1986 Act and then mainstreamed into school through bridge centres that provided preliminary education, nutrition, and health support.

The revamped NCLP scheme acknowledges that under RTE Act, 2009, children in the 6 - 14 age group have been mandated to attend formal education. Accordingly, the objectives of the revised NCLP scheme are as:

- A. To eliminate all forms of child labour through
 - i. Identification and withdrawal of all children in the Project Area from child labour,
 - ii. Preparing children withdrawn from work for mainstream education along with vocational training;
 - iii. Ensuring convergence of services provided by different government departments/agencies for the benefit of child and their family;
- B. To contribute to the withdrawal of all adolescent workers from Hazardous Occupations / Processes and their skilling and integration in appropriate occupations through
 - i. Identification and withdrawal of all adolescent workers from hazardous occupations / processes,
 - ii. Facilitating vocational training opportunities for such adolescents through existing scheme of skill developments;
- C. Raising awareness amongst stakeholders and target communities, and orientation of NCLP and other functionaries on the issues of 'child labour' and 'employment of adolescent workers in hazardous occupations/processes'; and
- D. Creation of a Child Labour Monitoring, Tracking and Reporting System.

The scheme provides for an age dependent trajectory for children rescued/ withdrawn stating that

- i) All children in the 5 - 8 age group shall be directly mainstreamed to formal schools
- ii) Children in the 9 - 14 age group shall be rehabilitated through the NCLP Special Training Centres (STCs) or SSA Special Training Centres (STCs) as the case may be, and mainstreamed within a maximum period of two years. They will also receive a stipend of Rs. 150 per month through DBT in their bank accounts if they fulfil the criteria of 75% attendance
- iii) Children in the 14 to 18 age group shall be linked to appropriate skill training centres (not run as part of the NCLP scheme) for appropriate skill training and legally permissible employment.

For *Childescents*, the scheme aims to

- Contribute to the identification and withdrawal from hazardous occupations and processes in the target area;
- Individuals withdrawn from hazardous occupations / processes to have benefited from skills training wherever required and linked to legally permissible occupations;

Prohibition of Child Marriage Act, 2006

The Prevention of Child Marriage Act (PCMA), 2006 seeks to prohibit the occurrence of child marriages in case of girls, those aged below 18 years, and, for boys, those below the age of 21 years. It has expanded the scope of prevention by bringing into its ambit not just the parents/ guardians, but also other people in the community who were aware of, and participated in the marriage in any way without taking any steps for prevention/ stopping the marriage from taking place. The legislation does not actually derecognise all child marriages. Child marriages would be considered void only in circumstances when the child was enticed, lured, or forced into the marriage; or sold, trafficked, or used for immoral purposes through it. The PCMA, 2006 provides for an empowering situation wherein girls who were married as a child, have the option of reaching out to the court to request for annulment of the said marriage while they are children or upto two years after attaining majority. The girls are also entitled to receive maintenance till they go in for remarriage, shelter (supposedly in case their own families are unwilling to accept them back and take care of them), custody and maintenance issues for any children through the marriage, ensuring legitimacy and ongoing maintenance for the children.

Any child marriage, about which prior information was provided to the district court, and injunctions passed against the parties carrying out with the marriage, would be held as void. In all other cases, both parties would have an option to approach the court directly, or with aid, and seek for annulment of the marriage.

The Child Marriage Prohibition Officer is the appropriate authority to be appointed by the state government appointed under the act to undertake specific role under the act, including that of prevention of child marriage in individual cases and collection of evidence, awareness, community motivation, collection of data and statistics and so on.

Evolution of legislation on child trafficking

Trafficking is dealt in India under the Immoral Trafficking Prevention Act (ITPA, 1956) that recognized trafficking for commercial sexual exploitation only. Accordingly, section 5 of ITPA refers to procuring, inducing movement, transporting or bringing up for prostitution, or causing to take up prostitution. Under ITPA, offences against children are treated primarily through increase in the duration of punishment³⁵². Yet, the act is not considered appropriate enough as it often leads to criminalization and prosecution of victims of sex trafficking³⁵³. Also, ITPA's mandate is restricted only to trafficking for commercial sexual exploitation and does not cover other purposes of trafficking of persons. In December 2015, Supreme Court of India directed the Government to develop a comprehensive legislation on Trafficking by June 2016³⁵⁴. However, the draft legislation still awaits introduction in Parliament.

Criminal Law Amendment, 2013

Considering the multiple purposes for which children get trafficked (such as forced labour, marriage, organ trade, slavery, or practices similar to servitude), the Government of India introduced an amendment to IPC Section 370 in order to expand the existing legal definition of trafficking. Referred to as the Criminal Amendment Act, 2013, this section extends the earlier restricted concept of immoral trafficking to align it with the United Nations Convention against Transnational Organised Crime (UNTOC) and Palermo Protocol (2000). India ratified the protocol on 5 May 2011.

352 Regmi, K. (2006). Trafficking into prostitution in India and the Indian judiciary. *Intercultural Hum. Rts. L. Rev.*, 1, 373

353 *ibid*

354 Writ Petition (C) No.56 of 2004, *Prajwala Vs. Union of India & Ors.*

In 2003, the Palermo protocol³⁵⁵ came into force, with a comprehensive definition of trafficking: “The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or the use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.” The definition of exploitation is further detailed as follows: “Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs”.

Subsequently, the Government recognized the presence of child trafficking for multiple reasons, including forced labour, marriage, organ trade, slavery, or practices similar to servitude. The present definition of trafficking as per Sec 370 (1) is in accordance with the UN protocol as given below:

Whoever, for the purpose of exploitation, (a) recruits, (b) transports, (c) harbours, (d) transfers, or (e) receives, a person or persons, by—

Using threats, or using force, or any other form of coercion, or by abduction, or by practising fraud, or deception, or by abuse of power, or by inducement,

including the giving or receiving of payments or benefits, in order to achieve the consent of any person having control over the person recruited, transported, harboured, transferred or received, commits the offence of trafficking.

(*“exploitation” under 370 includes “any act of physical exploitation or any form of sexual exploitation, slavery or practices similar to slavery, servitude, or the forced removal of organs”. As under the Palermo protocol, here too the consent of the victim is immaterial in determination of the offence of trafficking).

Under Sec 370 IPC trafficking of a minor is punishable by rigorous imprisonment for minimum 10 years and extendable upto life imprisonment, as also fine (quantum unspecified). Higher punishments are provided for trafficking of more than one minor repeat conviction, and for trafficking by a public servant/ police officer.

Further, under JJ Act, 2015, victims of child trafficking are included in the category of child in need of care and protection (Section 2 (14) (viii, ix)) and matters related to rescue, rehabilitation and restoration are handled accordingly. The table below compares the sections related to punishment in case of trafficking under all three Acts.

ITPA (1956)	Criminal Amendment Act (2013)	Juvenile Justice Act (2015)
Section 4. Punishment for living on the earnings of prostitution of a child: punishable with imprisonment not less than seven years and not more than ten years.	Trafficking of person—370 4. Trafficking of a minor shall be punishable with rigorous imprisonment not be less than ten years, but which may extend to imprisonment for life, and liable to fine.	Section 79: engaging a child and keeping in bondage for employment/ withholds earnings/ uses earning for own purposes: rigorous imprisonment up to five years and liable to fine of one lakh rupees.
Section 5: Procuring, inducing or taking person for sake of prostitution Proviso -(if victim is a child) rigorous imprisonment not less than seven years but may extend to life.	Exploitation: 370A. 5. Trafficking of more than one minor: rigorous imprisonment not be less than fourteen years, but may extend to imprisonment for life, and liable to fine.	
Section 7. Prostitution in or in vicinity of public place –(1-A) (if offence committed w.r.t a child): imprisonment ... not less than seven years but which may be for life or may extend to ten years and liable to fine	370 6. Repeat conviction for trafficking of minor: imprisonment for life, which shall mean imprisonment for the remainder of that person’s natural life, and shall also be liable to fine.	
	Exploitation of a trafficked person. 370A. 1. Engaging trafficked minor for sexual exploitation: rigorous imprisonment not less than five years, but may extend to seven years, and liable to fine.	

Table 32. Trafficking Punishments under different Acts

³⁵⁵ Protocol to Prevent, Suppress and Punish Trafficking In Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime, 2000, art. 3(c).

In 2009, the Ministry of Home Affairs established a protocol on human trafficking in India³⁵⁶; and in 2013, a Standard Operating Procedure to handle Trafficking of Children for Child Labour³⁵⁷ was introduced. In accordance with the existing legal sections, a collation of legal provisions and their applicability to trafficking scenarios was included in the protocol (an updated version is provided in Annexure 2.14 for reference). This collation does not include the various provisions under trafficking for commercial sexual exploitation.

Other initiatives have also been taken in the intersection area of trafficking and child labour. In September 2006, the Ministry of Home Affairs introduced a response unit to be established in specific districts called as the Anti Human Trafficking Units (AHTUs). The mandate for these units include facilitation of interagency coordination for rescue and post-rescue care efforts related to trafficked children; monitoring of on-going interventions and providing feedback; and finally as a data repository and research unit for analysis of trafficking linked data to be made available to various State Governments and the public. In 2008, the Ministry of Labour & Employment published the Protocol on Prevention, Rescue, Repatriation and Rehabilitation of Trafficked & Migrant Child Labour (“Protocol on Trafficked and Migrant Child Labour”³⁵⁸). States such as Rajasthan attempted to integrate the protective framework under JJ Act giving it precedence over the existing provisions under Child Labour Act, 1986 through a specific guideline in 2012 and later on, established a separate detailed SOP on Child Trafficking (2013)³⁵⁹.

Protection of Children from Sexual Offences Act, 2012

The Protection of Children from Sexual Offences act, 2012 address all types of sexual offences against children including sexual harassment, sexual assault, penetrative or non-penetrative sexual abuse, and pornography. The need for a special act for children was envisaged since the IPC does not distinguish between adult and child victims, and also, does not cover all types of sexual offences. Further, the act also recognizes the intent to commit an offence as well and stipulates punishment even in case of intent (as separate from actual offence).

The duty to report offences has been given special consideration under POCSO Act. Section 19(1) calls upon anyone who is in the knowledge of a) commission of offence/ b) has the belief that an offence is likely to be committed, or c) has an apprehension that a sexual offence is likely to be committed against a child is mandated to inform SJPU or the local police. Failure to report will be viewed as punishable under section 21 (1) with imprisonment for a maximum term of six months and/or fine. Children too have been given an obligation to report offences under this Act. However they cannot be punished for failure to report an offence.

Child friendly procedures mandated under POCSO Act (for reporting, recording of evidence, investigation and trial of offences) include the following:

- Recording the statement of the child at the residence of the child or at the place of his choice, preferably by a woman police officer not below the rank of sub-inspector. Evidence has to be recorded within 30 days
- No child to be detained in the police station in the night for any reason.
- Police officer to not be in uniform while recording the statement of the child
- The statement of the child to be recorded as spoken by the child
- Assistance of an interpreter or translator or an expert as per the need of the child
- Assistance of special educator or any person familiar with the manner of communication of the child in case child is disabled
- Medical examination of the child to be conducted in the presence of the parent of the child or any other person in whom the child has trust or confidence.
- In case victim is a girl child, medical examination shall be conducted by a woman doctor.
- Frequent breaks for the child during trial
- Child not to be called repeatedly to testify
- No aggressive questioning or character assassination of the child
- In-camera trial of cases

The Act, thus, broadens the concept of sexual assault from the offences mentioned under IPC, and asks for special procedures and interventions for children. It also mandates the setting up of special courts that will be responsible for handling cases under the act. Implementation of the Act, the status of special courts, the training and sensitization of magistrates and Investigation Officers, and specifically, issues related to age determination and consent under POCSO Act need to be studied intensively at the ground level.

356 MHA 2009, Advisory on Human Trafficking retrieved from <http://ncw.nic.in/pdfFiles/Advisory-on-HTrafficking-150909.pdf>

357 MHA August 2013 SOP Advisory Forced Labour retrieved from <http://nlrd.org/wp-content/uploads/2013/09/SOP-ADVISORY-FORCED-LABOUR.pdf>

358 See <http://pib.nic.in/newsite/ereContent.aspx?relid=89887>

359 Circular Implementation of SOP on child trafficking retrieved from <http://www.rlsa.gov.in/JJ%20Consultation%20Material/DepartmenetofChildRightsRajasthanOrdercircular/Circular%20Implementation%20of%20SOP%20on%20Child%20Trafficking.pdf>

Juvenile Justice (Care and Protection of Children) Act, 2015

Juvenile justice system in India is formulated with the objective of providing care and protection as well as justice to two categories of children viz children who need care and protection (CNCP) and children in conflict with law referring to children who are alleged to have committed a legal offence. The act provides for setting up of statutory mechanisms i.e. Child welfare committees and Juvenile justice boards, their roles and procedures to deal with such children. The Act also lays down means of institutional and non institutional rehabilitation of these children. It describes provisions, measures and minimum standards for short and long - term residential spaces for the two categories of children (including observation homes, shelter homes, open shelters, special homes and place of safety. It also covers the procedure for placing children in adoption, foster care, extending after care support and non - institutional services such as sponsorship. Rehabilitation for each child is planned with the help of an individual care plan. The juvenile justice system is the mainstay of Integrated Child Protection Scheme and institutional mechanisms under the scheme are instrumental for day - to - day functioning under the Act.

The process of child friendly adjudication for children who are alleged to be in conflict with law has been specified in this law with the purpose of providing differential treatment to children from the existing criminal justice system that deals with the adult's adjudication. The latest version of Juvenile Justice Act in India was highly debated especially with respect to its differentiated treatment of 16 to 18 year olds apprehended for offences graded as heinous under IPC and warranting sentence of minimum seven years or more. While this report may not be the best place to consider pros and cons of the altered provisions, it is evident that *ChilDESCENTS* are bound to be most affected by the controversial aspects under the law. In addition to the above, the act also introduced additional changes including related to registration of child care institutions, corporal punishments, enhanced punishments related to child abuse and neglects, and child marriage.

How well aligned is the current child protection system when it comes to *ChilDESCENTS*?

Lack of Universal coverage on Child Protection

All children have a right to a dignified life free from exploitation and insecurity. The National Policy for Children 2013 recognizes

the need for a safe and protective environment as a prerequisite for realization of all other rights. It also reaffirms that any person who has not yet attained the age of 18 years shall continue to be considered as a child. At the same time, it is important to recognize that children face multiple risks and adversities at different points of their childhood, and may respond with different coping strategies and abilities. The Government of India recognizes that children are not a homogenous group and that a responsive system needs to be aligned to their evolving scenario. Contrary to the belief laid down in the National policy for children, there is clear inadequacy in the protective net for the *ChilDESCENTS*. The design of the protective environment does not take into account the specific vulnerabilities faces by *ChilDESCENTS* and this is clearly evident by the fact that a large number of *ChilDESCENTS* are unable to avoid being forced into labour, exploitation, or marriage, especially when faced with higher familial responsibilities or insurmountable socio - economic risks.

As discussed earlier in this report, different legislations advocate differential treatment to *ChilDESCENTS*, amounting to a feeling of limited protective space for this age group. For instance, the child and adolescent labour (prohibition and regulation) act amended in 2016 brings adolescents in the fold of the act but in a very limited way. It prohibits *ChilDESCENTS* from work in a specified list of hazardous employments and processes which are very restrictive and largely refer to employments placed in the formalized sector. The existing schedule of employments and processes makes reference to prohibiting children but not *ChilDESCENTS* from working in a large number of employments which are actually exploitative and hazardous. This redefinition of hazardous occupations and processes has made a range of hazardous occupations such as handling chemical insecticides in agriculture, gem cutting and polishing, manufacturing with exposure to lead, carpet weaving, cotton ginning, building and construction, etc, to be considered in the category of allowed occupations for *ChilDESCENTS*.

This can be attributed to the fact that while we follow the ILO definition of hazardous work, the country has not followed a scientific methodology and in-depth research to conclude what is hazardous and what is not in an age appropriate fashion. The lack of age disaggregated data categorized as per hazardous incidents, minor incidents, injuries and days affected also acts as a limiting factor in current attempts to guide the decision making process objectively.

As seen earlier, both explicit and implicit vulnerabilities need consideration in case of working children regardless of their age. Further, the CLPRA amendment law also does not have any provision linking *Childescents* work to forced migration or trafficking. Finally, leaving out informal occupations and processes is a disservice to *Childescents* who, on account of their reduced autonomy, are unable to move out of exploitative situations on their own judgement and bargaining power. Experience reveals that many of these informal occupations have not been listed in the schedule for instance domestic work and working in circus can be extremely exploitative, abusive and violate all rights of children.

To cite an example, *Childescent* girls in domestic labour in any metropolitan city of India are largely trafficked from vulnerable rural areas and placed in residential settings through a nexus of exploitative, unregistered and unregulated placement agencies. Innumerable rescues of these girls have shown the deplorable conditions of work, rampant physical and sexual abuse along with long hours of work yet it has not been accepted as a hazardous employment in the said law. This stands true for many other occupations and processes including circus, glass, lock making and agriculture and use of pesticides and insecticides as mentioned above.

The need for state action is justified since *Childescents* working in hazardous occupations can be rescued under the child labour act whereas those working in non hazardous employments cannot be rescued. The Juvenile Justice Act 2000 which is an overarching act for child protection provided an option for relief and rescue to all working children including *Childescents* as they were categorized as children in need of care and protection. However the recent amendment in the Juvenile Justice Act in 2015 has restricted this scope of intervention because the ambit of JJ Act is now restricted to existing labour laws, inadvertently excluding *Childescents* from an alternative option of recourse.

In addition to Child Labour Act, other acts too have limiting provisions when it comes to *Childescents*. In the current version of JJ Act 2015, sections have been added suggesting differentiated treatment for some adolescents which is against India's constitutional provisions. These provisions involve a separate process of psychological inquiry, the focus of which is to establish psychological maturity of the *Childescent* and suggest if the case should be taken up under adult jurisprudence system rather than treating the person as a

child in conflict with law. If the inquiry comes to such a conclusion, the case may be referred to the children's court to review the offences. In the current version of the act, this process is restricted to those above 16 years of age who are alleged to have committed heinous offences (described under IPC as crimes for which seven years of punishment or more may be awarded). Further, on turning adult, the person may undergo a further review process based on which further period of institutional stay involving possible transfer to adult jails may be suggested. A separate provision has been added under which, in addition to final order of the JJB, the person is liable to be known as someone with a criminal record and hence may be excluded from a number of social and employment related scenarios.

Limiting supportive provisions in case of *Childescents* are also visible in context to the process of rescue and rehabilitation of child in need of care and protection, especially working *Childescent*. The scope of Section 79 relating to exploitation of an employee is restricted to only two specified conditions, i.e., a) keeping the child in bondage and b) withholding earnings of the child. Hence, if a *Childescent* is being exploited or abused at work, but receives his/ her earnings, the employer may not be liable under both CLPRA and JJ Act 2015 (in the first one, due to his/ her age and in the second, since earnings are not being withheld), and consequently, the child may not be rescued. In such a scenario, how will children who have migrated, or been trafficked for work prove their bondage situation to non - sympathetic labour inspectors. This is yet another example of restricted coverage of *Childescents* under existing legislations.

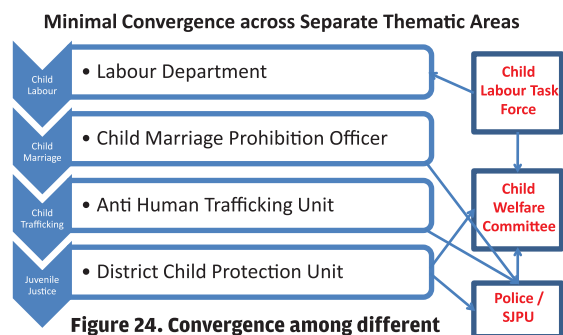
In some cases, the limited approach is due to absence of enabling provisions. For *Childescent* girls married off at an early age, the socio-cultural barriers they face in order to prevent an early marriage or to break away from an existing marriage are very difficult to breach. The existing child protection system falls short of providing prevention services and supportive mechanisms that would be helpful for them to take on this difficult scenario. Currently, the CWC only provides shelter and basic care facilities to girls who wish to move out of child marriage scenario but either do not wish to return to their parental home or the family is not willing to accept her back (whether due to societal pressure or because of the burden imposed upon them by the girl). In such scenarios, in addition to basic maintenance, girls also need educational, employability, emotional support that would help them stand on their own feet and take the right decisions for their long - term future. In that

sense, it can be said that *Childescent* girls on the verge of marriage, or those already married off are not adequately covered within the existing protection framework.

While in the section above coverage has been discussed with reference to specific laws, there is a basic flaw in the current policy approach vis-à-vis ensuring universal coverage of the protective framework. The integrated child protection scheme as well as the specific laws discussed above relies on an urban centric machinery. The child welfare committee under the Juvenile Justice act has a significantly urban presence and so is the case with the child labour inspector whose purview of inspection is factories and employments which are largely urban. The panchayat or the local governance body or for that matter even the block level structures have no specific responsibility for child protection and therefore the reach of children to both preventive as well as responsive protective services is negligible. The district child protection units have institutional and non institutional protection officers along with Social workers, lawyer cum probation officers as well as Outreach workers who again have very limited reach to the rural households.

Design Challenges

Historically, child protection in India evolved piecemeal as a response to immediate social problems of the times (such as child marriage, labour, and crime). Due to the path of evolution followed, even today different ministries and departments continue to be in charge of specific areas such as child labour (MOLE), trafficking (Home Affairs), crime against children (Home Affairs), marriage and juvenile justice (MWCD). The fragmentation is also visible in the form of a plethora of legislations, each addressing a problem in isolation. These legislations by design focus on system's response to child protection violations such as under the Prohibition of Child Marriage Act, the Adolescent and Child Labour (prohibition and regulation) Act, 2015, the Prohibition of Immoral Trafficking Act (PITA), 1956, and Protection of Children against Sexual Offences, 2012.



This current emphasis on legal procedures has resulted in the inability of these laws to adequately cover supportive mechanisms, rehabilitative provisions and therefore, be enabling, empowering and sensitive legislations. The overall focus continues to be on enforcement of law, on post event response rather than on prevention, or ensuring justice and restoration. Consequently, the overall framework could best be seen to be at a nascent stage and requires intensive effort to be converted into a comprehensive framework.

Critical analysis of the ICPS suggests the existence of a skewed approach – with majority of allocations, schemes, and human resource investment currently situated in the tertiary level and therefore, lacking true adherence to prevention. For instance, the specific types of programmes clearly stated within ICPS include (a) Homes of various types for children; (b) Emergency Outreach services through Childline; (c) Open Shelters for children in need of care and protection in Urban and Semi Urban Areas; and (d) Family Based Non-Institutional Care through Sponsorship, Foster Care and Adoptions. In contrast, detailing of prevention aspects under ICPS include only reference to setting up of block and village level committees without any mention of their capacity building, the broad mandate and interventions expected from these committees, and finally, their accountability. This is also true in case of the support to be accorded to the vulnerable families identified under the second tier of ICPS. What is the kind of support envisioned, who will be responsible for extending such support, for how long, and what are the indicators that will illustrate the need for continuing support. None of these questions have been addressed anywhere.

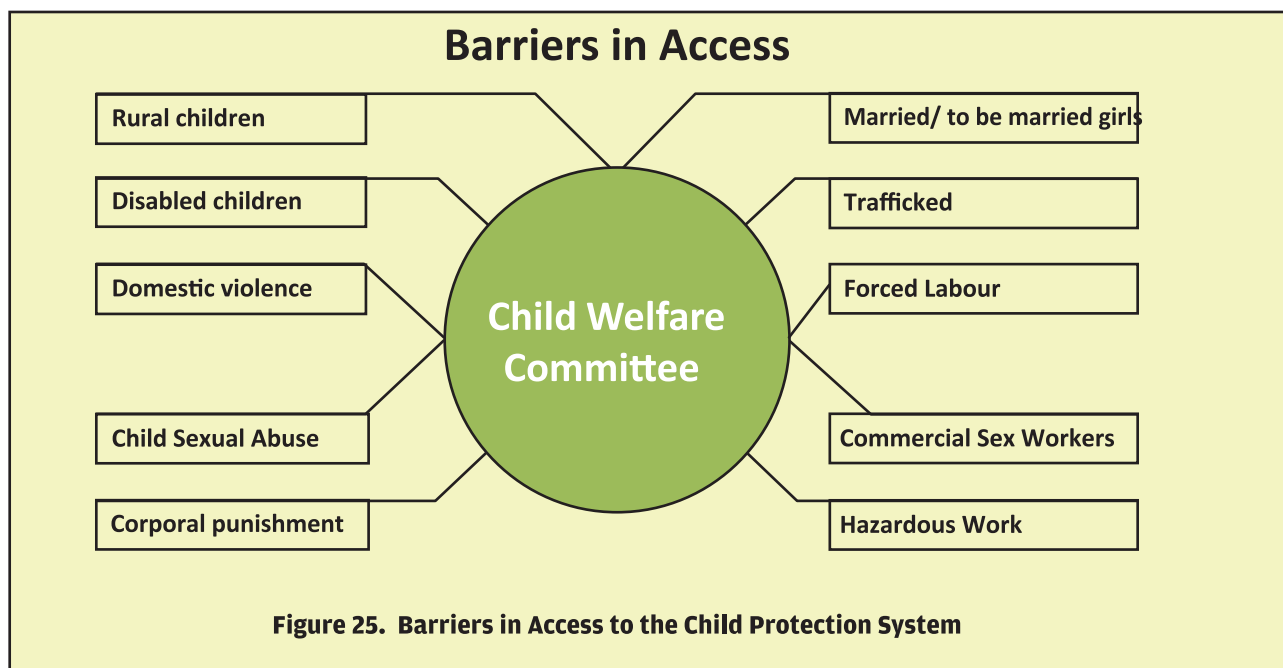
The system is also very urban centric in the current scenario. At the village and block level, child protection committees have been instituted though very little capacity building, visioning, as also setting clear roles and accountabilities of these committees have been realized. Considering that rural areas are the source areas for child trafficking, child marriage, and also significantly, child labour, proper capacity building can ensure that these committees are able to

- ensure universal service provisioning,
- take preventative action on the ground, and
- identify vulnerable families who may be in distress and hence prone to actions such as school dropout due to financial or personal constraints, child trafficking, exploitation, labour or migration and extend social support measures to these families and therefore play a

significant role in rehabilitation of rescued and repatriated children in their own primary geographical areas.

At the same time, while both urban ghettos and rural hinterlands may be the scenario of a significant number of child rights violations, there is dearth of positive, nuanced interventions designed for prevention, and in support of vulnerable children

residing in these areas. Examples of community based interventions, especially those oriented at long - term attitude and behavioural change are very few. Rural spaces are even high in vulnerability on account of the distance and poor transport facilities for children, creating severe under reporting of cases, especially with respect to sexual abuse and violations.



Human Resources, Quality of Care and First response

A primary area of concern with the existing child protection system is the lack of adequate and well - trained human resources. Every law refers to an implementation appropriate authority at the state or district level but the said enforcement official invariably has an additional charge with respect to the child protection law. A labour inspector referred to in CLPRA implements approximately 32 labour laws with a large jurisdiction (a district or multiple districts), CLPRA being only one of them and the consequences have been well established. Thirty years of implementation of CLPRA, 1986 act, for instance, has provided extensive information in context of the issues related to poor implementation, poor prosecution and conviction rates (even in the low percentage of cases that actually get filed within the system), and prevailing attitudes of sheer negligence and apathy of officials in completing the formal procedures that would allow former child labourers their due in terms of rehabilitation funds and the option to not be forced into labour repeatedly.

Similarly the child marriage prohibition deputed across states is often either a Sub divisional magistrate, or a child development officer or any other Government officer with an additional charge of preventing child marriages. The skeleton team manning the DCPU whose primary work has become that of playing a coordinating role between CWCs and officers in child care institutions, parents and other stakeholders are expected to form the first line of defence to the child. Also CHILDLINE which is referred to as the first level of response for the child in case of child protection violation is equipped with not so trained and very low paid staff with inadequate powers to intervene in emergency in absence of the police. For instance if any CHILDLINE personnel finds a child being beaten mercilessly by his own father, he/ she cannot remove the child from the father's custody till the police arrives defeating the purpose of emergency response.

Enhancing capacities is also relevant if the system is to be truly responsive to the needs of all children. At the village and block level, the vision is that DCPUs shall handhold village child

protection committees. However, a major shortcoming in achieving this vision is that these committee members have not been comprehensively trained, nor have they been given any mandate by the panchayati raj system. In the absence of a clear mandate, dedicated personnel such as for ICDS and health services on the ground, it is defeatist to expect that village committee members without specialized training and capacity building will be able to handle protection emergencies such as incest, abuse, exploitation or even complex issues such as trafficking. The ensuing response therefore on the ground, continues to be ad-hoc and unprepared, leaving children unprotected and unheard.

In such a scenario, the low cognizance of child rights violations, cases filed and followed through and insignificant conviction rates are to be expected. This overall picture of the child protection system does not provide any confidence in its capacity to the capacity as a protection system for children to extend its reach beyond cases that accidentally reach its sphere. Even without reaching out for undetected cases of potential violations, child protection systems often struggle to successfully cater to those already within the system.

Children deserve much more than what such restricted child protection systems have on offer. This restricted system capacity is even more serious if one anticipates the levels of legal and psychosocial complexities that may be present in even a single case and the consequent demands on time and energy of on - ground personnel handling such cases on a daily basis.

The consequences of the above lack of capacity and preparedness of human resources on the system are not just in terms of

inability to balance case loads and do justice to the child. It also prevents the system from trying out unconventional methods and innovations that might be beneficial and bring about much needed system improvements. Further, it continues the restrictive approach of the system that makes it a response focused system without building on preventive and supportive mechanisms envisioned in the original conception of ICPS. Struggling manpower capacities have much less scope to engage actively with critical stakeholders such as parents, teachers, health system functionaries and upgrade their capacities to identify, accept and take preventive action for the benefit of children who may be highly vulnerable on account of their individual, household, or community specific characteristics.

The overarching limitation cannot be only restricted to lack of human resources. In fact, the underlying constraint is that of low financial outlays that is present throughout the child protection system at all levels and across all thematic areas. In absence of increased allocations, improved capacities, and positive interventions, it is pointless to imagine a positive transformation of the entire system.

The table below shows existing ratios of financial allocations with context to child protection system. This doesn't reflect the needs of areas such as child marriage, trafficking, and for instance, prevention related aspects for multiple areas of concern. In the given scenario of financial allocations, there is restricted fiscal space to introduce efforts towards prevention and rehabilitation within the child protection continuum. Child Protection, a pressing child rights issue hasn't seen that much attention and, within the overall child budget, a miniscule 1.48 percent has been allocated for child protection for the current financial year.

Scheme	Ministry	2015-16 RE	2016-17 RE	2017-18 BE	2017-18 RE	2018-19 BE
Integrated Child Protection Scheme		402.23	597.50	648.00	648.00	725.00
Beti Bachao Beti Padhao (BBBP)	MWCD	75.00	43.00	200.00	200.00	280.00
National Child Labour Project	MOLE	99.50	108.00	160.00	106.62	120.00
Scheme for Welfare of Working Children in need of Care and Protection	MWCD	7.00	2.50	2.00	0.01	0.01
National Commission for Protection of Child Rights (NCPCR)	MWCD	11.00	19.00	19.00	26.50	18.00
(All figures are in crores)						

Table 33. Budgetary Allocations under different child protection heads

Isolated institutional mechanisms and poor convergence

The biggest design challenge facing the existing child protection system as of today is its fragmented nature. In reality, protection violations may not be so neatly categorized as they may be categorized under various legislations or falling under various schemes for their on - ground implementation. A single child may face multiple types of risks and abuse, undergo exploitation at the hands of a trafficker, a receiver and an employer, and even undergo multiple incidents over time and space. It therefore becomes important that the system responding to the child has the capacity to overcome geographical boundaries, ensure all forms of violations are recorded and taken into account, and that a team representing multiple disciplines interacts with the child in order to fully understand his/ her concerns and plan for appropriate rehabilitation. This requires, at the minimum, a systems orientation, critical information sharing mechanisms, and collaborative thinking and working together.

Unfortunately, the present design of the child protection system is not designed to meet these requirements. Child marriage prevention officers do not interact with district child protection units and anti - trafficking units are brought into the picture at a much later stage by the local police and other functionaries. Even after almost a decade of setting up of the first multi - stakeholder district rescue teams at the behest of the Delhi High Court, labour inspectors have not become habituated to collaborative team work. Delays at one end of the response mechanism often leads to delays in filing of cases, addition of appropriate legal sections in official investigations, poor forensic recording of the scene, and problems in ensuring victims receive appropriate compensation, are accorded privacy, and granted a fair chance at rehabilitation.

Convergence was one of the reasons behind the original design of introducing the ICPS scheme as the foundation for child protection system in India. Yet, the DCPUs have not lived up to their assigned role of streamlining communication. Similarly in all special laws, CWCs have not been accorded the central role of decision making for all child rights violation cases within a geographic jurisdiction, such as a district. In recent legal amendments, there was scope of mandating CWCs as the first reception point and as the decision making authority for rescued children under multiple acts such as PCM 2006, CLPRA 2016 and the yet to be passed Trafficking Bill 2018.

Yet none of these acts establish the central role of CWCs as the authority to which child will be brought post rescue and, the authority which will ensure that the child receives all subsequent short and long term case management and rehabilitation services. Doing so would have ensured both strengthening of the Juvenile Justice system and its role in appropriate rehabilitation of the child. With adequate capacity building of the juvenile justice system in the medium and long term, the explicit reference would also have ensured that the child gains immediate access to a well - designed comprehensive post - trauma services such as a doctor, counsellor and basic shelter services of a recognized standard.

Similarly, under Section 17(3) of ITPA, intermediate custody of a child is to be provided to any institution established or recognised under any Children Act. Even the draft Trafficking of Persons Bill, 2018 makes only a generic reference to protective homes. The procedure followed ought to have been aligned with the Juvenile Justice System so that the involvement of Child Welfare Committees is ensured in cases that come under the ambit of ITPA. The child protection system also needs to be informed about the functioning of the Ujjwala scheme homes that ought to be registered as Child Care Institutions under the JJ Act, 2015, and follow standardized procedures and minimum standards of care as per the Act.

Ensuring the above aspects would also have given CWCs the mandate to look into appropriate legal sections recorded by the investigation officer leading to some semblance of standardization in the way cases are recorded across a state, and consequently, throughout the nation. Finally, it would have allowed comprehensive recording and MIS sharing across child protection system on the lines of current reporting standards in health services and slowly led to higher accountability across all Ministries and functionaries. Part of the disarray is because of the different Ministries such as Ministry of Labour and Home Affairs that have the responsibility to provide on - ground implementation of the respective Acts. It also reflects the disjointed state of affairs and lack of a systems based perspective wherein the child is situated at the centre and accordingly involvement of multiple stakeholders in extending services across the continuum of initial care and rehabilitation components is ensured.

Lack of Disaggregated data around protection issues

The lack of available data and statistics on the working patterns of adolescents is one example of existing data gaps that require urgent attention. Most of the action researches, status reports, and implementation related data has been focused specifically on children below 14 years. Now, when the 14 to 18 age group is also covered by the proposed act, there are no existing benchmarks on their employability, seasonality of work availability, hazards and risk vulnerabilities and so on. The Census of India captures data largely in the realm of work participation over the year, but not the detailed trends, the sector specific scenarios, and so on.

Similarly, disaggregated and detailed data is unavailable on a number of areas such as on the various categories of children in need of care and protection. Child marriage data, for instance, is currently not captured systematically and in an accepted format; it is upto the child marriage protection officer to keep whatever records he deems fit. Data on trafficked children needs to be validated and concerted across different departments such as labour, legal enforcement, and Anti Human Trafficking Units (AHTUS). There are no primary baseline data studies that provide even a basic estimate of children facing neglect, corporal punishment at home/ school, or sexual abuse. Data on online abuse, stalking, and bullying of children by peers and adults is also not available except for pure guesstimates.

There are a number of ways in which these data gaps may be filled up including systematic record keeping and collation across different functionaries and line departments; consolidation of data available with CWCs including taking into account multiple vulnerabilities of children, NCLP records and police records including those used by NCRB., baseline data captured by DCPU, childline case statistics, among others. Apart from data on incidence and prevalence of specific phenomena, adequate record keeping of long-term follow up of the person, and tracking his/ her reintegration into society is also essential. Data on children residing in child care institutions and their long-term institutionalization is an important aspect of recordkeeping overall, and might extend enough qualitative insights into the gaps and challenges within the overall child protection system.

Further, in case of children in conflict with the law, there are very few primary qualitative studies that attempt to find out the drivers of such anti - social behaviours. This is especially true in case of emerging scenarios where serious offences such as physical assault, rape and murder are being carried out by children themselves against even younger children. Impact of urbanization, migration, rising apathy in society and information overload (especially with newer modes of information that are not very credible but are highly emotional) are all social phenomena that have been suggested as influencing crime trends, but lack evidence that would enable the development of nuanced interventions with children and *ChilDESCENTS*. This scenario becomes serious if one considers the overall rising absolute numbers of both crimes against children as also offences committed by children while the rate of crime reduction continues to be low or insignificant. The scenario only stresses the fact that the system's response is far below expectations and indicates a lack of future readiness. Finally, without understanding the motivations of children and *ChilDESCENTS*, the system will be hard pressed to mainstream individuals who have already been through the criminal justice system and in fact been hardened during their time spent in institutional stay in the absence of well - designed rehabilitation oriented interventions.

4.8 Health and Nutrition Policy

Adolescent Well - Being: Strengthening the Health Capital of Present and Future Generations

The *ChilDESCENCE* years encompass significant maturation of physical, emotional and cognitive faculties; a number of long - term persistent developments occur that shape the overall health capital of the individual. Here, we follow Lancet's definition of health capital as the complete resource set determining the individual's health trajectory across the life course. Evidence shows that both physical fitness peaks and neurodevelopment capabilities are achieved in the period emanating from *ChilDESCENCE* to the second and third decades of life. It is also the period of second growth which much higher nutritional demands than any other phase in human lifecycle. However, a number of socio - cultural, environmental, institutional and behavioural aspects end up impacting their nutritional outcomes as seen earlier³⁶⁰.

360 Mahendran, A. (2015). Visible and Invisible Health Problems of Youth in India. *Humanities and Social Sciences Letters*, 3(4), 157-166.

As with each distinct phase of life, *Childescence* also is characterized by marked features, including developmental tasks, unique challenges and a period of stability before entering the next phase of life. Successful emergence through this period is indicated by adoption of adult roles and responsibilities, transition to employment, economic independence and formation of long - term intimate relationships such as through marriage, and the ability to be a nurturer and caregiver such as in childbearing and parenthood.

The support accorded by positive health and well - being is essential in managing this transition successfully. In contrast, health problems and risks during this period have the potential to seriously alter both physical fitness and opportunities for development. Risks such as early marriage, pregnancy, or infections suggest adverse consequences through the life course as well as diminish health and well-being capabilities of the next generation as well. Addressing knowledge deficits especially around maturation, sexuality and emotional challenges in social setups, including peer influence and intimate relationships will allow them to select the right pathways in maturation and constructively deal with ongoing changes in their lives.

Policy Analysis - Health and Nutritional Requirements

In present context in India, the health care and services for the *Childescents* are offered under the umbrella of Rashtriya Kishor Swastha Karyakram (RKSK), which attempts to broaden the focus on reproductive and sexual health and covers the entire range of adolescent health issues starting from nutrition, physical activity, mental health and substance abuse, iron supplementation and menstrual health and finally curative services for adolescents. The RKSK programme adopted two approaches for expanding access to cover all *Childescents*, including

- Adolescent Friendly Health Clinic services through PHCs, CHCs district/sub-divisional hospitals and medical colleges. At the primary health care centre, the Medical Officer and ANM shall extend assistance to adolescents while counsellors are to be recruited for AFHC services provided at CHCs, and district and sub - district hospitals; and
- At the community level through grass-root level functionaries such as ASHAs, peer educator programmes and formation of adolescent friendly clubs for both in-school and out-of-school Childescents.

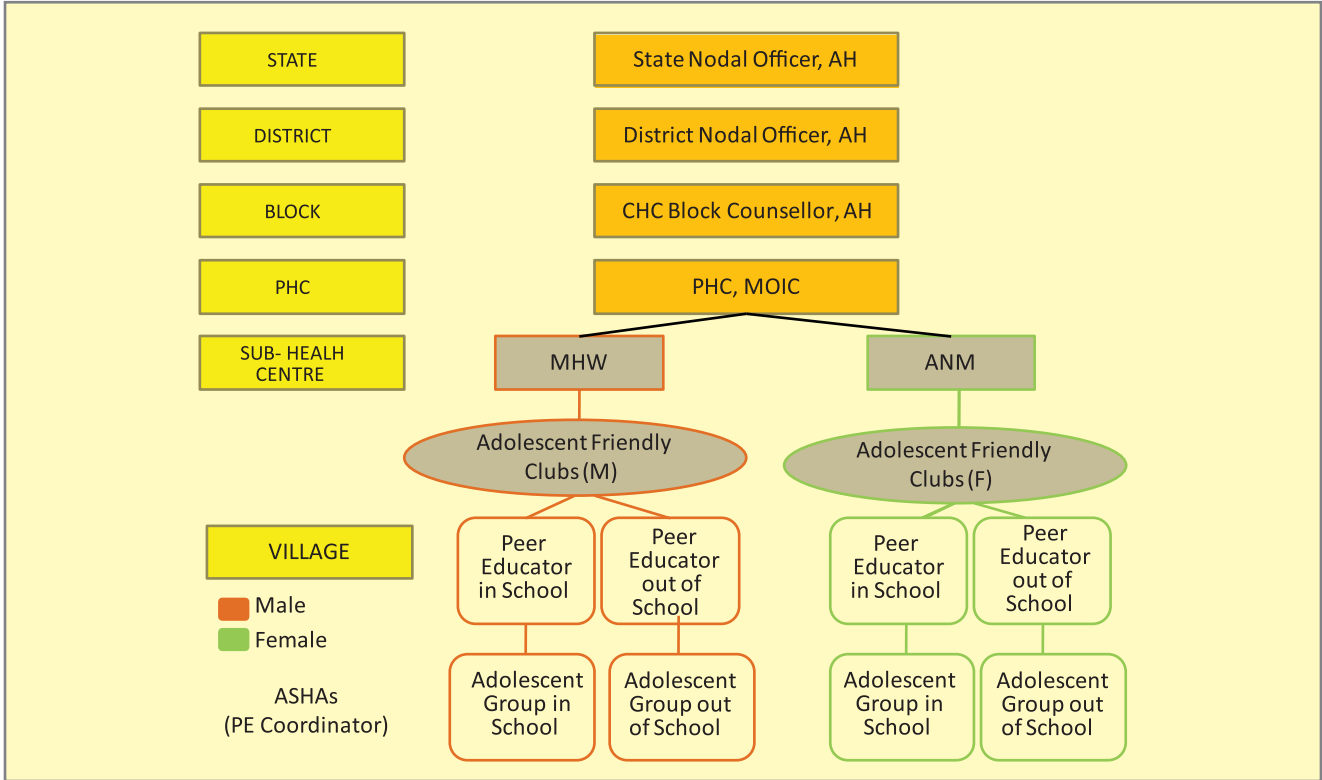


Figure 26. Implementation Structure of Adolescent Health Services

Key Government initiatives to ensure healthy well being to the individuals

Since India's independence, malaria, tuberculosis, leprosy, high maternal and child mortality at the initial phase and lately, human immunodeficiency virus (HIV) and non-communicable diseases have been key concerns for the Indian Government. The ongoing epidemiological transition (rising burden of chronic non-communicable diseases), demographic transition (increasing elderly population) and environmental changes have made the situation even more challenging for the government to address.

However, the Indian Government has initiated a number of missions and large scale interventions over the period, primed at accelerating progress in context of public health services, especially reproductive and child health, water and sanitation etc to ensure the well being of the individuals. A number of recent interventions aimed at improving the overall public health system in India include the following:

- India launched the National Rural Health Mission in 2005, with its focus on primary maternal and child health services (now subsumed under National Health Mission).
- In 2008, Rashtriya Swasthya Bima Yojana, a public health insurance programme for below poverty line households and various categories of unorganised workers was launched
- Access to essential medicines has been a critical area of concern given the high out-of-pocket financing costs of health in India. While the national list of essential medicines has been around since 1996 it was in 2008 that the Government of India launched the Jan Aushadhi Scheme. In November 2016, the scheme has been revamped under the name of Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)³⁶¹.
- In 2013, National Health Mission launched the RMNCH + A approach (Reproductive, Maternal, Newborn, Child and Adolescent Health) adopting a lifecycle approach to cover the entire continuum from adolescence to motherhood and neonatal and child health. Under the RMNCH + A approach, adolescent health services include Adolescent Friendly Health Services (AFSH), Weekly Iron & Folic Acid Supplementation (WIFS) programme, and Menstrual Hygiene scheme.

- In 2014, Government of India launched the Rashtriya Kishor Swasthya Karyakram (RKSK) programme with a considerably broader mandate than only reproductive and sexual health of adolescents as was the earlier focus under RCH II. The expanded approach includes nutrition, mental health, substance use, non - communicable diseases, and injuries and violence.

Policies with key focus on the Childescents

In 2018, the GoI launched the Ayushman Bharat Programme with the objective of moving towards universal healthcare. The Programme comprises two main initiatives- Health and Wellness Centres (HCWs) for primary health care and the National Health Protection Scheme to access health facilities at secondary and tertiary levels³⁶². Health and Wellness Centres (HWCs) will essentially be Sub Centres that have been upgraded to provide a wider range of services. The services relevant to health of Childescents include Comprehensive Childhood and Adolescent Health Care, Comprehensive Contraceptive Services and Comprehensive Reproductive Health Care. In addition to these, the bouquet of services also includes other generic health services such as Comprehensive Management of Communicable and Non-Communicable Diseases, Basic Ophthalmic Care, Basic ENT Care, Basic Dental Health Care, Basic Geriatric Health Care and the Screening & Basic Management of Mental Health Ailments³⁶³.

National Health Policy 2017³⁶⁴

The National Health Policy document categorically mentions specific needs of adolescent health. The policy talks about pre-emptive care i.e. pre-empting the diseases and taking action to prevent them. Given that a significant proportion of several adulthood diseases may have their foundations in poor health behaviours during *Childescents* period, it becomes imperative to give high priority to this preventative approach in order to reduce the morbidity load in later life. One of the strategies detailed by the policy is its focus on the school health programme as a medium to reach out to adolescents. The policy also discusses nutritional needs of adolescents in detail. Besides public health services, the policy document also envisions role of corporate sector in fulfilling the health and nutrition related needs of adolescents.

361 Maiti, R., Bhatia, V., Padhy, B. M., & Hota, D. (2015). Essential medicines: an Indian perspective. Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine, 40(4), 223.

362 <http://pib.nic.in/newsite/PrintRelease.aspx?relid=176049>

363 Report of Task Force on Comprehensive Healthcare Roll-out, National Health Mission <http://nhsrcindia.org/sites/default/files/Report%20of%20Task%20Force%20on%20Comprehensive%20PHC%20Rollout.pdf>

364 National Health Policy document, Ministry of Health and Family Welfare, 2017

RMNCH + A 2013

In 2013, Government of India launched a revised RMNCH + A strategy with the addition of “A” component, which represents adolescent health services. This strategy indicated the acceptance of adolescence as a separate life stage with major repercussions on both adulthood and maternal and child health. Under the strategy, specific targets pertaining to reduction of anaemia among Childescent girls and boys and decrease in the proportion of total fertility as contributed by Childescents were set forth as key areas to improve the health of this age group. Other mandates include improvement in the status of nutrition, non-communicable diseases, substance use & mental health, injuries and violence.

Multiple channels of outreach in the RMNCH+A approach ensure that all *Childescents*, whether school going or out-of-school are covered through platforms such as VHSND, Kishori Diwas, School based health programmes, Anganwadi Centres and Nehru Yuva Kendras. The programme follows a preventative approach through a comprehensive package of information, commodity supplies and curative services.

Rashtriya Kishor Swasthya Karyakram (RKSK) (National Adolescent Health Programme)

In 2014, Rashtriya Kishor Swasthya Karyakram (RKSK), which replaced the earlier ARSH programme, was launched to implement the adolescent component of the RMNCH + A strategy outlined above. The RKSK programme attempts to empower adolescents through enhancing participation and leadership skills, with capacity building of adolescents taking a substantial part in programme implementation. Peer education, community-based interventions and knowledge-attitude-practice (KAP) based approaches have been advocated as an extension to provide adolescent friendly health services (i.e., curative), with an expanded mandate that goes substantially further than only reproductive health services for adolescents.

School Health Programme

The Government of India launched the School Health Programme to address the health needs of school going children and adolescents in the 6-18 year age groups in the Government and Government aided schools. The prime focus of the programme has been to ensure screening of health for all school going children in standard-1 to 12, diagnosis, early management of disease, disability and common deficiency and therefore linkages with secondary and tertiary health facilities

as required. This is the only public sector programme in India specifically focused on school age children. The programme aims to address the health needs of children, both physical and mental, nutrition interventions, promotes physical activities and counselling and provision of fixed day immunisation coupled with education. Weekly Iron Folic acid Supplementation (WIFS), along with biannual deworming are also included in the programme.

National Nutrition Mission and Nutrition Strategy

India has a comprehensive, though dated National Nutrition Policy, 1993 in place. The policy document accepts the then emerging realization of importance of nutritional intake during the period of adolescence, especially in case of girls and therefore, their inclusion in iron supplementation programmes and supplementary nutrition through ICDS. Since the time the policy was adopted, much has changed in our understanding of adolescent malnutrition and its ramifications. The National Nutrition Policy document envisioned setting up of a National Nutrition Council under the direct supervision of the PM of India, though it was 2008 by the time of its formal launch.

In 2017, NITI Aayog presented its National Nutrition Strategy with the aim of achieving the ideal of ‘kupooshan mukt bharat’ i.e., ensuring a malnutrition free India by 2022 with the following core components

- Optimal Infant & Young Child Feeding (IYCF) practices,
- Immunization,
- Institutional Delivery,
- Early Childhood Development,
- Food Fortification,
- Deworming,
- Access to safe drinking water & proper sanitation (WASH),
- Dietary diversification, etc

2017 also saw the revised National Nutrition Mission under MWCD, with annual targets for reduction in stunting, under-nutrition, anaemia (among young children, women and adolescent girls) and reduction in low birth weight over three years from 2017-18 to 2019-20. National Nutrition Mission aims to bring in much - needed convergence through multi - sectoral interventions and real - time monitoring in targeted districts to achieve the above.

Challenges in extending universal health coverage to *Childescents*

Childescents as a specific area of focus have been a recent inclusion to the public health system though the recognition of their nutritional needs has been prevalent for some time. Despite the new inclusion that gained importance within overall public health architecture, they, as a group, continue to be vulnerable in certain entitlements due to lack of convergence between different ministries and diversified legal provisions for this age group. For instance married adolescent girls are not eligible for the scheme for maternal health care and institutional delivery (Janani Suraksha Yojana) because they got married below the legal age at marriage. This leads to poor maternal health indicators and pregnancy outcomes on all counts such as ANC/ PNC checkups, buffering maternal body iron stores through supplementation, poor dietary intake and incomplete immunization of both mother and child. Again, girls who become mothers are also bereft of the conditional cash transfer benefits introduced as part of the Pradhan Mantri Matritva Vandana Yojana (National Maternity Benefit Scheme) which considers pregnant women who are at least 19 years of age. Apart from this, *Childscent* girls who have become pregnant out of marriage, may find themselves bereft of support from the public health system. Safe abortion services are denied to them, and they are more liable to have high - risk pregnancies due to their multiple vulnerabilities. Additionally, Childescents today are more likely to enter casual sex, have high - risk sexual intercourse, and comprise one of the most vulnerable population groups in context to HIV. Although formally there are no barriers to their access to contraceptive services from the public health system, issues of confidentiality, social stigma, fear of judgement by health workers and peers have been some of the reasons behind poor contraceptive usage in this age group.

Design Challenges

Health scenario in India can be characterized by the predominance of low public financing, high out of pocket expenditure, poor rates of health insurance adoption, shortages of public health and management personnel (especially in rural and remote areas), non-availability of medicines, and poor infrastructural facilities among others (Marten et al. 2014³⁶⁵). Specific mention needs to be made of the 2010 High Level

Expert Group Committee on Universal Health Coverage constituted by erstwhile Planning Commission which advocated a planned increase in public health financing to 2.5 percent of India's GDP by 2017. However, the financing target has never been fulfilled with the latest round of National Health Policy 2017 further extending it to the year 2025.

Slow acceptance of the specific health needs of *Childescents*

In recent years, the emergence of RKSK as an umbrella scheme for *Childescents* is a sign that the policy makers have accepted the complex and specific health needs of *Childescents*. The frontrunners to RKSK programme were schemes such as Adolescence Education Programme (AEP) launched in 2005 and Adolescent Reproductive and Sexual Health scheme (ARSH), which, together, served to extend both knowledge and curative services to this age group. The AEP was to be implemented across all secondary and senior secondary schools in India and sought to complete the knowledge deficit gap in students aged between 10 and 18 years on critical areas such as physical and reproductive growth process, gender sensitivity, HIV/AIDS and STIs, substance abuse and peer pressure. Unfortunately AEP could never be launched properly due to much hue and cry by several state governments about its focus on comprehensive sexuality education as an affront to Indian values. The ARSH services, on the other hand, have traditionally faced issues of underutilization by adolescents due to multiple issues of access, affordability, confidentiality, and concerns about staff competence as detailed in earlier sections.

Lack of proper infrastructure and human resources

The most recent 10th Common Review Mission evaluated the functioning of RKSK programme across a number of states such as Andhra Pradesh, Arunachal Pradesh, Bihar, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Kerala, Nagaland and Tripura. Findings from the mission reaffirmed underutilization of AFHC's. In Andhra Pradesh, for instance, there was no dedicated room allocated for AFHC clinics. ICTC counsellors have been given additional charge of counselling adolescents visiting the facilities. Overall, there was dearth of IEC materials customized for adolescents across majority of states.

365 Marten, R., McIntyre, D., Travassos, C., Shishkin, S., Longde, W., Reddy, S., & Vega, J. (2014). An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). *The Lancet*, 384(9960), 2164-2171.

Social and Behavioural shift in functionaries mindset

Given that primary responsibilities of implementation continue to be accorded to existing functionaries such as ASHAs, ANMs, ICTC counsellors, it is important to reflect upon the findings from primary studies and reflections from Common Review Missions, which brought detailed the issues related to knowledge, attitude and behavioural aspects of functionaries including their moralistic thinking and socially led opinions about sexual health, contraceptives, HIV, mental health and substance use. Poor information base and poor effectiveness of counselling services provided at AFHC facilities made the scenario more complex. Medical officers and ANMs were also found to be in discomfort when they were placed in situations requiring them to counsel adolescents from opposite sex apart from specific health issues. The training component of functionaries largely focuses on technical components and information giving and is not oriented towards improving overall communication capacities of workers, understanding issues of confidentiality, and also doesn't discuss aspects such as social and cultural values. Further, there is a need to update information base and extend comprehensive information esp. on nutrition, mental health and substance use to functionaries on the ground expected to lead change in adolescent behaviours and patterns.

Need for reorientation of the nutrition paradigm

In the past few decades, there has been an emergent focus towards ensuring overall universal food security for all citizens, however, in practice, this focus has been confined to providing micronutrient supplementations through standalone programmes such as Iron and folic acid and Vitamin A supplementation.

In the background, citizens, especially from lower monthly per capita expenditure (MPCE) quintiles were traditionally consuming fewer calories than recommended dietary intake while other MPCE quintiles have also reported reduction in overall calorie intake. The reduction has been significant in case of specific components such as pulses and vegetables, both of which declined substantially, even for the highest MPCE quintiles from 1993-94 to 2009-10 (Qadeer, Ghosh and Madhavan, 2016³⁶⁶). Nutritionists have spoken about 'food - based approaches' with the understanding that our body needs multiple types of micronutrients that work best in synergy within the body to maintain

critical levels of balance. The ideal balanced diet suggested therefore is one wherein approximately 60-70 per cent of calories are obtained through carbohydrates, 10-15 per cent from proteins and 20-30 per cent from fats.

In contrast, policymakers have attempted to address issues of under-nutrition and hunger in India through provisioning of cereals via National Food security Act, supplementary nutrition to children, adolescent girls and pregnant and lactating mothers, and finally, iron and folic acid supplementation for addressing iron deficiency anaemia.

In India food security was brought under Article 21 that refers to the Fundamental Right to life and human dignity (including adequate food) following a writ petition in the Supreme Court (PUCL 2001). In 2013, Government of India passed the National Food Security Act which mandates the government to ensure that two-thirds of India's total population of 1.25 billion is provided with 5 kilograms (kg) of rice, wheat, or coarse cereals per person per month at affordable (subsidized) pricing of 1-3 rupees (Rs) per kg. However, while this provisioning may take care of chronic hunger, or under nutrition, by itself, it is not enough to ensure adequate healthy nutrition, especially the specific growing needs of children and adolescents. Under the Act, provisions for free meal for pregnant and lactating mothers (through anganwadi) and for children aged six to fourteen (excluding 15 to 18 age group) through all forms of government/ aided schools is to be provided as per nutritional standards specified in the schedule of the Act.

While this strategy has helped significantly in bringing levels of child malnutrition down, the trends of chronic under- nutrition continue to persist (Gopalan, 2013³⁶⁷). In the absence of adequate protein through pulses and animal based protein, low BMI levels and stunting among adolescent girls have serious repercussions on intergenerational cycle of malnutrition including poor maternal and child health outcomes.

Under the National Iron + initiative only iron and folic acid supplementation is given, however, deficiency of folate (Vitamin B12) are also common in anaemic adolescents, though it is at yet unaddressed. Similarly, none of the existing government health programs are addressing the additional requirements of calcium among adolescents. Calcium tablets are supplied only during antenatal or post natal period if at all they are provided through government health system. The existing 'National guidelines for calcium supplementation during pregnancy and lactation' do not extend priority to calcium requirements of adolescents.

366 Qadeer, I., Ghosh, S. M., & Madhavan, A. P. (2016). India's Declining Calorie Intake: Development or Distress?. *Social Change*, 46(1), 1-26.

367 Gopalan, C. (2013). The changing nutrition scenario. *The Indian journal of medical research*, 138(3), 392.

Implementation Challenges

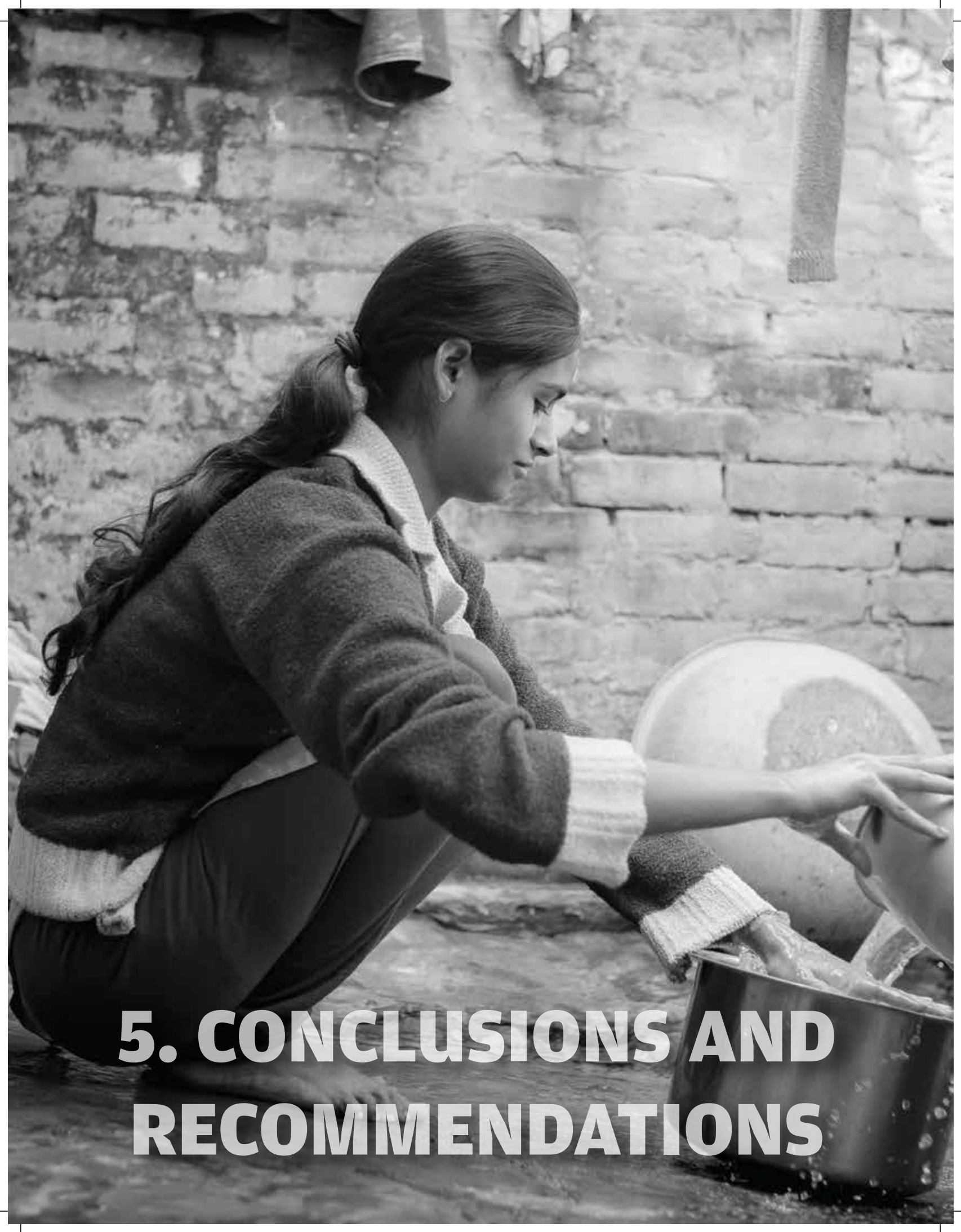
The challenge of convergence

It is evident from the existing researches that in general, *Childescents* have lower morbidity and mortality rates as compared to the general population. Ensuring access to other significant determinants of health such as nutritious food, clean water and sanitation, and healthy environment ensures improved overall physical health of the *Childescents*. Hence, rather than stressing purely on curative services, this age group may benefit significantly from disease prevention and health promotion services.

However, implementation of comprehensive health and nutrition services requires the participation of multiple ministries specifically Health and Family Welfare; WCD (ICDS programme for supplementary nutrition programme focused on energy deficiency and Weekly Iron Folic Supplementation programme focused on iron deficiency among adolescent girls

through Anganwadi Centres); HRD for school health programme, menstrual hygiene scheme and potential extension of mid day meals as well as health information based programmes; Ministry of Drinking Water and Sanitation for comprehensive services related to school and community sanitation among others.

Yet, each Ministry largely functions through its own dedicated staff and programming and operationalizing convergence on ground is still unwieldy. For instance, the common review mission reported instances of states where iron tablets for IFA supplementation have been out of stock for more than two years despite convergence meetings held at both state and district level. ASHA workers and AWWs have their own supervisory and recording processes to follow and are often under pressure working single headedly to fulfil multiple mandates (such as Anganwadi workers and ANMs). Softer agendas of behaviour change such as indirect nutrition interventions (e.g., counselling and mentoring of parents in infant and young child feeding practices, life skill education with adolescent girls) are often at lower priority under such accentuating circumstances.



5. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

Conclusions and Recommendations

India is home to the largest number of adolescents in the world and 100 million of these are *Childescents*. However, their present status is constrained on account of low priority accorded to fulfilling their developmental needs by policy makers and poor recognition of their unique position in society which already considers them quasi - adults. As a nation, we need to acknowledge both the rights and agency of Childescents as a specific group within childhood. In the next ten years, an aggregate of 1 billion will pass through this life stage on their journey towards becoming a productive, responsible and caring citizen. The sheer numbers make the developmental trajectory of *Childescents* in India a global concern. This is an opportune time for policy makers to strongly prioritize the needs of this group and invest in extending basic services for their health, nutrition, protection, and education.

The unique position of *Childescents* is in part driven by **physiological processes** that they undergo and equally by the structural and macro-environmental determinants as indicated. There are a number of developmental tasks that are unique to this phase, such as physical growth and maturation, cognitive development and emotional maturity. Similarly, this phase also lays down the foundation for the individual's educational attainment, self - identity, skill development and livelihood and earning scenario. India needs to recognize and acknowledge that *Childescence* is an integral part of childhood and that *Childescents* are also children. They deserve and have rights the very same as all children, including those related to education, skill development, health and nutrition, and finally, a safe operating space conducive for their development as an individual, a citizen, a nurturer, and a contributor to the world we want to build. They are not passive participants of our largesse, but are equal participants in their own evolution, perspective building and transformation.

Childescents may be born in different milieu, have varying support systems, and may live in places that follow different seasons, climates, and hence, lifestyles. They may face multiple risks and adversities at different points of their childhood, or at different levels in their social ecological system and may respond with different coping strategies and abilities. Finally, no single stakeholder, policy maker, or functionary holds the central decision making role with respect to Childescents. Their needs and aspirations may also be quite specific and unique as individuals and hence, the state and society must adapt and bring together different stakeholders in order to meet their justiciable requirements. The previous chapters of this report

clearly indicate the myriad gaps that exist in the overarching rights and entitlement for this vulnerable age group and the adverse impact of these structural and policy gaps on their ground realities. The answers to their diverse range of situations may come only through collaborative and convergent policy making and flexible implementation on the ground. Nuanced, collaborative mechanisms are therefore a necessity if the state has to play a supportive role in assisting *Childescents* cope with a range of vulnerabilities at various levels.

For too long, we have tried to patchwork our *Childescents'* needs and concerns through superficial, or **incremental change**, handling issues as separate from one another, and therefore, content to be managed by separate ministries, schemes and programmes. However, the findings of this report clearly emphasize the interconnected nature of various determinants of health, nutrition, education and protection. Good health not only builds a strong foundation for the present or future generations, but also allows *Childescents* a genuine chance at completing schooling, improved learning outcomes, and a positive attitude to addressing challenges. Access to secondary education has been positive in delaying marriage and consequent pregnancy, opening doors to skilling and decent livelihoods and even playing a positive role in crime reduction. Safety in personal and community spaces enhances girls' access to secondary education, while reducing chances of migration, trafficking, or forced marriage. A strong governance system, meanwhile, is crucial for strengthening child safety net, improved child protection framework, and operationalization of victim support mechanisms.

There are two **trajectories** that *Childescents* are likely to follow based on societal and policy makers' seriousness about planning for their holistic development. One trajectory leads to improved health and well - being, delayed pregnancies and increased work participation for girls, higher educational achievement and improved abilities to integrate with emerging technology based economy with positive consequences for the nation and society as a whole. The second trajectory leads to continued rates of early marriage and subsequent motherhood, poor and disrupted educational achievements, lack of access to decent livelihood and subsequent poverty. The choice lies with the ability of policy makers and society to plan for today's *Childescents*, or, by not doing enough, plan to fail.

We **plan to fail** when we do not plan comprehensively, bringing all our understanding of *Childescents'* requirements and current status into bearing. It is a failure of planning when we consider only ameliorative or responsive systems rather than those designed for preventive, promotive and responsive action and throughout the continuum of care and protection. We plan to fail when we do not build enough schools or AFHC services, assign adequate human resources, ensure capacity building and training, and collate data, monitor the on - ground scenario and fix appropriate accountability. It is a failure of planning when we do not take vulnerabilities across the multiple levels of child's ecosystem into account. We also do so when we do not design a robust safety net for all children. The consequences of this failure will be borne, not just by today's *Childescents* and tomorrow's adults, but also the next generations of India.

Education, especially secondary education has the power to play a transformative role in the lives of *Childescents*. Broadening the scope of education, the Incheon Declaration on Education 2030 Agenda, adopted at the World Education Forum (WEF 2015) emphasized a lifelong learning approach, stressing on universal access, strong foundations, high-level cognitive and non-cognitive/transferable skills, flexible pathways and stress on quality and learning outcomes (see Incheon Declaration, 2015). Apart from widening their access to further educational, skill development and later on, livelihood opportunities, secondary education extends a range of other benefits to this group. These include avoiding their entry into economic roles, child marriage, and even, to a certain extent, child trafficking, and entry into crime or conflict with law. Schools also operate as a transformative space, a platform for health and life skills education, building gender equity and personality development, and counselling and related services. Returns from secondary education monetarily are also significant. For instance, UNESCO (2016³⁶⁸) estimates that universal upper secondary completion by 2030 across the world has the potential to increase per capita income by 75 percent until 2050, and also allow the world to inch a decade closer for the SDG goal of poverty elimination.

As per Census of India, 2011³⁶⁹, the number of children at the school entry level (i.e., 6 year olds) across India was slated to be 25 million which, in near term, is estimated to decline to near about 17 million in 2025. Simultaneously, early age *Childescents* or those aged 14 and 15 (secondary school age) are expected to decrease from greater than 50 million to under 39 million by

2025. Further, **financial affordability** of education was seen as the most important decision making factor for continuation of schooling in *Childescents* years. Research and secondary data collation by RMSA - TCA estimated that only 11% of the poorest quintile are able to complete school education as compared to 65% of the richest quintile. A higher proportion of *Childescents* from lower income quintiles, girls, and socially disadvantaged groups were found to drop out after completing elementary education. This clearly indicates that equity issues are significant in context of secondary education. Finally, research has clearly indicated that any further growth in secondary school enrolment will come from these disadvantaged groups, clearly indicating the need for expanding the resource envelope related to public investment in secondary school system.

Existing scenario in secondary education also indicates the presence of wide variation in how students experience education. NAS study at multiple levels show the inability of students to match up to expected curriculum levels in India. Only modest gains in educational achievement were evident, and were accompanied by large variances in both school infrastructure and availability of subject teachers especially at higher educational levels. Combined, they show the disparity in how students experience schooling in India. With majority of India's population residing in rural areas, it is but natural that a large proportion of schools are also rural, often in low enrolment conditions. Smaller schools, again, are more likely to fall short on multiple counts of physical infrastructure and have fewer specialist teachers, especially in science, mathematics and ICT. At the same time, remote and smaller habitations are often those facing physical and social exclusion issues. This overall picture raises concerns of sub-standard education being accorded to those sections of society who in fact need greater support. There is a clear need to invest in strengthening learning levels at lower classes/ extend remedial education, as also enable gains from digital educational pedagogy so as to benefit the historically excluded.

Not much has been stated in this report regarding the relative **quality of education** in Government and private schools. The two types of management also differ in both infrastructure and human resources. Objective means of assessing whether quality education is available at a comparable level to students across various types of school management are currently restricted to the student's performance in Class X board exams. Other modes

368 UNESCO GEM REPORT 2016

369 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

of assessment such as National Achievement Survey at Class X cover only Government schools while civil society led learning assessment surveys are not yet held at Secondary school level. The OECD led international assessment programme PISA tests 15 year olds on Science, Mathematics, Reading, Collaborative problem solving and financial literacy. In 2015, students from two states of India participated in this programme, however, this couldn't be taken as a sample representative of educational outcomes across the country. While both systems have their own specificities, they are not equally comparable at secondary education level due to the discrepancies in cost of schooling. As indicated in earlier sections, transition to secondary education shows a clear bifurcation in schooling access, with students from lower income quintiles heading to Government schools while those from higher income quintiles at a greater likelihood of attending private unaided or aided schools.

Poor households end up paying disproportionate amounts of their monthly income on accessing secondary education. Hence, extending of free/ subsidized education is crucial for this age group of children. **Equity gaps** also persist, be it in terms of gender, caste, or religion. Analysis by RMSA - TCA also indicates a significant gap in enrolment of, for instance, SC/ ST students, indicating that further improvement in enrolment/ universalization can only happen if these gaps were taken care of. Finally, poorer sections within these marginalized groups are doubly disadvantaged and more likely to be the ones forced to discontinue schooling. Government machinery, Central and State, have attempted to fill up this gap through various demand based incentives, including fee waiver, scholarship schemes (both merit and means based) for certain categories and numbers of children. Accordingly, there should be nuanced school expansion, strengthening of human resources, and implementation of other initiatives that would be beneficial for enabling school access to the marginalized groups. The first and foremost priority for this age group would therefore be to extend the scope of the Right to Free and Compulsory Education Act 2009 to secondary education, or at least, ensure free secondary education to the poor, the socio-economically disadvantaged groups, minorities, disabled, and girls.

The **strengthening and expansion** of the public education system ought to be carefully designed considering the above mentioned realities of reducing enrolment and equity needs of various socioeconomic groups. With the on-going demographic transition and states moving to lower fertility rates, some states shall be faced with over - capacity while others may still not be

able to cater to all those desiring of progressing to higher education. A one size fits all strategy may not work in such a diverse scenario. States therefore should take up more intense decision making roles, choosing between setting up new schools or residential schools, expanding existing primary and upper - primary schools, or investing in transport facilities and handling school distance and safety issues for girls. Newer technologies have also expanded the options for better governance, online teaching learning modules for both students and teachers, and more frequent learner assessment surveys. The investment space in secondary education system is teeming with possibilities for nuanced system design, with multiple gains for *Childescents*.

Health and Wellbeing is a crucial area of concern not just for *Childescents* themselves but also intergenerational patterns of survival and development. *Childescence* is the period of additional growth spurt with significance for both physical and cognitive development of the individual. Creation of one's healthy self - image is also a significant achievement during *Childescence* with development of attributes such as self - identity, social and peer relationships, gender identity, and self - regulatory skills such as decision making and managing risky behaviour. Hence, physical, cognitive, emotional, social and cultural foundations to health and wellbeing throughout the life - course are contingent upon the progress made during *Childescence*.

Emergent capabilities in context of health and well - being are dependent upon various aspects such as longer access to education, fewer health and substance use risks, delayed marriage and parenthood, as well as gender, equity led characteristics and finally, the availability of positive supportive mechanisms and reserves of social capital. On the other hand, early marriage and parenthood, limited access to education, social isolation and dysfunctional peer relationships may hold significance in diminished health outcomes. Sustainable access to nutritious food, adequate dietary intake and physical activity patterns additionally influence *Childescents'* health and well-being as well as the availability of maternal reserves necessary for the developmental capacities of the next generation.

High risks to *Childescents'* health and wellbeing specific in context of India include poor nutritional status continuing from early childhood years, including high rates of stunting, wasting and malnutrition; inadequate nutritional resource availability and reducing dietary intakes, knowledge deficits in context of

nutrition, sexuality education, mental health and substance use; and accompanying high rates of child marriage and subsequent transition to motherhood roles. **Limited programming** for adolescents, few facilities providing both counselling and curative services, and restricted life skills education programming in schools have contributed to the current state of affairs that has been further exacerbated by poorly trained and inadequate provisioning of human resources specializing in adolescent services. Exclusion of most marginalized *Childescent* mothers from reproductive and maternal health support programmes (such as Janani Suraksha Yojana and Pradhan Mantri Matritva Vandana Yojana), accompanied by poor gender equity and high rates of discontinuation from school education has been the cause of double marginalization for girls who become mothers.

In context of **nutritional status**, *Childescents* have been found to be deficient in critical components required for growth and maturation, including protein, energy and micronutrients such as Calcium, Iron, Vitamin A, Zinc and Folate. Poor childhood nutritional development, when further exacerbated by inadequate dietary intake and corresponding malnutrition among *Childescent* girls, often impacts pregnancy outcomes, with adverse repercussions for both mother and child being highly likely. Early pregnancy is associated with maternal competition for scarce nutritional resources, higher risk of miscarriage, stillbirths and maternal deaths. Low birth weight of children born to *Childescent* mothers renders a lifelong disadvantage which is difficult to mitigate even with planned and sustained interventions. Newer trends of sedentary activity profiles and excessive consumption of energy dense and processed foods has tended to bring the double problem of public health nutrition, with presence of both overnutrition and undernutrition in diverse populations of *Childescents*.

Much can be done with **knowledge based interventions** and adequate human resources in context of both health services and nutrition. A number of schemes related to *Childescents* have been limited due to their pilot status and targeted approaches. Comprehensive sexuality education has for years been at the planning stage, with non - implementation of the erstwhile adolescence education programme in schools a huge let down. The newly revamped Rashtriya Kishor Swasthya Karyakram, a multi - level health sectoral intervention attempts to positively use agency of *Childescents* as peer educators to reach out to earlier excluded categories of out - of - school adolescent girls and boys. However, the details of

implementation need to be finely nuanced, with technical inputs, updated and advanced levels of knowledge, and a stress on interpersonal skills and confidentiality as prerequisites for success on the ground. The inability to do so has the potential to hamper knowledge levels, reinforce traditionally held myths and misconception rather than address knowledge deficits.

A stress only on knowledge may also be insufficient, if *Childescents'* critical needs in context of contraceptives, menstrual hygiene, and other reproductive health needs are unmet. Similarly, India has for years struggled with high rates of iron deficiency anaemia and poor success of supplementation programmes due to the stress on single - nutrient focus rather than improved food baskets, overall food security, and importance of other aspects such as bioavailability and absorption of iron and other micronutrients such as Vitamin C, folates and zinc. Finally, the importance of gender based discrimination and poor dietary intake on account of poverty, poor environmental sanitation, recurrent infections and seasonal food availability issues due to specific geospatial context need to be reflected upon and considered towards a comprehensive programming of any developmental intervention.

Behavioural components of health and wellbeing are critical at this age, especially given *Childescents'* tendency to experiment with high - risk behaviours, significant role of peer influence, and poor access to credible knowledge sources. *Childescents* are also prone to inordinately high levels of injuries and violence. Their easy access to newer technologies and an increasingly complex online world are also added complexities. Successful transition to adulthood demands accepting responsibility for one's behaviour and a realization of potential consequences, and a future orientation. This holds significance especially in context of initiation of substance use, physical activity patterns, and dietary aspects, wherein adverse consequences may emerge after long gestational periods with significant health burden in adulthood.

A **safe operative space for Childescents** is one of their key entitlements, but which has been severely restricted due to lack of a vibrant safety net and a societal tendency to thrust adulthood onto young shoulders before time. *Childescents* have specific protection related challenges, including a higher likelihood of entering economic roles, unsafe migration, forced marriage or trafficking for labour or exploitation, especially in absence of further educational opportunities or limited skilling possibilities. When it comes to extending a strong child

protection framework to all children, including *Childescents*, the overall Indian scenario has serious gaps.

The primary limitation, in case of child protection, though continues to be on account of a seriously fragmented system, with multiple layers of functionaries, legal systems and institutional support mechanisms that do not interact with each other and consider the child's needs as supreme. Legislations have been introduced which see the offence committed as their focus, rather than the overall rehabilitation and mainstreaming of the child, thus overlooking the supportive role that society needs to play in bringing the child back from the shadow of the violation suffered, to a healing position from where he/ she gets the strength to place their lives back on track and not let the single (or multiple) incident of violation overshadow his past, present and future.

Though protection systems in India are based on a multi-level design, the inadequacies of person power and poor capacity and training of human resources leaves much to be desired. Limited number of child protection officers, various functionaries for handling singular situations such as trafficking, labour and marriage rather than a comprehensive, multi - skilled team are able to extend only limited support to victims and their families. Prevention of violations, which should be at the centre of designing context - specific interventions, has been pushed aside in favour of a more immediate legal response that only focuses on post - event management and redressal. *Childescents* in rural, remote geographical areas often have no one with whom they can talk, share, or report their concerns, with village level protection committees unable to understand their mandate, or offer even basic vigilance support, leaving majority of *Childescents* vulnerable and defenceless. Weak governance systems ensure that aggressors are often more powerful than *Childescents* who are further burdened by social expectations of purity, family honour and social stigma attached to themselves. Protection issues are sometimes also seen as a family matter, which leaves issues of physical disciplining, poor family coping mechanisms and parenting styles left largely unaddressed.

Childescents living in unsafe urban environments, in locations affected by conflict or disaster, those from lowest income category households, vulnerable to poverty or food insufficiency, or a disrupted family scenario may be at increased risk of being trafficked for work, marriage or sexual exploitation. This highlights the need for extending social protection measures to

potential 'at risk' vulnerable families as detailed in the secondary level of supportive actions for the ICPS scheme. Often, the district administration is unaware, disinclined, or slow in its response to such family vulnerabilities and community scenarios. Traffickers and petty criminals, on the other hand, are well - poised to exploit such scenarios even while the rest of the system, including the family itself, may be still in coping mode, or even in denial. One way forward could be through capacity building of children themselves (especially through support group formation), and other on - ground functionaries and institutions so that the signs of increased vulnerabilities are taken into account and preventive steps initiated.

Social security assistance for vulnerable families as a preventative measure for child labour needs to be combined with extension of free, quality secondary education, and improved responsiveness of law enforcement personnel. These multiple aspects of a concerted strategy on child labour has sadly not been at the centre of existing approach for prevention and addressing child labour.

Prevention of juvenile crime, and rehabilitation of children who, due to multiple reasons, have been isolated from the family support system needs to be prioritized in true spirit. The child may have been through a lot of upheaval after being devoid of a supposedly safe and secure family environment. The family conditions, social norms and discrimination may act as further barriers to reintegration. Additionally, dealing with multiple layers of the juvenile justice and adult criminal system may have taken the child further apart from his earlier life patterns and created a sense of dissonance. Child protection system, institutions and functionaries need to be better equipped so that they strengthen the child's capacity to deal with his/ her present circumstances and allow minimal disruptions to as many areas of child's life as possible. Continuation of education, peer interaction, and recreation, combined with a sense of safety, security and value - judgmental attitude are essential for reintegration. In order to do so, each stakeholder must fulfill his/ her role including legal enforcement, child protection system, family and peers, school and community.

5.1 Gaps to be addressed

The analysis presented in this report is illustrative of both determinants and contributors to *Childescents'* realization of their potential. So far, there are laudable hits and notable misses with a number of areas demanding urgent and swift action. The following are some of the identified areas that need urgent priority.

Inclusiveness and designing for all: Among noted constraints to the realization of V' developmental potential, overarching constraints include inclusiveness of all children in the design and implementation of programmes. Not all *ChilDESCENTS*' have equal opportunities for development and transformation. Being a girl, or belonging to a socially disadvantaged group, disabled, or from a remote geographical location introduce issues of equity. As stated earlier, there are issues related to access and discrimination in experience of education faced by children from disadvantaged groups. For instance, caste based discrimination was found to be the reason behind 20 percent of the school performance gap between higher and lower caste students (UNESCO, 2016³⁷⁰). While the evidence in case of access to education is paramount, evidence of heightened girl safety issues for children from socio - economically disadvantaged groups was also found from ground surveys (ICRW & UNICEF, 2015³⁷¹).

Constraints of **public availability of data** disaggregated by sex, age, location, and thematic areas has been one limitation and causative factor into low prioritization of *ChilDESCENTS* by policy makers. True statistics of child abuse, migration, trafficking, work participation and marriage are necessary, not only for understanding prevalence and data analysis, but are integral to nuanced programme design, especially at district or sub - district levels. Data on school and health systems governance and location of services is a prerequisite for deployment of human resources and appropriate introduction of essential services such as counselling, skill development, deployment of subject teachers, and capacity building of functionaries. Finally, data on public investment across schemes and scheme components, fund - flow, timing of fund release, and utilization details are a prerequisite for appropriate programmatic intervention.

Girls need special mention given their second citizen treatment, and higher vulnerability status. Son preference in our patriarchal society translates into fewer educational and skilling opportunities for girls, poor nutritional indicators, emotional neglect, and greater control over their aspirations, social interactions, and financial freedom. In recent years, governments, both centre and state have attempted to raise the profile of girls and prevent early marriage and pregnancies

through conditional cash transfers based on fulfilment of certain conditions. This strategy needs a comprehensive evaluation, based on which it could be further tweaked or expanded across the country.

A large part of the current scenario related to poor educational outcomes, significant early marriage and pregnancy rates is on account of the macrosystem's ability to consider, promote and consolidate girl's equal status such as through changing existing norms in access to work and employment. Studies have shown that higher rates of school completion by girls have not been matched by similar rise in employment statistics, or in social norms related to their work participation (Bhalla and Kaur, 2011, cited in UNESCO 2016).

One way forward is bringing about a shift in current aspirations and opportunities available to girls. One of the prominent reasons behind early marriage has been the lack of educational and employment related opportunities for girls and women. Changing this scenario may be possible only through societal and community level **attitudinal shifts**. For instance, exposure to women ensconced in dominant leadership roles such as panchayat leadership positions, and school teachers has a positive change in students' attitudes. Multiple studies showed that women faculties teaching science and mathematics courses in school led to positive attitudes among girls for further education in these streams. Interventions with respect to parents' and men's attitudes have had a positive impact on gender related attitudes, which impacts intergenerational learning within the household (UNESCO, 2016³⁷²). All these interventions have also shown positive gains associated with delay in age of marriage.

Safety of girls in daily living continues to remain a significant issue in the current social context, both across rural and urban areas. In rural areas, caste based domination finds a gender dimension, with girls vulnerable to incidents of teasing and assault. In urban areas, overarching safety issues persist, especially in households staying in slums, informal and peri - urban environments with poor governance and law and order concerns.

370 UNESCO GEM REPORT 2016

371 ICRW & UNICEF (2015) DISTRICT-LEVEL STUDY ON CHILD MARRIAGE IN INDIA What do we know about the prevalence, trends and patterns ?

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5.2 Recommendations

Overarching recommendations

- A concerted effort by all Ministries and Departments is required to fulfil all rights and obligations related to children. Policymakers, people in decision making capacity w.r.t Childescents, parents, and other forms of caregivers need to be aware of these shortcomings when dealing with, and on behalf of *Childescents* in any capacity. Any person who has not yet attained the age of 18 years shall continue to be considered as a child. Hence, he/she shall be given all the protections, all the opportunities, and all the special assistance that others in this grouping are provided. There ought to be no discrimination among children by virtue of their age, gender, religion, caste as along with other possible parameters of discrimination.
- Policy makers while investing for this age group needs to keep in mind both immediate and long term impact possibilities for this age group. Allocations for public investment in this age group need to factor in not just the requirements of the current generation of *Childescents* in order to overcome the obstacles and challenges faced by them but also to ensure that future generation indirectly gain from investments made for present generation of *Childescents*.
- There is further deep diving required for understanding implications of broad demographic trends because of the fact that different states in India are at different stages of economic, social and demographic transition. Breaking down the same would give clarity in required policy formulation and assessment on investment needs.
- Social Behaviour change communication strategy needs to be revised keeping in mind various issues faced by *Childescents* rather than just legislative enforcement or precautionary messaging.
- A constraint on publicly available segregated data by sex, age, location, and thematic areas remains both a constant limitation and causative factor for the low priority accorded to *Childescents* by policy makers. This should be addressed in order to extend required attention, action and support.
- Parents, caregivers, teachers and counsellors need to invest time with *Childescents* to understand their world view, perceptions, and concerns. A patient hearing and healthy dialogue with *Childescents* about their fears, apprehensions, ideas, aspirations, dreams and wishes would help parents to engage deeply and understand them better. Positive conversations, role modelling and encouragement are essential to instigate renewed sense of belief in self-worth and self-esteem in *Childescents*.

Education

- Universalization of secondary education needs to be implemented on an urgent basis. Doing so will allow *Childescents* especially from marginalized communities to choose a positive trajectory for their lives. The significant impact of this policy decision on all areas of *Childescents'* lives suggests that this is one priority that cannot be relegated to the back burner once more.
- In addition to making secondary education free and available to all children, extension of mid - day meals to at least secondary level is also a pressing nutritional support requirement. Further, adequate standards need to be introduced so that protein, calcium, and micronutrient requirements crucial for this age group are consistently made available to *Childescents*.
- Secondary education per se will not be sufficient for Childescents to enter a positive trajectory of decent livelihoods when they become adults. It has to be accompanied by a bouquet of choices that allow *Childescents* to transition successfully from school to work, gain transferable skills that are beneficial in the long term, and contribute in positions of either employability or entrepreneurship in future.
- No more than 60% of all Indian children complete secondary school and net enrolment rates are little more than 40% suggesting that many are over age for their grade. There is a dire need to improve net enrolment rates in secondary education. The enrolment challenge will have to take into account the traditionally disadvantaged who have, even after much progress, are currently excluded from secondary school. Scheduled Tribe and Scheduled Caste children enrol in secondary school at half (or less) of the rate of their more privileged peers. The challenge therefore, is to sharpen inclusiveness, under

stand implicit costs involved in schooling, and create educational pathways for girls, disabled, and those with multiple vulnerabilities.

- The availability of competent subject experts in schools where most vulnerable *ChilDESCENTS* may be enrolled is the test of India's public education system. Not having this basic minimum standard would result in a system that is ineffective at its roots. Investing in adequacy of teachers, deploying them where most required, and training them in pedagogical tools that combine subject knowledge and emerging technologies to serve world class education to all *ChilDESCENTS* should be accorded high priority.
- *ChilDESCENTS* in difficult circumstances, combining work with school, prone to frequent migration, or married *ChilDESCENT* girls are often the ones with highest likelihood of dropping out from school. Systems need to be set up for identifying and tracking children at risk, those in need of remedial educational support, and those who need flexible timing or scheduling changes. This needs to be an on - going effort with community engagement. Appropriate supportive mechanisms such as transport, accompanying adults etc. may be required to ensure safety of girl *ChilDESCENTS* as becoming a barrier to accessing secondary education.
- Pupil-teacher ratios norms needs to be adhered to the extent possible. In the current scenario, there are schools with unacceptably high (even double the current RMSA norm of 40:1 in some states), while in others pupil teacher ratios have instead fallen below even 10:1 representing a great inefficiency in the use of resources. The number of contract teachers has been increased in some states to meet shortages showing unwillingness of state towards long-term investment. Understanding demographic transition can assist in such scenarios and temporary recruitment can help states meet peak demand without creating excess capacity on entering low enrolment phase due to ongoing population shifts.
- Making gender equality a primary goal of school system will go a long way in improving their second class status throughout life. Inviting positive role models, including parents who have supported girls to take up higher aims in life, societal achievers, entrepreneurs and self - help groups are strategies that could be followed. Interventions with boys and men to bring about sustained societal change, reduce gender based discrimination at home and in public spaces, and calling out incidents of neglect and implicit discrimination may be strong motivators to collective shift in gender related attitudes in society.
- School health programmes are a crucial space for *ChilDESCENTS* to augment their knowledge deficits in context of specific aspects such as mental health, substance use, nutrition, physical activity, and injuries and violence. The priority accorded to school health programme therefore needs to be expanded from a peripheral health programme to one that is central in the lives of *ChilDESCENTS*. Capacities of functionaries, interactive teaching learning modules, and learn along capsules are essential for bringing in much needed vibrancy and attention to these topics.
- Over one-third of all parents were found to borrow money to pay for secondary schooling, including 39% of private unaided school parents, and 35% of government school parents. Nearly a third of government and private school parents borrow money to pay for private tuition. This financial burden needs to be reduced for providing secondary education.
- Secondary schooling remains a State responsibility and the bulk of secondary school costs continue to be paid from state budgets. Increased financial allocation for secondary schooling should be a priority. Pro-poor bursaries, fee waivers, and cash transfers must be considered and cost should be built into plans for sustainable financing and should be directed towards improvements in the fee free public system rather than as subsidies for private for profit providers. No children from households at or below the poverty line should have to pay direct and indirect costs for access secondary school. Nor should they have to borrow at high interest rates to support costs associated with secondary schooling.

Nutrition and Health

- Single nutrient supplementation programmes have so far been insufficient to tackle iron deficiency anaemia on account of multiple issues. A comprehensive education cum supplementation programme needs to be introduced that will built on local food availability, bioavailability of nutrients and their adequate absorption, and prevention

of external events such as infections, diseases and poor environmental conditions. This is especially relevant in case of endemic disease prone areas and urban slums. Understanding of complexity of nutritional issues is especially required for frontline functionaries such as ASHAs who need to move further than simply passing on the message to eat green leafy vegetables.

- While there is a need to plan interventions for delaying age of marriage at a war footing, especially for high prevalence states and districts, there is also an urgent need to reconsider exclusionary programmes that restrict young mothers' access to reproductive and maternal care, and especially boosting their nutritional reserves during pregnancy.
 - The design and implementation mechanisms of adolescent friendly health clinics need adequate reflection. Inputs from primary stakeholders, i.e., *Childescents* on their experiences with existing facilities may be essential to coming up with context specific decentralized design of curative, counselling and commodity services with adequate stress on confidentiality and satisfaction of service recipients. To increase the uptake of ARSH services, along with other components of accessibility and availability, softer aspects such as confidentiality of the user, user friendliness, effective communication on part of staff and service providers should be a prime area of focus. Formal education tends to be correlated with lower levels of teenage pregnancy. Twenty percent of *Childescents* girls with no schooling have already begun childbearing, compared with only 4.4 percent with 12 or more years of schooling. Extending schooling for girls is certainly the best strategy for delaying age of marriage
 - *Childescents* exposure to unsafe sex continues to be pretty alarming with reported low contraceptive usage. Systemic investment needs to be carried out for enhancing knowledge on reproductive and sexual health, various associated risks, HIV/STI and other infections. At community and school level, the discomfort among care providers and *Childescents* associated with conversations around sex, sexuality, physical maturation, sexual exploration, body image and self esteem should be addressed equipping them with right information and channelizing their energies in right direction. There is an existing contradiction between *Childescents* access to
- contraceptives, safe abortion services and growing interest in intimate relationships with the opposite sex to legal aspects of sexual offence and assault crimes mandated under POCSO. An open discussion on pros and cons of each position and finding a solution to this impasse is an urgent requirement.
 - There is an existing contradiction between *Childescents* access to contraceptives, safe abortion services and growing interest in intimate relationships with the opposite sex to legal aspects with teenage relationships covered under the umbrella of sexual offence and assault crimes mandated under POCSO. An open discussion on pros and cons of each position and finding a solution to this impasse is an urgent requirement.
 - Menstrual health and hygiene is an important aspect for *Childescents*. Policy makers need to understand how gaps in functional toilets at household and community level may be addressed for fulfilling the needs of *Childescents* girls. Further, social and behavioural communication interventions are required to tackle associated stigma, shame and awkwardness among *Childescents* through multi-pronged interventions including parents, caregivers, teachers, counsellors and front line workers.
 - *Childescents* openness to experimentation, novelty and peer influence are often at the root of their initiation into substance use. Current behaviour change communication focus on the adverse health impacts of tobacco and other soft substances which are too far ahead in the future for *Childescents* to comprehend and accept. Behaviour change communication strategy needs to be revised keeping in mind these issues rather than either legislative enforcement or precautionary messaging.
 - Mental health promotional programmes need to be broad based and highlight both social and emotional aspects. Lack of spaces for communication with parents/ counsellors, peer group rejection, and feelings of isolation/ being unwanted are some of the factors that make *Childescents* vulnerable to depression, anxiety, suicidal thoughts. More awareness building and solution finding needs to be done for emerging challenges such as those emerging from human interaction with technology. Over use and dependence on technology and hand held devices has been found as a leading factor in increase of stress, anxiety, depression, insomnia and aggressiveness

among this age group. Finally, along with recurring investments at all levels viz family, peer group, school is an essential component of ensuring mental health.

Protection

- The vulnerabilities of *Childescents* are most clearly reflected in context of protection issues. *Childescents* need to be treated as children, and legal discrepancies which allow for differential treatment of *Childescents* under various acts such as ITPA, 1956 CLPRA, 1986 and JJ Act, 2015 need urgent resolution.
 - The protection framework for *Childescents* is severely limited on account of paucity of credible, disaggregated data and prevalence rates of various socially tolerated phenomena including early marriages, hazardous work participation, and implicit phenomena such as trafficking, initiation into crime, child abuse and neglect, and physical disciplining across multiple interaction spheres. Serious convergence, application of online and centralized MIS systems and fixing of accountability of various legal enforcement and other functionaries needs to be taken up for filling up this gap.
 - With the amendments in the Child Labour legislation, there is a need for further evidence building and research to capture the children's involvement in family occupation and engagement in hazardous and non-hazardous occupation and processes by two defined age group - children and 'adolescents'. Trafficking for forced labour, forced marriage, domestic labour is found very high in this age. In December 2015, Supreme Court of India directed the Government to develop a comprehensive legislation on Trafficking by June 2016. However, the draft legislation still awaits introduction in Parliament which should be highly prioritised. Greater awareness and discourse and subsequent implementation of the Supreme Court Judgement on Child Marital Rape - October 2017 needs to be carried out with subsequent required amendments in the Child Marriage legislation.
 - A combination of person, power, structure and public investment is urgently required if the gaps in existing child protection framework are to be adequately filled in. Prevention based strategies and fixing accountability at all levels need to be at the core of the child protection system.
- Community engagement is a must if all *Childescents* across the country are to have true access to a protection oriented environment.
- India's social safety net needs serious refurbishment as of now. It needs coming together of a range of stakeholders, ranging from informal social groups to supportive mechanisms (both financial and non - financial), to community based care and rehabilitation mechanisms in order for all children to be adequately covered. Moving from ad-hoc financial support to a family based intervention plan for 'at - risk' families with constant emphasis on vigilance, tracking, and ongoing support requires massive investment of time, finances and human resources. Yet, if we acknowledge the support due to them and the difference in lives of India's biggest generation of *Childescents*, it is immensely doable.
 - Violence against children inclusive of *Childescents* and reported Crime against Children is worrying trend which requires urgent attention of deep rooted issues of poverty, unemployment, cracking down of illegal rackets and greater commitment by all actors.
 - Less than 10 percent of juveniles apprehended had completed secondary education with 45 percent not yet at secondary level and 33 percent still studying in primary level. Considering that 73 percent of juveniles were in secondary education age group (16 - 18), the statistics show a possible linkage between investments in education to reserve the trend of entry into antisocial behaviour.

6. REFERENCES

REFERENCES

References

- Aangan India (2015), Parents and children against trafficking and harm, retrieved from <http://aanganindia.org/wp-content/uploads/2015/10/PACT-Pilot-Report.pdf>
- Aaron, R., Joseph, A., Abraham, S., Muliyl, J., George, K., Prasad, J. ... & Bose, A. (2004). Suicides in young people in rural southern India. *The Lancet*, 363(9415), 1117-1118.
- Adamson, L (2003) Brief report: Self image, adolescence and disability, *American Journal of Occupational Therapy* 57, 578-581
- Ahmed, S., Koenig, M. A., & Stephenson, R. (2006). Effects of domestic violence on perinatal and early-childhood mortality: evidence from North India. *American Journal of Public Health*, 96(8), 1423-1428.
- Akinola, A. B., Krishna, A. K. I., & Chetlapalli, S. K. (2014). Health equity for internal migrant labourers in India: an ethical perspective, *Indian Journal of Medical Ethics* XI (4), 232-237
- Akseer, N., Al-Gashm, S., Mehta, S., Mokdad, A., & Bhutta, Z. A. (2017). Global and regional trends in the nutritional status of young people: a critical and neglected age group. *Annals of the New York Academy of Sciences*, 1393(1), 3-20.
- Banerjee, S. K., & Andersen, K. (2012). Exploring the pathways of unsafe abortion in Madhya Pradesh, India. *Global public health*, 7(8), 882-896.
- Behrendt, S., Wittchen, H. U., Höfler, M., Lieb, R., & Beesdo, K. (2009). Transitions from first substance use to substance use disorders in adolescence: is early onset associated with a rapid escalation?. *Drug & Alcohol Dependence*, 99(1), 68-78.
- Benjet, C., Hernández-Montoya, D., Borges, G., Méndez, E., Medina-Mora, M. E., & Aguilar-Gaxiola, S. (2012). Youth who neither study nor work: mental health, education and employment. *Salud Pública de México*, 54, 410-417.
- Bentley, M. E., & Griffiths, P. L. (2003). The burden of anemia among women in India. *European Journal of Clinical Nutrition*, 57(1), 52.
- Blum, R. W., Mmari, K. N., (2005) Risk and protective factors affecting adolescent reproductive health in developing countries, World Health Organization, Switzerland.
- Burchi, F., Fanzo, J., & Frison, E. (2011). The role of food and nutrition system approaches in tackling hidden hunger. *International Journal of Environmental Research and Public Health*, 8(2), 358-373.
- Central Statistics(2017) Youth in India 2017, Office, Ministry of Statistics and Programme Implementation (Social Statistics Division), Government of India, , New Delhi, India.
- Chellan, R., & Paul, L. (2010). Prevalence of iron-deficiency anaemia in India: results from a large nationwide survey. *Journal of Population and Social Studies*, 19(1), 59-80.
- Chen, X. K., Wen, S. W., Fleming, N., Demissie, K., Rhoads, G. G., & Walker, M. (2007). Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *International Journal of Epidemiology*, 36(2), 368-373.
- Davey, S., & Davey, A. (2014). Assessment of smartphone addiction in Indian adolescents: a mixed method study by systematic-review and meta-analysis approach. *International Journal of Preventive Medicine*, 5(12), 1500.
- DCPCR (2013) Interface meeting on rehabilitation of rescued child labour as per action plan for abolition of child labour in Delhi, New Delhi, India
- DCPCR (2015), Why children commit offences study on children in conflict with law in Delhi, New Delhi, India
- Degenhardt, L., & Hall, W. (2012). Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *The Lancet*, 379(9810), 55-70.
- Dixit, G. T., Jain, S., Mansuri, F., & Jakasania, A. (2017). Adolescent friendly health services: where are we actually standing?. *International Journal of Community Medicine and Public Health*, 4(3), 820-824.
- Doremus-Fitzwater, T. L., Varlinskaya, E. I., & Spear, L. P. (2010). Motivational systems in adolescence: possible implications for age differences in substance abuse and other risk-taking behaviors. *Brain and cognition*, 72(1), 114-123.
- Dottridge M (2008). Child trafficking for sexual purposes. Thematic paper contributed by ECPAT in world congress-III against sexual exploitation of children and adolescents, retrieved from www.ecpat.org/wpcontent/uploads/legacy/Thematic_Paper_Trafficking_ENG.pdf
- ECPAT (2011) Global monitoring status of action against commercial sexual exploitation of children: INDIA, 2nd edition, Bangkok, Thailand

Doremus-Fitzwater, T. L., Varlinskaya, E. I., & Spear, L. P. (2010). Motivational systems in adolescence: possible implications for age differences in substance abuse and other risk-taking behaviors. *Brain and cognition*, 72(1), 114-123.

Dottridge M (2008). Child trafficking for sexual purposes. Thematic paper contributed by ECPAT in world congress-III against sexual exploitation of children and adolescents, retrieved from www.ecpat.org/wpcontent/uploads/legacy/Thematic_Paper_Trafficking_ENG.pdf

ECPAT (2011) Global monitoring status of action against commercial sexual exploitation of children: INDIA, 2nd edition, Bangkok, Thailand

Elizabeth T. G., (2017) School corporal punishment in global perspective: prevalence, outcomes, and efforts at intervention, *Psychology, Health & Medicine*, 22(sup1), 224-239

Every Woman Every Child (2015), The global strategy for women's, children's and adolescents' health (2016-2030), Italy. FAO (2006) Food Security Policy Brief, Issue 2, retrieved from <http://www.fao.org/forest-ry/13128-0e6f36f27e0091055bec28ebe830f46b3.pdf>

Feeny, E., & Crivello, G. (2015). How gender shapes adolescence: Diverging paths and opportunities. Policy Paper, Oxford: Young Lives.

Fraser, A. M., Brockert, J. E., & Ward, R. H. (1995). Association of young maternal age with adverse reproductive outcomes. *New England Journal of Medicine*, 332(17), 1113-1118.

Ganatra, B., & Hirve, S. (2002). Induced abortions among adolescent women in rural Maharashtra, India. *Reproductive health matters*, 10(19), 76-85.

Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., ... & Vogel, J. P. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 121(S1), 40-48.

Global Adult Tobacco Survey, (2017), World Health Organisation General comment No. 20 (2016) on the implementation of the rights of the child during adolescence, The state of the World's children 2011: adolescence: an age of opportunity.

George, A., & Sabarwal, S. (2013). Sex trafficking, physical and sexual violence and HIV risk among young female sex workers in Andhra Pradesh, India. *International Journal of Gynecology & Obstetrics*, 120(2), 119-123.

Glinski, A. M., Sexton, M., & Meyers, L. (2015). The child, early, and forced marriage resource guide task order. Banyan Global, Washington DC, USA.

Gopalan, C. (2013). The changing nutrition scenario. *The Indian journal of medical research*, 138(3), 392.

Groce, N., Kembhavi, G., Wirz, S., Lang, R., Trani, J.F., Kett, M. (2011), Poverty and disability- a critical review of the literature in low and middle-income countries, Working Paper Series 16, Leonard Cheshire Disability and Inclusive Development Centre, UCL, UK

Guidelines on Reproductive Health prepared by Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action), retrieved from <http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html>

Gupta, J., Reed, E., Kershaw, T., & Blankenship, K. M. (2011). History of sex trafficking, recent experiences of violence, and HIV vulnerability among female sex workers in coastal Andhra Pradesh, India. *International Journal of Gynecology & Obstetrics*, 114(2), 101-105.

Harding, K. L., Aguayo, V. M., & Webb, P. (2018). Hidden hunger in South Asia: a review of recent trends and persistent challenges. *Public Health Nutrition*, 21(4), 785-795.

Hoddinott, J., & Yohannes, Y. (2002). Dietary diversity as a food security indicator. Food Consumption and Nutrition Division Discussion Paper, 136(136), 2002.

Human Rights Watch (2014), Treated worse than animals: abuses against women and girls with psychosocial or intellectual disabilities in institutions in India, retrieved from https://www.hrw.org/sites/default/files/accessible_document/india_vawwdreport_final_etr.pdf

Iacono, W. G., Malone, S. M., & McGue, M. (2008). Behavioral disinhibition and the development of early-onset addiction: common and specific influences. *Annual Review of Clinical Psychology*. 4, 325-348.

ILO (2006), The demand side of human trafficking in Asia: empirical findings, International Labour Organization, Bangkok, Thailand

ILO (2015), Global Employment Trends for Youth, International Labour Organization, Geneva, Switzerland

ILO (2017) Global estimates of modern slavery and child labour, Regional brief for Asia and the Pacific, retrieved from http://www.ilo.org/wcmsp5/groups/public/@ed_norm/@ipec/documents/publication/wcms_597873.pdf

ILO (2017) Global estimates of modern slavery: Forced labour and forced marriage, International Labour Organization, Geneva, Switzerland

ILO, (2017) Global estimates of child labour: results and trends 2012-2016, International Labour Organization (ILO), Geneva, Switzerland.

International Commission on Financing Global Education Opportunity (2016). The learning generation. Investing in education for a changing world, retrieved from <http://report.educationcommission.org/report/>

Jeemon, P., Prabhakaran, D., Mohan, V., Thankappan, K., & Joshi, P. (2009). Double burden of underweight and overweight among children (10–19 years of age) of employees working in Indian industrial units. *National Medical Journal of India*, 22(4):172-6.

Jejeebhoy, S. J., et al. (2014). Provision of adolescent reproductive and sexual health services in India: provider perspectives. Population Council, New Delhi, India.

Jones, A. D., Ngure, F. M., Pelto, G., & Young, S. L. (2013). What are we assessing when we measure food security? A compendium and review of current metrics. *Advances in Nutrition*, 4(5), 481-505.

Kakkar, R., Kakkar, M., Kandpal, S. D., & Jethani, S. (2011). Study of anemia in adolescent school girls of Bhopal. *Indian Journal of Community Health*, 23(1), 38-40.

Kalyanwala, S., Xavier, A. F., Jejeebhoy, S., & Kumar, R. (2010). Abortion experiences of unmarried young women in India: evidence from a facility-based study in Bihar and Jharkhand. *International Perspectives on Sexual and Reproductive Health*, 62-71.

Kapur Mehta, A. & Arora, D., (2015) Base paper on availability of data and data gaps for situation analysis of well-being of children and women, Indian Institute of Public Administration, New Delhi, India.

Khanna, R. & Sundari Ravindran, T. K. (2015). An advocates' guide for monitoring rights-based provision of contraceptive information and services in India, Sahaj and Commonhealth, March issue.

Khanna, T., Verma, R., & Weiss, E. (2013). Child marriage in South Asia: Realities responses and the way forward, UNFPA, Bangkok, Thailand

Kini, U., & Nandeesh, B. N. (2012). Physiology of bone formation, remodelling, and metabolism. *Radionuclide and Hybrid Bone Imaging* (pp. 29-57).

Know Violence in Childhood, (2017), Ending Violence in Childhood. Global Report 2017, New Delhi, India

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083-1088.

Kumar, D., Yadav, R. J., & Pandey, A. (2015). Evaluation of adolescent friendly health services (AFHS): clients' perspectives. *International Journal of Current Research and Review*, 7(16), 34. Kumar, S. (2016), Measuring child marriage from Census and large scale data systems in India, *Demography India*, 45 (1&2), 59-76.

Kumari, R., Bharti, R. K., Singh, K., Sinha, A., Kumar, S., Saran, A., & Kumar, U. (2017). Prevalence of iron deficiency and iron deficiency anaemia in adolescent girls in a tertiary care hospital. *Journal of Clinical and Diagnostic Research*, 11(8), BC04.

Kurz, K. (1997). Health consequences of adolescent childbearing in developing countries, ICRW Reports and Publications, International Center for Research on Women, Washington DC, USA.

Lilleston, P. S., Goldmann, L., Verma, R. K., & McCleary-Sills, J. (2017). Understanding social norms and violence in childhood: theoretical underpinnings and strategies for intervention. *Psychology, Health & Medicine*, 22(sup1), 122-134.

Loaiza Sr, E., & Wong, S. (2012). Marrying too young. End child marriage, United Nations Population Fund (UNFPA), New York, USA

Loaiza, E., & Liang, M. (2013). Adolescent pregnancy: a review of the evidence. United Nations Population Fund (UNFPA), New York, USA.

Lok Sabha Unstarred Question No. 3311, 17th March, 2015

Machel, G. (2009). Children and conflict in a changing world: Machel study 10-year review, UNICEF, New York, USA.

Mahendran, A. (2015). Visible and invisible health problems of youth in India. *Humanities and Social Sciences Letters*, 3(4), 157-166.

Maiti, R., Bhatia, V., Padhy, B. M., & Hota, D. (2015). Essential medicines: an Indian perspective. *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine*, 40(4), 223.

Marten, R., McIntyre, D., Travassos, C., Shishkin, S., Longde, W., Reddy, S., & Vega, J. (2014). An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). *The Lancet*, 384(9960), 2164-2171.

Mawn, L., Oliver, E. J., Akhter, N., Bambra, C. L., Torgerson, C., Bridle, C., & Stain, H. J. (2017). Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. *Systematic reviews*, 6(1), 16.

McIntyre, P. (2002). Adolescent friendly health services: an agenda for change. World Health Organization, Switzerland. McPherson, K. E., Kerr, S., McGee, E., Morgan, A., Cheater, F. M.,

McLean, J., & Egan, J. (2014). The association between social capital and mental health and behavioural problems in children and adolescents: an integrative systematic review. *BMC psychology*, 2(1), 7.

MHA (2009), Advisory on human trafficking, Government of India, New Delhi, India, retrieved from <http://ncw.nic.in/pdfFiles/Advisory-on-HTrafficking-150909.pdf>

MHA (2013), SOP advisory forced labour, Government of India, New Delhi, India, retrieved from <http://nlrd.org/wp-content/uploads/2013/09/SOP-ADVISORY-FORCED-LABOUR.pdf>

MHRD (2014), Teacher management within India: a documentary analysis of the current situation, RMSA TCA, Ministry of Human Resource and Development, Government of India, New Delhi, India

MHRD (2015), Characteristics of teachers teaching mathematics and science, RMSA TCA- Policy Brief 5, Ministry of Human Resource and Development, Government of India, New Delhi, India

MHRD, (2015), Equity and efficiency in expansion of secondary schools, RMSA - TCA Research report-3, Ministry of Human Resource and Development, Government of India, New Delhi, India.

MHRD, (2016), Cost and equity in accessing secondary education, RMSA-TCA Research report-5, Ministry of Human Resource and Development, Government of India, New Delhi, India

MHRD, (2016), Equity in access and learning: a way forward for secondary education in India, RMSA-TCA Research report-0, Ministry of Human Resource and Development, Government of India, New Delhi, India

MHRD, (2016), Making it past elementary education, RMSA-TCA Research report-1, Ministry of Human Resource and Development, Government of India, New Delhi, India

MHRD (2016), Teacher demand & supply in secondary schools: Karnataka and Madhya Pradesh, RMSA TCA, Ministry of Human Resource and Development, Government of India, New Delhi, India

Myers, J. (2013). Untying the knot. Exploring early marriage in fragile states. World Vision UK.

Nanda, P., Kapoor, S., Mukherjee, S., Hersh, M., Basu, S., & Bhargava, R., (2011). Delaying marriage for girls in India., UNICEF, New Delhi, India

NCPCR, (2014), Status of Children in 14-18 Years: Review of policy, programme and legislative framework (2012-13), National Commission for Protection of Child Rights, New Delhi, India.

NCRB (2014), Accidental Deaths and Suicides in India, National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi, India

NCRB, (2016), Crime in India 2016 Statistics, National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi, India

NIMHNS(2016), National Mental Health Survey, 2015-2016, National Institute of Mental Health and Neuro Sciences Bengaluru, India

NIOS (2017), Marching ahead: profile 2017, National Institute of Open Schooling, Noida, India, retrieved from http://www.nios.ac.in/media/documents/NIOS%20PROFILE%20FINAL_Curve_English.pdf

Niti Aayog (2017) India Three Year Action Agenda (2017-18 to 2019-20), The Government of India, New Delhi, India.

Ogando Portela, M. J., & Pells, K. (2015). Corporal punishment in schools: Longitudinal evidence from Ethiopia, India, Peru, and Viet Nam, Innocenti Discussion Paper No. 2015-02.

Olyai, R., (2011) Guidelines for establishing “Adolescent Friendly Health Centers”, FOGSI

ORGI & UNFPA,(2014), A profile of adolescents and youth in India, Office of the Registrar General & Census Commissioner, New Delhi, India

Paintal, K., & Aguayo, V. M. (2016). Feeding practices for infants and young children during and after common illness. Evidence from South Asia. *Maternal & child nutrition*, 12(51), 39-71.

Pande, R. P. (2003). Selective gender differences in childhood nutrition and immunization in rural India: the role of siblings. *Demography*, 40(3), 395-418.

Parsons, J., Edmeades, J., Kes, A., Petroni, S., Sexton, M., & Wodon, Q. (2015). Economic impacts of child marriage: a review of the literature. *The Review of Faith & International Affairs*, 13(3), 12-22.

Patel, K., Gartaula, H., Johnson, D., & Karthikeyan, M. (2015). The interplay between household food security and wellbeing among small-scale farmers in the context of rapid agrarian change in India. *Agriculture & Food Security*, 4(1), 16.

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), 1302-1313.

Pathmanathan, G., & Raghavan, P. (2006). Bone age based linear growth and weight of underprivileged North-West Indian children compared with their well-off North-West Indian peers. *Journal of the Anatomical Society of India*, 55(2), 34-42.

Patton, G. C., Coffey, C., Romaniuk, H., Mackinnon, A., Carlin, J. B., Degenhardt, L., ... & Moran, P. (2014). The prognosis of common mental disorders in adolescents: a 14-year prospective cohort study. *The Lancet*, 383(9926), 1404-1411.

Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., ... & Kakuma, R. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423-2478

Pereznieto, P., Montes, A., Routier, S and Langston L, (2014), The costs and economic impact of violence against children, Childfund: ODI

Pingali, P. (2007). Westernization of Asian diets and the transformation of food systems: implications for research and policy. *Food policy*, 32(3), 281-298.

Pingali, P., & Khwaja, Y. (2004). Globalisation of Indian diets and the transformation of food supply systems. *Indian Journal of Agricultural Marketing*, 18(1), 2004.

Popkin, B. M., Horton, S., Kim, S., Mahal, A., & Shuigao, J. (2001). Trends in diet, nutritional status, and diet-related noncommunicable diseases in China and India: the economic costs of the nutrition transition. *Nutrition Reviews*, 59(12), 379-390.

Population Council & UNICEF (2013), Adolescents in India: a desk review of existing evidence and behaviours, programmes and policies. New Delhi, India.

Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations convention against transnational organized crime, 2000, art. 3(c), New York, 2000, retrieved from <https://treaties.un.org/doc/Publication/MTDSG/Volume%20II/Chapter%20XVIII/XVIII-12-a.en.pdf>

Qadeer, I., Ghosh, S. M., & Madhavan, A. P. (2016). India's declining calorie intake: development or distress? *Social Change*, 46(1), 1-26.

Raj, A., McDougal, L., & Rusch, M. L. (2012). Changes in prevalence of girl child marriage in South Asia. *The Journal of the American Medical Association*, 307(19), 2027-2029.

Raj, A., McDougal, L., Silverman, J. G., & Rusch, M. L. (2014). Cross-sectional time series analysis of associations between education and girl child marriage in Bangladesh, India, Nepal and Pakistan, 1991-2011. *PloS one*, 9(9), e106210.

Raj, A., Saggurti, N., Lawrence, D., Balaiah, D., & Silverman, J. G. (2010). Association between adolescent marriage and marital violence among young adult women in India. *International Journal of Gynecology & Obstetrics*, 110(1), 35-39

Ramachandran, N. (2014). Changing calorie consumption and dietary patterns, Persisting Undernutrition in India, 29-46, New Delhi, India.

Ramesh, B. M., Beattie, T. S., Shajy, I., Washington, R., Jagannathan, L., Reza-Paul, S., Blanchard J.F., & Moses, S. (2010). Changes in risk behaviours and prevalence of sexually transmitted infections following HIV preventive interventions among female sex workers in five districts in Karnataka state, South India. *Sexually Transmitted Infections*, 86(Suppl 1), i17-i24.

Rao, S., Joshi, S., Bhide, P., Puranik, B., & Kanade, A. (2011). Social dimensions related to anaemia among women of childbearing age from rural India. *Public Health Nutrition*, 14(2), 365-372.

Ray, N. (2007). Wither childhood? Child trafficking in India, *Social Development Issues*, 29(3), 72-83.

Regmi, K. (2006). Trafficking into prostitution in India and the Indian judiciary. *Intercultural Human Rights Law Review*, 1, 373

Resnick M.D., Catalano R.F., Sawyer S.M., Viner R, Patton G.C., (2012) Seizing the opportunities of adolescent health. *The Lancet*; 379: 1564-67.

RMSA 7th JRM Aide - memoire (2016), retrieved from http://rm-saindia.gov.in/administrator/components/com_pdf/pd-f/d70a200521faf84f2b4d4b0ed0fbb434-7th-JRM-Aide-Memoire.pdf

Roest, J. (2016). Child marriage and early child-bearing in India: risk factors and policy implications. Policy Paper, Oxford: Young Lives.

S.C. Writ Petition (C) No. 382/2013 (2017) , retrieved from http://supremecourtindia.nic.in/supreme-court/2013/17790/17790_2013_Judgement_11-Oct-2017.pdf

Samal, J. & Dehury, R.K.,(2016), How does mid-day meal scheme shape the socialization value in rural India? *Journal of Family Medicine and Primary Care*, 5 (3), 734-735

Santhya, K. G., Jejeebhoy, S. J. & Basu, S.(2014),. Trafficking of minor girls for commercial sexual exploitation in India: a synthesis of available evidence. Population Council, New Delhi, India

Santhya, K. G., & Jejeebhoy, S. J. (2015). Sexual and reproductive health and rights of adolescent girls: evidence from low-and middle-income countries. *Global Public Health*, 10(2), 189-221.

Santhya, K. G., Prakash, R., Jejeebhoy, S. J., & Singh, S. K. (2014). Accessing adolescent friendly health clinics in India: the perspectives of adolescents and youth. Population Council, New Delhi, India

Save the Children, (2018), War on children: time to end grave violations against children in conflict, retrieved from <https://www.savethechildren.net/waronchildren/pdf/waronchildren.pdf>

Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S. J., Dick, B., Ezech, A. C., & Patton, G. C. (2012). Adolescence: a foundation for future health. *The Lancet*, 379(9826), 1630-1640.

Scholl, T. O., Hediger, M. L., & Belsky, D. H. (1994). Prenatal care and maternal health during adolescent pregnancy: a review and meta-analysis. *Journal of Adolescent Health*, 15(6), 444-456.

Scholl, T. O., Hediger, M. L., Schall, J. I., Khoo, C. S., & Fischer, R. L. (1994). Maternal growth during pregnancy and the competition for nutrients. *The American Journal of Clinical Nutrition*, 60(2), 183-188.

Sen, S., & Nair, P. M. (2004). A report on trafficking in women and children in India 2002-2003. *Methodology*, 33, 39.

Shesadri, S.() The adolescent brain - a neurodevelopment perspective, NIMHANS, Bangalore, India

Shiva Kumar, A. K., Stern, V., Subrahmanian, R., Sherr, L., Burton, P., Guerra, N., ... & Mehta, S. K. (2017). Ending violence in childhood: a global imperative, *Psychology, Health & Medicine*, 22 (sup1), 1-16.

- Shrimpton, R., Mbuya, N. V., & Provo, A. M. (2016). The double burden of malnutrition in East Asia and the Pacific, World Bank, Washington DC, USA.
- Singh, A., & Espinoza Revollo, P. (2016). Teenage marriage, fertility, and well-being: Panel evidence from India. Oxford: Young Lives
- Singh, R., & Vennam, U. (2016). Factors shaping trajectories to child and early marriage: evidence from young lives in India. Policy Paper, Oxford: Young Lives.
- Singh, S. (1998). Adolescent childbearing in developing countries: a global review. *Studies in Family Planning*, 29 (2), 117-136.
- Singh, S., Shekhar, C., Acharya, R., Moore, A. M., Stillman, M., Pradhan, M. R., ... & Sundaram, A. (2018). The incidence of abortion and unintended pregnancy in India, 2015. *The Lancet Global Health*, 6(1), e111-e120.
- Sinha, R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the New York Academy of Sciences*, 1141(1), 105-130.
- Sivagurunathan, C., Umadevi, R., Rama, R., & Gopalakrishnan, S. (2015). Adolescent health: present status and its related programmes in India. Are we in the right direction?. *Journal of clinical and diagnostic research*, 9(3), LE01.
- Spear, B. A. (2002). Adolescent growth and development. *Journal of the Academy of Nutrition and Dietetics*, S23-S29.
- Speizer, I.S. & Pearson, E., (2011), Association between early marriage and intimate partner violence in India: a focus on youth from Bihar and Rajasthan, *Journal of Interpersonal Violence*, 26(10), 1963-1981;
- Sperling, G.B., Winthrop, R. & Kwauk, C. (2016), What works in girls education: evidence for the world's best investment, Brookings Institution Press, Washington DC, USA
- Srinivasan, P., Khan, N., Verma, R., Giusti, D., Theis, J., & Chakraborty, S. (2015), District-level study on child marriage in India: what do we know about the prevalence, trends and patterns? International Center for Research on Women, New Delhi, India
- Story, M., & Stang, J. (2005). Nutrition needs of adolescents. Guidelines for adolescent nutrition services. Minneapolis, MN: Centre for Leadership, Education and Training in Maternal and Child Nutrition Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, 21-34.
- Subha, B. & Khanna, R. (2014) Dead women talking: a civil society report on maternal deaths in India, CommonHealth and Jan Swasthya Abhiyan, retrieved from <http://www.im-4change.org/siteadmin/tinymce/uploaded/Report%20on%20maternal%20deaths%20in%20India.pdf>
- Sujindra, E., & Bupathy, A. (2017). Adolescent friendly health services: perceptions and practice of medical professionals. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 5(9), 2968-2972.
- Sunitha, S., & Gururaj, G. (2014). Health behaviours & problems among young people in India: Cause for concern & call for action. *The Indian Journal of Medical Research*, 140(2), 185.
- The World Bank, Adolescent fertility rate (births per 1,000 women ages 15-19), retrieved from : <https://data.world-bank.org/indicator/SP.ADO.TFRT>
- The World Bank (2007), World development report 2007: development and the next generation, Washington DC, USA.
- Thompson R, Proctor L.J, English, D.J, Dubowitz, H, Narasimhan S, Everson, M.D, (2012), Suicidal ideation in adolescence: examining the role of recent adverse experiences, *Journal of Adolescence*, 35 (1), 175-186
- Toteja, G. S., Singh, P., Dhillon, B. S., Saxena, B. N., Ahmed, F. U., Singh, R. P., ... & Sarma, U. C. (2006). Prevalence of anemia among pregnant women and adolescent girls in 16 districts of India. *Food and Nutrition Bulletin*, 27(4), 311-315.
- Tylee, A., Haller, D. M., Graham, T., Churchill, R., & Sanci, L. A. (2007). Youth-friendly primary-care services: how are we doing and what more needs to be done?. *The Lancet*, 369(9572), 1565-1573.
- UNAIDS (2017) UNAIDS DATA 2017 , Geneva Switzerland
- UNESCO & UNICEF (2015), Fixing the broken promise of education for all: findings from the global initiative on out-of-school children, UNESCO Institute for Statistics, Canada.

UNESCO (2016). Education for people and planet: creating sustainable futures for all, Global Education Monitoring Report, France

UNESCO, (2017), Global Status Report on School Violence and Bullying, retrieved from <http://unesdoc.unesco.org/images/0024/002469/246970e.pdf>

UNFPA (2014). The state of World population 2017. New York, USA.

UNFPA (2017). The state of World population 2017. New York, USA.

UNICEF (2009), Preventing and responding to child trafficking: analysis of anti-trafficking initiatives in the region, UNICEF, Florence, Italy

UNICEF (2014), Ending child marriage: progress & prospects. UNICEF New York, USA.

UNICEF (2014), Hidden in plain sight: a Statistical analysis of violence against children, UNICEF, New York, USA.

UNODC (2008) Background paper for quantifying human trafficking, its impact and the responses to it. The Vienna Forum to fight Human Trafficking, Austria Center Vienna. Retrieved from <https://www.unodc.org/documents/human-trafficking/2008/BP024QuantifyingHumanTrafficking.pdf>

UNODC (2013) Current status of victim service providers and criminal justice actors in india on anti-human trafficking: a review, retrieved from https://www.unodc.org/documents/southasia/reports/Human_Trafficking-10-05-13.pdf

UNODC (2015), Study on the effects of new information technologies on the abuse and exploitation of children, New York, USA.

UNODC (2016) Global Report on Trafficking in Persons, New York, USA

US Department of State. (2016). Trafficking In persons report 2016. US Department of State, 419. Retrieved from <https://www.state.gov/documents/organization/258876.pdf>

V.V.Giri National Labour Institute and UNICEF, State of Child Workers in India: Mapping trends, retrieved from <https://vvnli.gov.in/sites/defaultfiles/State%20of%20Child%20Workers%20in%20India-Mapping%20Trends.pdf>

Vennam, U., Komanduri, A., & Roest, J. (2016). Gendered trajectories through school, work and marriage in India, Working Paper 156, Young Lives

WHO (2006). Adolescent nutrition: a review of the situation in selected South-East Asian countries, World Health Organization, Geneva, Switzerland.

WHO(2016), Adolescents: health risks and solutions factsheet retrieved from <http://www.who.int/mediacentre/factsheets/fs345/en/>,)

WHO (2017), Global accelerated action for the health of adolescents (AA-HA!) guidance to support country implementation - summary, World Health Organization, Geneva, Switzerland.

WHO(2017), More than 1.2 million adolescents die every year, nearly all preventable, retrieved from <http://www.who.int/mediacentre/news/releases/2017/yearly-adolescent-deaths/en/>

Winters, K. C., & Arria, A. (2011). Adolescent brain development and drugs. The Prevention Researcher, 18(2), 21.

Wodon, Q., Male, C., Nayihouba, A., Onagoruwa, A., Savadogo, A., Yedan, A., ... & Steinhaus, M. (2017). Economic impacts of child marriage: global synthesis report, ICRW & World Bank

Writ Petition (C) No.56 of 2004, Prajwala Vs. Union of India & Ors.

Yadav, R. J., Mehta, R., Pandey, A., & Adhikari, T. (2009). Evaluation of Adolescent-Friendly Health Services in India. Health and Population: Perspectives and Issues, 32(2), 96-104.

Young Lives & NCPDR,(2017), A Statistical analysis of child marriage in India based on Census of India, 2011; National

Commission for Protection of Child Rights, New Delhi, India Zimmermann, M. B., & Hurrell, R. F. (2007). Nutritional iron deficiency. The Lancet, 370(9586), 511-520.

7. ANNEXURES

ANNEXURES

Annexure-1 Sources of Data

Demographics	<p>Census of India 2001</p> <p>Census of India 2011</p> <p>RGI Population Projection 2006</p> <p>The UN World Population Division – 1950-2100</p>
Education	<p>Census of India 2011</p> <p>Education for All Global Monitoring Report 2011</p> <p>Teacher management within India: A documentary analysis of the current situation: RMSA Technical Cooperation Agency, March 2014;</p> <p>Characteristics of teachers teaching mathematics and science, RMSA TCA, September 2015</p> <p>Policy Brief 5, Characteristics of Teachers Teaching Mathematics and Science, RMSA TCA (n.d.)</p> <p>Research report III MHRD October 2015</p> <p>Cost and Equity in Accessing Secondary Education, MHRD, October 2015</p> <p>Elementary and Secondary Flash Statistics U-DISE 2015-16</p> <p>School Education in India U-DISE 2014-15 and 2015-16 reports</p> <p>MHRD ESG 2016</p> <p>Cost and equity research report MHRD, January 2016</p>
Health	<p>Disease Control Priorities in Developing Countries. 2nd edition, Oxford University Press; 2006.</p> <p>World Development report 2007</p> <p>Child Abuse in India – CIF Report 2007</p> <p>Census of India 2011</p> <p>Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013</p> <p>Mokdad, A. H., Forouzanfar, M. H., Daoud, F., Mokdad, A. A., El Bcheraoui, C., Moradi-Lakeh, M. ... & Kravitz, H. (2016).</p> <p>The Adolescent Brain a Neuro-developmental Perspective – Dept of neurophysiology, NIMHANS</p> <p>Accidents and Suicidal Deaths in India, 2014</p> <p>National Family Health Survey, India 2015-16</p> <p>National Mental Health Survey of India (2016)</p> <p>WHO Reports 2012-2017</p> <p>SRS Statistical Reports and Bulletins Series</p>
Nutrition	<p>NNMB Survey 2011-2012</p> <p>Rapid Survey of Children, MWCD 2012-13</p> <p>National Family Health Survey, India 2015-16</p>
Child Protection	<p>Child Abuse in India – CIF Report 2007</p> <p>Census of India 2011</p> <p>Delhi State Commission for Protection of Children's Rights – Report 2013</p> <p>National Family Health Survey, India 2015-16</p> <p>Employment – Unemployment Annual Survey 2015-16</p> <p>National Crimes Records Bureau, India Reports- 2014-2016</p> <p>UNICEF, UNFPA, World Bank Factsheets – 2012-2016</p> <p>UNODC - Global Report on Trafficking in 2016</p> <p>Know Violence in Childhood. 2017. Ending Violence in Childhood. Global Report 2017.</p> <p>VVGLNI and UNICEF (2017) STATE OF CHILD WORKERS IN INDIA Mapping Trends</p> <p>ILO Global estimates of modern slavery: Forced labour and forced marriage. International Labour Office 2017</p>
Child Participation	<p>National Family Health Survey, India 2015-16</p>

Annexure-2 State specific tables Series

2.1 State-wise population of Childescents in India

S. No	State	Number of Childescents	Population Concentration (%)
1.	Uttar Pradesh	196,20,959	19.7
2.	Maharashtra	85,71,294	8.6
3.	Bihar	80,75,889	8.1
4.	West Bengal	73,83,102	7.4
5.	Andhra Pradesh	65,71,714	6.6
6.	Madhya Pradesh	61,99,518	6.2
7.	Rajasthan	61,68,950	6.2
8.	Tamil Nadu	49,79,580	5
9.	Gujarat	47,68,399	4.8
10.	Karnataka	47,04,687	4.7
11.	Odisha	32,43,100	3.3
12.	Jharkhand	27,09,301	2.7
13.	Assam	25,19,724	2.5
14.	Punjab	22,86,424	2.3
15.	Haryana	21,97,546	2.2
16.	Chhattisgarh	21,51,228	2.2
17.	Kerala	21,01,781	2.1
18.	Nct of delhi	13,56,031	1.4
19.	Jammu & kashmir	10,31,868	1
20.	Uttarakhand	9,25,486	0.9
21.	Himachal Pradesh	5,15,132	0.5
22.	Tripura	2,87,551	0.3
23.	Meghalaya	2,69,389	0.3
24.	Manipur	2,36,691	0.2
25.	Nagaland	1,90,205	0.2
26.	Arunachal Pradesh	1,30,248	0.1
27.	Mizoram	89,064	0.1
28.	Goa	88,813	0.1
29.	Chandigarh	82,268	0.1
30.	Puducherry	81,176	0.1
31.	Sikkim	54,149	0.1
32.	Andaman & Nicobar islands	26,504	NA
33.	Dadra & Nagar Haveli	25,470	NA
S. No	State	Number of Childescents	Population Concentration (%)
34.	Daman & Diu	19,536	NA
35.	Lakshadweep	4,584	NA
36.	India	996,67,361	100%
Source: Census of India, 2011 ³⁷³			

³⁷³ Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

2.2 State-wise percentage of *Chil*descents age-inappropriately enrolled in secondary education

State/UT	SECONDARY EDUCATION					
	GROSS ENROLMENT		NET ENROLMENT		DIFFERENCE BETWEEN GER & NER (% of children age inappropriately enrolled)	
	Boys	Girls	Boys	Girls	Boys	Girls
A & N Islands	89.07	84.28	58.68	57.90	30.39	26.38
Andhra Pradesh	74.63	76.48	49.63	55.18	25.00	21.30
Arunachal Pradesh	91.66	87.58	65.74	64.03	25.92	23.55
Assam	72.48	83.04	52.42	59.13	20.06	23.91
Bihar	72.42	85.43	45.22	52.65	27.20	32.78
Chandigarh	85.23	89.84	57.77	61.79	27.46	28.05
Chhattisgarh	89.44	94.48	54.56	57.36	34.88	37.12
Dadra & Nagar Haveli	91.56	85.17	58.60	54.72	32.96	30.45
Daman & Diu	67.05	81.44	44.50	54.63	22.55	26.81
Delhi	103.23	111.27	66.93	70.95	36.30	40.32
Goa	103.03	105.44	75.72	81.56	27.31	23.88
Gujarat	80.26	66.82	51.53	42.78	28.73	24.04
Haryana	84.20	84.23	50.75	50.51	33.45	33.72
Himachal Pradesh	108.44	105.53	68.04	66.61	40.40	38.92
Jammu & Kashmir	67.65	65.88	43.75	43.32	23.90	22.56
Jharkhand	70.70	76.93	48.07	51.32	22.63	25.61
Karnataka	82.35	84.19	61.57	62.78	20.78	21.41
Kerala	102.31	102.58	76.54	76.49	25.77	26.09
Lakshadweep	105.39	102.06	69.12	68.10	36.27	33.96
Madhya Pradesh	81.54	79.30	47.33	45.69	34.21	33.61
Maharashtra	91.97	87.62	60.47	59.33	31.50	28.29
Manipur	93.61	92.52	82.86	82.24	10.75	10.28
Meghalaya	80.73	93.94	46.12	53.72	34.61	40.22
Mizoram	107.26	110.85	56.60	63.70	50.66	47.15
Nagaland	68.90	74.57	44.46	48.59	24.44	25.98
Odisha	79.40	79.83	52.76	53.08	26.64	26.75
Puducherry	83.59	95.38	49.45	56.55	34.14	38.83
Punjab	87.12	86.97	51.11	52.24	36.01	34.73

State/UT	SECONDARY EDUCATION					
	GROSS ENROLMENT		NET ENROLMENT		DIFFERENCE BETWEEN GER & NER (% of children age inappropriately enrolled)	
	Boys	Girls	Boys	Girls	Boys	Girls
Rajasthan	81.15	70.12	44.44	37.30	36.71	32.82
Sikkim	113.52	126.14	38.91	44.15	74.61	81.99
Tamil Nadu	91.86	96.18	64.93	67.03	26.93	29.15
Telangana	80.73	84.44	51.24	53.62	29.49	30.82
Tripura	116.17	120.91	88.42	91.27	27.75	29.64
Uttar Pradesh	67.65	67.86	42.04	41.90	25.61	25.96
Uttarakhand	85.71	85.73	52.07	50.86	33.64	34.87
West Bengal	74.92	92.65	47.19	57.77	27.73	34.88
All India	79.16	80.97	50.66	51.93	28.50	29.04
Source: U-DISE 2015-16 ³⁷⁴						

2.3 State-wise percentage of *Childescents* age-inappropriately enrolled in higher secondary education

State	SECONDARY EDUCATION					
	GROSS ENROLMENT		NET ENROLMENT		DIFFERENCE BETWEEN GER & NER (% of Childescents age inappropriately enrolled)	
	Boys	Girls	Boys	Girls	Boys	Girls
A & N Islands	72.92	76.40	43.45	47.48	29.47	28.92
Andhra Pradesh	58.28	62.27	23.10	26.70	35.18	35.57
Arunachal Pradesh	62.02	61.60	40.43	39.95	21.59	21.65
Assam	38.22	39.47	26.47	27.43	11.75	12.04
Bihar	34.76	36.66	20.06	20.93	14.70	15.73
Chandigarh	80.86	86.75	54.12	59.17	26.74	27.58
Chhattisgarh	53.89	54.11	31.51	33.06	22.38	21.05
Dadra & Nagar Haveli	45.29	52.60	25.98	32.11	19.31	20.49
Daman & Diu	16.32	32.27	12.55	24.41	3.77	7.86
Delhi	73.25	83.60	47.78	54.30	25.47	29.30
Goa	70.79	81.59	48.04	58.52	22.75	23.07
Gujarat	45.17	41.42	28.71	26.43	16.46	14.99
Haryana	59.68	59.48	31.80	31.06	27.88	28.42
Himachal Pradesh	94.58	96.60	53.47	55.00	41.11	41.60

State	SECONDARY EDUCATION					
	GROSS ENROLMENT		NET ENROLMENT		DIFFERENCE BETWEEN GER & NER (% of <i>Childescents</i> age inappropriately enrolled)	
	Boys	Girls	Boys	Girls	Boys	Girls
A & N Islands	72.92	76.40	43.45	47.48	29.47	28.92
Andhra Pradesh	58.28	62.27	23.10	26.70	35.18	35.57
Arunachal Pradesh	62.02	61.60	40.43	39.95	21.59	21.65
Assam	38.22	39.47	26.47	27.43	11.75	12.04
Bihar	34.76	36.66	20.06	20.93	14.70	15.73
Chandigarh	80.86	86.75	54.12	59.17	26.74	27.58
Chhattisgarh	53.89	54.11	31.51	33.06	22.38	21.05
Dadra & Nagar Haveli	45.29	52.60	25.98	32.11	19.31	20.49
Daman & Diu	16.32	32.27	12.55	24.41	3.77	7.86
Delhi	73.25	83.60	47.78	54.30	25.47	29.30
Goa	70.79	81.59	48.04	58.52	22.75	23.07
Gujarat	45.17	41.42	28.71	26.43	16.46	14.99
Haryana	59.68	59.48	31.80	31.06	27.88	28.42
Himachal Pradesh	94.58	96.60	53.47	55.00	41.11	41.60
Jammu & Kashmir	61.01	55.98	31.89	31.09	29.12	24.89
Jharkhand	47.75	48.98	27.74	29.23	20.01	19.75
Karnataka	37.12	42.87	24.91	29.30	12.21	13.57
Kerala	72.88	82.44	51.87	58.64	21.01	23.80
Lakshadweep	93.23	102.35	56.37	69.62	36.86	32.73
Madhya Pradesh	47.04	43.24	24.97	23.46	22.07	19.78
Maharashtra	68.74	66.74	41.31	42.48	27.43	24.26
Manipur	71.10	64.81	55.07	51.01	16.03	13.80
Meghalaya	39.77	47.03	23.77	28.24	16.00	18.79
Mizoram	53.57	57.86	30.04	34.13	23.53	23.73
Nagaland	36.42	36.44	22.24	23.08	14.18	13.36
Odisha	DNA	DNA	DNA	DNA	DNA	DNA
Puducherry	64.74	86.95	36.07	48.89	28.67	38.06
Punjab	69.03	71.69	40.74	42.94	28.29	28.75
Rajasthan	66.09	51.59	33.51	25.63	32.58	25.96
Sikkim	60.72	75.88	21.69	28.75	39.03	47.13
Tamil Nadu	74.14	90.60	47.40	56.94	26.74	33.66

State	SECONDARY EDUCATION					
	GROSS ENROLMENT		NET ENROLMENT		DIFFERENCE BETWEEN GER & NER (% of Childescents age inappropriately enrolled)	
	Boys	Girls	Boys	Girls	Boys	Girls
Telangana	57.99	64.88	19.98	22.10	38.01	42.78
Tripura	45.24	41.53	33.32	30.08	11.92	11.45
Uttar Pradesh	62.21	59.26	34.70	33.07	27.51	26.19
Uttarakhand	73.36	78.54	40.40	43.00	32.96	35.54
West Bengal	48.98	54.36	29.46	32.92	19.52	21.44
All India	55.95	56.41	31.97	32.67	23.98	23.74
Source: U-DISE 2015-16						

2.4 State-wise percentage of *Childescents* not attending educational institutions

S.No	State	Residence	% of children who are not attending Educational institutions			% of children who were never enrolled		
			Total	Male	Female	Total	Male	Female
1	INDIA	Urban	28.87	28.74	29.02	7.12	6.79	7.49
		Rural	40.47	37.58	43.77	11.73	9.26	14.56
	JAMMU & KASHMIR	Urban	18.14	17.12	19.27	7.68	6.55	8.91
		Rural	28.29	22.59	34.35	14.03	8.65	19.74
2	HIMACHAL PRADESH	Urban	13.75	16.78	9.88	3.03	3.44	2.51
		Rural	17.63	16.82	18.51	1.98	1.74	2.25
3	PUNJAB	Urban	29.08	30.63	27.05	7.86	8.14	7.49
		Rural	35.88	35.2	36.72	7.85	7.67	8.08
4	CHANDIGARH	Urban	23.37	25.72	20.16	6.22	6.27	6.15
		Rural	41.31	45.34	34.02	10.37	10.39	10.35
5	UTTARAKHAND	Rural	25.89	23.05	28.91	5.13	4.08	6.25
		Urban	26.09	26.98	25.02	7.13	6.97	7.33
6	HARYANA	Urban	22.21	22.32	22.08	6.69	6.3	7.18
		Rural	27.9	24.32	32.34	7.38	5.37	9.87
7	NCT OF DELHI	Urban	22.82	23.67	21.76	5.27	5.23	5.31
		Rural	24.61	23.98	25.43	5.93	5.28	6.76
8	RAJASTHAN	Urban	31.13	27.79	35	9.56	7.47	11.97
		Rural	45.5	35.89	56.52	14.41	7.38	22.47
9	UTTAR PRADESH	Urban	37.1	37.56	36.59	16.72	16.41	17.07
		Rural	39.06	36.82	41.62	13.69	11.02	16.74

S.No	State	Residence	% of children who are not attending Educational institutions			% of children who were never enrolled		
			Total	Male	Female	Total	Male	Female
10	BIHAR	Urban	28.65	28.99	28.24	13.05	12.81	13.33
		Rural	42.77	40.43	45.82	22.31	18.59	27.17
11	SIKKIM	Urban	24.79	24.54	25.04	5.06	3.49	6.59
		Rural	27.04	29.04	24.93	3.82	3.9	3.74
12	ARUNACHAL PRADESH	Urban	15.53	14.53	16.51	6.72	4.63	8.76
		Rural	26.09	24.47	27.79	15.4	13.08	17.82
13	NAGALAND	Urban	19.01	19.98	17.99	4.89	4.97	4.8
		Rural	34.86	34.94	34.78	11.84	11.67	12.02
14	MANIPUR	Urban	16.91	14.98	18.81	3.94	2.82	5.03
		Rural	25.92	23.61	28.29	10.75	9.35	12.19
15	MIZORAM	Urban	19.8	19.95	19.65	0.72	0.69	0.76
		Rural	39.37	36.65	42.35	10.18	7.52	13.08
16	TRIPURA	Urban	25.6	24.62	26.62	2.15	1.94	2.36
		Rural	33.95	31.16	36.9	5.14	3.57	6.79
17	MEGHALAYA	Urban	15.59	17.47	13.8	2.86	2.67	3.04
		Rural	35.25	38.13	32.23	13.68	15.51	11.76
18	ASSAM	Urban	27.79	29.16	26.33	5.24	4.75	5.77
		Rural	46.26	47.58	44.78	15.12	14.49	15.82
19	WEST BENGAL	Urban	36.8	37.29	36.27	7.39	7.21	7.59
		Rural	45.74	46.93	44.41	10.06	9.32	10.9
20	JHARKHAND	Urban	24.27	23.85	24.74	6.98	6.14	7.92
		Rural	40.74	37.08	45.12	16.33	11.47	22.13
21	ODISHA	Urban	35.61	34.66	36.63	5.76	4.78	6.81
		Rural	57.22	53.96	60.46	11.79	8.21	15.36
22	CHHATTISGARH	Urban	28.74	30.52	26.84	4.14	3.49	4.84
		Rural	42.87	40.22	45.6	10.11	7.24	13.07
23	MADHYA PRADESH	Urban	29.57	30.02	29.04	6.12	5.89	6.4
		Rural	45.07	41.68	48.99	12.63	9.55	16.2
24	GUJARAT	Urban	37.51	35.13	40.47	6.11	5.19	7.26
		Rural	51.59	44.17	59.8	8.94	6.13	12.05
25	DAMAN & DIU	Rural	40.25	39.88	40.72	2.69	3.32	1.86
		Urban	61.46	69.54	40.3	8.11	8.6	6.82

S.No	State	Residence	% of children who are not attending Educational institutions			% of children who were never enrolled		
			Total	Male	Female	Total	Male	Female
26	DADRA & NAGAR HAVELI	Urban	39.97	45.52	30.32	4.37	4.35	4.41
		Rural	48.39	43.25	54.81	14.37	7.26	23.24
27	MAHARASHTRA	Urban	25.16	25.14	25.19	3.26	3.23	3.29
		Rural	31.5	28.72	34.75	4.59	3.67	5.67
28	ANDHRA PRADESH	Urban	24.59	22.91	26.35	5.67	5.34	6
		Rural	38.97	34.46	44.01	9.09	7.11	11.31
29	KARNATAKA	Urban	30	29.81	30.2	4.04	3.87	4.22
		Rural	42.86	40.29	45.78	7.34	5.92	8.95
30	GOA	Urban	18.65	19.34	17.88	2.57	2.28	2.89
		Rural	19.15	18.64	19.7	2.18	1.96	2.41
31	LAKSHADWEEP	Urban	14.45	13.42	15.5	1.09	0.98	1.21
		Rural	17.53	18.42	16.8	0.75	0.48	0.98
32	KERALA	Urban	11.29	11.57	11	0.6	0.62	0.57
		Rural	13.99	13.79	14.2	0.72	0.73	0.7
33	TAMIL NADU	Urban	22.78	22.93	22.63	1.76	1.68	1.85
		Rural	31.87	30.79	33.07	2.39	2.04	2.79
34	PUDUCHERRY	Urban	16.26	15.65	16.89	1.18	1.13	1.23
		Rural	21.9	20.69	23.18	1.19	0.99	1.41
35	ANDAMAN & NICOBAR ISLANDS	Urban	18.21	19.43	16.88	1.32	1.31	1.32
		Rural	25.44	24.49	26.49	1.85	1.56	2.18
Source: Census of India, 2011 ³⁷⁵								

2.5 State-wise percentage of schools offering secondary and higher secondary education

S.No	State/UT	% schools offering Primary Education	% schools offering Upper Primary Education	% Schools offering Secondary Education	% Schools offering Higher Secondary Education	% Schools offering Complete School Education
1	A & N Islands	94.4	46.4	27.1	15.2	9.7
2	Andhra Pradesh	80.6	34.5	18.5	4.1	0.3
3	Arunachal Pradesh	95.6	40.7	10.3	3.8	1.7
4	Assam	73.9	24.4	11.6	2.9	0.3
5	Bihar	94.4	43.6	8.6	4.7	1.1
6	Chandigarh	97.5	94	79.6	44.8	42.3

³⁷⁵ Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

S.No	State/UT	% schools offering Primary Education	% schools offering Upper Primary Education	% Schools offering Secondary Education	% Schools offering Higher Secondary Education	% Schools offering Complete School Education
1	A & N Islands	94.4	46.4	27.1	15.2	9.7
2	Andhra Pradesh	80.6	34.5	18.5	4.1	0.3
3	Arunachal Pradesh	95.6	40.7	10.3	3.8	1.7
4	Assam	73.9	24.4	11.6	2.9	0.3
5	Bihar	94.4	43.6	8.6	4.7	1.1
6	Chandigarh	97.5	94	79.6	44.8	42.3
7	Chhattisgarh	69	33.2	11.7	7.1	2
8	Dadra & Nagar Haveli	92.5	42.1	11.5	6.1	2
9	Daman & Diu	53.8	42.1	27.6	16.6	5.5
10	Delhi	87.8	52.1	35.8	29.3	19.7
11	Goa	78.9	31.5	26.1	7.1	1
12	Gujarat	81.7	61.4	19.5	12.6	2.9
13	Haryana	73.9	55	34.3	19.3	10.4
14	Himachal Pradesh	74.1	37.1	20.9	12.3	3.1
15	Jammu & Kashmir	96	48	14.4	3.6	1.7
16	Jharkhand	95.3	40	8.9	2.5	0.8
17	Karnataka	80.1	46.3	20.3	6	0.9
18	Kerala	84.1	46.9	27	17.2	8.3
19	Lakshadweep	77.8	53.3	31.1	28.9	8.9
20	Madhya Pradesh	74.1	35.8	9.9	5.4	2.5
21	Maharashtra	79.5	41.9	21.3	8.1	0.9
22	Manipur	92.7	38.3	20.9	4.2	2
23	Meghalaya	66.7	27	9.5	2.1	0.2
24	Mizoram	51	39.5	16.1	3.6	0
25	Nagaland	89.7	54.3	25.3	6.2	3.7
26	Odisha®	82	45.8	13.8	1.8	0.2
27	Puducherry	86.2	60.3	49.4	22.4	13.7
28	Punjab	76.9	49.7	31.1	15.7	8.9
29	Rajasthan	97.9	60.3	26	15.6	14.1
30	Sikkim	99.1	44.8	17.7	6.8	6.3
31	Tamil Nadu	85.9	38.5	21.6	11.9	4.6
32	Telangana	80	44.3	27.4	5.1	0.4
33	Tripura	98.4	47	20.9	8.5	7.1

S.No	State/UT	% schools offering Primary Education	% schools offering Upper Primary Education	% Schools offering Secondary Education	% Schools offering Higher Secondary Education	% Schools offering Complete School Education
34	Uttar Pradesh	67	35.2	9.6	6.2	1
35	Uttarakhand	73.8	34	14.6	9.2	2
36	West Bengal	82.6	19.9	10.6	7.2	0.6
37	All India	79.7	40	15.7	7.4	2.7
Source: U-DISE 2015-16						

2.6 State-wise percentage of secondary schools by management

S.No	State	Government Owned (All Departments)	Private Aided	Private Unaided	Private (Total)	Unrecognized
1	A& N Islands	87.50	1.79	10.71	12.50	0.00
2	Andhra Pradesh	53.04	4.07	42.17	46.24	0.73
3	Arunachal Pradesh	71.32	7.23	21.45	28.68	0.00
4	Assam	53.72	11.26	25.64	36.90	9.37
5	Bihar	80.06	1.38	16.00	17.38	2.56
6	Chandigarh	60.00	4.38	35.63	40.01	0.00
7	Chhattisgarh	68.17	1.63	30.20	31.83	0.00
8	Dadra & Nagar Haveli	65.00	10.00	25.00	35.00	0.00
9	Daman & Diu	65.00	10.00	25.00	35.00	0.00
10	Delhi	52.19	9.03	38.79	47.82	0.00
11	Goa	21.49	74.57	3.95	78.52	0.00
12	Gujarat	11.63	50.88	37.48	88.36	0.00
13	Haryana	43.29	2.65	53.38	56.03	0.68
14	Himachal Pradesh	67.16	0.00	32.84	32.84	0.00
15	Jammu & Kashmir	59.69	0.00	40.31	40.31	0.00
16	Jharkhand	59.70	3.80	24.79	28.59	11.68
17	Karnataka	34.79	25.05	40.16	65.21	0.01
18	Kerala	27.77	31.02	37.86	68.88	3.34
19	Lakshadweep	100.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	51.49	2.02	46.49	48.51	0.00
21	Maharashtra	7.60	64.12	27.94	92.06	0.34
22	Manipur	36.66	10.08	52.50	62.58	0.77
23	Meghalaya	5.07	48.95	40.68	89.63	5.29
24	Mizoram	47.16	21.30	31.54	52.84	0.00

S.No	State	Government Owned (All Departments)	Private Aided	Private Unaided	Private (Total)	Unrecognized
25	Nagaland	45.04	0.00	54.97	54.97	0.00
26	Odisha	54.82	31.49	11.84	43.33	1.85
27	Puducherry	38.79	8.03	53.19	61.22	0.00
28	Punjab	45.05	4.10	44.21	48.31	6.63
29	Rajasthan	49.74	0.00	50.26	50.26	0.00
30	Sikkim	84.58	1.32	14.10	15.42	0.00
31	TamilNadu	51.83	14.51	33.61	48.12	0.05
32	Telangana	48.51	2.51	48.79	51.30	0.19
33	Tripura	89.25	3.35	7.40	10.75	0.00
34	Uttar Pradesh	9.37	19.27	71.37	90.64	0.00
35	Uttarakhand	66.62	10.92	22.45	33.37	0.00
36	West Bengal	91.51	0.71	7.05	7.76	0.74
Source: U-DISE 2015-16						

2.7 State-wise percentage of higher secondary schools by management

S.No	State	Government Owned (All Departments)	Private Aided	Private Unaided	Private (Total)	Unrecognized
1	A& N Islands	87.31	3.17	9.52	12.69	0.00
2	Andhra Pradesh	31.79	5.95	62.22	68.17	0.04
3	Arunachal Pradesh	76.13	5.81	18.06	23.87	0.00
4	Assam	55.95	13.30	22.41	35.71	8.34
5	Bihar	88.79	1.94	7.56	9.50	1.71
6	Chandigarh	48.89	6.67	44.44	51.11	0.00
7	Chhattisgarh	64.09	2.46	33.45	35.91	0.00
8	Dadra & Nagar Haveli	71.43	0.00	28.57	28.57	0.00
9	Daman & Diu	58.33	12.50	29.17	41.67	0.00
10	Delhi	56.65	9.62	33.73	43.35	0.00
11	Goa	15.46	76.36	8.18	84.54	0.00
12	Gujarat	7.00	47.04	45.96	93.00	0.00
13	Haryana	44.79	3.58	51.21	54.79	0.42
14	Himachal Pradesh	74.46	0.00	25.54	25.54	0.00
15	Jammu & Kashmir	62.39	0.00	37.61	37.61	0.00
16	Jharkhand	53.22	5.04	37.02	42.06	4.72

S.No	State	Government Owned (All Departments)	Private Aided	Private Unaided	Private (Total)	Unrecognized
17	Karnataka	31.06	16.23	52.67	68.90	0.04
18	Kerala	33.85	32.04	32.82	64.86	1.29
19	Lakshadweep	100.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	46.93	3.14	49.93	53.07	0.00
21	Maharashtra	4.98	66.71	28.23	94.94	0.08
22	Manipur	30.95	2.38	66.67	69.05	0.00
23	Meghalaya	13.67	41.33	39.33	80.66	5.67
24	Mizoram	17.39	14.49	68.12	82.61	0.00
25	Nagaland	32.00	0.00	68.00	68.00	0.00
26	Odisha	16.81	41.91	34.62	76.53	6.66
27	Puducherry	40.24	6.71	53.05	59.76	0.00
28	Punjab	43.50	6.24	44.04	50.28	6.22
29	Rajasthan	57.60	0.00	42.40	42.40	0.00
30	Sikkim	85.06	2.30	12.64	14.94	0.00
31	TamilNadu	45.82	17.19	36.99	54.18	0.00
32	Telangana	35.47	1.67	62.86	64.53	0.00
33	Tripura	87.59	6.81	5.60	12.41	0.00
34	Uttar Pradesh	5.88	26.62	67.50	94.12	0.00
35	Uttarakhand	61.09	14.29	24.62	38.91	0.00
36	West Bengal	92.64	0.75	5.90	6.65	0.71
Source: U-DISE 2015-16						

2.8 Vacancy in posts of subject teachers in Govt Secondary Schools under State Government (2016-17)

S.No	States/UTs	Teacher Sanctioned	In-Position	Vacant	Vacant Post in %
1	A & N Islands	832	793	39	4.69
2	Andhra Pradesh	61793	56737	5056	8.18
3	Arunachal Pradesh	1725	1665	60	3.48
4	Assam	43230	41557	1673	3.9
5	Bihar	47622	30437	17185	36.09
6	Chandigarh	2452	1996	456	18.59
7	Chhattisgarh	24210	17194	7016	28.98
8	Dadra & Nagar Haveli	360	290	70	19.44

S.No	States/UTs	Teacher Sanctioned	In-Position	Vacant	Vacant Post in %
9	Daman & Diu	267	162	5	1.87
10	Delhi	15110	13772	1338	8.86
11	Goa	436	338	98	22.48
12	Gujarat	2392	1669	803	33.57
13	Haryana	18135	17288	847	4.67
14	Himachal Pradesh	9461	9094	367	3.88
15	Jammu and Kashmir	17772	13728	4044	22.75
16	Jharkhand	22604	6391	16213	71.73
17	Karnataka	42915	38360	4555	10.61
18	Kerala	18471	17213	1258	6.81
19	Lakshadweep	101	59	42	41.58
20	Madhya Pradesh	52402	46813	5589	10.67
21	Maharashtra	9016	8706	187	2.07
22	Manipur	2832	2126	706	24.93
23	Meghalaya	523	472	51	9.76
24	Mizoram	1866	1866	0	0.00
25	Nagaland	942	738	204	21.66
26	Odisha	29173	27384	1789	6.13
27	Puducherry	1303	1149	154	11.82
28	Punjab	29187	25021	4205	14.41
29	Rajasthan	68789	59000	9789	14.23
30	Sikkim	885	1207	0	0
31	Tamil Nadu	56355	52345	4010	7.12
32	Telangana	43746	40602	3144	7.19
33	Tripura	6371	4195	2176	34.15
34	Uttar Pradesh	14187	7093	7094	50.00
35	Uttarakhand	18850	15507	3343	17.73
36	West Bengal	57877	54537	3340	5.77
	Total	724192	617504	106906	14.78

Source: Lok Sabha starred question no. 265 on 05.12.2016 regarding “shortage of teachers”.

2.9 State-wise percentage of *Childescents* (15-19 years) having low BMI

S.No	States	Boys (<18.5 Thin) %	Girls (<18.5 Thin)%
1.	Andhra Pradesh	39.3	39.5
2.	Arunachal Pradesh	15.2	17.3
3.	Assam	33.3	38.8
4.	Bihar	51.2	45.5
5.	Chhattisgarh	46.1	40
6.	Goa	29.1	37.4
7.	Gujarat	52.5	49.6
8.	Haryana	30.6	36.6
9.	Himachal Pradesh	44.1	42.5
10.	Jammu & Kashmir	27.9	26.6
11.	Jharkhand	46.6	43.8
12.	Karnataka	42.9	43.9
13.	Kerala	27.2	30.6
14.	Madhya Pradesh	55.7	45.7
15.	Maharashtra	47.6	44.7
16.	Manipur	23.7	20.2
17.	Meghalaya	21.9	15.1
18.	Mizoram	15.2	13
19.	Nagaland	32.7	23.6
20.	Odisha	41	38.5
21.	Punjab	31.7	36.1
22.	Rajasthan	44.1	45.6
23.	Sikkim	5.3	15.8
24.	Tamil Nadu	39.3	38.5
25.	Telangana	54.9	48.5
26.	Tripura	34.7	27.8
27.	Uttar Pradesh	48.1	41.6
28.	Uttarakhand	36.2	32.6
29.	West Bengal	43.8	38.4
Source: NFHS 4 2015-16 ³⁷⁶			

³⁷⁶ IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

2.10 State-wise percentage of *Childescents* (15-19 years) suffering from anaemia

S.No	States	Boys (%)	Girls (%)
1.	Andhra Pradesh	39.3	12.5
2.	Arunachal Pradesh	8.6	36.2
3.	Assam	13.1	34.4
4.	Bihar	19.9	46.5
5.	Chhattisgarh	13.2	37
6.	Goa	5.4	26.7
7.	Gujarat	17	42
8.	Haryana	15.7	43.7
9.	Himachal Pradesh	14.1	39.9
10.	Jammu & Kashmir	13.1	29.8
11.	Jharkhand	19.6	49.1
12.	Karnataka	14.2	35.1
13.	Kerala	10.4	33.8
14.	Madhya Pradesh	20.3	40.9
15.	Maharashtra	15.2	39.5
16.	Manipur	5.7	17.6
17.	Meghalaya	12.5	34.1
18.	Mizoram	6.9	18.3
19.	Nagaland	5.1	18.3
20.	Odisha	16.4	40.6
21.	Punjab	20.2	45.5
22.	Rajasthan	12.1	37
23.	Sikkim	6.8	38.7
24.	Tamil Nadu	14.6	40
25.	Telangana	7	38.5
26.	Tripura	14.4	42.7
27.	Uttar Pradesh	15.9	40.8
28.	Uttarakhand	11.9	33
29.	West Bengal	16.7	49.6
Source: NFHS 4 2015-16 ³⁷⁷			

377 IIPS & ICF, (2017). National Family Health Survey (NFHS-4), 2015-16, International Institute for Population Sciences, Mumbai, India

2.11 List of offences and punishments under the POCSO Act

OFFENCE	MINIMUM	MAXIMUM	FINE
• Penetrative Sexual Assault	7 years	Life Imprisonment	✓
• Aggravated Penetrative Sexual Assault	10 years (Rigorous Imprisonment)	Life Imprisonment	✓
• Sexual Assault	3 years	5 years	✓
• Aggravated Sexual Assault	5 years	7 years	✓
• Sexual Harassment	3 years		✓
• Use of child for pornographic purposes		5 years	✓
➤ Second Conviction			
➤ Penetrative Sexual assault for pornographic purposes	10 years	7 years Life Imprisonment	✓
➤ Aggravated penetrative sexual assault for pornographic purposes	Life Imprisonment (Rigorous)		✓
➤ Sexual assault for pornographic purposes	6 years	8 years	
➤ Aggravated Sexual Assault for pornographic purposes	8 years	10 years	✓
• Storage of Pornographic materials involving a child	3 years		And/or
• Abetment of an offence	If abetment offence is committed, punishment for abetment is same as that provided for the offence		

2.12 State-wise no: of working children and response by State

Sl. No.	Name of State	Main workers in 15-19 age group (Census 2011) ³⁷⁸	No. of bonded labourers released (including children) till 31.09.2015	No. of Special Training Centres running (unstarred question NO. 3588)	No. of children (under 14) rescued/withdrawn from work, rehabilitated and mainstreamed under NCLP (UNSTARRED QUESTION NO. 1306)				No. of inspections under CLPRA (1986) Act (under 14) (UNSTARRED QUESTION NO. 1155) (in brackets, no. of prosecutions, data given only for 2014)		
					2012-13	2013-14	2014-15	2015-16 (as on 30-09-2015)	2012	2013	2014
1.	Andhra Pradesh	1707424	38,141	58	7840	5715	346	175	7146	6984	2926 (874)
2.	Assam	418256	NA	82	10848	0	60	9346	7780	9677	11110 (12)
3.	Bihar	1046525	15,395	249	1162	3736	14028	2656	9308	8429	12705 (910)
4.	Chhattisgarh	433244	2,215	0	2004	8034	10173	0	1316	2460	1098 (110)
5.	Gujarat	1233591	64	0	569	453	892	0	17606	17900	2942 (42)
6.	Haryana	264847	594	62	1722	631	2583	0	3955	2966	4659 (150)
7.	Jammu & Kashmir	69907	NA	17	132	469	0	0	3868	3860	2162 (28)
8.	Jharkhand	312628	196	169	4003	1028	2989	3450	7568	7825	3341 (21)
9.	Karnataka	1293180	64,600	55	758	2391	2519	1203	11077	18070	32486 (90)
10.	Madhya Pradesh	1319093	13,317	299	7116	8323	7879	7472	11056	2535	1641 (96)
11.	Maharashtra	1961059	1,404	395	4954	5614	3804	1840	5825	6197	8994 (2)
12.	Nagaland	36900		44	-	-	436	0	0	0	0 (0)
13.	Odisha	453042	50,441	0	10309	6114	21315	1900	474	494	372 (13)
14.	Punjab	396263	252	92	0	957	290	613	27769	26314	17752 (252)
15.	Rajasthan	1257276	7,713	27	4155	3585	3349	0	3432	2785	2525 (11)
16.	Tamil Nadu	985249	65,573	287	3671	3436	4492	2568	28233	75447	146249 (27)
17.	Telangana		NA	185	-	-	2691	1003			
18.	Uttar Pradesh	2595613	37,788	106	10616	7310	16277	0	589	971	646 (291)
19.	Uttarakhand	124845	5	0	-	-	145	0	605	466	281 (8)
20.	West Bengal	1196710	344	720	3117	6254	22689	2922	888	844	NA (NA)

378 Census of India, (2011), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

2.13 List of schemes by various Government departments for enabling education

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
Incentives for Girl Students				
National Scheme of Incentives to Girls for Secondary Education (subsumed under RMSA in 2014-15)	Girl Students in secondary education Scholarship in the form of fixed deposit	1. SC/ST girls who pass class VIII 2. pass class VIII examination from Kastrurba Gandhi BalikaVidyalayas (irrespective of caste) & enroll for class IX in State/UT Government, Government-aided or local body schools 3. should be below 16 years of age (as on 31st March) on joining class IX 4. married girls included	Rs.3,000/- is deposited in the name of eligible beneficiaries as fixed deposit. The scholarship amount can be withdrawn by the beneficiary upon reaching 18 years of age and on passing Class X examination.	Centrally sponsored scheme launched in May,2008 http://mhrd.gov.in/incentives
Incentives for Disabled Students				
Inclusive Education of the Disabled at Secondary Stage' (IEDSS) (subsumed under RMSA in 2014-15)	students with disabilities studying at the Secondary stage in Govt., local body and Govt. aided schools		@Rs.3000/- p.a.	M/o HRD
Pre Matric Scholarships for various disadvantaged groups				
Pre matric scholarship scheme (for minority community students)	Student in a government or private school from class I to class X (here class 9 & 10); Minority communities	1. secured not less than 50% marks; 2. parents/guardian's annual income from all sources does not exceed Rs. 1 lakh 3. 30% of the scholarships are earmarked for girl students 4. Scholarship will not be given to more than two students from a family	Rates as per class level & day scholar/ hosteller (Admission fees, tuition fees and maintenance allowance)	Ministry of Minority Affairs, April 2008 Run as CSS scheme from 2014-15 onwards http://www.minorityaffairs.gov.in/pre-matric
Pre matric scholarship scheme to the Other Backward Classes for Studies	Other Backward Classes Scholarship upto class X only	parents/guardians' income from all sources does not exceed Rs 44,500 per annum	Hostellers covered from class III to X: Class IX to X Rs.250/- per month for 10 months Day scholars covered from Class I to Class X: Class IX to X Rs.50/- per month for 10 months • An ad-hoc grant of Rs.500/- per student per annum to all students	Ministry of social justice

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
Dr. Ambedkar Pre-Matric and Post-Matric Scholarship for DNTs	Pre matric scholarship and post matric scholarship for DNTs individual beneficiaries not covered under any scheme	Denotified, Nomadic and Semi-Nomadic Tribes, (DNTs) with family income less than Rs. 2.0 lacs per annum	Class IX to X Rs. 1500 per student for 10 month Group IV: senior secondary certificate (class XI and XII), both general and vocational stream, ITI courses, 3 year diploma courses in Polytechnics, etc. Hosteller 380, Day scholar 230	Ministry of social justice
Pre Matric Scholarships To The Scheduled Caste Students	(i) Student should belong to Scheduled Caste. (ii) His/ her Parent's income should not exceed Rs. 2 lakh per annum. (iii) She / he should not be getting any other Centrally-funded Pre-Matric Scholarship. (iv) She/ he should be a regular, full time student studying in a Government School or in a School recognized by Govt. or a Central/State Board of Secondary Education.	Scholarships will be paid to the students whose parents/ guardians' income from all sources does not exceed Rs. 2,00,000/- (Rupees two lakh only) per annum.	value of scholarship includes the following for complete duration of the course:- (i) scholarship and other grant: Scholarship for 10 months (Rs. per month) 150 (day scholar) 350 (hosteller); Books and Ad hoc Grant (Rs. per annum) 750 (day scholar) 1000 (Rs. per annum) (ii) Additional allowance for students with disabilities studying in private un-aided recognized Schools (monthly reader, transport allowance, escort allowance, helper & coaching allowance	CSS Scheme effective July 2012
Pre-Matric Scholarship for Needy Scheduled Tribe Students Studying in Classes IX & X	(i) Student should belong to Scheduled Tribe (ii) Her/his Parents' income should not exceed Rs. 2.00 lakh per annum. (iii) She / he should not be getting any other Centrally-funded Pre-Matric Scholarship. (iv) She/ he should be a regular, full time student studying in a	Scholarships will be paid to the students whose parents/ guardians' income from all sources does not exceed Rs. 2,00,000/- (Rupees two lakh only) per annum.	value of scholarship includes the following for complete duration of the course:- (i) scholarship and other grant: Scholarship for 10 months (Rs. per month) 150 (day scholar) 350 (hosteller); Books and Ad hoc Grant (Rs. per annum) 750 (day scholar) 1000 (Rs. per annum) (ii) Additional allowance for students with disabilities studying in private un-aided recognized	CSS Scheme effective July 2012

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
	Government School or in a School recognized by Govt. or a Central/State Board of Secondary Education.		Schools (monthly reader, transport allowance, escort allowance, helper & coaching allowance)	
Children of Parents engaged in unclean occupations	presently engaged in manual scavenging or were so engaged upto or after 1.1.97; Tanners; & Flayers	Students enrolled in class I or any subsequent class or pre-matric stage in the case of day scholars, and class III or any subsequent class of pre-matric stage in case of hostellers.	Rs 700 per month from class III- X for hostellers; class IX and X Rs 50 per month; An ad-hoc grant of Rs. 750 per student per annum to all day scholars and Rs. 1000/- per student per annum to hostellers. The scheme also offers special rewards for students with disabilities within target group.	Ministry of Social Justice http://socialjustice.nic.in/pre-matscd.php
Post Matric Scholarships for various disadvantaged groups				
Dr.Ambedkar Post-Matric Scholarship for the Economically Backward Class Students	EBC categories. States will earmark at least 25% of the total outlay under the Scheme for Group D courses which include Class-XI and XII and all other post-matriculation level non-degree courses, diploma courses in polytechnics etc.	Total income from all sources of the employed candidate or his/her parents/ guardians in case of unemployed candidate shall not exceed Rs.1.00 lakh per annum.	Only two boys of the same parents/guardian will be entitled to receive scholarships. This restriction will, however, not apply to girls. The scholarship cannot be combined with any other scheme. Value of scholarship will include Maintenance Allowance, Reader Charges for blind students, reimbursement of compulsory non-refundable fees, Study Tour Charges/thesis typing/ printing charges and book allowance for students pursuing correspondence course, for complete duration of the course. (260 Rs per month for hostellers, 160 for day scholars)	Centrally Sponsored Scheme: Effective from 2014-15
Post-Matric Scholarship for students belonging to Scheduled Castes		Annual ceiling on family income Rs.2 lakh p.a.	Group IV All post-matriculation level non-degree courses for which entrance qualification is High School (Class	Ministry of Social Justice

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
Post Matric Scholarship (PMS) for ST students	financial assistance to the Scheduled Tribe students studying at post matriculation or postsecondary stage also covers central assistance to States/UTs for setting up Book Banks	<ul style="list-style-type: none"> •Parents'/guardians' income from all sources does not exceed Rs. 2.50 lakh per annum. •All children of the same parents/guardian are eligible •candidates who have passed the matriculation or higher secondary or any higher examination of a recognized University or Board of Secondary Education are eligible •The scholarship holder under this scheme will not hold any other scholarship/stipend •Students who have received coaching in any of the pre-examination training centres with financial assistance from the Government will not be eligible 	<p>a) Fees for enrolment/registration, tuition, games, Union, Library, Magazine, Medical Examination and such other fees compulsorily payable by the scholar to the Institution or University/Board. Study tours charges upto a maximum of Rs. 1600/- per annum. Additional allowances to the ST students with disabilities at the prescribed rates for different degree of disability. Annual allowance of Rs.1200/- for essential/prescribed books, besides reimbursement of course fees to correspondence course students. Maintenance allowance for Group- IV All post-matriculation level non-degree courses for which entrance qualification is High School (Class X), e.g. senior secondary certificate (class XI and XII); both general and vocational stream, ITI courses, 3 year diploma courses in Polytechnics, etc. (hostellers: 380, day scholars: 230)</p>	Centrally Sponsored Scheme
Post-matric Scholarship (PMS) Scheme for students belonging to the notified minority communities	meritorious students from notified minority communities viz. Muslims, Christians, Sikhs, Buddhists, Zoroastrians (Parsis) and Jains, who have secured not less than 50% marks or equivalent grade in the previous final examination	The annual income of whose parents/guardian, from all sources does not exceed Rs. 2.00 lakh.	<p>At par with SC/ST students schemes</p> <p>XI and XII level (including technical and vocational courses of this level) Category: Hosteller 380 Day Scholar 230</p>	Ministry of Minority Affairs

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
Skill Development esp for disadvantaged groups				
Learn & Earn Scheme	upgrading the skills of the minority youths in various modern/traditional vocations	<p>a. The trainee should belong to minority community.</p> <p>b. The trainee should be between 14-35 years of age.</p> <p>c. The minimum qualification of trainee should be at least Class V.</p> <p>d. In case reserved categories as prescribed under this scheme remain vacant, these vacant seats may be treated as unreserved.</p> <ul style="list-style-type: none"> • Minimum 33% seats will be reserved for minority girl/ women candidates. • minimum 3 months duration • skills training for modern skills must result in minimum of 75% placement and out of that at least 50% placement should be in organized sector 	Modular Employable Skills (MES) courses approved by NCVT include majority of traditional skills being practiced by the minority communities e.g. Embroidery, Chikankari, Zardosi, Patch work, Gem and Jewelry, Weaving, Wooden works, Leather goods, Brass metalworks, Glass wares, Carpet etc.	Ministry of Minority Affairs
USTTAD: Upgrading the Skills and Training in Traditional Arts/Crafts for Development	<p>scheme will have following programmes:</p> <p>(a) Up-gradation of Skills and Training in Traditional Arts/Crafts through Institutions.</p> <p>(b) USTTAD Fellowship for Research and Development.</p> <p>(c) Support to Craft museum for curating traditional arts/ crafts.</p> <p>(d) Support to minority craftsmen/artisans for marketing their products</p>	<p>Eligible Trainees/beneficiaries</p> <p>(A) The trainee should belong to minority community. However, to promote inter-community solidarity, 25% candidates belonging to BPL families of non-minority communities may also be considered. In addition, 3% seats will also be reserved for differently abled persons belonging to minority communities.</p> <p>(B) The trainee should be between 14-35 years of age. Upper age limit may be relaxed for differently abled persons belonging to minorities.</p> <p>(C) The minimum qualification of trainee should be at least Class V. This may also be relaxed for differently abled persons belonging to minorities.</p>	<p>Maximum Rs. 10,000/- per trainee per month for Non-Residential programme and Rs. 13,000/- per trainee per month for Residential programme</p> <p>Remuneration to each Master Craftsman/ Artisan @ Rs. 3000/- per trainee per month, which should not exceed Rs. 0.50 lakh per month whichever is lower, and should not exceed Rs. 5.00 Lakh per year.</p> <p>Also admissible would be the following:</p> <p>(i). Boarding/Lodging of outstation beneficiary (for whom the organization arranges the residential facility including fooding)</p>	100% Central Sector Scheme and will be implemented by the Ministry directly through selected PIAs

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
	(d) Support to minority crafts-men/artisans for marketing their products	(D) More than one member of a family is eligible for training in the same art/craft form, provided she/he fulfills the eligibility criteria. Minimum 33% seats will be earmarked for minority girl/women. However, the PIAs covering more girls will be given preference. The courses should be of minimum two months duration and a maximum of 1 (one) year depending upon the selected traditional art/craft.	@ Rs.7500/- only per trainee per month. (ii). Monthly stipend for all Non-residential/ Residential trainees would be Rs.1500/- only per trainee per month for the training period. And further (a) In case of trainees belonging to North-Eastern States including Sikkim, Rs. 5000/- (Rupees Five Thousand only) per trainee would be admissible for travelling cost as a onetime assistance for to and fro travel. (b) In case of trainees belonging to LWE affected States, Rs.2500/- (Two thousand Five Hundred only) per trainee would be admissible for travelling cost as a one time assistance for to and fro travel.	
Vocational Training Centres in Tribal Areas	upgrade the skills of the tribal youth in various traditional/ modern vocations depending upon their educational qualification, present economic trends and the market potential priority will be given to remote tribal areas, inhabited by particularly vulnerable tribes and areas affected by extremist activities	Capacity of each vocational training center is 100 or more trainees i.e. for one trade there should be at least 20 candidates. As far as possible, minimum 33% seats will be reserved for tribal girl candidates Each center may cater to five vocational courses in traditional or other skills depending upon the employment potential of the area. Each tribal boy/girl is trained in one trade of his/her choice, the course being of maximum six months' duration. Each trainee is attached at the end of six months to a Master Craftsman in a semi-urban area for a period of six months to learn his skill by practical experience	a)recurring expenses: maximum assistance of Rs.30,000/- per annum per ST trainee comprising the following: Stipend top trainee @ Rs. 700/- per month Rs. 1600/- per trainee per annum for procurement of tools, raw martial etc. Monthly honorarium to faculty/supporting staff etc. Boarding/lodging of trainees, electricity and water charges, etc. Additional payment of annual rent as per actual subject to a limit of Rs. 10,000/- per month is admissible in case of rented building. (b) Non-recurring: Non-recurring expenses @ Rs. 0.48 lakh per trade for five years is admissible under the scheme.	

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
Residential Hostels/ Schools for Disadvantaged Groups				
Strengthening Education among Scheduled Tribe (ST) Girls in Low Literacy Districts	implemented in 54 identified Districts and districts with scheduled tribe population 25% or above, and tribal female literacy rate below 35% as per Census of India, 2001 ³⁷⁹ ; cover areas below a Block level (e.g. Gram Panchayats) inhabited by the notified Primitive Tribal Groups (PTGs); of above, naxal affected areas shall be given priority	Hostel facilities for tribal girls at the Block level to enable them to attend regular middle/secondary school, and at the panchayat level to attend regular primary school.	<ul style="list-style-type: none"> • No funds will be provided for construction of buildings. • Cash stipend will be provided at the rate of Rs.100/- per month for primary level girl students and Rs.200/- per month for middle/secondary level girl students for coaching/special tuitions. • Cash incentives will be given at the rate of Rs.100/- per month at primary level (up to class V) and Rs.200/- per month at middle and secondary levels (classes VI to XII) to meet their day to day requirement. • Course books/stationery and other educational material @ Rs.50/- per girl student per month • Scheduled tribe girl students will be additionally motivated, by giving them periodical awards like bicycles, watches, etc. as would be decided by the Ministry, on passing Class VIII, X and XII. 	100% Central Sector Gender specific Scheme
Babu Jagjivan Ram Chhatrawas Yojana		provide residential accommodation facilities to SC Boys and Girls studying in middle schools, higher secondary schools, colleges and Universities	<p>Funding pattern for girls hostels-</p> <ul style="list-style-type: none"> •100% Central Assistance to States / UTs / Universities for construction fresh construction of hostel buildings and for expansion existing girls hostels. •90% Central Assistance for NGO and deemed universities in private sector for girls hostel only for expansion of existing facilities Central Assistance for boys hostels To States 50:50 basis. 	CSS Scheme (effective from 01.01.2008)

³⁷⁹ Census of India, (2001), Office of the Registrar General of India, Ministry of Home Affairs, Government of India, New Delhi, India

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
			<ul style="list-style-type: none"> •To Union Territory Administrations 100%. •To Central Universities 90: 10 basis. •To States Universities / institutions 45: 10 basis (States 45). •To NGOs and deemed universities in private sector (only for expansion) on 45:45: 10 (States 45) <p>One-time grant of Rs.2500 per student would also be provided for making provisions of a cot, a table and a chair for each student.</p> <p>Central assistance is released only for meeting the cost of hostel buildings and the responsibility for maintenance of such hostels rest with the respective State Governments/ UT Administrations.</p>	
Eklavya Model Residential Schools	<p>quality residential schools for the promotion of education: comparable to Jawahar Navodaya Vidyalayas, the Kasturba Gandhi Balika Vidyalayas and the Kendriya Vidyalayas</p> <p>Admission through selection/ competition with suitable provision for preference to children belonging to Primitive Tribal Groups, first generation students, etc. The number of seats for boys and girls will be equal.</p> <p>In these schools, education will be entirely free.</p> <p>Every class can have maximum 60 students preferably in 2 sections of 30 students each and the total sanctioned strength of the school will be 480 students.</p> <p>At the Higher Secondary level (class XI & XII), there</p>		<p>100% funding for establishment of Ashram Schools (i.e. school buildings, hostels, kitchen and staff quarters) for girls in TSP areas and also for construction of Boys' Ashram Schools in TSP areas in naxal affected areas</p> <p>funding pattern for the other Boys' ashram Schools is on 50:50 basis, while cent percent assistance is given to UTs for construction of both Girls' and Boys' Ashram Schools.</p> <p>Financial assistance on 50:50 basis is given for other non-recurring items of expenditure i.e. purchase of equipment, furniture and furnishing, purchase of few sets of books for a small library for use of inmates of the hostels etc.</p>	Centrally sponsored scheme

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
			will be three sections per class for the three streams in Science, Commerce & Humanities. The maximum sanctioned strength of the each section may be 30 students. In case of short fall in a section, ST students from other schools may be admitted	
Centrally Sponsored Scheme of Hostels for ST boys and ST Girls	hostels under the Scheme can be constructed for middle, secondary, college and university level of education and also for Vocational Training Centres	construction of boundary walls, two rooms set for hostel warden, a kitchen, a toilet, a common room and one room set for Chowkidar would be an integral part of the hostel scheme expenditure on maintenance of the hostels will be borne by the implementing agencies number of inmates should not exceed 100 but may exceed if there is a requirement of additional seats	For construction/extension of hostels for ST Girls under the Scheme, 100% central assistance For construction/extension of hostels for ST Boys, central assistance on 50:50 matching basis. However naxal-affected districts will be eligible for 100% central assistance. Also 100% financial assistance would be provided to the UT Administrations;	Centrally sponsored scheme
Nanaji Deshmukh Scheme of Construction of Hostels for DNTs' Boys and Girls	For DNTs. Hostels as an additional support to the existing hostels for the SCs/OBCs/General category students. pro-rata basis based on the number of seats for the target group, in convergence with other schemes	Denotified, Nomadic and Semi-Nomadic Tribes (DNTs) whose family income is less than Rs. 2.0 lacs per annum	Central Government will provide a maximum of 500 seats per annum throughout the country. Rs.3 lakh per seat for the hostel and Rs.5,000/- per seat for furniture	Centrally Sponsored Scheme: Effective from 2014-15
Schemes for Meritorious students				
National Means-cum-Merit Scholarship Scheme (NMMSS)	Meritorious students of economically weaker sections selected on the basis of exam;	1. Study in classes from IX to XII in Government, Government aided and local body schools. 2. parents' income from all sources is not more than Rs. 1,50,000/- 3. reservation as per State Government norms	Scholarship of Rs.6000/- per annum (Rs.500/- per month) per student	centrally sponsored scheme launched in May, 2008 http://mhrd.gov.in/nmms

Name of the Scheme/ Policy	Beneficiary Typology	Eligibility Criteria	Amount & Duration	Accountability & Year
Upgradation of Merit of SC Students	<p>coaching (Remedial, Special for competitive examinations) for SC/ST students studying in class 9th to 12th</p> <p>I. Remedial coaching will be provided in linguistic skills and basic concepts in maths and science.</p> <p>II. Special coaching for preparing in competitive examination. Syllabus for special coaching will be prepared with the help of experts.</p> <p>III. Faculty of school selected will be given preference for remedial coaching.</p> <p>IV. 10-12 hrs. a week has to be devoted to the coaching of students.</p> <p>V. Allocated awards may be used by states for boys and girls in the ratio 50:50. However, unutilized awards by girls may be used by boys and vice-versa.</p> <p>VI. Target of 3% disabled SC/ST students.</p>	<p>Schools selected by state govts. under the scheme should have;</p> <p>a. Facility for all round development</p> <p>b. Hostel facility</p> <p>c. Good academic result in past few years consistently.</p> <p>d. Kendriya Vidyalaya with hostel facility.</p> <p>I. 2050 students will be covered under the scheme.</p> <p>II. Coaching should start at 9th level and continue upto 12th for a period of 4 years.</p> <p>III. Entry point is class 9th however students may be enrolled in class 10th and 11th if shown excellent performance.</p> <p>IV. State Govt. may use their discretion to decide allotment of seats among SCs on the basis of non-literate population of their communities.</p>	<p>Package of Rs.25,000 thousand per student per year.</p> <p>I. Rs. 15,000 per student per year as under</p> <p>a. Boarding & Lodging charges @ Rs. 900 pm for 10 months</p> <p>b. Pocket Money @ Rs. 300 for 10 months</p> <p>c. Books and Stationery Rs. 3,000</p> <p>II. Rs. 10,000 per year per student for honorarium to Principal, Experts and other incidental charges.</p> <p>Additional allowances for disabled students (Reader Allowance, Transport Allowance, Special Pay, Escort Allowance, Extra Coaching)</p>	100% central assistance
National Science Talent Search Scheme (NSTSS)	Those in Class X; exceptional performance in basic science and social science	<p>selected through two aptitude tests (Mental Aptitude Test and Scholastic Aptitude Test) conducted first at a state level and then at the national level followed by a personal interview</p>	<p>NTSE awardees are entitled to a scholarship amount of Rs 1250/- per month for students for classes XI and XII, Rs 2000/- for under graduates and post graduates and amount in accordance with UGC norms for PhD students</p>	<p>NCERT</p> <p>http://www.ncert.nic.in/programmes/talent_exam/index_talent.html</p>

2.14 Legal provisions w.r.t trafficking for forced labour

Situation of the child	Statute	Offence (Provision)	Section	Classification	Punishment
Children are lied to and enticed to be brought for work	Indian Penal Code (IPC) 1860	a) Cheating b) Abduction i) Abduction for wrongful confinement ii) Abduction for slavery c) Kidnapping through enticement	Section 417 and related Section 365, 367 and related Section 367 Section 363 Section 366, 366-A, 366-B	Bailable and non cognizable Non bailable and cognizable Non bailable and cognizable Cognizable and Non Bailable	Up to 1 year or fine Up to 7 years and fine Upto 10 years or fine Upto 7 years and fine
By paying some money to the parents as consideration or as advance	The Bonded Labour System (Abolition) Act, 1976	Punishment for advancement for bonded labour	Section 17	Bailable and Cognizable	Upto 3 years and fine
Giving away the procured (Trafficked child) to employer for monetary consideration for employment	Indian Penal Code 1860	Selling a minor for the purposes of Prostitution.	Section 372	Non Bailable and Cognizable	Upto 10 years and fine
Employing the child	a) Child Labour (Prohibition and Regulation Act Amendment, 2016 b) JJ Act, 2015	Employing the child in prohibited occupations and processes Exploitation of a child employee (keeps child in bondage for employment/ withholds earnings/ uses earning for own purpose)	Section 3/14 Section 79	Non Cognizable and Bailable Cognizable and Non Bailable	6 months or fine upto 50,000 (Min. 20,000, max. 50,000) Repeat offence min. 1 year max upto 3 years Parents convicted for repeat offence, fine upto 10,000 RI Upto 5 years and fine upto 1,00,000
a) Not allowing the child to move freely, return home as per his/ her will b) Not paying wages or paying labour less than the minimum wage	Indian Penal Code 1860 a) The Bonded Labour System (Abolition) Act, 1976 b) Indian Penal Code 1860 c) JJ Act, 2015	wrongful confinement of a kidnapped or abducted person/ child Enforcing forced or bonded labour – see above	Section 368, (also Section 339, 340) Section 16 Section 373 Section 374 See above	Cognizable and non bailable Bailable and Cognizable Bailable and cognizable Bailable and Cognizable See above	Upto 10 years and fine Upto 3 years and fine Upto 10 years and fine Upto max. 1 year and fine See above

2.15 Schemes for Assistance at time of Marriage

Coverage	Details of Scheme/ Eligibility	Measures
7 states of Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Odisha and Chhattisgarh (MoHFW)	Prerana scheme (2015): 1. Couple must belong to BPL family 2. Age of lady should not exceed 30 years 3. The girl should have been married after 19 years 4. First child birth after at least 2 years of marriage 5. Second child birth after at least 3 years of the first child birth 6. Either parent voluntarily accepts permanent method of family planning within one year of the second child birth	If first four (S.N. 1-4) conditions are fulfilled then payment of award: • Rs. 10,000/- if boy child • Rs. 12,000/- if girl child If all six (S.N.1-6) conditions are fulfilled then payment of award: • Rs. 15,000/- if both are boys • Rs. 17,000/- if one boy & one girl child • Rs. 19,000/- if both are girls
Haryana	Indira Gandhi Priya Darshini Vivah Shagun Scheme (2005): provide financial assistance on the occasion of marriage of daughters of Scheduled Caste/ Denotified Tribes/Tapriwas Jatis and BPL i. Haryana domicile. ii. The girl is 18 years of age iii. Beneficiary in the list of BPL iv. The grant will be available only upto the marriage of two daughters in a family. v. This grant will also be given for widow/ divorcee remarriage if conditions met, not availed of this grant earlier for own marriage.	a grant of Rs. 15000/- will be given to the people of Scheduled Caste/Denotified Tribes/Tapriwas Jatis who are BPL families. Other sections of society living below the poverty line will be given Rs.5100/-
J & K (no notification, business standard article)	State Marriage Assistance Scheme (Dec 2015): unmarried identified girls above 18 years of age belonging to BPL family, who may not find themselves in a position to marry due to financial constraints	Rs25,000 cash assistance and cost of 5 grams of gold at the time of her marriage
Bihar:	Mukhya Mantri Kanya Vivah Yojana: encourage registration of marriage; education; stop child marriage: girls belonging to BPL families and families with income below Rs. 60,000 per annum	provided one time grant of Rs.5000 at the time of marriage

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