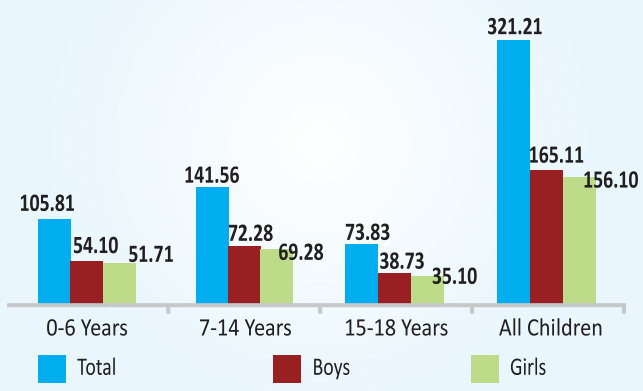
Situation of Children and Women in West Bengal and Priority Areas

Chapter 2

1.1. Demographic Profile

Children (0-18 years) comprise 35 per cent of the population of West Bengal. The state accounts for 7 per cent of India's total child population and is home to 3.21 crore children, of which 73 per cent (2.34 crores) live in rural areas and 27 per cent (0.87 crore) reside in urban areas. Age-wise comparison shows that children in the age groups of 0-6 years, 7-14 years, and 15-18 years constitute 33 per cent, 44 per cent, and 23 per cent of the total child population, respectively. Over the last decade (2001-11), children in the 0-6 years age bracket decreased by 8.32 lakhs (a decline of 7 per cent) in West Bengal (all figures from Census 2011).

Figure 1. Number of Children (in Lakhs) by Age Group and Sex in West Bengal

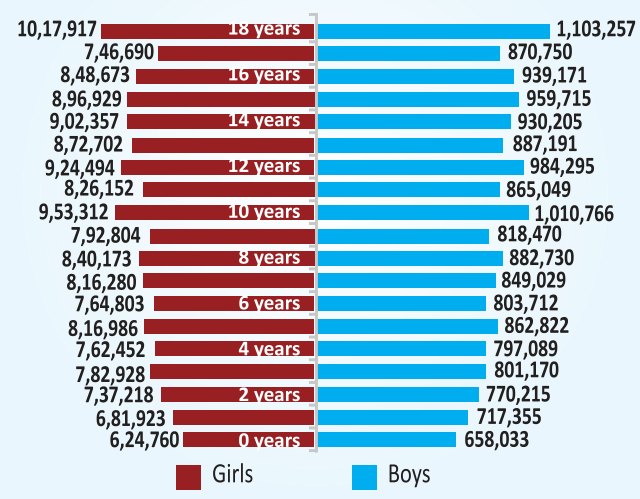


Source: Census 2011.

Scheduled Castes (SCs) and Scheduled Tribes (STs) constitute 23.51 per cent and 5.8 per cent of West Bengal's population, respectively. The urban slum population constitutes 6.2 per cent (6.56 lakhs) of the state's total population. In these communities, which represent the most vulnerable sections of society, children are represented in the same proportion (Census 2011).

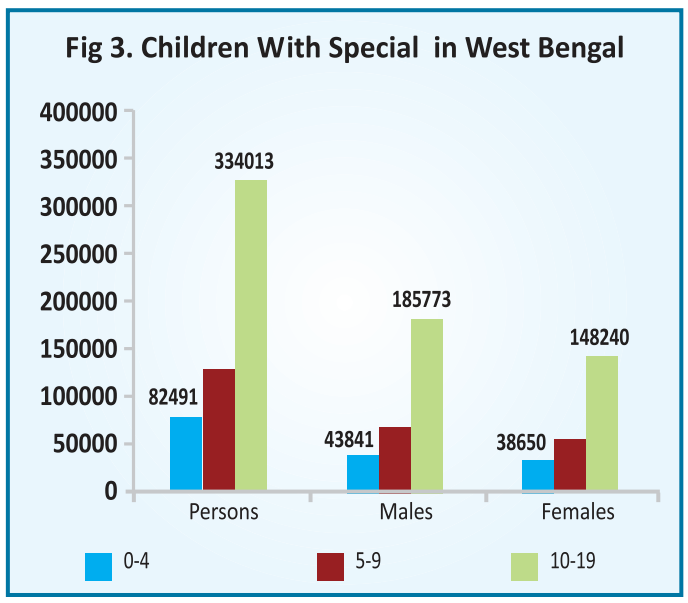
The state has an adolescent (10-19 years) population of 1.82 crore, of which 49 per cent are girls. The age group of 10-14 years comprises 9.3 per cent of the total population while the age group of 15-19 years forms 9.7 per cent of the total population (Census 2011).

Figure 2. Age-wise Distribution of Child Population (0-18 Years) in West Bengal



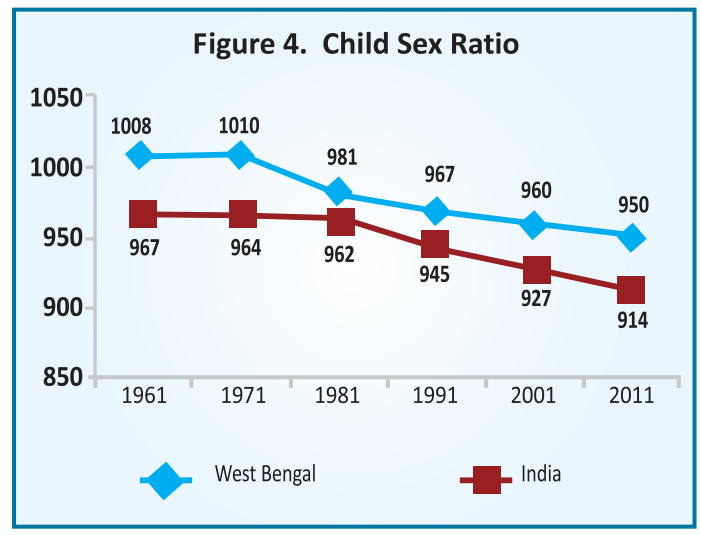
Source: Census 2011.

Children With Special Needs: According to Census 2011, there are more than 5.48 lakh children in West Bengal who suffer from one



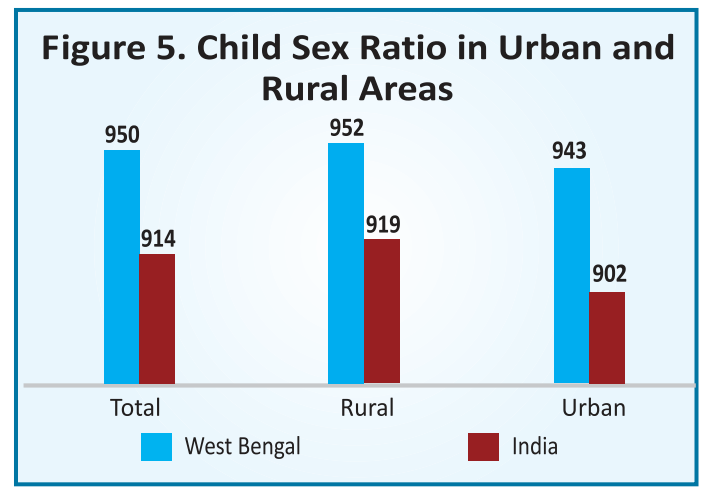
Source: Census 2011.

kind of disability or the other. Of these, 2.65 lakh suffer from a mental disorder or illness. More than 82,000 of the total number of children with special needs are less than 4 years of age, and are too young to be institutionalised. Policies and programmes aimed at this segment of children are crucial, and should detail a complete range of basic services for them at the community level. One such initiative rolled out by the state government was the simplification of the procedure for issuing disability certificates. This was realised in accordance with the 2009 amendments in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules.



Source: Census 2011.

West Bengal's declining Child Sex Ratio (CSR) has been a cause for concern among planners, demographers, and policy makers in the state. Although the state's CSR is significantly better than the national average, it registered a fall of 10 points in the period between 2001-11. This sharp decrease raises grave concerns around several socio-economic indicators that could have contributed to it, notably gender inequality, preference for sons, and the possible prevalance of female foeticide and infanticide. CSR in rural West Bengal is



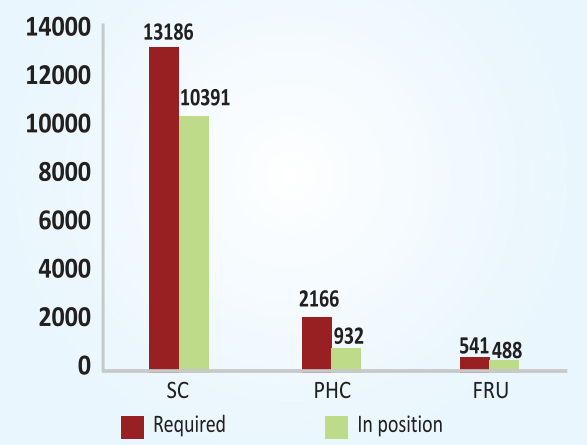
Source: Census 2011.

comparatively higher than in urban areas. The districts that show the lowest urban CSR are Darjeeling (917), Kolkata (930), Birbhum (933), Burdwan (933), and Cooch Behar (934).

1.2. Survival and Health

The 12th Five Year Plan aims at reducing the country's Infant Mortality Ratio (IMR) to 25 per 1,000 live births and Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017. The targets for West Bengal are 11 for IMR and 66 for MMR during the 12th Plan period.

Figure 6: Availability of Health Infrastructure in West Bengal



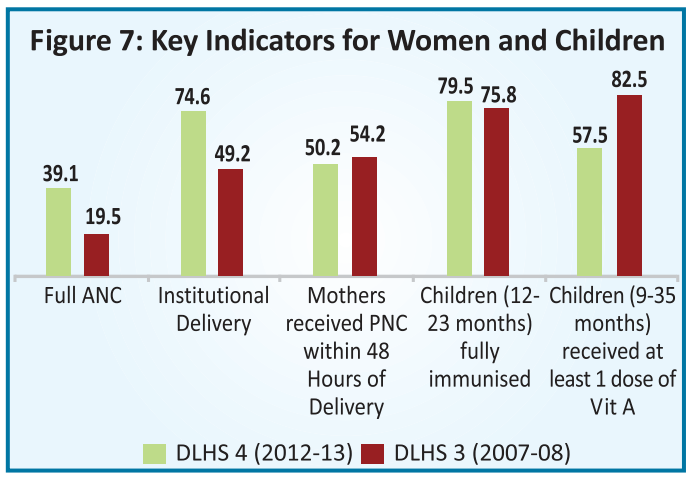
Source: HMIS, January 2014; https://nrhm- mis.nic.in

Though West Bengal has managed to keep its overall IMR, Neonatal Mortality Rate (NNMR), Under-five Mortality Rate (U5MR) and MMR much below the national average, there are regional disparities and a considerable urban-rural divide. Reducing neonatal deaths requires improving women's health during pregnancy, providing appropriate care for both the mother and her newborn during and immediately after birth, and caring for the baby during the first few weeks of its life. Underage marriage leading to early pregnancy also poses a serious problem and is one of the leading causes of infant and maternal deaths in West Bengal.

The percentage of women receiving full Antenatal Care (ANC) is low in the state. According to DLHS-4 (2012-13), 96.2 per cent of women in West Bengal had received at least one ANC. The proportion of women who received at least three ANCs was 88.3 per cent; a marked improvement from DLHS-3 (2007-08), when it was only 66.9 per cent. However, according to DLHS-4 (2012-13), only 39.1 per cent of women received full ANC.

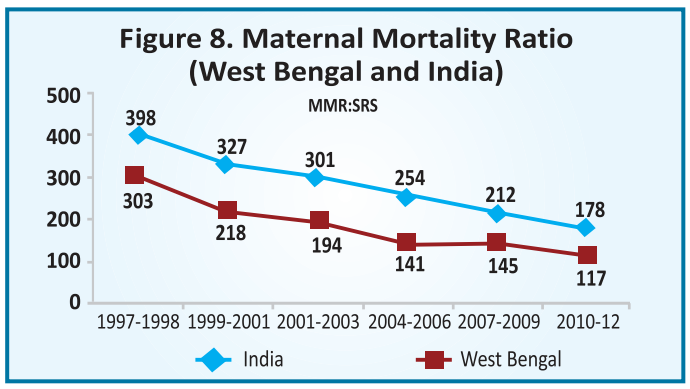
Though the percentage of institutional deliveries has increased over the years, the demand for it continues to remain low. In order to reduce maternal and neonatal deaths, a "continuum of care" approach needs to be adopted. Additionally, there is also a need for increasing the availability and accessibility to quality institutional facilities in the state for all social groups. According to DLHS-4 (2012-13), 79.5 per cent of children aged 12-23 months received full immunisation comprising the following: BCG; one doze of the Measles vaccine, and three doses each of DPT and OPV. However, vitamin A supplementation

coverage has reportedly decreased in comparison to DLHS-3 (2007-08), which is a matter of concern.



Source: DLHS-3 (2007-08) and DLHS-4 (2012-13).GoI.

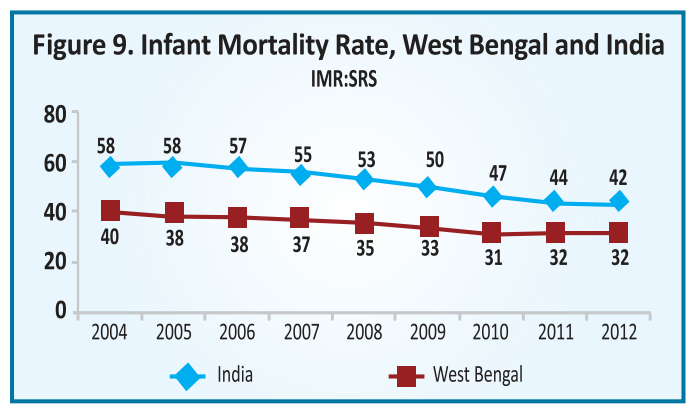
West Bengal's Total Fertility Rate (TFR) and MMR have declined steadily, a shining example of government will and action. With its TFR having plunged from 2.1 in 2005 to 1.7 in 2011, the state can now boast of the lowest fertility rate in India. When the MMR for West Bengal rose from 141 in 2004-05 to 145 in 2007-09, concerted efforts by the state government and its partner stakeholders, resulted in MMR declining to 117 in 2010-12, registering a decrease of 19.3 per cent in maternal deaths.



Source: Sample Registration System 2012

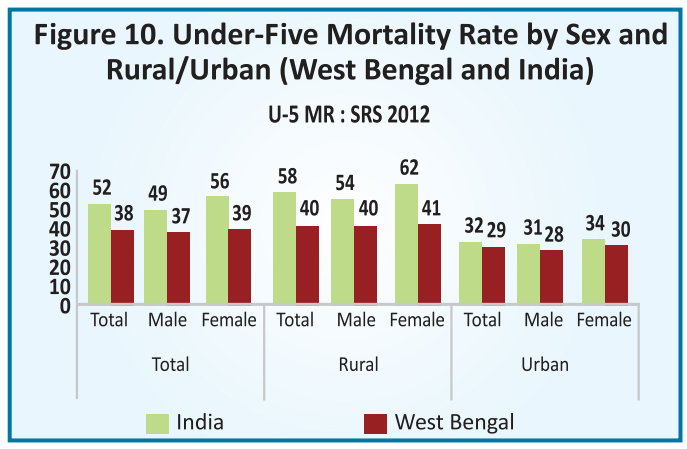
Between 1990 and 2009, West Bengal's IMR decreased sharply, from 71 to 31. Thereafter however, it rose to 32 in 2011, and remained so in 2012. One of the reasons for the slowness in reductions in infant and under-five mortality rates is that neonatal mortality has not declined steadily. It has been observed that neonatal deaths constitute 67.6 per cent of the total infant deaths in West Bengal (Sample Registration System 2012).

SRS 2012	IMR	Neonatal MR	Under 5 MR
India	**42**	**29**	**52**
West Bengal	32	22	38

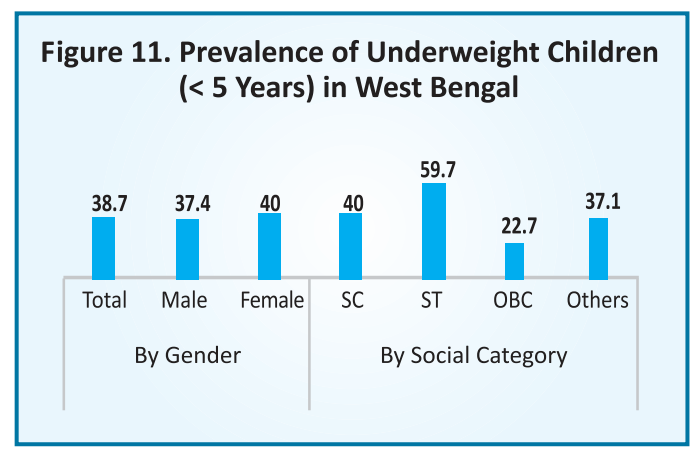


Source: SRS 2012

An analysis of under-five mortality rates shows that West Bengal's performance is better than the country average. However, a disaggregated analysis highlights that the mortality rates of under-five girls is higher in comparison to that of boys. In fact, in rural West Bengal, the under-five mortality rate for girls is as high as 41 per 1,000 live births (SRS 2012).



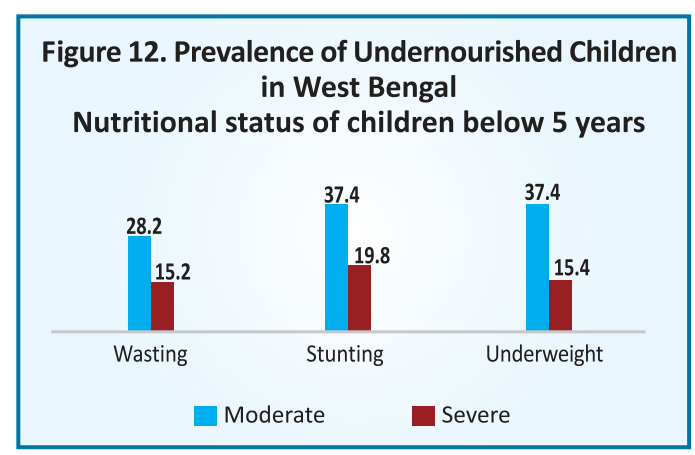
Source: SRS 2012.



Source: NFHS-3 (2005-06).

Nutrition: Children who are undernourished have substantially lower chances of survival. They are prone to serious infections and are more likely to die from common childhood illness such as diarrhoea, pneumonia, and measles. Undernutrition also impacts cognitive and educational development in children. The 12th Plan's all-India target is to reduce undernutrition amongst children in the 0–3 years age bracket by half of the numbers given in NFHS-3 (2005-06), and also to halve anaemia in women and girls. According to NFHS-3, about 37.6 per cent of children under three years of age in West Bengal were underweight, 19.2 per cent suffered from wasting, and 41.8 per cent were stunted.

The recent data from DLHS-4 (2012-13) depict that the incidence of both moderate and severe malnutrition is critically high in the state. 37.4 per cent of children under the age of 5 years are moderately underweight while 15.4 per cent of them are severely underweight. The incidence is higher in rural areas (41.7 per cent for moderate, and 17.4 per cent for severely underweight). This can be attributed to chronic undernutrition characterised by insufficient food intake coupled with poor consumption of micronutrients. Together, this not only affects children's nutritional status but their immune system as well.



Source: DLHS-4 (2012-13).

Anaemia poses another serious challenge for both male and female populations in the state, and across all age groups. Nearly 86.4 per cent of the children in the age group of 6-59 months and 75.6 per cent of adolescent girls (10-19

years) in West Bengal suffer from anaemia (DLHS-4, 2012-13). 79.2 per cent of pregnant women in the age group of 15-49 years were found to be suffering from anaemia(DLHS-4, 2012-13).

Though government programmes—such as Integrated Child Development Services (ICDS), Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) - SABLA, Indira Gandhi Matritva Sahayog Yojana (IGMSY), Rashtriya Bal Swasthya Karyakram (RBSK), and Mid-Day Meal (MDM)—are being implemented in West Bengal to address the nutritional needs of children and women, there is now a need to address undernutrition in a time-bound manner. In view of the restructured ICDS scheme, the state could focus on convergence and multi-sectoral planning—including direct nutrition interventions and nutrition sensitive strategies—involving unconventional partners to promote nutrition results at scale.

The 1,000 Days Approach

Papers by R.E. Black, L.H. Allen, et al., and C.G. Victoria, L. Adair, et al., published in 2008 in the leading medical journal, The Lancet (371), have identified 1,000 days as the critical window in which to lay the nutritional foundation for a child's lifelong health, cognitive development, and future potential. This is typically defined as the period between a woman's conception and when her child turns 2-years-old. Accordingly, the GoWB and UNICEF have recognised the 1,000 days intervention as a key priority to improve the nutritional status of women and children and have adopted ten essential nutrition interventions:

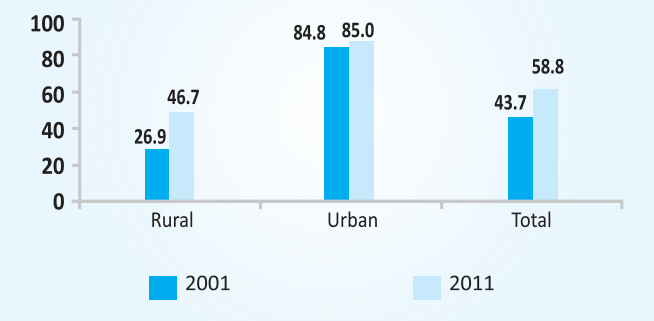
1. *Timely initiation of breastfeeding within one hour of birth.*
2. *Exclusive breastfeeding during the first six months of life.*
3. *Timely introduction of complementary foods for the child immediately on completion of six months.*
4. *Age-appropriate complementary foods for children aged between 6-23 months with appropriate energy and nutrient-density foods that are high on quantity, variety, and frequency (including IFA supplements).*
5. *Safe handling of complementary foods and hygienic complementary feeding practices.*
6. *Full immunisation and bi-annual vitamin A supplementation with de-worming.*
7. *Frequent, appropriate, and active feeding to children during and after illness, including oral rehydration with zinc supplements during diarrhoea.*
8. *Timely and quality therapeutic feeding and care for all children with severe acute malnutrition.*
9. *Education and improved food and nutrient intake for adolescent girls, particularly to prevent anaemia; insistence on pregnancy being delayed until the girl is at least 18-years-old.*
10. *Improved food and adequate nutrient intake for women, particularly during pregnancy and lactation.*
11. *Compulsory 4 ANCs for pregnant and lactating women.*

Water and Sanitation

Sanitation : Inadequate clean water and poor sanitation and hygiene practices can negatively impact health. Nearly 7.8 million people (38.6 per cent of West Bengal's total population) still follow open defecation practices in the state (Census 2011). Additionally, very few households dispose of child faeces safely, which contributes to diarrhoea and respiratory infections, both of which are leading causes of child deaths. A crucial issue connected with this is the lack of maintenance of proper hygiene vis-à-vis hand washing with soap. Further, many districts in the state are plagued by groundwater contamination which has an adverse effect on health. Toilet use too, is a major challenge, and requires constant promotion through improved communication methodologies at the community level. Although households in several districts have displayed an increased demand for toilets, Rural Sanitary Marts (RSMs)—set up as an alternative delivery mechanism to respond to sanitation requirements—often lack the capacity to meet those demands. Finally, it has been noted that access to drinking water and sanitation for Scheduled Castes and Scheduled Tribes, particularly in rural areas, is much lower than the rest of the population.

Based on the launch of the Nirmal Bharat Abhiyan (NBA) and the 2012 NBA Guidelines, in 2013 the state government finalised the State Policy on Open Defecation Free West Bengal. While the national target to eliminate

Figure 13. Households Having Access to Toilets Within Premises

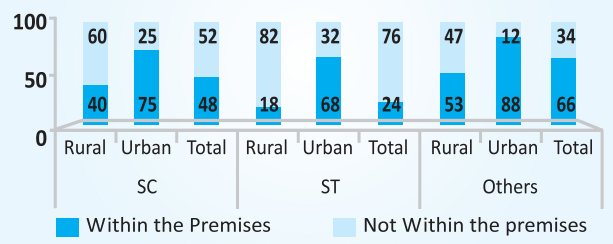


Source: HH-Series Tables, Census of India 2011.

open defecation has been set for 2022, the state target is 2017. Towards this end, West Bengal has initiated the Nirmal Gram Puraskars and the Nirmal Vidyalaya Puraskars, both of which are under regular implementation. In 2013, the state also completed a nationally initiated baseline survey of sanitation facilities in West Bengal. The fruits of these efforts are yet to be ascertained as West Bengal continues to face significant challenges in relation to sanitation-related outcomes. Despite the substantial strides made by the state over the last decade in increasing the availability of a toilet within the premises, nearly 82.58 lakh (41.2 per cent) of households do not have this facility (Census 2011). Moreover, the coverage of sanitation facilities is not uniform across social groups: only 48 per cent of SC households and 24 per cent of ST households have toilets within the premises. As per the

findings of the NSSO-69th round survey (July-Dec 2012) in West Bengal, 60.30 per cent (82.20 lakh) households have access to toilets in rural areas, while 58.0 per cent (79.46 lakh) households have improved toilets. However, only 40 per cent (32.88 lakh) households exclusively use toilets. Regarding handwashing practices, according to the Indian Public HealthAssociation (IPHA 2007), about 51 per cent of West Bengal's population do not wash their hands with soap after using the toilet.

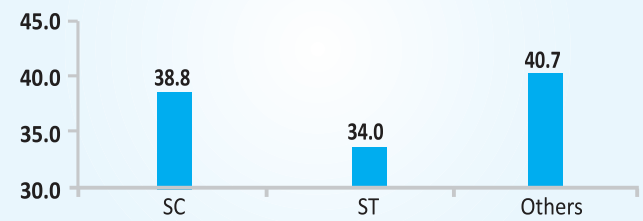
Figure 14. Availability of Toilets by Location and Social Group
Percentage of Households by location ofToilet facility by different social groups, 2011



Source: HH-Series Tables, Census of India 2011.

Drinking Water: According to the Census of India (2011), only 38.6 per cent of households in West Bengal have drinking water facilities within the premises, which is much lower than the national average of 46.6 per cent. Though there has been an improvement of 6.5 per cent in this figure since 2001, the coverage is far from satisfactory. Additionally, a clear rural-urban divide exists in the provisioning of drinking water facilities within the premises—56 per cent for urban households, as against 30 per cent in rural areas.

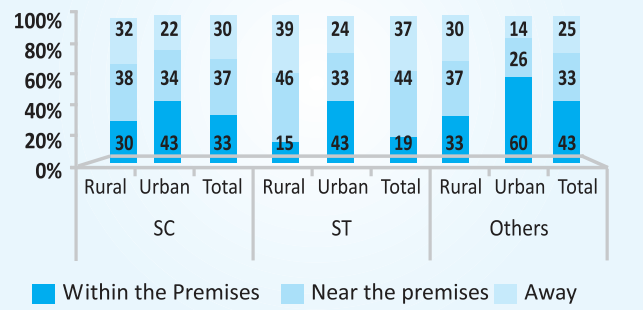
Figure 15. Availability of Drinking Water by Location and Social Group
Habitations with full coverage of Drinking Water (March 2013)



Source: www.mdws.gov.in

Compared to other social groups, the percentage of households with a drinking water facility within the premises is much lower among SC and ST households. For the former, the figure stands at 33 per cent of households, while for the latter, the figure is as low as 19 per cent.

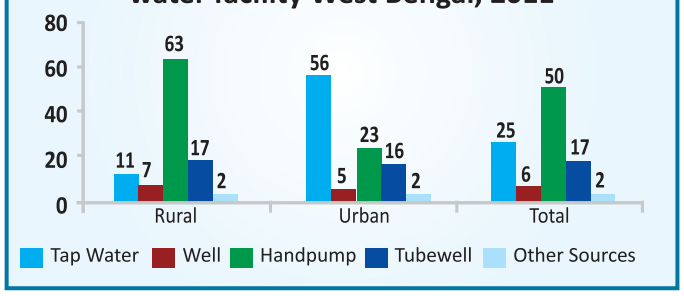
Figures 16 and 17. Households by Location of Source of Drinking Water Percentage of households by location of drinking water facility by different social groups, West Bengal, 2011



Source: HH-Series Tables, Census of India 2011.

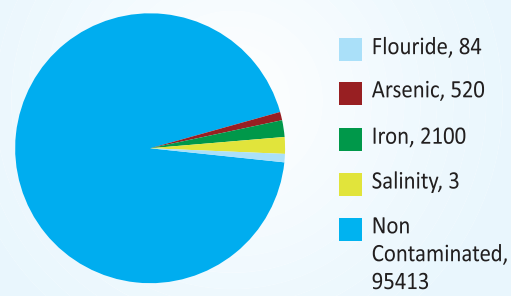
This is indicative of the exclusion of these social groups from the provision of even basic services like potable water. The non-affordability of such facilities within the premises is a key deterrent, and necessitates addressal. In rural areas, coverage is uniformly inadequate, irrespective of the social group.

Figures 16 and 17. Households by Location of Source of Drinking Water
Percentage of households by source of drinking water facility West Bengal, 2011



Source: HH-Series Tables, Census of India 2011.

Figure 18. Quality of Water
Quality affected (chemically) habitations in rural areas, West Bengal, March 2013



Source: www.mdws.gov.in

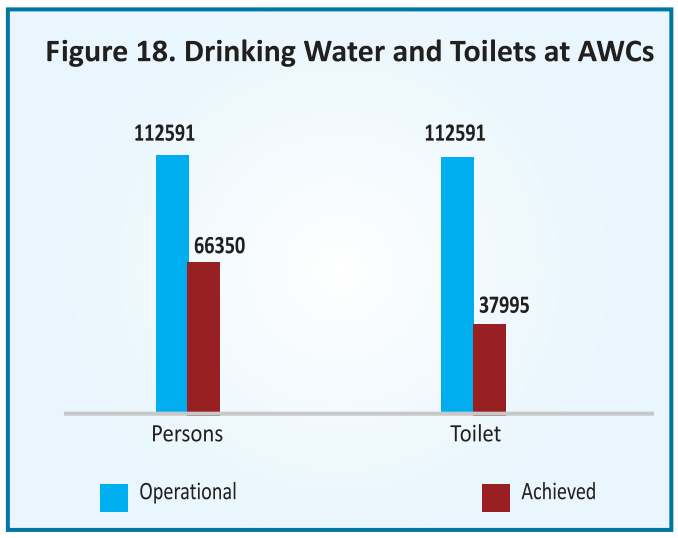
Availability of improved sources of drinking water: As many as 88.5 per cent of households in West Bengal have access to improved sources of drinking water, which include tap water from treated sources, covered wells, tubewells, and hand pumps.

This figure is higher than the national average of 75.60 per cent. Almost 80 per cent of rural households depend on hand pumps and tubewells, though these are largely susceptible to contamination from open defecation and poor drainage if the tubewell construction quality is poor, especially its sanitary sealing. Although tap water is the recommended source of drinking water, only one-fourth of households in the state have taps, which is much lower than the national average of 43.5 per cent.

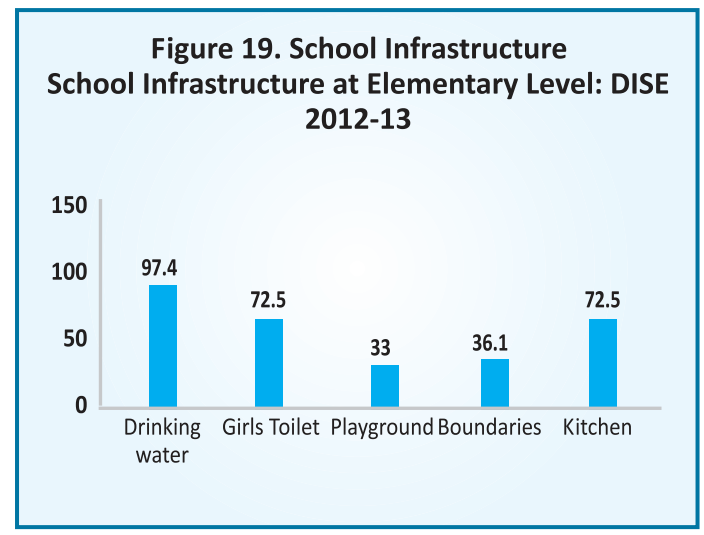
Drinking water quality: The quality of potable water poses a major challenge, with 2.76 per cent of habitations in the state reported to have chemical and bacteriological contaminants in groundwater. The major chemical pollutants include iron, arsenic, and fluoride: 0.9 per cent of habitations have fluorine contamination while arsenic and iron have been detected in 0.53 per cent and 2.14 per cent of the habitations, respectively.

Institutional coverage for water and sanitation: Apart from households, the coverage of drinking water and sanitation facilities in schools and Anganwadi Centres (AWCs) requires focussed attention. In West Bengal, though the coverage of drinking water facilities in schools has shown a considerable increase over the years, only 58.9 per cent of AWCs have the potable water. In terms of the availability of toilets, only 33.7 per cent of AWCs have toilet facilities.

According to the State Report Card 2012-13, only 72.5 per cent of schools have toilets for girls, while drinking water is available in 97.4 per cent of schools. However, even where a toilet facility exists, it may not be in usable



Source: ICDS MPR, March 2013; Department of Child Development, GoWB.



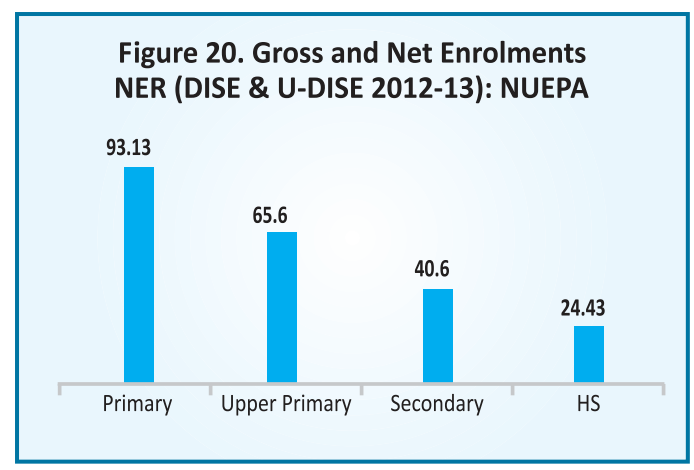
Source: DISE 2012-13.

condition. According to ASER 2013, in 24.5 per cent of the surveyed schools in West Bengal, toilets for girls were either not usable or were found to be locked at the time of the survey team visit.

1.3. Education

The Government of West Bengal is committed to the effective realisation of the Right of Children to Free and Compulsory Education (RTE) Act, 2009. Consequent to the Act, the state framed and published guidelines—the West Bengal Right of Children to Free and Compulsory Education Rules 2012—to help it reach the goals enumerated in the Act.

Despite the state's best efforts, there remains much scope for improving its education scenario. In terms of elementary education, although enrolments have steadily increased and infrastructure needs have been somewhat met, an increasing dropout rate, especially at the upper primary level, is noticeable. There is also a need to improve access to, and the availability of, an appropriate number of upper primary schools to meet demand. Similarly, issues linked to quality—such as the high Pupil Teacher Ratio (PTR), the lack of available teaching and learning methodologies and materials, and the need for adequately trained teachers—are also noteworthy. There are several other factors related to the education challenge: an increase in the use of private tuitions, the high prevalence of child marriage



Source: DISE and U-DISE 2012-13.

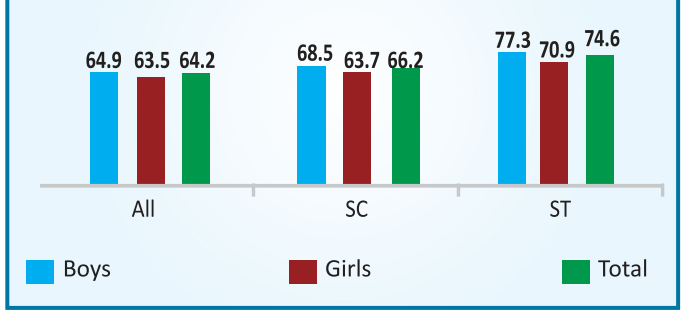
in several districts, and a significant proportion of the child population being engaged in child labour and/or forced into various forms of trafficking.

According to the Education Development Index published by NUEPA (DISE Flash Statistics, NUEPA 2012-13), the state ranks 18th in primary and 33rd in upper-primary in the country . West Bengal's implementation of the Sarva Shiksha Mission, India's flagship programme to attain universal elementary education, has resulted in a significant increase in the access to neighbourhood schools. For rural areas, the norm for providing access to schools according to the West Bengal Right to Education (WBRTE) Rules 2012 is that there should be a primary school within 1 kilometre of the habitation, and an upper primary school, within 2 kilometres. For urban areas, the norm is the availability of primary schools within 0.5 kilometres of the habitation, and the availability of upper primary schools within 1 kilometre of the habitation. While school infrastructure has improved over the years, all the provisions laid down in the Right to Education Act are not fully complied with. Basic necessities like toilets for girls, and school boundary walls and playgrounds are not available in a significant proportion of schools. Further, the PTR is more than 30 in 35 per cent of primary schools and more than 35 in 30 per cent of upper primary schools (DISE Flash Statistics, NUEPA 2012-13).

In the case of secondary education, the state will find it beneficial to strengthen its implementation of the Rashtriya Madhyamik Shiksha Abhiyan (RMSA). Secondary and higher secondary levels suffer similar challenges as those faced by primary and upper primary schools, including an inadequate number of secondary schools, increasing dropout rates, high PTRs, and several concerns linked to the quality of education. The student classroom ratio is 89 at the secondary level, which is very high (Secondary State Report Card 2012-13).

In terms of student enrolment, the Gross Enrolment Ratio (GER) in the state is 118.74 at the primary level and 90.17 at the upper primary level. The higher GER at the primary level indicates that age-appropriate enrolment is not taking place as per RTE norms.

Figure 21. Dropout Rates by Social Category Drop-out Rates I-X; Selected Education Statistics 2010-11, MoHRD



Source: HH-Series Tables, Census of India 2011.

While the net enrolment ratio is very encouraging at the primary level, the figure falls drastically as the levels go up, indicating that a large number of children in the age group of 11 years and above are not able to

access education. The dropout rates are also very high in the state, especially at the higher levels. More boys drop out of the education matrix and the rate is higher among children from disadvantaged groups (i.e., SCs and STs).

Education Quality: The 12th Five Year Plan document has pointed out that:

"At the heart of the issue of quality are the weak teaching processes and transactions between teachers and learners that are neither child-friendly nor adopt child-centred approach to curriculum. The capacity, motivation and accountability of teachers to deliver quality education with significant and measurable improvements in learning outcomes of students need to be critically and urgently addressed." (pg. 49)

Indeed, education quality has been a major concern of the state government. According to ASER 2013, learning outcomes for children are far below the corresponding class levels: 49 per cent of children in class 5 were unable to read textbooks of class 2, and 72.5 per cent of them could not do division. Moreover, while enrolments at the elementary level have steadily increased, attendance rates (for both students and teachers) have not been satisfactory: only 58.7 per cent of children and 84.3 per cent of teachers were present on the day of the visit. When quizzed, 30 per cent of teachers had never heard about Continuous and Comprehensive Evaluation. Library books, where available, were being used by children in only 41.5 percent of the surveyed schools that had libraries. The ASER 2013 findings clearly indicate that classroom processes and transactions need to be improved and made more participatory. While adequate inputs and infrastructure are necessary for the effective functioning of schools, concerted efforts are desirable to make teaching-learning processes satisfactory and to improve learning outcomes. For instance, there is a need to lay emphasis on building teacher capacity, educating and developing school leadership and management, strengthening the academic support system, ensuring enhanced and informed participation of the community and parents, and measuring and working towards improving learning outcomes in a continuous and focussed manner.

1.4 Child Protection

The 12th Five Year Plan lays emphasis on ensuring that "boys and girls grow up free from violence, exploitation, abuse and unnecessary separation from their families." It has been acknowledged that children are a vulnerable segment of society and often face several forms of violence and neglect. Many children are at-risk of being trafficked, compelled to work as child labour, kidnapped, or forced into underage marriage.