



## **SITUATIONAL ANALYSIS OF CHILDREN IN BIHAR**

**<sup>1</sup>Dr. RADHE SHYAM. RAM**

<sup>1</sup>M.A. (PMIR), M.A. (History), Ph.D. (PMIR), NET-UGC

### **Introduction**

Although time is passing rapidly but situation of children is not likely to change. Children are suffering from discrimination, oppression, exploitation, degradation, aggression, humiliation. As per the international standard, person whose age is under 18 years, recognized as children, even if he is married and has children of her/his own. Traditionally parents have total rights over the children and it has exposed children to violence. It is shameful for mankind because the smallest and most vulnerable member of the human race must wait longer than others to have the right to physical health and their social identity be officially recognized, and be protected from violence. Every child deserves a safe and healthy childhood. There is a need to spell out that children are having a right to live with dignity of his childhood and self-discipline, inculcate in them self-confidence and a feeling of safety and security. But, children are suffering a critical situation up to attain the age of 18<sup>th</sup> years.

An old proverb is that, “child is the father of man”. Children are the future of the Nation. Therefore, investments on the children prepare a roadmap of the national growth. The United Nations Convention on Rights of Children defines child rights as minimum entitlements and freedoms that should be available to every citizen below the age of 18 regardless of race, national origin, colour, gender, language, religion, opinions, wealth, birth status, disability or at his characteristics. Thus, outlines the fundamental human rights of children in four broad classifications that suitably cover all civil, political, social, economic and cultural rights of every child. This is integrated the rights to survival, protection, development and participation. Here, we will see the situation of the children in facts and figures.

### **Definition of Child**

Childhood has been defined in various contexts i.e. legal, constitutional, professional provisioning etc. Thus, it is a variable concept to suit the purpose and rationale of childhood in differing circumstances. According to UN’s Convention on the Rights of the Child, “A child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” UNCRC adopted by the UN General Assembly in 1990, is the widely accepted UN instrument ratified by most of the developed and developing countries, including India. The Constitution of India facilitate to all institutions for better understanding of the discussions on various aspects of status of children in India as following:-

The Apprenticeship Act 1961, “A person is qualified to be engaged as an apprentice only if he is not less than fourteen years of age. The Factories Act 1948, “A child below 14 years of age is now allowed to work in any factory. Adolescence between 15 and 18 years can be employed in a factory only if he obtains a certificate of fitness from an authorized medical doctor. The Child Labour Prohibition and Regulation Act 1986, “Child means a person who has not completed his fourteen years of age.” The Juvenile Justice( Care and Protection of Children) Act 2000, amended in 2006, 2010 declares “Juvenile “or “Child “means a person who has not completed eighteenth years of age.” Prohibition of Child Marriage Act 2006 declares “Child means a person who, if a male, has

not completed twenty one years of age and, if a female, has not completed eighteen years of age.” Indian penal Code in its Criminal law states, “Nothing is an offense which is done by a child under age of 7 years. The age of criminal responsibility is raised to 12 years if the child is found to have not attained the ability to understand the nature and consequences of his / her act.

### **Constitutional Provisions for children**

The Constitution of India ensuring that all the needs of children are met and their basic human rights are fully protected by the state. Children shall enjoy the equal rights as adults as per Article 14 of the Constitution. Article 15(3) empowers the State to make special provisions for children. Article 21 A of the Constitution of India directs the State to provide free and compulsory education to all children within the ages of 6 and 14 in such manner as the State may by law determine. Article 23 prohibits trafficking of Human beings and forced labour. Article 24 on prohibition of the employment of children in factories etc explicitly prevents children below the age of 14 years from being employed to work in any factory, mine or any other hazardous form of employment. Article 39(f) directs the State to ensure that children are given equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against moral and material abandonment. Article 45 of the Constitution specifies that the State shall endeavour to provide early childhood care and education for all children until they complete the age of 6 to 14 years. Article 51A clause (k) lays down a duty that parents or guardians provide opportunities for education to their child/ward between the age of 6 and 14 years. Article 243 G read with schedule-11 provides for institutionalizing child care to raise the level of nutrition and the standard of living, as well as to improve public health and monitor the development and well being of children in the Country.

### **Important laws Guaranteeing Rights and Entitlement to Children**

- The Guardian and Wards Act, 1890
- The Reformatory Schools Act, 1897
- The prohibition of Child Marriage Act, 2006
- The Apprentices Act, 1961
- The Children (Pledging of Labour) Act, 1933.
- The Hindu Minority and Guardianship Act, 1956
- The Hindu Adoption and Maintenance Act, 1956
- The Immoral Traffic prevention Act, 1956
- The Women's and Children's Institutions (Licensing) Act, 1956
- The Young Person's harmful Publication's Act, 1956
- The Probation of Offender's Act, 1958
- Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960
- The Child Labour (Prohibition and Regulation) Act, 1986
- The Juvenile Justice (Care and Protection of Children) Act, 2000, repealed the Juvenile Justice Act 1986. The 2000 act also has been amended in 2006 and 2010.
- The Infant Milk Substitutes, Feeding bottles and Infant Foods (Regulation of Production, Supply Distribution) Act, 1992 and its amendment of 2003
- The Pre-conception & Pre-natal Diagnostic Technique (Regulation, Prevention and Misuse) Act, 1994 and its amendment of 2002.
- The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
- The factories Act 1948
- The Commissions for Protection of Child Rights Act, 2005

### **National Policies and Programmes for Children**

The Central Government is being implementing a number of Child centric policies addressing the issues of Child Survival, Child Development and Child Protection. The important among them are as following:-

**1. National Policy for Children 1974** is the first policy document concerning the needs and rights of children. The goal of the policy is to take the next step in ensuring the constitutional provisions for children and the UN Declaration of Rights. The state should provide the services for the complete development of a child, before and after birth and throughout a child's period of growth for their full physical, mental and social development.

**2. National Policy on Education, 1986** was called for "special emphasis on the removal of disparities and to equalize educational opportunity." To achieve these, the policy called for expanding scholarships, adult education, recruiting more teachers from the SCs, incentives for poor families to send their children to school regularly, development of new institutions and providing housing and services. The NPE called for a "child-centered approach" in primary education, and launched "Operation Blackboard" to improve primary schools nationwide.

**3. National Policy on child Labour, 1987** contains the action plan for tackling the problem of child labour. It envisaged a legislative action plan focusing and convergence of general development programmes for benefiting children wherever possible, and Project-based plan of action for launching of projects for the welfare of working children in areas of high concentration of child labour.

**4. National Nutrition policy, 1993**, was introduced to combat the problem of under - nutrition. It aims to address this problem by utilizing direct (short term) and indirect (long term) interventions in the area of food production and distribution.

**5. National Population Policy 2000** aims at improvement in the status of Indian children. It emphasized free and compulsory school education up to age 14, universal immunization of children against all vaccine preventable diseases, 100% registration of birth, death, marriage and pregnancy, substantial reduction in the infant mortality rate and maternal mortality ratio etc.

**6. National Health Policy 2002** main objective is to achieve an acceptable standard of good health amongst the general population of the country.

**7. National Charter for children (NCC), 2003** highlights the Constitutional provisions towards the cause of the children and the role of civil society, communities and families and their obligations in fulfilling children's basic needs. Well-being of special groups such as children of BPL families, street children, girl child, child-care programmes, and educational programmes for prevention from exploitation find special mention in the

**8. National Plan of Action for Children (NPA), 2005** was adopted by Government of India in the pursuit of well-being of children. NPA has a significant number of key areas of thrust out of which the one's relating to child protection are:

- Complete abolition of female feticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child,
- Addressing and upholding the rights of children in difficult circumstances,
- Securing for all children legal and social protection from all kinds of abuse, exploitation and neglect.

#### **Important Schemes for Well- being of Children**

1. Integrated Child Development Service Scheme
2. Integrated Child Protection Scheme
3. National awards for child Welfare.
4. National Child Awards for Exceptional Achievements.
5. Rajiv Gandhi Manav Seva Awards for Service to Children.
6. Balika Samridhi Yojna.
7. Nutrition Programme For Adolescent Girls
8. Early Childhood education for 3-6 age group children.
9. Welfare of working children in need of Care and Protection
10. Childline services
11. Rajiv Gandhi National Creche Scheme for children of working mothers.

12. UJJAWALA : A Comprehensive Scheme for Prevention of trafficking and Resue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation
13. Sarva Shiksha Abhiyan
14. National Rural Health Mission
15. Rajiv Gandhi Scheme for empowerment of Adolescent Girls – SABLA.
16. DhanaLakshami – Conditional Cash Transfer for Girl Child with insurance cover
17. National Commission for Protection of Child Rights

In spite of several focused initiatives addressing the various needs of children, statistics shows that there is need to improve the condition of child survival, child development and child protection. The gender inequality is also wide in these areas. Although, several protective legislation has been enacted by the Central government but a number of children remain deprived of basic needs and are denied their child rights due to various social economic factors. Here, I analyzed the situation of children in Bihar as per data available through reliable sources.

### Demographic Profile of Children

India, with 1.21 billion people is the second most populous country in the world, while China is on the top with over 1.35 billion people. The figures show that India represents almost 17.31% of the world's population, which means one out of six people on this planet live in India. Every year, an estimated 26 millions of children are born in India which is nearly 4 million more than the population of Australia. It is significant that while an absolute increase of 181 million in the country's population has been recorded during the decade 2001-2011, there is a reduction of 5.05 millions in the population of children aged 0-6 years during this period. The decline in male children is 2.06 million and in female children is 2.99 millions. The share of Children (0-6 years) in the total population has showed a decline of 2.8 points in 2011, compared to Census 2001. In 2011, the total number of children in the age-group 0-6 years is reported as 158.79 million which is down by 3.1% compared to the child population in 2001 of the order of 163.84 million. The share of children (0-6 years) to the total population is 13.1% in 2011 whereas the corresponding figures for male children and female children are 13.3% and 12.9%.

As per the Census 2011, the child population of Bihar in age group of 0-17 years is as following:-

Particulars	Male Child	Female Child	Total Child
Total Child	2, 49, 28,014	2, 25, 75,051	4,75,03,065
Rural Child	2, 24, 25,805	2, 03, 23,733	4, 27, 49,538
Urban Child	25,02,209	22,51,318	47,53,527

**Source: Census 2011**

As per the data available, adult population is about 61% and child population is 39% in India. The children population (47503065) in the state is say about half (45.6%) of the state population (104099452). Therefore, we can say that Bihar is younger than other state of the country. The female child population in the age group of 0-17 years constitutes nearly 47.5% of the total child population of the state. As per the data shown above, the rural child population is nearly 90 percent where as urban child population accounts for only 10 percent of total child population. The scheduled caste's child population is 8083110 as per the census 2011 which accounts for 17.0 percents of total child population where as the scheduled tribe population is 620932 (1.3%) only. As per the census 2011 and Bihar at a Glance, the details of child population are as following:

Age Group	Total			Rural			Urban		
	Person	Male	Female	Person	Male	Female	Person	Male	Female
0-4	12765029	6576871	6188158	11600288	5969825	5630463	1164741	607046	557695
5-9	15036277	7796359	7239918	13630801	7057963	6572838	1405476	738396	667080
10-14	13919882	7323831	6596051	12472947	6563975	5908972	1446935	759856	687079
15-19	9472695	5290581	4182114	8243729	4622498	3621231	1228966	668083	560883

**Source: Bihar through Figures at a glance**

## **Child Sex Ratio**

As per Census 2011, the State/ UTs with alarmingly low (<900) child sex ratio are, Haryana (830), Punjab (846), Jammu & Kashmir (859), Delhi (866), Chandigarh (867), Rajasthan (883), Maharashtra (883), Uttarakhand (886), Gujarat (886), Uttar Pradesh (899). Though, the overall sex ratio is favourable to females in the State of Kerala (1084) and UT of Pondicherry (1038); there are no such States when child sex ratio is considered. The State/ UTs which are having better ( $\geq 950$ ) child sex ratio are Mizoram, (971), Meghalaya (970), A & N Islands (966), Puducherry (965), Chattisgarh (964), Arunachal Pradesh (960), Kerala (959), Assam (957), Tripura (953), West Bengal (950). With the exception of Himachal Pradesh, no state in north India now has a child sex ratio above 900. Jammu and Kashmir has seen the most severe drop of 82 points in its child sex ratio, making it the third worst state after Haryana and Punjab. In 2001, Jammu and Kashmir had a better child sex ratio than the India average. Haryana (830) and Punjab (846) remain at the bottom of the table, but have improved over 2001. India's north-east seems to have a much healthier attitude to girl children than the rest of the country: Mizoram, Meghalaya and Arunachal Pradesh have the highest child sex ratios among the states followed by Chhattisgarh, Puducherry, Andaman & Nicobar and Kerala. The State/ UTS which showed significant decline in child sex ratio during 2001- 2011 are, J&K (decline of 82 points), Dadra Nagar Haveli (decline of 55 points), Lakshadweep (decline of 51 points), Maharashtra (decline of 30 points), Rajasthan (decline of 26 points), Manipur (decline of 23 points), Jharkhand (decline of 22 points), Uttarakhand (decline of 22 points), Madhya Pradesh (decline of 20 points). 8 State/UTs have shown improvement in child sex ratio during 2001 -2011 with Punjab showing biggest improvement among States /UTS (increase of 48 points), followed by Chandigarh (increase of 22 points) and Haryana (increase of 11 points) Himachal Pradesh 906 (increase of 10 points), A & N Islands (Increase 9 points), Mizoram (Increase of 7 points), Tamil Nadu (Increase of 4 points), Gujarat (Increase of 3 points).

## **Rural Urban differentials in Child Sex Ratio**

During 1991-2011, child sex ratio declined in both rural and urban India. Though, the child sex ratio in rural India is 919 which is 17 points higher than that of urban India, the decline in Child Sex Ratio (0-6 years) during 2001-2011 in rural areas is more than three times as compared to the drop in urban India which is a matter of grave concern. However, the gap in rural urban child sex ratio has been reduced from 27 points in 2001 to 17 points in 2011. The decadal decline in child sex ratio (number of girl children per 1000 male children in the age group 0-6 years), however, is less steep from that of the previous decade (1991 to 2001). In 1991, it was 945 and fell to 927 in 2001, a fall of 18 points (1.9%). In 2011, it has fallen to 914, a fall of 13 points (1.4%). Data available from the census of 2001 and 2011 points at a decline in child sex ratio in the age group of 0-6 years in the state from 942 to 935. Child sex ratio among scheduled caste and schedule tribes is higher than the state average and stands at 962 and 969 females per 1000 males respectively. As a matter of fact, Child sex ratio of scheduled castes is higher than the state figure in all districts of Bihar. As per the census 2011, out of the total child population of 47503065 in age group of 0-17 years nearly 81.2% belong to Hindu families followed by 18.3% Muslims and about 0.5% belongs to other religious families especially Christianity, Sikhism, Buddhism and Jainism. Additionally, out of the total child population in the age group of 0-17 years, the percentage of SC children hovers around 17% whereas 1.3 % children belong to STs.

## **Neo-Natal Mortality Rate**

About 27 lakh children born every year in Bihar, about 75000 children die within the first month of life. Neo-natal Mortality rate in Bihar is 28/ 1000 live births, contributing to about 52% of all deaths in childhood. The trend analysis of NMR in Bihar shows a significant decrease from 42 in 2002 to 28 in 2015. However, since 2013, rural nmr is stagnant at 29/1000lb, on the other hand urban nmr increased from 11/1000lb in 2013 to 20/1000lb in 2015. Moreover there is huge inter district variation as per ahs 2012-13 report with lowest nmr in Patna 18/1000lb followed by Nalanda 23/1000lb and Sheikhpura 23/1000lb and Khagaria at 44/1000lb and Madhepura at 45/1000lb

### **Infant Mortality Rate**

Despite a sharp declining trend in infant mortality rate in Bihar which reduced from 61 to 42 (SRS 2004-06 and SRS 2015), the IMR of Bihar is stagnant at 42/1000lb since 2013 as per SRS report. However during the same period the gender gap in IMR widened with female infant mortality increasing from 43/1000lb in 2013 to 50/1000lb. At the same time male infant mortality rate decrease from 40/1000lb to 36/ 1000lb. Also there is increasing trend in urban IMR from 33/1000lb to 44/1000lb. There is also much inter district variation regarding infant mortality rate in the state as per AHS 2012-13 report with lowest in Patna 31/1000lb and highest in Madhepura 64/1000lb. Infant mortality contributes to 67% of total mortality.

### **Under Five Mortality Rate**

The state shows sharp decline in under 5 mortality rate with 4% annual compound rate of decline from 2010 ( 64/1000lb) to 2015(48/1000lb). However Bihar failed to achieve MDG target of U5MR of 43/1000lb. It is well known fact that females are biologically stronger but socially vulnerable which is depicted in high U5MR of females 54/1000lb compared to males 43/1000lb. Under 5 mortality contributes to 60% of neonatal deaths in Bihar.

### **Immunization**

The state has made significant progress in recent years towards achieving universal immunization for protecting children and pregnant mothers against nine vaccine prevention diseases i.e tuberculosis, diphtheria, pertussis, polio, measles, tetanus, hepatitis, homophiles, influenza type B and Japanese encephalitis. With an increase of nearly 29% points in immunization rates between NFHS-3 and NFHS -4, the percentage of fully immunized children in the age of 12-23 months hovers around 61.7%(NFHS-4, 2015-16). It is noteworthy that this increase is the highest in Bihar as compared to 11 states of the country, which includes Andhra Pradesh, Goa, Haryana, Karnataka, Madhya Pradesh, Meghalaya, Sikkim, Tamil nadu, Tripura, Utteranchal and West Bengal. Importantly, in 2015 Bihar was also declared to be Maternal and Neonatal tetanus eliminated state. However, there seems significant disparity across various districts in terms of propagation of fully immunized children in the age group of 12 -23 months. Saharsa stands highest with 78% fully immunized children of age group 12-23 months, while West Champaran is the lowest with only 29.4%, in terms of antigen wise immunization coverage, looking at the most recent figures (2016-17) of state health society, it is observed that Bihar has achieved 96 percent immunization for measles and for pentavalent vaccine, which provides protection against five life threatening diseases, the achievement percentage is more than 80 percent but needs to remain an area of sustained improvement.

### **Nutrition & Malnutrition**

Bihar has a long way to go towards improving indicators related to child malnutrition and mortality. In the light of the fact that still a large number of girls are married off early and the state has a relatively low uptake of ANC and institutional facilities, health of women and children needs to be accorded much greater thrust through a life cycle approach. An undernourished mother is more likely to give birth to an undernourished child. Studies suggest that growth failure among children influences economic growth and perpetuates poverty and results in a direct loss in productivity for the economy. A study conducted by world Bank shows that preventing one child from being born with low birth weight is worth USD 580.23( 37470 INR). Investment of survival, education and protection of children can substantially enhance the future capabilities of a person to be economically more productive and can be the most effective strategy of breaking the intergenerational cycle of poverty and ensuring inclusive growth for the country.

Nutritional deficiencies in young girls can catalyze and intergenerational cycle of malnutrition. Under nourished girls become undernourished mothers who give birth to the next generation of undernourished children. As per rapid survey on children, which was conducted by Ministry of women and child development in 2013-14, the state has about 45.2% of girls aged 15-18 years whose Body Mass index was less than 18kg/m<sup>2</sup>. The proportion of undernourished girls among marginalized communities was also identified to be relatively higher than other social groups. Further, a significant number of adolescents are anemic. Dealing with social and gender aspect of

nutrition that affects women's health adversely should be of greater concern in order to improve birth outcomes and break intergenerational cycle of growth failure.

The worst damages of malnutrition happen during pregnancy and early childhood- from conception to initial two years of child's life. Maternal malnutrition increases the risk of poor pregnancy outcomes including obstructed labour, premature or low birth weight babies, postpartum hemorrhage and increased risk mortality. It not only affects women's health but also the health of their child. Children of such mothers are more likely to face cognitive impairments, growth failure, lower resistance to infections, and a higher risk of diseases and death. As per the recent figures of NFHS-4 (2015-16), the percentage of women age between 15-49 years whose Body Mass Index is below normal (18.5-06), still a large number 30.4% (69 Lakh)<sup>4</sup>, despite a decline of 15 percent point from NFHS-3 (2005-6), still a large number of women in this age group remain undernourished. Bespite wide coverage of ICDS services, the uptake of the same seems limited, as per Rapid Survey on Children, 2013-14 (MoWoWCD,Gol), only a small proportion of pregnant women (21.7%) and lactating mothers (39.3%) availed supplementary food from AWC.

### **Anemia**

NFHS-4 (2015-16) indicates that the number of women and children suffering from Anemia has slightly come down from NFHS-3 (2005-06), however the scourge of Anemia still remains largely the same because of the slow pace of change. More than half of the population of women age 15-49 years and children age 6-59 months are Anemic in the state. As per Rapid Survey on Children, 2013-14 (MoWCD, Gol), the state average of women who consumed 100 or more IFA tablets/syrups during pregnancy is as low as 14% Increasing awareness on maternal on maternal and child health is crucial in order to increase the demand besides improving supply of IFA tablets/ syrups in strategically selected locations would be important in order to deal with the issue. Anemia among women is one of the major reasons of maternal deaths and makes women vulnerable to give birth to low-weight babies, which eventually leads to stunting among children. (Refer Chart C5 in the Annexes for variations across districts).

Various studies suggest that the effects of malnourishment in the first 2 years of child's life are irreversible. In order to break the intergenerational transmission of poverty and malnutrition, children at risk must be reached out to during their first two years of life. A range of factors result in malnourishment among children i.e. poor maternal nutrition, poor child feeding practices, diseases, poor sanitation resulting in diarrhea and intestinal worms, social and gender inequalities, etc. The rapid survey on children, 2013-14 ( MoWCD, GOI) indicates significantly low coverage of children aged 6-59 months for iron and folic supplements as well as de worming medication. The significantly high number of children (63.5%) suffering from anemia further flags an area needing attention. The NFHS-2(2015-16) presents other key indicators of nutritional outcome in children in Bihar. As per the recent figures, about 48% of children (61lakhs) under five years of age, are stunted. Sitamarhi district with 57.3% stands highest in terms of prevalence of stunting among children less than 5 years of age. While the percentage of children who are wasted hovers around 20.8%(26.8lakhs) Arwal emerged to have the highest concentration of wasted children (30.7%) among various districts

While the size of child population in the age group (0-6 years) is declining with decline in the share of children in the total population, the share of girls in 0-6 years is declining faster than that of boys of 0-6 years. This process has led to missing of nearly 3 million girl children compared to 2 million missing boy children in 2011, compared to 2001. There are now 48 fewer girls per 1,000 boys than there were in 1981. Though, the overall sex ratio of the Country is showing a trend of improvement, the child sex ratio is showing a declining trend, which is a matter of concern. During the period 1991 -2011, child sex ratio declined from 945 to 914, whereas the overall sex ratio showed an improvement from 927 to 940. Compared to 2001, only 5 States /UTs showed decline in overall sex ratio in 2011, while 27 States /UTs showed decline in child sex ratio during this period. This opposite direction in the movement of sex ratios of children aged 0-6 years compared to the overall sex ratio suggests a shift in the demographic composition of the population.

### **Children with disability**

As per the census 2011, out of Bihar's total child population in the age group of 0-17 years, about 1.8% children living with disabilities i.e. seeing, hearing, speech, movement and mental retardation among others. In the age group of 5-17 years, out of the total 662211 disabled child population, about 60.7% (401830) children with disability were attending educational institution; a small 5.44 (36033) had attended educational earlier. However, a significant 33.8% (224348) never attended educational institution.

### **Literacy and education among children in Bihar**

According to 2011 census, the overall literacy rate of Bihar has increased from 47% (2001) to 61.8%. The literacy rate for women has also increased 33.1% to 51.5% with regard to children, the rate of literacy among children below 18 year of age hovers around 79.54% (22565283). With 76.95% literacy among female below age of 18 years, state registers marginally lower literacy as compared to the state average of literacy among children,. However in contrast, the relatively higher rate of literacy among male children, which hovers around 81.83 % not only makes gender disparity evident but also indicates the area of greater attention.

As per RTE norms, every child between the age of 6-14 years has the right to free and compulsory education, which was stated as per the 86<sup>th</sup> constitution amendments act via article 21 A. However, census 2011 indicates that still a significant number of children are not in school or have not completed their elementary level education. Further, the gender and social disparity in this direction points at the need of a more focused intervention to provide for an inclusive educational environment. Diagram 2.4 presents the gender disparity in educational attainment of children, which suggests relatively more number of female child in the age group of 14-17 years are illiterate as compared to male child. Also, out of the total female child population, the proportion of female child in subsequent levels of education is relatively much less than male child.

Additionally, literacy rate among children below 18 years of age belonging to scheduled castes 72.9% and scheduled tribes 75.3% groups is relatively lower than the state average of child literacy. In the age group of 14-17 years out of the total sc population 1162022 and st population 104355, as less as 11% children have only been able to reach up to matriculation / secondary level.

Besides, the educational attainment of children belonging to scheduled caste and scheduled tribes group suggest that a significant number of children have not completed elementary level of education before 14 years. In order to bring such children back to school in age appropriate class, a significant investment of resources would be needed to make them available the required level of training in order to bring them at par with other students of that level. Health sector in Bihar has witnessed significant developments in the last few years particularly in the areas of health infrastructure, institutional delivery and reduction in mortality indicators. State has planned to focus on five primary objectives for the 12<sup>th</sup> plan period, which are, reducing maternal deaths, reducing infant deaths, reducing total fertility rate, increasing availability of medical professionals and reducing barriers to access to health services. However, the recent figures suggest there is still a lot more to achieve.

### **CONCLUSION**

Besides, the constitutional provisions, various laws, policies and programme for the protection of children, they are suffering from inequality, exploitation, discrimination at every step of life. Discrimination with children begins before births and continues till attaining the age of 18<sup>th</sup> years. They are forced to work as bonded labour in shops and establishment as well as agriculture. Infant mortality rate is alarming in the state. More than of children population suffering with malnutrition in the state. About 43% children are under weight for age, 58% have low height for the age and 20% have low weight for height. About 38% of nursing mothers are under weight. Although quality education is utopian in the state but situation of literacy is also needs to improve.

### **REFERENCES**

- 40,000 Bihar children missing, TNN, April 10, 2012
- Front Page Story, Times of India, October 17, 2013

- UN Report on Child Trafficking.
- Amita Sha Migration as an Exit Route: How Does It Work for the Chronic Poor in India?
- Naveen P. Singh and Nisha Varghese (2011), Labour Migration and its Implications on Rural Economy of Indo-Gangetic Plains of India.
- Stimuli and Patterns of Migration in Murliganj, Abraham Dennyson, EHA.
- Child Trafficking in India: A concern, by Dr Intezar Khan.
- Newspaper reports January 14 and 29, 2013.
- Gupta, S.K & Rangi, Praneet (2014). Research Methodology in Commerce. New Delhi: Kalyani Publishers.
- Brown, R.B. (2006). Doing your Dissertation in Business and Management. Sage, London.
- "Crimes Against Women." Crime in India 2012 Statistics, National Crime Records Bureau (NCRB), Ministry of Home Affairs, Govt. of India. 2013. <http://ncrb.gov.in/CD-CII2012/cii-2012/Chapter%205.pdf>
- <http://wcd.nic.in/Teachershandbook.pdf>
- [http://www.law.yale.edu/rcw/rcw/jurisdictions/assc/iranislamicrepof/iran\\_violence.htm](http://www.law.yale.edu/rcw/rcw/jurisdictions/assc/iranislamicrepof/iran_violence.htm)
- [http://www.lapdonline.org/crime\\_prevention/content\\_basic\\_view/8807](http://www.lapdonline.org/crime_prevention/content_basic_view/8807)
- <http://ncrb.nic.in/CII%202009/cii-2009/Chapter%206.pdf>
- <http://www.gov.nl.ca/vpi/Facts/ViolenceAgainstChildren.pdf>