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INDIA
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Child Well-Being Report

REIMAGINING CAPABILITIES OF CHILDREN IN INDIA

2022

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Foreword

In 2020, the global child population was estimated by UNICEF India to be around 444 million, approximately one-sixth of the world's population. For any country, the well-being of its child population directly impacts its future. Herbert Hoover, the 31st President of the United States, said in one of his addresses that "Children are our most valuable resource." Childhood is the most crucial stage of a person's life and it's imperative that they are brought up in a safe and secure environment to be able to contribute towards the country's economy in the future. For a country like India with vast differences in culture and a growing economic disparity, children's well-being plays an indispensable role in its developmental discourse. Despite the many strides taken by multiple stakeholders to address child-related issues, India is yet to improve the quality of life for children, especially those under 18 years of age.

World Vision India, being a child-focussed organisation, has been working towards improving the lives of children, especially the most vulnerable, their families and communities, together with partners. Decades of experience have shaped the organisation's understanding of child well-being as an integral multidimensional concept.

Since its launch in 2019, the India Child Well-being Report is an annual publication by World Vision India that brings forth the Status of Children in the country, both in terms of well-being and access to services. This is the fourth edition of the report which seeks to provide a comprehensive look at child well-being under four essential domains – Health & Nutrition, Education, Protection and Livelihood.

The uniqueness of this study is that uses primary data collected from Area Development Programmes (ADPs) of World Vision India to get a more profound analysis of the issues at hand. The findings of this study are not generalised to all children as the data pertains to most vulnerable children from underprivileged societies,viewing the situation through the lens of equity and justice. The report also cover the impact of Covid-19 on the overall growth and development of children. The results depict the accurate picture of the most vulnerable children and seek to initiate meaningful discourses that will aid in strengthening the social policy of marginalised communities.

Child well-being is an essential conversation in the development sector, and it is critical that we understand it in a holistic way. We hope that this report will serve as a guide for policymakers, practitioners and civil societies to understand and prioritise areas of improvement based on facts and evidence.

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The report was jointly conceptualised and authored by Prof Piyush Tiwari, Dr Anjana Purkayastha, Dr Subramania Siva, Dr Biswajit Kar, Dr Sucheta Sardar and Dr Jyoti Shukla. We gratefully acknowledge Mr Francis Simon, World Vision India, for Data Support.

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Abbreviations

ADP	Area Development Programmes
ANM	Auxiliary Nursing Midwifery
ASER	Annual Status of Education Report
BJTC	Bikram Joint and Trauma Centre
CHF	Community Health Facilitator
CSC	Common Service Centre
CWBR	Child Well-being Report
CWSN	Children with Special Needs
FGDs	Focus Group Discussions
HH	Households
ICDS	Integrated Child Development Scheme
IHHLs	Individual Household Latrine Application
KII	Key Informant Interviews
LSB	Lohia Swachh Bihar Abhiyan
MUAC	Middle-Upper Arm Circumference
NFHS	National Family Health Survey
NPE	National Policy of Education
NRC	Nutritional Rehabilitation Centre
OD	Open Defecation
PM-JAY	Pradhan Mantri Jan Arogya Yojana
RA	Rapid Assessment
REC	Remedial Education Centre
RTE	Right to Education
SHG	Self-Help Group
ttC	Timed and Targeted Counselling
WASH	Water, Sanitation, and Hygiene

Executive Summary

Purpose

The fourth edition of the Child Well-being Report (CWBR) takes a deep dive into the question of what factors can help develop and expand the capabilities of children. The report focuses on children living in marginalised households who face economic and social deprivation. The report does not try to generalise findings to all children. The spotlight on the most vulnerable children. Howeverthe findings are important as it projects where the focus of social policy and programmes is crucial when viewed through the lens of equity and justice. In a long literature following the Capability Approach, capabilities are doings and beings that people can achieve if they choose. The three core capabilities for children that are the focus of this report are being educated, being healthy and being safe. Whether someone can convert resources and public goods into a capability depends on their personal, socio-political, and environmental factors. In addition, the report looks at the sustainability of the livelihood of caregivers (parents or guardians) of children. Livelihood provides the means of living that an individual needs for their well-being. Livelihood comprises capabilities, assets and activities required for a means of living. A sustainable livelihood can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable opportunities for the next generation (Chambers and Convey, 1992). The sustainable livelihood of caregivers is a vital environmental factor for the development of three capabilities of children examined in this report. The sustained period of lockdown during 2020-21 due to the Covid-19 pandemic affected the marginalised section of society disproportionately as they faced substantial job losses. This report also highlights the impact of the Covid-19 pandemic on three capabilities of children from marginalised households.

Methodology

The study uses the primary data collected from different Area Development Programmes (ADPs) of World Vision India. The projects of World Vision India are grouped into four categories: (i) livelihood, (ii) education, (iii) health and nutrition, and (iv) safety. Not all projects are implemented by all the ADPs. Hence the data has differences in the number of respondents by the projects and coverage of ADPs for each of the categories. The Health and Nutrition data are collected from 51 ADPs, and the sample size is 37,496. The child education, data are collected from 23 ADPs with a sample of 73,225. Livelihood data have been taken from 61 ADPs with a sample size of 127,987. For child protection, data are taken from 52 ADPs, and the sample size is 9,961.

The data have been analysed using econometric methods. For brevity, the estimated models are presented in Appendix 3, and inferences from the estimated models have been discussed in the main report.

Results

Livelihood

Most of the respondents surveyed's primary source of income is casual labour/ daily wage labour. Almost 50 per cent of the tribal families depend on agriculture as the main source of their income, increasing the uncertainty of a regular flow of income. Returns from agriculture are primarily seasonal, and hence the availability of work in this sector fluctuates. Around 39 per cent of the tribal families are engaged in daily wage work. The majority of the families surveyed across all locations were found to have only one source of income, which increases their vulnerability during emergencies. The resilience of these households is weak as they don't have the cushion of savings of access to formal sources of finance. Often households resort to riskier sources of borrowing, such as private moneylenders, to mitigate the adverse impacts of income fluctuations. The role of SHGs cannot be underestimated as besides assisting households in securing a livelihood, they have also been an important source of credit and an essential link between households and banks. The habit of savingis still underdeveloped among households.

Health and Nutrition

The health and nutritional status of the children are important to understand the pace of growth of each child. The anthropometric measures of children's health at the national level indicate progress before the pandemic. However, during the pandemic years of 2020-21, the health status of children deteriorated. The situation is far more concerning for children of low-income households living in deprived communities. The report finds that socio-economic and institutional environments can influence health outcomes. It is found that parental education plays a very crucial role in a child's health. Literate mothers can take better decisions in terms of the food intake of their children. Better educational levels of the parents lowers the probability of their children being stunted, wasted and underweight. Diet diversity is an important factor contributing to the health and nutrition of children. It is found that the likelihood of children having three basic meals a day decreases as they grow. Girls are more likely to be stunted, wasted, and under-weighted than boys. Prevailing gender biases affect the nutritional intake of girl children. Low-income households with more children have a higher probability of having children being stunted, wasted and under-weighted due to the reduced nutritional allocation for each child. The occupation of the parents is an important determinant for better nutrition of the children. Households with occupations in agriculture and livestock are better in terms of providing food to the children. They are less likely to be stunted, wasted and under-weighted compared to families engaged in casual/ daily wage labourers. The negative attitude of a family in the allocation of resources (including food) to a disabled child or an orphaned child has negatively affected the health outcomes of these children. Education of caregivers is vital as this allows them to understand the importance of diversity of food and access to healthcare advice and assistance during early years of a child.

Education

The enrolment in schools has been high throughout the country. However, regular school attendance of the children has been low. Low-income households with more children are less likely to attend school regularly than households with fewer children. Girls' attendance at school is likely lower than Boys' boys' due to several social reasons, such as needing to look after their young siblings if their parents are not at home and having to take on the household responsibilities. Early marriage is also a concern for the girl child. Education of parents, especially caregivers, has a direct positive impact on the school-going regularity of the children. The occupation of households impacts the attendance of children in school. Children of families having income from agriculture and livestock are less likely to attend schools regularly compared to children with household income from casual labour. Again, children from households with primary sources of income from micro and small business, skilled labour or salaried income are more likely to go to

school regularly. Income from diverse sources matters as it enhances the affordability of school expenses. Children with households with diverse income sources and accumulated savings are more likely to attend school. Social bias against orphans or disabled children affect their attendance at school. Though there have been significant improvements in the availability of infrastructure (separate toilet facilities for both genders, water facility), the attention to the curriculum and infrastructure needs of a disabled child is still a gap.

Child Protection

The feeling of safety within the house and the freedom to move freely in the neighbourhood without fear is a crucial component of a child's overall development, including the mental and emotional wellbeing of the children. Education positively impacts the feeling of safety within the house and confidence to feel safer in the neighbourhood. Proximity to adults has come up as an essential constituent to consider home asafe space. If the parents do not stay out of the house for long hours at work, children consider themselves safe at home. Children and youth whose parents are involved in an occupation such as agriculture and farming, micro and small business, skilled labour, and salaried employment are likely to consider themselves less safe than those from casual labour and livestock or dairy business. Education of caregivers has a positive relation with the children's perception of feeling safe at home. Caregivers' trust and respect also contribute positively towards the feeling of safety within the child. Female children or youth consider themselves less safe compared to their counterparts. Children with disability face safety concerns. When children are at school, they feel safe. Better infrastructure in terms of access and availability of water within the house reduces their vulnerability.

Pandemic and child well-being

The Covid-19 pandemic enhanced some of the deprivations that children from low-income households faced previously. As the livelihood opportunities for low-income households reduced, many children were forced into work. There were gendered effects increasing vulnerabilities for girl children. While families were able to access government-sponsored cash transfer schemes, these did ameliorate some of the negative consequences at the household level: loss of livelihood, increased borrowings, food shortages and diet diversity. Households resorted to various coping mechanisms to hedge loss of livelihood, some of which (such as child marriage and child labour) were detrimental to the mental health and growth of children and their abilities. An important lesson from the pandemic has been that the learnings need to be institutionalised so that future shocks of this nature can be anticipated ex-ante and cushioned through various programmes that build the resilience of children and their families.

Chapter 1: Introduction

Introduction

The fourth edition of the Child Well-being Report delves into the question of how we should expand the 'capabilities' of our children so that they can lead the kind of life that they would value. The discussion on child well-being shifts the focus from minimum standards for a child to the idea of the quality of life and its implications on children's lives. The freedom to lead different kinds of life as an adult is reflected in the opportunities that one has while a child, which depends on various factors, including personal characteristics and social arrangements. Though important, future becoming's (i.e., what will affect future adulthood for a child) is not the only consideration in determining a child's well-being. Their present well-being is also important. While we can debate on what these capabilities are that contribute to the well-being of an individual, there is a broader consensus that leading a long and healthy life, being knowledgeable, being able to enjoy a decent standard of living, and the ability to move freely in a secure environment without fear of assault are important constituents. This has been further confirmed in the literature where authors attempted to draw a list of dimensions of well-being through participative processes with children. Education, love, care, the importance of family, closeness to friends, non-violence, and healthcare emerged as the dimensions identified by children (Biggeri et al, 2006; Andresen and Fegter, 2011).

Adequate education informs the ability to imagine, think and reason in a truly human way. Educational processes contribute significantly towards advancing capabilities and the sustainable development of a child. The emphasis, in this case, is not only on present capabilities but also on the future advancements in a child that education can afford. The role of education in developing autonomy and nurturing aspirations has been underscored in literature. However, the outcome is not so straight forward as there are positive as well as negative outcomes of educational processes, trade-offs, and sacrifices along the way. Equal access to educational opportunities does not suffice to constitute justice and fairness, as individuals would be able to convert these opportunities to their 'being' depending on their personal and social contexts. The usual metrics to assess educational quality, such as aggregate enrolment, examination achievement

and years of schooling have their limitations, as merely participation does not necessarily mean progress. It is, therefore, essential to investigate the disaggregated statistics that reflect the socio-economic, gender, age and regional differences, and the nature of participation among the different groups and individuals which in turn would allow us to look at the freedom that an individual has to participate in education, freedom enjoyed within the education process and the freedoms enjoyed as an outcome of education that the individual accomplishes.

Being healthy is a crucial aspect of well-being. The anthropometric measures of a child's health and growth are important, but these outcome-focussed measures ignore the pivotal role that cultural and social conditions play in a child's health outcomes. As an illustration, poor child growth (measured through stunting, wasting, and underweight) that appears biologically similar is not the same in the case of a boy who belongs to a low-income household in a welfare state with access to market goods, high levels of mobility and publicly provided healthcare than a girl living in a refugee camp with a single parent and living on humanitarian assistance. While both children suffer from malnutrition, their experiences are not the same and the intervention required to address their state will also differ. The social and cultural context within which a child grows is a crucial consideration in assessing health outcomes i.e. weight and height areindicators of several capabilities that are relevant for a child's (such as being able to be fed, being able to play), caregiver's (for example being able to provide care, shelter, and food) and society's (such as being able to provide social welfare programmes) opportunities to achieve healthy growth. The extent to which these capabilities can be operationalised will depend on gender, socio-cultural norms, infrastructure availability, education, and urban/rural factors. If a girl child in a low-income family is the last to be fed, the capability to be fed or provide food is not achieved.

Children have rights that must be protected so that they flourish and lead the life that they can value. The effect of maltreatment of children often results in actual or potential harm to their health, survival, development, dignity, trust, or power. Maltreatment could take various forms, including physical or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation. Even exposure of children to intimate partner violence is a form of child maltreatment (World Health Organization [WHO], 2016, para 1). Sen (1999) has argued that for the development of capabilities of children, the agency to make the right choices should be with parents, guardians and others in authority, and have the skills, knowledge, attitudes, and wisdom to make the right choices in the nurturing of children to secure a thriving future and opportunities to lead lives that they have reason to value. However, the problem with such transfer of agency from children to 'responsive' adults arises when the perpetrators of mistreatment are those who are to be trusted. Gender-specific biases, patriarchal practices and socio-cultural attitudes significantly influence the way children are treated.

The intersection of age and gender or other socio-cultural and economic differences shape children's lives and identities. Understanding gender issues is important, particularly in assessing girls' well-being or well-becoming related to the potential and often subtle threats they face. The interaction of a child and their caregiver and the joint activities they perform varies according to the sex of a child. Therefore, it is important that the effect of gender on well-being guides gender-specific and dimensional policies to enhance children's well-being. Another factor that is a key consideration in the well-being debate is the experiences of children with disability. The well-being and agency of children with disability are the core fair education and health provisioning questions.

The livelihood and secure income of caregivers are necessary to ensure a decent standard of living for a family. This also provides opportunities for children to be better sheltered, educated, lead a healthy life as security of income allows access to healthcare (though access does not necessarily mean good health outcomes but provides possibilities), and enjoy a dignified social status.

Purpose of the report

Table 1.1 presents key programming indicators from the data collected from World Vision India's area development programmes. While the data pertains to the ADPs and captures the health status of most disadvantaged children in the country, the table illustrates that between 2016-19, progress was made on key anthropometric indicators for children. This was a result of a better diet, penetration of immunisation and health management plans. The Covid-19 pandemic reversed many of these gains as it had affected immunisation and health education programmes. Also, the negative impact on family livelihood affected the diet access and diversity among children.

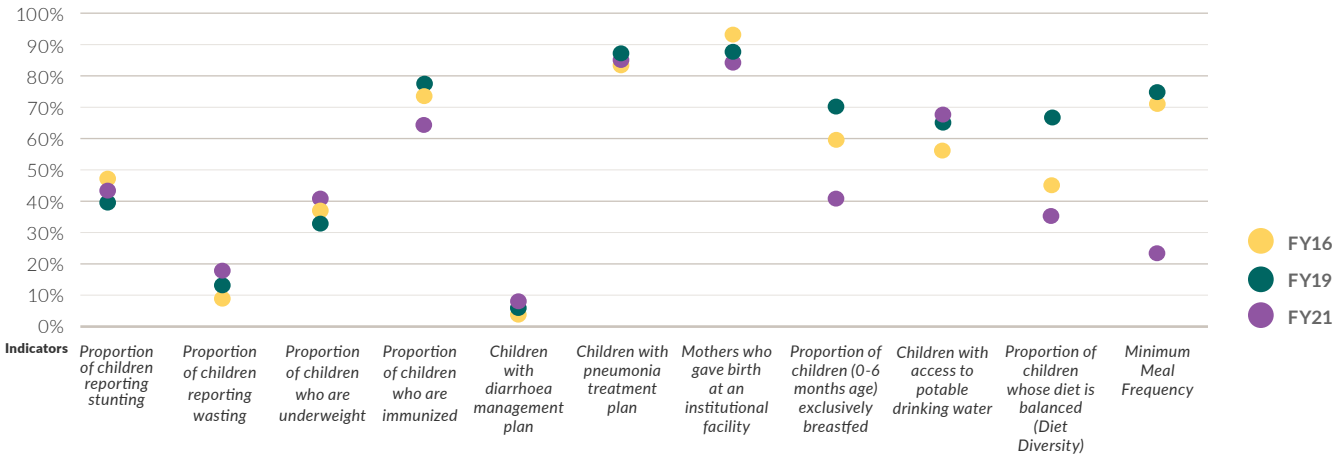


Table 1.1: Child and mother health indicators

Child safety and care improved between 2016-19. However, the lockdown in 2020-21 reversed that gain (Table 1.2)

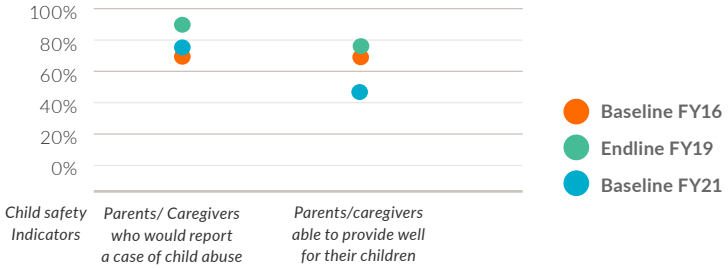


Table 1.2: Child safety indicators

The purpose of the fourth edition of the Child Well-being Report is to highlight the factors - personal characteristics, social and environmental- that are important for education, health and safety of children from marginalised households. The sustainable livelihood of caregivers is crucial for ascertaining educational, health and safety outcomes for children. However, as indicated in Table 1.3, the progress that was made in livelihood indicators in the ADPs during 2016-19 was partially lost in 2021 as households faced massive unemployment and lost opportunities to secure income.

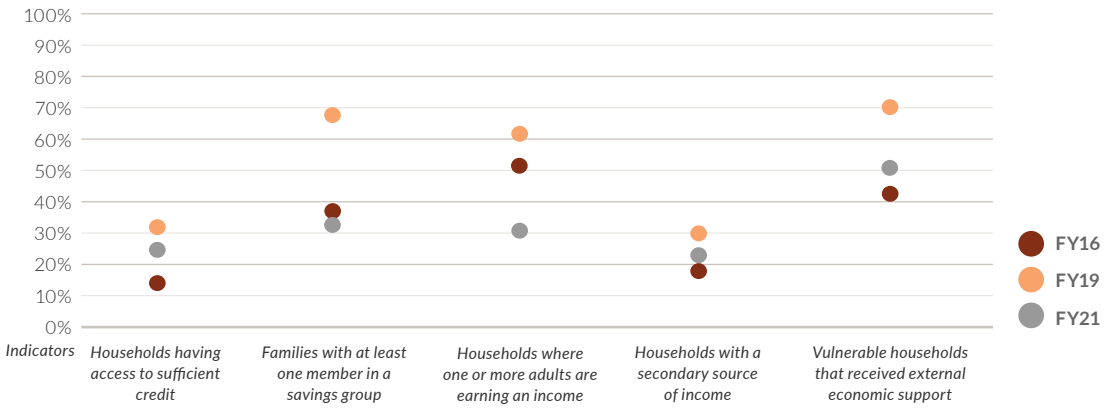


Table 1.3: Livelihood indicators

Within this context, the report looks at the key factors that impacted the sustainability of livelihoods and what environmental factors can ensure its resilience during shocks. Additionally, the impact of the pandemic on children's education, health and safety has also been examined. While the report focuses on children from margialised households and the outcomes are specific to them, it provides relevant inputs for various child-related social policies and programmes.

Data

The data were collected from Area Development Programmes (ADPs)[1] of World Vision India across four dimensions, namely Child Health and Nutrition, Quality Education, Child Protection, and Livelihood of caregivers and households of children in 2021. The number of surveyed ADPs differ for each dimension since each ADP addresses an area-specific child-related issue. programmes

Health and Nutrition: Data for this dimension were collected from 51 ADPs with a focus on children from 0-5 years of age, given that the first 1000 days of a child is the most crucial time to influence the rest of their life. The total sample size is 37,496, covering ADPs in 12 states - Uttar Pradesh, Odisha, West Bengal, Assam, Rajasthan, Madhya Pradesh, Maharashtra, Chhattisgarh, Bihar, Jharkhand, Andhra Pradesh and Tamil Nadu.

Child Education: Data were collected from 23 ADPs from different parts of the country. The total sample size is 73,225 respondents aged 6-18. The states covered are Uttar Pradesh, Odisha, West Bengal, Assam, Rajasthan, Gujarat, Delhi, Punjab, Haryana, Madhya Pradesh, Maharashtra, Chhattisgarh, Andhra Pradesh, Karnataka and Tamil Nadu.

Livelihood: A survey with a sample size of 127,987 from 61 ADPs across different states of India has been conducted. In this survey, the caregivers of children were interviewed.

Child Protection: The data on this dimension were collected from 9,961 children aged between 12-18 years from 52 ADPs. The survey was designed to measure various aspects of young people's knowledge, experiences and behaviours around issues affecting children, including self-perception of well-being, physical violence, sex, and relationship. For the child protection survey, the children who were found to be literate were interviewed post an orientation session on the survey objectives. Care was taken to ensure that the respondents were seated in a different place away from the rest of the family with the questionnaire in total privacy and freedom to minimise the influence of any external factors. The youth who were not literate were given the support of the supervisors in reading the questions and multiple-choice responses to enable them to circle their answers.

Kobo Collect, adapted to the local context andtranslated in nine local languages, was used to collect the survey data.

Secondary sources of data that have been referred to include the ADP plans and reports from key programme partners and other available national data - the National ASER Report and the National Family Health Survey (NFHS) Report. These sources provide information for indicators such as enrolment, school performance, sanitation, and environment, which is crucial for the triangulation of data collected through primary surveys of ADPs.

Survey Method

The primary survey selected sample households using a two-step method. The first step comprised a random selection of households for the survey from a complete list of all households. For the second step, the entire primary sampling unit was divided into clusters using the segmentation method. The clusters were selected randomly, and all households within the cluster were surveyed.

A sample size of 600 units per ADP was determined as per the sample size calculator. To address the impact of non-responses on sample size, the sample size per ADP was increased to 660.

1 An Area Development Programme (ADP) has a holistic approach to the integrated development of a community. Over a period of fifteen years, an ADP works towards sustainable development, addressing a number of elementary factors, including education, health and safety.

Structure of the report

The report has been organised as follows:

- Chapter 2 explores various aspects of livelihood for caregivers and households of children.
- Chapter 3 discusses the health and nutrition of the children using anthropometric measures to understand the factors affecting the health status of the children.
- Chapter 4 presents insights on child education, focussing on the causes of the irregularity of school children.
- Chapter 5 examines the state of safety and child protection based on responses from children.
- Chapter 6 deliberates on the impact of COVID 19 pandemic on child well-being across the dimensions examined in this report
- Chapter 7 provides the conclusion to the report with further analysis and proposed recommendations to elevate the status of child well-being in India.

Chapter 2: Livelihood

Introduction

Sustainability of livelihood is necessary for coping and recovering from stress and shocks, and maintaining the capabilities and well-being of households. Covid-19 increased the vulnerability of the marginalised sections of society with loss of income and employment opportunities. The lives of small and marginal farmers, casual labourers, and small and micro enterprises were affected the most. The stress that loss of livelihood caused for low-income households resulted in mass reverse-migration from cities to rural areas during the first phase of the lockdown in March 2020. The inability of households to meet their needs can have long-term effects on the family, especially on the women, children and those with special needs as their health, education and security needs are compromised due to lack of resources.

This chapter visits the question of livelihood for marginalised households with children and the coping mechanisms used by them to grapple the shocks. The coverage of data includes households living in the urban, rural, and tribal areas from the states of Uttar Pradesh, Odisha, West Bengal, Assam, Rajasthan, Punjab, Haryana, Delhi, Madhya Pradesh, Maharashtra, Chhattisgarh, Bihar, Jharkhand, Andhra Pradesh, Tamil Nadu, and Karnataka.

Livelihood Activities

The main source of employment for the majority of the respondents is casual labour/daily wage. The families of around 67 per cent of the urban and 68 per cent of rural children work as casual labourers or daily wage workers. Almost 40 per cent of the families of tribal children engage in daily wage work. Agriculture is the second largest employer in rural areas for surveyed households. Around 22 per cent of the respondent of rural children's families report agriculture as their primary source of income. Half of the tribal households surveyed work in the agriculture sector. Salaried work is the second largest source of income for surveyed households. In urban areas, around 17 per cent of families with children are engaged in salaried work. The majority of households have a single earning member, across all the locations. The percentage share of households with reported regular sources of income is very low (Table 2.2).

Major Source of Income	*Urban*	*Rural*	*Tribal*	*All*	*N*
Casual labour/daily wage worker	66.8	67.5	38.9	63.5	81,212
Agriculture and farming	0.3	23.3	50	22.1	28,240
Livestock or dairy business	0.4	0.9	1.3	0.9	1,113
Micro or small business	6.2	1.9	2.2	2.9	3,668
Skilled labour	7.5	3.5	4.7	4.5	5,789
Salaried person	16.9	2.3	2.6	5.5	6,989
Others	2	0.4	0.3	0.8	976
Sum	100	100	100	100	1,27,987

Table 2.1: Distribution (%) of Children by their Household's Major Source of Income

The engagement of a high proportion of respondents in casual/daily wage work implies that they and their households are exposed to uncertainties and fluctuations in income, which makes long-term decision-making difficult. Casual labour and or daily wage work also suggest that the work timing and location become uncertain, which imposes significant search and transport cost. Risk to casual workers became evident during pandemic periods of lockdown as the availability of work reduced. Mobility restrictions made the search for casual work nearly impossible. The overall consequence of shocks on casual workers affected their food security and other means of livelihood much more than those employed in other types of work. Uncertainties arise in agriculture and livestock or dairy business as well, particularly when the holding size of farm or livestock is small. Table 2.2 summarises the share of respondents who have indicated regularity in their income; less than a third of households indicate that their incomes are regular. The situation for low-income urban families is worse than rural or tribal households.

	No	*Yes*	*Sum*	*N*
Urban	76.6	23.4	100	21,383
Rural	64.3	35.7	100	58,048
Tribal	67.1	32.9	100	12,841
Sum	67.5	32.5	100	92,272

Table 2.2 Percentage of Children whose Family has Regular Source of Income

Access to Credit

Respondents' ability to cope with fluctuations in income or respond to livelihood shocks depends on their ability to leverage various sources of savings and credit. These sources of credit range from borrowings from moneylenders to microfinance institutions and self-help groups to mainstream financial institutions. Banks are the most cost-efficient mechanisms for debt from the borrowers' perspective. However, low-income households with uncertainty in revenue are not considered bankable. Consequently, these households are forced to borrow from money lenders at a very high cost. Table 2.3 indicates that 15 per cent of surveyed households have borrowed from moneylenders. The proportion is much higher in urban areas, which also suffer from higher income uncertainties. Self-help groups (SHGs) have also emerged as institutional arrangements in rural areas to improve the living conditions of their members. An important feature of SHGs is that they encourage savings by members, which allows them to offer credit to members who require them without the need for collateral. SHGs are also able to link low-income and marginalised households with formal banking systems. Literature finds that low-income households, particularly in rural areas, which have a membership in a self-help group (SHG) are better able to hedge uncertainties in their income (Sahoo, 2013). The proportion of households who are members of SHGs is higher in tribal areas. Around 50 per cent of the households in the tribal areas are members of SHG groups. In rural and urban areas, the percentage of households having memberships in SHGs are 40 per cent and 23 per cent, respectively.

A Small Town Girl with Big Dreams

Ramanjit Kaur (21) is a trained nurse. She is in pre and post-operative care at the Bikram Joint and Trauma Centre (BJTC), Faridkot, which specialises in orthopedics. She enjoys assisting in the operation theatre because she gets to learn the most there. The doctors here are full of praise for her aptitude and willingness to learn.

But it was a journey full of obstacles for Ramanjit, as her father had to do odd-jobs to sustain the family, owing to his lack of education. The family also underwent tragedy with the passing of their eldest son.

Ramanjit is part of WV India's adolescent girl group, and her mother is a part of the self-help group. She has just completed her 12th grade at the time when she learned about an opportunity for a sponsored nursing course at one of the meetings. she "I scored 68% in 10+2. My subjects were maths and economics," says Ramanjit.

As part of the programme for change agents, 1,403 adolescent girls from 23 villages were given capacity-building activities to build their cognitive, social, and economic skills. There are now 63 adolescent girls' groups in the target communities. Between 2016 and2019, 150 girls were assisted with higher and professional courses for a better future. Twenty girls sponsored under this project have completed the Auxiliary Nursing Midwifery (ANM) course.

Ramanjit's parents are very proud of her achievement. She has been able to chip in financially too. But Ramanjit wants to do more for her family, even if it means moving abroad after her studies. Her dreams are ever growing and alive, and rightly so. World Vision India has been working with 24 communities in Faridkot District since 2010.

Promoting girl children to chase their dreams has been a priority for the government, especially reducing the gender inequality in accessing education and job skills. This case amplifies how a state like Punjab which has 893 girls for 1000 men can witness women achieving heights despite odds.

Access to a source of credit can help households initiate economic activities or mitigate short-term income loss. Surveyed households have borrowed from various sources to meet their consumption and investment requirements (Table 2.3). Many households have borrowed from more than one source. Among the surveyed respondents, 25 per cent of urban, 33 per cent of rural and 29 per cent tribal householdshave access to credit facilities. The source of credit for most respondents are commercial banks, followed by SHGs. Microfinance institutions and moneylenders are other sources of credit. Credit has been reported to be around 12 per cent across all locations.

	Bank	*SHGs*	*Post Office*	*Micro-finance institutions*	*Moneylender*	*Others*
Urban	65.1	28.9	0.6	18	12.1	2.5
Rural	71.4	47.6	3.4	15.3	12.4	0.3
Tribal	71	40.8	2.2	11.1	15.9	0.9
Sum	70.3	43.5	2.8	15.2	12.8	0.8

Table 2.3: Percentage of Children whose Families have Taken Credit Facility from Different Sources

Savings Behaviour

While access to credit is an essential instrument for dealing with poverty in rural and urban areas as it promotes micro-enterprises, self-employment and income-generating activities among the poor (Tilakaratna, 1996), savings, on the other hand, provide a comfortable cushion during adverse events. On average, 60 per cent of the respondents have reported having some form of savings (Table 2.4).


Bhumi

	No	*Yes*	*Sum*	*N*
Urban	44.2	55.8	100	27,098
Rural	38.2	61.8	100	83,525
Tribal	32.4	67.6	100	17,402
Sum	38.6	61.4	100	1,28,025

Table 2.4: Percentage of Children whose Families have Reported Savings

Summary

The livelihoods of the majority of low-income households are tied to casual or daily wage work. This not only subjects them to uncertainties in income on a regular basis but also makes them prone to shocks. The resilience of these households is weak as they don't have the cushion of savings or access to formal sources of finance. Often households resort to riskier sources of borrowing, such as private moneylenders, to mitigate the adverse impacts of income fluctuations. The results from the primary survey indicate that households have used a combination of sources to access credit. Almost 70 per cent of the households' credit is from banks. The role of SHGs cannot be underestimated as, besides assisting households in securing a livelihood, they have been an important source of credit and have created linkage between households and banks. Savings as a behaviour is still a work-in-progress among most households. Only 60 per cent of households report some form of savings.

Adapting to New Challenges

Mombi, aged 72, ran a small makeshift shop outside a school in Imphal before the COVID-19 pandemic, post which her life to a standstill forcing her to shut down her business. She was the sole breadwinner for her family and needed money to support her daughter Premila and the grandchildren.

Mombi a recipient of WV India's graduation model to run a petty shop, received a sum of INR 15,000 in 2008. She operated the business until 2020. However, due to the lockdown that followed COVID 19 pandemic, she had to close down her business. "All my savings were used up during that time," says Mombi.

Postthe lockdown in 2020, Mombi improvised her business through the Covid-19 Adjusted Strategy – CAST(2nd footnote) initiative. She sold goods door-to-door and began production at home.

As a member of the SHG, she learnt about financial literacy such as savings in times of emergency. In addition, the meetings promoted the habit of saving, banking systems, bookkeeping, health issues, financial stability, social safety net, confidence building, personal hygiene, etc.

The government schemes, such as access to the Prime Minister's Health insurance and housing scheme under about Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Pradhan Mantri Awas Yojana,added value and enabled Premila to get a a disability card.

The National Policy of Skill Development fosters for individuals like Mombi to be skilled and employable for economic development, creating an entrepreneurial niche.

Chapter 3: Health and Nutrition

Introduction

The Covid-19 pandemic has exacerbated concerns related to food, nutrition, and health security, particularly for low-income households. The negative impact on children is evident from the worsening of key health indicators related to stunting, wasting and underweight, after an improvement in these indicators before the pandemic. If the negative effect persists, it will deleteriously impact early child development outcomes in the long term (Pedroso, 2020). The effect of food insecurity and lack of nutrition in early life extend beyond health outcomes among affected children to behavioural problems in schools resulting in poor academic performance and lack of development (Oliveira, Almeida, Gubert, & M. B., 2020). The World Health Organisation considers the healthy development of a child as an index of the nutritional status of a community.

Access to nutrition and the ability of an individual to convert nutrition into being well-nourished cannot be in isolation from their personal characteristics and the socio-economic, cultural, and institutional environment in which the communities and the families live. Important determinants of a child's health and nutrition status includefood security, maternal health, education, the status of a child and their caregivers, sanitation, conditions and infrastructure, healthcare services offered and utilised, gender biases in the society, household hygiene, and improved sources of water. Health outcomes can be measured in various ways, the most common approach is to use anthropometric measures. These measures assess the long-term effects of nutrition on child health by examining the relationship between weight and height with age to understand the nutritional status of the child. Weight-for-age is a measure of body weight relative to chronological age. Height-for-age measures stunting among children. Stunting is a sign of chronic undernutrition and linear growth retardation and reflects failure to receive adequate nutrition over a long period. Underweight is a composite index of height-for-age and weight-for-height. It considers both acute and chronic malnutrition. This index is being widely used to measure undernutrition in clinical practice. It is also widely used in the integrated child development scheme (ICDS) of the Government of India.

The National Family Health Survey (NFHS) dataset is the common source of anthropometric measures to examine the determinants of the nutritional status of children (Lokshin, Dasgupta, Gragnolati, & Iva, 2005). Literature finds that the incidences of stunting, wasting and underweight are prevalent among children from low-income households and those lacking access to proper sanitation facilities, health care facilities, nutritious food, or meals with less diet diversity (Akombi et al., 2017). Past research has also identified that inequalities in nutritional intake are high for vulnerable groups such as girls and lower socio-economic households (Gragnolati, Shekar, Gupta, Bredenkamp, & Lee, 2005). Poor sanitation and environment result in poor child's nutrition. Access to proper sanitation and safe drinking water improves nutritional status (Yamauchi, Otsuka, & Agestika, 2022). Diseases related to open defecation and exposure to faecal germs reduce the nutrition absorption power of children leading to stunting, wasting and being underweight (Hammer & Spears, 2013). Kumar & Singh (2013) show that access to healthcare services, mother's health and maternal schooling are crucial factors explaining the gap between poor and non-poor child undernutrition. Another factor that affects child nutrition is maternal autonomy. A large body of empirical research has pointed out a high positive correlation between the improvement of child nutritional level and maternal autonomy, particularly for girls (Chatterjee, 2017). Maternal autonomy results in better diets, improved nutritional contents, and better food hygiene and sanitation, reducing the risk of disease and infections (Brennan, McDonald, & Shlomowitz, 2004). Government-funded programmes, such as the ICDS, have contributed to the betterment of child nutrition levels in regions where these programmes are accessible (Box 2) (Pathak & Singh, 2011). The ICDS is a government-funded programme, launched in 1975, aimed at improving the nutrition and health status of pre-school-age children.

Progress in anthropometric measures of health among children

The health and nutritional status of the children in India have improved over the years. The NFHS from 1992-93 to 2019-21 shows a significant reduction in the cases of underweight and stunting. The proportion of underweight children has reduced from 53.4 per cent in 1992-93 to 32.1 per cent in 2019-21. The share of stunted children declined from 52 per cent in 1992-93 to 35.5 per cent in 2019-21. However, wasting has increased from 17.5 per cent in 1992-93 to 19.3 in 2019-21 per cent.

This report examines the factors that affect the health status of children from low-income households using the data collected from World Vision India's ADPs. The cases of stunting, wasting and underweight are much higher among children from low-income families, as revealed by the data collected through a primary survey of ADPs compared to the latest NFHS data 2019-21. The overall stunting among children from vulnerable sections of society is 47.8 per cent (Table 3.1). The percentage of stunted boysis 48.9, and the percentage of stunted girls is 46.7.

Indicator	*Boys*	*Girls*	*All*
Stunting (per cent of all children)	48.9	46.7	47.8
Severe Wasting (per cent of all children)	89	7.7	8.3
Wasting (per cent of all children)	20.2	18.0	19.1
Overweight (per cent of all children)	69	6.3	6.6
Underweight (per cent of all children)	39.3	36.0	37.7

Table 3.1 Anthropometric Prevalence among Children Aged 0-59 Months

There are regional differences in stunting among children. Incidences of stunting among children are high in Uttar Pradesh, Rajasthan, and Assam, with more than half of children belonging to low-income households (Table 3.2). Children from low-income households in Assam, Maharashtra, Rajasthan, and Tamil Nadu face severe wasting.

States	Stunted	Wasted	Severely Wasted	Overweight	Underweight
Assam	52.8	24.5	11.4	10.1	43.6
Bihar	47.6	16.8	6.8	5.8	38.3
Chhattisgarh	37.8	22.4	9.8	5.2	34.3
Jharkhand	47.8	19.5	6.7	3.7	41.2
Madhya Pradesh	44.6	16.1	6.2	5.4	32.5
Maharashtra	48.2	22.3	11.7	11.7	37.3
Odisha	46.2	15.5	6.4	6.2	30.9
Rajasthan	53.7	21.6	10.4	7.4	44.4
Tamil Nadu	43	22.9	12.2	10.3	30.1
Uttar Pradesh	53.7	19.8	8.9	6.5	42.3
West Bengal	45.1	15.5	5.2	5.9	31.3
All	47.8	19.1	8.3	6.6	37.7

Table 3.2: Anthropometric Prevalence (in %) among Children Aged 0-59 Months

The frequency of meals taken, diet diversity among children from 6-59 months, children exclusively breastfed, frequency of being breastfed, and parental education level are some of the essential factors in understanding the magnitude of stunting, wasting and underweight among children. The data indicates that in the early months of the child(from 0-6 months) only 54.4 per cent of children are exclusively breastfed. While 90 per cent of children within the age group of 6-23 months receive three meals a day, the proportion of children between 24-60 months of age who receive three meals a day reduces to 70 per cent. This figure is alarming as a sizeable proportion of children are not receiving three basic meals a day. This is likely to increase the percentage of stunting, wasting and underweight among the children. In addition to adequate food, diet diversity is necessary for the proper growth of a child. In most cases, the food provided to children is wheat or rice-based with no or minimal protein-based intake. Protein-based food is expensive, and income-constrained households tend to avoid those food items.

Literacy among caregivers has a positive impact on the health outcomes of children. Literate mothers are able to make more effective use of healthcare institutions like the Anganwadis and hospitals, leading to better care for their children. Children whose caregivers lack education or are educated below primary school level, are likely to be more stunted, wasted and underweight. As the education levels of caregivers increase the proportion of stunted, wasted, and underweight children becomes less. -educated mothers can provide better nutritious food substitutes as the child grows to compensate for breastfeeding. The diet diversity among the children of educated mothers is higher. Uneducated mothers are in a disadvantageous position to acquire and apply knowledge about appropriate healthcare and feeding practices (Chatterjee, 2017).

Caregiver's Completed Level of Education	Stunted children	Wasted children	Underweight children
Illiterate/Below Primary	54.5	20.6	45.1
Primary	51.5	19.0	41.2
Upper Primary	47.7	20.0	37.2
Secondary	44.2	17.6	33.8
Higher Secondary & above	38.6	17.2	28.6
Average?	**47.4**	**18.9**	**37.2**

Table 3.3: Education of Caregivers and Health Outcome of Children (in %)

Zanvi's Transformation

Narasinghpur District, Madhya Pradesh

Zanvi, now a healthy 35-month-old baby weighing 14.6 kg, had a birth weight of 2 kg. As daily wage labourers from a small village, her parents were unaware of the feeding methods that could remedy her deficiencies. The Community Health Facilitator (CHF) identified this as a cause of concern and engaged them in the timed and targeted counselling (ttC) by World Vision India. This ttC model addresses challenges in the first 1000 days to optimise the nutritional outcomes of a child. During house visits, CHFs urge pregnant women and lactating mothers to avail the Integrated Child Development Scheme (ICDS) services of the government and establish healthy behaviour and feeding practices. Through ttC, Zanvi's mother learned about Kangaroo Mother Care and exclusive breastfeeding in the first six months. Subsequently, she was taught complementary feeding methods that used local vegetables and food grains to prepare nutritious meals. Yet, she often fell sick due to severe wasting.

The CHF persuaded her parents to admit her to the district Nutritional Rehabilitation Centre (NRC), a government-approved medical facility linked to the ICDS system that treats children with Severe Acute Malnutrition. In addition to her treatment, the NRC also offered counselling sessions for her mother and monetary compensation for her loss of wages. Admitted as a ten-month-old infant weighing 6.5 kg, she recovered enough to be discharged within 15 days. Following her discharge, Zanvi's family received food baskets comprising cereals, pulses, and oil to maintain her health. Through frequent visits and monitoring, the CHF reiterated the importance of energy-dense foods in fostering her growth and development. She steadily gained weight to attain the normal range for her age.

Zanvi's story is not an exception. The recent sharp decline in cases of child malnutrition in Madhya Pradesh demonstrates the successes that can be achieved in nutritional outcomes through the empowerment of community health workers, household members and functional government facilities (NRC).

Determinants of health outcomes among children from low-income households

Factors leading to wasting, stunting and underweight in children have been identified using an econometric model (Appendix 3). These are social, economic, nutrition intake, and ecological factors. It has been observed that girls are more likely to be stunted, wasted and underweight than boys. This is quite common in a country like India, where gender bias favours boys who get better food allocation than girls. A study on scheduled caste children to assess the nutritional status and gender bias within households found that in a resource-constrained household, a male child gets higher calories than a female child (Kishatwaria, 1997). The probability of stunting, wasting and underweight also rises if the number of children between the age group of 0-59 months in the house increases. With an increase in the number of children, the care and economic resources get divided among all the children in the house, and male children get more attention.

The probability of stunting, wasting and being underweight increases as the child grows. A child is more likely to get stunted, wasted and underweighted at a later age since in the initial months, a child is exclusively breastfed which ensures that all the required nutrients are received by the child. As the child grows and starts having other food, the types of food given to the child are more likely to be cereal-based, and less of fruits and protein. As fruits and protein-based food are expensive, the households with low-income to an exclusive cereal-based diet which does not provide the adequate micronutrient required for healthy growth. The situation gets worse for a disabled child who has a higher probability of getting stunted, wasted and under-weight compared to a normal c,hild according to the estimated model presented in Appendix 3. An orphaned child is more likelunderweight than a child living with their parents. Parental

education is one of the important determinants of a child's health (Box 3). Children belonging to families where the caregivers have received minimal formal education, at least at the secondary school level or above, are less likely to be stunted, wasted and underweight compared to children from households where the caregivers have no education or have completed only primary school education.

Children: The Agents of Change

Open defecation prevalent in Hajipur, Bihar was a cause of concern for the village children. Despite having toilets at home, villagers preferred to defecate in public spaces, in turn obstructing children's access to clean environment.

The children resolved to end this practice in their village and take all the requisite support to eliminate this behaviour from the community. They obtained help and guidance, from World Vision India staff working to improve sanitation in the area. In addition, the local police extensively supported the cause and encouraged them to patrol the village perimeters early in the morning (3-4 AM) when people practiced open defecation in the dark. Even when the villagers tried to scare the children away, the group was resilient.

The relentless efforts of the children brought awareness to the issue and the involvement of the local police yielded results. The villagers began to construct new toilets at home. For those who could not afford it, the Lohia Swachh Bihar Abhiyan (LSBA) facilitated the construction of Individual Household Latrine Application (IHHLs) and Common Service Centre's (CSCs) in the village by providing incentives up to ₹12,000 per household under Phase-I. Thus, the government helped construct 125 latrines in the village and World Vision India installed 35 toilets. There was a clear difference in cleaner and sickness free environments which made children happy.

Open Defecation (OD) has been a problem in Bihar. According to the 2011 Census, over 75% of the State's population reportedly defecated in the public. The Lohia Swacch Bharat Abhiyan (LSBA) scheme under the Swacch Bharat Abhiyan - Gramin and implemented by the Rural Development Department of Bihar, helped achieve the ODF status through the construction of latrines and community-driven behaviour change.

The story of Hajipur shows the community participation efforts by children can end harmful practices. Now, the children's group conducts various awareness programmes such as rallies and campaigns on child protection and participation.

Summary

The health outcomes, as measured by anthropometric indicators, have improved in India owing to various government programmes such as ICDS, public health infrastructure and community outreach programmesintervention which have beenestablished over the last few decades. However, the health status of children from low-income households is still a matter of concern. Many socio-economic, cultural and institutional support aspects have affected the health of these children, such as lack of breastfeeding in the early months of a child's life and inadequate diet diversity in the later stages. Adding to the existing issues are the prevailing gender and social biases towards girls, orphaned and disabled children which affect their nutritional intake, leading to poor growth and health outcomes. A probable solution to the prevalent issues could lie in investing on educating the caregivers on understanding the importance of diet diversity, access to healthcare and assistance during the early years of a child, all of which can lead to their children living a healthy life.

Chapter 4: Child Education

Introduction

The commonly used indicators of educational access in India show improvement as both gross enrolment and school attendance have significantly increased over the last decades. Education plays an essential in the development of capabilities associated with senses, thought and imagination. Better education also results in improved income opportunities in the future, resulting in a better quality of life. Good educational outcomes have huge positive externalities, such as enhanced social status, greater bargaining power, and better familial well-being. Education of parents, especially mothers, helps in nurturing better-educated and healthier children (Rani, 2014)which has positive externalities for the next generations. Studies have pointed out that the intergenerational same-sex effects are more potent than cross-sex effects. This implies that a girl's schooling is directly proportional and is more responsive to her mother's education than her father's education (Jayachandran, 2002). Studies also reveal that school attendance has a positive relation to access to education and parental education. Poverty and a large household size have adverse effects on educational outcomes.

Universal Education in India

The Right to Education (RTE) Act (Box 5) provides the right to every child to have access to basic elementary education. The government educational programmes developed to meet the obligations of the Act have the potential to reduce the disparities in access to education, particularly for the disadvantaged sections of society and girl children. The literacy rates and attendance among children from the less privilegedsections have improved, but there are variations and disparities across them (Dev, 2013). In Article 45 under the Directive Principles of State Policy, the Constitution of India recognises the importance of universal primary education up to the age of 14 for all children. Subsequently, a series of targeted policies and schemes have been introduced to refine universal education, such as the National Policy of Education (NPE) in 1986 and the revisions thereafter for fulfilling the compulsory education for all in 1992 and 2021.

Rights of Children to Free and Compulsory Education Act

Article 21A added through the Constitution (Eighty-sixth Amendment) Act, 2002 granted free and compulsory education of all children in the age group of six to fourteen years as a Fundamental Right. The Right of Children to Free and Compulsory Education (RTE) Act, 2009, which represents the consequential legislation envisaged under Article 21-A, means that every child has a right to full-time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards. Article 21-A and the RTE Act came into effect on 1 April 2010. The rights-based framework casts a legal obligation on the Central and State Governments to implement this fundamental child right.

The state and national level programmes that have followed the Act have addressed shortage of teachers and gaps in school infrastructure resulting in substantial progress in access to education and gender parity over the last decade. The latest statistics compiled by Ministry of Education, Government of India, suggest that in 2021-22, the gross enrolment ratio was 71.60; indicating 71.6 percent of children aged 3 to 17 years were enrolled in schools. The gross enrolment ratio dropped at secondary and higher secondary schools. The school dropout rate at higher secondary school in 2021-22 was 12.61%. There is a gender parity in enrolments. Despite these progresses, the statistics also highlight that only 26% schools have toilets and only half of the schools have disabled-friendly ramps with handrails for children with special needs. The Inclusive Education for Children with Special Needs (CWSN) under Samagra Shiksha Abhiyan mandates infrastructural for disabled students. The lockdown that followed Covid-19 outbreak highlighted the importance of computer and internet literacy. Only 48 per cent of schools are equipped with computer facility and 32 per cent had internet. There are also state-level differences. Northeastern states and states such as Bihar, Jharkhand, Madhya Pradesh, and Uttar Pradesh have low gross enrolment ratios for higher secondary schools. These states also lack in infrastructure facilities, particularly for children with special needs. The reasons are not merely economic as states such as Karnataka also have low gross enrolment ratio in the upper grades. While the gross enrolment ratio shows accessibility, a better indicator would have been attendance at school as attendance reflects participation in education.

Source: Department of School Education and Literacy (2021-22). Unified District Education System for Education Plus, Flash Statistics, Ministry of Education, Government of India.

Access to education and outcome

According to the Annual Status of Education Report (ASER) 2018, the enrolment is close to 100 per cent in certain states like Kerala (99.6 %), Tamil Nadu (99.4%) and Mizoram (99.1%). Even in some of the low-income States, the enrolment has reached around 90 per cent, such as Bihar (94.2%), Madhya Pradesh (92.4%), Rajasthan (93.9%) and Uttar Pradesh (91.7%).

However, despite the Right to Education Act and the different initiatives taken by the government, which has significantly increased enrolment, the irregularity in school attendance is a concern. The report points out that on the day of survey, around 30 per cent of the students were not regular in school in rural areas - ranging from 11 per cent in Gujarat to 40 per cent in Uttar Pradesh [ASER, 2018]. The consequence of poor attendance at school is reflected in poor educational outcomes. The report also indicated that students in Class V who can read Class II level text dropped from 53 per cent in 2008 to 44 per cent in 2018. This raises a cause for concern. The draft National Education Policy (NEP) that was released in June 2019, highlights the ensuing “severe learning crisis” among the young children in the country. The NEP also points out that a large proportion of children currently enrolled in elementary school do not have foundational literacy and numeracy skill. Nationally, around 50 million children fall behind, making it difficult to catch up (Banerji, 2019).

Remedial Education Centre (REC) to Rejoin

Pauri, Uttarakhand

"Both their reading and writing skills have improved drastically," remedial education centre (REC) teacher Monica proudly claimed, "and that kept them ready for their school once it reopened." Sisters Ritika (9th Grade) and Rakhi (4th Grade) had successfully resumed their schooling after two years of COVID-19 restrictions. World Vision India's Remedial Education Centre (REC) Model is an innovative approach and community-led process that seeks to enhance the learning abilities of children between age 6 to 14 years of age who find it difficult to cope with learning. Each REC has a teacher, and free classes are given for two hours, six days a week. This ensures that children are mainstreamed into the public education system through age-appropriate learning and also develop foundational, essential, and applied life skills.

Living in a small, remote village in the mountains of Uttarakhand without proper internet connectivity, the girls were once on the verge of discontinuing their education during the lockdown imposed in March 2020. Their parents are farmers who had dropped out of school; they could neither support their studies nor afford a smartphone to facilitate online learning. While the Prime Minister e-VIDYA initiative tried to bridge educational gaps through lessons broadcast on television and radio, Ritika and Rakhi faced the possibility of not returning to school.

Thankfully, Monica and other volunteers from the REC came knocking on their doors. Rakhi, Ritika and 20 other students from the village had been attending World Vision India's Remedial Education Centre for the past few years. RECs offer free classes to children to ensure the attainment of age-appropriate learning and the development of important life skills.

The lockdown posed new challenges for REC teachers. "Initially, when we could not visit the households due to the lockdown," Monica recounts, "We would talk to the students on the phone, and after assessing their level, give them assignments." Monica called Ritika and Rakhi regularly on their phone to teach them their lessons. "We are grateful for the REC classes which continued even during the lockdown," expresses Laxmi Devi, the girls' mother. Monica's determined efforts ensured that Ritika's and Rakhi's studies continued to progress until they could go back to school.

Under the push of Samagra Shiksha Abhiyan to prevent Out-of-School students from losing out on their education, the RECs took on a new meaning during the pandemic. From providing learning support to becoming the only form of education for the children of Pauri, RECs played a critical role in the retention of students in the education system.

Educational outcomes of children from low-income households

From socio-economic causes to cultural mindsets, the causes of irregular attendance at school are myriad. Girls and children from socio-economically disadvantaged families are more likely to miss school than their peers (Banerji & Kopal, 2021). The causes of irregularity in school among children from the marginalised sections of society have been extracted from a survey of households from 23 Area Development ProgrammesProgrammes (ADPs) of World Vision India.

The sample size is 15,874 households from different parts of the country. The respondents are the caregivers (parents or guardians) of the children and the findings are based on quantitative data analysis (Appendix 3). In urban areas, around 64 per cent of children attend schools, compared tothe rural and tribal areas where the proportion of children attending schools is 66 per cent. Among the states, Kerala has the highest proportion of children who attend schools, followed by Gujarat, Andhra Pradesh, and Arunachal Pradesh. The states having the lowest percentage of children attending school are Manipur, Madhya Pradesh, Jharkhand, and Uttar Pradesh.

	Not-Attending	*Attending*	*Sum*
By location			
Urban	36.2	63.8	100
Rural	33.7	66.3	100
Tribal	33.8	66.2	100
By Gender			
Boys	33.0	67.0	100
Girls	39.9	60.1	100
All children	34.7	65.3	100
By education level of respondents (father/mother/caregivers)			
Not educated	40.4	59.6	100
Primary	32.8	67.2	100
Upper Primary	31.9	68.1	100
Secondary	30.1	69.9	100
Higher Secondary & above	31.5	68.5	100
All children	34.3	65.7	100
By Martial Status			
Urban	32.8	67.2	100
Rural	45.6	54.4	100
Tribal	33	67	100

Table 4.1: Share of children (6-18 years) by their status of attendance at schools

One Step at a Time

North-West District, Delhi

"We are doing everything we can give her a good future," says Amrit Kaur's father, a humble electric rickshaw driver. Born with a defect in her leg, Amritcould not move around till the age of five. She would drag her body across the floor or crawl with her hands inside the house. Under the Samagra Shiksha Abhiyan – the Indian government's overarching programme to ensure equal schooling and equitable learning outcomes, she could pursue her education. The Inclusive Education for Children with Special Needs (CWSN) under Samagra Shiksha Abhiyan mandates infrastructural and teaching accommodations for disabled students and provides them with a monetary benefit (₹3000-3500 per annum) to cover expenses, till she struggled to attend school some days.

She was enrolled into the disability centre facilitated by World Vision India and a local civil society organisation that works for children with disability provided her with physiotherapy sessions. Neelam, a volunteer at the disability centre, recounts that Amrit's father used to carry her on his back to drop her off. At the centre, she could interact with children like her which built her confidence. The physiotherapy sessions helped strengthen her leg muscles and complemented her treatment at the government hospital. The walker provided by World Vision India in collaboration with the Delhi Commission for Protection of Child Rights, helped her move around independently. Currently she is in class VIII catching up on her schooling.

The combined efforts of the government and civil society organisations continue to break barriers to accessibility so that like Amrit, children with special needs can truly live their lives with dignity.

The percentage of girls who attend school is lower than that of boys (Table 4.1). A possible reason for a higher proportion of non-attendance among girls is that they are often required to contribute to household chores and must share the responsibility of looking after younger siblings when parents are at work. According to a time use survey (Time Use Survey, 2019), boys in rural areas between the age group of 6-10 years who do not attend school regularly are primarily engaged, for roughly 22 minutes/day, in activities such as farming, animal husbandry, and fishing. Girls, on the other hand, of a similar age group are engaged, for about 45 minutes/day, in household activities (Sripad & Lars, 2010). These findings are directly related to caregivers' perception about the education of boys, girls and children in general. Our survey reveals that only around 50 per cent of the caregivers feel the need and importance of children aged 3 to 6 years to attend school (Table 4.2). Early years of schoolingsignificantly impact the children's learning outcomes in later years. The survey data also found that only 38 per cent of the children in Grade III are proficient in reading, whereas only 22 per cent of children in Grade VI can read with comprehension (Table 4.2)

Educational Indicators	*Country Median*	*Country Average*
Proportion of parents and caregivers who promote learning among children aged 3 to 6 years	60	55
Percentage of pre-school aged children (3-5 years) who are developmentally on track in all four domains - social, cognitive, physical, and learning a foundational life-skill	17	18
Proportion of children (boys, girls) reporting an increased frequency of participation in literacy activities with household members	79	80
Proportion of children in Grade 3 achieving at least a minimum proficiency level in reading	37	38
Proportion of children who can read with comprehension at grade 6	22	23
Proportion of parents/caregivers who were able to pay for children's basic education costs without external assistance	54	51

Table 4.2: Caregivers' attitude towards education and educational indicators

Determinants of school attendance

An econometric estimation to understand the different factors that have affected children's attendance at school reveals various socio-economic and cultural factors as determinants. Some factors contribute positively to a child's attendance at school, while other factors create a negatively impact.

In low-income households with a higher number of children, there is a tendency that a particular child does not attend school regularly compared to those households where the number of children is less. For a large family, consumption expenditure crowds out expenditure on education. It is also likely that some children stay out of school to contribute economically. A female child is less likely to attend school than a male child due to socio-economic reasons. Further, if a child is married off at a young age, which is higher among girls, the probability of attending school is lower relative to a non-married child. Orphaned children are significantly less likely to attend school. Children from households whose primary source of earning is from agriculture and farming, livestock or dairy business are less likely to attend school regularly in comparison to children from households whose primary source of income is casual labour. This might be because these children are sometimes required to work in fields, particularly during peak harvest seasons, which takes them away from school hours. Children belonging to households whose primary source of employment is in Micro or small businesses, skilled labour or salaried work are more likely to attend school regularly compared to the children of casual workers. Children from households which have diverse sources of income are more likely to attend schools regularly. Results from our regression show that if household members have regular sources of income, their children

are less likely to attend school regularly. A possible reason is that the children from these families must stay in the house and contribute to household chores as adult members go out regularly for work.

Households with some kind of monetary savings fare than the others as these savings provide a cushion during times of emergency and income fluctuations. This helps their children go to school uninterrupted, as they don't have to support the family during periods of income uncertainties. Children belonging to migrant families are less likely to attend schools regularly than their peers.

Even though the demand for education among children from marginalised households is strong, their aspirations suffer due to their families' weak financial position (Thapa & Sarkar, 2019). Households from disadvantaged socio-economic backgrounds and low-income groups have to spend a considerable amount on the school expenditure of children (Meg, 2011). Although free education under the Right to Education Act has reduced the spending considerably, there are other indirect costs associated with schooling which have led to low enrolment. Children entitlement to free books is simply not enough; costs such as school uniforms and stationery consume a significantly large portion of the household income. The survey data provides an interesting insight into the effectiveness of programmes to encourage attendance at schools. If monetary assistance was provided to the household to support children's education, it does not result in increased attendance. However, if assistance is provided in the form of books, school uniforms or meals to the children, this results in higher attendance at school. This may be because monetary support can be used for fulfilling other necessities of the family, whereas provision in kind goes directly to the children and cannot be used for anything else. Hence programmes that provide non-monetary support are key in helping and encouraging families to send their children to school.

Summary

Education is essential for children. However, its access and outcomes depend on various socio-economic, cultural, and institutional factors. While the Right of Children to Free and Compulsory Education Act provides the basis for free education for all children, and nationwide indicators suggest that the enrolments in schools have increased significantly, the educational outcomes of children from low-income households are still overdue. The social and cultural perceptions towards the education of a girl child and biases towards an orphaned or a disabled child affect their attendance at school. Though there have been significant improvements in the availability of infrastructure (e.g., separate toilet facilities for both genders, water facilities, etc.), the attention to the curriculum and infrastructure needs of a disabled child is still a challenge. The certainty of household income is an important factor for a family to support a child's education; hence the nature of the economic engagement of a household directly affects children's education. In a low-income household engaged in regular work, children get drawn to daily chores, taking them away from education. It also emerges from the analysis that from a policy point of view, financial assistance (due to their fungibility to be expended on other items of necessity) is less effective than providing physical resources (such as uniforms or textbooks) to draw children to attend schools.

Chapter 5: Child Protection

Introduction

The holistic development of a child includes components of physical, emotional, and psychological safety that encompasses both bodily health and bodily integrity. Safety within the house and the neighbourhood, along with safe and healthy peer interactions, provides freedom from violence and assault. The ability of adults to nurture children with care, support and guidance in a safe space enhances children's ability to think, reason and imagine without fear. The mature development of the child is central when the child is allowed to act as an active agent, entitled to be listened to, respected and granted increasing autonomy in the exercise of rights while also enjoying protection in accordance with their relative maturity and age. Adolescents need to be seen and given the opportunity to become capable of social involvement without fear. Being inherently engaged in the social community, allow children and youth to develop their skills independently (Rogoff, 1990).

For the marginalised sections of society, social and economic opportunities are limited; hence, even if one may be capable of performing, they don't necessarily have the resources or social circumstances to turn their capabilities into functionings or doings. Access to equal opportunities in terms of basic entitlements or freedom in terms of movement, conversing with friends and family, ability to play in the neighbourhood without fear are important for the cognitive development of children. It is crucial to understand how children and youth from the less privileged households get respect and value, and how they perceive safety in an environment where they live and grow.

Perception of safety among children

The survey data from ADPs of World Vision India asks questions on children's perception of their safety and whether their opinions and feelings matter to the caregivers and other family members. This provides a sense of belongingness in the family and improves the mental and emotional well-being of the child. Data (Table 5.1) reveals that the youth living in rural settlements consider themselves safer at home most of the time than those staying in urban and tribal areas.

Girls are more prone to danger, and they are likely to face higher instances of violence and assault compared to boys, both inside their homes and in the neighbourhood. The survey also reveals that only 81 per cent of female adolescents consider themselves safe most of the time in their neighbourhood, compared to 90 per centof male respondents. Around 16 per cent of female youth reported that they only sometimes feel safe in the locality where they reside.

	I feel safe most of the time	*I feel safe some of the time*	*I don't feel safe*	*Sum*	*N*
Location of Residence					
Urban	84.3	13.1	2.6	100	2882
Rural	86	12.9	1.1	100	3471
Tribal	84.8	13.5	1.6	100	3608
By Gender					
Male	89.6	9.6	0.8	100	4430
Female	81.5	16.1	2.4	100	5531
By status of disability					
Not-disabled	85.5	12.9	1.7	100	9269
Disabled	80.2	17.5	2.3	100	692
By education completion					
Never attended school/Illiterate	84	14.6	1.3	100	1203
Pre-school	80.3	17.4	2.3	100	619
Primary/Basic	82.9	15	2.1	100	2485
Secondary	86	12.2	1.8	100	3702
Post-secondary	88	10.9	1.1	100	1149
By Education of caregivers					
Illiterate/Below secondary	83.8	14.5	1.7	100	7380
Sec & above	88.7	9.5	2.8	100	2581
By household main employment types					
Casual labour	86.1	12	1.9	100	4706
Agriculture and farming	84.6	14.1	1.3	100	3148
Livestock or dairy business	95.5	4.5	0	100	44
Micro or small business	80.6	15.6	3.7	100	377
Skilled labour	76.7	23	0.3	100	627
Salaried person	87.9	9.5	2.6	100	803
Others	92.5	7.5	0	100	93
By the number of earning members in the household					
1 member	85.2	12.9	1.8	100	7369
2-3 members	84.7	14.1	1.3	100	2234
4 or more members	82.6	14.4	3.1	100	195
By status of attendance in school					
Children not attending school	84.4	13.7	1.9	100	6309
Children attending school	86.3	12.3	1.4	100	3652
By Income of household (in thousand Rs)					
Mean income	37.7	37.2	52.5	37.8	9.9
By Source of water for drinking purposes					
Improved water connection inside dwelling units	85.9	12.4	1.7	100	8904
Improved water sources in public	45.9	54.1	0	100	231
Total	85.1	13.2	1.7	100	

Table 5.1: Percentage distribution of Youth who Feel Safe in their Neighbourhood

Education brings confidence within children and young persons, enabling them to reason and think in a more rational manner. As the education level of a child increases, they feel safer in the neighbourhood. Regular school attendance positively impacts safety within the community. The children with a secondary level of education reported that they are safer in the locality most of the time compared to the children with no education or who have completed only primary education. Similarly, the education level of the caregivers also affects the feeling of safety and freedom to move freely in the locality of children. Children whose caregivers are educated up to secondary school and above feel safer in the neighbourhood and gain the ability to move without fear.

The children consider themselves to be safe if adults are present in the house. Occupations where the adults must spend long hours at work result in their children feeling less secure in the neighbourhood compared to the children and youth in households where the adults stay longer hours at home. For example, 96 per cent of children and youth from households whose main occupation is livestock and dairy business feel safe most of the time in the neighbourhood as their caregivers' work is in and around the house's premises. However, children of caregivers engaged in work, such as skilled labour, salaried employment, agriculture and farming, casual labour, and micro and small enterprises, where the adults remain away from home, feel unsafe. Higher the number of working members in the family, the higher the concerns about safety among children.

Determinants of child safety

The feeling of safety is a perception of the children developed from the care and respect received from family members, neighbours, and friends. Two different aspects are considered for the analyses- one is whether the children are safe in the neighbourhood and can move in the locality without fear, and the other is whether the children consider themselves safe at home.

For the former aspect, the children and youth were asked the question of whether they feel safe in their neibourhood or not. The econometric model (Appendix 3) identifies the factors that explain children's perception of safety, including the caregiver's education, gender and age of the child, whether the caregiver respects their feelings, understands them, listens to them and trusts them, whether their friends respect and understand their feelings, if the child has any kind of disability, occupation of the household, household income, education level of the youth, school attendance, and if the household has access to improved sources of water.

To understand a child's perception of safety at home, a set of questions were asked during the survey where the responses were recorded on a 5-point Likert scale. The questions in the survey probed whether the caregiver of the youth respects their feelings, understands them, trusts their words, and listens to their viewpoints on any matter concerning them. Children were also asked whether they were comfortable sharing their problems with their caregivers without hesitation. In the econometric estimate (Appendix 3), a category of safe and non-safe have been defined. Those youth who have said " almost never true", "not very often true" and "sometime true" for the above parameters were considered to be not safe at home. While the youth who have said "almost always true" and "often true" were considered safe. The factors that influence a child's safety are gender, caregiver's education, gender sensitivity (whether beating women in the house is considered fine), disability of the child, household occupation, income and location of the house.

Children feel safer in families where caregivers' education level is at least secondary school and above. This might be because educated caregivers can instil confidence among the children in to handle difficult situations. A female child feels less safe in the neighbourhood than a male child. A female youth faces greater fear of sexual abuse and molestation than a male youth of the same age. Older children are more confident and feel safe in the neighbourhood. Factors associated with perception are essential in assessing the level of security among youth. If the caregiver respects the feelings of the child almost every time, then it has a positive impact on the sense of safety within the child. If caregivers understand children well and trust them, then the perception of safety among children increases compared to those whose caregivers do not respect their feelings, understand them nor trust them. The sense of security highly depends on the way they are treated by their caregivers at home, and this helps them to build their confidence to face real challenges. Their feeling of safety also depends on how their friends treat them. If their friends respect and appreciate their feelings, their sense of safety increases compared to the youth who said that their friends do not respect or trust them. Children with disabilities feel less safe in the neighbourhood compared to non-disabled children.

Households' main occupation is also an important indicator for youth safety. Youth belonging to families engaged in agriculture and farming, micro and small business, skilled labour and salaried employment are likely to consider themselves less safe than those from casual labour and livestock or dairy business. This is because children feel safer when the adults are at home. These results are congruent with the number of earning members in the family. In a family with a more significant number of working members, a child is less likely to feel safe compared to a household where there is only one earning member. If 2-3 members are working outside the house, then the children are likely to feel safer than those children from the household where there are more than four members working outside the home.

Education of youth and regular attendance in schools arecrucial factors that increases the confidence level of the children and their feeling of safety in the locality.

The location of the house and the availability of improved water sources within the house's premises contribute to children's safety. If the house is located in rural and tribal areas, the children are less likely to feel safe than those living in urban settlements. Similarly, if the household has access to improved sources of water within their dwellings, then they are better off than households who either do not have access to improved sources of water or obtain water from public places.

Female children and youth feel safer at home than their male counterparts. It has been observed from the survey results that youth between the age group 12-18 years feel that their feelings are not understood by their caregivers, compared to younger children. It might be because during the teenage years, children are more emotionally vulnerable and sometimes need special care. Hence, they believe their feelings are not understood and respected.

Children from households engaged in different occupations report different perceptions of safety. In households where the main occupation is agriculture and farming, and livestock and dairy, the feeling of insecurity among the youth is higher than in households where the main occupation is micro or small business and salaried employment. Parents or caregivers working in salaried or small businesses are better educated than those involved in agriculture and livestock. Hence, they can better understand the feelings of the youth and are also in a position to respect and trust their feelings. The youth in rural settlements feel that their feelings are less respected and trusted, compared to those living in the urban and tribal areas.

Summary

The perception of feeling safe in the home and neighbourhood where a child lives is essential for developing capabilities and well-being. The results indicate that a significant proportion of children living in low-income households and neighbourhoods have safety concerns. Urban areas are perceived as far more unsafe than rural or tribal areas. A possible reason is that the social capital in rural and tribal areas is much larger than in the urban areas, providing children with a safety net. A female child feels much more insecure in the neighbourhood than a male child. Children with disability face safety concerns. What, however, emerges as an important outcome from analysis in this report is that where caregivers of children are educated and where children attend schools, the safety concerns among children are less. Better infrastructure in terms of access and availability of water within the house reduces vulnerability.

The Rights of Persons with Disability Act 2016

Article 49 of the Constitution of India granted the following rights and entitlements through the Rights of Persons with Disability Act 2016: equality and non-discrimination, gender equality, community life, protection from cruelty and inhuman treatment, protection from abuse, violence and exploitation, protection and safety, home and family, reproductive rights, accessibility in voting, access to justice, legal capacity (including inheritance to property rights), provision for guardianship and designation of authorities to support. The Act covers the following specified disabilities: She was enrolled into the disability centre facilitated by World Vision India and a local civil society organisation that works for children with disability provided her with physiotherapy sessions. Neelam, a volunteer at the disability centre, recounts that Amrit's father used to carry her on his back to drop her off. At the centre, she could interact with children like her which built her confidence. The physiotherapy sessions helped strengthen her leg muscles and complemented her treatment at the government hospital. The walker provided by World Vision India in collaboration with the Delhi Commission for Protection of Child Rights, helped her move around independently. Currently she is in class VIII catching up on her schooling.

The combined efforts of the government and civil society organisations continue to break barriers to accessibility so that like Amrit, children with special needs can truly live their lives with dignity.

1. Physical Disability
    - a. Locomotor Disability
        - i. Leprosy Cured Person
        - ii. Cerebral Palsy
        - iii. Dwarfism
        - iv. Muscular Dystrophy
        - v. Acid Attack Victims
    - b. Visual Impairment
        - i. Blindness
        - ii. Low Vission
    - c. Hearing Impairment
        - i. Deaf
        - ii. Hard of Hearing
    - d. Speech and Language Disability
2. Intellectual Disability
    - a. Specific Learning Disabilities
    - b. Autism Spectrum Disorder
3. Mental Behaviour (Mental Illness)
4. Disability caused due to-
    - a. Chronic Neurological Conditions such as-
        - i. Multiple Sclerosis
        - ii. Parkinson's Disease
5. Multiple Disabilities

Chapter 6: Impact of COVID Pandemic on Children

Introduction

The Covid-19 pandemic and subsequent lockdowns caused disruptions to economic activities. The direct and indirect impact on low-income households was enormous as many lost livelihood opportunities, and faced increased vulnerability and uncertainty in life. This also deaccelerated the decades of gains made in the reduction of 'child labour', 'child trafficking' and 'child marriage'. The Guardian reported that since the onset of the pandemic, incidences of missing children have increased substantially[3].

The pandemic forced the closure of the formal schooling system, which substantially disrupted children's education, specifically for the 'first-generation learners'. In the absence of a support system of education, the instances of drop-out increased and led to a subsequent rise in child labour, child trafficking and child marriage[4]. Overall, the chances to break free from the vicious 'cycle of poverty' reduced significantly among children from economically poor and marginalised backgrounds.

In this context, multiple organisations have tried to understand the quantum and extent of the disruption to child development because of 'pandemic-led' restrictions and lockdowns. World Vision India conducted a 'Covid-19 Early Recovery Rapid Assessment' in April, 2020. A total of 5,669, 5,595 and 2,598 respondents were interviewed for the Household Survey, Children Survey, and Nutrition Survey, respectively. Qualitative data was obtained through focus group discussions (FGDs) and key informants interviews (KIIs). A total of 1,032 KIIs were conducted, and data was analysed to interpret and integrate results into major themes.

World Vision India also conducted a comprehensive study titled 'COVID-19 Pandemi c- Implications for Labour

3 Press report: The Guardian. October 2020. Covid-19 prompts 'enormous rise' in demand for cheap child labour in India. https://www.theguardian.com/world/2020/oct/13/covid-19-prompts-enormous-rise-in-demand-for-cheap-child-labour-in-india

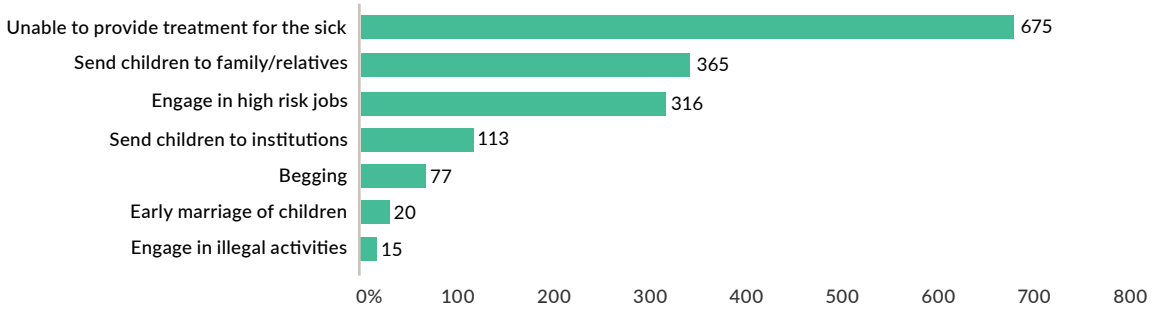
Exploitation of Children' in two phases- Phase 1, Quantitative Survey (July-August 2020) and Phase 2, Qualitative Survey (July - August 2021). The quantitative survey was conducted across 107 locations in 103 districts of India. This rapid survey that involved 25 Household (HHs) surveys with adult respondents, and 25 Children's surveys (equal proportion of Girls and Boys) and the data was collected using the KoBo collect Mobile app in each of the 107 locations[5]. The qualitative data collection included KIIs with selected children across 10 locations and 19 respondents, done telephonically. This enabled the team to triangulate findings and ensure representation from different communities while simultaneously allowing for a nuanced exploration of the prevalence of child labour and vulnerabilities.

As a follow-up to the 2020 study, a 'Rapid Assessment Survey (RA 2.0)' was carried out in July 2021 across 102 ADPs to understand the impact of the pandemic on the lives of those within its project areas. A cross-sectional mixed methods survey design was used for a nuanced understanding of the impact of the second wave of the pandemic within the programme areas.

Lockdown and Its Impact on Livelihoods

As per the Population Census 2011, the total child population in India in the age group of 5-14 years is 259.6 million. Of these, 10.1 million (3.9% of the total child population) are working either as the 'main worker' or as a 'marginal worker'. In addition, more than 42.7 million children in India are out of school[6]. Uttar Pradesh, Bihar, Rajasthan, Maharashtra, and Madhya Pradesh constitute nearly 55% of total working children in India.

In the first phase of lockdown (April, 2020), the livelihood of households was drastically affected (Figure 6.1). Around61% of the people were without income, and 24.3% lost their jobs or had reduced salaries/ earnings. In order to manage the reduced or complete loss of income, 49.9% of people had to borrow money from a neighbour/ relative/ friend and 31% used coping strategies such as reducing food intake or consuming low-quality food. The dismal picture of livelihood has adversely affected the nutrition intake of children. Only 68.3% of children had three meals a day, while 28.4% were given two meals a day. This is lower than the pre-Covid period, as discussed in Chapter 3. About 1.1% of children had to survive with just one meal a day. Due to the prolonged period of lockdown during the pandemic, many children missed vital immunisation and thousands of adults missed potentially life-saving medical treatment. The household survey revealed that due to the pandemic, some families resorted to child marriages and child labour as a coping strategy for loss of income[7].



Source: World Vision India (2020). Covid-19 Early Recovery Rapid Assessment Report, Unpublished Report

Figure 6.1: Effect of Low/No Income on Health, Education and Social Well-Being of Family Members (Household Survey, Sample Size=5,668)

4 UNESCO, (2020). Advocacy Paper: How many students are at risk of not returning to school? Advocacy Paper. https://unesdoc.unesco.org/ark:/48223/pf0000373992?locale=en

5 Sample size: 25 household surveys were planned for each of the 107 locations. (25 * 107 locations =2675). Of these planned 2675 samples, 325 samples were omitted as they were either incomplete, incorrect or did not meet the quality prescribed. The total samples analysed for this study was 2350 after cleaning. (2675-325=2350)

6 Hoop, Jacob de and Edmonds, Eric (2020) "Why Child Labour Cannot be Forgotten During COVID-19". Unicef, 14 May. https://blogs.unicef.org/evidence-for-action/why-child-labour-cannot-be-forgotten-during-covid-19/

7 World Vision India (2020). Covid-19 Early Recovery Rapid Assessment Report, Unpublished Report


World Vision
INDIA

Lockdown and child labour

The second study by World Vision India specifically investigated the implications of lockdowns on the labour exploitation of children during the first (July-August 2020) and second phases (July-August 2021) of the pandemic[8]. The key findings are presented below:

Around 6% of the surveyed households had migrated because of the COVID-19 lockdown. The majority of migrations (88%) were to rural areas. Hence, the impact of migration on child labour varied between urban and rural communities. The World Vision India report found that the likelihood of children being pushed into child labour was high because of a combination of factors such as increased financial uncertainty, lack of support at home, and being overlooked in social welfare schemes.

The unprecedented pandemic changed the existing level of access to education among children. Most children from poor and marginalised sections of society dropped out of school because they disliked attending online school. These were further compounded by bereavements in the family ,which affected the mental health of the children (Table 6.1). The disillusionment with the education system pulled children away from education and towards child labour.

Reasons identified from qualitative surveys		
Repeated Reasons	*Frequency*	*Anecdotal Stories*
Death of caregivers	50	Older siblings took responsibility of younger siblings, thereby dropping out of school.
Failure	30	Mental health of children
Class 10 as a tipping point	27	Lost interest in studies after class 10
Health issues	11	Diabetic
Marriage	5	Responsible for family after marriage

Source: World Vision India (2021) 'COVID-19 Pandemic- Implications for Labour Exploitation of Children' by World Vision India, 2021

Table 6.1: Reasons for Disliking School among Children

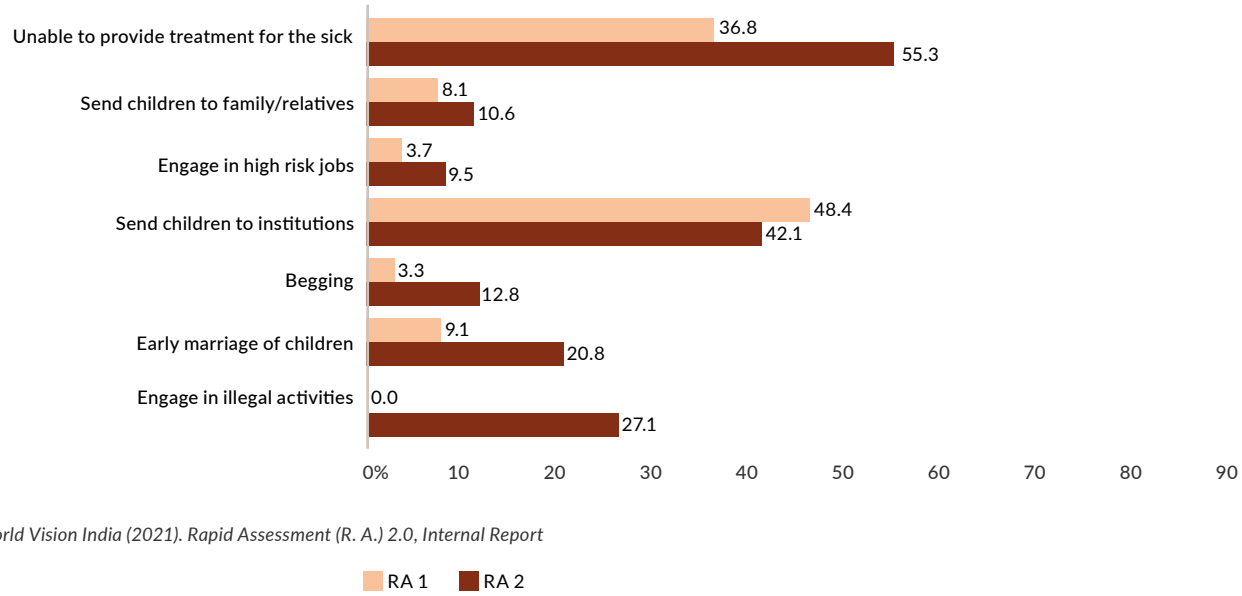
The situation of girl children at work was far more deleterious. The likelihood of girls and disabled children facing multiple hurdles and invisibility increased due to the Covid-19 lockdown. An existing melange of factors — economic situation, family problems, loss of caregivers, infrastructure issues and parental attitudes - pushed children towards the workforces exacerbated by the pandemic. The endemic factors have resulted in increased incidences of child trafficking.

Lockdown and Its Impact on other well-being Dimensions

The World Vision India (2021) 'Rapid Assessment (R. A.) 2.0' examined the impact of the pandemic across multiple thematic areas such as livelihoods, health, child health and nutrition, water, sanitation and hygiene (WASH), children's education, and child protection. The study also explored these dimensions by gender between pre-covid and post-covid phases.

The survey found that the livelihood opportunities for many households deteriorated during the first and second waves; the median monthly income in rural and urban areas had fallen. The loss in revenue from various sectors led to the drying up of savings for a large proportion of the respondents. Figure 6.2 lists the various coping mechanisms that households used to address income loss. Families resorted to borrowing from friends, relatives and banks and expressed that they still could not repay those loans. The Central and State Governments provided various safety nets; 54.5% said they received 'additional rations' while 36.8% said they received 'emergency stipends/ pensions for disabled and widows' and 7.7% said they received the benefits of Prime Minister Kisan Credit Scheme.

8 World Vision India (2020). COVID-19 Pandemic- Implications for Labour Exploitation of Children, Unpublished Report



Source: World Vision India (2021). Rapid Assessment (R. A.) 2.0, Internal Report

Figure 6.2: Coping Mechanisms Used by the Households during the Pandemic

The key findings across different dimensions that affect the immediate and long-term well-being of households during the pandemic are summarised below:

Health: About 75% of the respondents found no challenge in accessing health services; those who faced challenges did so because of affordability issues and distances of the healthcare centres. Vaccination drives were conducted successfully; Door-to-Door awareness programmes were led by government workers, community leaders and NGOs. More than half of the respondents (53.9%) were vaccinated for Covid-19 at the time of the survey; 82.8% of the respondents reported that they and their family members are willing to take the Covid-19 vaccine once the same is available; hesitancy in taking the vaccine was found among people who were older (above 60); some were also concerned about side effects, that their reproductive systems would be affected and their health would deteriorate in the future.

WASH: Communication for adopting preventive behaviours like hand-washing, wearing a mask, using sanitisers and maintaining physical distancing measures were done effectively by the Government and NGOs. 94.4% of households reported they had access to soap/detergent, and 82.56% of households had sufficient water to practice handwashing; however, only 39.9% of households had access to designated places for handwashing.

Child Health & Nutrition: The Rapid Assessment Survey found that the breastfeeding practices changed among respondents. Due to food insecurity, the mothers were too weak to breastfeed their children. Diet diversity was reduced since non-vegetarian and protein-rich food items were costlier, and families reported that they found these unaffordable.

Education: The education of children was severely affected. It was found that access to technological devices was limited, and the situation was unappealing in remote, rural and poor households. Around 23% of parents responded that their children had no access to learning material and 43.9% of children were not accessing online learning platforms. Girls were less likely to have access to any learning material compared to boys, as 24.4% of girls did not have any access to educational platforms used during pandemic. Around 92.4% of children's survey respondents replied that they were ready to go back to school, while 4.5% of children are not prepared to go back to school due to factors such as poor economic situation at home, anxiety and loss of interest.

Child Protection: The Assessment found an increase in child labour in many areas, and the main reasons were the loss of income for families, loss of breadwinners to Covid-19, prolonged school closures, and unavailability of gadgets like smartphones and computers linked with online schooling. Children also reported that, in general, the relationship between their parents and them was congenial, but there were occasions when tensions increased due to the mounting

financial stress, fear of COVID infection and fears for the future. Also, 10.9% of women and 10.6% of men said that child marriage was taking place in the community.

Gendered Effects: The Rapid Assessment showed an increase in domestic violence since the outbreak of COVID-19. Around 31.3% of men and 30.6% of women reported that domestic violence had increased at the household level. The survey highlighted that a higher proportion of women, than men, spent more time in unpaid care work, such as care work related to children and the elderly, cooking, fetching water and cleaning. As school and office closures continued and families remained home during Covid-19, women's and girls' care work increased. However, 20.7% women headed households reported that they had to pick up an 'Additional Livelihood' to survive, while for non-women-headed or general households, this number was 14.1%. About 41.25% women-headed households said that they had received emergency cash transfers from the Government funded Jan Dhan Yojna.

Summary

The effects of the lockdown that followed the Covid-19 pandemic on children were multifaceted. Some of the deprivations children from low-income households faced pre-Covid 19 were further extenuated. The gains in macro-indicators, such as anthropometric measures and school enrolments, deteriorated. The Rapid Assessment Surveys conducted by World Vision India during the lockdown indicated that livelihood opportunities were reduced, and many children were forced into work. There were gendered effects increasing vulnerabilities for girl children. The survey also revealed that households could access health services for vaccination, and thegovernment-sponsored cash transfer schemes did ameliorate some of the negative consequences of loss of livelihood. Despite these, the borrowings of households increased. A consequence of the loss of income was on maternal health due to food shortages and diet diversity. The effect of these were seen on a child's health. Households resorted to various coping mechanisms to hedge loss of livelihood, some of which (such as child marriage and child labour) were detrimental for mental health and children's growth and abilities. The impact of Covid-19 would be felt in the long term. An important lesson from the pandemic has been that the learnings need to be institutionalised so that future shocks of this nature can be better addressed.

Chapter 7: Conclusion

This edition of the Child Well-being report identifies the determinants of capabilities, which then can be influenced to expand children's capabilities and contribute to leading a life that they have reason to value. There is a broader consensus that leading a long and healthy life, being knowledgeable, enjoying a decent standard of living and having the ability to move freely and in a secure environment without fear of assault are important capabilities that contribute to well-being. In this context, the report examines the state of health and nutrition, education and child protection among children from India's low-income households. An important contribution of the report is to identify what personal, socio-economic and institutional factors affect these three capabilities. In addition, the report also examines the state of livelihood of caregivers of children since a secure livelihood and the ability to cope with shocks is necessary to facilitate an environment for the expansion of capabilities of children.

The majority of low-income households in our survey are engaged in casual or daily wage work, which are prone to adverse impacts of shocks affecting their ability to provide the necessary atmosphere for the development of children's capabilities. Access to formal financial institutions is limited; therefore, credit to meet fluctuations in income is typically unavailable. Often, households resort to riskier sources of borrowing, such as private moneylenders, at higher interest rates to mitigate the adverse impacts of income fluctuations. The penetration of formal banking systems among low-income households and marginalised communities has increased, yet their role as an effective intermediary of savings and credit is limited. Self-help groups have played an important role in marginalised communities. SHGs have assisted families in securing a livelihood, and as an important source of credit. They have also been able to create linkages between households and banks, owing to their better understanding of the bankability of low-income households. The bridge between formal financial institutions and SHGs must be built to ensure the inclusion of low-income households within the formal financial system which will play a crucial role in strengthening their resilience and provide protection from informal borrowing systems.

Being healthy is another important capability. Anthropometric measures indicate that the health outcomes in India

have improved due to programmes such as ICDS, improvement in public health infrastructure and community outreach programmes. However, the health status of children from low-income households is still a concern. The complex nexus of poor economic status, and education and social beliefs have resulted in poor health outcomes for these children. Lack of breastfeeding in the early months of a child's life, possibly due to a lack of awareness of the benefits of breastfeeding for children or the need of the mother to contribute to external casual labour work, and lack of diet diversity in the later ages of children have affected their growth. Gender biases still play a major role in the allocation of resources within a household, including food which adversely affects the nutritional food intake of girl children. A disabled an orphaned child also faces discrimination when it comes to the allocation of household resources. Continuous discrimination results in poor health outcomes for these children. Lack of education among low-income households has also resulted in a lack of awareness and access to healthcare advice and assistance during the early years of a child.

Education is necessary for the development of capability among children to be able to imagine, think and reason. The Right of Children to Free and Compulsory Education Act provides the basis for free education of all children, and nationwide indicators suggest that school enrolments have increased significantly. However, children from low-income households are still lagging behind. Bias towards a girl child and a disabled child affects their school attendance. The Right of Persons with Disability Act 2016 (Box 8) requires that the curriculum and infrastructure needs of a disabled child are met at the school, but this is still a major gap in the education system. Uncertainties in household income exacerbate educational opportunities for children as they are often required to contribute to household expenses or undertake unpaid work at home. The results from analysis in this report also highlight that the programmes that provide physical resources perform better than those which offer financial assistance for the education of children. The fungibility of financial resources for other expenditures within a household reduces their effectiveness.

Feeling safe in the home and neighbourhood where a child lives is an important capability and crucial for well-being. The safety concerns among children living in low-income households are enormous, with urban areas being perceived as more unsafe than rural or tribal areas. A female child and a child with a disability face safety concerns much more than others. Important findings from the analysis in this report are that where caregivers of children are educated and children attend schools, the safety concerns among children are less. Infrastructure such as access and availability of water within the house reduces children's vulnerability to being subjected to untoward incidents while going out to collect water.

The lockdown that followed the Covid-19 pandemic caused several negative impacts on the well-being of children. The gains in macro-indicators, such as anthropometric measures and school enrolments achieved before the pandemic, deteriorated. The livelihood opportunities among low-income households had reduced, forcing many children into paid/unpaid labour. Vulnerabilities for girl children increased as the incidences of child marriage increased. During the pandemic, the government-sponsored cash transfer schemes ameliorated some of the negative consequences of loss of livelihood. However, the discontinuation of these programmes led to low-income households having no fall-back options. Employment rates have still not reached the pre-pandemic levels. Borrowings of the households to meet their consumption expenditure have continued to rise.

A consequence of the loss of income was maternal health,which faced food shortages and diet diversity. The effect of these were seen on a child's health. Households resorted to various coping mechanisms to hedge loss of livelihood, some of which were detrimental to the mental health and growth of children and their abilities. To address the long-term impact of Covid-19 and future-proof society from such shocks, it is important that the learnings are institutionalised.

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Appendix 1: Econometric Methodology

The empirical strategy for determining factors that affect health, education and child protection outcomes uses the logit method. The logit method is a statistical modelling technique used to analyze binary response variables, where the outcome can only take one of two possible values (e.g., yes or no). The logit method aims to estimate the probability of observing one of the two possible outcomes given a set of explanatory variables. The formulation of the model is presented below:

$$d_{ik} = f\,(s_i\,,\, b_i\,,\, m_i\,;\, \beta k\,)$$

Where $s_i\,,\, b_i\,,\, m_i$ *are the social, personal, and household-related factors that result in outcome* k *for individual* i. d_{ij} *is outcome* k *for household* i. *The* βk *is a parameter vector that needs to be estimated. The outcome is dichotomous (1,0).*

The function can be rewritten as: $d_{ik} = \beta k\, Z_i$

The dependent variable is defined as:

$d_{ik} = 1$, *if the outcome is Yes*

O, otherwise)

The model describes the probability that $d_{ik} = 1$. *This analysis considers a class of binary response models of the form*

$$P\,(d_{ik} = 1{=}1\,|Z_i\,) = F(Z'_i\beta)$$

where F *is a strictly increasing function taking on values strictly between zero and one,* Z_i *the column vector of a full set of explanatory variables associated with household* $_i$, *in which one of them takes a value equal to one, and* β *is the column vector of all parameters.*

To estimate the values of the β *coefficients, the logit method uses maximum likelihood estimation (MLE), which involves finding the values of* β *that maximize the likelihood of observing the binary outcome given the values of the explanatory variables.*

Appendix 2: Variable Definitions

Table A 2.1: List of Variables Used in Regression

Sl. No	Name of the Variable	Description of the Variable
1	Primary source of income/household main employment status	Source of income from where the largest share of income comes. These sources are categorised as follows: • Casual labour/daily wage worker • Agriculture and farming • Livestock or dairy business • Micro or small business • Skilled labour • Salaried person • Others • If 'others', please specify .....
2	Earning a regular income	One or more adults, over 18 years, in the household that is earning a regular income to meet the needs of the household? A regular income means an income that is expected at specific intervals that can be relied on, e.g. daily, weekly, monthly or seasonally.
3	Family has taken credit facilities from different sources	Households have any access to credit? The following sources were listed in case any HH accessed any credit facility: • Bank • Self-help group • Post office • MFI • Moneylender • Other • If 'others', please specify .....
4	Family has reported monetary savings	Does the HH save any money? The following options for savings were listed in case the HH reported monetary savings in the preceding financial year: • Bank • Post office • Cooperative bank • Fixed Deposit • Self-help group • Invest in land/jewellery • Specify: .....
5	Stunting	According to the WHO definition, 'Stunting is defined as low height-for-age. It is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life.' (https://www.who.int/health-topics/malnutrition#tab=tab_1, as accessed on 23 February 2023)
4	Wasting	'Child wasting refers to a child who is too thin for their height and is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.' Defined by WHO (https://www.who.int/data/gho/indicator-metadata-registry/imr-details/3410#:~:text=Child%20wasting%20refers%20to%20a,death%2C%20but%20treatment%20is%20possible., as accessed on 23 February 23, 2023)
5	Overweight	For children under-5 years of age, overweight is weight-for-height greater than 2 standard deviations above the WHO Child Growth Standards median (https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight, as accessed on 23 February 2023).

6	Caregiver's/respondent's completed level of education	The completed level of education of caregivers' is classified as follows: • Illiterate/Below primary • Primary • Upper Primary • Secondary • Higher secondary and above Note: In this survey, the respondents are the caregivers.
7	Location	Residential location of children/households. Options were as follows: • Rural • Urban • Tribal (Irrespective of rural or urban characteristics, villages/localities with numerical dominance of people from tribal communities are referredas tribal locations.)
8	Gender	The gender of the child and respondents, along with other members of the household, were also asked as part of the survey. Three options were against this question: • Male • Female • Others
9	Marital status	The following options against the marital status of each member of the household were covered in the survey: • Married • Divorced • Widowed • Never married
10	Status of attendance in school	In case of enrolment in school, whether the student regularly attends school or not.
11	Income of the household	Annual total income (in Rs.) of all members in the household.
12	Source of water for drinking purposes	This refers to the primary source of drinking water. There were multiple options to capture the type and location of the source of drinking water.
13	Status of disability	Status of disability (yes/no) of each member of the household.
14	Diverse source of income	Households with alternative and diversified sources of income (disaggregated by sex of head of household)
15	Migration status	Does the family or anyone in the family migrate out of the village/ town/ city in search of work?
16	Support received in the last 3 months	Has your household received in the last 3 months any of the following forms of economic support? The following options were in the survey against this question: • Cash transfer (e.g. pensions, disability grants, child grants) • Assistance for school fees and other monetary levies • Material support for education (e.g. uniforms, school books etc.) • Income generation support in cash or kind, e.g. agricultural inputs • Food assistance • Material or financial support for shelter Note: From this question, support in the form of monetary and material received for education was calculated.
17	Age	Age in complete years

18	Orphan	If under 18, is the child an orphan? (yes/no)
19	Women deserve to be beaten	This indicator has been used to understand the gendered attitudes of the respondents. Out of many questions, one question was whether there are times when a woman deserved to be beaten. The following options were there: • Strongly agree • Somewhat agree • Do not agree

Appendix 3: Econometric Estimates

A 3.1: Health

Three logit functions have been estimated. The first function has the dependent variable as Child is not stunted = 1, stunted = 0. The dependent variable in the second function is Child is not wasted = 1, wasted = 0. The dependent variable for the third function is Child is not under-weight = 1, under-weight = 0. Columns 2, 4, and 6 present the estimated coefficients for each explanatory variable.

Table A 3.1.1 Results of Binary Logistic Regression for Health

				Not Stunted	Not Wasted	Non-Under-Weight
	Estimate.	Sig.	Estimate.	Sig.	Estimate	Sig.
(Intercept)	-1.08	**	0.90		-0.42	
Gender: Girls (Reference: Boys)	-0.15	*	-0.20	*	-0.18	*
Number of children aged 0-59 months	-0.05		0.06			
Status of disability: Disabled (Reference: Not-disabled)	-0.27	***	-0.10		-0.27	***
Age in months	-0.01	**	0.00		-0.01	***
Orphan: Yes (Reference - No)	-0.34				-0.45	**
Household Type (Reference - Casual Labour)						
Agriculture and Farming	0.12		-0.07		0.09	
Livestock or dairy business	0.06		0.61		-0.13	
Micro or small business	-0.01		0.10		-0.01	
Skilled labour	0.18		0.13		0.07	
Salaried person	0.20		0.13		0.34	
Others	0.02		-0.26		-0.53	
Log of income (in Rs.) in 2020-21	0.21	***	0.05	**	0.17	***
Any member having a regular source of income: Yes (Reference: No)	0.16	**	0.16		0.17	**
Diverse source of income in the family: Yes (Reference - No)	0.11		-0.20	*		
Combined nutrition: Yes (Reference - No)	0.12				0.09	
Sufficient diet diversity in HH: Yes (Reference - No)	0.24					

Source of Water: Reference - Improved water source within a dwelling						
Improved source of water and located in public places	-0.1		-0.2		-0.2	***
Not improved source of water	-0.2		-0.2		-0.2	*
Intestinal drug: Yes (Reference - No)	0.1	*		*	0.1	
DPT PENTA Vaccine: Yes (Reference - No)			0.1		0.1	
Location Type of Area Development Programme (ADP)						
Tribal	0.33	*	-0.29		0.19	
Urban	0.47	***	-0.33		0.10	
*Significance codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*						

Table A 3.1.2 presents the average marginal effects. These coefficients (x 100) indicate the percentage points by which the probability changes (increases or decreases) for a one-unit change in variable (when it is a continuous variable). For dummy variables, the coefficients (x100) indicate the percentage points increase or decrease in probability for each respondent in the reported category compared to respondents in the reference group.

Table A 3.1.2 Results of Marginal Effects from Binary Logistic Regression

				Not Stunted	Not Wasted	Non-Under-Weight
	AME	p	AME	p	AME	p
Gender: Girls (Reference: Boys)	-0.04	0.04	-0.03	0.03	-0.04	0.02
Number of children aged 0-59 months	-0.01	0.31	0.01	0.33		
Status of disability: Disabled (Reference: Not-disabled)	-0.07	0.00	-0.02	0.28	-0.06	0.00
Age in months	0.00	0.01	0.00	0.33	0.00	0.00
Orphan: Yes (Reference - No)	-0.08	0.05			-0.11	0.01
Household Type						
Agriculture and Farming	0.03	0.07	-0.01	0.37	0.02	0.14
Livestock or dairy business	0.01	0.87	0.08	0.12	-0.03	0.68
Micro or small business	0.00	0.95	0.01	0.65	0.00	0.97
Skilled labour	0.04	0.13	0.02	0.38	0.02	0.55
Salaried person	0.05	0.23	0.02	0.55	0.08	0.04
Others	0.00	0.96	-0.04	0.57	-0.13	0.14

Log of income (in Rs.) in 2020-21	0.00	0.00	0.00	0.25	0.00	0.00
Any member having a regular source of income: Yes (Reference: No)	0.04	0.01	0.02	0.02	0.04	0.00
Diverse source of income in the family: Yes (Reference - No)	0.03	0.06	-0.03	0.01		
Combined nutrition: Yes (Reference - No)	0.03	0.04			0.02	0.11
Sufficient diet diversity in HH: Yes (Reference No)	0.06	0.06				
Source of Water: Ref- Improved water source within a dwelling						
Improved source of water and located in public places	-0.03	0.06	-0.03	0.01	-0.05	0.00
Not improved source of water	-0.05	0.10	-0.03	0.23	-0.06	0.05
Intestinal drug: Yes (Reference - No)	0.03	0.05			0.02	0.25
DPT PENTA Vaccine: Yes (Reference - No)			0.02	0.19	0.03	0.13
Location Type of Area Development Programme (ADP)						
Tribal (Reference – Rural)	0.08	0.01	-0.04	0.09	0.04	0.14
Urban (Reference Rural)	0.11	0.00	-0.05	0.02	0.02	0.35

A 3.2: Education

A logit function has been estimated. The function has the dependent variable as Child is attending school regularly = 1, Not attending regularly = 0. Column 2 presents the estimated coefficients for each of the explanatory variables, and column 3 gives the significance level of these coefficients. Table A 3.2 shows the estimated coefficients and average marginal effects.

Table A 3.2: Results of binary logistic regression for education

	Estimate.	Sig.	AME.	P
(Intercept)	-0.09			
Number of children aged 6-18 years	-0.08	***	-0.02	0.00
Gender: Girls (Reference: Boys)	-0.10	***	-0.03	0.00
Marital Status: Married (Reference: Never Married	-0.35	***	-0.08	0.00
Disability Status: Disabled (Reference: not disabled)	-0.14	***	-0.0	0.01
Age in years	-0.01	***	-0.00	0.00
Orphan: Orphaned (Reference: Not orphan)	-0.56	***	-0.13	0.00

HH Type (Reference: Casual labour/Daily wage worker)				
Agriculture and Farming	-0.03		-0.01	0.38
Livestock or dairy business	-0.61	***	-0.14	0.00
Micro or small business	0.35	***	0.07	0.00
Skilled labour	0.05		0.01	0.34
Salaried person	0.12	**	0.03	0.01
Others	0.30	**	0.06	0.00
Log of income (in Rs.) in 2020-21	0.04	**	0.00	0.00
Any member having a regular source of income: Yes (Reference: No)	-0.12	***	-0.03	0.00
Diverse source of income in the family: Yes (Reference - No)	0.21	***	0.04	0.00
Household savings money: Yes (Reference - No)	0.20	***	0.04	0.00
Migrant family: Yes (Reference -No)	-0.19	***	-0.04	0.00
Received any monetary support for education (Reference -No)	-0.11	**	-0.02	0.00
Received any material support for education (Reference – No)	0.42	***	0.09	0.00
There are times when a woman deserves to be beaten: Yes (Reference - No)	-0.08	**	-0.02	0.00
ADP Location: Reference - Urban				
Rural	0.63	***	0.14	0.00
Tribal	0.32	***	0.07	0.00
Gender and Marriage combined				
Married girls vs others	-0.12			
*Significance codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*				

A 3.3: Child safety

In Table A 3.3.1, two functions have been estimated for child safety in the neighbourhood. The dependent variable is child feels safe =1, otherwise = 0. Table A 3.3.2 presents the estimated function for child safety in their homes. The dependent variable is that the child feels safe = 1, otherwise = 0. The estimated coefficients are given in column 2 and significance in column 3 for both these functions. Tables A 3.3.1 and A 3.3.2 also show the average marginal coefficients.

Table A 3.3.1 Logistic Regression for Child Safety in Neighbourhoods

	Estimate.	Sig.	AME.	P
(Intercept)	1.29	*		
Caregiver's education: Secondary and above (Reference: Others)	0.19	*	0.02	0.02
Gender: Female (Reference - Male)	-0.74	***	-0.08	0.00
Age in years (12-18 years)	0.04	*	0.00	0.00
My parent(s)/ caregiver(s) respect my feelings (Reference - Almost or sometimes not true)				
Often and always true	0.23	*	0.03	0.00
My parent(s)/ caregiver(s) understand me (Reference - Almost or sometimes not true)				
Often and always true	0.27	*	0.03	0.01
I trust my parent(s)/ caregiver(s) (Reference - Almost or sometimes not true)				
Often and always true	0.15		0.02	0.13
My friends respect my feelings (Reference - Almost or sometimes not true)				
Often and always true	0.37	***	0.04	0.00
My friends understand me (Reference - Almost or sometimes not true)				
Often and always true	0.04		0.00	0.63
Status of disability: Disabled (Reference - Not disabled)	-0.45	***	-0.05	0.00
Household Type (Reference - Casual Labour)				
Agriculture and Farming	-0.66	***	-0.07	0.00
Livestock or dairy business	0.85		0.06	0.14
Micro or small business	-0.84	***	-0.10	0.00
Skilled labour	-0.78	***	-0.09	0.00
Salaried person	-0.18		-0.02	0.26
Others	0.06		0.01	0.89
Log of annual income (in Rs)	0.05		0.00	0.29

Education level of youth (Reference - Never attended school)				
Pre-school	0.25		0.03	0.11
Primary/Basic	0.02		0.00	0.84
Secondary	0.09		0.01	0.46
Post-secondary	0.21		0.02	0.14
Attendance status in school (Reference - Not attending)				
Attending	0.05		0.01	0.52
Number of earning members (Reference - 1 member)				
2-3 members	-0.65	***	-0.08	0.00
4 or more members	-1.00	***	-0.13	0.00
Sources of water (Reference: improved in dwelling unit)				
Improved public	-0.11		-0.01	0.54
Not improved	-1.75	***	-0.26	0.00
Location (Reference: Urban)				
Rural	-0.71	***	-0.07	0.00
Tribal	-0.69	***	-0.07	0.00

Table A 3.3.2 Safety at Home

	Estimate.	Sig.	AME.	P
(Intercept)	1.92	***		
Gender: Female (Reference - Male)	0.11	*	0.02	0.02
Age in years (12-18 years)	0.00		0.00	0.71
Disability: Yes (Reference - Not)	-0.16		-0.03	0.09
Education level of youth (Reference - Never attended school)				
Pre-school	0.26	*	0.06	0.03
Primary/Basic	0.00		0.00	0.97
Secondary	-0.07		-0.02	0.36
Post-secondary	0.04		0.01	0.69
Attendance status in school (Reference - Not attending)				
Attending	0.26	***	0.05	0.00
Number of earning members (Reference - 1 member)				
2-3 members	-0.44	***	-0.09	0.00
4 or more members	-0.53	**	-0.11	0.00
Household Type (Reference - Casual Labour)				
Agriculture and Farming	-0.11		-0.02	0.11
Livestock or dairy business	-0.76		-0.15	0.05
Micro or small business	0.70	***	0.15	0.00
Skilled labour	0.01		0.00	0.89
Salaried person	0.55	***	0.12	0.00
Others	0.77	**	0.17	0.00
Log of annual income (in Rs)	-0.19	***	0.00	0.00
Location (Reference - Urban)				
Rural	-1.16	***	-0.22	0.00
Tribal	0.15		0.03	0.14

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