

DISPARITIES AND INEQUALITIES - ASSESSING INDIAN CHILDREN AND WOMEN'S POSITION WITH RESPECT TO SOME OF MDGS

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ABSTRACT

The present paper is the analysis of the situation of children and women in India in terms the disparities that persist among states and different sub-groups of the population. This is important and essential for better targeting in terms of improved and pragmatic programme focus. It deals with three key indicators - Child Mortality, especially Girl Child Mortality, Maternal Mortality and Girl Child Education as many of the other indicators links to these in the cause and effect chain to assess inequalities. Given India's entrenched social hierarchy and complex cultural diversity, it is important to evaluate group-specific performance in assessing the achievements in the MDGs. The analysis would be incomplete without paying attention to the disparities that exist between and within states, and the inequalities that persist among different subgroups of the population, especially women and girls, Scheduled Castes and Tribes. The MDGs rest on education as the major tool to bring about gender equality. The widespread donor assumption that gender disparities would diminish as enrolments increased has had to be revisited (Action aid,2007).

Keywords: Children, Women, Millennium Development Goals, Disparities, Inequalities

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INTRODUCTION

The United Nation's Millennium Development Goals (MDGs) outline a set of eight development goals, 18 targets and 48 measurable indicators to combat poverty, hunger, illiteracy, gender inequality, diseases and environmental degradation. With the deadline set at 2015, the MDGs seek to ensure a time-bound accelerated pace of development in identified areas of immediate attention. In India, as we draw closer to 2015, an assessment of progress in meeting the stated objectives and targets is called

for. Given India's entrenched social hierarchy and complex cultural diversity, it is important to evaluate group-specific performance in assessing the framework's achievements and relevance.

With as many as 189 countries, India is one of them, pledging to adopt the goals and their targets in their respective national planning frameworks, the MDGs were set to form the core of the international development agenda and benchmark to measure a country's progress in terms of eradicating poverty and ensuring an equitable human development.

Women's and Children's rights are a central component of all the goals. However, these efforts will be hindered unless those gatherings in New York recognize a key reason for limited progress towards the goals: the systematic and persistent discrimination against women and girls that disfigures societies and denies millions of people their most basic rights. Women and girls are fundamentally disadvantaged in terms of access to education, healthcare and other basic services that are critical to reaching the goals. Where progress towards the MDGs is inadequate, entrenched inequality between women and men is a major cause.

The analysis of the situation of women and children in India would be incomplete without paying attention to the disparities that exist between and within states, and the inequalities that persist among different subgroups of the population, notably women and girls, Scheduled Castes, Scheduled Tribes. Disparities can be identified across several vectors: geography (between and within states, districts, and sub district level), social identity, and gender being the most notable.

The world food crisis followed by the global financial meltdown and subsequent economic recession during 2008-2010 impacted India's economy like many other developing countries. Notwithstanding the upheavals, India's economic progress remained resilient enough to register a growth rate of 6.7 per cent in 2008-2009 and 7.4

percent in 2009-2010 (Press information bureau, Government of India, 2010 May 31).

According to the latest estimates 37 percent (Planning Commission, Government of India, 2009) of the population in India lives below the poverty line, signifying the inequity in the distribution of wealth and household income. Despite the difficult fiscal situation, the Government of India has continued to increase the allocation in social sector programs including health and education, in line with its commitment to "Inclusive Growth." The paper contains introduction, discussion on Child mortality and health issues, Maternal Health, Disparities and Inequalities with respect to Child and Maternal Mortality and Child Education following conclusion at last.

CHILD MORTALITY AND HEALTH

India contributes to more than 20 per cent of the child deaths in the world. Therefore, the centrality of the discourse on child survival in the larger discussion on well being of children in a country like India cannot be emphasized enough. In India about 1.83 million children die annually before completing their fifth birthday – most of them due to preventable causes. Fig. 1 highlights the progress of different components of child mortality in India viz. Under-five Mortality Rate (U5MR), Infant Mortality Rate (IMR) and Neonatal Mortality Rate (NNMR) since 1990. It is clear that with the current rate of progress.

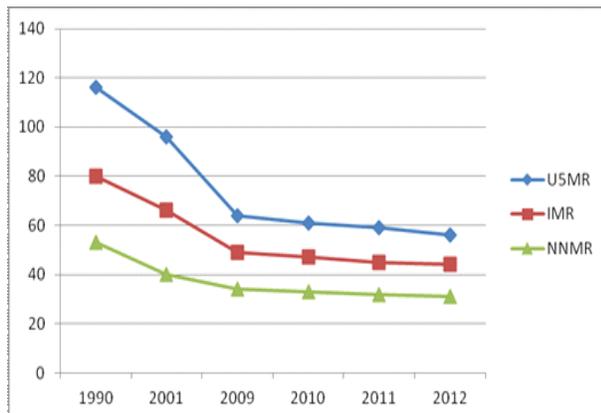


Fig. 1. Child Mortality in India

India is likely to miss the MDG 4 (Goal 4) on child mortality. While the U5MR fell by about 48 per cent between 1990 and 2012, the IMR declined by 55 percent during the corresponding period. This was mainly due to the fact that the NNMR, which contributes to two thirds of infant deaths, did not fall appreciably. The early neonatal mortality (within a week) which contributes to about 50 percent of total infant deaths has declined by only 58 percent during the corresponding period (Sample Registration System Statistical Report, IMHR, 2010).

Reducing neonatal deaths requires improving women's health during pregnancy, providing appropriate care for both mother and newborn during and immediately after birth and caring for the baby during the first week of life. Cost-effective, feasible interventions include initiating breastfeeding within one hour of birth, ensuring proper cord care, keeping the baby warm and dry, recognizing danger signs and seeking help and giving special care to infants with low birth weight (NFHS-3, IIPS, 2007).

While India has made significant gains in child survival in the age-group 1-4 years since 1990 (56 percent decline) the overall decline in child mortality was largely hindered by subdued progress in the area of neonatal deaths, especially within the first week of birth. This certainly raises concerns on issues around reproductive health of mothers and early childhood care in terms of access, use and quality of the service delivery systems. About 56 percent of currently married women have a hemoglobin level below 12 g/dl and the prevalence of anemia among girls in the age-group 15-19 years is also the same. About one third of the currently married women in the age-group 15-49 years have a Body Mass Index (BMI) less than 18.5 kg/m² and about 47 percent girls in the age-group 15-19, have a BMI less than 18.5 kg/m². Both factors are strongly correlated with low birth weight and thus with unfavourable outcomes for the mother (increased risk of maternal deaths) and the neonate. This highlights the need to have focused interventions for improving maternal nutrition and adolescent anemia.

It is clear from above that the coverage levels of key interventions remain sub-optimal and require increased efforts to secure improved survival chances for children in their early stages of life. This will also contribute to improving maternal health and reduce maternal mortality. The level of contraceptive use has been low and terminal methods of sterilization, which are not very effective in space between the deliveries, had the major share among

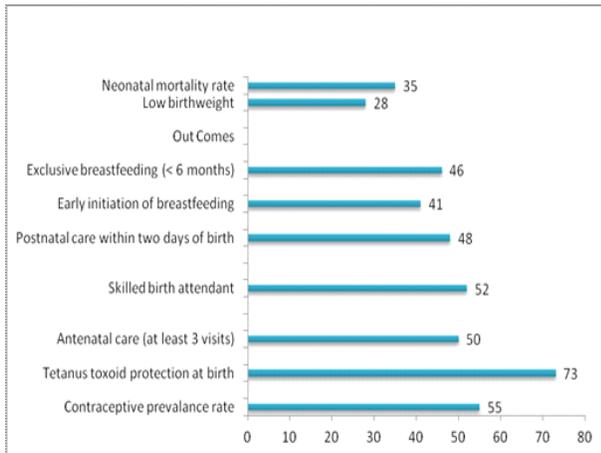


Fig. 2. Neonatal survival interventions in India (in percentage)

the different methods used. Fig. 2 shows the key neonatal survival interventions in India.

MATERNAL HEALTH

The factors that cause pre-term birth and neonatal deaths are also largely responsible for maternal deaths. The poor status of women’s health, nutrition and care during pregnancy has been adequately highlighted in the discussion above. The Maternal Mortality Ratio (MMR) for India for the period 2004-2006 was 254 per 100,000 live births, which declined from 301 estimated during 2001-2003 which has further declined to 200 for 2009-2013 (Sample Registration System Statistical Report, Indian Ministry of Human Resource, 2010). The availability of data on MMR in India in the past was sporadic. If one considers the MMR obtained from the first National Family Health Survey conducted in 1992-1993 as the starting point of MDG 5, India has to reach 108 in 2015, a target, which seems to be a challenge at the current rate of progress. The MMR estimated in India by UN

Inter-agency group for the year 1990 is 570, re-setting the MDG target for 2015 as 143 and thus, acknowledging that India is ‘making progress’ so far as the MDG Goal is concerned.

The Fig. 3 shows that hemorrhage and sepsis which are predisposed to a great extent care (UNICEF, 2008). It is known that the antenatal care services and skilled delivery care remain low and about 59 percent of women have had no postnatal check up at all. In 2005, India introduced the cash

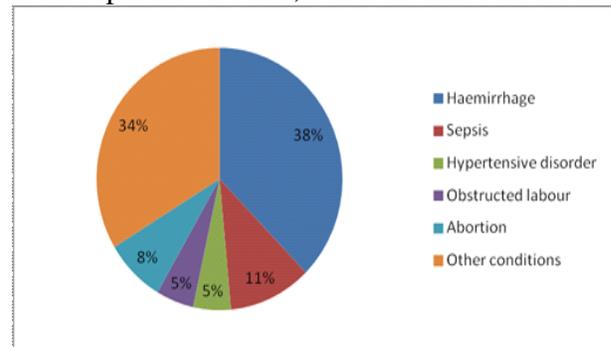


Fig. 3. Causes of Maternal Deaths in India-2009-2013

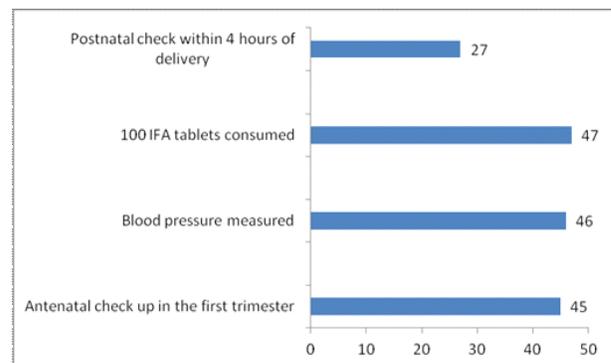


Fig.4. Quality of maternal care in India (in percentage)

from 41 percent in 2005-2006 to 47 percent in 2007-2008. However, the quality of maternal care is lacking as is seen from the Fig. 4 on some of relevant indicators.

Reducing the number of unwanted pregnancies reduces the risk of maternal deaths. The contraceptive prevalence rate is only about 55 percent leaving the rest of the women exposed to the risk of pregnancy, in many cases unwanted. Unmet need for contraception (limiting and spacing) is 21 percent (DLHS-3, 2007-2008, IIPS, 2010). About 16 percent of girls in the age-group 15-19 have begun childbearing (either have had a live birth or pregnant with the first child). The poor status of health of child-bearing adolescents, coupled with physiological immaturity elevates the risk of maternal and perinatal deaths. The adolescent fertility in India is a consequence of early marriage. About 43 percent of currently married women in the age-group 20-24 married before age 18 years, a marginal decline from the level of 50 percent in 1998-1999.

DISPARITIES AND INEQUALITIES

The analysis of the situation of children and women in India in terms of the levels and progress of related indicators remains incomplete and irrelevant if it does not highlight the disparities that exist among states and the inequalities that persist among different subgroups of the population. This is not only important, but also essential for better targeting in terms of improved and pragmatic programme focus. The discussion in the paper with regard to disparity and inequality will be limited to only three key indicators, namely Child Mortality, Maternal Mortality and Child Education as many of the other indicators link to these in the cause and effect chain.

CHILD MORTALITY

Table-1 highlights the three worst and three best performing states in terms of Under-five mortality rates (U5MR). The Infant mortality rates (IMR) and Neonatal mortality rates (NNMR) for these states are also provided (Sample Registration System Statistical Report, Indian Ministry of Human Resource, 2008). The disparities in estimates of child mortality between the worst and best categories of states are evocatively high. The states with high child mortality also have relatively higher burdens in terms of the number of child deaths in the country. This is explained clearly by Fig. 5 which uses the worst eight states (with highest U5MR) to illustrate the point. The eight states are Madhya Pradesh, Uttar

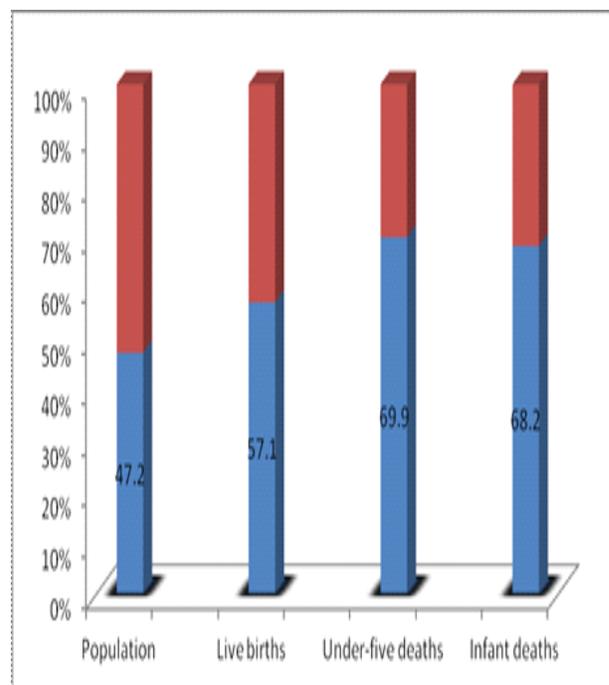


Fig. 5. Burden of child mortality of eight worst performing states as a percentage to India - 2008

Table -1: Best performing and worst performing states in child mortality- 2010

States	U5MR	IMR	NNMR
Worst Performaing			
Assam	83	58	33
Madhya Pradesh	82	62	44
Uttar Pradesh	79	61	42
Best performing			
Kerala	15	13	07
Tamil Nadu	27	24	16
Maharashtra	33	28	22

Table -2: Progress of a few major states in achievement of MDG and Government of India targets on Infant Mortality Rates for selected states.

States	IMR 1990	IMR 2011	Percentage Decline 1990-2011	MDG 4 Target 2015	Government of India Target 2015
Orissa	122	57	53.28	41	37
Uttar Pradesh	99	57	42.42	33	35
Rajasthan	84	52	38.09	28	32
Assam	76	55	27.63	25	32
Tamil Nadu	59	22	62.71	20	20
Maharashtra	58	25	56.89	19	17

Pradesh, Orissa, Assam, Rajasthan, Bihar, Chhattisgarh and Jharkhand.

The Fig. 5 indicates that while these eight states together contribute to 47 percent of the population and 57 percent of the live births in the country, they

have burden of almost 70 percent of under-five and infant deaths. It would be interesting to note that these eight states contribute to about 15 percent of child deaths in the world.

Table-2 provides the progress made by a few selected states in terms of IMR, the MDG 4 and

Government of India IMR targets for the year 2015 and 2012. Among the worst performing states only Orissa had shown a remarkable decline in IMR since 1990, mirroring the progress made by the two best performing states namely, Maharashtra and Tamil Nadu. Assam has been the most disappointing story; Uttar Pradesh and Rajasthan too have progressed slowly. At the current rate of progress among the above six, Tamil Nadu and Maharashtra are the only states likely to achieve the MDG targets, although

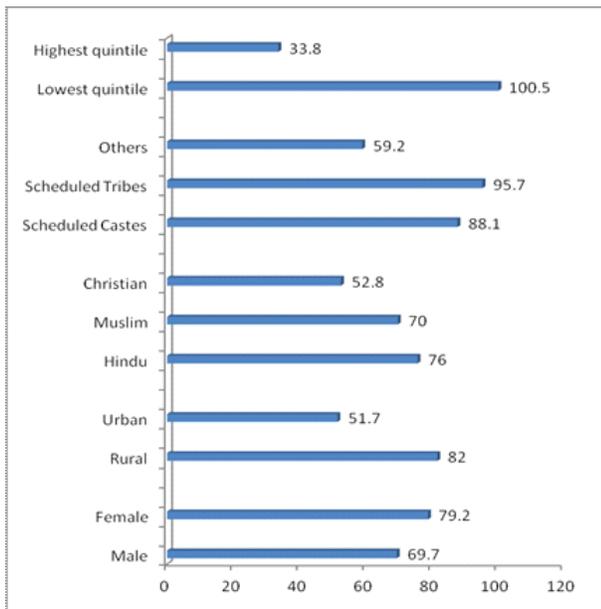


Fig.6. Disparity in levels of under-five mortality by various characteristics (Indian Average 74)

the Government of India targets appears to be a tall order.

Fig. 6 highlights the inequalities and disparities in the levels of child mortality (U5MR). It can be seen that a child who is born in the Scheduled Tribes household is one and half times as likely to die before reaching his/her fifth birthday as compared to a child born in the ‘Others’ household. A child born in the

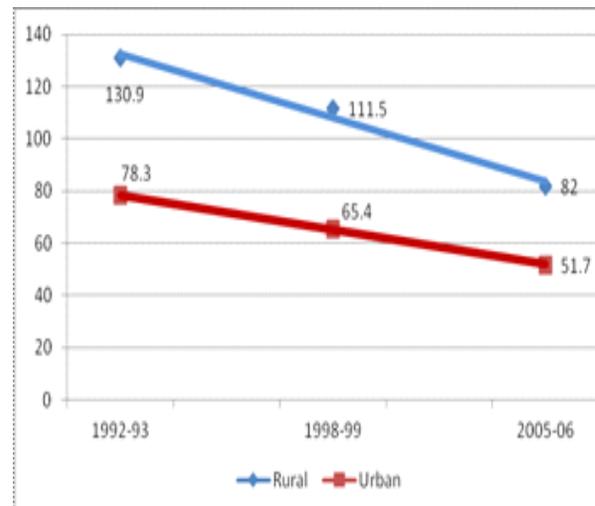
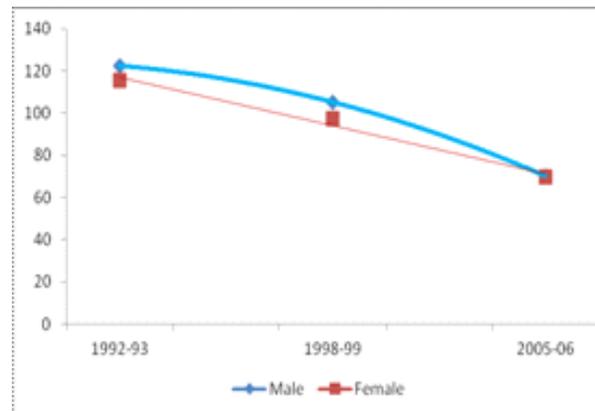
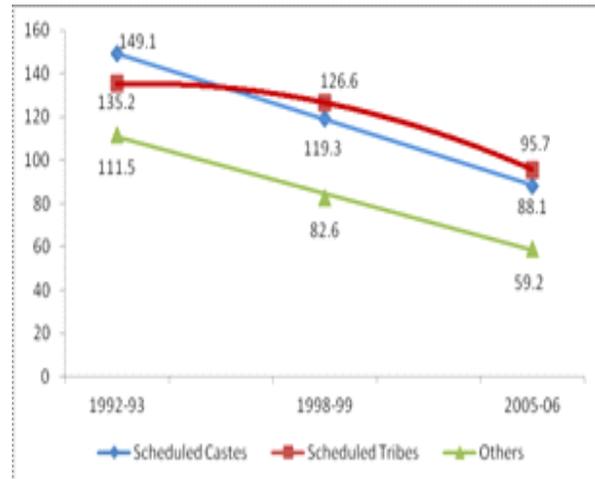


Fig. 7. Trends in U5MR in India by different population characteristics: residence, Sex and Scheduled Castes and Scheduled Tribes – 1992-93 to 2005- 2006

poorest household is three times as likely to die before its fifth birthday as compared to a child born in the richest household. The trends in U5MR for different sub-populations since 1992-1993 are shown in Fig. 7.

Although there has been significant progress in all categories of populations, the gaps have remained more or less same and in some cases widened (for example between Scheduled Tribes and Others).

As stated earlier, under-nutrition contributes to more than one-third of under-five deaths. Trends in children underweight by wealth quintile between 1992-1993 and 2005-2006 are depicted in Fig. 8

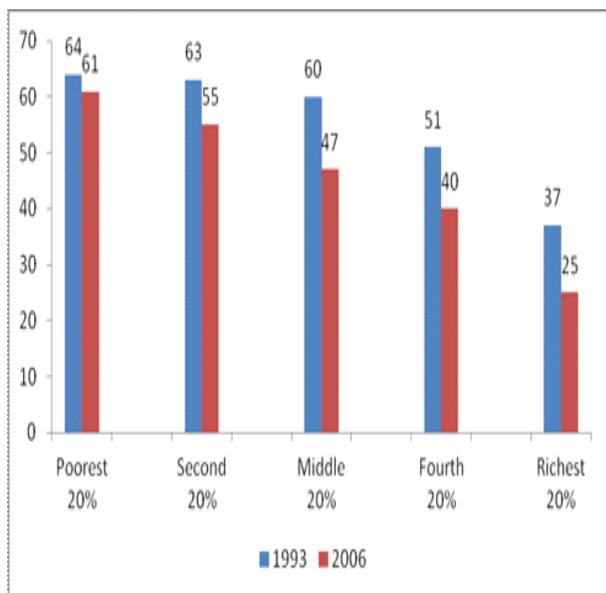


Fig.8. Trend in percentage of children age 0-59 months who were underweight by wealth quintiles India – 1993, 2006

clearly highlight the fact that there has not been a significant decline in underweight prevalence among under-five children in the lowest quintile.

The Supreme Court has given special directives on Universalization of all Integrated Child Development Services (ICDS) services to all children below six years, pregnant and lactating mothers, adolescent girls in all rural habitations and urban slums in a progressive manner. Universalization of ICDS with quality, accelerated implementation of these directives and monitoring delivery of these entitlements are essential for accelerating progress in reducing malnutrition.

MATERNAL MORTALITY

The level and progress of Maternal Mortality Ratio (MMR) are shown in Fig. 9 the state with highest MMR of 390 per 100,000 live births is Assam followed by Uttar Pradesh (359) and the best performing state inevitably happen to be Kerala with an MMR of 81 with the next best being Tamil Nadu (97). While 58 percent of live births occur in

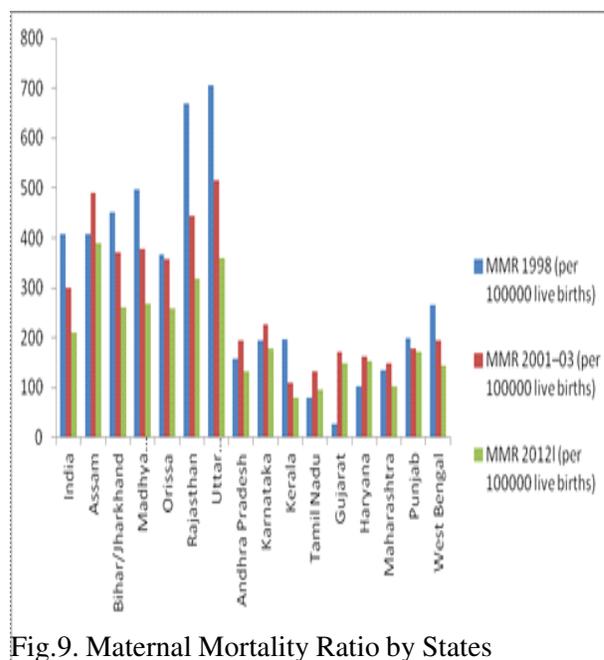


Fig.9. Maternal Mortality Ratio by States

the worst eight states (of MMR), together they contribute to 86 per cent of the total maternal deaths in India.

Since disaggregated data for MMR by social/religious groups, rural-urban and household poverty

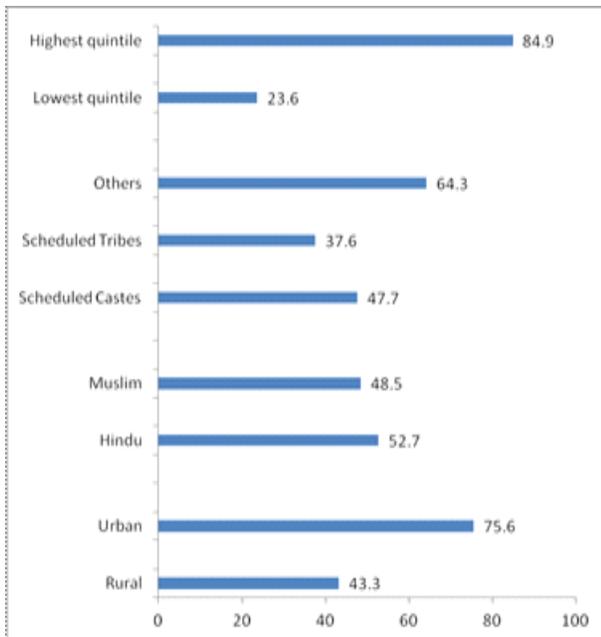


Fig.10. Disparity in coverage (in percent) of safe deliveries by various population characteristics in India – 2007-08 (India 52.3 %)

Wide disparities exist between different sections of the population in terms of their obtaining skilled delivery care. A woman living in an urban area is about twice as likely to get skilled delivery care as compared to a woman living in a rural area. Similarly, a woman living in the poorest household is more than four times less likely to receive skilled delivery care than a woman living in the richest household.

Child Education

The MDG 2 – Achieving universal primary education and the MDG 3 on promoting gender equality and empowering women are vital for

achieving almost all the other MDGs. The inverse relationship that exists between education of girls and infant and child mortality is well established in all regions in the developing world. Education of children has an inter-generational impact on poverty. India has made rapid strides in universalizing primary education largely as the outcome of sustained interventions under Sarva Siksha Abhiyan (SSA) and the Mid Day Meal Scheme (MDM). Fig. 11 gives the Net Enrollment Ratio in primary education between 2001 and 2007. The significant improvement in enrollment ratios in primary education across the country is very evident and at this rate of progress India is likely to achieve the target on universal primary education under MDG 2. Enrolment of girls in primary school has been particularly good and seems to be catching up with that of boys. The primary completion rate also improved significantly as will be seen from Table 3.

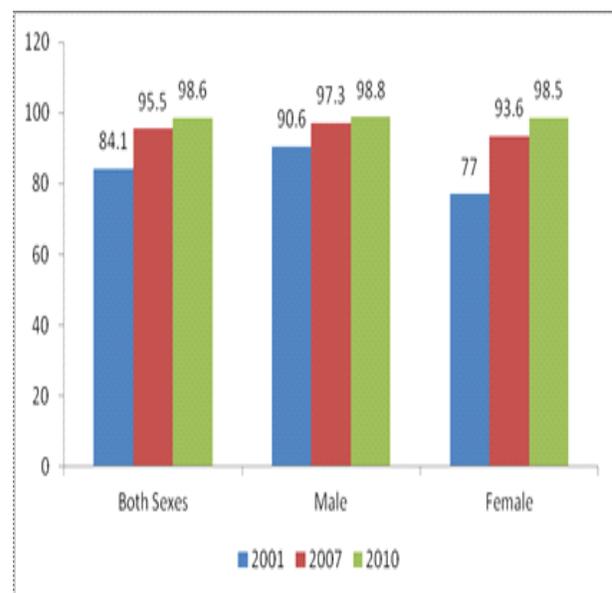


Fig. 11. Trends in Net Enrolment Ratios (in %) in India by sex 2001-07 & 2010

Table 3 : Trends in Primary completion rates in India by sex - 1991-2009
Primary completion rate (percent)

	1991	2001	2006	2009
Both sexes	63.8	72.4	85.6	97.2
Boys	75.1	78.7	88.0	97.3
Girls	51.5	65.6	83.1	97
Gender parity	0.69	0.83	0.94	0.99

The improvement in gender parity in completion of primary education, especially after 2001 is noteworthy. According to the recent independent study by the Ministry of Human Resource Development, an estimated 3.7 percent of children in the age-group 6-10 and 5.2 percent in the age-group 11-13 were out of school in 2008. In terms of numbers, about eight million children in the age-

group 6-13 are out of school, about 6.7 million in rural and 1.3 million in urban areas (ASER,2009).

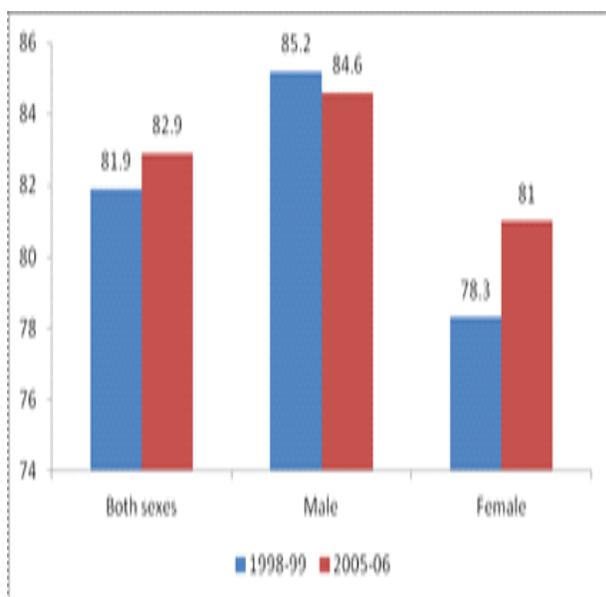


Fig.12. Trends in School attendance rates (in %) by sex- 1998-99 and 2005-06

It is important to note that generally enrollment rates are higher than attendance rates. There are a large number of students who enroll at school in the beginning of the year, but do not attend classes and even drop out at a later stage during the course of the year. The Annual Status of Education Report (ASER, 2009) reports that only about 75 percent of the children who were enrolled in schools at primary level were found to be attending on a random day surprisingly this has declined to 70.7 % in ASER (2013) report. Fig. 13 depicts the school attendance rate for children in the age group 6-10 years for the years 1998-1999 and 2005-2006. If attendance rate, instead of enrollment ratio, is used as the indicator to measure progress against the MDG 2, the progress in achievement of universal

Table -4: Learning achievements (in percent) among students of Class V in India – 2002-2003 and 2006-2007

Year of survey	Mathematics	Language	Environmental Studies
2002-2003 (Round I)	46.5	58.6	50.3
2006-2007 (Round II)	48.5	60.3	52.2

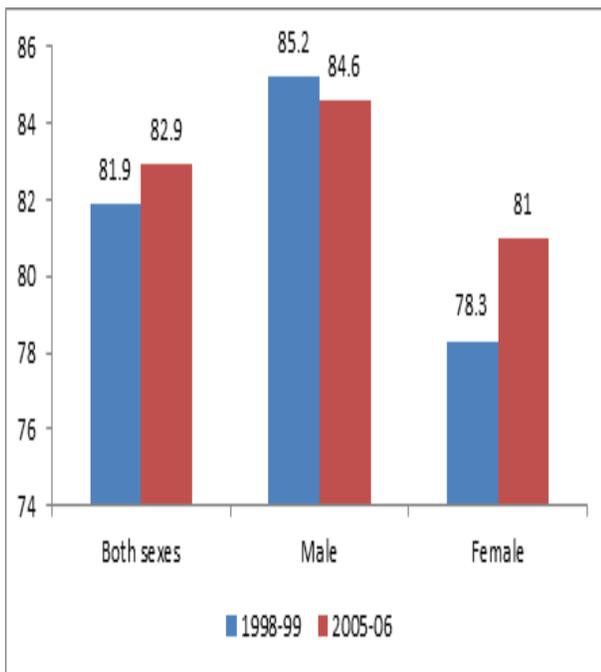


Fig.13. Trends in School attendance rates (in %) by sex- 1998-99 and 2005-06

education will not be as swift. With this attendance rate, the estimated number of children out of school in the age group 6-13 would be higher.

One of the World Fit for Children (WFFC) goals of education is the progressive provision of secondary education. Secondary education not only helps an individual to achieve his/her full potential, but also helps a country to advance social and economic development. Fig. 14 depicts the primary and secondary Net Attendance Rates (NAR) for India.

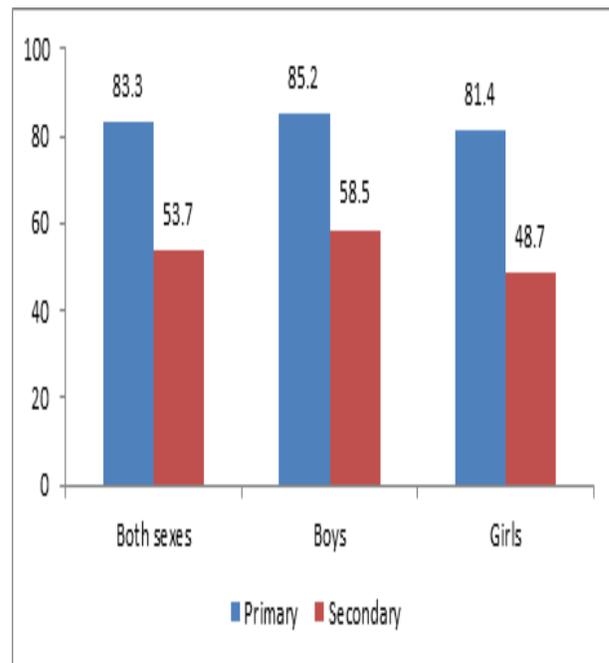


Fig.14. Primary and Secondary net attendance rates (in%) by sex in India- 2005-06

The sharp drop in secondary school attendance, particularly among girls poses a big challenge and requires immediate attention. There are several reasons why children drop out of school and they are not necessarily the same or even if same, are of varying degrees for girls and boys. Early marriage, distance to schools and lack of transport, attending to household chores, lack of separate toilet for girls, no female teacher, lack of safety and taking care of siblings are some of the important reasons why girls drop out of school. About one third of girls drops

out for all the above reasons taken together. The average number of upper primary schools per 10 square km is 1.45 while that for primary school is 3.30 (Elementary Education in India, DISE, 2011; DISE, 2013). About 74 percent of all schools have at least one female teacher. According to the ASER survey of 2013, four out of 10 government primary schools in rural India do not have separate toilets for girls. The number is lower in upper primary school (26 percent). Out of this, 12-15 percent is locked and 30-40 percent is usable. To 'ensure that, by 2015, all children have access to and complete primary education that is free, compulsory and of good quality' is one of the important educational goals of the WFFC. This WFFC goal specifically addresses the issue of quality primary education, which is apt not only because India is reaching the goal of universal primary education, but the learning achievements are sub-optimal, as will be borne out by Table-4 (National Surveys on learning achievements in two rounds, 2002-03 and 2006-07, NCERT, 2012). It indicates that the learning levels among the children in Class V have been consistently low, although there seems to be a small improvement between the two rounds. Now that India is almost on track in achieving the MDG 2 on universal primary education, the improvement in learning achievements should be brought into focus.

Early childhood care and education are the first among six 'Education for All' goals the world is committed to achieving by 2015. While the current focus in India is on elementary education, starting at

age six years may be too late to lay the foundations for a school. Investing in preschool or early childhood education is a key strategy for reaching out to the most marginalized children in a country which has relatively low pre-school coverage and high over-age entry. Hence, it will require focused efforts in order to provide appropriate school readiness initiatives in rural and urban India.

DISPARITIES AND INEQUALITIES IN EDUCATION

The wide variation in the levels of education across states has been found in a literacy rate of persons in the age-group 15-24 (Census, 2011). Among the major states, Bihar had the worst youth literacy rate of 62 percent followed by Arunachal Pradesh (65 percent), Jarkhand (66 percent) and Uttar Pradesh (68 percent). The best three states were Kerala (94), Himachal Pradesh (83 percent) and Maharashtra (82 percent).

Table-5 provides the worst three and best three states in terms of the school attendance rate using data from three different sources at different points of time. The age-groups used for these sources are also different. It can be seen from the table that in all the surveys consistently Bihar, followed by Jharkhand, Uttar Pradesh (and Orissa in one of the surveys) are the worst performing states and Kerala, Tamil Nadu and Himachal Pradesh are the best. The wide gap in school attendance rates between these states is very evident. Fig. 15 gives the literacy rates (7+ years) for the years 1991, 2001 and 2011 for the Scheduled Castes, the Scheduled Tribes and 'Others' as obtained from the Census.

Table- 5: Worst performing and best performing states in attendance rates from different sources (percent)

Worst performing states			Best performing states		
Census	NSSO	NFHS	Census	NSSO	NFHS
2001	2004-05	2005-06	2001	2004-05	2005-06
6-10 years	5-14 years	6-17 years	6-10 years	5-14 years	6-17 years
Bihar (43)	Bihar (77)	Bihar (56)	Kerala (93)	Kerala (98)	Kerala (90)
Jharkhand (54)	Jharkhand (77)	Jharkhand (64)	TN (89)	TN (96)	TN (89)
UP (60)	Up, MP (78)	Orissa (65)	HP (89)	HP (95)	HP (85)

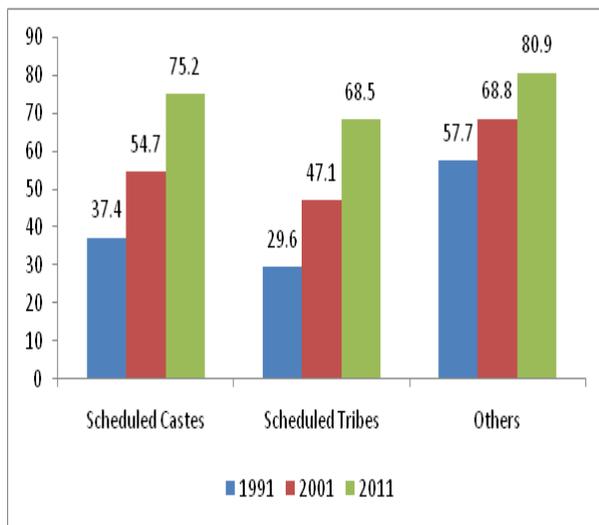


Fig.15. Literacy rate (7+ years) among Scheduled Castes and Scheduled Tribes in India - 1991,2001,2011

The levels of literacy among the Scheduled Castes and Tribes in 2011 were lower than that for ‘Others’. The fastest growth in literacy rate between 1991 and 2001 has been registered in the Scheduled Tribes category (60 percent), although this should be read on the backdrop that it started from a very

low base. The gap between ‘Others’ and Scheduled Casts and Tribes have been lowered during 2001 and 2011. The gender-wise literacy rate for Scheduled Castes and Scheduled Tribes for the years 1991, 2001 and 2011 based on the Census is given in Table-6. The gender parity has been improved over these decades and can be seen in the table.

Under the literacy rate of the Scheduled Tribes, the female is the lowest among all the categories, being 49.4 percent only. Although there has been a marked improvement in the literacy levels of both males and females, these two social groups still remain depressed. The gender parities are also dismal, in spite of some improvements between 2001 and 2011. This inequality in school attendance is also apparent from the Fig. 16 with the Scheduled Tribes been the worst of all in terms of achievement in school attendance. Table-7 gives the literacy rate

Table-6: Literacy rate (7+ years) among Scheduled Castes and Scheduled Tribes by sex – 1991, 2001 and 2011

	Scheduled Castes			Scheduled Tribes		
	1991	2001	2011	1991	2001	2011
Male	49.9	66.6	75.2	40.6	59.2	68.5
Female	23.8	42.9	56.5	18.2	34.8	49.4
Gender parity	0.48	0.63	0.75	0.45	0.59	0.72

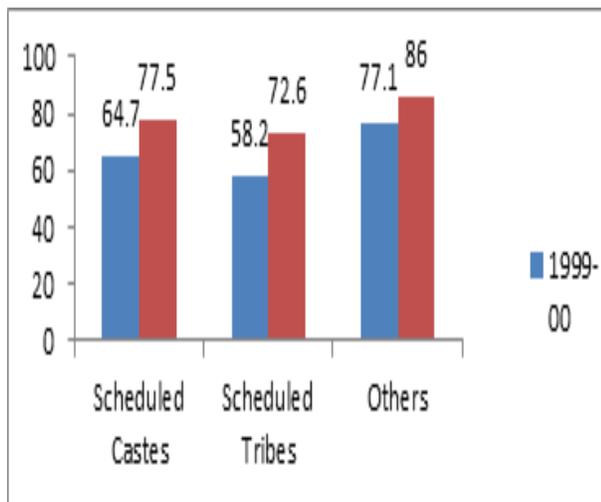


Fig.16. School attendance rates among Scheduled Castes and Scheduled Tribes children age 5-14 years in India - 1999-00 and 2004-05

Table-7: Literacy rate for population age 15-24 by sex among various major religious group in India - 2001

Religious community	Total	Male	Female
Hindu	77.1	85.5	67.6
Muslim	69.0	75.0	62.3
Christian	87.5	89.7	85.4

of the population age 15-24 for three major religions in the country.

It can be seen that the Muslims are worst off among the three major religions in terms of general literacy achievements. In spite of the fact that a large majority of the Scheduled Castes with low literacy levels are included in Hindu category, the Muslims have lower levels of literacy than Hindus. According to the latest survey on Out of School Children, conducted by the Ministry of Human Resource Development (MHRD), about eight percent of children belonging to the Muslim community are still out-of-school.

The rural-urban disparity in achievement in education in India is also very wide. While 87 percent of the population in the age-group 15-24 in urban India is literate, the literacy rate in the same age-group in rural areas is 72 percent (Census, 2001). It is interesting to compare the Net Attendance Rate (NAR) for Primary School and Secondary School in rural and urban areas. The high rural-urban disparity in Secondary school NAR as

measured by rural-urban ratios suggests a high proportion of post primary dropouts in rural areas.

It is well established that at a micro-level, children of poor households receive less education. Table-9 gives the male and female literacy rates by monthly per capita expenditure class in rural India (NSS0,2010). It is evident from Table-9 that the poorer the household, the lower the levels of literacy. Gender Parity worsens as we go lower in the expenditure class.

Fig. 17 shows the Primary and Secondary NARs for children living in households belonging to the

Table -8: Primary and Secondary School Net Attendance Rate by residence in India 2005-06

	Rural	Urban	Rural-Urban Ratio
Primary School NAR	81.5	88.5	0.92
Secondary School NAR	49.1	64.2	0.76

richest and the poorest quintile. It not only depicts the gap between the richest and poorest households in terms of the school attendance of children in the households, but also highlights the considerable drop in attendance levels in secondary schools for children belonging to the poorest households.

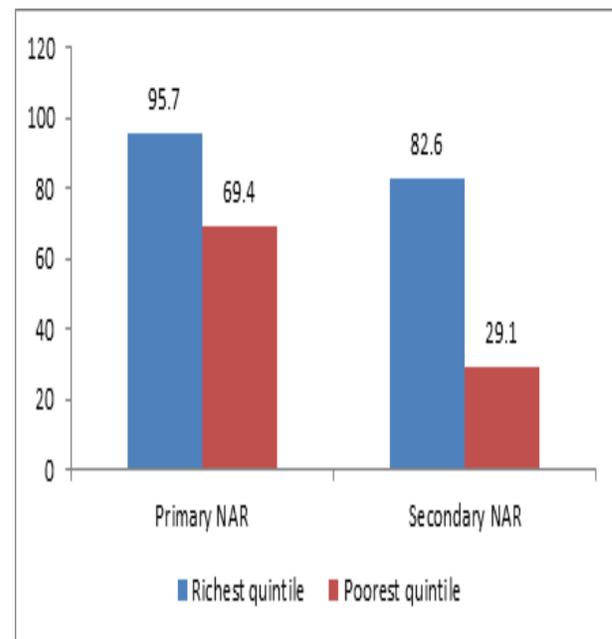


Fig.16. Primary and Secondary Net Attendance Rate (in per cent) for children living in households belonging to richest and poorest households in India –2005-06

Table- 9: Literacy rate by per capita monthly expenditure class in India – 2007-08

Monthly per capital Expenditure (percentiles)	Male literacy rate	Female literacy rate	Gender parity
Bottom 20%	59.4	42.8	0.72
-Next 30%	66.5	49.5	0.74
-Next 30%	74.8	58.5	0.78
Top 20%	88.2	78.1	0.89

According to the Census 2001, only about 61 percent of children with special needs were attending school. The Out of School Survey of the MHRD estimated that about 35 percent of such children were not in school in 2009. The education of children in difficult circumstances, such as those internally displaced, affected by natural disaster, civil strife and other types of violence would also need special attention.

The Right of Children to Free and Compulsory Education Act, 2009 (RTE) has been notified on 1 April, 2010. This effectively translates the constitutional provision under Article 21- A into a justifiable right for the children of India. The Act provides for the right of children to free and compulsory admission, attendance and completion of elementary education with removal of all barriers. It seeks to ensure good quality elementary education conforming to the standards and norms spelt out in the schedule and strengthening the training of teachers for improving teaching and learning, and specifically prohibits corporal punishment — physical punishment and mental harassment can now result in disciplinary action against teachers. RTE provides a platform to reach the unreached, with specific provisions for disadvantaged groups, such as child labourers, migrant children, children with special needs, or those who have a “disadvantage owing to social, cultural, economical, geographical, linguistic, gender or such other factors.”

CONCLUSION

The MDGs rests on education as the major tool to bring about gender equality. It therefore emphasizes on eliminating gender disparity in primary and secondary education, and at all subsequent levels of education. The MDG 2 pre-supposes universality in primary education and therefore it is imperative that if India has to achieve this MDG, special focus would be required to ensure that all children in the ‘last mile’ who majorly belong to the marginalized groups are provided with quality primary education and then further beyond (UNISEF, 2011).

The widespread donor assumption that gender disparities would diminish as enrollments increased has had to be revisited. It is increasingly clear that unless the specific reasons why girls often fail to go to (or stay in) school are addressed, progress towards universal education will be slowed. Tackling discrimination against women and girls is central to achieving the MDG on child mortality. The use of sex-selective abortion, neglect and discriminatory access to food and medicine all play a significant role. For example, research shows that girls in India are five times less likely to be fully immunized and to have a nutritious diet than boys (Borooah, 2004).

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