

Vikas Samvad InfoPack Series

Inequality & Children in India

Deepening Gulf of Child Mortality and Malnutrition in togetherness with Inequality
in India



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Introduction

This is the 30th Anniversary Year (2019) when this world adopted Convention on the Right of the Child (CRC). The Article 6 of the Convention on the Rights of the Child (CRC) states that children have the right to live and governments should ensure that children survive and develop healthily. The Convention places a high value on the children's right to survival and states that children have the right to good quality health care, to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. (Article 24 of CRC); and this is the high time to look at the depravity of Economic and Wealth Inequality from the Child Centric Approach.

This paper seeks to establish that the level of Malnutrition and Child Mortality Rate is up to twice or thrice more amongst the economically underprivileged populations as compared to those of the haves. If these rates are to be scaled down for these populations, policy for equitable resource distribution and its responsible and restrained usage must be centre-staged. The manner in which the economic inequality and monopoly over wealth are rising in India, it will become more difficult for bringing about effective reduction in malnutrition and Child Mortality Rate. It is imperative that the targets for child rights and betterment are implemented in tandem with those of economic equality. Inequality should not just be treated as an economic issue. This draws upon data from Credit Suisse Research Institute's Global Wealth Report 2018 and National Family Health Survey (Round 4, 2015-16).

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Skewed Economic Development

The entire discourse on development has got limited to and revolves around economic development. After all, this economic development has given us such a glare to our eyes that we fail to see the rampant inequality. The myth of existing economic development seeks to create an overdrive of positivism. According to the Forbes Report 2018 (it studies and publishes exclusively on rich persons – their nature of work, life style and wealth status across the world), there are 100 billionaires (whose wealth is measured in USD and not in INR) and whose total wealth is INR 32964 billion (equivalent to \$ 492 billion).

As per the interim figures, per capita income of India was INR 112, 764/- per annum. With this measure being in place, total wealth of the 100 persons in the top wealth echelons is equivalent to one year's income of 292.3 million Indians. The 2011 Census informs that India has a total of 245 million households. This means that 100 billionaires control wealth of country's entire population.

Forbes' Report informs that the year (2017-18) when the value of INR was falling, unemployment was on the rise. Farmer was committing suicide, launch of Goods and Service Tax (GST) had jolted the economy; and in that year, the richest 250, 000 families of India had earned wealth at the rate of INR 22 billion per day. On the contrary, an estimated 60 million persons were struggling with the predicament of unemployment. There was not a single USD billionaire in 1991 when policies of economic liberalisation had commenced. However, at present there are as many as 121 USD Billionaires who have not only taken the virtual control of India's economy but also literally exercise control over Indians' behaviour, consumption and even their understanding of what democracy means. In fact, the economic liberalisation had duly determined that only those who have money will be able to access services and that gradually the government would shed the concept of 'welfare state'. And that is what has happened too!

According to the OXFAM Report, the billionaires in India recoded earnings of INR 20913 billion in year 2017-18. This amount was equivalent to the entire budget of the Government of India. In India, a highly placed officer gets salary of INR 8600/- per day; whilst, virtually, no evaluation of the result of his work is carried out. However, an average daily wage of INR 187/- has been established for the worker under the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) and that his remuneration is also linked to his work appraisal. One, thus, may see that at this level itself, there is a 46-times disparity. The wealth of India's richest industrialist, Mukesh Ambani rose by INR 3 billion every day. It is, therefore, a bit difficult to gauge its difference with the income of 80 million farmers and labourers. Anyway, we may know that the income of the richest person is 16 million times that of the labourer.

The Existing Status of Inequality

It is derived from the Credit Suisse Research Institute's Global Wealth Report – 2018 (Global Wealth Report), India's total wealth was Rs. 3881.8 trillion. Out of this, the wealth equivalent to INR 3012.28 trillion (78 per cent) was under the control of country's wealthiest 20 per cent persons. The next 40 per cent persons possessed wealth equivalent to INR 869.52 trillion (22.4 per cent). This segment is known as the middle class of India which considers remittances of Equated Monthly Installment (EMI) for two-wheeler, four-wheeler, HD Television and Home Loan as life's biggest aims. This class of people does not consider environment, drying up of rivers, increasing violence, communalism and democratic values to be of primary concern of life.

The poorest 20% of the country are not only deprived of wealth, their (170 million persons) wealth is rather negative at INR 34936 Billion, as the Credit Suisse Research Institute's Global Wealth Report – 2018 reports. Credit Suisse has taken the financial capital earned by the families, their immovable property and value of landed property as the gross value in assessing their wealth for the purposes of their study. Whilst doing so, the debt burden for the families has been subtracted.

This report informs that the wealthiest 1% adults in India have wealth equivalent to Rs.997.6 Trillion. It means that these 1% Indians possess control over the total wealth of 80% Indians. Therefore, it is natural that the question arises as to what freedom or public welfare can we expect from a dispensation that has vested control of economic development and sutras of economic policies in the hands of 1% persons of countries population? Is it a mark of good economic policy that 1.34 billion people are made the colonials of the 1% capitalists?

Control over Wealth in India							
Adult Population – in 20% Wealth Quintile	Total Population – in 20% Wealth Quintile	Second Quintile of Population	Wealth with Second Quintile in %	Wealth	Wealth	Wealth Per Person	Wealth Per Adult
In Million	In Million		Of Total Wealth	In \$ Billion	In INR Trillion	In INR	In INR
170.04	269.3	00% - 20%	(-) 0.9	-53.748	-34.9362	-129718	-205456
170.04	269.3	21% - 40%	0.9	53.748	34.9362	129718	205456
170.04	269.3	41% - 60%	11.3	674.836	438.6434	1628688	2579618
170.04	269.3	61% - 80%	11.1	662.892	430.8798	1599861	2533961
170.04	269.3	81% - 100%	77.6	4634.27	3012.2768	11184617	17714899
850.2	1346.6	Total		5972.00	3881.8	2882633	4565696
8.50	13.5	0 % - 1%	25.7	1534.80	997.6226	74083673	117338375
Source- Derived from Credit Suisse Research Institute's Global Wealth Report 2018 (Global Wealth Report)							

Genesis of Inequality

Inequality is not naturally born. Policies embedded with greed lead to its evolution. Country's resources and opportunities are ruined when the state dispensation is inanimate to the rising inequality. Rather, it is the disposition of economic policies that determines the kind of circumstances which will get formed in the society. What is even irksome is that even the laws passed by the Parliament in consistence with the Constitution are disregarded when it comes to implementation. A case in point is The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006, No. 2 of 2007. Whilst the preamble to the Act states that '...whereas it has become necessary to address the long standing insecurity of tenurial and access rights of forest dwelling Scheduled Tribes and other traditional dwellers including those who were forced to relocate their dwelling due to State development interventions...', the huge rejections of their claims in the implementation of the Act speaks of wide gaps in policy and intent on the part of the State. The recent Supreme Court order (at the instance of certain vested interests in the guise of nature conservationists) asking for their removal from their dwellings on account of rejection of the claims is a vivid example. Notably, the State did not come forward to 'defend' these vulnerable communities! According to the latest report (as on

30th November 2018) compiled by the Ministry of Tribal Affairs (GoI), out of 4.224 Million Forest Rights claims filed (both individual and community forest rights), 1.894 Million have been given title deeds, where as approximately 1.939 Million claims were rejected. The reality is that processes have not been followed as per the motive of this act and Forest-Wild Life Protectionists made all efforts for creating a case against the “Co-Existence of People-Nature-Wild Life”.

The example of Pradhanmantri Matra Vandana Yojana (Maternity Benefit Program under National Food Security Act 2013) also shows that Policy makers are comfortable in sacrificing empathy in the context of Maternity Entitlements. India's interventions to resolve the problem needs to address exclusionary approach adopted by the present government. The Pradhanmantri Matrutva Vandana Yojana (PMVY) is a vivid example of the exclusion being perpetrated. It is notable that every single woman, whether a homemaker or working in the unorganized sector is not covered under any of the Maternity Entitlement legislations or scheme. In such a situation, 93 percent women are deprived of rest, nutrition, care and supporting environment due to acute poverty or marginalisation. Whilst the Parliament of India enacted the National Food Security Act 2013 with a provision of Maternity Benefit of Rs. 6000 to all women who are not covered under any other maternity benefit scheme or legislation and that it spoke of universalisation amongst so that the excluded and the uncovered women are taken care of, but the conditionalities introduced by the Ministries in the Central Government have rather created further exclusion amongst the most marginalised.

The terms and conditions state that the Maternity Benefit will only be given up-to the Birth of First Child in three installments, if after receiving first installment woman faces miscarriage or a still birth happens, respective installments will be deducted when she conceives next time. In a sense, the policy makers have ensured that even the Maternity Benefit does not reach the actual first living child of a family!

Further, whilst liberalisation and privatisation have concentrated capital and resources in the hands of a few, the state's dispensation has rather constricted its responsibilities pertaining to public rights, basic services, education, health and social security etc. for facilitating the privatisation, on the other. With these services moving in to the private sector, the deprived sections of the society are not able to access these services because of their inability to pay for the same. Thus, now we broadly find that we have two kinds of mechanisms in place. The state-governed education system – which too is afflicted with 10 types of schools, books, teachers and standards. As many as 90 per cent of the government schools are such that there are no teachers, the teachers those are there are untrained, basic infrastructure is missing and that their monitoring and accountability is conspicuous by its absence. In essence, these state-governed schools do not provide life-changing quality education. The state does not have a policy intent to strengthen it.

The other mechanism is that of the private sector's control over education. It is costly. Its approaches are such that the poor and the deprived people cannot relate themselves with them with the result that many of the children are rendered out of the schools. Here, education is a market with products. Here, the private sector does not have this belief that it is the right of every child to have quality education and that to afford it is its constitutional responsibility. It believes that these responsibilities are to be borne by the state!

Widespread disparities leave a deep imprint on the children. Social inequality sharpens the economic inequality. The economic inequality extends and widens the range of poverty. The government runs the schools for the poor children but keeps their schools and the education system weak. The children coming out

of these schools fail bring about transformation in their lives and that the menace of inequality keeps on widening.

The same logic applies to the health system too. The economic disparities have widened because of our economic policies. The sections of the society that is bearing the brunt does not get safe potable water, basic dwelling and health facilities. When he takes ill, he is not able to access quality health care service. He gets caught in the vicious cycle of illness and deprivation.

As many as 93 per cent women in India work in the disorganized sector. Nothing, be it their work, wages or economic security is secured. They do not get even their maternity entitlement. In its absence, they are required to undertake heavy work during pregnancy. They do not get adequate rest and that they do not access their complete entitlement pertaining to health and nutrition. Consequently, first their delivery is risk-prone and secondly the newborn does not get mother's breastfeed immediately after the birth. This may lead to an outcome of stunted growth of the child, disability, child death and/or maternal death. As many as one-fourth of the children have Low Birth Weight. Further, in India, 58.4 per cent children do not receive mother's breastmilk (colostrum) immediately after the birth and that 91.3 per cent children do not get complementary feed along with the continued breastfeed; (NFHS-4, 2015-16) - post the exclusive breastfeed until the first 6 months after the birth, with continued breastfeed up to 2 years.

Out of the total deaths occurring in India, 12.4 per cent deaths take place in age up to 4 years and that 45 per cent of these deaths occur due to pre-term birth, Low Birth Weight and Pneumonia. If the 93 per cent deprived women are given the maternity entitlement (comprising economic benefit, rest pauses, health care services and nutritious diet), this situation could turn around. However, at present the situation is such that even the Pradhan Mantri Matru Vandana Yojana entails such conditions that the benefits reach least women. Whether it be the private sector, organised sector or the state dispensation, only 7 per cent women can access the entitlements.

When the parents and guardians are faced with the crisis of livelihood insecurity, they are not able to look after their children well. They are compelled to compromise with health care services and quality of education. After all, poverty inhibits them from buying services from the open and profit-centred market. Not only this, the women are either not able to access health or counselling services during pregnancy or get poor quality services. Poverty inhibits the children, particularly the girls from accessing education. It affects them adversely as they are not able to take informed decisions pertaining to their reproductive health.

This is not only a matter of principles. It is an established fact that malnutrition and child mortality are closely linked with economic inequality.

Impact of Inequalities on Children and their Wellbeing

When we make a preliminary analysis of the findings of National Family Health Survey – Round 4 (NFHS - 4) in terms of classification by urban and rural areas, it becomes clear that situation of malnutrition in the rural areas across the dimensions of 'stunting¹' (low height-for-age), 'wasting²' (low weight-for-height) and

¹ An indication of poor Foetal Growth Restriction (FGR) as well as chronic undernutrition or prolonged food deprivation and/or disease or illness for the child.

underweight³ (low weight-for-age) is skewed towards pronounced disadvantage. In contrast to the urban areas where 31 per cent children suffer from ‘stunting’, 41.2 per cent rural children are stunted. Likewise, there is distinctive difference in respect of ‘wasting’. As compared to 19.9 per cent urban ‘wasted’ children, there are 21.4 per cent rural children who suffer from ‘wasting’. In case of underweight, the differentiation is sharper. As many as 38.2 per cent rural children are ‘underweight’ as compared to the 29.1 per cent urban children.

When the situation is viewed from the perspective of social strata, it is observed that 43.8 per cent scheduled tribe children and 42.8 per cent dalit children are malnourished in terms of being ‘stunted’. However, it is also noticeable that 19.1 per cent children belonging to the socially as well as economically much better off Jain community are also ‘stunted’. Likewise, 28.8 per cent children from this community are also underweight. On the other hand, 45.3 per cent children from the tribal community and 39.1 per cent children of the Dalit community suffer from underweight.

Status of Nutrition Based on Residence and Social Structure in Per Cent						
Malnutrition Indicators	Urban	Rural	Total	Scheduled Tribe	Dalit	Jain
Stunting	31.0	41.2	38.4	43.8	42.8	19.1
Wasting	19.9	21.4	21.0	27.4	21.2	17.8
Underweight	29.1	38.2	35.7	45.3	39.1	28.8
Source: National Family Health Survey (4) 2015-16						

Economic Inequality and Children’s Status

In this part of the analysis, India’s population has been divided in to 5 equal parts of 20 per cent each in terms of their economic status. We have seen in the foregoing description that 1 per cent of the population exercises control over wealth of per capita income of the entire population of the country. The poorest 20 per cent people not only are without any wealth but that they are in a negative situation.

We are seeking to examine whether malnutrition and Child Mortality Rate in India bear any relationship with economic inequality or not. Findings of National Family Health Survey – Round 4 (NFHS – 4) indicate that economic poverty and economic diversity do bring to bear enormous impact on children’s lives. It is so severe that their lives are being destroyed and that for lifelong their psychological and physical capacities are also being snatched away. When capacities are snatched away, people get in to the vicious circle of disparities.

Neonatal Mortality Rate and Economic Inequality

As per the National Family Health Survey – Round 4 (NFHS -4), India had Neonatal Mortality Rate (NMR) at 29.5 per 1000 live births (newborns dying within first month of their life). When the result was compared vis-à-vis the wealth index, it was found that the highest wealth quintile of 20 per cent section of the society had the

² An indicator of acute undernutrition, the result of more recent food deprivation or illness. Wasting represents a recent failure to receive adequate nutrition and may be affected by recent episodes of diarrhoea and other acute illnesses.

³ A condition reflecting low level of body mass relative to the corresponding age. Weight-for-age is determined by both the height of the child (height-for-age) and weight (weight-for-height). Underweight is used as a composite indicator to reflect both acute and chronic undernutrition, although it cannot distinguish between them.

Neonatal Mortality Rate at 14.6 whereas it was 3 times, i.e., at 40.7 for the lowest wealth quintile 20 per cent households. The second wealth quintile (i.e., the next 20 per cent) had the NMR at 34.2, the third (middle) quartile at 28 and the fourth one at 21.6!

We are aware that child marriages, teen pregnancy, lack of nutrition and poor reproductive-maternity health care services have their roles in causing neonatal mortality. It needs to be stated that the existing economic policies of the state desist it from carving out public welfare policies and that the policy implementation gets devoid of adherence to constitutional values.

Infant Mortality Rate (IMR) and Economic Inequality

Number of infant deaths occurring within one year of birth per 1000 live births is known as Infant Mortality Rate (IMR). As per NFHS-4, India's Infant Mortality rate (IMR) stood at 40.7 per 1000 live births in year 2015-16. Analyzing against the wealth index, it is found that the highest wealth quintile of 20 per cent section of the society had IMR at 19.8 whereas that for the lowest wealth quintile had the IMR of 56.3, i.e., about three times!

Under Five Child Mortality Rate (U5CMR) and Economic Inequality

The children who die before celebrating their fifth birthday comprise the child mortality. Number of children dying within five years of birth per 1000 live births defines the Under 5 Child Mortality rate (U5CMR). As per the National Family Health Survey – Round 4 (NFHS -4), India's Under 5 Child Mortality Rate was 49.7. When analysed vis-à-vis the wealth index, huge difference is noticed. It is found that the highest wealth quintile of 20 per cent section of the society had U5CMR at 22.6 whereas the indicator for the lowest wealth quintile stood at 71.7; a difference of more than 3 times. The second quartile had the U5CMR at 57.3, middle one (third) at 46.1 and the fourth wealth quartile at 34.9.

Malnutrition (Stunting) and Economic Inequality

Height-for-age is a measure of linear growth retardation and cumulative growth deficits. It reflects chronic malnutrition. The National Family Health Survey – Round 4 (NFHS -4) informs that as many as 16.3 per cent children in India are suffering from severe stunting. And that, this challenge is not uniform across all households. The highest wealth quintile of 20 per cent households have 7.8 per cent children who are severely stunted. On the contrary, the lowest wealth quintile of 20 per cent households have 25.7 per cent severely stunted children, i.e., three times.

Likewise, the proportion of chronically undernourished children (whose Z-score of stunting is below minus two standard deviations (-2 SD) from the median of the reference population) stands at 38.4 per cent children in India, a measure reflecting deepened food insecurity. More than half (51.4 per cent) of the children belonging to the lowest quintile of 20 per cent are stunted whereas the proportion of those in the second quartile stands at 43.5 per cent. Again, on the wealth index, 22.2 per cent children in the highest wealth quintile suffer from this chronic undernutrition in the form of stunting.

Malnutrition (Wasting) and Economic Inequality

As per the NFHS-4, India has 21.0 per children who are acutely undernourished (thin for their height: (-) 2SD). The proportion stands at 24.2 per cent for the poorest quintile in contrast to that of 17.9 for the wealthiest quintile. The proportions for the severely 'wasted' children are at 8.7 per cent and 6.5 per cent for the poorest quintile and the wealthiest quintile respectively.

Malnutrition (Underweight) and Economic Inequality

The NFHS – 4 reports that 35.7 per cent Under 5 Children in India are underweight. The levels for the poorest and wealthiest quintiles stand at 48.8 per cent and 20.1 per cent respectively. As regards severely underweight status, India has 11.0 per cent children who suffer from this malnutrition, with the classifications for the poorest and the wealthiest quintiles being pegged at 17.8 per cent and 5.1 per cent respectively.

Height of Women - Their Low Body Mass and Economic Inequality

It is an established scientific fact that women having height of 145 cm are more likely to come across reproductive complications. It is also treated as the evidence of women's nutritional insecurity. The NFHS-4 informs that 5.6 per cent women amongst the wealthiest quintile of 20 per cent have height of less than 145 cm whereas 18.0 per cent of those from the poorest quintile have height shorter than 145 cm.

Further, as many as 22.9 per cent women of age 15-49 years (who are not pregnant and who have not had a birth in the two months before the NFHS – 4 Survey) in India are thin, represented by Body Mass Index (MBI) being lesser than the standard 18.5 Kg/M². It is noticeable that there is a steady decrease in the proportion of thin women as household wealth increases (from 35.8 per cent in the lowest wealth quintile to 11.6 per cent in the highest wealth quintile. It is also observed that there is a steady increase in the proportion of overweight or obese women (from 5.8 per cent in the lowest wealth quintile to 36.2 per cent in the highest wealth quintile).

Status of Mortality in Children and Their Malnutrition Vs. Wealth Index ⁴						
Indicators	Wealth Quintile					
	Lowest	Second	Middle	Fourth	Highest	Total
Neonatal Mortality Rate	40.7	34.2	28.0	21.6	14.6	29.5
Infant Mortality Rate	56.3	47.2	39.1	29.6	19.8	40.7
Under 5 Child Mortality Rate	71.7	57.3	46.1	34.9	22.6	49.7
Stunted (-) 3SD	25.7	18.3	13.5	10.6	7.8	16.3
Stunted (-) 2SD	51.4	43.5	36.4	29.2	22.2	38.4
Wasting (-) 3SD	8.7	7.5	7.0	6.8	6.5	7.4
Wasting (-) 2SD	24.2	21.7	20.2	19.3	17.9	21.0
Underweight (-) 3SD	17.8	12.5	8.9	6.8	5.1	11.0
Underweight (-) 2SD	48.6	40.4	33.2	27.4	20.1	35.7
% women Height less than 145 cm	18.0	13.7	11.0	8.5	5.6	11.1
Thinness amongst women (BMI < 18.5 Kg/M2)	35.8	29.5	23.1	17.1	11.6	22.9
Thinness amongst men (BMI < 18.5 Kg/M2)	31.9	26.6	20.5	16.3	10.6	20.2
Obesity (BMI ≥ 25.0 Kg/M2) amongst women	5.8	11.4	18.7	28.2	36.2	20.7
% With Diabetes	0.8	0.9	1.3	2.3	2.9	1.7
% With Goitre or any other Thyroid Disorder	0.7	1.1	1.8	2.7	4.3	2.2
% With Cancer	0.2	0.2	0.2	0.2	0.2	0.2
% Receiving ANC from a skilled Provider	57.1	76.2	85.6	90.4	94.1	79.3
Institutional Delivery	59.6	75.1	85.0	90.5	95.3	78.9

⁴ National Family Health Survey (NFHS-4) 2015-16, India Report

Linkages between Education with Malnutrition, Child Mortality and Domestic Violence

Economic inequality and poverty deprive a very large section of the society of its right to education. It has also been observed that even after the implementation of the Right to Education Act, quality education has still not been universalized. In effect, efforts have been afoot to completely privatise school and higher education. Findings of the NFHS – 4 bring out that malnutrition; Child Mortality Rate and violence meted out to women have a deep connect with education.

The NFHS -4 points out that India had Neonatal Mortality Rate (NMR) at 29.5. It is notable that those families which had women completing 12 or more years of schooling had the NMR at 17.9 and that those families where there was no schooling of the mothers, the Neonatal Mortality Rate stood at 37.2!

In respect of Infant Mortality Rate (IMR), the average IMR was 40.5. However, the proportion was much lower at 23.5 for the mothers who had 12 or more years of schooling. On the contrary, the mothers who had had no schooling at all, their newborns perished, with the NMR at 53.2! The figure was slightly better at 51.2 for the mothers who had schooling for less than five years.

The findings are further corroborated in case of Under 5 Child Mortality Rate (U5MR) too. Those women had had schooling for 12 or more years, their children's under 5 mortality rate was 26.5 and that the phenomenon rose to 67.5 for those women who had had no schooling at all!

Malnutrition and education of women too appear to be closely linked. The results of NFHS -4 indicate that children of the women who had 12 years or more of schooling had severe stunting at 8.7 in contrast to that of 24.8 in respect of children of women who had no education at all, a disadvantage of around three times. The similar findings are there for chronically undernourished children (whose Z-score of stunting is below minus two standard deviations (-2 SD) from the median of the reference population) where the corresponding figures of stunting are 23.8 for women having had 12 or more years of schooling and 50.7 for those women who had no education. The difference is rather stark.

The corroboration of deep linkage between underweight and education of mothers is also evidenced from the findings of NFHS - 4. The proportion of underweight stood at 21.8 for children of mothers having had schooling of 12 or more years. On the contrary, the proportion rose to 46.8 for the children whose mothers had no education at all. The corresponding difference in case of severely underweight stands at 5.5 and 16.5 respectively.

The results of the NFHS – 4 also inform that as many as 24.4 per cent women were subjected physical, sexual, or emotional violence by husband in the period of 12 months preceding the survey. Women's experience of violence declines sharply with women's schooling and wealth. By schooling, the percentage of women who report physical violence declines from 43.5 percent among women with no schooling to 17.7 percent among women with 12 or more years of schooling. Similarly, the experience of physical violence ranges from 45.8 percent among women in the lowest wealth quintile to 19.2 percent among women in the highest wealth quintile.

Indicator	No School Education	<5 Years Education	5-7 Years Education	8-9 Years Education	10-11 Years Education	12 Years or more Education	Total Rate/%
Neonatal Mortality Rate	37.2	37.6	33.0	28.9	19.8	17.9	29.5
Infant Mortality Rate	53.2	51.2	43.3	39.8	27.9	23.5	40.5
Under 5 Child Mortality Rate	67.5	61.7	51.8	45.6	31.8	26.5	49.7
Stunted (-) 3SD	24.8%	18.5%	16.0%	13.3%	10.5%	8.7%	16.3%
Stunted (-) 2SD	50.7%	45.3%	39.8%	35.5%	29.7%	23.8%	38.4%
Wasting (-) 3SD	8.1%	7.6%	7.5%	7.1%	6.9%	6.9%	7.4%
Wasting (-) 2SD	22.7%	22.2%	21.6%	21.0%	19.8%	18.5%	21.0%
Underweight (-) 3SD	16.5%	12.6%	11.0%	9.3%	7.4%	5.5%	11.0%
Underweight (-) 2SD	46.8%	41.9%	37.6%	33.1%	28.5%	21.8%	35.7%
Anaemia (6-59 months Children)	64.8%	60.0%	58.7%	56.7%	55.0%	51.6%	58.4%
Women suffered violence by husband in last 12 months (Physical, Sexual or Emotional)	43.5%	41.5%	35.1%	30.6%	25.1%	17.7%	33.3%
Source: http://rchiips.org/NFHS/NFHS-4Reports/India.pdf (National Family Health Survey (4) 2015-16)							

Conclusion

In fact, it is necessary to look in to and acknowledge children's education and within them that of girls' education from the perspective of addressing the goal of combating malnutrition, child mortality and domestic violence. The results of NFHS – 4 clearly point towards the need for the state to place special emphasis on quality and universal education. It must be recognised that commercialisation of education has not only snatched away right to education from the large chunk of country's population but also the character and outlook of education has become anti-society.

It appears that the nature and disposition of economic policies for India's development which have been adopted are in effect serving the cause of concentrating wealth in the hands of a few. The intent does not appear to be addressing the creation of a mechanism that renders equitable distribution of resources and opportunities. The kind of definition of 'development' which we seem to be adopting has its natural consequences manifesting in unemployment, food insecurity, crisis of health, deterioration of quality in education, commercialisation and extreme economic poverty.

The sections of the society which have been impacted by these policies are the first ones forced to face the challenges of malnutrition, illnesses and deaths. Studies are seeking to prove that the crisis of malnutrition owes the phenomenon to poverty, illness and climate change. However, the underlying causes comprise the economic policies and distorted development which is further deepening the roots of poverty. Inequality is compelling the people to stay ill without getting any treatment. Recent endeavours sought to bring in public advocacy for people-centric distribution of resources. The observation with implementation of Forest Rights Act was one of them. However, a section of capitalists in the country rose against this move. The manner in which the farmers' plight is being perceived goes to show that community's access to wealth will keep on shrinking via the axis of state disposition and the capitalists.

