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Transformative Agenda for Children-Grassroots Actualities and Opportunities for the State of Karnataka (India)

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Abstract

Children are both societal transformation agent and foundation for sustainable development. They as rights holders needs special attention from all duty bearers to realize their rights mainly right to development, right to survival and growth, right to protection and right to participation. Millennium Development Goals (MDGs) were instrumental and adopted by 193 countries from 2000 to 2015. During this period, Government of different countries in general and government of India in specific, had been significantly focused on how its comparative advantage and contributions could lead to significant gains in inclusive development in their regions respectively. It was evident that remarkable progresses were made by the countries however it was uneven and especially around the children issues. To continue the momentum with greater emphasis of universal, integrated and transformative agenda for sustainable development, in 2015, the United National General Assembly formally adopted a set of 17 Sustainable Development Goals (SDG) and 169 associated targets, of these, 48 are highly relevant and 47 are somewhat relevant to children.

Using the analysis of existing flagship surveys of government of India like National Family Health Survey (NFHS), District Level Household Survey (DLHS), District Information System on Education (DISE), Rapid Survey on Children (RSOC) and CENSUS, this paper exclusively looks into issues directly or indirectly affecting the well-being of the children in one of the southern states i.e. Karnataka (India) as a case study. State government of Karnataka with support of stakeholders had taken advantage of economic growth and large-scale social sector programmes, however, analyzing government published survey reports, author had revealed that the large scale of maternal and child undernutrition poses a challenge for the State. Recent government efforts in restructuring the integrated child development services and other initiative exemplify government commitment to holistic child development. In child protection, issues lie child marriage, child labour and gender-biased sex selection threaten the environment in which children live. It was surprising to note that despite spending adequate resources, having effective third tier government and policy framework in place, the situation of children in Karnataka state is not impressive when we compare with other southern states like Kerala and Tamil nadu states of India.

The need of the hour is to enhance effective implementation of policies and programs in a way that ends the inter-generational cycle of deprivation among the poorest and most marginalized. For this, integrate social protection with investments in education, health, welfare services and livelihoods promotion is key within a comprehensive planning framework in order to maximize inclusive social development and equitable economic growth .It is equally important that to facilitate an enabling environment for change and take up transformative agenda at the policy level, Karnataka State Commission for the protection of the rights of children (KSCPCR) should be made fully independent will adequate funding and powers and extend support them to forge strategic partnership and networks with decision makers, including from government, members of parliament, legislative assembly and key influencers including faith-based leaders, celebrities, the judiciary, media , civil society organization and youth people. This will help to initiate and support a discourse that will raise the profile, visibility of children's issues and opportunities to take up transformative agenda for children, meaningfully, in the state of Karnataka.

Key Words: Child rights, Investment on children, Sustainable Development Goals, Child protection, State Commission.

1. Introduction: Children are the future of the nation. They are, in fact, the foundation on which a strong, vibrant and dynamic India shall be build. However, children and women face multiple deprivations at different stages of their life and that multi-dimensional problems need multi-pronged, inter-sectoral solutions. Government's plan and policies emphasis on children, as well as women, who collectively constitute over 70 per cent of state's population. Children as rights holders needs special attention from all duty bearers to realize their rights mainly right to development, right to survival and growth, right to protection and right to participation.

Millennium Development Goals (MDGs) were instrumental in this regard and adopted by 193 counties from 2000 to 2015. During this period, Government of different countries in general and government of India and state governments in specific, had been significantly focused on how its comparative advantage and contributions can lead to significant gains in inclusive development in their regions respectively. Most of the date available from different government sources were at outcome or impact level.

It was evident that remarkable progress were made by the countries however are uneven and especially around children issues. To continue the momentum with greater emphasis of universal, integrated and transformative agenda for sustainable development, in 2015 the United National General Assembly formally adopted a set of 17 Sustainable Development Goals (SDG) and 169 associated targets, of these, 48 are highly relevant and 47 are somewhat relevant to children.

With an objective to understand the well-being of the children in the state of Karnataka state, author has made an attempt to analyze the survey data further and link them to each

other to present big picture of children. The state of Karnataka located in the south west part of India is considered as one of the big states of India. Over the years, Karnataka has made progressive strides on several aspects of development indicators. However, to make further progress in the development indicators, thorough planning is required to provide equitable services to 61 million people residing across 30 districts with distinct geographical characteristics.

2. Materials and Methods: The paper is prepared to create big picture of Karnataka state (India) on the status of children in key selected indicators of education, nutrition, health, protection and water and sanitation issues. This paper would have relevance to the policy in the context of the closure of MDGs and initiation of SDGs in the state.

Study Area and Sampling: The study is confined to Karnataka, which is one of the biggest state in the southern India. Sample indicators were selected to highlight the status of children in this paper.

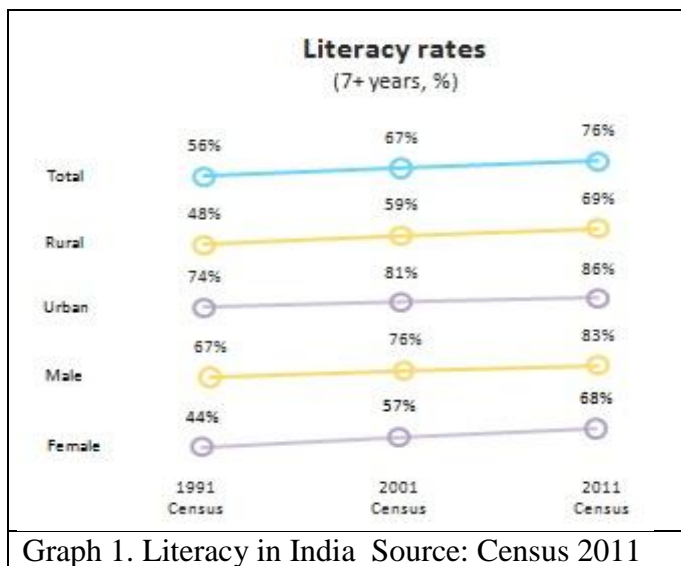
Data Sources: Government of India conducts surveys and Census at regular interval over a few decades. To capture the status of women and children, recent published survey data from government of India is available from National Family Health Survey (NFHS), Rapid Survey on Children (RSOC), District Level Household Survey (DLHS), CENSUS, National Sample Survey (NSS), Sample Registration System (SRS) and District Information System on Education (DISE).

3. Results and Discussion: According to Census 2011, there are 20.7 million children (0-18 years) in Karnataka state, i.e., around 1/3rd of the total population – 61 million. About 61 per cent of the population lives in rural areas and is dependent mainly on agriculture for survival. About 12 per cent of the population belongs to less than six years. 33 per cent of the population are children below eighteen years. About 17 per cent and 7 per cent of the total population consists of scheduled caste and scheduled tribe groups. Population density is 319 per sq.km. There is an increase in urban population; increase in in-migration to the cities might have contributed to this. The per capita state income (i.e. per capita NSDP) of Karnataka at current prices is estimated at INR 145,799 during 2015-16 as against Rs. 130,897 in 2014-15 with an increase of 11.4 per cent.

Following are the results of indicators from the sectors like education, reproductive and child health, child development and nutrition, child protection, and water and sanitation.

3.1 Education:

Compared to last decade, Karnataka has made significant progress by achieving a literacy rate of 76 per cent. A graphical presentation of literacy is provided in graph 1. The urban areas are leading the literacy progress. However, the female literacy in rural areas is yet to cross 60 per cent. The wide inter-district variations have brought down the overall improvements too. Low literacy directs high poverty status, unemployment and lower chances of receiving/accessing government support. Poor status of women is an issue repeatedly being observed across indicators and



supporting education of girls is the best step towards improving female literacy.

Over the last decade, Karnataka has increased access to schooling especially in rural areas by establishing and upgrading schools to higher levels. The state is a preferred destination for higher studies in the country due to the enormous number of educational institutions at higher education levels in few districts.

3.1.1. Primary school education: School education is the critical part of a child's development. Schooling is measured through various indicators like gross enrolment rate, net enrolment rate, drop-out rate, across primary, upper primary and high school. Year by year, the education indicators has shown improvement in Karnataka. However, there are gaps to be addressed.

As the data from District Information System for Education (DISE), 2014-15 shows the success in improving the net enrolment at elementary level (94.50 per cent) is yet to be achieved at secondary (59.1 per cent) and higher secondary level (22.5 per cent). The gross enrolment ratio has also improved at the elementary (98.5 per cent) and secondary school level (81.8 per cent), but at higher secondary (32.9 per cent) is low. For scheduled caste and scheduled tribe category, the gross enrolment ratio is as low as 28.1 per cent and 29.68 per cent respectively¹.

The annual average dropout rate increases for higher levels of schooling but is highest at secondary schooling level. Similarly, the difference in transition rate from elementary to secondary level and further from secondary to higher secondary level is twice.

¹ Source: Status of School Education in India, U-DISE 2014-15
Volume-III, Issue-I

As per the RTE Act 2009, it is mandatory to provide education to all children below 14 years. A special census and drive was organised to identify the children who are out of school and 29,555 children were identified; of which 26,049 children were brought back to school. All schemes under education and support and schemes of other departments were used for the same. This program helped to reduce the number of never enrolled children too².

The state's priority is to improve the infrastructure facilities in educational institutions. The mandatory basic facilities listed under Right To Education (RTE) Act 2009 like toilets, drinking water, mid-day meal and building are provided in all districts. Over the years, state has systematically invested to provide all essential facilities in the schools.

3.1.2 Secondary school education: There are 15,140 secondary schools in the state. Out of this, 6013 schools are run by private unaided managements. 37.31 per cent girls are enrolled in Government aided schools and 27.43 per cent girls are in the private unaided schools. The high concentration of schools in the private unaided sector may be a reason for the low access of children from marginalised groups to higher education. Under Rashtriya Madhyamik Shiksha Abhiyan (RMSA) program several activities are initiated by the government to universalise secondary education³.

3.2 Reproductive and Child Health: The success of Karnataka in improving major human development indicators like - maternal mortality ratio (133 per 100,000 live births)⁴, infant mortality rate (31 per 1000 live births)⁵, neonatal mortality rate (23 per 1000 live births) and under five mortality rate (37 per 1000 live births) compared to last decade is appreciable. However, looking ahead, an analysis of early neonatal mortality rate (20/1000 live births), peri-natal mortality rate (33/1000 live births)⁶ which are proxy indicators for the antenatal and newborn care services reflects niche areas to act upon to protect the lives of mother and children.

3.2.1 Antenatal care: A healthy child born to a healthy mother has a better chance for survival. As per National Family Health Survey (NFHS IV) 2015-16 data, about 66 per cent mothers in the state had antenatal check up in the first trimester with 64 per cent and 67 per cent reporting from urban and rural areas respectively. About 88 per cent of mothers had their pregnancy protected against neonatal tetanus. Only 45 per cent of the mothers had consumed Iron Folic Acid (IFA) for 100 or more days. Most worrying part is only 33 per cent of the mothers had full antenatal check-up during their pregnancy.

3.2.2 Delivery & postnatal care: About 66 per cent mothers and 22 per cent children received care from a health professional within 2 days of delivery/birth. As per the NFHS

² Source: Socio economic report, 2016, Govt. of Karnataka

³ Source: Socio-economic report, 2016, Government of Karnataka

⁴ Source: MMR Bulletin 2011-13

⁵ Source: SRS Bulletin, 2014

⁶ Source: SRS Report 2012

NFHS IV 2015-16, 94 per cent had institutional delivery of which 61 per cent is in public health facility. Out of the total deliveries, 3 per cent of the home deliveries were conducted by skilled health personnel. About 24 per cent of the births were delivered through caesarean section. 40 per cent and 17 per cent of the deliveries in private and public facilities respectively were through caesarean section. This depicts areas for focused intervention in the health service delivery mechanism.

3.2.3 Immunization: As per Rapid Survey for Children (RSOC) 2013 -14 survey data, in Karnataka, 94 per cent of the children aged 12- 23 months have immunization cards. Only 2.4 per cent of the children were not immunized even once. While considering each vaccination, nearly 90 per cent coverage is reported for DPT (89 per cent) and measles vaccination (87 per cent) in the state which is higher than the neighboring states of Andhra Pradesh and Telangana.

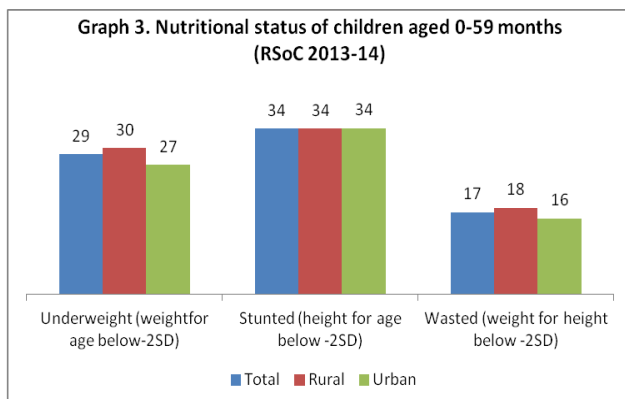
NFHS IV 2015-16 reports that 37 per cent of the children were not getting fully immunized. NFHS IV 2015-16 reports that 88 per cent of the children were immunized from public health institutions. The lower level of full immunization coverage may be an indication of the need for the public delivery system to penetrate more to the unreached. The state needs to focus on identifying the reasons for gaps in achieving fully immunization and work towards addressing the gap.

3.3 Child Nutrition: Adequate nutrition during infancy is essential for lifelong health and wellbeing. Even after being born safe, the all-round development of a child to a developed personality depends on the nutritional intake. As this is a proven fact, the government has also taken several strides to support and improve the supplementary nutritional requirements of the children and women through the schemes like Integrated Child Development Services (ICDS), Public Distribution System (PDS), mid-day meal programmes, supplementary feeding for pregnant and lactating women etc.

3.3.1 Breastfeeding and infant & child feeding practices: As per World Health Organization (WHO) guidance, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.

In Karnataka, the NFHS IV 2015-16 data depicts high inadequacy in breastfeeding and infant feeding practices. Despite 94 per cent institutional birth, only 56 per cent of children received breast milk within an hour of birth. About 54 per cent children under age 6 months were exclusively breastfed and 46 per cent children age between 6 - 8 months were fed complementary foods along with breast milk which means nearly half of the children are not provided with food appropriately required for them.

Adequacy in diet⁷ is an issue to be considered on a priority basis as only 4.3 per cent children in rural areas and 8.3 per cent in urban areas are receiving adequate diet as per the prescribed criteria of NFHS IV 2015-16. The above data presents a huge gap in infant and child feeding practices in the state. This inadequacy in food intake is definitely reflected in the malnutrition status.



3.3.2 Malnutrition: Across the national surveys, the malnutrition status of the children below 6 years did not differ much. For example, the stunting of children below 59 months across surveys - the DLHS (30 per cent), RSOC (34 per cent) and NFHS (36 per cent) shows 1/3rd of the children below 5 years are stunted. A graphical presentation of malnutrition based on RSOC 2013-14 data is depicted in graph 3. Another interesting fact is the variation in malnutrition across rural and urban areas is very limited making it a universal evil to fight in the state. Among social groups, malnutrition is observed more among scheduled caste followed by scheduled tribes.

Another crucial indicator for understanding the nutritional status is by checking anaemia levels by haemoglobin levels⁸ in blood. It shows concrete actions are required to ensure the survival, nutrition and healthy living of the mothers and children.

⁷ NFHS IV 2015-16 defines adequacy in diet as breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (Fed with milk or other milk products at least twice a day, a minimum meal frequency that is receiving solid and semi-solid food at least twice a day for breastfed infants 6-8 months and at least 3 times a day for breastfed children 9-23 months, and solid and semi-solid foods from at least four food groups not including the milk and milk products food groups. Data based on the youngest child living with the mother.

⁸ Any anaemia below 11g/dl, severe anaemia below 7g/dl. Excluding age group 19 years. Anaemia is a condition when the blood does not contain enough red blood cells or a protein called haemoglobin. They are important to carry oxygen throughout the body. Lack of haemoglobin causes fatigue, shortness of breath, skin pallor. They can occur in any age group.

3.4 Water, Sanitation and Hygiene: Access to safe and sufficient drinking water, along with adequate sanitation and hygiene is one among the major target set under Sustainable Development Goals, 2015. It has a direct link to a child’s well-being—as it helps to eradicate diseases, prevents child mortality, improves maternal health and reduces poverty and hunger.

3.4.1 Access to water:

As per Census 2011, in Karnataka, around 44 per cent of households have access to water within the premises, 37 per cent have a water source near their premises while 18 per cent have a water source away from the premises. While in rural areas, only 27 per cent had access to water within premises, in urban areas 71 per cent had water within the premises.

Table 1. Location of drinking water for different social groups (In percentage)									
	General			Scheduled Caste			Scheduled Tribe		
	T	R	U	T	R	U	T	R	U
Within the premises	44	27	71	26	16	53	27	18	56
Near the premises	37	49	21	48	55	33	46	51	30
Away	18	25	8	25	30	15	27	31	14
T= Total, R= Rural, U=Urban Source: Census, 2011									

Accessibility to water within premise is low among scheduled caste and scheduled tribe at 26 and 27 per cent respectively. Nearly half of the scheduled caste and scheduled tribe households have water near to their premises.

3.4.2 Source of drinking water: Around 66% of Karnataka’s households have access to tapped water. The figure drops to 56 per cent for rural areas and is 80 per cent in urban areas. However, it is notable that as many as 65 per cent of scheduled caste and 62 per cent of scheduled tribe households use tapped water. With 21 per cent handpump/ tubewell becomes the second major source of drinking water. 9 per cent depends on well (covered and un-covered) as a source of water. Usage of well water is higher in rural areas at 12 per cent compared to urban areas at 5 per cent. A similar trend is followed for source of water among scheduled caste and tribe households.

Though being considered unsafe, spring/river/ canal/lake/pond water are also sources of water for 2 per cent households. Up to 4 per cent scheduled tribe households in rural areas depends on spring/ river/canal/lake or pond as their source of water.

3.4.3 Latrine and bathroom facilities: In Karnataka, 51 per cent of households have latrine facilities. But, the rural and urban difference in toilet availability is very wide with only 28 per cent in rural areas and 85 per cent availability in urban areas. 72 per cent of the rural households do not have toilets.

Table 2. Availability of latrine & bathroom facility in the households of different social groups (In percentage)												
	Having Latrine			No Latrine			Bathroom available			No bathroom		
	T	R	U	T	R	U	T	R	U	T	R	U
Total	51	28	85	49	72	15	86	79	96	14	21	4
Scheduled Caste	32	16	68	68	84	32	76	69	90	24	31	10
Scheduled Tribe	29	16	70	71	84	30	76	70	93	24	30	7
T= Total, R=Rural, U=Urban Source: Census,2011												

About 32 per cent and 29 per cent of the scheduled caste and scheduled tribe households have toilets. 16 per cent of scheduled caste and scheduled tribe rural households have toilets. In urban areas, 68 per cent and 70 per cent households of scheduled caste and scheduled tribe have latrine facilities.

In Karnataka, 37 per cent households have flush toilets, 14 per cent have pit latrines and 4 per cent households use public latrine. The use of flush toilets is highest in urban areas with 72 per cent. 15 per cent rural households use pit latrines.

3.4.4 Open defecation:

Karnataka reports 45 per cent open defecation with 68 per cent households in the rural areas practicing it. Only 11 per cent open defecation is reported from the urban households. 63 per cent scheduled caste and 67 per cent scheduled tribe households practice open defecation. The open defecation goes up to 80 per cent and 81 per cent in the rural areas for scheduled caste and scheduled tribe households.

3.4.5 Drainage facilities: In Karnataka, at household level 26 per cent have closed drainage, 35 per cent have open drainage and 39 per cent does not have any drainage facility. Rural areas report only 3 per cent closed drainage. About 57 per cent households reported closed drainage in urban areas.

Among scheduled caste households, 16 per cent have closed drainage, 38 per cent have

Table 3. Type of drainage facility in households for different social groups (In percentage)									
	General			Scheduled Caste			Scheduled Tribe		
	T	R	U	T	R	U	T	R	U
Closed drainage	26	6	57	16	3	45	14	3	46
Open drainage	35	37	31	38	38	37	35	34	37
No drainage	39	57	12	47	59	18	52	63	17
T= Total, R=Rural, U=Urban Source: Census, 2011									

open drainage and 47 per cent does not have any drainage facility. Among scheduled tribe households, 14 per cent have closed drainage, 35 per cent have open drainage and 52 per cent does not have any drainage facility.

3.4.6 Sanitation facilities in Karnataka: An analysis of data at district level reveals an interesting, even though, obvious relationship between use of water and sanitation facilities.

The districts that report higher dependence on water away from the household premises also report higher proportion of households without bathing or latrine facilities within the household premises.

Data on sanitation show that a cluster of districts in western Karnataka and more towards the southern part of the state, have the largest proportion of households with a latrine in their houses. Also, the state average hides the intra-district variation from Bangalore at 95% to Yadgir at a mere 11% coverage. From an equity perspective, SC and ST households have a lower coverage with STs at the lowest⁹.

**Table 4. Water and Sanitation - select indicators from NSSO
(In percentage)**

Percentage of households	Karnataka		India	
	Rural	Urban	Rural	Urban
Having improved source of drinking water during 2012	95.1	96.0	88.5	95.3
Having sufficient drinking water during 2012	75.0	79.5	85.8	89.6
Drinking water within premises	35.7	81.6	46.1	76.8
Treated drinking water by any method	39.7	62.7	32.3	54.4
Perceived reception of good quality water	93.8	91.9	87.7	88.1
Got sufficient water throughout the year for all household activities during 2012	71.7	73.3	86.0	89.5
Daily supply of water during 2012	74.3	46.1	75.3	78.1
Without bathroom facility during 2012	48.1	11.2	62.3	16.7
Bathroom facility within premise during 2012	98.1	99.5	80.2	95.7
Without latrine during 2012	70.8	9.0	59.4	88
Having access to improved source of latrine	28.4	87.7	38.8	89.6
Source: NSS, 69 th Round, Key indicators of drinking water, sanitation, hygiene and housing condition in India				

The data on water and sanitation compiled from NSS, 69th Round report shows a trend similar to census 2011 data. The data is provided in table 10. A comparative analysis with all India shows that for most of the indicators, Karnataka stands close to national level and rural areas drag more than the urban areas.

3.5 Child Protection: Introduction of Juvenile Justice (Care and Protection of Children) Act, 2000 reintroduced in 2015, The Protection of Children from Sexual Offences Act, 2012 Integrated Child Protection Scheme in 2009 are some recent landmark events to promote, prevent and protect all children in distress without any discrimination. Karnataka has taken concrete actions and has set up institutions as per the above legal mechanisms. However, the truth is that many children still suffer from issues like child marriage, child labour, crime against children etc. Moreover, the information management system followed is not

⁹ Based on Child Atlas, Karnataka

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adequate to capture all issues on child protection. Following are the evidences based on the government surveys.

3.5.1 Child Sex Ratio: Child Sex ratio indicates the ratio of female and male members and is a major demographic indicator exhibiting survival of females. Compared to previous decades, the state has improved sex ratio - 973/1000 males; but the child sex ratio at 948/1000 boys has not shown significant improvement. This is a grave situation indicating that girl children are not given an equal chance to survive. The Department of Women & Child Development has several schemes and programs targeting girl children like cash rewards for limiting children to single/ two girl child, scholarships to girl children, residential facilities etc. However, the efforts by state to monitor the sex selection clinic, improve awareness on importance of girl children and reduce preference for boy child needs to be more strategic and targeted.

3.5.2 Birth registration:

As per Rapid Survey on Children (RSOC) 2013-14 survey data, about 90 per cent of the children below five years of age has registered their birth and out of those registered, 48 per cent has taken birth certificate. The rural and urban areas have 88 per cent and 92 per cent birth registration respectively.

Among scheduled caste, scheduled tribe and other backward caste groups, 88 per cent birth registrations were reported. 51 per cent 53 per cent and 43 per cent took birth certificate among scheduled caste, scheduled tribe and other backward caste groups respectively.

3.5.3 Child marriage: For nearly a century, child marriage is legally banned in India. For girls and boys, 18 and 21 years are the age for marriage set by law. However, marriage before legal age is a social evil still prevalent in some pockets of Karnataka. The details are provided in the table 5. Sample Registration Survey Statistical Report 2013 reports that in Karnataka, 43.9 per cent females in the age group of 18 – 20 years are effectively married. This shows that nearly 50 per cent of families are waiting for girls to cross 18 years to get then married, strangling chances of them to study beyond schooling, take up jobs, be economically productive and be active citizens. This is a finding corroborated in other national level studies also.

Table 5. Effective Marriage Age for Female	
Indicators	Percentage
<18 indicators	
Total	1.3
Rural	1.2
Urban	1.5
18 – 20 years	
Total	43.9
Rural	50.4
Urban	30.0
Source: Statistical Report 2013, SRS	

NFHS IV 2015-16 reports that 23 per cent of women age 20-24 years was married before 18 years of age. Similarly, 11 per cent of men age 25-29 years was married before 21 years of age. About 8 per cent of women age 15-19 years were either pregnant or mothers at the

time of survey. Effective actions are required to prevent marriage below legal age and to promote more opportunity for girls.

3.5.4 Child labour: The average annual dropout rate for 2013-14 at secondary level was 28 per cent. Though, we reduced dropout rates till upper primary to less than 10 per cent, the high dropout rates at higher school levels is an area of concern. The chance of child who drops out from school joining the workforce is more than those who stay back in the school. Child labour is still prevalent in the state. As per the Census 2011, among the 5-14 years age group, the number of working children is 249,432. It is lower than the absolute number of 822,615 identified in 2001.

As per NFHS III 2005-06 survey data, the children in the age group of 5-14 years reporting involvement in any work was 9 per cent, unpaid work outside household was 0.2 per cent, paid work outside household was 3 per cent and other family work and household chores was 7 per cent.

3.5.5 Crime against children: As per National Crime Record Bureau Report for 2014, in Karnataka, 17.4 per cent of total cognizable crimes were committed against children and this contributes 3.8 per cent to the total crime rate of the country. A total of 3,416 incidence of crime against children were reported where 3,565 children were victimized. A brief account of few heinous crimes against children reported as per the National Bureau of Crime Record, 2014 is given in table 6. Kidnapping and abduction, rape (girl victims) and exposure and abandonment are the most frequent crimes against children.

In Karnataka, under Juvenile Justice Act, 2000, 61 cases were reported with 106 children involved in different issues. The rate of crime reported under Protection of Children from Sexual Offences Act, 2012, was 3.2 per cent and 620 cases with 628 victims were reported. Increased awareness and favourable government initiatives might have contributed to increase in reporting of abuse nonetheless, the fact that children are a major target for sexual abuse is a focus area which needs to be addressed by the society.

Table 6. Crime against children - status of selected crime			
	Incidence	Victim	Rate
Murder	87	103	0.4
Rape	694	699	3.5
Assault on girl child with intent to outrage her modesty	66	67	0.3
Kidnapping & Abduction	1177	1187	6
Exposure & abandonment	101	102	0.5
Child marriage	44	45	0.2
Source: NBCR, 2014			

4. Conclusion: State government of Karnataka with support stakeholders had taken advantage of economic growth and large-scale social sector programmes, however, analyzing government published survey reports, author had revealed that the large scale of maternal and child undernutrition poses a challenge for the State. Recent government efforts in restructuring the integrated child development services and other initiative exemplify

government commitment to holistic child development. In child protection, issues like child marriage, child labour and gender-biased sex selection threaten the environment in which children live.

The need of the hour is to enhance effective implementation of policies and programs in a way that ends the inter-generational cycle of deprivation among the poorest and most marginalized. For this, integrate social protection with investments in education, health, welfare services and livelihoods promotion is key within a comprehensive planning framework in order to maximize inclusive social development and equitable economic growth.

It is equally important that to facilitate an enabling environment for change and take up transformative agenda at the policy level, Karnataka State Commission for the protection of the rights of children (KSCPCR) should be made independent and support them to forge strategic partnership and networks with decision makers, including from government, members of parliament, legislative assembly and key influencers including faith-based leaders, celebrities, the judiciary, media, civil society organization and youth people. This will help to initiate and support a discourse, which will raise the profile, visibility of children's issues and opportunities to take up transformative agenda for children, meaningfully, in the state of Karnataka.

5. Acknowledgements: I would like to acknowledge the support and guidance being provided by officials for putting the latest survey and census data in the website.

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