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Child Well-being in Madhya Pradesh, India

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Abstract

This paper explores the opportunities to enhance child well-being in Madhya Pradesh, India and in its constituent districts though the lens of social protection. By employing a specifically developed composite child deprivation index the study highlights areas where children can benefit from targeted interventions. The findings show significant inter-district variations that offer significant opportunities for improvement in child well-being, especially with a decentralised, multi-dimensional and integrated approach to social protection system Recognizing children as a distinct and vital demographic in the state's social and developmental policies can lead to meaningful and positive changes in their lives.

Background

In recent years, there has been an increased focus on strengthening social protection systems using life cycle approach. Child well-being is recognised as critical foundation of in the evolution of social protection policies It is now increasingly being recognised that social protection can play an important role in securing child well-being, particularly when considered in the context of broader social-economic development framework which encompasses the actions taken by governments and society to ensure child well-being.

Children are at the forefront of the social protection policy as they are the future of society. Investing in children is an investment in the future of humanity. There are three compelling reasons for countries, societies, and families to invest in children: 1) ethically, it is necessary for achieving human rights; 2) socially, it is important for achieving social cohesion; and 3) fit is vital for achieving productivity gains necessary for economic growth and maintaining a high standard of living. There are compelling statistics to support this argument. According to International Labour Organization (ILO), only 35 per cent children worldwide were covered by social protection benefits in 2015 which highlights a significant gap in ensuring child well-being. Social protection programmes show that child deprivation can be reduced by up to 30 per cent in countries with comprehensive social protection system. Children receiving social protection benefits are 20 per cent more likely to attend school while 15 per cent are more likely to receive essential health services compared to children who are devoid of social protection benefits. Investing in child well-being can yield a return of up to $7 for every $1 spent, due to improved health, education, and future productivity. Effective social protection can reduce child labour by 10 per cent, allowing children to focus on education and development. These statistics underscore the critical role of social protection in enhancing child well-being and the broader socio-economic

benefits of such investments (International Labour Organization, 2025). Another rationale for child-sensitive social protection policy is that children, along with women, constitute the most vulnerable group of population. They have limited freedom in making decisions related to their own welfare (White et al 2002). They depend upon family elders including their parents in meeting their basic needs. They also rely, up to a significant extent, upon the production of public goods and services, especially, in education and health (Gordon et al 2003a, 2003b; Minujin et al 2006; Notten and de Neubourg 2011; Waddington 2004; White et al 2002). These and many other dependencies of children get manifested in poor social and economic settings. Poverty, at the early stages of life, has enduring consequences on those children who survive into the adulthood. It condemns them to recurrent poverty spells and a life full of hardship (Grinspun 2004).

The United Nations Convention on the Rights of the Child has also laid down the basic principles of non-discrimination in the best interest of the child along with common standards for various rights of children. The Convention takes into the account different cultural, social, economic, and political realities in which children live (United Nations 1989). By ratifying the Convention in 1992, India has committed herself to protecting and advancing child rights. The rights of the child have also been enshrined in the fundamental rights and the directive principles of state policy in the Constitution of India and reaffirmed by the National Policy on Children (Government of India 1974; 2013). Efforts to main-streaming child rights issues in the development discourse in India are reflected in the Integrated Child Protection Scheme which aims to promote the best interests of the child, to prevent violations of child rights through appropriate punitive measures and to ensure rehabilitation for all children in need of care and protection (Government of India 2007).

However, despite all these efforts, ensuring child well-being remains a major development challenge in India. However, there is growing recognition of the need to address these issues. Traditional structures of patriarchy and other social). Traditional structures of patriarchy and other social groupings have historically justified extreme forms of chastisement of children, including adolescents (Kushwah and Prasad 2009A child-cantered social protection approach is, therefore, crucial to realizing child rights and tackling child deprivations. When social protection efforts are well-coordinated, children benefit immensely, gaining access to key opportunities critical to their well-being. Social protection is particularly significant for children, as promoting well-being during childhood has lifelong positive impacts.

Institutionalising child well-being perspective within the social policy framework requires an understanding of the multi-dimensional nature of child well-being. Numerous studies have identified distinct domains or dimensions of child well-being from different perspectives (Hauser et al 1997; Land et al 2001; Pollard et al 2002; Raidy and Winjie 2002; Child Trend 2003). These include, among others, child rights perspective (Ben-Arieh 2001); child needs perspective (Ryan and Deci 2001); child development perspective (Mickelwright and Stewart 1999); and child outcomes perspective (Maryland Partnership for Children, Youth and Families 2002). Different domains or dimensions of child well-being can also be identified following the capabilities approach first propounded by Sen (1985) and later discussed in Nussbaum and Sen (1993) and Nussbaum (2000). In terms of Sen's capability approach, domains of child well-being can be defined in terms of child endowments, child capacities and child opportunities (Chaurasia 2010).

One approach to understanding the social protection perspective of child well-being is to analyse different forms of deprivation faced by children. Deprivation may be defined as circumstances or situations that are highly likely to have adverse implications to the well-being of an individual. People are considered deprived if they lack access to facilities and services necessary for their well-being. They are deemed poor if they lack resources to escape deprivation (Townsend, 1987). Child deprivation, therefore, refers to circumstances or situations or both that are highly likely to have adverse implications to child well-being. Children are deprived if they lack access to services and facilities necessary for their well-being. They are considered poor if they lack resources to escape deprivation. Mitigating child deprivation is crucial for ensuring child well-being (Minujin et al 2006). Deprivation measures reflect the extent to which well-being needs of children are met (de Neubourg 2012).

The foregoing considerations constitute the rationale for this paper which focuses on the deprivation faced by children of Madhya Pradesh, one of the less developed states of India. The state ranks at 28 in terms of per capita income which is amply reflected in the well-being of children. Madhya Pradesh is the only state/Union Territory in India where infant mortality rate was more than 40 infant deaths per 1000 live births while the under-five mortality rate was more than 50 under-five deaths for every 1000 live births as late as 2020 (Government of India, 2022a). It is estimated that out of every 1000 new-born in the state, around 75 fail to survive to their 20th birthday (Government of India, 2022b). Children in Madhya Pradesh face multiple deprivations that significantly impact their well-being and which can largely be mitigated through a social protection approach.

The present paper is divided into six sections in addition to this introduction. The next section constructs a composite child deprivation index to measure child deprivation. The third section describes the data used in the analysis, which is based on the data available through the fifth (2019-21) round of the National Family Health Survey (Government of India, 2022c). The fourth section presents the findings of the analysis. The last section summarises these findings and discusses their implications for formulating a child sensitive social protection policy of Madhya Pradesh.

Composite Child Deprivation Index (CDI)

The composite child deprivation index constructed in this paper is based on the framework provided by the United Nations Convention on the Rights of the Child (United Nations, 1989). The Convention identifies four rights of children: 1) right to survival and health; 2) right to physical growth and development; 3) right to cognitive development; and 4) right to protection from a range of social, economic, cultural, and environmental hazards. The Convention advocates that these four rights are critical to child well-being. This means that child well-being or, equivalently, child deprivation should be measured and monitored in terms of services and facilities that have an impact on the survival, physical growth and development, cognitive development, and protection of children from a range of social, economic, cultural, and environmental hazards. Moreover, household standard of living has a strong impact on all the four rights of children which means that the deprivation faced by children can be conceptualised in a five-dimensional space with each dimension having its own relevance to child well-being.

The United Nations Convention on the Rights of the Child defines a child as a person below 18 years of age. The National Policy on Children also defines a person as child if she or he has not reached 18 years of age (Government of India, 2013). The relative importance of different dimensions child well-being is, however, different for children of different ages. The survival context of child well-being is the most critical to children below one year of age while the protection context may be assumed to be the most important for children aged at least 15 years. An age-specific approach, therefore, should be adopted for measuring child deprivation. In other words, a two dimensional framework is required to measure child deprivation. This framework identifies the dimensions of child well-being which are the most relevant to children of different ages from the social protection perspective.

The present analysis is based on a composite child deprivation index (CDI) that has been developed based on a set of 24 indicators related to different dimensions of child well-being. The list of indicators along with their threshold values to classify a child as deprived are given in table 1. The indicators are different for children of different ages as only those dimensions which are relevant to children of a particular age have been considered for the construction of CDI.

Table 1: Indicators used for the construction of CDI along with their threshold level.

Age in years	Dimension of child well-being	Indicator	Deprivation threshold
<1	Survival	1. Weight at birth	< 2.5 Kg
		2. Check-up within two days of birth	No
		3. Breastfeeding within 1 hour of birth	No
		4. Standard of living	Poorest
1-2	Survival	5, Vaccination status	Incomplete vaccination
	Growth	6. Height-for-age	Low height-for-age
		7 Received Vitamin A in last six months	No
		8. Standard of living	Poorest
3-5	Growth	9, Weight-for-height	Low weight-for-height
	Protection	10. Availability of birth certificate	Not available
	Development	11. Schooling status	Irregular school attendance
		12. Standard of living	Poorest
6-10	Development	13. Schooling status	Irregular school attendance
	Protection	14. Orphan status	Child is orphan
	Protection	15. Has bank account	No
		16. Standard of living	Poorest
11-14	Development	17. Schooling status	Not attending school
	Protection	18. Orphan status	Child is orphan
	Protection	19. Marital status	Ever married
		20. Standard of living	Poorest
15-19	Development	21. Schooling status	Irregular school attendance
	Growth	22. Body mass index (BMI)	Less than 18.5
	Protection	23. Marital status of the child	Ever married
		24. Standard of living	Poorest

Source: Author

Following Anand and Sen (1997), let d_{ij} is the normalised value of the proportion of children in the age group i who are classified as deprived in terms of the indicator j. Then the deprivation index for children of age group i is defined as

$$D_i = \left(\frac{\sum_{j=1}^{n} d_{ij}^{\alpha}}{n} \right)^{1/\alpha}$$

where n is the number of indicators considered to measure the deprivation in the age group and α is the order or the power of the mean and is greater than 1. The index D_i is the power mean or the generalised mean of order α of the normalised values of the proportion of children classified as deprived in terms of the indicator j. When $\alpha=1$, D_i is equal to the simple arithmetic mean of the well-being indicators used to measure the deprivation in children of a particular age group. This implies that the impact of a unit increase (or decrease) in all indicators of well-being is the same irrespective of the progress reflected in terms of different well-being indicators. This contradicts the usual assumption that as the extent of deprivation with respect to a well-being indicator increases, the weight of the indicator in deciding the deprivation index should also increase. To ensure this α must be greater than 1. The value of $\alpha>1$ places greater weight on those indicators of child well-being which reflect higher deprivation in comparison to those indicators which reflect lower deprivation. In using the mean of order α, the relative weight given to an indicator increases as the deviation of the normalised value of the indicator from the simple arithmetic mean of all indicators increases. The use of mean of order α also addresses the problem of additive compensability associated with simple arithmetic mean or the mean of order 1. There is, however, an escapable arbitrariness in the selection of the order of the mean. When $\alpha =3$, the impact of the indicator in which the deprivation is the highest on the index d is four times the impact of the indicator in which the deprivation is the lowest. Assigning the importance in relation to the level of deprivation in terms of the indicator is relevant in the context of social protection.

It may be noticed that d_{ij} for each i and j are actually headcounts of children who are classified as deprived with respect to a specific indicator of well-being. However, the index D_i cannot be thought of the proportion of children deprived with respect to the well-being space comprising of different well-being indicators. If the proportion of children who are deprived happens to be the same with respect to all indicators of well-being that constitute D_i, then D_i will be equal to this common proportion. D_i can be interpreted as the degree of overall deprivation faced by children of a particular age group that is equivalent to having d_{ij} proportion of children classified as deprived with respect to different well-being indicators relevant to the age group.

The weighted average of the deprivation index D_i for children of age i is now defined as the composite child deprivation index, D, for all children with weights equal to the proportionate share of children of age i to children of all ages (0-19 years). If p_i is the proportion of children of age group i in children of all ages, then D is calculated as

$$D = \sum_{i=1}^{k} p_i * D_i$$

$$\sum_{i=1}^{k} p_i = 1$$

The index *D* depicts the big of the composite picture of the multidimensional deprivation faced by children. It takes into consideration only those dimensions of child well-being which are relevant to children of a particular age group. For example, deprivation faced by children below one year of age is captured through the dimension of survival and only as this dimension is the most relevant for the well-being of children below one year of age. The index permits spatio-temporal analysis of child well-being, although it masks the spatio-temporal variation in individual indicators of child well-being. The index *D* helps in a simple and straightforward comparison of the deprivation faced by children across space and over time. The index may be used as the starting point for a deeper analysis of child deprivation.

The construction of CDI requires that different child well-being indicators are normalised by taking into consideration the plausible lowest and highest values or setting the goal posts. This is essential as the plausible lowest and highest values of different well-being indicators are different. The goal posts used for normalising the 24 well-being indicators used to in the present analysis are given in table 2. These goal posts have been arrived at by analysing the variation in the well-being indicators across the districts of the state.

Table 2: Goal posts (plausible minimum and maximum values) used for normalising child well-being indicators.

Indicator (Per cent)		Minimum	Maximum
1	Children with low weight at birth	0.0	62.6
2	Children not checked up within 2 days of birth	27.5	100.0
3	Children not initiated breastfeeding within 1 hour of birth	5.3	100.0
4	Children living in the poorest households	0.0	100.0
5	Children who did not receive all basic vaccinations	0.0	100.0
6	Children low height-for-age	0.0	83.3
7	Children not received Vitamin A in the last six months	0.0	72.2
8	Children living in the poorest households	0.0	100.0
9	Children low weight-for-height	0.0	55.5
10	Children without birth certificate	7.1	96.9
11	Children 3-5 years not attending school regularly	63.2	100.0
12	Children living in the poorest households	0.0	100.0
13	Children 6-10 years not attending school regularly	0.0	43.7
14	Children orphan	0.0	12.0
15	Children without bank account	0.0	63.5
16	Children living in the poorest households	0.0	100.0
17	Children 11-14 years not attending school regularly	0.0	51.8
18	Children orphan	0.0	16.9
19	Children ever married	0.0	4.1
20	Children living in the poorest households	0.0	100.0
21	Children 15-19 years not attending school regularly	8.9	80.6
22	Children with body mass index (BMI) less than 18.5	9.1	84.0
23	Children ever married	0.0	28.4
24	Children living in the poorest households	0.0	100.0

Source: Author.

Data Source

The analysis is based on the data available through the fifth round (2019-21) of the National Family Health Survey (NFHS) which is instituted by the Government of India with the objective of providing essential data related to fertility, mortality including infant and child mortality, nutrition, and use of reproductive and child health services in addition to household level characteristics that permit assessing the household standard of living index. The survey also provides data pertaining to the key population characteristics including education, marital status, and work status of the population (Government of India, 2022). The survey covered all 51 districts of Madhya Pradesh as they existed at the time of the survey. The survey covered 43,552 households from 51 districts and surveyed more than 195 thousand population. The data available from the survey have been used to estimate 24 indicators of child well-being for the state and for its 51 districts. These estimates have then been used for the construction of age-specific deprivation index and the deprivation index for all children.

Child Deprivation in Madhya Pradesh

The composite child deprivation index (CDI) in Madhya Pradesh is estimated to be 0.360 with substantial variation across children of different ages (Figure 1) which reflects that a substantial proportion of children of the state are devoid of services that are critical to their well-being. It also appears from the analysis that the challenge of meeting the well-being needs is the most dominating in children below 1 year of age and in children aged 3-5 years. Figure 1 also indicates that deprivation in children aged 15-19 years is comparatively higher than deprivation in children aged 6-14 years. This observation emphasises the need of attention at the policy level to mitigate the deprivation faced by children 15-19 years of age. Another observation 1 from the policy perspective is that child well-being efforts should be age specific as well-being needs of children of different ages are different. Figure 1 suggests that there is no one common prescription that applies to children of all age-groups. The priorities to mitigate deprivation in children of different age-groups are different and, therefore, an age-specific approach is needed.

The deprivation faced by children of different population groups in the context of meeting their well-being needs is different as may be seen from figure 2 which also implies that reducing the inequality in the deprivation faced by children of different population groups can go a long way in improving child well-being in the state. Figure 2 also suggests that the challenge of meeting the well-being needs of Scheduled Tribes children appears to be the most daunting if figure 2 is any indication. The odds that a Scheduled Tribes child in the state is deprived in terms of the well-being needs is more than four times the odds that a child of the Other Castes is deprived which means that well-being needs of Scheduled Tribes children are at least four times more challenging than the well-being needs of children of Other Castes. The Other Castes constitute, primarily, the upper social, cultural, and economic strata of the society. Social class disparities in child well-being, as revealed through the figure 2 matter for mitigating child deprivation and promoting child well-being in the state as almost 35 per cent of the population of the state is either Scheduled Tribes or Scheduled Castes which are the marginalised section of the community.

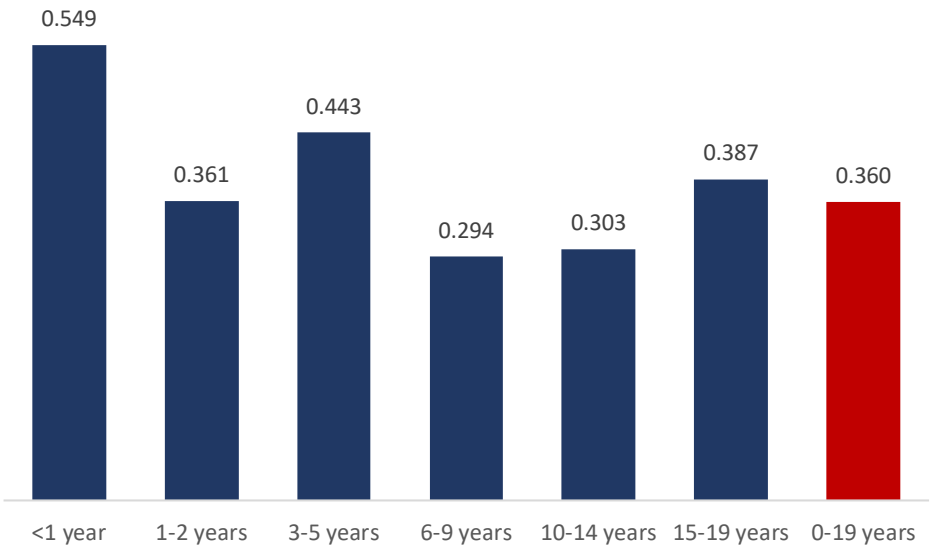

Figure 1: Composite deprivation index in children of different age groups in Madhya Pradesh, 2019-2021.
Source: Author.

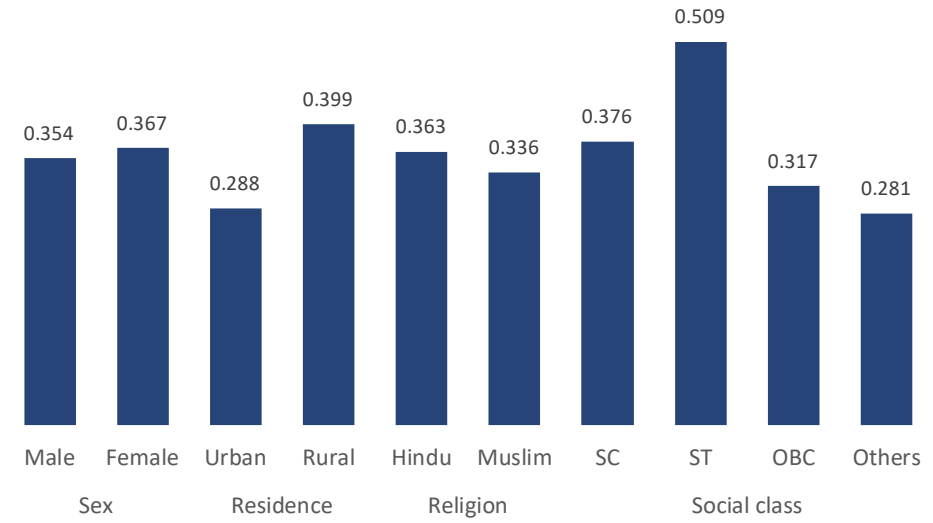

Figure 2: Composite child deprivation index in different sub-groups of population in Madhya Pradesh, 2019-2021.
Source: Author.

Figure 2 also highlights the rural-urban gap in meeting the well-being needs of children as the deprivation faced by rural children of the state is substantially higher than the deprivation faced by urban children. This means that access to services that are critical to child well-being - survival, physical growth, cognitive development, and protection – is substantially poor in the rural population of the state as compared to access to these services in the urban areas. Figure 2 also suggests that the deprivation faced by Hindu children is relatively higher than the deprivation faced by Muslim children.

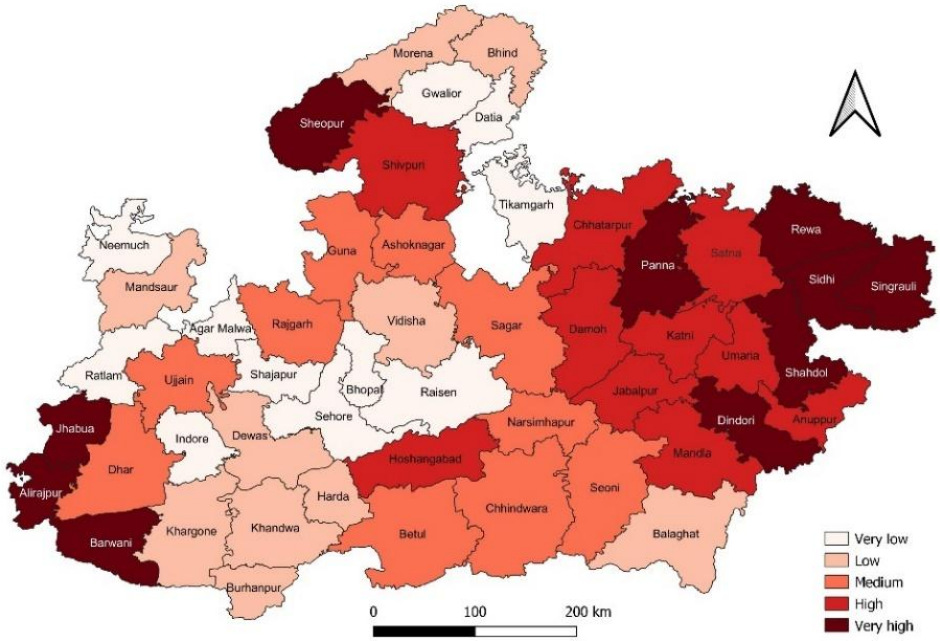

Figure 3: Inter-district variation in CDI in Madhya Pradesh, 2019-2021.
Source: Author

Within the state, there is very marked variation in CDI across districts (Figure 3). Child deprivation is very high in Panna, Rewa, Sidhi, Singrauli, Shahdol, Dindori, Jhabua, Alirajpur, and Barwani districts of the state with the poorest scenario in the Rewa administrative division whereas the child well-being scenario appears to be relatively better in Bhopal and Ujjain administrative divisions. In Indore and Sagar administrative divisions, child deprivation is very high in some districts but very low in other districts which indicates that access to child well-being services is contrastingly different in different districts of the same administrative division. The very marked variation in CDI across districts of the state calls for a decentralised, district-based approach to improving access to services and facilities that are critical to child well-being. A district-based approach would lead to reducing the disparity in the deprivation faced by children across districts or reducing inter-district child well-being inequality. The reduction in inter-district child well-being inequality is an operationally feasible approach to improving child well-being in the state as a whole. In each district, there may be specific dimensions of child well-being in which the progress

may be lagging behind relative to the progress in other dimensions of child well-being. These dimensions of child well-being need to be identified for each district as the first step to mitigate the deprivation faced by the children of the district.

The CDI suggests that child well-being is relatively the poorest in district Jhabua but relatively the best in district Indore of the state. The five districts which rank the poorest in child well-being are, in order, Jhabua, Alirajpur, Dindori, Rewa and Panna. The first three of these five districts have a heavy concentration of the Scheduled Tribes population which suggests that high to very high deprivation faced by the Scheduled Tribes children appears to be a reason behind very poor children well-being in these districts. On the other hand, the five districts which rank the best in child well-being in terms of the composite child deprivation index are, in order, Indore, Neemuch, Shajapur, Raisen and Bhopal. Among these districts Indore and Bhopal are very highly urbanised districts with more than 80 per cent population of the district living in the urban areas according to the 2011 population census. The relatively very low composite child deprivation index in the urban population appears to be the reason behind relatively very good child well-being in these districts.

There may, however, be the possibility that in districts where child well-being is very poor as revealed through the composite child deprivation index, there may be population groups in which child well-being may be very good. Similarly, in districts where child well-being is very good, there may be population groups in which child well-being may be very poor. State level analysis of the deprivation faced by children of different population groups suggests that this may be a possibility in every district and this disparity should be analysed in the context of the district-based approach for mitigating child deprivation and promoting child well-being. However, data available from NFHS do not permit such an analysis as the size of the sample of households covered under the survey in each district is too small to carry out a segregated analysis at the district level. In any case, the present analysis suggests that understanding the factors responsible for the deprivation faced by children in each district is necessary to operationalise the district-based approach of promoting child well-being.

An important finding of the present analysis is that the deprivation faced by children of different age-categories is different within the same district as may be seen from figures 4 through 9. There is no district where the deprivation faced by children of all age-categories is the same - either high or low. In all districts of the state, there is considerable variation in the deprivation faced by children of different age-categories – high in some age-categories while low in others. The present analysis reveals that there are four districts – Panna, Rewa, Dindori and Jhabua – in which the deprivation faced by children of five of the six age-categories is found to be very high. These five districts may be regarded as the hot-spot districts of the state as far as the child well-being of children is concerned. On the other hand, there are four districts – Tikamgarh, Neemuch, Ratlam and Indore – in which the deprivation faced by children of five of the six-age-categories is found to be very low. Figures 4 through 9 reflect the complexity of the deprivation faced by the children of the state as regards their well-being in terms of survival, physical growth, cognitive development, and protection from a range of economic, social, cultural and environmental hazards. There is a need of further deeper analysis of the reasons why the deprivation faced by children within the same district is high or very high in children of one age-category but not in other age-categories.

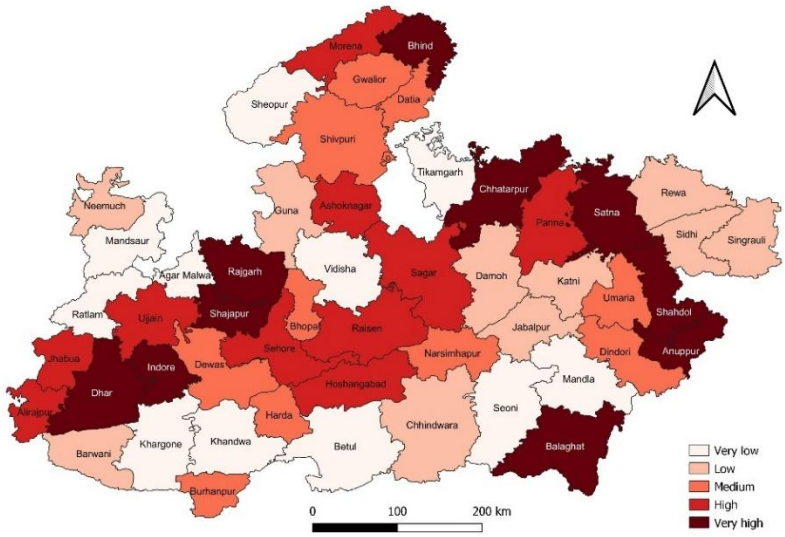

Figure 4: Inter-district variation in composite deprivation index in children below 1 year of age, 2019-2021.
Source: Author

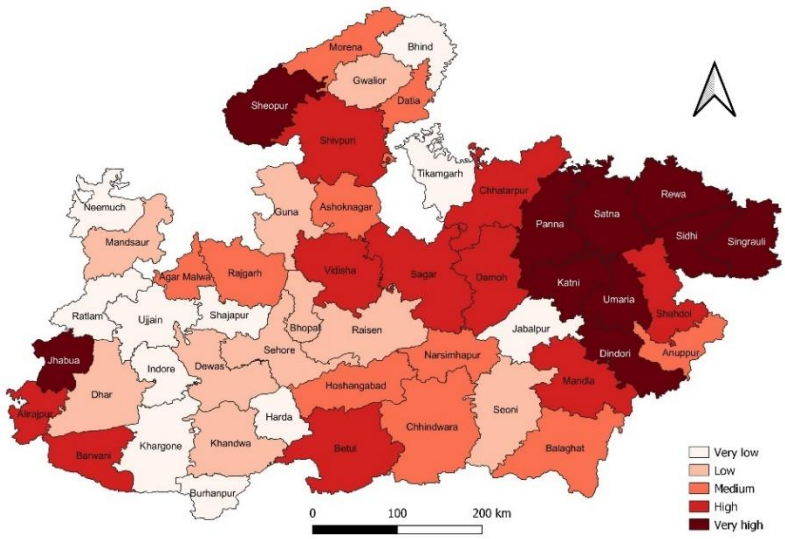

Figure 5: Inter-district variation in composite deprivation index in children 1-2 years of age 2019-2021,
Source: Author

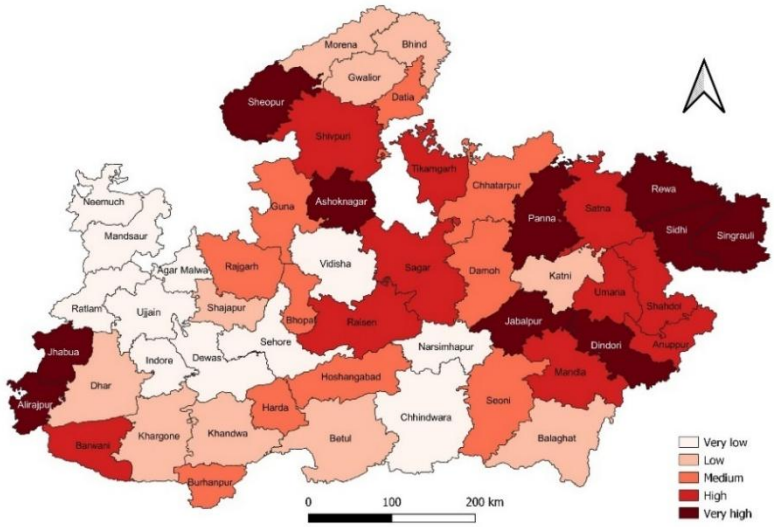

Figure 6: Inter-district variation in composite deprivation index in children 3-5 years of age 2019-2021.
Source: Author

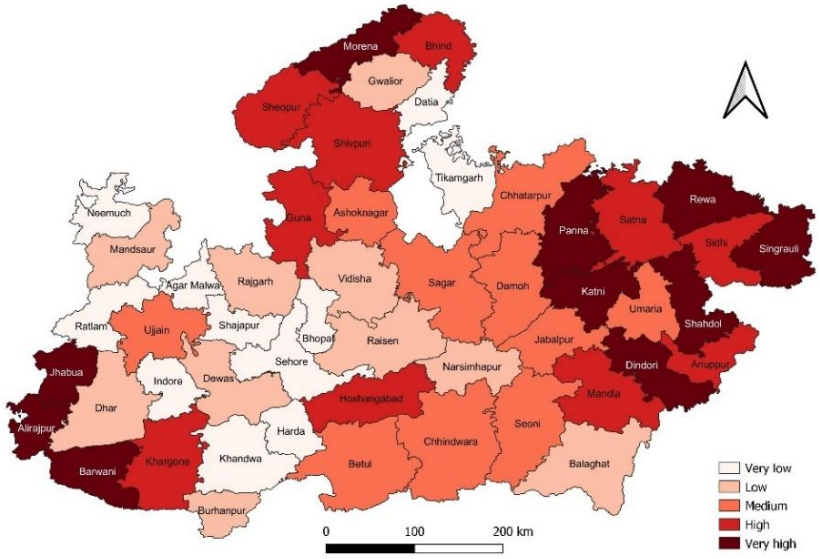

Figure 7: Inter-district variation in composite deprivation index in children aged 6-10 years 2019-2021.
Source: Author

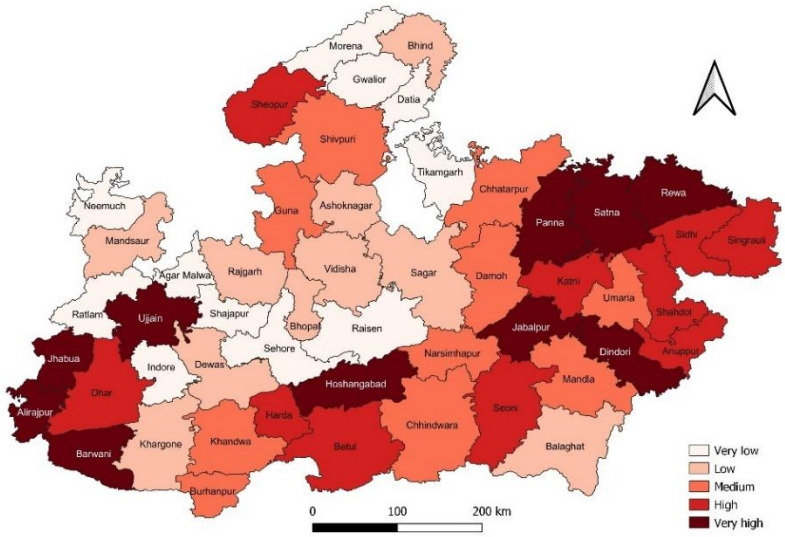

Figure 8: Inter-district variation in composite deprivation index in children aged 11-4 years 2019-2021.
Source: Author

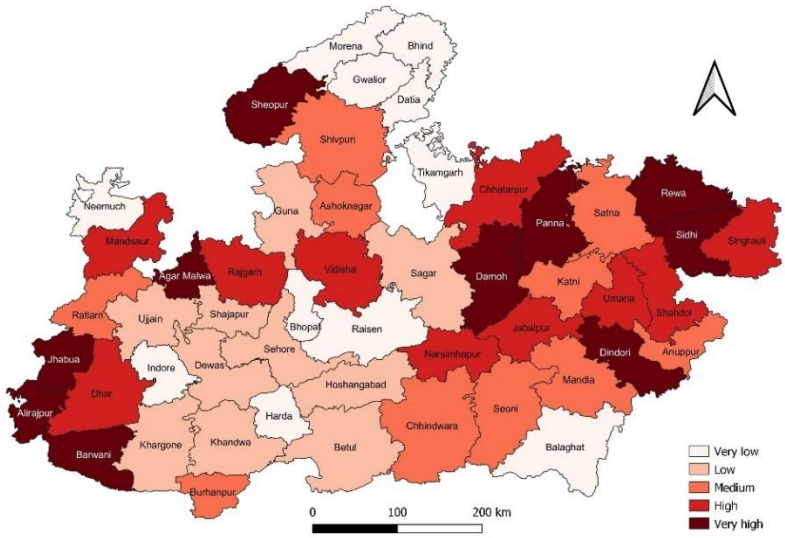

Figure 9: Inter-district variation in composite index of deprivation in children aged 15-19 years 2019-2021.
Source: Author

Table 3: Districts ranked relatively the best and relatively the poorest in terms of well-being in different age-categories of children, 2019-2021.

Age category	District ranked best in terms of child well-being	District ranked poorest in terms of child well-being
Less than 1 year	Agar Malwa	Indore
1-2 years	Jabalpur	Dindori
3-5 years	Mandsaur	Alirajpur
6-10 years	Indore	Jhabua
11-14 years	Shajapur	Jabalpur
15-19 years	Raisen	Barwani

Source: Author

Districts ranked relatively the best and relatively the poorest in terms of the composite deprivation index (CDI) in different age-categories of children are presented in table 3. It is apparent from the table that there is no consistent pattern of well-being in different age-categories of children across the districts. The districts having relatively the best and relatively the poorest rank in terms of well-being of children of different age categories are different. This observation again confirms the argument that a decentralised district-based approach must be adopted for promoting and sustaining child well-being in the state. The present analysis suggests that the strategy of mitigating child deprivation and promoting child well-being is bound to be different in different districts of the state and the strategy to mitigate child deprivation applicable to one district cannot be replicated in other district because of the child well-being scenario of different districts is quite different. Designing and implementing a district-based approach of universalising child well-being, however, requires district-specific analysis of the factors responsible for child deprivation.

Another important observation of table 3 is that there are two districts – Indore and Jabalpur – which are ranked relatively the best in terms of well-being of children of one age-category but relatively the poorest in terms of well-being of children of another age-category. District Indore is ranked relatively the best in terms of the well-being of children aged 6-10 years, but it is ranked relatively the poorest in terms of the well-being of children aged less than 1 year. District Jabalpur, on the other hand, is ranked relatively the best in terms of the well-being of children aged 1-2 years but relatively the poorest in terms of the well-being of children aged 11-14 years. Reasons for extreme ranking of these two districts in terms of the well-being of children of different age-categories are not known at present and need to be investigated in an effort to promote child well-being. Both Indore and Jabalpur districts are amongst the most developed districts of the state with a high proportion of population living in the urban areas, especially, in the metropolitan towns of Indore and Jabalpur, respectively. It appears that there are district-specific factors that influence the deprivation faced by children below 1 year of age in district Indore and children 11-14 years of age in district Jabalpur because of which the deprivation faced by children below 1 year of age in district Indore and the deprivation faced by children aged 11-14 years in district Jabalpur is relatively the highest in the state. Similarly, there may be district specific factors responsible for relatively the lowest deprivation faced by children aged 1-2 years in district Jabalpur and children aged 6-10 years in district Indore that need to be identified.

Conclusions

The analysis of the deprivation faced by children of Madhya Pradesh, based on the latest data available from the National Family Health Survey (NFHS) highlights that concerted efforts are needed to promote child well-being. This includes enhancing survival, promoting physical growth, facilitating cognitive development, and protecting children from a range of social, cultural, and economic risks. Improving child well-being is essential for the rapid social and economic development. Improving child well-being is essential for the rapid social and economic development of the state and the overall quality of life of its people.

Given the complexities of the deprivation faced by the children, it is clear that a multidimensional integrated and decentralised approach. Is necessary to improve child well-being. The data from the National Family Health Survey suggests that each district in the state faces unique challenges in meeting the needs of children that are critical to their survival, physical growth, cognitive development, and protection from social, cultural, and economic risks/vulnerabilities. Therefore, it is crucial to identify specific factors or conditions responsible for child deprivation in different districts and to plan and implement targeted interventions.

The analysis also suggests that promoting child well-being in the state requires, required recognising children as a distinct group in the social-economic development discourse. The recognition should be reflected in policies, monitoring and evaluation of social, economic, welfare programmes and interventions. The beginning, in this direction may be made by formulating a policy on the children in the state. Madhya Pradesh does not have at present, a policy that squarely focusses on the well-being of children in the context of their right to survival, right to physical growth, right to cognitive development, and right to protection from a range of social, cultural, and economic hazards. The evidence available from the National Family Health Survey highlights the need for such a policy. It is also obvious that such a policy must follow the integrated approach of meeting the survival, physical growth, cognitive development, and protection needs of children. This integrated approach is required because a large proportion of children of the state face deprivation in more than one dimension of child well-being.

The analysis also suggests that promoting child well-being in Madhya Pradesh requires recognizing children as a distinct group in the social and development discourse. This recognition should be reflected in policies, monitoring, and evaluation of social, economic, and welfare programmes. A good starting point would be to formulate a comprehensive child-focused policy that comprehensively addresses the well-being of children in terms of their right to survival, physical growth, cognitive development, and protection from various risks and vulnerabilities. The evidence from the National Family Health Survey underscores the need for such a policy.

Developing a policy that focuses on the well-being needs of children in the state requires thorough discussions and deliberations with stakeholders, including the government, civil society organizations, parents, and children. Additionally, a comprehensive analysis of the factors and conditions that prevent children from accessing

critical services and facilities for their survival, growth, development, and protection is essential. These barriers may include both demand-side and supply-side factors, which can vary across different population groups and districts.

The data available from the National Family Health Survey have limitations in providing the comprehensive analysis of child well-being in the state that is needed for the formulation of child sensitive social protection policy. The present analysis reveals that the challenge of mitigating the deprivation faced by the child of the state is quite complex. More research is needed to disentangle the complexities of child deprivation that are so pervasive in the state. The need is to identify economic, social, cultural, and environmental impediments that contribute to child deprivation. The situation gets further complicated because these impediments vary widely within the state, across districts, and possibly, across different population groups within the same district. In any case, addressing the impediments that exacerbate child deprivation is crucial to effectively promoting child well-being in the state.

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Appendix Table: Deprivation index in children of different age categories in districts of Madhya Pradesh, 2019-2021.

District	Below 1 year		1-2 years		3-5 years		6-10 years		11-14 years		15-19 years		0-19 years	
	Index	Rank	Index	Rank	Index	Rank	Index	Rank	Index	Rank	Index	Rank	Index	Rank
Sheopur	0.482	5	0.478	44	0.542	44	0.358	37	0.385	35	0.469	44	0.439	42
Morena	0.591	35	0.379	30	0.434	16	0.388	42	0.235	10	0.356	9	0.367	20
Bhind	0.628	43	0.318	11	0.453	20	0.347	33	0.323	20	0.333	4	0.366	19
Gwalior	0.571	28	0.343	21	0.427	12	0.243	12	0.224	8	0.354	8	0.323	10
Datia	0.561	25	0.376	27	0.469	24	0.194	5	0.229	9	0.358	10	0.315	8
Shivpuri	0.572	31	0.418	35	0.53	40	0.387	41	0.338	23	0.414	27	0.416	39
Tikamgarh	0.47	3	0.317	10	0.496	33	0.235	11	0.22	6	0.352	7	0.317	9
Chhatarpur	0.654	48	0.438	39	0.48	30	0.331	29	0.335	22	0.44	35	0.407	34
Panna	0.585	34	0.478	45	0.55	46	0.474	47	0.444	46	0.484	47	0.486	47
Sagar	0.617	39	0.431	38	0.528	39	0.293	23	0.298	17	0.399	20	0.389	27
Damoh	0.539	15	0.441	40	0.488	31	0.325	27	0.358	29	0.454	42	0.41	35
Satna	0.683	50	0.496	48	0.531	41	0.359	39	0.442	44	0.416	28	0.439	41
Rewa	0.55	18	0.471	43	0.533	42	0.522	50	0.495	48	0.485	48	0.505	48
Umaria	0.56	24	0.491	47	0.513	37	0.332	30	0.349	25	0.449	38	0.415	37
Neemuch	0.549	17	0.291	6	0.349	2	0.163	3	0.185	4	0.35	6	0.272	2
Mandsaur	0.513	9	0.326	14	0.311	1	0.271	15	0.32	19	0.445	36	0.351	16
Ratlam	0.521	11	0.289	5	0.427	11	0.229	10	0.25	11	0.431	31	0.327	11
Ujjain	0.574	32	0.302	9	0.395	7	0.312	24	0.442	45	0.377	16	0.378	24
Dewas	0.568	27	0.326	15	0.361	3	0.268	14	0.332	21	0.367	13	0.34	13
Dhar	0.637	46	0.332	17	0.432	15	0.29	19	0.419	40	0.435	33	0.395	30
Indore	0.687	51	0.294	7	0.375	6	0.1	1	0.167	3	0.322	3	0.254	1
Khargone (West Nimar)	0.502	7	0.297	8	0.432	14	0.359	38	0.315	18	0.367	12	0.365	18
Barwani	0.531	13	0.428	37	0.504	36	0.436	46	0.434	42	0.507	51	0.465	46
Rajgarh	0.631	44	0.377	28	0.478	29	0.29	21	0.284	16	0.45	40	0.382	25
Vidisha	0.516	10	0.398	32	0.412	9	0.283	17	0.256	12	0.438	34	0.357	17
Bhopal	0.572	30	0.342	20	0.464	23	0.19	4	0.263	13	0.309	2	0.307	5
Sehore	0.602	37	0.331	16	0.426	10	0.223	9	0.165	2	0.395	18	0.315	7

District	Below 1 year		1-2 years		3-5 years		6-10 years		11-14 years		15-19 years		0-19 years	
	Index	Rank	Index	Rank	Index	Rank	Index	Rank	Index	Rank	Index	Rank	Index	Rank
Raisen	0.62	40	0.335	19	0.497	34	0.29	20	0.194	5	0.254	1	0.287	3
Betul	0.48	4	0.409	33	0.435	17	0.321	26	0.434	41	0.399	19	0.399	31
Harda	0.563	26	0.281	4	0.457	22	0.217	7	0.403	37	0.346	5	0.344	15
Hoshangabad	0.602	36	0.344	22	0.475	27	0.356	36	0.441	43	0.37	14	0.404	33
Katni	0.542	16	0.48	46	0.456	21	0.394	44	0.384	34	0.401	22	0.415	38
Jabalpur	0.555	21	0.255	1	0.561	47	0.292	22	0.541	51	0.446	37	0.427	40
Narsimhapur	0.556	22	0.347	24	0.411	8	0.288	18	0.356	28	0.435	32	0.376	22
Dindori	0.571	29	0.523	51	0.589	49	0.519	49	0.497	49	0.503	50	0.523	50
Mandla	0.458	2	0.417	34	0.514	38	0.353	34	0.366	30	0.405	24	0.403	32
Chhindwara	0.553	19	0.346	23	0.374	5	0.315	25	0.375	31	0.407	25	0.378	23
Seoni	0.484	6	0.32	12	0.471	25	0.344	31	0.376	32	0.408	26	0.389	29
Balaghat	0.626	42	0.381	31	0.44	18	0.265	13	0.282	15	0.364	11	0.342	14
Guna	0.555	20	0.324	13	0.473	26	0.345	32	0.35	26	0.401	21	0.387	26
Ashoknagar	0.61	38	0.36	25	0.544	45	0.331	28	0.274	14	0.43	30	0.389	28
Shahdol	0.656	49	0.454	41	0.492	32	0.398	45	0.404	38	0.449	39	0.442	43
Anuppur	0.636	45	0.378	29	0.501	35	0.356	35	0.397	36	0.402	23	0.412	36
Sidhi	0.532	14	0.461	42	0.541	43	0.384	40	0.409	39	0.483	46	0.451	45
Singrauli	0.524	12	0.501	49	0.595	50	0.394	43	0.378	33	0.451	41	0.445	44
Jhabua	0.62	41	0.522	50	0.579	48	0.574	51	0.485	47	0.502	49	0.543	51
Alirajpur	0.574	33	0.421	36	0.599	51	0.508	48	0.523	50	0.48	45	0.515	49
Khandwa (East Nimar)	0.506	8	0.332	18	0.441	19	0.219	8	0.344	24	0.381	16	0.339	12
Burhanpur	0.557	23	0.277	3	0.476	28	0.277	16	0.356	27	0.419	29	0.373	21
Agar Malwa	0.37	1	0.37	26	0.37	4	0.196	6	0.222	7	0.459	43	0.31	6
Shajapur	0.644	47	0.274	2	0.429	13	0.16	2	0.165	1	0.377	15	0.291	4

Source: Author