A FOCUS ON CHILDREN

ANDHRA PRADESH
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The state of Andhra Pradesh lies in South India and has Telangana, Tamil Nadu, Karnataka and, a little further south, Kerala, as its neighbours. Andhra Pradesh occupies a curious position in the country with regard to its development status – while on many key development parameters it fares better than much of North India. However, on comparison with its neighbours in South India, the state lags behind on several development sectors. From this perspective, it can be said that the state is at a position where it has made definite and notable progress in a number of spheres which constitute human development but needs to make further and continuous improvements in order to be counted among the more developed states of India.
Andhra Pradesh comprises 13 districts that have a total population of 49.39 million. Four of its districts – Guntur, Krishna, East Godavari and Vishakhapatnam – have comparatively large populations. Three of these districts – Guntur, East Godavari and Krishna – are also among the districts which have the highest population density.
According to the 2011 Census, the 0-6 population in the state was 5.2 million with the majority of children (3.7 million) in the 0-6 years age group in rural areas compared with around 1.4 million in urban areas. From the perspective of development planning and monitoring, this means that the state is predominantly rural and, as a result, requires strong services for children in rural areas in order to bring major shifts into state averages.
With its sex ratio (females per 1,000 males) at 944, Andhra Pradesh’s sex ratio is better than some other states in India such as Rajasthan (888), Punjab (846), Haryana (834) and Uttar Pradesh (902). However, on this important indicator, which serves as an important measuring tool for possible son preference and stratus of girls and women, Andhra Pradesh is below other states of South India including Kerala (964) and Karnataka (948).

This indicator is a small glimpse into the context of Andhra Pradesh – a southern state where development indicators for many sectors are considerably better than they are for much of North India. While it may be tempting to measure the performance of Andhra Pradesh against the national averages and against the states of north India, it may be pertinent to put the state in the block of South Indian states so that Andhra Pradesh raises the bar to achieve the highest results for children and people of the state.

According to NSS 2011-2012 data, the proportion of employed people in state below poverty line was 5.3. Trend data show that this has been declining steadily over a period of time, indicating an increase in incomes and prosperity.
Availability and quality of services and facilities related to water and sanitation are critical to the health and well-being of people. There is evidence to suggest that as much as *% of illnesses can be prevented by washing hands. Similarly, the proportion of water-borne diseases in the overall disease burden is known to be very high. This can be addressed through provision of safe water, sanitary toilets and health-promoting behaviours and practices.
2.1. SANITATION

Having latrine facility within the premises: Total - Households
Per cent - Total - 2011

The sanitation map of India is an unimpressive one with all large states of the country – whether in South or North India – reporting a low proportion of houses with latrine facilities within the premises. Only Kerala and Goa in the southern half of India, and Mizoram, Manipur and Tripura in the north-east, have coverages above 80% in addition to Delhi. Only half of Andhra Pradesh’s people have latrine facility in their houses. While this is better than a number of north Indian states such as Uttar Pradesh (36%), Madhya Pradesh (29%) and even Tamil Nadu (48%), it is significantly below acceptable levels of sanitation coverage.

Sources: ORGI_Census, 2011
Within the state, four districts, which are Guntur (59%), Krishna (70%), West Godavari (64%) and East Godavari (57%), have the highest coverages for latrine within the premises – ranging from 70% for Krishna to 57 % to East Godavari. The lowest coverages are Anantpur (37%) in the western part of the state and Vizianagram (22%) and Srikakulam (21%) in the eastern part. The state average of 50 % masks such low figures for districts.
Having latrine facility within the premises: Total - Households

Per cent - Total - 2011

Within the districts, there is a striking difference in latrine coverage between rural and urban areas, with rural and urban coverages at 32% and 86%. The decline in coverage among Scheduled Caste communities is stark. For example, state-level coverage for SC communities is 33%, which is 17% less than the state average. Similar trends are apparent in the districts as well. Coverage drops even lower in the context of households belonging to Scheduled Tribes with only 20% of the houses reporting a latrine within the premises.
The disparity from an equity perspective can be observed also in the case of other indicators that represent quality of life, such as bathing facilities in the house. While the state average is 67%, the figure drops sharply to 55% in the case of SC communities, and even further to 37% in the case of ST communities.
2.2. WATER

Census data has a large number of indicators on availability of water as well as the type of water sources which offer detailed information on people’s access to water as well as the quality of water available to them.

Location of drinking water source: Near the premises - Households

Per cent - Total - 2011

Water in Andhra Pradesh is moderately abundant. Around 36% of households have a water source within the premises and 45% have it nearby which means as many as 81% of the state’s people have convenient access to water. The figures for SC communities are slightly lower – 33% for a water source within the premises.

What is worthy of note, however, is that 67% of the state’s households have access to tapped water supply -- the safest source of water. Telangana’s access to tapped water at 73% is a notch higher than Andhra Pradesh and this could well be the next milestone the state sets for itself for the next few years. Even more creditable is that the SC population enjoys a higher access to tapped water at 70%. However, data show that only 33% of them have tapped water within their premises. Access to tapped water for the ST populations, however, is lower with the access rate dropping to 45%.
Main source of drinking water: Tapwater - Households

Andhra Pradesh
- 83.5

Visakhapatnam
- 70.2

Guntur
- 77.6

Prakasam
- 75.5

Kurnool
- 95.4

Anantapur
- 90.5

Chittoor
- 75.8

Srikakulam
- 53.3

Vizianagaram
- 78

Sri Potti Sriramulu Nellore
- 69.4

East Godavari
- 84.1

West Godavari
- 88.4

Krishna
- 86.2

Y.S.R.
- 88.8

Prachi Potti Sriramulu Nellore
- 69.4

Source: ORGI_Census, 2011

Urban
- 53.3 - 75.5
- 75.6 - 83.5
- 83.6 - 88.8
- 88.9 - 95.4
Urban-rural disparity is apparent in access to tapped water supply. For example, the districts of Krishna, Godavari and Kurnool report access to tapped water at 86%, 88% and 95% in urban areas but the figures drop to 65%, 82% and 73%, respectively, for rural areas.

Source: ORGI_Census, 2011
Five districts in particular – Prakasam, Guntur, Vishakhapatnam, Vizianagram and Srikakulam – have relatively small proportions of people enjoying access to tapped water supply. The situation in Srikakulam is particularly alarming with only 26% of people having access to tapped water. Not surprisingly, 30% of households here use wells as their main source of water while 41% depend on hand pumps.
3 HEALTH
3.1. IMR

The paradox that Andhra Pradesh is surfaces when looking at several health outcome indicators such as infant mortality rate (IMR). At 41 deaths per thousand infants (2012), Andhra Pradesh performs better than some of the worst-performing states such as Uttar Pradesh (53), Madhya Pradesh (56) and Assam (55). However, Andhra Pradesh has done only marginally better than Bihar where IMR stands at 43. On comparison with other South Indian states, the state lags far behind. For instance, Kerala’s IMR is the national best at 12 while Karnataka and Tamil Nadu follow at 32 and 21, respectively. Maharashtra, too, is ranked above Andhra Pradesh with its IMR at 25, indicating the urgent need for the state to take stock of its health service delivery systems.
An analysis of the district IMR status presents a picture of contrasts, with Srikakulam (55) and Vizianagram (53) once again being at the bottom of the pile, apart from Anantpur and Kurnool (53 and 51) while Krishna (29) and West Godavari (32) being far ahead of the rest of the state with lower IMRs.
On further examination of the IMR data, a serious rural-urban disparity emerges, which could be attributed to access to and availability of essential life-saving services and practices prevalent in families. Against the state average IMR (41), urban areas report IMR at 30 while for rural areas it is at 46. Previous years’ data show girls have a slightly higher IMR than boys, indicating a possible gender bias in making medical facilities available to girls.
3.2. HEALTH SERVICES

Currently married women aged 15-49 years who received any medical check-up within 48 hours of child birth
Per cent Total

<table>
<thead>
<tr>
<th>District</th>
<th>Per cent</th>
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<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>76</td>
</tr>
<tr>
<td>Sri Potti Sriramulu Nellor</td>
<td>84</td>
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<tr>
<td>Prakasam</td>
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<td>Y.S.R.</td>
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<td>Chittoor</td>
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<td>Srikakulam</td>
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Source: DLHS III, 2007-8

Various data show that health services are accessible in varying degrees across the state. A number of indicators on access to and delivery of services point to this. For example, on review of data on post-natal care, the following facts emerge: around 76% of women who delivered had a check-up within 48 hours of birth. The skew favours Krishna (92%), West (89%) and East Godavari (93%), while districts such as Kurnool (65%) and Vishakhapatnam (66%) are at the other end of the spectrum.
3.3. IMMUNISATION

Infant mortality can be traced to a number of factors many of which the health service delivery system is mandated to address. One of these is immunization. Low immunization rates are linked to higher infant and child morbidity and mortality due to a very high incidence of vaccine-preventable diseases.

The complete immunization rate for Andhra Pradesh (2009) for children between 12-23 months was 68% -- considerably lower than the state averages of Maharashtra (78%), Tamil Nadu (77%), Karnataka (78%) and Kerala (81%).
Within the state, a wide disparity exists between the districts with Anantpur (71%), Krishna (83%) and West Godavari (72%) being the best-performing ones in 2007-8. On the other side of the divide are Kurnool (54%), Nellore (55%) and Vizianagram (55%). Srikakulam, in many instances in the last quintile, is at 62% complete immunization rate, indicating that the health systems are functional here and have the potential to deliver services.
Feeding practices are a strong determinant of infant health and survival. Data show that in Andhra Pradesh, breastfeeding for only 27% of infants (below three years) was initiated in the first hour while 75% of children were breastfed within the first day (2009). Around 87% of children below three years were exclusively breastfed for six months. On this account, the state is far ahead of the other states in India and occupies the top rank. However, the state’s performance dips in complementary feeding with 63% of the children starting it in a timely manner.
3.5. MATERNAL HEALTH

Maternal mortality ratio
Deaths per 100,000 live births - Total - 2010-2012

Andhra Pradesh: 110
Karnataka: 144
Tamil Nadu: 90
Kerala: 66

Source: ORGI_SRS, 2010-12

Maternal and child health often go hand in hand as the same service delivery systems cater to women and children and around the same time. Data show that the state's maternal mortality ratio (MMR) in 2010-2012 was at 110, which was better than most of north Indian states and also Karnataka (144), even though more than Tamil Nadu (90) and Kerala (66), which indicates that the state has invested in maternal health care even though it is behind the top-performers.
The state also has an impressive 67% of women using a contraceptive method, higher than Kerala (64%). Use of contraception delays and prevents pregnancy and is a significant contributing factor for the state reporting moderately low 11% decadal growth rate -- nearly half of many other states that are reporting growth rates above 20%. However, Andhra Pradesh has the potential for achieving lower growth rates by expanding services and contraceptive choices and improving the status of women -- factors which have an impact on fertility.
The state has an impressive institutional delivery rate which, at 94% (2005-2006), was second only to Kerala (99%). The state also had an equally impressive 94% of women having any antenatal check-up, which shows the connect expecting mothers have with the health service delivery system. This could be an area of improvement for the state to ensure that maternal and infant deaths are further reduced through regular monitoring of mothers’ health so that potentially life-threatening cases can be identified early.
3.6. MALNUTRITION

An extremely important area of focus and intervention for children’s programmes is nutrition. Malnutrition is a contributor to infant and child mortality and severely compromises a child’s ability to be healthy. A number of malnutrition indicators exist based on the severity and impact of malnutrition. Having a relatively low rate of under-three malnutrition (30% for the state) which is comparable with some other South Indian states such as Kerala (29%) and Tamil Nadu (33%) is no guarantee that the state has won the battle against malnutrition. Poor nutritional status of children is also reflected in the prevalence of anaemia – around 80% of children under three years were reported with anaemia in 2005-2006.

These figures are drawn from the NFHS III survey which was conducted in the years 2005-2006. It is possible that malnutrition rates in Andhra Pradesh have dropped. Nevertheless, considering that the past two NFHS surveys between 1998 and 2005-2006 show a consistent pattern in malnutrition-related indicators, it remains to be seen what the extent of this improvement is.

To address malnutrition requires an accelerated thrust not only in the ICDS programme which is based on supplementary feeding for children and mothers but also in other programmes in the areas of health, water and sanitation as it is well-documented that while malnourished children are at an increased risk of falling sick, their sickness makes them further malnourished.
Professionals working in the area of child protection are often faced with a paucity of data. While a number of national surveys collect data on health, education and several other sectors, such surveys on the status of working children, children living on streets, children facing abuse and exploitation, or being forced into early marriage are few and far between. The Child Rights Atlas, therefore, is using a limited number of indicators in this section.
Birth registration: The right to be registered at birth is an important right of the child and potentially safeguards the child against neglect and trafficking. The NFHS III found only 40% of the children in the state to be registered, with only 35% of rural and 49% of urban births being recorded by the state birth registration system.
Child workers: The proportion of child workers in the 5-14 years category in the state according to the 2001 Census was around 7.7%, which is more than most Indian states. Among the districts, Kurnool recorded the highest proportion of child workers at 14.8% followed by Vizianagram at 11.5% and Guntur at 9.6%, which are much higher than the state average.

Data show more girls than boys, and more children in rural than urban areas to be working. For example, the child worker ratio for boys in rural areas was 9 as compared to 3 for urban areas, and was higher for girls (8.4) than boys (7).
Child marriage: Child marriage is an indicator which is reflective of the status of women, and settles the issue on whether they are considered an asset or a liability by families in which they are born and society. A large proportion of children in Andhra Pradesh are married off early – as many as 27.5% of boys and 28.5% of girls. This is much higher than rates in South Indian states such as Kerala (6.8%) and Tamil Nadu (9.10%), and comparable with several states in North India such as Madhya Pradesh (29%), Rajasthan (40%), Uttar Pradesh (33%) and Bihar (46%). The state needs to work with communities to get them to delay their children’s marriages and invest in their education. Equally important is obtaining district and block-level information to identify pockets where incidence of child marriage is higher so that special interventions and campaigns can be designed for these areas.
EDUCATION
In order to get the complete education picture of the state, it is important to observe several key indicators and understand their relationship as well.

Data on education in the state of Andhra Pradesh show the state has a lot of ground to cover. The net enrolment ratio (primary education) in the state for the years 2011-12 was only 36%, which is less than that of Karnataka (41%), Tamil Nadu (44%) and Kerala (59%). This suggests that a very large proportion of children between 3 and 5 years of age are not enrolled in school. This is corroborated by another indicator which shows that as many as 40% of children in the 3-5 years category in the state have never attended school. This is a very large proportion of the state’s children. It is worrying that in an era of technology and progress, children who do not currently go to school will be left out and not realize their true potential.
A silver lining in this scenario is the very low drop-out rate in primary classes. However, it can be inferred from available data that drop-out rates increase in higher education, and more girls than boys drop out of school and college. The Gender Parity Index in higher education for the state is .58, which is the ratio for every girl vis-à-vis a boy pursuing higher education. Interestingly, the figures for states such as Madhya Pradesh (.79), Karnataka (.84) and Tamil Nadu (.87) are considerably higher. What is notable, however, is that for a few states in India, the index is more than 1, indicating that more girls are pursuing higher education than boys. Some of these states are Punjab (1.2), Kerala (1.34), Sikkim (1.06) and Meghalaya (1.02) while Mizoram (.93) and Manipur (.88) show much greater gender parity in education than other Indian states.

Source: MOHRD, Selected Educational Statistics, 2007-8
Unimpressive school education attainments also find a reflection in the literacy status of Andhra Pradesh. At 67% literacy rate, the state is on par with Uttar Pradesh (68%), better than Madhya Pradesh (69%) and far below its neighbours Kerala (94%), Karnataka (76%) and Tamil Nadu (80%). The state also has a high gender gap in literacy (15.8%), indicating the low literacy and education status of women and girls. The gender gap in literacy is higher in rural areas than urban, indicating a clear drop in literacy levels in rural areas and lack of opportunities for girls and women.

Source: ORGI, Census 2011
CONCLUSION
Andhra Pradesh presents a mixed picture of development. The state has made significant gains in all the sectors covered by the atlas but the achievements are restricted to certain geographic areas and are also not uniformly distributed across all social groups. For example, in the area of sanitation, the state shows a distinct urban-rural disparity and also has underserved districts in the northern part such as Srikakulam, Anantpur and Vizianagram. The availability of tapped water for Srikakulam at 26% against the state average of 67% represents this disparity. While data show that the state has clearly set up an operational health service delivery system, it needs to provide comprehensive and complete services such as full immunization and full antenatal and postnatal coverage to ensure that infant mortality and maternal mortality are reduced and communities have reliable health services. In education, the state needs to encourage early enrolment and also arrest dropouts in higher classes so that children achieve their highest potential. The state also needs to accelerate efforts to stop child labour and child marriage and carry out communication campaigns to encourage behaviours and practices that grant an equal status to girls and women.
FOR FURTHER INFORMATION

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