

## Journey of a Girl Child in India During Health and Disease

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**G**ender inequality can express as inequalities in several dimensions – survival, natality, facilities, ownership, sharing of household benefits and chores, and domestic violence. Inequality in gender of one type may lead to gender inequality of many other types. Gender inequality in health is evident as asymmetry in mortality, sex-selective abortions, and differential care-seeking [1]. Sex selection before birth and neglect of the female child after birth leads to an altered sex ratio. There are 1076 women per 1000 men in Europe and 1029 women per 1000 men in North America, but there are only 914 women per 1000 men in India [2]. This is a further decline from the figure of 927 females per 1000 males in 2001 Indian census [3]. During the last decade, the number of female children to male children in the younger age group dropped from 945 per 1000 males to 927 per 1000 males. There are now 48 fewer girls per 1000 boys than there were in 1981 [4]. This is despite the fact that the survival rate for girls is often more than that of boys in the younger age groups. These numbers reflect neglect and mistreatment of the girl child in India.

The female child's status in India indicates the general attitude of the society towards women. Girls in the country are at a higher risk of malnutrition and growth retardation. Many reports highlight that girls are offered less food – both in terms of quantity and quality – than boys, especially in Northern India [5]. This in turn leads to anemia and poor weight gain during pregnancy, perpetuating the cycle of intrauterine growth retardation and malnutrition. Status report brought out by 'Save the Children' highlighted that India has the largest gender survival gap in the World [6]. Indian girls are 61% more likely than boys to die between the ages of 1 and 5 [6]. Gender-based discrimination has also been documented in care-seeking during common illnesses, including diarrhea and acute respiratory infections [7]. Youth (15-

24 years) literacy rate for males and females are 88.4% and 74.4%, respectively. Many girls drop out of schools. Lack of basic facilities for sanitation at school exposes girls to the risk of assault, drop their attendance at schools, questions their dignity, and even leads to genitourinary infections.

Reducing gender inequality in health may lead to reduction in gender disparity in many other dimensions, and the benefits of doing the same may also extend to future generations. Girls' education and women's empowerment also have major roles in reducing gender disparity in child health. Synergistic efforts incorporating a number of sectors like health, education, welfare, industry, labour, information and environment are needed to reduce the gender gap in child health.

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