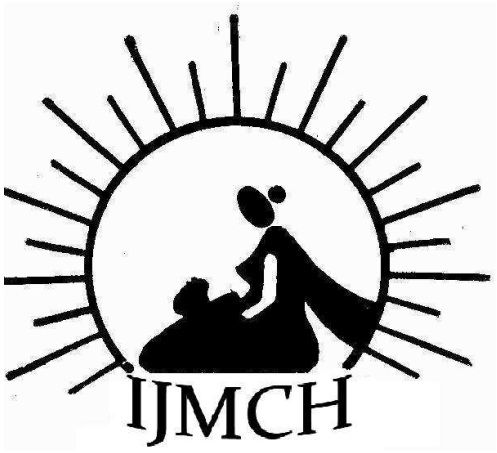
Volume 12 (2), 2010

# Yet another Denial to the Girl Child-Anti Rabies vaccine

*Mahajan S*
*Sachar RK*
*Gupta A*
*Kaur G*

www.ijmch.org




INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH

To study the allocation of paid preventive services to girl child.

# Yet another Denial to the Girl Child-Anti Rabies vaccine

**Mahajan S,* Sachar RK, ** Gupta A, *** Kaur G****

*Associate Professor, Department of Community Medicine, SGRDIMSR, Sri Amritsar.

** Professor & Head, Department of Community Medicine, SGRDIMSR, Sri Amritsar.

*** Resident, Department of Biochemistry, Govt. Medical College, Amritsar.

****Medical officer in charge, Anti-Rabies clinic, GNDH, Amritsar.

Correspondence: Dr Sanjeev Mahajan

Email: drsanjeevmahajan@gmail.com

## ABSTRACT

**Aim:** To study the allocation of paid preventive services to girl child.

**Setting:** Anti-rabies clinic of a teaching hospital.

**Sample size**: 1869

**Study population:** Victims of animal bite.

**Period of study:** Jan 2009 to Dec 2009.

**Methodology:** The data of victims of animal bite reporting at anti-rabies clinic was analyzed to find out the proportion of girl children availing the post exposure prophylaxis (Cell-Culture Vaccine) against rabies. The proportion of girl- children thus obtained was compared with the child sex ratio to find out if there was some gender disparity in availing the paid immunization services.

**Statistical Analysis:** Proportions & Z Test.

**Results:** Among the total children availing the services, about 70 % were boys and only 30 % were girls. The observed difference was highly significant.

**Key words:** ***Status, Girl child, Preventive Services, Rabies, Twenty First Century.***

## INTRODUCTION:

India, our great India also known as “land of saints” and native Indians as “People of Patience” have humble, warm and welcome attitude for their guests. If we refer to the ancient Indian history and mythology regarding Godly-persons; their female counterpart was always named & worshipped first e.g. ‘Uma -Shankar’, ‘Sita-Ram’, ‘Radha-Krishana’. Female was given the status of “**DEVI**” (godly-woman) in ancient India.

But now India and especially Punjab has **dubious distinction** of having **discrimination** against **girl-child** and low sex ratio. In the present scenario this humility, humanity and welcome response is not only missing towards the girl-child but ‘she’ is treated as unwanted

child and moreover now people do not want to bear even the unborn female fetus. So female-child was **sacrificed** previously for being **un-wanted** but is now even **un-born**.

The pre-dominantly patriarchal, social, cultural and religious set up based on the foundation that the family line runs through a male has contributed extensively to the secondary status of women in India.[1,2] This has translated into an universal desire and obsessive preference for son leading to 'son mania' and discrimination against the girl child and women particularly in north India and more so in Punjab.[3,4] India's girl deficit is deepest among the educated and prosperous families because of their affordability and access to the technology.[5] It has spawn practices such as female infanticide, bride-burning and sati and lead to the neglect of the girl child in terms of nutrition, education, health care and her overall development.[6]

Technological advances in pre-natal diagnostic techniques, which were intended solely to detect genetic abnormalities in the fetus, have been misused to determine the sex of the fetus and undergo sex-specific abortion. Amniocentesis has been one such misused test, which has been the major factor responsible for the declining sex ratio. In early-1979, North India's first sex determination clinic was opened in Amritsar; soon similar clinics mushroomed in Punjab, Haryana, Western Uttar Pradesh and Maharashtra. [7]

Now it is a matter of great debate that technology has proved to be a boon or curse in this regard. United Nation figures out that about 750,000 girls are aborted every year in India. Abortion rates are increasing in almost 80 % of the Indian states, mainly **Punjab** and Haryana. [8]

Moreover, the need for smaller families led to even more intensified misuse of such technologies, cutting across barriers of caste, class, religion and geography to ensure that at least one child, if not more, is a son. With the advent of new sophisticated pre-conception sex selection technologies like sperm separation, the girl child's elimination started becoming more subtle, refined and probably also more socially acceptable.

The obvious result is a sex ratio increasingly adverse to women. (The sex ratio is the ratio of females to thousand males in a population. According to 2001 census, this ratio is 933 women for every 1000 men). The current all-India sex ratio in the 0-6 age group, also called the child sex ratio is 927:1000.[9]

The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT), as amended in 2003 to The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC & PNDT Act), is a legislation to curb the abhorrent practice of sex determination and sex selection.[6]

In spite of all the legal efforts to save girl child, because of **cultural negation** of females in our male dominated society, the **sufferings of girl child** does not end just by allowing them to be born; but it continues throughout the whole life from **womb to tomb**. The gender discrimination against girls **continues across the life cycle** in the form of feticide, infanticide, poor health care & immunization services, low school enrollment & high drop-outs, sexual abuse, violence & exploitation, female genital mutilation, child marriages & premature motherhood, poor reproductive health, high maternal morbidity & mortality. [10]

After ultra-sonographic detection of sex of the child, if it comes out to be a male baby institutional delivery is preferred. While in case of female baby people either go for abortion or if allowed to be born then either home delivery or delivery by some local untrained dai

(birth attendant) is preferred to save the both, money and time ; providing poor and inadequate medical facilities to the mother. Only 40-50 percent women get antenatal care. [11]

Socio-cultural negation and discrimination against the girl-child takes several forms e.g. nutritional denial such as inadequate breastfeeding and early weaning, insufficient or delayed medical care, lack of attention causing emotional deprivation and insufficient investment in resources. The girl child, if she survives barley gets to see her 15th birthday. Out of the 12 million baby girls born in the country, every year nearly 25% of them do not reach their 15th birthday. [12, 13]

India has the highest number of out-of-school girls in South and East Asia: almost 45% of the 28 million out-of-school girls in South and East Asia are from India. [7] National literacy rate of girls over seven years is 54 % against 75 % for boys.[14] Only 19.7 per cent girls complete middle school. Of the 80 million children in the 6–14 age groups who are either out of school or enrolled but not attending school, about 60 per cent are girls. Of the 121.3 million adult illiterates in the age group 15–35, 62 per cent are women (Government of India, 2002). [15]

Since their **biological resilience is higher**, girls begin with lower mortality rates than boys during the first month of life. But later, girls have higher mortality rates.[7] An interesting fact is that in India life expectancy at birth is favorable for girls (63 years) as compared to boys (60 years); while under 5 mortality rate is higher for girls (90/1000) as compared to the boys (85/1000) and mortality rates between ages 15-60 years (adult mortality rate) is again favoring the females (213/1000) not the males (283/1000).[16] It is estimated that 75% of the total 75 million malnourished children are girls who show signs of chronic and acute malnutrition.[12]

These figures simply reveal the gender discrimination and socio-cultural negation and neglect of girl child still prevailing in the twenty-first century. The neglected medical and health care allocation to girl child has already been studied extensively. The girl child is deprived of other health care needs like pediatric and immunization services. This discrimination & neglect increases for second and third order (or higher order) girls. [17, 18, 19]

In the first decade of twenty-first century this study was framed to explore the practices of people for availing the preventive care (which is expensive) against 'Rabies', which is potentially 100 % fatal disease.

**MATERIALS AND METHOD:**

The data was collected from the anti rabies clinic of a teaching hospital in Amritsar The data on out patients registrations of animal bite clinic / anti rabies clinic from Jan 2009 to Dec 2009 were obtained. The study population comprised of victims of animal bite reporting at the anti-rabies clinic in the year 2009 from 1$^{st}$Jan to 31$^{st}$Dec. The study sample comprising of 1869 reported cases of animal bite was analyzed to see the proportion of girl-children getting the post-exposure prophylaxis.

The proportion of female children was compared with the current child sex ratio (838/1000) of Punjab for analysis. [20]

**OBSERVATIONS:**

During the period of study (Jan 2009 to Dec 2009) 1869 cases of animal bite were reported at the anti-rabies clinic. Out of these 1869 cases 1451 were adults and 418 were children below the age of twelve years.

**Table I Distribution of Child Victims of Animal Bite According To Sex**

| Group Victim | No. of cases | % age |
|---|---|---|
| Boys | 294 | 70.33(70)[@] |
| Girls | 124 | 29.66(30)[@] |
| **Total** | **418** | **100** |

**@-**The rounded off figures

**S.E. (P1 – P2) = 2.59, Z = 6.15; p = < O.O1. (Highly Significant)**

The above table shows that among the total (418) reported child victims of animal bite availing the paid preventive services, about 70 % were boys and only 30 % were girls. The observed difference between boys and girls was huge.

When the observed proportions of boys and girls was compared with current child sex ratio (838/1000), applying 'Z'- Test; the standard error of difference between two proportions was found to be highly significant and Z value was 6.15 (much higher than 3); $p << 0.01$.

**DISCUSSION:**

Even if we go by proportion of females, and compare with sex ratio, the observed difference in incidence of reporting among boys and girls at the anti-rabies clinic for getting post-exposure prophylaxis is very large.

One reason of higher proportion of boys reporting at the anti-rabies clinic may be the higher incidence of animal bites to the male kids for their outgoing- outdoor habits. But this size of difference can not be justified by this single factor. Moreover there is no way of standardizing the behavior of boys also.

The second reason may be the cost of vaccine. Post exposure prophylaxis by cell culture vaccine against rabies in 2009, which the patient had to buy himself on full payment (or at the most on subsidized price in some institutions), costs around Rupees 1500 (US$ 30) for the full course of 5 doses (@ Rupees 300/dose). There is no free anti-rabies vaccine available even in government set-up since 2004. It is a well known fact that rabies is potentially 100 % fatal disease and there is no treatment available for its cure. But parents do not prefer to spend that much amount of money on girl child putting the health and life

of girls at stake, even when they know that there is no treatment of rabies. Also the past evidences show the biased health seeking behavior and practices of neglecting the girl-child.

So the sad conclusion is that there is still gender discrimination in allocation of preventive services and medical care, even in case of fatal conditions; even in the first decade of the twenty-first century.

**REFERENCES:**


1. Annual Report on Implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act. 2005 PNDT Division. Ministry of Health and Family Welfare, Government of India, New Delhi. [Online]Available from : URL : http://mohfw.nic.in/dofw%20website/acts%20.../PNDT-annualreport-29-3-06.pdf.
2. Eliminate Discrimination, not the Girl Child- CRY: Child Rights. [Online]Available from: URL :http://america.cry.org › ... › Our Projects › CRY America Campaigns.
3. Sachar RK. The son barrier to women's health. Bulletin of the women's research programme-National Taiwan University.1993; 29(4):40-5.
4. Singh D, Kumar A, Vij K. Skewed Sex Ratio In Punjab-A Demographic Catastrophe. IIJFMT 2004;2(4). [Online]Available from: URL: www.icfmt.org/vol2no4/skewed.htm.
5. India's 'girl deficit' deepest among educated**.** Study: Selective-sex abortion claims 500,000 girls a year. [Online]Available from : URL :

   http://www.csmonitor.com/2006/0113/p01s04-wosc.html.
6. The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994. Answers to Frequently Asked Questions. A Handbook for The Public. [Online]Available from : URL : http://india.unfpa.org/?publications=350.
7. Gurung M. The disappearing girl-child: Alarming sex ratio trends. [Online]Available from: URL : www.empowerpoor.org/backgrounder.asp?report=101.
8. Protecting girl children from Gender Discrimination, Female feticide and Girl Infanticide [Online]Available from : URL : www.childlineindia.org.in/cr-girl-child.htm.
9. Census of India, Govt. of India - Ministry of Home Affairs.

   [Online]Available from: URL: censusindia.gov.in ( www.censusindia.net/ )
10. Gender Discrimination across the Life Cycle. In: The State Of The World's Children 2007. Women and Children the Double Dividend of Gender Equality. The United Nations Children's Fund (UNICEF), New York. USA; 2006:4-5. [Online]Available from: URL: www.unicef.org/publications/index_36587.html.
11. Legal Rights of girl child in India. [Online]Available from: URL: www.indianchild.com › Girl Child – Future of India.
12. Girl Child – Future of India. [Online]Available from: www.indianchild.com › Save the Girl child
13. Current Status of the Girl Child. In: Sub Group Report Girl Child In The Eleventh Five Year Plan (2007-2012). Ministry of Women and Child Development, Government of

India, Shastri Bhawan, New Delhi. Chapter 3: 6. [Online]Available from: URL: wcd.nic.in/wggirlchild.pdf

14. Girl Star Project. UNICEF India - Media Centre.

[Online]Available from: URL: www.unicef.org/india/media_2673.htm.

15. Ramachandran V. Gender Equality in Education in India - Progress in the Last Decade. "Paper commissioned for the EFA Global Monitoring Report 2003/4, The Leap to Equality". Paris; UNESCO; June 2003, p-4. [Online]Available from: URL: unesdoc.unesco.org/images/0014/001469/146911e.pdf

16. The World Health Report 2005 : Make every mother and child count. Statistical Annex; p.177. [Online]Available from: URL: http://www.who.int/whr/2005/en/

17 Sachar RK, Verma J, Dhawan S, Parkash V et al. Sex Bias in Health & Medical care allocation. Indian J. Maternal and Child health 1990; 1(2):63-5.

18 Ghosh S. Gender Differences in Treatment-seeking Behaviour during Common Childhood Illnesses in India: Does Maternal Education Matter?. 2004. [Online]Available from : URL : hetv.org/pdf/maternal-education.pdf

19 Asfaw A, Klasen S, Lamanna F. Intra-household Gender Disparities in Children's Medical Care before Death in India. Discussion Paper No. 2586, 2007 January.p-10. Göttingen University, Germany.[Online]Available from : URL : http://ssrn.com/abstract=964967.

20 Sex ratio up from 796 to 838 in Punjab, says survey. [Online]Available from : URL :

www.indianexpress.com/.../sex-ratio-up-from-796-to-838-in-punjab.../522667/ - United States.