



**ORIGINAL RESEARCH PAPER**

**Paediatrics**

**GENDER DISCRIMINATION AMONG CHILDREN IN SICKNESS, HOW SICK IS THAT?**

**KEY WORDS:** Gender; Discrimination

**Atul Goel\***

Department of Pediatrics Christian Medical College Ludhiana India \*Corresponding Author

**Merlyn Grace**

Department of Pediatrics Christian Medical College Ludhiana India

**ABSTRACT**

**Background:** Gender discrimination among children in India exists in many forms. The continuous discrimination throughout the life reduces the chance of survival of girls and contributes to adverse Male: Female ratio already prevalent in India.

**Aim:** To see if there is difference between the proportion of girls and boys seeking medical care at our center and to see any change in pattern of gender bias over last 15 years.

**Method:** The study was conducted in Department of Pediatrics, Christian Medical College, Ludhiana. The 15 years data (1999 to 2013) was collected and reviewed for gender distribution in all areas where children were treated in the hospital.

**Results:** The sex ratio among children coming to a private tertiary care hospital is majorly skewed in favor of males. However the silver lining is that trend over 15 years shows declining of this bias.

**INTRODUCTION**

Gender bias takes many forms in India, starting even before birth with female feticide. At every stage of life, whether it is education, nutrition or health care, females are usually last in the list of priorities. This continuous discrimination throughout the life reduces the chance of survival of girls and contributes to adverse Male: Female ratio already prevalent in India. It is a general belief that the main reason for this discrimination is the resource crunch in a family. While this may be true to a large extent, gender discrimination is also observed even in middle and higher income families. At our hospital, which is mostly frequented by middle and higher income families, it was a common observation that most children coming for health care were boys. Hence we decided to look at our hospital data with respect to gender bias in children coming for health care and to check what has been the trend over last 15 years.

**OBJECTIVES**

1. To see if there is difference between the proportion of girls and boys seeking medical care at department of Pediatrics, Christian Medical College, Ludhiana.
2. To see any change in pattern of gender bias over last 15 years.

**MATERIAL AND METHODS**

The study was conducted in Department of Pediatrics, Christian Medical College, Ludhiana. The records were reviewed for years between 1999 to 2013, of all children who came to our hospital for health care. The 15 years data was collected and reviewed for gender distribution in all areas where children were treated in the hospital.

**RESULTS**

Over the period of 15 years (1999 to 2013), each year the proportion of boys in all areas of pediatric department was always more than girls. An average of 70% of children admitted in pediatric wards at our hospital was boys. The average proportion of boys among out-born neonate who were admitted in pediatric ward was 77%. The corresponding figure for boys in pediatric ICU was 72%, in casualty was 69%, general OPDs was 65% and in private OPDs was 68%. The proportion of boys was more in pediatric ICU and pediatric wards compared to the other areas. Sicker the child, the more chance of him being a boy, implying that the sick girls were probably not being given adequate health care by their parents.

For the purpose of comparison, the entire data was divided into three time periods of 5 years each, 1999-2003, 2004-2008 and 2009- 2013. The male: female ratio during these time periods was compared in each area to see if there was any noticeable trend. There was a statistically significant decline in Male: female ratio in all areas of pediatrics department (table 1).

**Table 1 Male: Female Ratio of Children in Different Pediatric Care Settings**

	1999 - 2003	2004 - 2008	2009 - 2013	P value
<b>General OPD</b>	1.976	1.823	1.766	< 0.001
<b>Private OPD</b>	2.245	2.109	1.915	< 0.0001
<b>In-patients</b>	2.821	2.466	1.859	< 0.0001
<b>Out Born Neonates</b>	4.046	3.321	2.657	< 0.0001
<b>Casualty</b>	2.504	2.385	1.760	< 0.0001
<b>PICU</b>		2.916	1.972	< 0.0001

**DISCUSSION**

There has been a major concern about the adverse male: female ratio in India. The problem is even more acute in North Indian states like Haryana and Punjab (3). The major reason for this adverse ratio is generally thought to be female feticide. This may be true to a large extent but not the only reason for survival disadvantage among females. Every discrimination towards girls, whether in education, nutrition or health care, tends to have an impact on their survival.

In our study, it was clear that the number of boys among total children coming to our hospital is higher than the girls, in all areas and at all times in last 15 years. Though this finding may not come as a surprise to many, the sheer difference should at least raise a concern among health care providers and the policy makers. Other studies from India have reported this gender bias during illness and even other health care interventions like immunization (4,5) The denial of health care to girls, during sickness, emergency care and preventive health care by the parents is many times deliberate and is a major concern not only in India but the entire South Asia and China (6, 7, 8).

It was also seen that, sicker the child, more the probability of it being a boy as manifested by the proportion of boys in pediatric ICU & casualty being way more than the boys in OPDs. The discrimination was also more in case of neonates as compared to children coming to OPDs and casualty. Similar observations were made in other studies from India (4, 5, 9). This kind of gender, discrimination seems to prevail in affluent sections of the society as well, as evidenced by boys being more even in the private OPDs.

Christian Medical College & Hospital, Ludhiana, is a privately run minority institution located in the northern state of India, Punjab. The cost of the treatment at this hospital is almost entirely born by the patient or the family except in some case where hospital provides help to the needy. Consequently, the most of the patients coming to our hospital usually belong to middle income and high income group. When we compared the gender ratio in general OPDs which charges only a token amount, with the private OPDs where consultation charges are high, the gender ratio was not much different. In other words, in the present study, when there was a need to spend money on health care of a child, the likely

beneficiary was usually a boy. And these are the children who are most likely coming from the middle or higher income families.

If the present study is any indication, then no socioeconomic group is immune to this form of social ill. The compromise is more likely to happen in case of girls as compared to boys, through all socioeconomic groups. Similar observations were also made by sociologists working on gender equality in India (10). They also observed that the gender ratio was a problem mostly in the middle class. Poor don't have enough financial resources for gender selection and the rich don't need to do any gender selection as they do not have face any financial crisis raising a girl.

In the present study, we observed that there is a clear trend that shows a decline in bias towards boys over last 15 years. The cause for the decline in this gender bias could be multiple like better educations, better opportunities for girls or incentives given by the governments for the girl child.

### CONCLUSION

The sex ratio among children coming to a private tertiary care hospital is majorly skewed in favor of males. This is probably another manifestation of a general social bias against girls and prevails in every socioeconomic group of our society including middle and upper middle income groups. However the silver lining over this dark cloud is the trend over last 15 years, which shows declining of this bias. This trend, though a bit slow, but definitely there.

The data, mean while this should also alert our policy makers, any child, girl or a boy, has the right to health care, and it is the responsibility of policy makers to make sure that these children get their right.

### LIMITATIONS OF THE STUDY:

We did not collect any data with regards to socioeconomic condition of the patients visiting our hospital. The comment on socioeconomic status of the patients coming to our hospital is based on the general observation and from the fact that this is a private hospital.

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