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DOES GENDER DISCRIMINATION IN HEALTH STILL EXIST IN SOCIETY? A STUDY OF UTTAR PRADESH

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ABSTRACT

Facing challenges at every phase of life has become the destiny of women in society whether it is her rights, education or health. Women or girls health holds the key to prospects for development. The study, therefore, aims to explore the state of girl child health, especially in Uttar Pradesh. Recent National Family Health Survey- IV (2015-16), this paper attempts to compare the health scenario of the boy and girl child in the largest populated state in India. The analysis of the rate of infant mortality, malnutrition and high prevalence of anaemia among the female child, and the role of women education, will throw light on the success and failures of government programmes and policies to promote child health in the State. Together with this, some key areas of the problem will also be revealed here along with suggestions and measures to improve the healthcare facilities in both rural and urban areas.

Keywords: Girl, Child, Health, Malnutrition, Women Education, Immunization, Mortality, NFHS.

INTRODUCTION

"Experience has shown, over and over again, that investment in girls' education translate directly and quickly into better nutrition for the whole family, better health care, declining fertility, poverty reduction and better overall economic performance"

- Kofi Annan, United Nations Secretary- General

The development and progress of India as one of the leading economies of the world is a sign of dedicated efforts and positive exploitation of its resources. A real global progress would be achieved when children of our society ensured of basic rights like living the healthy life. For any country, the children are an important asset and their development is as important as the development of national resources. India has the youngest population of the world. Still, globally India contributes about 21% of the global burden of child death. 'Silent Emergency' is a situation

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visualised as an indicator of the worst child health in our country, where most of the children are suffering from malnutrition and other dreadful diseases.

Sex ratio in India has since post-independence shown some improvement. It has gone up from 927 females per 1000 males in 1991 census, increasing to 933 females per 1000 males in 2001 census and with minute improvement in 2011 when the census reported 940 females per 1000 males. While the size of the child population in the age group of 0-6 years is declining with a remarkable decline in the share of children in the total population, the share of girls in the age group (0-6 years) is decreasing at a fast pace than that of boys of 0-6 years. This process has led to missing of nearly 3 million girl children compared to 2 million missing boy children in 2011, compared to 2001. (GOI, 2012: 26)

Discrimination exists against the girl child in her access to nutrition and physical and mental health services, endangering her current and future health. In many societies in India, parents believe that good nutrition is more important for sons than daughters because sons must be healthy in order to supplement the family's income. Girls are also raised to believe that the family's survival depends on what their brothers earn; they are also likely to believe that a boy needs appropriate food and health care before those of girls. Thus, the girls themselves develop a low self-esteem and they consider themselves second rate. Further, almost in every culture and household in India, women are expected to have their food after the male members or every person in the family ate. This ideology many times comprises with the healthy, nutritious and fresh food for the mother's expecting their child. Unfortunately, these tendencies are passing into the next generations leading to the undernourished young and adolescent girls definitely impacting the future motherhood.

Thus, the condition is alarming as far as girl child's health is concerned. Efforts at gender equality and gender justice must start with equality for the girl child. The child of today is a woman of tomorrow. Their health and well-being is a key to future development. A proper health care for a girl child is an effort to ensure good health of family members. Many programmes and policies have improved the girl child health yet there is much space to improve. The decline in Infant mortality rates is a prime concern, especially among girl child. Thus the present work focussing on the Uttar Pradesh explores the present condition of girl's health in Uttar Pradesh. Specifically, the paper aims to: 1) document via secondary sources, whether there is any discrimination towards female child as far its health requirements are concerned and 2) to study the independent socio-economic assumes that determinants, more importantly how the mother's background characteristics tend to influence child's health in Uttar Pradesh analyse the role of government policies in promoting health facilities for a girl child.

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RESEARCH QUESTIONS

On the basis of exploratory data analysis, the study intends to address the following questions:

1. Is there any discrimination in an endowment of health facilities for girls in Uttar Pradesh?
2. How does female education affect the gender gap in health outcomes of the children?
3. How far government policies successful in State to provide adequate health facilities to its young ladies?

REVIEW OF LITERATURE

Many researches and studies have been conducted to study preferences for boy child over girls and the effect of gender inequality in education, employment and health. Arokiasamy and Pradhan (2004) have studied the school attendance, preventive and curative health care facilities and child nutrition of the country in terms of gender biases across the states. Monica Das Gupta (1987) and Elisabetta Aurino (2017) in her work found that girls had poor nutritional status in all the socio-economic strata than boys. Patra examined the determinants of health achievements of girls in India and found that there is a robust pattern in the country of gender bias against the girl child in health aspect is not present and there is a consistent pattern of girl child absolute health achievement. Pillai and Rodriguez (2015) gives the cultural explanation of malnutrition among the girl child in India on the basis of the condition of mother's education, gender preferential and financial condition of parents, which at the end of the day falls for a boy child.

Thus, all the studies establish that boy child preference in the Indian society influences the health of the young and adolescent girls. In addition to these works, this paper studies the gender differentials in health in Uttar Pradesh and the endeavours of the government in meeting these differences.

DATA AND METHODOLOGY

The methodology of the paper is, qualitative as well as quantitative. With the help of articles, government reports, web sources, newspapers, an attempt will be made to explore the gender issues in paediatric medicine in the Uttar Pradesh. By using the secondary data, this paper attempts to enquire the policy structure of the government towards the female child health facilities in the State.

The paper utilises the Census Data 2011, National Family Health Survey- 4 (2015-16), Rapid Survey on Children (2013-14), Rural Health Statistics (2015) data conducted by Ministry of Health and Family Welfare, which provides us with a diverse range of data source on girl child health in the State. NFHS-4 is the most recent survey available for Uttar Pradesh. The data

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provides us with the key indicators at the district level of Uttar Pradesh. The survey provides us with the data on the treatment of childhood diseases, immunizations of children and child preferences among the population. For this, the women were mostly interviewed in both urban and rural areas and the response rate was around 97%. In this paper, the bivariate analysis is used to explore the sex differentiation, gender preferences, nutritional and vaccination status of children in Uttar Pradesh with special reference to the female child. For this study, following variables have been chosen to determine the girl child health conditions. Of three, the first one is infant mortality differentials between a girl and boy child, help to analyze the gender bias (if at all exists). Secondly, nutritional status and thirdly the vaccination by age would enable to understand the factors which affect the child health in the state.

RESULTS AND DISCUSSION

Child Sex Ratio in Uttar Pradesh

According to Census 2011, Uttar Pradesh has the population of 19.98 crores. The total population of Uttar Pradesh as per 2011 census is 199,812,341 of which male and female are 104,480,510 and 95,331,831 respectively. In 2001, total population was 166,197,921 in which males were 87,565,369 while females were 78,632,552. (Census, 2011)

Though, the overall sex ratio of the Country is showing a trend of improvement, out of the total population of children in the State the census data of the State shows a decline from 2001-2011. The chief concern is, however, the decline of the female population in the age group of 0-6 years of age (Table: 1) which shows a loss of 5.84% of female child in the last ten years of census data. On the contrary, the male child population shows an increase out of the total number of the child population in the state.

Table 1: Child Sex Ratio in the U.P.

INDICATORS	2001	2011
SEX RATIO	898	912
CHILD SEX RATIO	916	902
TOTAL CHILD POPULATION (0-6 YEARS)	31,624,628	30,791,331
MALE POPULATION (0-6 YEARS)	16,509,033	16,185,581
FEMALE POPULATION (0-6 YEARS)	15,511,595	14,605,705

Source: Uttar Pradesh Population Census Data 2011

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During the period of 2001 -2011, child sex ratio in Uttar Pradesh declined from 916 to 902, whereas the overall sex ratio showed an improvement from 898 to 912 (Table: 1). This overall sex ratio increment is an increase in the male child population.

Certainly, the desire for a girl child by the parents plays a significant role in their total population. NFHS-3 data provides the glimpse of the present state of mind of the people. From Table 2 it can be concluded that Uttar Pradesh has a strong preference for sons. The percentage of women and men who want more sons than daughters is 31 and 28 percent respectively, while around 1 to 2 percent of women and men want more daughters than sons. However, a large majority of men and women would like to have at least one son and at least one daughter. The role of these preferences cannot be undermined, in the current status of the female population in the State.

Table 2: Indicators of Sex preference in Uttar Pradesh

Area	Women					Men				
	% who want more sons than daughters	% who want more daughters than sons	% who want at least one son	% who want at least one daughter	No. of women	% who want more sons than daughters	% who want more daughters than sons	% who want at least one son	% who want at least one daughter	No. of men
Urban	23.3	1.3	84.4	81.7	25,518	23.9	2.3	81.4	78.0	3,886
Rural	34.1	1.4	90.1	87.1	71,036	29.7	2.3	83.0	79.8	8,791

Source- NFHS-4

The health condition of the female child in State, apart from other reasons, is a chief factor in the declining sex ratio in the Uttar Pradesh. The sections further explore the present condition of female child health in the State by studying mortality rates, nutritional status and its impact of health and the vaccination coverage of the female child which is directly proportional to the loss of a female child in the state.

State of Girl Child Mortality in Uttar Pradesh

Infant and child mortality rates reflect a country's level of socioeconomic development and quality of life and are used for monitoring and evaluating population and health programmes and policies.

The infant mortality rate in Uttar Pradesh is the highest of any state in the country. Infant mortality in NFHS-4 is estimated at 63 deaths before the age of one year per 1,000 live births, down from the NFHS-3 estimate of 74 (Chart 2). The under-five mortality rate, at 78 deaths per 1,000 live births which was 96 in NFHS-3, is still also the highest in the country (NFHS-4, 2015-

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16). These rates imply that, despite declines in mortality, 1 in 14 children still die within the first year of life, and 1 in 10 die before reaching age five. Chart 2 exemplifies that least improvement in the child mortality rates in the state especially when it comes to rural areas. As far as infant mortality in rural areas of Uttar Pradesh is concerned, most of the children die after the first month of life and before they are five years old.

Chart 1: Sex Ratio at Birth - Annual Health Survey 2010-11

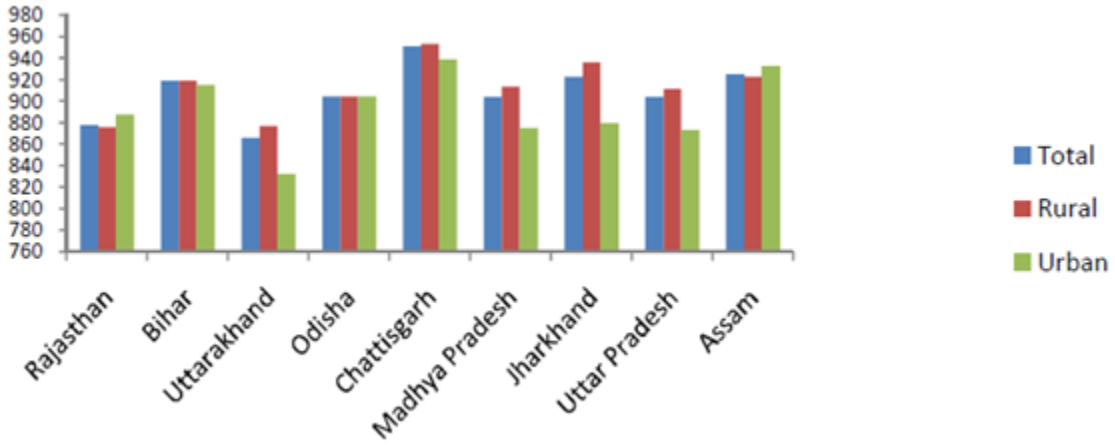
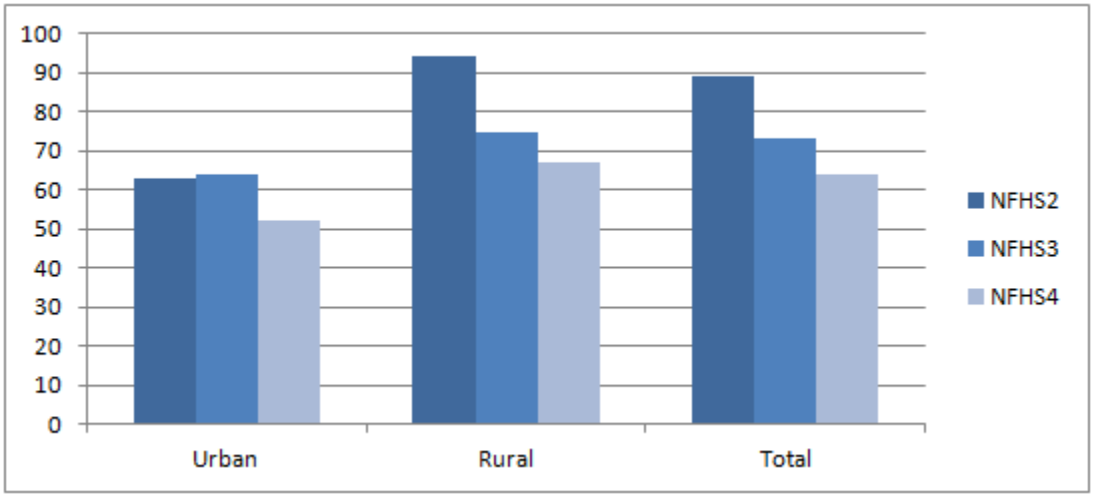


Chart 2: Infant Mortality Rates in Uttar Pradesh (NFHS-2 to NFHS-4)



Source: NFHS-4 UP.

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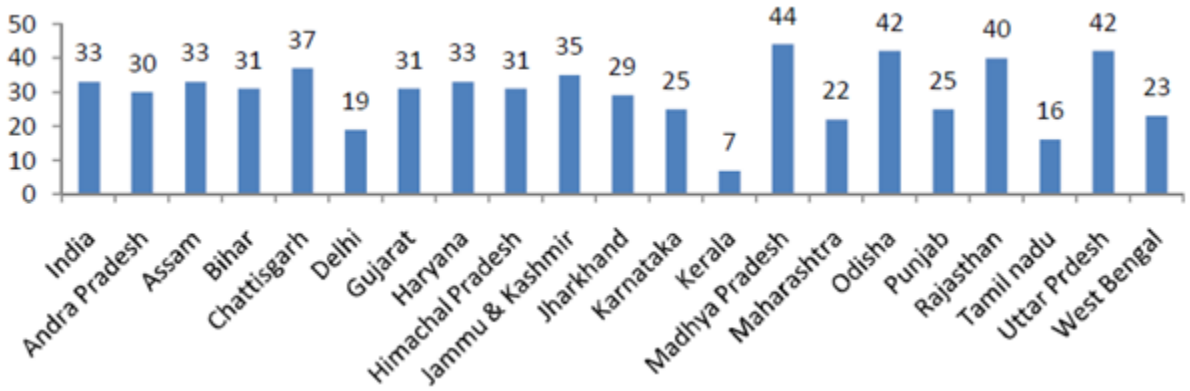
Chart 3: Neonatal mortality rates. 2010



Girl child in Uttar Pradesh faces a higher mortality risk than boys (Table 3). Both NFHS-3 and National Health Profile 2016, the under-five mortality rate for girls is higher than for boys which were 125 and 101. The infant -mortality rate in Uttar Pradesh is higher in girls (52) than boys (49). The rural- urban differentiation of female-male child mortality is diminutive according to National Health Profile (2016), but that does not mean that there is no scope ahead. On the contrary, NFHS survey reflects the female disadvantage is much more severe in rural than in urban areas. Contrarily, NFHS-4, Boys have a higher mortality rate than girls during the neonatal period. In comparison, girls have higher mortality rates than boys during the postnatal period from one and five years of age.

Table 3: Infant Mortality rates in Uttar Pradesh

State	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
INDIA	40	30	42	44	43	46	27	26	28
Uttar Pradesh	50	49	52	53	51	54	38	36	40

Source: NFHS-4 UP.

This probably suggests a gender bias and a neglect of the needs of the girl child. The disadvantage of the rural child is evident in the higher infant and neonatal mortality rates in rural than in urban areas in either sex.

According to the Uttar Pradesh Government sources, female life expectancy is less than 55 years and thus it could be concluded that if a girl born in Kerala she could expect to live 20 years longer than if she is born in Uttar Pradesh. Further, in 2010, the Under -5 Mortality Rate varied

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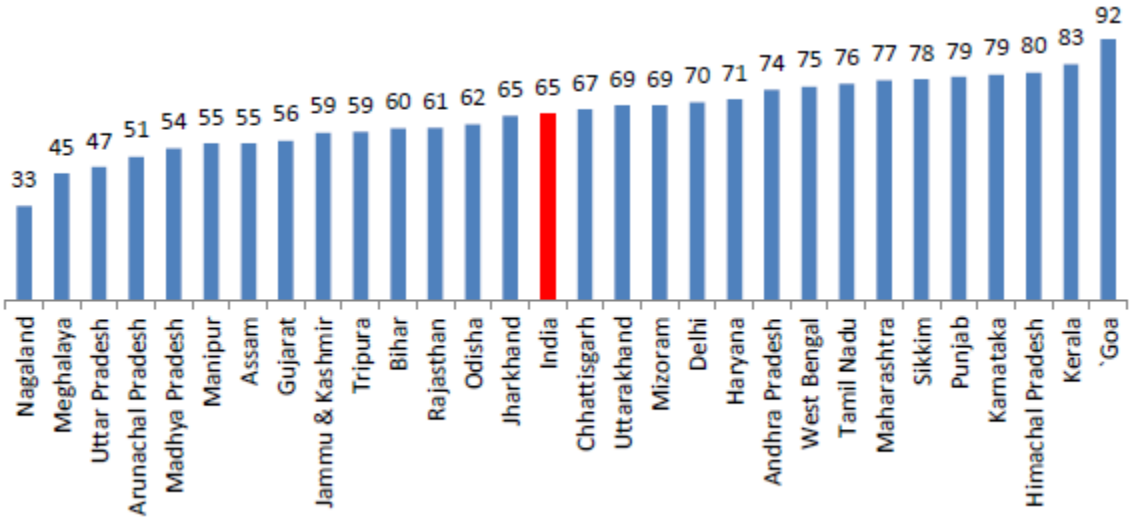
from lowest in Kerala (15), followed by Tamil Nadu (27) to alarmingly high level in Assam (83), followed by Madhya Pradesh (82), Uttar Pradesh (79), Odisha (78) while other states figure in between. All the bigger states had higher under-five mortality rates for female than that for male (Children in India, 2012: 24-32).

Figure 1: Immunization Coverage of States in Uttar Pradesh (2015)



Source: RSOC (2015)

Another significant yet less studied issue is the restricted healthcare facilities for female child after birth. Even though we are living in 21st century birth of girl child goes unwelcomed. The happiness of people on the birth of male child is not equivalent to that of girl child. Her birth is given positive note in society by saying "*laxmi ayi hai ghar mein".* Even on this occasionher birth is justified relating to some profit, if not that much of a boy. A recent SNCU (Sick New Born Care Units) data (TOI, 2018) revealed that gender differentials are evident in admission of girls in SNCU. Baghpat, Lakhimpur Kheri, Kaushambi, Sravasti, and Lalitpur are the districts with lowest female admissions. Further, the study brings to light the fact that girl child is willingly discharged early by parents from the hospital than the boys. This inherent biases of society also increases the mortality rates of girl child.

Thus, though the country is progressing as far as mortality rates of the female child is concerned, Uttar Pradesh government still needs hard to back up its health policies and infrastructure to ensure the loss of the so many innocent lives.

Nutrition and Health

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Despite the fact that Article 24 of the 'Convention on the Rights of the Child' says every child has a right to health care and good nutrition, the girl child is often undernourished and discriminated in quality of nourishment also.

According to one study when, ".....the respondents being asked as to whom they served food first, all the urban respondents and the rural males said both boy and girl are served food together, with only 14% of the rural women saying that they serve their sons first and then the daughters. On being queried as to who is given more nutritious food, again all the respondents said that both sons and daughters are given equally nutritious food, however again 14% of the rural women said that more nutritious food is served to the sons. To further verify the responses the respondents were given a list of items like milk, curd, fruit, sweets etc. and asked whom they would prefer to feed these to boy or girl. Again all the respondents said that both are given equally nutritious food, with again 14% of the rural women preferring sons. In order to assess whether the girl child is discriminated in being provided medical treatment, the respondents were asked the question as to whether they would spend money on the medical treatment of the girl child all the respondents answered in the affirmative. In order to cross check, the respondents were asked whether medicines for the son were procured immediately and they were given the complete course while the same sensitivity was not shown for daughters. Here there was a marked difference in the responses between the rural and urban mindset. 98% of the urban males and 86% of the urban females said that equal concern was shown in procuring medicine for the son and daughter, whereas only 52% rural males and 44% rural females showed this sensitivity. On being asked as to whether the daughters had been fully immunized, over 80% of all the respondents answered in the affirmative." (SAFMA, 2005-06) This gives us an idea of the general mindset of the population in Uttar Pradesh.

Forty-two percent children in Uttar Pradesh are underweight (NFHS-3, 2008), which takes into account both chronic and acute under nutrition. Children in rural areas as well-understood are more undernourished, but even in urban areas, half of the children suffer from chronic under nutrition. Unfortunately, children's nutritional status in Uttar Pradesh has improved slightly since NFHS-2 by some measures but not by all measures. NFHS-4 throws light on the fact that forty-six percent of children under age five years are stunted, eighteen percent are wasted and forty percent are underweight which means acute under nutrition. This explains to a large extent the low possibility of child survival in Uttar Pradesh. States like Kerala, Karnataka, and West Bengal, which are showing favourable conditions for the female child as far as nutritious food is concerned, can be a good example for the government of Uttar Pradesh to pursue in future.

Table 3 makes this very clear that both girls and boys are equally under-nourished in the State. But still Height for age (31.7 & 33.2) and Weight for age (15.6 & 17.2) is slightly higher in girls

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than boys. Similarly, Boys and girls are equally anaemic in the State (Table 4), which is a question mark on the ICDS scheme of the government. Increased Anaemia subsequently leads to weakness, diminished physical and mental capacity, and increased morbidity from infectious diseases, impaired cognitive performance, motor development, and scholastic achievement in girls.

Table 3: Nutritional Status of children in Uttar Pradesh

Sex	Height for age			Weight for height				Weight for age			
	Percentage below -3SD	Percentage below -2SD	Mean Z score (SD)	Percentage below -3SD	Percentage below -2SD	Percentage above +2SD	Mean Z score (SD)	Percentage below -3SD	Percentage below -2SD	Percentage above +2SD	Mean Z score (SD)
Male	31.7	56.2	-2.2	5.1	15	1.4	-0.8	15.6	41.2	0.1	-1.8
Female	33.2	57.5	-2.2	5.1	14.6	1	-0.8	17.2	43.7	0.1	-1.9

Source: NFHS-3 Uttar Pradesh data.

Table 4: Prevalence of anaemia in children Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Uttar Pradesh, 2015-16 and total for NFHS-3

Sex	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	Any anaemia (<11.0 g/dl)	Number of children
Male	25.9	34.8	2.5	63.2	18,169
Female	27.0	33.9	2.2	63.1	16,188

Source: NFHS-4 Uttar Pradesh data.

A Healthy and well-nourished adolescent girls hold the key to unbolt India's child nutrition challenge. The poor nutritional status of adolescent girls and their poor diets perpetuate the vicious cycle of nutrition deprivation that passes on from mothers to daughters, further from one generation to the next. Table 5 shows that 58.5 percent (urban) and 59.1 (rural) of the adolescent girls aged 10-18 were severely thin and undernourished. A small proportion of the girls were overweight, but the percentage is higher in urban (3.1) than the rural areas (0.9). The percentage of under nutrition evidences relatively higher among girls from rural areas than from the urban areas.

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Table 5: Percent distribution of adolescent girls age 10-18 years by BMI levels (Body Mass Index (BMI) in kg/m2)

State	Urban			Rural				Total			
	Under-weight (<18.5)	Normal (18.5 -24.9)	Overweight/ obese (≥25.0)	Under-weight (<18.5)	Normal (18.5 -24.9)	Over-weight	Mean BMI	Under-weight (<18.5)	Normal (18.5 -24.9)	Over-weight/ obese	Mean BMI
Uttar Pradesh	58.5	38.4	3.1	59.1	40.0	0.9	17.77	59.0	39.7	1.4	17.84

Source: RSOC 2015

Table 6: Percentage of children age 12-23 months who received specific vaccines

Sex	BCG	Hepatitis B			DPT			POLIO				MEASLES	All basic Vaccination	No Vaccination	% with vaccination card seen	No. OF CHILDREN
		0	**1**	**2**	**3**	**1**	**2**	**3**	**0**	**1**	**2**	**3**					
Male	88.8	46.7	77.9	71.1	54.5	85.0	79.0	68.3	65.2	87.7	81.9	69.4	72.9	53.2	7.8	54.4	4,019
Female	86.2	43.6	75.5	68.1	51.0	82.4	76.2	64.7	62.8	85.8	79.2	67.0	68.5	48.7	9.7	50.3	3,640

Source: NFHS-4

Other deficiencies comprise of the lack of home visits to newborn infants; low emphasis on feeding low birth weight infants; inadequate efforts to help vulnerable groups like girl child; inadequate convergence between the health and nutrition programmes and thus an approach to the management of severe acute malnutrition that is insufficiently robust in the state. Firstly, these inadequacies in design must be addressed at priority before progress can be made in nutrition. Thus, poor implementation of strategies for reproductive and child health is due to weak health systems.

Immunization Coverage

Uttar Pradesh faces the shortage of the target of 90 percent immunization coverage among all the states of the country (GOI, 2018). Around 51% of children (12-23 months) in Uttar Pradesh have received all basic vaccination (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles). However, most children are at least partially vaccinated; only 9% not received any vaccinations at all. 88% of children have received a BCG vaccination. However, there is a considerable dropout between the first and third doses of DPT vaccine (from 84% to 67%) and polio vaccine (from 87% to 68%).

Vaccinations play a significant role in enabling the body of children to fight against dreadful diseases. It thus becomes inevitable to ensure all seven vaccines for the girl child in order to

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lower the morbidity and mortality rates. In this, overall, 48.7 % of the female child has received all vaccination in comparison to 53.2 % of boys. On the other hand, there are 9.7 % girls (12-23 months) who do not get vaccinated in State. Even the polio vaccine from its first dose (85.8) declines when the third dose is essentials to complete the full dose of vaccine (67.0). Though the case is not evidenced by the boy child yet its percentage is also low. Polio is not an only example Hepatitis B, DPT and Measles shows the same result for the girl child. It can be summarized as boys receive a slightly higher number of vaccinations than girl child in Uttar Pradesh.

Mother's Education and Child Health

United Nations in World Nutrition Situation reports that 'the quality of care and feeding offered to children... is critically dependent on women education, social status and workload'. The statement justifies, as a matter of fact, the current situation of child health in the country. Unending programmes and policies of the government without many fruitful outcomes, pose threat for the future of the health of the children. Perhaps, the policymakers can address the issue of poor nutrition among women and children by unleashing the low status of women in society. Further, gender equality and awareness in the society about the significance of good nutrition for women can help us to ensure their better health and healthy children. Reproductive health and education need to be the utmost priority because inadequate nutrition not only wreaks havoc on women's health condition but also on the health of their children. Thus a child of malnourished women faces cognitive impairments, lower resistance to infections, and a higher risk of disease and death.

Education helps in boosting the social condition of women in society. Here we analyse how certain independent variables like mother's education, social status impacts the health of children especially girls. As well known, a woman's higher education, independent status and social interaction enable her to get an acquaintance with the need of child care.

In Uttar Pradesh, the women who have more than 10 years schooling (47.1) experiences lesser infant mortality rates than the women with no schooling (69.7). Similar characteristics are found in the neonatal, post neonatal, child and under-five mortality (NFHS-4, 2015). NFHS-4 data (Table 7) lights the fact that the mother's who are educated in Uttar Pradesh have ensured all the basic vaccinations and left no vaccination, in comparison to those who are with less than ten years of education. Women who are working and higher birth order take good care of the vaccination of their children and does not differs between the inevitability of care of boy child just as a girl child.

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Table 7: Educated mothers children state of Vaccination

Mother's Schooling	BCG	Hepatitis B				DPT			POLIO				MEASLES	All basic Vaccination	No Vaccination	% with vaccination card seen	No. of children
		0	**1**	**2**	**3**	**1**	**2**	**3**	**0**	**1**	**2**	**3**					
No schooling	80.7	37.1	67.4	58.8	44.3	75.0	67.5	54.9	56.4	81.6	74.8	62.0	61.3	41.9	13.7	44.2	3,078
<5 years complete	85.5	45.4	76.7	67.6	55.4	81.9	76.5	68.5	61.6	86.4	79.9	71.2	65.1	52.5	9.0	54.7	273
5-9 years complete	90.1	46.4	79.8	73.5	55.9	87.2	81.4	70.8	65.8	89.0	83.0	71.4	74.2	54.8	6.7	56.4	2,268
10-11 years complete	92.6	54.2	84.8	77.9	57.7	90.7	85.2	73.4	70.3	89.1	82.9	69.3	76.9	52.2	4.8	59.4	502
<12 years complete	96.3	56.8	88.4	83.7	63.2	94.2	90.3	80.9	75.2	93.3	88.1	75.4	83.8	63.3	2.9	60.6	1,538

Source: NFHS-4

Table 8: Mother's education and Child health

Mother's Schooling	Height for age			Weight for height				Weight for age			
	% below -3SD	% below -2SD	Mean Z score (SD)	% below -3SD	% below -2SD	%above +2SD	Mean Z score (SD)	% below -3SD	% below -2SD	%above +2SD	Mean Z score (SD)
No schooling	28.2	55.1	-2.1	5.9	18.0	1.4	-1.0	15.7	46.4	0.1	-1.9
5 years complete	24.6	52.2	-2.0	5.9	17.4	1.0	-1.0	13.7	43.9	0.0	-1.8
5-9 years complete	19.0	45.6	-1.8	6.1	18.6	1.2	-1.0	11.7	39.3	0.2	-1.7
10-11 years complete	13.5	36.8	-1.5	5.3	15.8	2.1	-0.9	7.7	30.0	0.4	-1.5
<12 years complete	10.2	28.7	-1.1	6.3	17.8	2.0	-0.9	6.2	26.0	0.6	-1.3

Source: NFHS-4

Other determinants of child health such as feeding practice to the child and the prevalence or treatment of diseases also differ according to the educational background of the mother. Further, under nutrition generally decreases with increasing mother's schooling, larger child's size at birth and income of the family. The level of under nutrition is relatively higher for the children of higher birth orders and those, whose mothers are underweight. As seen in the earlier section there exist no difference in the prevalence of anaemia among girls and boys in Uttar Pradesh, children of mothers who have anaemia are much likely to be anaemic. Although anaemia level differs according to the background characteristics, anaemia among children is widespread in

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every group. Almost three-fifths of children i.e. 58% are anaemic in Uttar Pradesh, even if their mother has 12 or more years of schooling.

Thus, this can be concluded that independent variable i.e. women's education and independent status in society shows well connected with the dependent variable i.e. girl child health. Yet the mother's in rural areas and their poor background (social and economical) affects the healthcare of the girl child. This issue is much dominant as far as the poor state of child health of this State in the country is concerned.

CONCLUSION

Socio-economic determinants and cultural factors result in high post neonatal and under-five mortality of the girl child in Uttar Pradesh. Girl child denial is attributed to her abandonment, shorter duration of breast feeding, biased nutrition and nurture, skipping basic care at hospitals by her early discharge and high preference to boy child in both rural and urban areas. Even though there is no evidence of under nutrition in the childhood of the girls, the statistics fail to explain why average healthy girl child turns out as an undernourished adolescent girl and later anaemic women. Thus, gender discrimination in nutrition starts from adolescent and not in childhood which has far-reaching effects. As evident in the last section, women education, health and independent status are lesser acknowledged and much significant factor in the condition of child health in the State.

The reduction in gender bias in health can go a long way in achieving gender parity, not only for today but also for our future generations. The study shows that it is high time that policymakers must acknowledge the gender bias in child health and get over the gender-blind health policies to curb this menace. The present situation demands the policymakers to design health policies to reduce gender bias in child health in the state. A comprehensive scheme of different programmes can be launched to promote girl child health and equal priority is given to make women educated and empowered so that this gap in health could vanish from the state. Thus, the time has arrived that we add in *Beti Bacho Beti Padhao* programme, our concern for their health as *Swasthya Beti, Swasthya Samaj*.

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