

India is the deadliest place for baby girls

It's official - India is the most dangerous place in the world to be a baby girl. Newly released data shows that an Indian girl child aged 1-5 years is 75% more likely to die than an Indian boy, making this the worst gender differential in child mortality for any country in the world.

Infant (0-1 years) and child (1-5 years) mortality are declining in India and across the world, though not as fast as was hoped in India. Simultaneously, most of the world is experiencing a faster fall in female infant and child mortality than in male, on account of well established biological factors which make girls better survivors of early infancy given equal access to resources. The world's two most populous countries, however, buck this trend.

Newly released UN Department of Economic and Social Affairs (UN-DESA) data for 150 countries over 40 years shows that India and China are the only two countries in the world where female infant mortality is higher than male infant mortality in the 2000s. In China, there are 76 male infant deaths for every 100 female infant deaths compared with 122 male infant deaths for every 100 female infant deaths in the developing world as a whole.

The released data has found that India has a better infant mortality sex ratio than China, with 97 male infant deaths for every 100 female, but this is still not in tune with the global trend, or with its neighbours Sri Lanka (125) or Pakistan (120).

When it comes to the child mortality sex ratio, however, India is far and away the world's worst. In the 2000s, there were 56 male child deaths for every 100 female, compared with 111 in the developing world. This ratio has got progressively worse since the 1970s in India, even as Pakistan, Sri Lanka, Egypt and Iraq improved.

The UN report is clear that high girl child mortality is explained by socio-cultural values. So strong is the biological advantage for girls in early childhood that higher mortality among girls should be seen as "a powerful warning that differential treatment or access to resources is putting girls at a disadvantage", the report says.

"Higher female mortality from age 1 onwards clearly indicated sustained discrimination," says P Arokiasamy, professor of development studies at Mumbai's International Institute for Population Studies, who has studied gender differentials in child mortality in India. "Such neglect and discrimination can be in three areas:

food and nutrition, healthcare and emotional wellbeing. Of these, neglect of the healthcare of the girl child is the most direct determinant of mortality," says Arokiasamy. Studies have shown that health-related neglect may involve waiting longer before taking a sick girl to a doctor than a sick boy, and is also reflected in lower rates of immunization for girls than boys.

Moreover, since the outrage over India's poor child sex ratio came out of census data for children aged 0-6 years, the UN data on child mortality indicates that a campaign against female foeticide alone is not a complete solution. "Pre-natal and post-natal discrimination are complementarily contributing to gender imbalance," agrees Dr Arokiasamy. While pre-natal discrimination in the form of sex-selective abortions is more common among better educated upper income households, post-natal discrimination or neglect is more common among poorer, less educated rural households, he adds (TNN 1-2-12).