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HEALTH PROBLEM OF RURAL GIRLS IN MADHUBANI DISTRICT

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Abstract: **In this Article the most of the developing countries, the girl child is ill fed and undernourished. Quite often the root cause of malnutrition among girls is not so much the lack of food as the lack of access to food. Thus undernourished girls who grow into undernourished women perpetuate the intergenerational undernourishment cycle. To assess the health status of female child to compare the health status of female child with that of male child and to determine if gender discrimination exists.**

Keywords: **Rural girls, Health status, malnourished, stunted, hygiene, complete treatment, discrimination.**

1. INTRODUCTION

In the paper the order to improve the survival and welfare of girls and reverse the distorted sex ratio at birth (SRB), both the national and the state governments have launched special financial incentive schemes for girls. Under which, families have to comply with certain minimum requirements such as registration of birth, childhood immunization, enrollment and retention in school, and delaying the age of marriage beyond 18 years to receive the specified financial incentives against the fulfillment of each of these conditions. These incentive based schemes aim at improving the value of the girl child on the premise that financial benefits would trigger behavioural changes among parents and communities. In the long run such initiatives hope to ensure the survival and well-being of girls.

Though most of these schemes are steps in the right direction, very little is known about their implementation and effectiveness. Through a desk-review and interaction with government officials and NGOs, this study examines operational aspects of fifteen selected girl child promotion schemes across the states and gathers first impressions regarding the performance of these schemes.

In most of the developing district, the girl child is ill-fed and undernourished. As per 2011 census the population of Madhubani is 4487379 Lac. The female child population is 830323 Lac. The steadily declining ratio of females to males in India over the last 100 Yrs., has been the subject of much speculation and investigation. It was highlighted by the World Health Organization that unless the girl child has a sound health, the objective of "Health for All by 2000 AD" cannot be achieved. The Girl child has been dedicated for the girl child and to identify the areas which need attention for the betterment of the girl child.

India is a signatory to a number of International Instruments such as UN Convention on the Rights of the Child, with its two Optional Protocols, and Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), thereby affirming its commitment to the growth and development of women and children. Inadequate impact of programming investment and achievement in overall development of the child, and the adverse influence of negative social attitudes towards women and girls have left girl children in Madhubani District. Their survival, development, security and well-being as citizens of Madhubani District, and their participation as members of society is thus officially recognized as a matter of serious national concern.

The girls in Madhubani District do not achieve their full height and weight potential on account of dietary insufficiencies. The rural adolescent population lags behind its urban counterparts in all physical growth characteristics. The rural girls are shorter than their urban counterparts from upper socio-economic group.

Quite often the root cause of malnutrition among girls is not so much the lack of food as the lack of access to food due to gender discrimination. In addition to nutritional stunting, undernourishment can lead to cephalo-pelvic disproportion in

adulthood- both the factors are highly correlated with low birth weight babies and perinatal complications. Thus undernourished girls who grow into undernourished women perpetuate the intergenerational undernourishment cycle.

Number of health awareness and health education programs have been introduced by government and non–government agencies for the welfare and empowerment of adolescent girls as they are the future mothers. It will not be wrong if we propose that girls need to be looked after optimally from birth onwards.

Malnourished girls will continue to be malnourished and stunted adolescents and adults. These malnourished adolescents get married early and give birth to small babies who are vulnerable to become sick, malnourished and death. Hence, it could be concluded that removal of gender discrimination, along with promotion of health, hygiene and nutrition is needed throughout the life cycle of women.

The present study was conducted in a rural community around Madhubani Sadar Hospital, Madhubani. Total of 225 households were studied which included 236 male and 352 female children in the age group of 0- 14 years.

Distribution of households according to the type of family, denotes that majority (53.63%) of the households belonged to nuclear family followed by joint or extended family (26.39%). However, a total of 3% of households had broken families.

A similar finding was observed whose study was conducted Madhubani. Similar findings were also observed while doing high risk study in three urban slum centres at Maharaj Gunj, Dumri, Rahika, Basopatti & Benipatti observed that 32.44% families in rural area were of nuclear type.

On analyzing the health care utilization, it was found that 32.59% of the boys received treatment from private doctors, which requires monetary expenses while only 25.06% girls got this privilege. There appears to be a uniform difference, although a marginal one in seeking health services from private/ government and indigenous practitioners between boys and girls.

We while analyzing their data on health care utilization in a rural community in Madhubani also pointed out a similar discrimination. In their series 88.9% of male children as compared to 52.5% of female children were treated by registered private medical practitioners.

Poor hygiene on the basis of physical findings was observed in children. Dental caries was found in 37.12% and ear wax in 56.85% of children. Both the findings were more common in females (20.22%, 35.52% respectively). Louse infestation was found in 8.01% of girls and 1.01% of boys. They found only 1.5% children with wax in ear and 23.9% with dental caries. There is a possibility that the subjects in the above study were mainly from urban sector in contrast to our findings from rural area.

2. CONCLUSION

In most of the developing District gender bias exists and the girl child does not get optimum care and share in the family. The root cause of malnutrition amongst girls is not just poverty and lack of nutritious food, but also like lack of value attached to girls. Discriminatory feeding practices exist. Girl's nutritional intake is inferior in quality and quantity; boys have access to more nutritious food. It is concluded that health and growth problems of the female child arise from relatively lower prenatal care and nutrition since infancy in average female child. The girls were mostly reared for getting them ready for marriage. The high incidence of stunted growth around puberty confirms the above statement. Moreover, nutritional improvement by food supplementation may accelerate maturation but also increase the risk of obesity. It may therefore be mentioned that the objective and subjective studies need to continue on various health parameters including anthropometry, nutrition and hygiene amongst girl children and adolescents from rural as well as urban areas.

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