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RESEARCH ARTICLE

Number of Girls Decreasing In Maval: Bitter Truth

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ABSTRACT

International evidence shows that the sex ratio of birth is slightly biased towards boys, but boys suffer greater mortality, a pattern consistent with Darwinian evolution. The population parameter has been taken into account for the study of human resource development. In many parts of the world, sex ratio has given an important place in the study of human resource development. With economic development, the male bias in the child sex ratio increases. Technological developments permitting sex-selective abortions have seriously aggravated the imbalances in these states. Economic modeling of parental choice regarding a child's gender suggests that gender imbalances may be consistent with individual maximization and marriage-market Equilibrium. Sex ratio is important parameter for the study of population, socio-cultural and economic status of any region. In the present study an attempt has been made to analyze the changed phenomena of sex ratio in Maval region. Secondary sex ratios of live births in samples of Maval population in Pune state that Overall, 19049 live births were recorded from 2010 to 2015. The average secondary sex ratio, for the 5 years pooled together was 4479 for P H C hospital Maval.

Keywords: Sex ratio, Maval.

INTRODUCTION

The latest Census of India (2011) revealed that the child sex ratio (number of girls per 1,000 boys among children in the age group 0-6 years old) is at its lowest since 1947, when India gained her independence. India's skewed sex ratio and for preference a son (Kishor, 1993) has persisted since 1901 and not eroded despite the tremendous economic strides in India have made through liberalization and globalization (Miller, 1981; Arnold et al., 1998). One of the most alarming trends in India is that of preference for a son, which can be a normal attribute for couples who have only

girls, is accompanied by the neglect and death of millions of females through lack of medical care, improper nutrition, infanticide, and sex selective abortions (Arnold et al., 2002; Athreya, 2002).

Rural women and girls have many roles and many responsibilities. They are farmers, care-givers, wage laborers and micro-entrepreneurs and they often spend many hours fetching water and collecting firewood. The empowerment of women is fundamental to reduce poverty, hunger and malnutrition. Gender equality and women's empowerment are important factors for the social and economic development of a nation.

This paper attempts to shed some light on these issues, combining insights from demography, medicine, biology, and economics. Our concern is with the sex ratio in infancy and childhood, and we use this in order to examine the magnitude and implications of gender imbalance. More precisely, our focus in this paper is on the sex ratio (defined as the number of males per 100 females) from birth to 6 years of age we shall refer it simply as the child sex ratio (CSR).

Many studies have drawn attention to excess mortality among females. Basu (2009) who has studied these trends has argued that the existence of a continuously widening gap between male and female mortality is an expression of the increasing popularity of amniocentesis procedure to detect and subsequently abort the female fetus. Given the premise that girls are biologically hardy strong as boys, the higher death rates suggest a preoccupation with the existence and survival of boys.

MATERIALS AND METHODS

The entire data used in the study is a secondary data that available at 'Primary health Center Tal. Maval. 2010-15 Fact Sheet, Tal. Medical Officer Maval., office of the Registrar General and Census Tal. Maval.

The data used was collected from the birth records of six different hospitals in Maval. It consists of those births which were recorded for a period of 5 years (2010-2015)

RESULTS AND DISCUSSION

The annual secondary sex ratios of births recorded by P H C hospital from 2010 to 2015 are presented in the Table 1 To5.



Table 1: 2010-2011

Sr.No.	P.H.C.	Male	Female	Total	Female %	
1	Adale	378	353	731	934	
2	Karla	350	309	659	883	
3	Khadkala	535	422	957	789	
4	Takave	278	221	499	795	
5	Talegaon	264	249	513	943	
6	Yelase	276	231	507	837	
Total		2081	1785	3866	858	

Table 2: 2011-2012

Sr.No.	P.H.C.	Male	Female	Tot-Al	Female %	
1	Adale	418	378	749	792	
2	Karla	351	240	637	872	
3	Khadkala	510	478	926	816	
4	Takave	250	234	477	908	
5	Talegaon	252	261	476	889	
6	Yelase	248	22	471	899	
Total		2029	1727	3756	851	

Table 3: 2012-2013

Sr.No.	P.H.C.	Male	Female	Total	Female %	
1	Adale	390	374	764	959	
2	Karla	405	333	738	822	
3	Khadkala	540	496	1036	919	
4	Takave	264	229	493	867	
5	Talegaon	268	255	523	951	
6	Yelase	243	223	466	918	
Total		2110	1910	4020	905	

Table 4: 2013-2014

Sr.No.	P.H.C.	Male	Female	Tot-Al	Female %	
1	Adale	377	302	679	801	
2	Karla	286	250	536	874	
3	Khadkala	513	493	1006	961	
4	Takave	216	198	414	916	
5	Talegaon	272	233	505	857	
6	Yelase	229	226	455	987	
Total		1873	1722	3595	919	

Table 5: 2014-2015

Sr.No	P.H.C.	Male	Female	Total	Female %	
1	Adale	382	378	760	990	
2	Karla	260	240	500	923	
3	Khadkala	536	478	1014	852	
4	Takave	260	234	494	900	
5	Talegaon	287	261	548	909	
6	Yelase	234	262	496	1120	
Total		1959	1853	3812	946	

Sr. No	Villages	2010-11	2011-12	2012-13	2013-14	2014-15	Total	%
1	Adale	934	792	959	801	990	4476	895
2	Karla	883	872	822	874	923	4374	875
3	Khadkala	789	816	919	961	852	4337	867
4	Takave	795	908	867	916	900	4386	877
5	Talegaon	943	889	951	857	909	4549	910
6	Yelase	837	899	918	987	1120	4761	952
	Total	858	851	905	919	946	26883	896

Table 6: Consolidate Female Ratio: 2010-2015

The average sex ratio for the 5 years pooled together was 858 to 946. The highest sex ratio of 946 was recorded in 2015 and the lowest sex ratio of 851 was recorded in 2012 the sex ratio for the above years was significantly different from the average for the 5 years pooled together.

Child Sex-ratio at Tal. Maval:

Further analysis at the village level where the figures are available now indicates the existing disparities within villages. A lower disaggregation of figures offers a valuable and complementary picture. They illustrate how the differences in sex ratios between the selected villages are not only in actual ratio level, but that the very low ratios of the north-west come from the fact that the problem is much more widespread across villages. It is clear that Khadkala is not a village with a sex ratio over 870. The scenario is only slightly better in Yelase. Both villages have their main cluster

below 900/1000. In Khadkala, on the other hand, the Village exhibits remarkable disparities, from very poor levels to well above the Yelase average. Moving to Karla, a majority of Village Takave Khadkala & Adale exhibit ratios in the range 867-895, close to the Talegaon average. Yelase has historically shown better sex ratio than the Karla, but, on the other hand, also have pockets of exceptionally skewed ratio.

Sex Ratio of Birth:

The last five years surveys conducted by National Family Health (2010-15) provide information at the village level regarding the sex ratio of birth (SRB). According to this, the SRB has increased from 867 to 952 between 2010-2015 in Maval as a whole. This is slightly higher than the naturally occurring of SRB about 952. In southern states, the SRB is closed to 952.



Fig. 2: Consolidate female ratio:- 2010-2015

Impact of reform on growth and poverty:

Fiscal correction and sustainability can exert a positive impact on economic growth and poverty reduction in four ways:

- By reallocating public expenditures from consumption to growth-enhancing and poverty-reducing productive spending;
- By strengthening public expenditure management to help to Increase the efficiency of public spending.
- By achieving a sustainable and transparent fiscal environment and increased spending on infrastructure that encourages private investment, including private spending on critical infrastructure and basic services.
- By creating and protecting the fiscal space for the various villages.

CONCLUSIONS

This paper provides a review of the evidence on the sex ratio in the infant and child population in India. We have drawn on a number of literatures, from biology, medicine, economics, and demography, in order to shed light on this difficult and important problem.

There is considerable heterogeneity in the Indian experience, with serious evidence of gender imbalances in the North and the West side of the country. These imbalances appear to be aggravated by recent technological developments permitting selective abortions, and will have important economic and social implications in the coming decades.

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