

Parents favor boys over girls for free heart treatment in Northern India

May 25 2016

Parents in Northern India favour boys over girls when it comes to making sure that their children's heart problems are corrected—even when treatment is provided completely free of charge—reveals research published in the online journal *Heart Asia*.

This [gender bias](#) is apparent for all ages of child and for parents living in both rural and urban communities, suggesting deep-rooted attitudes towards the societal value of girls, given that financial imperatives are often cited for gender inequalities in India, say the researchers.

They base their findings on 519 children with an inborn [heart](#) defect or [rheumatic heart disease](#) who were referred between 2009 and 2014 to a specialist cardiac centre in Northern India that provided treatment completely free of charge under a government funded scheme. Over the entire period, most of the referrals were for boys; on average, only just over a third of the referrals (197, 37.6%) were for girls. A similar pattern was evident for each of the years under study.

Yet the reported prevalence of coronary heart disease in India is 2.25-5.2 per 1000 live births, with an almost equal gender ratio of between 1:1 and 1:1.25.

"Given the almost equal gender prevalence, it is alarming that relatively fewer girls are brought to the tertiary centres and even fewer are having the required corrective procedures done," write the researchers.

This is an observational study, so no firm conclusions can be drawn about the causes of the gender disparity in the referrals made to the centre.

Nevertheless, their findings prompt the authors to describe the current differences in access as a "social evil." And they conclude: "The deep-rooted social issues (beyond just the economic causes) need to be addressed by medical professionals as well as policy makers to ensure equal [access to] healthcare for both genders."

More information: Gender bias in cardiovascular healthcare of a tertiary care centre in North India, [DOI: 10.1136/heartasia-2015-010710](https://doi.org/10.1136/heartasia-2015-010710)

Provided by British Medical Journal

Citation: Parents favor boys over girls for free heart treatment in Northern India (2016, May 25) retrieved 27 April 2024 from

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