

“Towards a healthier Future: Constitution Dimensions of Girl Child Welfare in India”

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Abstract:

The health and well-being of the girl child are pivotal to the holistic development of any nation. In India, where gender disparities persist despite progressive policies, the Constitution plays a crucial role in safeguarding the rights of the girl child, particularly in matters related to health and welfare. This paper explores the constitutional dimensions underpinning girl child health in India, focusing on fundamental rights and directive principles that mandate the State to ensure equality, dignity, and access to healthcare. Special attention is given to Articles 14, 15(3), and 21, along with relevant directive principles such as Articles 39(e), 39(f), and 47, which collectively lay the groundwork for legal and policy frameworks aimed at protecting and promoting girl child welfare. The paper also examines the role of the judiciary in expanding the interpretation of the right to health, and evaluates key government schemes through a constitutional lens.

Introduction:

The girl child in India continues to face multifaceted challenges related to health, nutrition, and access to essential services, often rooted in deep-seated socio-cultural norms and gender bias. Despite significant progress in legislation and public health programs, disparities in child mortality, malnutrition, and access to healthcare persist—disproportionately affecting girls. Addressing these issues requires more than policy intervention; it calls for a strong constitutional commitment to equality, dignity, and the right to life.

The Constitution of India provides a robust framework for the protection and promotion of child welfare, particularly through its fundamental rights and directive principles. Provisions such as Article 14 (equality before law), Article 15(3) (affirmative action for women and children), and Article 21 (protection of life and personal liberty, including the right to health) serve as legal pillars supporting the State's duty towards the girl child. Additionally, directive principles like Articles 39(e) and (f), 42, and 47 emphasize the need for special care, nutrition, and health standards.

This paper seeks to explore the constitutional dimensions of girl child welfare in India, focusing specifically on health rights. It analyzes how constitutional mandates have shaped public policy, examines judicial interpretations that have broadened the scope of these rights, and evaluates government schemes aimed at improving girl child health.

Government Initiatives for Girl Child Health in India:

The Government of India has launched several schemes and programs aimed at improving the health, nutrition, and overall welfare of the girl child, in alignment with (e.g., Articles 39, 42, and 47). These initiatives are designed to address gender-based disparities and

promote equitable access to healthcare services. Some of the most significant government initiatives include:

1. **Beti Bachao Beti Padhao (BBBP):** Launched in 2015, this flagship program aims to address the declining child sex ratio and promote the survival, protection, and education of the girl child. Though primarily focused on social awareness, it indirectly contributes to improved health outcomes by discouraging gender-biased sex selection and promoting institutional deliveries.
2. **Rashtriya Kishor Swasthya Karyakram (RKSK):** Targeting adolescents (ages 10–19), this program addresses issues like nutrition, menstrual hygiene, reproductive health, mental health, and substance abuse. It places special emphasis on reaching out to adolescent girls with health education and counseling services.
3. **POSHAN Abhiyaan (National Nutrition Mission):** Launched in 2018, this mission aims to reduce malnutrition among children, adolescent girls, and pregnant and lactating mothers. It uses technology and convergence among various ministries to provide nutritional support and monitoring.
4. **Janani Suraksha Yojana (JSY):** A safe motherhood intervention under the National Health Mission, this scheme promotes institutional delivery among poor pregnant women, thereby reducing maternal and infant mortality, and ensuring better postnatal care for mothers and newborns, including girls.
5. **Pradhan Mantri Matru Vandana Yojana (PMMVY):** This maternity benefit program provides financial incentives to pregnant and lactating mothers to improve their health and nutrition, indirectly benefiting the newborn girl child by promoting safer pregnancies and improved infant care.
6. **Scheme for Adolescent Girls (SAG):** This initiative aims to empower adolescent girls through nutrition, life skills education, health education, and vocational training, with the objective of improving their overall health and well-being.

These schemes are rooted in the constitutional vision of justice and equality and reflect the government's obligation to protect the right to life and health of every citizen, especially vulnerable groups like the girl child.

Case Laws:

1. **Laxmi Mandal v. Deen Dayal Harinagar Hospital & Ors. (2010)**

Court: Delhi High Court

Issue: Two impoverished women (one a minor girl) denied maternal healthcare, resulting in deaths.

Key Point: The Court held that denial of maternal and reproductive healthcare services to poor women violated Article 21 (Right to Life) and Article 14 (Right to Equality).

Impact: Affirmed that reproductive health is a part of the right to health, especially for girls and women in vulnerable sections.

2. Supreme Court Legal Services Committee v. Union of India

Issue: Rights of mentally ill and disabled minor girls in government homes (e.g., Asha Kiran Home).

Key Point: The Court emphasized the State's duty to provide dignified healthcare and mental health facilities to vulnerable girl children in shelter homes.

Impact: Recognized State obligation under Articles 21 and 39(e)-(f) for institutional care and health services.

3. Independent Thought v. Union of India

Issue: Exception in marital rape law for girls aged 15–18 in child marriage.

Key Point: The Court read down the Exception 2 to Section 375 IPC, holding that sex with a minor wife amounts to statutory rape.

Impact: Major victory for girl child protection—recognized bodily integrity and health of minor girls under Article 21

4. Court on Its Own Motion v. Union of India

Issue: Acid attacks on women and minor girls causing disfigurement and health trauma.

Key Point: The Delhi High Court issued directives for free medical care, reconstructive surgery, and psychological counselling for girl victims.

Impact: Advanced the recognition of comprehensive health rights (physical and mental) under Article 21 for girl children.

5. Public Interest Foundation v. Union of India

Issue: Lack of separate toilets and menstrual hygiene in schools for girls.

Key Point: The Court directed the government to ensure sanitary infrastructure and menstrual health management in schools.

Impact: Linked menstrual hygiene to girls' right to health, education, and dignity under Articles 21 and 21A.

6. Devika Biswas v. Union of India

Issue: Forced sterilization and poor health practices in government camps affecting young girls and women.

Key Point: The Supreme Court condemned unethical sterilization procedures and emphasized informed consent and safe healthcare.

Impact: Reinforced the right to reproductive health and bodily autonomy under Article 21, especially for rural and poor girls.

Challenges in Ensuring Girl Child Health and Welfare:

Despite a strong constitutional framework and various government initiatives, numerous challenges continue to hinder the realization of optimal health outcomes for the girl child in India:

- **Gender Discrimination and Cultural Bias**

Deep-rooted patriarchal norms often lead to neglect of the girl child's health needs. Practices such as son preference, early marriage, and limited autonomy restrict girls' access to adequate healthcare and nutrition.

- **Malnutrition and Anemia**

India has one of the highest rates of malnutrition and anemia among girls, particularly in rural and marginalized communities. Despite schemes like POSHAN Abhiyaan, implementation remains uneven, and many girls remain undernourished or suffer from micronutrient deficiencies.

- **Limited Access to Healthcare Services**

Inadequate healthcare infrastructure, especially in rural and tribal areas, leads to poor access to essential services like immunization, adolescent health care, and maternal health support for young mothers.

- **Low Awareness and Education**

Lack of awareness among families about the importance of girl child health, menstrual hygiene, and adolescent development often results in neglect and stigma, preventing timely care and intervention.

- **Implementation Gaps in Government Schemes**

While several schemes exist on paper, their execution is often marred by bureaucratic delays, inadequate funding, poor monitoring, and lack of convergence between ministries and departments.

- **Child Marriage and Early Pregnancy**

Early marriage leads to early pregnancy, which significantly increases health risks for both the mother and the child. This undermines constitutional goals of child protection and violates rights under Article 21 and related laws like the Prohibition of Child Marriage Act.

- **Social and Regional Inequalities**

Caste, class, and regional disparities further marginalize girls from certain communities, making it harder for them to access the benefits of health programs equally.

Addressing these challenges requires not only legal and policy reform but also a shift in societal attitudes, along with robust mechanisms for accountability and community participation.

Suggestions:

Here are some suggestions to strengthen girl child health and welfare from a constitutional perspective:

Strengthen Implementation and Monitoring of Schemes

Improve coordination between central and state governments, ensure timely fund disbursement, and use technology for real-time monitoring and accountability of schemes like POSHAN Abhiyaan and RKSK.

Legal Enforcement of Health Rights

Recognize the right to health as a justiciable right under Article 21. States must be held accountable for failing to provide basic health services to girl children.

Community Awareness and Gender Sensitization

Launch sustained awareness campaigns to challenge harmful gender norms, promote the value of the girl child, and educate families about the importance of nutrition, education, and healthcare for girls.

Targeted Interventions for Marginalized Groups

Customize programs to address the specific needs of girls from Scheduled Castes, Scheduled Tribes, and other vulnerable communities, ensuring equitable access to healthcare.

Comprehensive School Health Programs

Strengthen health education in schools with focus on nutrition, menstrual hygiene, mental health, and sexual and reproductive health, especially for adolescent girls.

Early Detection and Preventive Care

Regular health screenings and mobile health units should be deployed in rural and underserved areas to detect and treat illnesses at an early stage.

Judicial Oversight and Public Interest Litigations (PILs)

Encourage judicial activism through PILs to enforce constitutional guarantees for girl child health, ensuring that public health obligations are met.

Constitutional Literacy and Rights-Based Training

Train local health workers, teachers, and officials in constitutional rights and child protection laws to ensure informed and sensitive service delivery.

These suggestions aim to uphold constitutional values of equality, dignity, and justice while creating a supportive environment for the physical, emotional, and social well-being of the girl child.

Conclusion:

The health and welfare of the girl child are not only matters of public policy but also fundamental constitutional concerns that reflect the core values of equality, justice, and dignity enshrined in the Indian Constitution. While significant progress has been made through laws, schemes, and judicial interventions, persistent challenges continue to hinder the realization of the girl child's right to health.

Articles 14, 15(3), and 21, along with directive principles such as Articles 39(e), 39(f), and 47, create a strong legal foundation to support health equity for girls. However, bridging the gap between constitutional promises and ground realities requires a multi-dimensional approach—one that includes stronger implementation of government initiatives, increased public awareness, targeted support for marginalized communities, and greater judicial and civic engagement.

Ultimately, achieving a healthier future for the girl child demands not just policy action, but a societal transformation rooted in constitutional values. Only through collective efforts can we ensure that every girl in India enjoys her right to health, grows with dignity, and contributes meaningfully to the nation's development.

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