



Original Research Article

A Study to Assess the Attitude towards Female Feticide of Pregnant Women Attending Antenatal Clinic

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ABSTRACT

Introduction-“The recent introduction and uses of sex determination tests have become rather a curse for the female fetus in India.¹ Female infanticide has been a common practice in our country since centuries. Indian census has always shown a gendered imbalance. The Census evidence suggests a clear cultural preference for male children. It is thus a combination of social, economic and cultural factors, which underlies the increasing discrimination against daughters.

Materials and methods- A 2000(500 in each group) primi and multi gravid pregnant woman were randomly selected from antenatal clinic in K.H Karad. Samples were divided in to two groups according to respective days in experimental group and control group. An exploratory, comparative approach and experimental design is used for the study.

Discussion and Findings- There is no difference in attitude of (primi and primi) and (multi and multi) pregnant women from both groups before counseling. There is difference in attitude of primi and multi pregnant women from both group .The counseling is effective means to modified the attitude of primi and multi pregnant women towards female foeticide in experimental group.

Conclusion- The study shows that factors affecting the sex ratio. India had a deficit of girl compared to most other countries. Female feticide has become an organized crime and ultrasound machine has turned in to an instrument of murder. The law alone cannot get rid of female foeticide; steps should be taken to create public awareness and educate them about the daughter role in supporting the parents in their old age.

Key words: sex determination, Female infanticide, pregnant woman, counseling, public awareness

INTRODUCTION

Indian society, like most of the society's world over, is patrilineal, patriarchal and patrilocal. According to Manu, a man has to be reborn as a man to attain moksha. A man cannot attain moksha unless he has a son to light his funeral pyre. Obviously, it shows the gender bias in our

male-dominated society. ^[1] The age old preference for sons is motivated by economic, religious, social and emotional desires and norms that favor males and make females less desirable. Parents expect sons- but not daughters- to provide financial and emotional care, especially in their old age; sons add to family wealth and property

while daughters drain it through dowries; sons continue the family lineage while daughters are married away to another household; sons perform important religious roles; and sons defend or exercise the family's power while daughters have to be defended and protected, creating a perceived burden on the household. [2] This stereo-type notion of women as "burden" is one of the main reason behind female feticide and infanticide.

Aim: To assess the efficacy of counseling on attitude of pregnant women towards female feticide.

MATERIALS AND METHODS

An experimental and comparative study conducted on 2000 primi and multi gravid pregnant women (500 samples in each group) were selected randomly from antenatal clinic in Krishna Hospital Karad. Samples were divided in to two groups according to respective days. Experimental group-Monday, Wednesday, Friday and Control group-Tuesday, Thursday, Saturday. An exploratory survey approach is used for the study. The tool was prepared by the researcher. It comprise of two sections Section I-Demographic data, Section –II- - Attitude scale about female feticide (Three-point Likert scale agree, uncertain, disagree.) contain 15 items. Attitude scale score was agree-3, uncertain-2, disagree-1 given to all favorable sentences and vice a versa score was given to all unfavorable sentences.

Validity of the tool was established by experts from the field of sociology, social worker, obstetrics and gynecology and nursing. Pre testing of the attitude scale was done to check the clarity, feasibility and practicability of the tool on a sample of 25 Pregnant women. It took 20 minutes to complete. The items in tool were clear to the respondents. Reliability of the tool was done on 50 samples in maternity units of Krishna

Hospital, Karad. The counseling program me was prepared by the research investigator regarding female foeticide which contains awareness about accepting female child in the society, causes of female feticide , its control measures, social messages, social awareness, and pamphlets were distributed which contains a letter of a female child who is in the mother's womb. The pilot study was conducted on 200 samples. It did not show any major flaws in tool designed by the investigator. Also it proved that the final study was feasible. Ethical clearance was taken from KIMSUDU ethical and research committee. Data were collected after formal permission obtained from hospital authority to conduct the study. The investigator introduced herself to the respondent. Purpose of study was explained to each respondent and informed consent was taken. Data were analyzed in respect to the objectives of the study by using descriptive and inferential statistics under the excellent direction of experts in the field of statistics.

RESULT AND DISCUSSION

Findings related to demographic variable- Age- The highest proportion of primi 63.0% and 59.8% and multi 63.0% and 66.8% pregnant women from both the groups found in age group 21-25 years respectively.

Similar findings were noted in the study conducted by Sarna Kamla [3] In her study majority of the clients were in the age group 21-30 years (72%).

The contradict findings were noted in study conducted by Srivasava Anupama, Durge P.M. [4] majority of pregnant women belonged to 18-25 years of age group (62%).

Residence- The majority of primi 78.8% and 78.0% and multi 86.0% and 84.4% pregnant women from both the group from rural area respectively.

Similar findings were noted in study conducted by Srivasava Anupama, Durge

P.M. majority of pregnant women (43%) were from rural area.

The contradict findings were noted in study conducted by Sarna Kamla. In her study most of the women (72%) resided in urban areas.

Education- The highest proportion of primi (51.8%) and(51.4%) and multi pregnant women (64.4%) and(61.4%) were educated up to secondary education respectively.

Similar findings were noted in the study conducted by Sarna, Kamla. (48%) pregnant women were having academic qualification of plus two and above.

The contradict findings were noted in the study conducted by Srivasava Anupama,Durge P.M. that (32.5%) women studied beyond 12th standard.

Religion- The highest proportion of primi (89.8%), (89.2%) and multi pregnant women (93.8%) in both groups from Hindu religion respectively.

Similar findings were noted in the study conducted by Aishwarya Dudi and Archna Raj Singh. [5] In their study majority of the respondents (81.25%) from Hindu religion.

The contradict findings were noted in the study conducted by Sarna,Kamla that most of the women were Hindu (48%) followed by Sikhs(32%),Christians(14%) and Muslims(6%).

Occupation- The majority of primi (89.0%),(91.2%) and multi(94.2%),(93.0%) pregnant women in both groups were house wives.

Similar findings were noted in the study conducted by Sarna Kamla. In her study majority of the pregnant women(76%) were house wives.

The contradict findings were noted in the study conducted by Aishwarya Dudi and Archna Raj Singh. In their study majority of the respondents(60.62%) from rural area were having agriculture as their main occupation.

Married for years- The highest proportion of primi (46.4%),(48.2%) in both groups were married for one year. The highest proportion of multi pregnant women (53.4%),(53.2%) in both groups were married for more than four years.

The findings were contradict with the findings of study conducted by Sarna,Kamla. In her study maximum number of the pregnant women (66%) were married for 10-19 years and 4% were married for more than 20 years.

Gravida- The highest proportion of multi pregnant women in both groups were having second gravid. No findings were found to support or contradict this findings.

Family Income- The majority of primi pregnant women (38.0%),(36.4%) and multi pregnant women (41.6%),(41.4%)in both groups were having family income between Rs.2001 to Rs.5000 respectively.

Similar findings were noted in the study conducted by Aishwarya Dudi and Archna Raj Singh.In their study majority of the rural(54.38%) and urban (63.13%) respondents fall in medium income group.

The findings were contradict with the findings of Sarna,Kamla. In her study (54%) pregnant women were having family income between Rs.5001 to Rs.10,000, 36% had family income less than Rs.5000 and only 10% were having family income more than Rs.10,000.

Type of family- The majority of primi (75.8%),(73.1%) and multi pregnant women (77.9%),(73.8%)in both groups belonged to joint family respectively.

Similar findings were noted in the study conducted by Srivasava Anupama, Durge P.M. In their study approximately 58% belonged to joint family and 42% belonged to nuclear family.

The contradict findings of study conducted by Aishwarya Dudi and Archna Raj Singh. In their study majority of the rural respondents belonged to joint (61.25%) and

large family (73.75%). Whereas majority of urban respondents belonged to nuclear (83.75%) and small family (70.65%).

Sources of information- The majority of primi (72.7%) and multi pregnant women (75.9%),(75%) in both groups were got information regarding decreasing sex ratio through T.V. and Radio.

Similar findings were noted in the study conducted by Sarna Kamla. In her study majority of women (62%) were Sources of information was mass media (T.V,News paper and Radio etc.) and 38% got information from relatives.

Education of husband- In the present study the highest proportion of primi pregnant women husband (46.2%) as well as multi pregnant women 's husband (59.2%),(61%)in both groups were having education up to secondary level.

Similar findings were noted in the study conducted by Kansal R et.al. [6] In his study majority (43.8%) were educated up to high school, followed by intermediate (34.0%) and (22.2%) were illiterate. contradict findings were noted in study conducted by A Bardia,EPaul,S K Kapoor,K Anand. [7] In their study the sex ratio was remained more or less the same whether education of the head the house hold advanced from illiterate (850) up to the tenth (858) but increased to 876 if educated further. On the other hand, the sex ratio was the highest (881) when the mothers had studied up to the primary level and decreased to 818 . If they had studied up to between the sixth and tenth grades, and become less (765) If they had studied beyond tenth grades. These findings reveal that selection of sex practice is more common among the educated people.

Findings related to Attitude scores –

Table no. 1 demographic data distribution of primi pregnant women in control and experimental group.

Demographic	Control group n(%)	Experimental group n (%)	Chi square(χ^2)	P - value
Age in years				
18 – 20	132 (26.4)	143 (28.6)	1.125	0.771
21 – 25	315 (63.0)	299 (59.8)		
26 - 30	49 (9.8)	53 (10.6)		
31 - 35	4 (0.8)	5 (1.0)		
Residence				
Urban	106 (21.2)	110 (22.0)	0.094	0.759
Rural	394 (78.8)	390 (78.0)		
Education of mother				
Illiterate	17 (3.4)	17 (3.4)	0.359	0.986
Primary	71 (14.2)	66 (13.2)		
Secondary	259 (51.8)	257 (51.4)		
Graduate	126 (25.2)	131 (26.2)		
Post Graduate	27 (5.4)	29 (5.8)		
Religion of mother				
Hindu	449 (89.8)	446 (89.2)	0.579	0.901
Muslim	32 (6.4)	36 (7.2)		
Christian	2 (0.4)	1 (0.2)		
Others	17 (3.4)	17 (3.4)		
Occupation of mother				
House wife	445 (89.0)	456 (91.2)	1.498	0.683
Worker	6 (1.2)	5 (1.0)		
Employee	36 (7.2)	30 (6.0)		
Business	13 (2.6)	9 (1.8)		
Married for years				
1 Yr	232 (46.4)	241 (48.2)	1.674	0.795
2 yrs	165 (33.0)	152 (30.4)		
3 yrs	49 (9.8)	44 (8.8)		
4 yrs	15 (3.0)	18 (3.6)		
>4 yrs	39 (7.8)	45 (9.0)		
Family income				
Up to Rs 2000	84 (16.8)	76 (15.2)	1.870	0.600
Rs 2001 - 5000	190 (38.0)	182 (36.4)		
Rs 5001 - 10000	166 (33.2)	169 (33.8)		
> Rs 10001	60 (12.0)	73 (14.6)		
Type of family				

Table 1. Continued...			1.045	0.5929
Nuclear	68 (13.6)	72 (14.4)		
Joint	379 (75.8)	366 (73.1)		
Extended	53 (10.6)	62 (12.4)		
Source of information				
TV/Radio	362 (72.7)	363 (72.7)	3.343	0.6473
News paper	40 (8.0)	28 (5.6)		
Friends	15 (3.0)	20 (4.0)		
Health worker	65 (13)	64 (12.8)		
Magazine	4 (0.8)	6 (1.2)		
No Information	14 (2.5)	19 (3.7)		
Education of husband			0.913	0.923
Illiterate	11 (2.2)	9 (1.8)		
Primary	43 (8.6)	45 (9.0)		
Secondary	231 (46.2)	219 (43.8)		
Graduate	175 (35.0)	186 (37.2)		
Post Graduate	40 (8.0)	41 (8.2)		

Table no. 2 demographic data distribution of multi pregnant women in control and experimental group.

Demographic	Control group n(%)	Experimental group n (%)	Chi square(χ^2)	P - value
Age in years			0.594	0.898
18 – 20	12 (2.4)	11 (2.2)		
21 – 25	326 (65.2)	334 (66.8)		
26 - 30	141 (28.2)	138 (27.6)		
31 - 35	21 (4.2)	17 (3.4)		
Residence			0.508	0.476
Urban	70 (14.0)	78 (15.6)		
Rural	430 (86.0)	422 (84.4)		
Education of mother			4.376	0.358
Illiterate	19 (3.8)	14 (2.8)		
Primary	68 (13.6)	85 (17.0)		
Secondary	322 (64.4)	306 (61.2)		
Graduate	84 (16.8)	83 (16.6)		
Post Graduate	7 (1.4)	12 (2.4)		
Religion of mother			0.265	0.876
Hindu	469 (93.8)	469 (93.8)		
Muslim	12 (2.4)	14 (2.8)		
Christian	19 (3.8)	17 (3.4)		
Others				
Occupation of mother			3.297	0.348
House wife	471 (94.2)	465 (93.0)		
Worker	9 (1.8)	7 (1.4)		
Employee	18 (3.6)	21 (4.2)		
Business	2 (0.4)	7 (1.4)		
Married for years			8.651	0.070
1 Yr	-	-		
2 yrs	57 (11.4)	57 (11.4)		
3 yrs	71 (14.2)	76 (15.2)		
4 yrs	105 (21.0)	101 (20.2)		
>4 yrs	267 (53.4)	266 (53.2)		
Family income			1.134	0.769
Up to Rs 2000	122 (24.4)	110 (22.0)		
Rs 2001 - 5000	208 (41.6)	207 (41.4)		
Rs 5001 - 10000	136 (27.2)	145 (29.0)		
> Rs 10001	34 (6.8)	38 (7.6)		
Type of family			2.194	0.3339
Nuclear	69 (13.7)	80 (15.9)		
Joint	388 (77.9)	368 (73.8)		
Extended	43 (8.5)	52 (10.3)		
Source of information			3.317	0.651
TV/Radio	380 (75.9)	375 (75.0)		
News paper	33 (6.6)	30 (6.0)		
Friends	18 (3.6)	14 (2.8)		
Health worker	41 (8.2)	41 (8.2)		
Magazine	7 (1.4)	7 (1.4)		
No Information	21 (4.2)	33 (6.6)		
Education of husband			1.919	0.751
Illiterate	24 (4.8)	23 (4.6)		
Primary	40 (8.0)	45 (9.0)		
Secondary	296 (59.2)	305 (61.0)		
Graduate	131 (26.2)	115 (23.0)		
Post Graduate	9 (1.8)	12 (2.4)		

Table- 1. The above data shows that the chi square test used for attitude score Before counseling is not significant in control and experimental group and primi and multi gravida pregnant women towards female foeticide before counseling.

Table- 2. The above data shows that the chi square test used for attitude score Before counseling is significant in control and experimental group and primi and multi gravida pregnant women towards female foeticide before counseling.

Table-3. The above data shows that the paired 't' test for attitude score Before and after counseling is significant in primi

pregnant women towards female foeticide before and after counseling in experimental group.

Table-4. The above data shows that the paired 't' test for attitude score Before and after counseling is significant in both multi pregnant women towards female foeticide before and after counseling.

Table-5. The above data shows that the paired 't' test for attitude score Before and after counseling is significant in both primi and multi pregnant women and total sample also towards female foeticide before and after counseling.

Table- 3.Frequency and percentage distribution of scores with respect to Attitude of pregnant women towards female foeticide (Before counseling) in both groups.

	Primi Gravid		Chi-square (p value)	Multi Gravid		Chi-square (p value)
	Un favorable	favorable		Un favorable	favorable	
Control Group	384	116	0.006 (0.940)	323	177	0.843 (0.359)
Experemental Group	383	117		309	191	
Total	767	233		632	368	

Table- 4.Attitude scores distribution of pregnant women towards female foeticide (Before counseling) in both groups.

Group	Control Group		Chi-square (p value)	Experemental Group		Chi-square (p value)
	Un favorable	favorable		Un favorable	favorable	
Primi Gravid	384	118	17.963 (<0.001)	383	117	25.693 (<0.001)
Multi Gravid	323	177		309	191	
Total	707	293		692	308	

Table-5.Mean,Standered deviation and 't' value of Attitude score of primi pregnant wome towards female foeticide before and after counseling in expermental

Attitude	Mean	Std.deviation	't' value	P value
Before counseling	1.2340	0.42380	8.460	<0.001
After counseling	1.4580	0.49873		

Table-6.Mean,Standered deviation and 't' value of Attitude score of multi pregnant women towards female foeticide before and after counseling.

Attitude	Mean	Std.deviation	't' value	P value
Before counseling	1.3820	0.48636	2.715	0.007
After counseling	1.3100	0.46296		

Table-7.Mean,Standered deviation and 't' value of Attitude score of primi and multi pregnant women towards female foeticide before and after counseling.

Attitude	Mean	Std.deviation	't' value	P value
Before counseling	1.3080	0.46190	3.937	<0.001
After counseling	1.3840	0.48660		

The above findings (Table-1) shows that there is no difference in attitude of primi pregnant women from control and experimental group and also attitude of multi pregnant women from control and experimental group.

The (Table-2) shows that there is difference in attitude of primi pregnant women and multi pregnant women from control and experimental group .

The (Table-3) reveals that the counseling is effective means to modified the attitude of primi pregnant women towards female foeticide in experimental group.

This findings (Table-4) reveals that the counseling is effective means to modified the attitude of multi pregnant women towards female foeticide in experimental group.

This findings (Table-5) reveals that the counseling is effective means to modified the attitude of primi and multi pregnant women towards female foeticide in experimental group.

These findings are similar to the study conducted by Sarna Kamla. In her study she concluded that assessing the attitude is an important aspect because attitude, may differ from individual to individual; attitude is concerned with the beliefs, interest, ideas of person and also to the behavior of the person. Steps should be taken to educate women to make them

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aware about the female foeticide. Planned health education programmes by health professionals should be made on an ongoing process in Antenatal OPD, General OPD, Pediatric OPD/Wards and the community settings. Nurses can play an important role to provide health education to public.

CONCLUSION

The present study shows a clear picture of factors affecting the sex ratio. India had a deficit of girl compared to most other countries. Female feticide has become an organized crime and the ultrasound machine has turned in to an instrument of murder.

The law alone cannot get rid of female foeticide, steps should be taken to create public awareness about this problem and educate them about the daughter role in supporting the parents in their old age. To increase awareness on the value of girl child, adult education programmes should be strengthened. The major reason for killing of foetus/ child, care should be taken to improve the situation. The first step towards solving the problem of dowry, the dowry prohibition Act, should be strictly enforced.

In the present study the overall knowledge and attitude of primi and multi pregnant women found favorable for positive items and unfavorable for negative items.

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