

Comparative Study on Knowledge and Attitude regarding Female Foeticide among Women in Selected Urban and Rural Areas at Fatehabad District

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Abstract: ***Background of the study:** Female foeticide is violation of right, a basic human right and guarantee under the constitution. In the case of female foeticide, the female children in the wombs of expecting mothers, they are not only denied the right to live but are robbed to their right to be born. Social, cultural, financial and psychological reasons are responsible for the prevalence of evil female foeticide in our society. With the view that the law alone cannot get rid of female foeticide, steps can be taken to create public awareness about this matter / menace and educate them about the daughter role in supporting the parents in their old age. **Aim:** The aim of the study was to compare the knowledge and attitude regarding Female Foeticide among urban and rural women. **Methodology:** The Comparative design was used. The conceptual framework used in the study was Ludwig Von Bertalanffy General system theory. The total sample size for the study was 100 women (21-45Yrs) in Fatehabad District. Written consent has obtained from the samples. Non Probability Convenient sampling technique has been used and data collection by structured knowledge questionnaire and Attitude scale. **Results:** The major finding of the study revealed that in Knowledge, 80% of urban women's have average knowledge, 58% of rural women's have average knowledge, 38% of rural women's have low knowledge, 12% of urban women's have low knowledge and 8 % urban women's have the good knowledge. 4 % rural women's have the good knowledge regarding female foeticide. In Attitude 94% of rural women have average attitude, 88 % of urban women's have average attitude, 6% of urban women's have low attitude, 4.0% of rural women's have low attitude, 6.0% of urban women's have good attitude and 2% rural women's have the good attitude regarding female foeticide. The statistical outcomes of association between socio demographic characters of urban and rural women's with their knowledge regarding female foeticide. It is evidenced that the knowledge is not influenced by marital status, religion, type of family, occupation, family income, number of children, source of information. There is significant relationship between knowledge of urban women and socio demographic variable. There is no significant relationship between knowledge of urban women and socio demographic variable. There is no significant relationship between attitude of urban and rural women and socio demographic variables. **Conclusion:** This study concludes that in both knowledge and attitude Urban mothers stands in front. So rural mothers need more attention and education to prevent and stop female foeticide.*

Keywords: knowledge, attitude, female foeticide, women, Urban and rural

1. Introduction

The status of women in India is a sort of a paradox. If on one hand she is at the peak of ladder of success then on the other hand she is mutely suffering the violence afflicted on her by her own family members[1].

Female infanticide is the deliberate killing of newborn female children or the termination of a female fetus through selective abortion. Female foeticide is the killing of an otherwise healthy female fetus, in order to get rid of a female child by means of Medical Termination of Pregnancy (MTP) or 'Abortion'. Female foeticide is considered a criminal offence in India. Abortion is lawful only when the doctor believes that due to medical reasons the continuance of the pregnancy may pose a threat to the health of the mother or the unborn child.[2]

In rural areas where most people do not have access to sex determination facilities the rate of female infanticide is alarming. 'Infanticide' is the killing of a child after birth. In India there are many shocking instances of female infanticide by strangulation, poisoning, dumping in garbage bins, drowning, burying alive, starvation and over exposure to elements. A startling fact is that often the mother or other

female members in her network actively participate in the execution of these heinous killings. Surprising, but true is the fact that often educated and wealthy people in urban India too nurse a desire for a male child. The only saving grace being that they may not kill their daughter after birth. These educated classes tend to misuse the technique of surgical termination of pregnancy to get rid of an unborn female child. They determine the sex of the child using ultrasound techniques, and subsequently get rid of the female fetus by means of MTP.[3]

2. Need for the Study

Female foeticide is one of the most nefarious crimes on this earth, perhaps what detestable is that the people who commit crime belong to educated class. Some of the worst gender ratios gross violation of women's right is founding south and East Asian countries such as India and china. Numerous scholars have observed that the latest advances in modern medical sciences – the tests like Amniocentesis and Ultrasonography which were originally designed for detection of congenital abnormalities of the foetus, are being misused for knowing the sex of the foetus with the intention of aborting it if it happens to be that of a female. The worst situation is when these abortions are carried out well beyond

the safe period of 12 weeks endangering the women's life.[4] The provisional figures of Census 2011 were released in New Delhi on 31st march; Thursday by Union home secretary indicated a continuing preference for male children over female children. The latest child sex ratio in is 914 female against 1,000 males the lowest since Independence. Though an increasing trend in the child sex ratio (0-6 years) has been seen in Punjab, Haryana, Himachal Pradesh, Gujarat, Tamil Nadu, Mizoram and Andaman and Nicobar Islands, in all remaining 27 states and Union Territories, the child sex ratio shows decline over Census 2001. The highest child sex ratio has been reported in Mizoram (971 females against 1000 males) and Meghalaya (970). Notably, Punjab and Haryana, which have traditionally seen low sex ratio, have recorded an increasing trend but still remained at the bottom of the list. Haryana has 830 female children and Punjab 846 against per 1000 male child. [5]

Female foeticide over the last 15 years distorted sex ratios at birth in several Asian countries. Foetal sex determination clinics have been established in India over the last 20 years in northern and western cities. Presented here is the outcome of an intensive study of the abuse of prenatal diagnostic techniques for sex selection in the rural population of 13,000 in Rohtak district, Haryana. Parents tend to be calculative in choosing the sex of the next child and the decision is based on the birth order, sex sequence of previous children and number of sons. Transfer of reproductive technology to India is resulting in reinforcement of patriarchal values as professional medical organizations seem to be indifferent to ethical misconduct. [6]

The investigator had come across several situations where women preferred a male child than a female. More significance was given to the male child in all aspects and there were unpleasant sentiments expressed towards female children. With extensive review literature and from community field experience the investigator was strongly motivated to identify attitudes towards gender preference and female foeticide. Therefore, the present study was conducted to compare the awareness of the rural and urban eligible couples about female foeticide.

3. Review of Literature

A descriptive study was conducted among 100 pregnant women at Krishna hospital, Karad, to assess the knowledge and attitude regarding female foeticide. The result showed that out of 100 women, 15% of them had good knowledge, 46% had average knowledge and 39% had poor knowledge regarding female foeticide. The attitude towards female foeticide showed 15% women had strong positive attitude, 59% had positive attitude and 26% with negative attitude. The study concluded that most of the female were having average knowledge and average attitude regarding female foeticide.[7]

A descriptive study was undertaken with 100 male and female adult participants to assess the knowledge, attitude and practice regarding gender preference and female foeticide among population of different areas of Banda district, Uttar Pradesh. 53% said that boys carry the name of the family

and inherit property and 55% said that killing of the female foetus is due to burden of dowry system. 49% of them said that girls needed more safety. Majority of them suggested that this harmful practice should be stopped. [8]. A study was conducted to evaluate the effectiveness of Public Awareness Programme (PAP) on prevention of female foeticide and female infanticide in terms of knowledge and attitude of adults in a selected community in Ambala, Haryana. An evaluative approach with one group pretest and post test design was selected. The sample comprised of 86 adults of Budhiya village who were selected conveniently. Data analysis revealed that t values for knowledge and attitude were statistically significant at .05 level. Result also showed that there was statistically significant relationship between the knowledge and attitude. The findings of the study reflect that PAP was effective in enhancing knowledge and developing favourable attitude of adults regarding prevention of female foeticide and female infanticide.[9]

4. Methodology

4.1 Statement of the Problem

"A comparative study to assess the knowledge and attitude regarding female foeticide among women 21- 45 years in selected urban and rural areas at fatehabad district" in a view to preparing an information booklet".

4.2 Objectives

- 1) Assess the knowledge and attitude towards female foeticide among urban women.
- 2) Assess the knowledge and attitude towards female foeticide among rural women.
- 3) Compare the knowledge and attitude towards female foeticide among urban and rural women in age group 21-45years..To find out the association between
- 4) Knowledge and attitude towards female foeticide among urban and rural women in age group 21-45years.

4.3 Operational Definition

Comparative study: Measured or judged by estimating the similarity or dissimilarity between one thing and another, relative.

Assess: It is the organized systemic and continuous process of collecting data from nursing personal regarding female foeticide control measures

Knowledge: Refers to the awareness gained by experience of a fact or situation about female foeticide.

Attitude: It Refers to a pattern of mental views expressed by urban and rural women regarding female foeticide.

Female Foeticide: It refers the practice of terminating pregnancy based upon the predicted sex of a female baby.

Woman: It refers to urban and rural women in age group 21-45 years in selected areas of Fatehabad.

4.4 Research Methodology

Research Approach- Quantitative Research Approach

- Research Design - Comparative Research Design
- Setting of the Study- Rural and Urban areas of District Fatehabad, Haryana.
- Target Population- The target population for this study includes Women of age 21-45 years of District Fatehabad, Haryana.
- Sample and Sampling Techniques- The samples selected for this study are the Women of age 21-45 years in rural and urban areas of District Fatehabad, Haryana. Non - probability convenience sampling technique was used to collect data in the present study.
- Sample Size- The sample size for the present study consists of 100 women from urban and rural areas of District Fatehabad, Haryana.
- Development of the Tool- Structured knowledge questionnaire, attitude scale was developed after the review of literature and with the consultation of guide and co-guide.
- Ethical consideration: Permission was obtained prior to the data collection process from authorities. The investigator explained the purpose of the study and assured confidentiality of all subjects. An informed consent was taken from the subjects.

5. Results and Discussion

Socio demographic profile shows that age depicts that large number 18(36%) of the subjects belong to 21-25 years, 15(30.0%) of subjects belong to 26-30 years, 9(18%) belong to 31-35 years, and 8 (16%) subject belongs to 36-45 years in the urban area and 16(32%) of the subjects belong to 21-25 years, 14(28.0%) of subjects belong to 26-30 years, 10(20%) belong to 31-35 years, and 10 (20%) subject belongs to 36-45 years in the rural area.

According to marital status 18(36%) are married, 11(22%) are unmarried, 2(4%) are widow and 19 (38%) are divorcee in the rural area, 18(36%) are married, 10(20%) are unmarried, 4(8%) are widow and 18 (36%) are divorcee in the rural area.

Distribution of the women in rural area according to their religion depicts that the higher percentage of the women (48%) were Christian, 22% were Muslim, 18% were Sikh and (12%) the lowest percentage of the women were Hindu and in urban area according to their religion depicts that the higher percentage of the women (46%) were Christian, 18% were Hindu, Sikh, Muslim.

According to type of family in the Urban area 38.0% of the women belong to joint family, 34.0% of the women belong to nuclear family and 28.0% of the women belong to extended family and in the Rural area 36.0% of the women belong to nuclear family, 34.0% of the women belong to joint family and 30.0% of the women belong to extended family.

Distribution according to the education Urban Area depicts that the higher percentage of the women 20 (40.0%) had

primary education, 13(36%) had under graduation, 12(24.0%) women had secondary education and 7(14%) had post graduation and 18(36.0%) had primary education, 13(36%) had under graduation, 12(24%) women had secondary education and 7(14%) had post graduation in the rural area.

According to occupation highest 18(36%) women were govt job, 12(24%) were in housewife and business & 8(16%) women were on private job in the rural area, 15(30%) women were govt job, 12(24%) were in housewife and business & 11(22%) women were on private job in the urban area.

According to Income In the rural area large number 23(46%) of the women’s family has monthly family income of Rs.1000-5000, 12 (24.0%) has monthly family income of Rs. 20,000 or above, 11 (22%) has monthly family income of 10,000- 20,000, and 4 (4%) has monthly family income of Rs. 5,000-10,000 and in the urban area large number 21(42%) of the women’s family has monthly family income of Rs.1000-5000, 16 (32.0%) has monthly family income of Rs. 20,000 or above, 9 (18%) has monthly family income of 10,000- 20,000, and 4 (4%) has monthly family income of Rs. 5,000-10,000 .

According to number of children 21(42%) women had 1-2 children, 14(28%) had 3-4 children, 10(20%) had 5-6 children, 5(10%) had 7-8 children in the urban area and 21(42%) women had 1-2 children, 14(28%) had 3-4 children, 11(20%) had 5-6 children, 4(8%) had 7-8 children in the rural area.

According to the source of information 30(60%) women had information by family members, 12(24%) women had information by health personal, 5(10%) women had information by T.V & radio, 3(6%) women had information by Newspaper, Magazine & Books in the rural area and 24(48%) women had information by family members, information by health personal, 10(20%) women had information by T.V & radio, 4(8%) women had information by Newspaper, Magazine & Books in urban area. Place table titles above the tables.

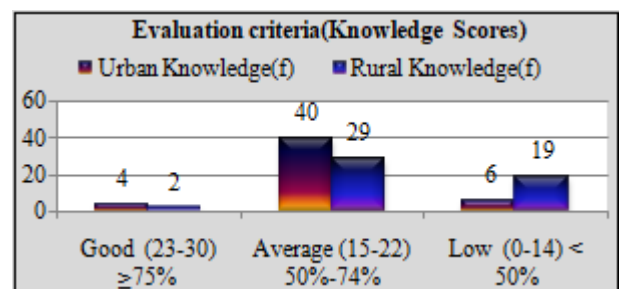


Figure 1: Assessment of Rural and Urban Women’s According to Level of Knowledge Regarding Female Foeticide

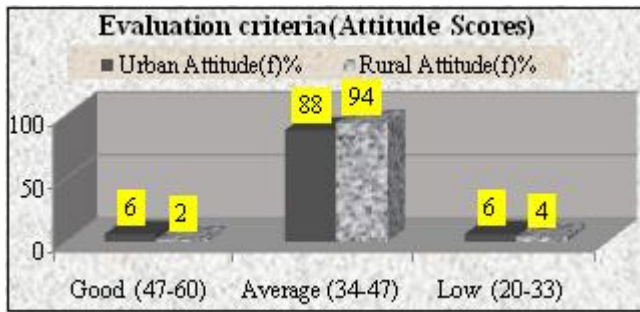


Figure 2: Assessment of Rural and Urban Women's Attitude According to Level of Knowledge Regarding Female Foeticide.

The major finding of the study revealed that in Knowledge, 80% of urban women's have average knowledge, 58% of rural women's have average knowledge, 38% of rural women's have low knowledge, 12% of urban women's have low knowledge and 8% urban women's have the good knowledge. 4% rural women's have the good knowledge regarding female foeticide. In Attitude 94% of rural women have average attitude, 88% of urban women's have average attitude, 6% of urban women's have low attitude, 4.0% of rural women's have low attitude, 6.0% of urban women's have good attitude and 2% rural women's have the good attitude regarding female foeticide. The statistical outcomes of association between socio demographic characters of urban and rural women's with their knowledge regarding female foeticide. It is evidenced that the knowledge is not influenced by marital status, religion, type of family, occupation, family income, number of children, source of information. There is significant relationship between knowledge of urban women and socio demographic variable. There is no significant relationship between knowledge of urban women and socio demographic variable. There is no significant relationship between attitude of urban and rural women and socio demographic variables.

6. Recommendations

- A similar study can be replicated on a large sample to generalize the findings.
- A study can be conducted to find out awareness of female foeticide among mothers and family.
- A study can be carried out to assess the knowledge, attitude and practices of health professionals regarding female foeticide.

7. Limitations of the Study

- The study was confined to a specific geographical area i.e., selected rural and urban women in Fatehabad, which imposes limits to any larger generalization.
- The study was limited only to women and the groups were small which resulted in reduced power in statistical analysis.
- No standardized tool were available, therefore the researcher prepared a tool for the purpose of this study.
- Only two domains that is knowledge and attitude were considered in the present study.

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