Original Research Article

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20171317

A hospital-based study on knowledge, attitude and practice of pregnant women on gender preference, prenatal sex determination and female feticide at tertiary care hospital, Bikaner

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Received: 26 January 2017 Accepted: 08 March 2017

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ABSTRACT

Background: Female feticide has been a big social problem in all the states of India. There is a male child preference by pregnant women including their family members. Thus this study aimed to assess attitude and awareness on female feticide.

Methods: The present study was conducted in ANC center of Medical college Hospital, Bikaner of Rajasthan in 500 pregnant women (250 rural and 250 Urban).

Results: Out of 500 pregnant women 62% had shown no gender preference, 23% preferred male child and 15% had preferred to have female child. Regarding awareness, 88% and 90% women knew that prenatal sex determination and female feticide are illegal respectively.

Conclusions: Being the civilized citizens, it is our duty to raise voice against the declining sex ratio and killing of girl child. Being a woman it is our primary duty as well as concern to come forward to stop this menace.

Keywords: Female feticide, Attitude, Awareness, Practice, Pregnant women

INTRODUCTION

Save a girl child 'As a girl is Gold ornament of family 'As we keep gold in safe condition it shines more, if we save girls they shines but we have to save them to shine.¹

Sex selective abortions and increase in the number of female infanticide cases have become a significant social phenomenon in several parts of India. It transcends all castes, class and even the North South dichotomy. The girl children become target of attack even before they are born. Numerous scholars have observed that the latest advances in modern medical sciences. The taste like amniocentesis and ultrasonography which were originally designed for detection of congenital abnormality of the fetus, are being misused for the knowledge sex of fetus 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 life.²

Killing girl child in the womb of mother is known as female feticide and is very common in Asian countries like India. Everyday there is news in the newspaper or on the TV that a new born girl is found in dustbin or garbage. The ratio of women is increasing for 1000 men there are only 940 women in India. Although lot of advertising is done by Government, but still the condition is same nothing helps and there are several reasons behind it.³

The male child was important and enhances the status of the family; they preferred the first offspring as male. Also the girl child was seen as a liability and was not desired as the first child. The value of male child in a patriarchal society ensures differential treatment of the girl child in comparison with the male child. Practices reflective of the high worth of the male child have existed traditionally from birth itself where a girl child may be decisively denied the right to life or her life chances may be reduced through cultural neglect where basic maternal care, nutrition or medical care may not be denied to her.⁴

METHODS

Study design

Hospital based cross-sectional study

Study place

Department of Gyanecology and Obstetrics (ANC Center), S.P. Medical College and P.B.M Hospital, Bikaner.

Study duration

2 Month (November to December 2016)

Study population

Women who come for ANC examination.

Sample size calculation

 $n=4pq/d^2$

Assuming level of awareness regarding female feticide to be 44% with reference to other studies and 95% confidence level and 10% absolute error, the sample size has been calculated using statistical formula of sample size determination.

Thus, total of (489) =500 pregnant women from urban and rural area of Bikaner. Sample was taken from different socio-economic backgrounds and religions. Educated and uneducated women, both were included in the study.

Sampling method

Purposive sample technique.

Data analysis

SPSS software version 18 used for data analysis.

RESULTS

The data presented in Table 1 shows that 46% women were in the age group of 22-25 years, 62% women belongs to Hindu religion. Majority 34% women were educated up to secondary, 84% belongs to joint family and 50% from rural area.

Table 1: Distribution of patient according to frequency and percentage of demographic variable, n= 500.

S.No.		Variables	Frequency	Percentage
1	A co Crour	18-21	200	40
		22-25	230	46
	Age Group	26-29	65	13
		30 And More Than 30	5	1
2 Religion	Daligion	Hindu	310	62
	Muslim	190	38	
3	Education	Uneducated	105	21
		Primary	140	28
	Education	Secondary	170	34
		Graduate	85	17
4 Type Of Family	Type Of Family	Joint	420	84
	Nuclear	80	16	
5	Area	Rural	250	50%
		Urban	250	50%

Table 2 shows, 62% of pregnant women were having no gender preference, 32% women preferred to have male child and 15% women preferred to have female child.

There is significant difference in association between rural and urban regarding gender preference (P=0.0001). Thus it was concluded male is preferred for financial support and female for moral support at the time of old age.

Preference of male child was found to be 32% among rural and 14% among urban women. It was found that 84% rural and 92% urban knew that prenatal sex determination is illegal. The association was significant between rural and urban area (P=0.009). And 90% followed by 84.8% rural and 92.8% urban knew that prenatal sex determination is illegal and also the association was found to be statistically significant between rural and urban area (P=0.007).

Table 3 shows,88% pregnant women were having curiosity about gender and 9% pregnant women wants to go for prenatal sex determination and out of 45, 42 prefer male child.

Remaining 91% women who doesn't wants to go for determination was because of 48.57% already having male child or and 44.17% of them knew that prenatal sex determination is illegal and they will be punished if they

caught and only 7.25% because of no gender preference due to morality and faith in god as given in Table 4.

The attitude towards preference for female feticide by pregnant women who wishes to go for it was found to be 30.90% in case having one female child and 61.81% in case of two or more female children whether it was only 7.27% when it was first child as shown in Table 5.

Table 2: Area wise distribution of attitude on gender preference and awareness on prenatal sex determination and female feticide of pregnant women.

Attitude	Variants	Frequency		X ² value	pvalue	
Attitude	variants	Rural (250)	Urban (250)	Total (500)		
	Male	80(32%)	35(14%)	115(23%)	48.47	0.0001
Gender preference	Female	52(20.8%)	23(9.2%)	75(15%)		
	No	118(47.2%)	192(76.8%)	310(62%)		
Prenatal sex	Sex Do not 40(16%) 20(8%) 60(12%) 6.	6.81	0.009			
determination is illegal	known	40(16%)	20(8%)	00(12%)	0.61	0.009
determination is megal	Known	210(84%)	230(92%)	440(88%)		
Female feticides is	Do not	38(15.2%)	18(7.2%)	50(10%)	7.20	0.007
illegal	known	30(13.2%)	10(7.270)	30(10%)	7.20	0.007
	Known	212(84.8%)	232(92.8%)	450(90%)		

Table 3: Distribution according to attitude to know about the gender of unborn and preference.

Attitude		Response	
Attitude	Yes	No	Total
Curiosity about gender	440(88%)	60(12%)	500(100%)
Wish to go for prenatal sex determination	45(9%)	455(91%)	500(100%)
Prefer male child	42(93.33%)	3(6.66%)	45(100%)

Table 4: Reasons for not wishing to go for prenatal sex determination (n=455).

Reason	Pregnant women (n=455)
Already having male child	221(48.57%)
Prenatal sex determination is illegal	201(44.17%)
No gender preference	33(7.25%)
Total	455(100%)

Table 5: Reasons in subjects for wishing to go for prenatal sex determination (n=55).

Reason	Pregnant women (n=55)
First child	4 (7.27%)
One female child	17 (30.90%)
Two female child or more	34 (61.81%)
Total	55 (100%)

DISCUSSION

In our study it was observed that 62% had no gender preference, 23% preferred male child and 15% preferred female child which found very close to findings of Kansal et al who reported no preference as 66%, 22.2% male and 11.8% female.⁵ In study majority 85.5% were found to be aware of fact that prenatal sex determination

is illegal and 90% knew that female feticide is illegal which found to be close to Walia and Sharma.^{6,7}

CONCLUSION

Female Feticide is one of the gravest issues of the 21st century which needs to be addressed and tackled effectively by the human fraternity. Unless paid attention,

Female Feticide, if being carried on at the existing rate, is bound to bring forth several social problems in the near future.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

Institutional Ethics Committee

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Cite this article as: Mehta S, Meena R, Acharya R, Sharma G, Bhatt MP. A hospital-based study on knowledge, attitude and practice of pregnant women on gender preference, prenatal sex determination and female feticide at tertiary care hospital, Bikaner. Int J Community Med Public Health 2017;4:1018-21.