

Awareness Regarding Gender Preference and Female Foeticide among Teachers in the Hassan District, South India

SIDDHARAM S. METRI, VENKTESH G.M., THEJESHWARI H.L.

ABSTRACT

Objective: To assess the Knowledge, Attitude and Practice regarding gender preference and female foeticide among teachers population in Hassan.

Methodology: A cross sectional, Community based, Descriptive study was undertaken. Study was carried for 3 months (February to May). Total 127 participants were interviewed with the help of predesigned, semi-structure proforma. Data was analyzed in terms of proportions.

Results: Out of 127 participants, 73% said that Ultrasound is the technique for Pre Natal Sex Determination Test (PNDT). 80% said that Private hospital is the area for sex determination test. While asked reasons for son preference, 38.5% said they carries the name of the family, 27.5% said that source of income or dowry. 52% of them aware regarding PNDT Act. 90% have got the information regarding female foeticide and gender preference from the media.

Conclusion: Majority of them aware about female foeticide and harmful practices should be stopped.

Key Words: Female foeticide, Gender preference and Teachers.

INTRODUCTION

A sloka of Atharvaveda says "The birth of a girl, grant it elsewhere. Here, grant a son." Thousands of years later, this thing stands very true in modern times as well, when, despite the so called modernity, industrialization, literacy and equality, parents still pray thus [1]. The constitution of India guarantees equality for women. It has empowered the state to adopt measures for affirmative discrimination in favour of women and it has imposed a fundamental duty on its citizens to uphold the dignity of women. The preference for sons or more number of sons than daughters has been documented in several countries in the world [2]. Particularly in India, the preference for a son is very strong and pervasive and it has been frequently cited as one of the major obstacles in the way of reducing the national fertility level [3]. The preference for a male child and discrimination against the female child are causing the rapid disappearance of female children in India. 35 million females were found to be missing according to the census of 2001, which was 32 million during 1991. As per the census of 2011, the child sex ratio of India has declined from 927 to 914 females per 1000 males, which is the lowest since the country's independence. Female foeticide is one of the extreme manifestations of violence against women-a social problem that is now spreading unchecked across the country. Female fetuses are selectively being aborted after pre-natal sex determination, thus denying a girl's 'RIGHT TO LIFE'. Ultrasonography is being used as a non-invasive technique for sex determination, even in remote areas and even quacks has access to them. In 1994, the Government of India enacted the PNDT (Pre Natal Diagnostic Techniques) Act, that made revealing the sex of the foetus a criminal offence. The need of the hour is to stress upon other avenues or alternatives that can strengthen the law and can bring about the desired social change. One such alternative to increase the awareness in the community about female foeticide, so that people can identify it as a social problem and can further try to curb it. Teachers play a major role in disseminating this

information in the society and to the future population and they can help in maintaining the gender equality.

METHODOLOGY

A cross sectional, community based, descriptive study was undertaken with 127 participants from various schools and colleges of Hassan District, Karnataka, south India. The study was carried out from 1st February to 30th May 2011 (3 months). Three out of 38 high schools and 3 out of 30 degree colleges were selected by using a lottery method. The teachers were selected randomly and they were interviewed. We excluded the participants who did not give their consent. A pretested and pre-structured questionnaire was used to collect the information on their knowledge, attitude and practice towards gender preference and female foeticide. The variables in the questionnaire included evaluation of the knowledge on PNDT, the possibility of intrauterine sex determination and methods and awareness about the punishment which was associated with female foeticide. A written consent was taken from the participants before they filled the questionnaire. The data was collected with the help of MBBS, Final Phase, Part-I students. A pilot study was conducted and the necessary corrections were done for the questionnaire. Cross checking of the filled proforma was done randomly by the investigators on a regular basis to ensure good quality data collection. The data was entered in Microsoft Excel and analyzed by using proportions.

RESULTS

A total of 127 teachers were selected from various schools and colleges of Hassan city. Among these, 77 teachers were from pre-degree colleges and 50 teachers were from degree colleges. Out of these 127 participants, 56 were males and 71 were females, 47 were graduates and 80 were post graduates and 93 were married and 34 were unmarried. 100% of the study participants were aware of what female foeticide was. While they were asked about the

techniques which were used for the Pre Natal Sex Determination Test (PNDT), 73% said that ultrasound was the right modality and 19% said that they didn't know [Table/Fig 1]. 80% of the participants said that private hospitals were the centres for sex determination [Table/Fig 1a]. Regarding the reasons for the preference for a son [Table/Fig 1b], a maximum number of participants (38.5%) felt that sons were preferred as they could carry the name of the family forward, 19.6% felt that they could take care of the family and the parents, 27.5% of them considered sons as source of income and dowry and the remaining 14% thought that they could perform the last rites of the dead. Regarding the non-preference of girls, a maximum number of teachers (51%) felt that girls were not preferred because of the burden of dowry, 35% of them thought that they were a burden on the family and 9.4% thought that they could not take care of the family. 3.9% were of the opinion that they needed more care and safety. When the participants were asked about the attitude of the family towards having only a girl child, 62% of them felt that it made no difference and 30% felt that it would bring them luck [Table/Fig 1c]. When the participants were asked

Characteristic	Predegree College (n=77)	Degree college (n=50)	Total (n=127)
Ultrasound scanning	62	31	93(73%)
Aminocentesis	4	3	07(6%)
Superstitious belief	5	1	06(5%)
Don't know	7	17	24(19%)

Table No. 1a : Knowledge of participants about sex determination centres

Government hospital	5	3	08(6%)
Private hospital	63	39	102(80%)
Scanning centre	2	3	05(4%)
Don't know	1	5	12(9.5%)

Table No. 1b: Distribution of teachers by reasons behind preference for son and non-preference for girl

Reasons for son preference			
Carries the name of family	30	19	49(38.5%)
Takes care of parents in old age	17	8	25(19.6%)
To perform final rites	10	8	18(14.1%)
Source of income/Dowry	20	15	35(27.5%)
Reasons for non preference for girls			
Burden on family	30	15	45(35.4%)
Can not take of parents	5	7	12(9.4%)
Dowry	40	25	65(51.1%)
Lack of safety	2	3	05(3.9%)

Table No.1c: Attitude of family towards having only girl child

Lucky	25	13	38(30%)
Feel petty	5	5	10(8%)
It makes no difference	47	32	79(62%)

Table No.1d :Awareness regarding punishment for female foeticide

Correct response	54	14	68(53%)
Not aware	23	36	59(47%)

Table No.1e: Response regarding influence of family members on women for PNDT/Abortion

Mother in law	56	27	83(65.3%)
Father in law	2	4	06(4.7%)
Husband	8	15	23(18.1%)
Herself	5	11	16(12.5%)

[Table/Fig-1]: Knowledge about techniques for Pre Natal Sex Determination Test (PNDT)

about the punishment for female foeticide, 53% of them said that they were aware of it and 47% said that they didn't know [Table/Fig 1d]. When they were asked about the influence of the family members on women in undergoing PNDT/abortion, 65% of them said that the mother-in-laws could force for abortions, 18% said that husbands could force for it, 12% said that the women could themselves decide to undergo it and 4.7% said that father-in-laws could force for it [Table/Fig 1e]. Regarding their opinion about knowing the sex of the foetus before birth, 81% of them said that it was unacceptable and only 24 (19%) said that it was acceptable [Table/Fig 2]. 24 participants said that they would practice sex determination before birth and among them, 10 (42%) said that they would accept any child, 9(37%) said that they would prefer 1 girl child and 5(21%) said that they would prefer 2 or more girl children [Table/Fig 3]. Regarding the source of information, it was seen that 90% of them got the information about female foeticide from the mass media [Table/Fig 4].

DISCUSSION

All the participants are aware about female foeticide. In the study which was done by Walia [4] among adult populations in three districts of Punjab which had a low sex ratio i.e. Ludhiana, Bhatinda and Ferozpur, though the awareness regarding female foeticide was found to be very high, yet a majority of the respondents approved this heinous act.

In the present study, when they were asked regarding the various techniques which were used for prenatal sex determination, 73% participants said that ultrasound was the right modality, 6% said that it was amniocentesis and 19% said that they didn't know about the techniques. A study which was conducted by S. Ghose and S. Sarkar [5] found that 95% of the pregnant women were aware of the availability of a method for intrauterine sex determination. When they were asked whether female foeticide was punishable, 53% of the participants said that they were aware that doing so was punishable under the law and 47% said that they were not aware of it. In a study from Chandigarh, 65% of the pregnant women were found to consider that determining the sex of an unborn child was a crime, but only 16% were aware that it was punishable under the law [6]. In the present study, 38.5% participants cited carrying the name of the family as the main reason for the preference for a son, whereas another 27.5% were of the view that in addition to carrying the name of the family, the sons were the sources of income and dowry. A study which was conducted by MOHFW [7] in 2002 among 530 adult respondents in Delhi also observed that the reasons for the preference for sons were that they could carry on the family name and inherit property and that they could be providers in old age and could perform the last rites of the dead.

A majority of the study subjects (51%) were of the opinion that a girl child was not preferred because of the dowry system, 35% thought that they were a burden for the family and 9.4% were of the opinion that they could not take care of the parents. As per a study which was done by NIPCCD [8] in 2008 in Delhi and Haryana, dowry was perceived as the main reason for the respondents not preferring a girl child. In the present study, when the participants were asked their opinion about knowing the sex of the foetus before birth, 24 (19%) of them said that it was necessary. Among them, 42% said that they would prefer the sex determination to be done anytime before the birth of the child, 37% said that they will go for the sex determination after having 1 girl child and 21% participants said that they would prefer it to be done after having 2 or more girl

Characteristic	Predegree College (n=77)	Degree college (n=50)	Total (n=127)
Acceptable	14	10	24 (19%)
Not acceptable	63	40	103 (81%)

[Table/Fig-2]: Opinion about knowing sex before birth

Acceptance of sex determination	Male	Female	Total (n=24)
After 1 girl child	5	4	09 (37%)
After 2 or more girl child	3	2	05 (21%)
Acceptable anyways	6	4	10 (42%)

[Table/Fig-3]: Acceptance of sex determination before birth according to the birth order (n=24)

Acceptance of sex determination	Male	Female	Total (n=24)
Mass Media	90%		
Neighbours	8%		
Friends	6%		
Others (textbook)	5%		

[Table/Fig-4]: Source of information

children. A study which was done by Indira and Ramendra Narayan Chaudhuri [9] showed that 53.8% of the mothers preferred one son and one daughter and 32.7% of the mothers desired more sons than daughters, while only 3.8% of the mothers wanted more daughters than sons. In the present study, 90% of the participants said that they got the information about female foeticide from the mass media, 8% said that they got it from neighbours and 6% said that they got it from friends. In a study which was done by Anurag Chaudhary et al [10] showed that 56% of the students got the information about female foeticide from the television, 33.2% got it from the newspapers and that 6.3% and 4.5% got information from family and friends, respectively.

CONCLUSION

In the present study, all the participants were aware about female foeticide. A majority had good (73%) knowledge about the techniques which were used for PNMT. 80% of the participants knew about the sex determination centres. A disparity between boys and girls was prevalent at the family or the community level. In the present study, it was found that 65% of the mother-in-laws influenced the women to undergo PNMT and abortion. So,

there is a need to create awareness among the mother-in-laws regarding female foeticide and the punishment which is associated with it. The sample size in our study was 127 and it may not be adequate for generalization of the results. The findings in present study underscored the need to sensitize teachers about the ethics which were related to the inappropriate and indiscriminate use of technology.

ACKNOWLEDGEMENT

The authors would like to thank Miss Navyashree N, Chaitra M.P and Mythreyi M.U. , Final Year MBBS students for their role in the data collection.

REFERENCE

- [1] Audio-Visual Review. Born female, Produced by UNICEF Regional Office for South Central Asia. Govt. of India. Directed by Nilanjana Mukherjee 1985. *Indian J Social Work* 1991; 52: 115-17.
- [2] Cleland JG, Verrall J and Vaessan M. 1983. *Preference for the sex of children and their influences on Reproductive Behavior World Fertility Survey: Comparative Studies*, No.27, International Statistical Institute, Voorburg, Netherlands.
- [3] Rajarethnam T. and Desphande RV. (1994). *Gender Preference and India's Missing Girls: Evidence from some selected states of India*; Population Association of America, Boston, USA.
- [4] Ajinder Walia. Female foeticide in Punjab: Exploring the socio-economic and cultural dimensions. *Idea Journal*, 2005, Vol. No.10
- [5] S. Ghose and S. Sarkar: Knowledge and Attitude of Prenatal Diagnostic Techniques Act Among the Antenatal Women- A Hospital Based Study. *Journal of Community Medicine*, January 2009, Vol. No.5(1).
- [6] S Puri, V. Bhatia, HM Swami. Gender Preference and Awareness Regarding Sex Determination among Married Women in slums of Chandigarh. *Indian Journal of Community Medicine*, Vol. No.32. No.1(2007-01-2007-03).
- [7] India, Ministry of Health and Family Welfare and third world centre for comparative studies. *Missing Girls: A study of declining sex ratio in the age group of 0-6 years { A case study of Delhi}*. New Delhi: 2002. P.160.
- [8] National Institute of Public Cooperation and Child Development. A socio-cultural study of the declining sex ratio in Delhi and Haryana: 2008. Available from <http://www.nipccd.nic.in>.
- [9] Indira Dey (Pal) and Ramendra Narayan Chaudhuri. Gender Preference and its Implication on Reproductive Behavior of Mothers in a Rural Area of West Bengal. *Indian Journal of Community Medicine*. Vol. No.34/ Issue 1/ Jan. 09.
- [10] Anurag Chaudhary, Mahesh Satija, Sarit Sharma, GPI Singh, RK Soni, RK Sachar. Awareness and Perception of School Children about Female Foeticide in Urban Ludhiana. *Indian Journal of Community Medicine/Vol 35/Issue 2/ April 2010*.

AUTHOR(S):

1. Dr. Siddharam S. Metri
2. Dr. Venkatesh G.M.
3. Dr. Thejeshwari H.L.

NAME OF DEPARTMENT(S)/INSTITUTION(S) TO WHICH THE WORK IS ATTRIBUTED:

Department of community medicine,
Hassan institute of medical sciences,
Hassan, Karnataka, India.

NAME, ADDRESS, TELEPHONE, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Siddharam S. Metri
E-mail: sagarmetri@yahoo.co.in

DECLARATION ON COMPETING INTERESTS:

No competing Interests.

Date of Submission: **Aug 06, 2011**
Date of peer review: **Oct 12, 2011**
Date of acceptance: **Oct 23, 2011**
Date of Publishing: **Nov 30, 2011**