



Study of Factors Responsible for Female Foeticide Amongst Eligible Couple in Wardha District

KEYWORDS

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Introduction-

Denial To A Girl Child Of Her Right To Live Is One Of The Heinous Violations Of The Right To Life Committed By Society. It Is An Admitted Fact In Indian Society Female Child Is Not Welcomed And Discrimination Against Girl Child Still Prevails. [1]

The Deficit Of Women In India's Population Has Been Documented Ever Since The First Decennial Enumeration Of People Was Conducted In The Late 19th Century. Over The Span Of More Than A Century ,The Deficit Has Progressively Increased As Evident From The Sex Ratio Of Population ;The Number Of Women Per 1000 Men Declined From 945 In 1991 To 927 In 2001.India Shares With China(And Other South Asian Countries, With The Exception Of Sri Lanka)This Phenomenon Of Deficit Of Women In Population. Both The Oriental Societies Are Patrilineal ,Exhibit Strong Son Preference And Men Enjoy Higher Status Relative To Women. Throughout Rest Of The World, Women Outnumber Men By Three To Five Percent.[2,]

Added Over The Secondary Status Of Women In The Society[3] ,Introduction And Usage Of Prenatal Sex Determination Tests Have Rather Become A Curse For Female Foetuses Of India And Hidden Practice Of Female Infanticide Shifted Towards Aborting Female Foetuses. Stemming From Cultural Preference For Sons, Indian Females Continue To Experience Higher Mortality Than Males From Birth To The End Of Reproductive Period. Again Elsewhere In The World Women Generally Experience Lower Mortality Than Men At Almost All Ages Such That The Life Expectancy At Birth Of Women Is Greater By Five To Eight Years Compared To That Of Men.

The Deficit Of Women In India And Other Possible Factors Responsible For It Have Aroused Attention Among Demographers, Social Scientists, Women Activists Who Tried To Understand The Phenomenon In Terms Of Under-Enumeration Of Women In The Census Counts,Sex-Selective Abortions, Sex Ratio At Birth, Sex-Selective Migration, Hiding The Number Of Child Brides As Well As Sex Differential In Mortality. InSpite Of The Progress Women Have Made In Our Country And So Many Laws To Favour Them Like Sharda Act For Child Brides, ActAgainst Dowry, Different Forms Of Gender Discrimination – From Dowry To Domestic Violence To Harassment In The Workplace – Continue Practically Unabated Despite The Laws In Place. Similarly Where The Law Against Female Foeticide Is Concerned, PC&PNDT, Those Laws Can Only So Little Without A Corresponding Change In Social Mind-Set. [4]

AimsAnd Objectives-

The Study Aims To Determine The Factors For Female Foeticide Amongst Eligible Couples Attending AVBRH.

To Gain An Insight Of Thought Process Of Today's Women Of Eligible Couple In Rural Area Of Wardha District.

To Explore The Awareness Amongst The Women Regarding Declining Sex Ratio, Female Foeticide And Related Issues.

To Determine Various Factors For Female Foeticide.

Material And Method -

A Prospective Study Was Done For 3 Years FromSeptember 2009 To September2012.1500 Eligible Couples Who Attended The Antenatal Clinic Or Admitted At AVBRH Attached To Jawaharlal Nehru Medical College, Sawangi(Meghe), Wardha, MaharashtraWere Taken.

Results-

Table No 1- demographic profile

Age	No Of Cases N=1500	Percentage
<25yrs	1005	67%
26-30yrs	436.5	29.1%
31-35yrs	49.5	3.30%
>36yrs	9	0.60%
Residential Area	No Of Cases N=1500	Percentage
Rural	1180.5	78.7%
Urban	319.5	21.3%
Education	No Of Cases N=1500	Percentage
Illiterate	94.5	6.3%
Primary	178.5	11.9%
Middle	520.5	34.7%
Secondary	426	28.4%
higher	280.5	18.7%
Occupation	No Of Cases N=1500	Percentage
Home Makers	645	43%
Field Workers	405	27%
Teacher	180	12%
Health Worker	270	18%

According to the demographic distribution 67% women were under the age 25years.

78.7% women belonged to rural area.34.7% women had received education till middle class.

And maximum 43% women were home makers.

Table No 2-Obstretic History

ObsHistory	No Of Cases N=1500	Percentage
Pregnant	1021.5	68.1%
Post Natal/Non Pregnant	478.5	31.90%
Total	1500	100%
No Of Children	No Of Cases N=1500	Percentage
1 Female	330	22%
1 Male	271.5	18.10%
2females	87	5.80%
1 Male + 1 Female	46.5	3.10%
>2 Females	43.5	2.90%
No Issue	720	48%
Total	1500	100%

After attaining obstretic history 68.1% women were pregnant.

48% women currently had no issues.

Table No 3-Type Of Family

Type Of Family	No Of Cases N=1500	Percentage
Joint Family	615	41%
Nuclear Family	885	59%
Total	1500	100%

59% women lived in nuclear family.

Table No 4- Awareness about Declining Sex Ratio

According to the Age	Aware	Not Aware	X2-Value	P-Value
<25yrs	535(53.2%)	470(46.8%)	0.72	0.39,NS
26-30years	249(56.1%)	187(42.9%)	3.41	0.06,NS
31-35years	27(54%)	23(46%)	1.28	0.25,NS
>36years	3(33.3%)	6(66.7%)	23.12	P<0.0001,S

Table No 7-distribution of cases according to Gender Preferences

Age	Female	Male	X2-Value	P-Value
<25 Yrs	199.5(13.3%)	1300.5(86.70%)	109.50	P<0.0001,S
26-30 Yrs	144(9.60%)	1356(90.40%)	128.00	P<0.0001,S
31-35 Yrs	90(6%)	1410(94%)	154.90	P<0.0001,S
>36 Yrs	166.5(11.10%)	1333.5(88.90%)	121.70	P<0.0001,S
Residential Area	Female	Male	X2-Value	P-Value
Rural	169.5(11.30%)	1330.5(88.70%)	121.70	P<0.0001,S
Urban	216(14.40%)	1284(85.60%)	103.70	P<0.0001,S
Education	Female	Male	X2-Value	P-Value
Illiterate	2(2.1%)	92(97.9%)	184.30	P<0.0001,S
Primary	34(19%)	145(81%)	76.88	P<0.0001,S
Middle	72(13.8%)	448(86.2%)	103.70	P<0.0001,S
Secondary	33(11.7%)	248(88.3%)	115.50	P<0.0001,S
Higher	26(8.1%)	295(91.9%)	141.10	P<0.0001,S
Graduation	13(12.4%)	92(87.6%)	115.50	P<0.0001,S
Obstretic History	Female	Male	X2-Value	P-Value
Pregnant (N=1021.5)	97.04(9.50%)	924.45(90.50%)	134.50	P<0.0001,S
Post-Natal/Non Pregnant(478.5)	83.25(17.40%)	395.2(82.60%)	87.12	P<0.0001,S
Type Of Family	Female	Male	X2-Value	P-Value
Joint Family	25(4.07%)	124.8(20.30%)		
Nuclear Family	848.9(95.93%)	705.52(79.70%)		
X2-Value	12.12			
P-Value	0.0005,S			
No.Of Children	Female	Male	X2-Value	P-Value
0	119(16.15%)	618(83.85%)		
1	91(16%)	479(84%)		
2	29(17.8%)	134(82.2%)		
3	1(3.3%)	29(96.7%)		

According to the Education	Aware	Not Aware	X2-Value	P-Value
Illiterate	24(25.5%)	70(74.8%)	50.00	P<0.0001,S
Primary	86(48%)	93(52%)	0.32	0.57,NS
Middle	310(59.6%)	210(40.4%)	8.00	0.004,S
Secondary	155(55.2%)	126(44.8%)	2.00	0.15,NS
Higher	190(52.2%)	131(40.8%)	0.72	0.39,NS
Graduation	91(86.7%)	14(13.3%)	109.50	P<0.0001,S

Awareness about declining sex ratio was maximum in the age group of 26-39yrs 56.15% and 66.7% of women were not aware in the age group of above 36 yrs.

Awareness about the declining sex ratio according to the education was maximum in graduated women 86.7% and 74.8% patients who were illiterate were not aware about the declining ratio.

Table No 5- Source Of Information About Prenatal Sex Determination Technique

Source	No Of Cases	Percentage
Newspaper	135	9%
TV	1024.5	68.30%
Radio	150	10%
Public	190.5	12.70%

68.30% women got information about the pre natal sex determination technique through tv.

Table No 6-Gender Preference Of Child

Gender	No Of Cases	Percentage
Male	1320	88%
Female	180	12%

88% women preferred male child.

No Of Children previously in family	Female	Male	X2-Value	P-Value
1 Female	44(13.3%)	286(86.7%)	109.5	P<0.0001,S
1 Male	59(21.7%)	213(78.3%)	62.72	P<0.0001,S
2 Females	2(2.3%)	85(97.7%)	184.3	P<0.0001,S
1 Male + 1 Female	15(31.9%)	32(68.1%)	25.92	P<0.0001,S
>2 Females	1(2.3%)	43(97.7%)	184.30	P<0.0001,S
No Issue	59(8.2%)	661(91.8%)	141.10	P<0.0001,S

90.40% in the age group of 26-30 years preferred having a male child. 88.70% women living in rural area preferred male child. 90.50% women were pregnant preferred having male child. 95.93% women living in nuclear family preferred girl child.

96.7% women who had previously 3 children preferred male child.

97.7% women who had previous 2 females or more preferred having male child.

Table No 8- Experience As Women

Parameter		Number	Percentage	X2-Value	P-Value
Position In The Family (In Terms Of Feeling Of Deprivation)	Unsatisfied	1215	81%	76.88	P<0.0001,S
	Satisfied	285	19%		
Needed Dowry/Marriage Expense	Yes	1020	68%	25.92	P<0.0001,S
	No	480	32%		
Other Discrimination	Yes	1395	93%	147.90	P<0.0001,S
	No	105	7%		
Independence	Yes	399	26.6%	42.32	P<0.0001,S
	No	1101	73.4%		

When asked about their own experience as women 81% women were unsatisfied in terms of their position in the family. 68% women were asked dowry. 73.4% women did not have any independence about any decision making.

Table No 9- Reason for Son Preference (N=Variable Options)

Reason	No Of Cases
Lack Of Independence/No Freedom	1529
Spend Money	1326
Decision Making	1916
Moves Around Or Go Far, For Employment	1696
Higher Studies	1828
Support Her Own Parents	1377
Fulfil The Wishes And Expectations Of In Laws	1960

1960 women preferred son to fulfil their in laws expectations followed by 1916 for decision making preference.

Table No 10- Determinants Factors For Female Foeticide

Determinant Factor	No Of Cases	Percentage
Culture And Custom's	1423.5	94.90%
Social Factors(Dowry & Devaluation As A Female)	994.5	66.30%
Education And Job Opportunity	820.65	54.70%
Livelihood Generation	1110	74%
Support To Parents At Old Age	1035	69%
All Of These	1471.5	98.10%

After attaining complete history the most common determinant factor was culture and customs 94.90%, livelihood generation 74%, and 98.10% agreed to all the factors.

Discussion-

Awareness About Female Foeticide Was More In Literate Group 86.7% Among Women Who Are Educated And Among Teachers And Health Workers Similar To Vadera¹, Khatri , Shaikh Naval , Shrivastava b , Srivastava.

Son Preference Was More In Rural Area 88.7% And In Urban Area It Was 85.6% It Was Similar To Mallikachavada And A. Bhagyaxmi - 94.30 Per Cent Of The Rural Women Had A

Preference For The Male Child As Compared To 80.73 Per Cent Of The Women From Urban Areas

And A Similar Result Was Seen In Study Done By BN Vadera, - Male Child Was Higher Among Rural Women (70.68%) Than That Of The Urban Women (53.28%). Similar Results Were Reported In rupsamallick Sex Selection Is An Urban-Led Phenomenon.

Son Preference Among Pregnant I.E. 90.50% Than Non-Pregnant Women I.E. 82.60% Preferred Son. Son Preference Also Increased With Parity They Intend To Fulfill The Need Of Son First . Similar Study Was Done By S Puri, V Bhatia, HM Swami ¹² 57.8% Intended To Have Their First Baby Boy As Compared To 14.4% Who Wanted To Have Baby Girl.

And Another Study Done By Mallikachavada And A. Bhagyaxmi¹⁰- Increasing Trends Of Preference For Male Child Is Seen As The Parity Status Is Increased From Primipara To Grand Multipara.

In Our Study 86% Families Preferred Son Who Had Their First Child As Female Similar Study Was Done By Srivastava-shalini, Kariwal , Kapilasrami - 88% Of Females Expressed Views That They Would Prefer To Go For Son Even If The Family Gets Completed With Females

Another Study Done By Vadera, Ukjoshi, Svnadakat, Bsyadav, Sudhayadav⁵ - Preference To Male Child Was Higher In Women Who Had No Male Child Previously (65.28%) Than Those Who Already Had A Male Child (42.50%) Was Similar To Ours.

In Our Study 1960 Women Said That They Prefer Son To Fulfill Their In Laws Wish Or Expectations Similar Study Was Done By Mallikachavada and A. Bhagyaxmi - Which Concluded That Demand Of In-Laws Preference For Son Was Observed In 93.04 Per Cent

In Our Study Determinant Factor Support To Parents At Old Age 69% ,A Similar Study Was Done By Malikabasu And Joy Elamon, And Meenakshi Aggarwal And Dhivya David ¹³Patriarchal Society – Son Carrying Forward The Family Name (And Occupation); The Source Of Support During Old Age; Performing Rituals At The Time Of Cremation; (Daughters Not Providing Economic Support To The Parents. The Social Ritual Of Dowry And The Tag Of 'Parayadhan')

Conclusion-

Culture, Customs, Livelihood Generation, Support To Parents At Old Age Were Main Determinant Factor For Not Preferring Girl Child. Among Social Factors, Dowry And Devaluation As Female Were Major Concern Leading To Very Low Esteem And Poor Self Evaluation By Women Of Eligible Couple.

Recommendations-

Mindset Of People About Following Culture And Customs, Their Over Religiousness Should Be Taken At A Serious Note By Government Authorities By Ministry Of Human Resource Development.

Devaluated Women With Low Esteem Can Be Tackled By Girl Child Education And Adolescent Counseling In Schools And Small Groups For Developing Up Of Their Self Esteem And Increasing Opportunity Of Employment And Searching Alternative Of Exogamy In Indian Marriages By Social Leaders.

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