

COMPARING THE EXPERIMENTAL GROUP'S PREGNANT WOMEN'S ATTITUDES TOWARDS FEMALE FETICIDE BEFORE AND AFTER COUNSELLING

Kola Anuradha, Research Scholar, Malwanchal University, Indore

Dr. Anu V Kumar, Professor, Malwanchal University, Indore

ABSTRACT

The goal of counselling is to help people develop more positive attitudes. Two hundred women who visited a prenatal clinic were the subjects of the research. Using a randomized control approach, samples were separated into two groups: the control group and the experimental group. The study lasted for two years. Primi and multi gravid were the subgroups into which the experimental group was further subdivided. From both categories, the majority of primigravida and multigravida women had mediocre knowledge, while only a small percentage had high knowledge. In the experimental group, counselling was statistically shown to be beneficial in increasing information about reducing the sex ratio and changing women's attitude towards female feticide. It is necessary to raise awareness on the falling sex ratio and female feticide.

KEYWORDS: Experimental, Pregnant Women's, attitudes, prenatal clinic, awareness

INTRODUCTION

Similar to societies throughout the globe, Indian society is patrilocal, patrilineal, and patriarchal. To achieve moksha, one must be born again as a man, says Manu. In order to achieve moksha, a man needs a son to fan the flames of his funeral pyre. Clearly, it exemplifies the sexism prevalent in our patriarchal culture. Norms and inclinations that favor men and devalue females, as well as economic, religious, social, and emotional factors, have long contributed to the traditional preference for sons. For many reasons, including the following: parents expect sons, not daughters, to take care of their financial and emotional needs as they age, to increase the family's wealth and property, to maintain the family lineage after marriage, to play important roles in religion, and to defend or exercise the family's power, whereas daughters are seen as a burden and are thus married off. It is believed that this stereotype of women as a "burden" contributes to the practice of infanticide and female feticide.

LITERATURE REVIEW

William H. James et al (2019) This study challenges these estimations by analyzing two massive datasets of correctly reported births in the nineteenth century. These databases date back to an era when sex selection and contraception were tabooer. It follows that there is an abundance of males during conception, with the amount of each parent's hormones likely playing a role in this (according to the hormonal hypothesis), and that fragile male foetuses will be removed from the body first if the pregnancy goes through a difficult time. To sum up, there are more men than females during conception, more males than females have miscarriages, and more males than females make it to birth.

Research paper © 2012 IJFANS. All Rights Reserved, **Journal Volume 11, Issu 13, 2022**

Simin Kazemi (2021) This study examined the causes and circumstances that contribute to variations in the sex ratio at birth using documentary methods and data from the National Organization for Civil Registration. Based on the data, it seems that there has been an increase in the number of boys compared to girls in at least four provinces of Iran, even if the national sex ratio is now within the normal range. Some Iranian parents' priorities their sons above their daughters due to the pervasive societal norm of male preference. Parents are able to acquire sex selection methods via the health system, even if this is a cultural issue. The continuance of this tendency might lead to undesirable societal effects, including marital issues, violence, and prostitution, in addition to violating women's right to life. Consequently, we need to give it the attention it deserves and come up with solutions to stop it.

PhD Christophe Z Guilmoto et al (2018) The majority of these preventable female fatalities happen in India and China while the victims are young. For each of India's 35 states, union territories, and 640 districts, we hoped to calculate the excess female under-5 mortality rate (U5MR). Methods: Our team used the 2011 census data to obtain district-level estimates of U5MR by sex using the summary birth history approach, also known as the Brass method. We estimated the impact and severity of extra female mortality at the district level using data from 46 nations where there is no indication of gender bias for mortality. To shed light on the factors that contribute to district-level excess mortality, we conducted a thorough statistical and geographical investigation. What we found: From 2000 to 2005, there was an excess of 18.5 U5MR per 1000 livebirths in India, with a 95% confidence interval of 13.1-22.6. This translates to an estimated 239 000 extra deaths year, ranging from 169 000 to 293 000. While over 90% of districts saw an increase in female mortality, the majority of India's total cases were concentrated in the four northernmost states: Uttar Pradesh, Bihar, Rajasthan, and Madhya Pradesh. The primary factors that indicated an increase in female mortality were a lack of economic growth, gender inequality, and high fertility rates. Postnatal discrimination against females in India is strongly clustered, according to geographical study.

D. Selvam et al (2015) At the national level, the overall sex ratio (OSR) increased by seven percentage points to 940 in the 2011 Census of India from 933 in 2001. This metric measures the number of girls per 1000 men. The national sex ratio has not been this high since 1971, and it is somewhat lower than 1961. The child sex ratio (CSR) was 918 per 1000 male children, which is the lowest it has ever been, and it is a major cause for worry. Looking at the data over a longer time frame reveals that the ratio has decreased nationwide. The ratio of females to males among children decreased from 983 in 1951 to 914 in 2011. With 918 females for every 1000 boys in 2011, thirteen of the thirty-five states and territories had lower CSR than the country as a whole. When comparing CSR data from 2001 to 2011, there are large differences across districts, and some districts' declines are rather severe. Between 2001 and 2011, Tamil Nadu's CSR increased by four points, reaching 946 females for every 1000 boys. In 2011, there were 946 females for every 1000 boys in the country; however, 13 of the 32 districts had a lower CSR. The pattern of CSR change throughout the state exhibits substantial variation, according to the Census statistics. It is very concerning that in fourteen districts of Tamil Nadu, the child sex ratio is fewer than 900 per 1,000 men. The purpose of this study is to investigate the reasons behind the decline in the number of female children in different districts of Tamil Nadu and to analyze the trends in the child sex ratio throughout the state.

Research paper © 2012 IJFANS. All Rights Reserved, **Journal Volume 11, Issu 13, 2022**

Neethu George et al (2024) Background The child sex ratio may be defined as the ratio of the number of females to boys in the age period of 0 to 6. It says a lot about the female child's social standing and is therefore a useful indicator for any group. In an effort to understand why the child sex ratio has been falling, this research used a qualitative methodology. Procedures and Supplies Various age groups, pregnant women, and other stakeholders were interviewed extensively via twelve in-depth interviews and five focus groups as part of our qualitative research. In order to normalize the declining kid sex ratio, we contacted the participants using a semi-structured open-ended interview guide. Consensus was reached following a thematic analysis in order to choose primary and secondary topics. Final Product Subthemes of female vulnerability, socioeconomic position, literacy, culture, caste, and religion were discovered in the study's reasoning section, with male kid preference serving as the overarching topic. Subthemes including cultural influences, caregiving, and the preference for female-born children emerged from the overarching issue of female-child preference. Education, counselling, government policies, the media, and ideas about sex determination and female feticide were included in the category of suggestions/interventions. In summary Reducing cultural and religious attitudes and putting more effort into empowering women are two ways society might respond to the alarming drop in the child sex ratio.

RESEARCH METHODOLOGY

Methods for collecting data are discussed here. The purpose of this study was to assess pregnant women's knowledge, attitudes, and experiences regarding female feticide and the diminishing sex ratio.

Independent Variable: An experiment's independent variable is the one that the researchers change or bring into existence. The experimental group's access to counselling services is an independent variable.

Dependent Variable: According to the hypothesis, "the outcome variable of interest" is either produced by or has an effect on another variable. The dependent variable here is pregnant women's knowledge and attitude.

A research study's sample is a chosen subset of the population. Women who were pregnant and visiting a prenatal clinic were included in the current research.

Prior to finalization, the instrument is put through pre-testing by being administered to a sample of respondents. Fifty pregnant women served as pilot testers for the knowledge questionnaire to ensure its clarity, feasibility, and practicability. The Attitude scale and structured knowledge quiz each took around ten to fifteen minutes to complete. Respondents understood the elements on the tool.

RESULT**Table No 1 Attitude before and after counseling of primi gravid women in Experimental Group for Item No 1**

Item No 1	I am having right to have male or female child				
Attitude before counseling	Attitude after counseling				
		Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total (n)
	Agree	86(92.5)	0(0.2)	7(7.3)	93
	Uncertain	1(50.5)	0(45.5)	-	1
	Disagree	3(51.6)	3(48.4)	-	6
	Total				100

Prior to counselling, a staggering 93% of primigravida women confirmed that they had the right to have a male or female kid. Following therapy, it dropped to 89.6 percent. Of the 465 women who agreed with this statement before counselling, 92.5% still agree after therapy. This may be due to the fact that the kid was born a girl. After counselling, 51.4% of the women who had been unsure or disagreed with the statement previously were able to alter their minds and say they agreed.

Table No 2 Attitude before and after counseling of primi gravid women in Experimental Group for Item No 2

Item No 2	I feel that it is our fundamental right to have a male child in our family				
Attitude before counseling	Attitude after counseling				
		Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total (n)
	Agree	21(53.4)	1(1.1)	18(45.5)	40
	Uncertain	10(16.1)	37(61.3)	14(22.6)	60
	Disagree	-	-	-	-
	Total				100

After counselling, 53.4% of primigravida women who had previously disagreed with the statement "I feel that it is our fundamental right to have a male child in our family" were in agreement. On the other hand, following counselling, not a single one

Research paper © 2012 IJFANS. All Rights Reserved, **Journal Volume 11, Issu 13, 2022**

of the ladies who disagreed with this item previously still does. One possible explanation is that following counselling, 43.1% of women who were unsure or agreed with the statement altered their minds and now disagree.

Table No 3 Attitude before and after counseling of primi gravid women in Experimental Group for Item No 3

Item No 3	I feel that T.V. and radio are good means to provide information about female feticide.			
Attitude before counseling	Attitude after counseling			
	Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total(n)
Agree	86(92.5)	0(0.2)	7(7.3)	93
Uncertain	1(50.5)	0(45.5)	-	1
Disagree	3(51.6)	3(48.4)	-	6
Total				100

The percentage of first-time mothers who thought that television and radio could effectively disseminate knowledge on female fetalicide prior to counselling was 92.5%. It became worse following therapy. Even after counselling, most women still feel the same way they did before. One possible explanation is that following counselling, 80.2% of the women who were unsure or disagreed before the session changed their attitude and agreed with the statement.

Table No 4 Attitude before and after counseling of primi gravid women in Experimental Group for Item No 4

Item No 4	I should undergo USG for sex detection.			
Attitude before counseling	Attitude after counseling			
	Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total(n)
Agree	10(36.1)	1(1.4)	19(62.5)	30
Uncertain	-	3(9.0)	27(91.0)	30
Disagree	3(6.9)	0(0.6)	37(92.5)	40

Total	100
-------	-----

There was a 72.2% disapproval rate among first-time mothers who answered "I should undergo USG for sex detection" prior to counselling. Following therapy, it rose to 88%. Nonetheless, 92.5% of the women who disagreed with this item before to counselling still disagree with it after counselling. This may be due to the fact that the kid was born a girl. In the end, 76.2% of the women who were unsure or agreed with the statement before counselling ended up disagreeing with it.

Table No 5 Attitude before and after counseling of primi gravid women in Experimental Group for Item No 5

Item No 5	I feel that there is difference between girl child and boy child.				
Attitude before counseling	Attitude after counseling				
		Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total(n)
	Agree	10(38.2)	1(3.9)	14(57.9)	25
	Uncertain	0(2.3)	2(15.9)	7(81.8)	9
	Disagree	5(8.4)	1(1.1)	60(90.5)	66
	Total				100

The percentage of first-time mothers who disagreed with the statement "I feel that there is difference between girl child and boy child before counselling" stood at 76%. Following therapy, it rose to 84.8%. Nevertheless, following counselling, 60 out of 66 women (or 90.5% of the total) still disagree with this issue. This may be due to the fact that the kid was born a girl. Sixty-six percent of the women who were unsure or agreed with the statement before counselling now disagree with it.

Table No 6 Attitude before and after counseling of multi gravid women in Experimental Group for Item No 1

Item No 1	I am having right to have male or female child				
	Attitude after counseling				
		Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total(n)

Attitude before counseling	Agree	46(91.2)	1(2.4)	3(6.4)	50
	Uncertain	4(36.4)	6(63.6)	-	10
	Disagree	26(65.2)	-	14(34.8)	40
	Total				100

When asked about their rights to have a male or female kid before counselling, 93.2% of multigravida women said they were in agreement. Following therapy, it dropped to 88.8 percent. Nevertheless, following counselling, 91.2% of women who agreed with this item before counselling still agree with it. This may be due to the fact that the kid was born a girl. Out of the ladies who had counselling, 55.8% (11 disagreed and 40 were unsure) altered their views and now disagree with the statement above.

Table No 7 Attitude before and after counseling of multi gravid women in Experimental Group for Item No 2

Item No 2	I feel that it is our fundamental right to have a male child in our family				
Attitude before counseling	Attitude after counseling				
		Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total(n)
	Agree	33(65.3)	2(4.1)	15(30.6)	50
	Uncertain	4 (35.1)	2(27.0)	4(37.8)	10
	Disagree	16(40.3)	2(4.1)	22(55.7)	40
Total				100	

Among multi-gravid women, 44.2% disagreed with the statement "I feel that it is our fundamental right to have a male child in our family" prior to psychotherapy. Following therapy, it dropped to 42.2%. Nevertheless, following counselling, 55.7% of the 40 women who disagreed with this item before counselling still disagree with it. This may be due to the fact that the kid was born a girl. After counselling, 31.5% of the women who were unsure or agreed with the statement above altered their minds and now disagree.

Table No 8 Attitude before and after counseling of multi gravid women in Experimental Group for Item No 3

Item No 3	I feel that T.V. and radio are good means to provide information about female feticide				
Attitude before counseling	Attitude after counseling				
		Agree (n (%))	Uncertain (n (%))	Disagree (n (%))	Total(n)
	Agree	58(97.2)	1(1.6)	1(1.2)	60
	Uncertain	4(18.8)	9(46.9)	7(34.4)	20
	Disagree	10(47.6)	-	10(52.4)	20
	Total				100

In the survey conducted before counselling, 85.2% of the women who were carrying multiple children agreed that television and radio are effective ways to disseminate information about female feticide. Following therapy, it rose to 88%. Having said that, 97.2% of the ladies who agreed with this item before counselling still agree with it after counselling. This may be due to the fact that the kid was born a girl. After counselling, 35.1% of the women who had been hesitant or disagreed with the statement previously altered their minds.

CONCLUSION

The results showed that the percentage of primi and multi-gravidae women in the control and experimental groups who answered "Yes" and "No" did not vary significantly. It is possible that multi-pregnant women have more experience caring for children, as their knowledge score is greater than that of prime-gravid women. Based on the data we have, most pregnant women have average knowledge about the topic of decreasing sex ratios (83% of primi and 81.2% of multi-gravid women), while only a small percentage of primi (7.8%) and multi-gravid (10.6%) women have excellent knowledge.

REFERENCE

1. James, William & Grech, Victor. (2019). The human sex ratio at conception. *Early Human Development*. 140. 104862. 10.1016/j.earlhumdev.2019.104862.
2. Kazemi, Simin. (2021). Trend of change in the sex ratio at birth in Iran: factors and contexts. 10.22034/jpai.2021.521242.1171.
3. Guilamoto, PhD & Saikia, Nandita & Tamrakar, Vandana & Bora, Jayanta. (2018). Excess under-5 female mortality across India: a spatial analysis using 2011 census data. *The Lancet Global Health*. 6. e650-e658. 10.1016/S2214-109X(18)30184-0.

Research paper © 2012 IJFANS. All Rights Reserved, **Journal Volume 11, Issu 13, 2022**

4. Selvam, D. & Jothy, K. (2015). Juvenile Sex Ratio in Tamilnadu – A District Level Analysis. *Asian Journal of Research in Social Sciences and Humanities*. 5. 180. 10.5958/2249-7315.2015.00229.4.
5. George, Neethu & Britto, Rock & Jai Vignesh, Nawin & DhivyaSri, Thiruvengadam & Kulothungan, Karthikeyan. (2024). Rationale for declined child sex ratio across Perambalur district in Tamil Nadu—A qualitative study. *Journal of Family Medicine and Primary Care*. 13. 77-84. 10.4103/jfmpe.jfmpe_381_23.
6. Bhattacharya S, Singh A. 'The more we change, the more we remain the same': female feticide continues unabated in India. *BMJ Case Rep*. 2017 Nov 23;2017:bcr2017220456. doi: 10.1136/bcr-2017-220456. PMID: 29170197; PMCID: PMC5747635.
7. Zonunsiami M, Aranha DMS, Rashmi SMS. A study on the attitude of gender preference and female feticide among women in selected settings at mangaluru. *Int J Health Sci Res*. 2017; 7(12):104-113.
8. Tejeshwari BV. Effectiveness of an Information Booklet on Knowledge and Attitude Regarding Female Feticide among Women in a Selected Rural Area, Bengaluru. *Pon J Nurs* 2019;12(4): 87–89.
9. Sapna Sharma, Dr. Rajwant Kaur Randhawa, Mr. Prabhjot Singh (2021) A Comparative Study To Assess The Knowledge And Attitude Regarding Female Foeticide Among Women Under Reproductive Age Group From 18 To 40 Years In Selected Rural And Urban Area Of Mukerian, Punjab. *International Research Journal of Modernization in Engineering Technology and Science (Peer-Reviewed, Open Access, Fully Refereed International Journal)* Volume:03/Issue:11/November-2021 Impact Factor- 6.752 www.irjmets.com
10. A.Salunkhe, J., N.S.Krishagar, Kakade, S., & Salunkhe, A.H. (2014). A Study to Assess the Attitude towards Female Feticide of Pregnant Women Attending Antenatal Clinic. *International Journal of Health Sciences and Research*, 4, 190-197.