

Perception of Health Workers Regarding Declining Child Sex Ratio: A Study from Haryana

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Abstract—A research study to ascertain the perception of Health Workers towards decline in child sex ratio (DCSR) was carried out in Haryana state. Data was collected by interviewing 120 MPHWS (F)/ANMs using semi-structured interview schedule. The major findings of study are: (1) ANMs are well aware of DCSR, but emphasized the need for more of BCC activities by the Health Department. The factors mainly responsible for DCSR are: son preference and dowry. Mushrooming of USG clinics is also expressed as a major factor by large number of respondents. (2) The various reasons for son preference mentioned by the ANMs stated that he is a supporter and provider for the parents in their old age; keeps the family name alive and are needed to perform their last rites. Also, by investing on sons' education or business, the wealth remains in the family. (3) The major reasons for not preferring female child are dowry and perception of girls being parayadhan. Other perceptions are that investing on girls is a waste with no returns and security reasons especially against sexual offences. (4) Majority of them perceived non-availability of brides as major repercussion of DCSR followed by increased crime against women and polyandry.

Keywords: Declining Child Sex Ratio, Perception, Auxillary Nurse Midwife (ANM).

1. INTRODUCTION

Although CSR showed an improvement in Haryana from 819 in 2001 to 830 in 2011 females per 1000 males, the state still figures at the bottom of the table as compared to other states. Five districts in the state namely Rewari, Mahendragarh, Bhiwani, Jhajjar and Fatehabad present a declining trend¹.

Post 1980 with advent of USG child sex ratio deteriorated dramatically². This cannot be explained only by social context, there were other factors which motivated families to use such technologies to prevent birth of girl child by resorting to female feticide (FF) by undergoing sex selective abortions (SSA).

The fact is that Indians across the board, traversing class and caste divides, are deliberately and illegally engaged in sex selection, and thus artificially altering the demographic landscape of the country. There is a wide consensus that a shortage of women has adverse implications not only for gender equality but also for social violence, human development and democracy. For this decline to take place,

amid repeated commitments at the highest official levels to gender justice and gender equity is extremely worrying.³

Unfortunately the CSR as an important indicator of gender equality and women empowerment has been totally forgotten in United Nation's Millennium Development Goals (MDG).⁴

Declining child sex ratio is multifactorial and is linked with various social, cultural, economic and religious factors. While reviewing the literature, it has been found that some studies have highlighted the prevalence of prenatal sex determination (SD) and SSA as one of the main causes of DCSR. It has been observed that the technology does not act in isolation; the socio-cultural and other contexts are equally responsible for the misuse of technology. So in order to control the CSR decline, community behavior and socio-cultural perceptions have to be thoroughly understood.

As Haryana state has lowest CSR and five districts in the state are presenting declining trend in CSR as per Census 2011¹, the present study was undertaken to explore the perception of ANMs about reasons for DCSR in Haryana State.

2. MATERIALS AND METHOD

The present study is descriptive and aims at gathering an in-depth understanding of perception of ANMs on reasons for DCSR. The data was collected through scheduled interviews of 120 ANMs.

The collected data was computerized and analyzed by using appropriate statistical techniques.

3. RESULTS

Awareness of ANMs about Declining Child Sex Ratio

For ASHAs to play some role in implementation of various Government Schemes to improve CSR, her awareness on all the facets of this issue is very important. According to outcomes of present study 84 per cent of ANMs are aware of DCSR. Source of this information as revealed by this study are as follows; Mass Media (61%), Health Department (22.2%), Self Experience (62.3%) and Any Others like Pear Group (47.7%).

Factors Responsible for Declining Child Sex Ratio

As pointed out in the review of literature, there are numerous complex and inter-related reasons for DCSR. This is more of a social problem and needs intervention at the community level, like changing the perception of people about girl child. ASHAs can play a very vital role in bringing out this desired change and for it to happen firstly their own perception needs to be changed.

TABLE 1: PERCEPTION OF ASHAS REGARDING REASONS FOR DCSR (n=120)

Reasons for DCSR	Response N (%)			Total
	Yes	No	Can't Say	
Son Preference	95 (79.1)	22 (18.3)	3 (2.6)	120 (100)
Dowry	88 (77.3)	12 (10)	20 (16.7)	120 (100)
Poor Implementation of Laws for Preventing Crime Against Women	75 (62.5)	25 (20.8)	20 (16.7)	120 (100)
Mushrooming of Ultrasound Clinics	84 (70)	15 (12.5)	21 (17.5)	120 (100)
Poor Female Literacy	54 (45)	40 (33.3)	26 (21.7)	120 (100)
Lack of Women Empowerment	57 (47.5)	33 (27.5)	30 (25)	120 (100)

As revealed by present study, the reasons for DCSR (Table 1) are: son preference (79.1%), dowry (88%), poor implementation of laws for prevention of crime against women (75%), mushrooming of USG clinics (84%), poor female literacy (54%) and lack of empowerment of women (57%).

4. CONCLUSION

The factors mainly responsible for DCSR are son preference and dowry. Mushrooming of USG clinics is also stated by large number of respondents as another major factor. It is again required to be controlled by the health department. The various reasons for son preference mentioned by the ANMs include that he is support and provider in old age; keeps the family name alive; perform the last rites; and by investing on sons in their education or business the wealth remains intact in their family.

On the other hand, reasons for not preferring female child are dowry and perception of girls being *parayadhan*. It has also been stated that investing on girls is waste with no returns and security reasons especially sexual offences against girls.

Majority of ANMs perceived non-availability of brides as major repercussion of DCSR followed by increased crime against women and polyandry. Discrimination between male and female child is very much prevalent in society and starts from the child birth itself.

ANMs are well aware of DCSR, but the health department needs to intervene more through its BCC activities. As health department is the nodal agency for activities in relation to implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act and Medical Termination of Pregnancy (MTP) Act, these two acts are most important as far as prevention of SD&FF is concerned. ASHAs can be involved to monitor implementation of PC&PNDT Act as they are from within community and they have knowledge of ground reality.

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