



Original Research Article

Attitude and Family Support of the Grandmothers towards the Birth of Girl Child

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ABSTRACT

Background: A girl child is undesirable in many reason of the world. The world is correctly deprived of over 100 million women. China and India are alone responsible for 80 million missing females. According to census statistics, the experts now estimated that there had been a continuous dieseline in sex ratio, but it has shown some improvement in the last 10 year, the state of Kerala with 1081females of every 1000 males has the best sex ratio in India where as in the state like Haryana the sex ratio has gone done badly. The current sex ratio of India has improved from 933 in 2001 to 940 in 2012 that is 940 females of every 1000 males.

Methods: The study group comprised of 60 grandmothers residing in Malkapur. An attitude scale was used to assess attitude and family support. The descriptive design was used; grandmothers were selected by using purposive sampling technique.

Result-The finding of the revealed that the mean attitude score of grandmother (17.867%).the mean family support (15.650%).There was significant difference in the attitude and family support towards the birth of girl child.

Conclusion-Grandmother had more favorable attitude towards the birth of the girl child where as family support to the girl child was unfavorable

Key words: Attitude, Family support, birth of girl child.

INTRODUCTION

Discrimination against the birth of girl child occurs in every strata of society - rich or poor - having different forms of manifestation, but is more visible especially in poverty stricken families or in families under financial stress. The age old preference for sons is motivated by economic, religious, social and emotional

desires and norms that favor males and make females less desirable. Parents expect sons- but not daughters- to provide financial and emotional care, especially in their old age; sons add to family wealth and property while daughters drain it through dowries; sons continue the family lineage while daughters are married away to another household; sons perform important religious

roles; and sons defend or exercise the family power while daughters have to be defended and protected, creating a perceived burden on the household. This stereo-type notion of women as burden is one of the main reason behind female feticide and infanticide. [1]

In South Asia and India traditions, values and customs entrenched in time have resulted in an insatiable desire for sons. Sons are preferred over daughters for a number of economic, social and religious reasons, including financial support, old age security, property inheritance, dowry, family lineage, prestige and power, birth and death rituals and beliefs about religious duties and salvation (Dyson and Moore, 1983; Kishore, Das Gupta and Mari Bhat, 1997). Consequently, women and girls are accorded a lower status in Indian society. Women in India face discrimination in terms of several political and economic opportunities as a result of their inferior status. A majority of women cannot inherit parental property while political and employment participation is very limited. Gender inequalities prevail in work, education, allocation of food, health care and fertility choices. On the other hand, at the family level women are exclusively burdened with household chores cooking, cleaning collecting fuel and water and caring elderly and children (Arokiasamy, 2003). [2]

In India, the desirable is the baby boy and the unwanted is the baby girl. This relates to a true incident that was presented from the Department of Community Health of a medical institution in south India. "Revathy, a 28 year-old lady holding her newborn baby jumped into a well early morning, just 12 days after her delivery; the baby died but the mother survived with a fracture calcaneum. This was the third girl child in the family and the husband had been threatening to remarry on this issue. There was no obvious social support to the mother,

either from the family or from within the community (Bhan A. 2004). [3]

Negative attitude towards women's health is the major reason for high levels of perinatal mortality and morbidity including low birth weight babies. The girl child is discriminated against even when it comes to breastfeeding, supplementary nutrition and care giving. It is a systematic neglect of women's health from the womb to the tomb (Patel, V.2003). [4]

MATERIALS AND METHODS

Permission was obtained from Institutional Ethical Committee. The investigator explained the purpose of study to participants. Informed consent was taken from each participant. Data collection was done to determine attitude and family support of grandmothers in selected area of Malkapur. In this study, 60 grandmothers were selected by non probability convenient sampling. The mean age of participants was 55±10.3 years. Baseline performa, an attitude scale to assess the attitude of grandmothers were used. Chi square test was performed using SPSS version 16 to measure the association between the variables and the attitude scores.

RESULTS

Sample characteristics

Data were collected from 60 grandmothers residing at Malkapur most of the grandmothers (30%) from the age group of 46-55years and 56-65 years.

Most of the grandmother (80%) was from open caste. According to Type of the family, majority of grandmothers [21.66%] were from nuclear families and [41.66%] from joint families.

Most of the grandmothers (43.33%) were illiterate. Most of them (21.66%) were having monthly income <5000 rupees According to facilities in the family most of

the families (86.66%) were having TV in their home.

Table 1- Frequency and percentage distribution of sample characteristics (n=60)

Sample characteristics	Frequency	Percentage
Age		
<45	12	20%
46-55	18	30%
56-65	18	30%
>65	12	20%
Religion		
OPEN	48	80%
SC	7	11.60%
NT	3	5%
OBC	2	3.30%
Education		
Illiterate	26	43.33%
Primary	15	25%
Secondary	14	23.33%
Graduation	5	8.33%
Family income		
<5000	13	21.66%
5001 to10000	31	51.66%
10001 to 15000	13	21.66%
>15000	3	5%
Family Type		
1) Nuclear	34	21.66%
2) Joint	26	41.66%
Facility (TV)		
YES	52	86.66%
NO	8	13.33%
News paper		
YES	26	41.66%
No	34	56.66%

Description of attitude towards the birth of girl child:

The data revealed that majority of the grandmother 51.6% had unfavorable attitude towards the birth of the girl child and only 38.3% had favorable attitude towards the birth of the girl child (Table-2).

Table-2: Distribution of the samples according to the Level of attitude

Level of attitude	range	frequency	percentage
Unfavourable	>18	31	51.6%
Uncertain	18	6	10%
Favourable	<18	23	38.3%

Description of attitude according to the family support

The data revealed that majority of the grandmother 78.33% had poor family support towards the birth of the girl child and only 8.33% had good family support towards the birth of the girl child (Table-3).

Table 3- Distribution of the samples according to the family support.

Level of family support	range	frequency	percentage
Poor	>18	47	78.33%
Average	18	8	13.33%
Good	<18	5	8.33%

Table 4- Association Between attitude scores and selected variable (n=60)

Sample Characteristics	Agree	Uncertain	Disagree	χ^2 value	P value
Age					
>45	0	3	9	3.785	0.4359
46-55	0	1	17		
56-65	3	3	12		
<65	0	2	10		
Religion					
Open	22	4	22	4.561	0.6012
SC	1	0	6		
NT	1	0	2		
OBC	1	0	1		
Education					
Illiterate	11	3	12	4.25	0.3764
Primary	3	1	12		
Secondary	6	2	6		
Graduate	4	0	1		
Family income					
<5000	05	02	06	0.8554	0.9309
5001 to10000	12	03	16		
10001 to 15000	06	02	05		
>15000	01	00	02		
Type of Family					
1) Nuclear	12	3	19	0.5675	0.7529
2) Joint	11	3	12		
Facility (TV)					
YES	14	4	8	4.414	0.1100
NO	10	2	22		
News paper					
YES	14	4	8	6.923	0.0314
No	10	2	22		

Table 5- Association between Family support scores and selected variables

Sample Characteristics	Agree	Uncertain	Disagree	χ^2 value	P value
Age					
>45	0	3	9	9.850	0.1311
46-55	0	1	17		
56-65	3	3	12		
<65	0	2	10		
Religion					
Open	4	5	39	4.032	0.6724
SC	1	2	4		
NT	0	1	2		
OBC	0	0	2		
Education					
Illiterate	3	5	18	8.013	0.2371
Primary	0	0	15		
Secondary	0	2	12		
Graduate	0	1	3		
Family income					
<5000	2	2	8	3.923	0.6871
5001 to10000	2	4	20		
10001 to 15000	0	1	11		
>15000	0	0	3		
Type of Family					
1) Nuclear	25	4	5	30.437	<0.001
2) Joint	2	2	22		
Facility (TV)					
YES	4	8	40	0.7529	0.6863
NO	0	1	7		
News paper					
YES	0	3	23	1.785	0.4096
No	2	5	27		

Association Between attitude scores and selected variables:

The data collected revealed that there was significant association (P=0.0314) between facilities (News paper) and attitude scores towards the birth of the girl child, while other variables did not have any association with attitude score (Table 4)

Association between Family Support scores and selected variables:

The data collected revealed that there was significant association (P=<0.001) between Type of family and family support scores regarding birth of the girl child, while other variables did not have any association with family support score (Table 5)

DISCUSSION

Female infanticide has been practiced in India for thousands of year, but now with the easy availability of modern sex determination technique such as amniocentesis, ultrasound and trans-vaginal

probes sex selective abortion has become common in most of Indies big cities. Many more girl children are disposed of often in garbage dumps although some girls are formed and revived, most die. Therefore assessing the attitude and family support received by the grandmother’s towards the birth of a girl child in of growing concern among the health care professionals.

Most of the grandmother (80%) was from open caste, majority of grandmothers [56%] from nuclear families and [41%] from joint families.

Most of the grandmothers (43.33%) were illiterate. Most of them (21.66%) were having monthly income <5000 rupees, most of the families (86.66%) were having TV in their home.

This study has revealed that majority of the grandmother 51.6% had unfavorable attitude towards the birth of the girl child and only 38.3% had favorable attitude towards the birth of the girl.

The study on female feticide in Punjab by Walia, A. (2005) has assimilated one of the lowest sex ratios of the country. For the study, 240 respondents were taken from three districts of Punjab. The results showed that 44.17% of the farming families and 38% of the non-farming families had favorable attitude towards the birth of the girl. [5]

The study was conducted in rural, semi-urban and urban areas of 3 districts. Findings indicated that 19.4% of the respondents resorted to abortion because a female fetus was detected, and they wanted a male child. Resort to female feticide was reported mostly by the middle income group (23.2%), followed by upper income group (18.3%) and least by the lower income group (15.5%). [6]

The study was carried out to analyze the trends in sex ratio at birth of Hospitalized deliveries in the state of Delhi. Most of the sex selective abortions were occurring for the second or higher order of birth when the previous children are females. SRB was as high as 4.56(219 girls per 1000 boys) for the 3rd order of birth when both the earlier children are females. [7]

A Socio-cultural study was carried out in New Delhi. Most of the respondents comprising women of Delhi (92%) and Haryana (99.3%) were aware of the phenomena of declining sex ratio throughout the country. Most women perceived non-availability of brides (92.3%) as the major repercussion of missing girls, followed by an increased rate of crime against women (67%), and polyandry (20%). The reasons for son preference from all respondents including Delhi were that a son is a support and provider in old age, brings in dowry instead of draining family resources, continues the family name, and performs the last rites of parents. The main reason given

by all respondents for not wanting daughters was 'dowry'. [8]

A (2006) conducted study on son preference and daughter neglect in India. It was found that 45.9% women preferred more boys than girls, 51.5% had no preference and only 2.6% stated that they preferred more girls than boys. The study showed that literate women were less likely to have son preference as compared to illiterate women. Women who belonged to wealthier families would be less likely to exhibit son preference. [9]

The study was conducted on the influence of gender preference for children on fertility behavior in Haryana. The result indicated a very strong preference for sons, both among men and women. But as compared to men, there was high preference for sons among women. (Malhi, P. 1995) [10]

A cross-sectional study was conducted in Haryana on knowledge and attitude of rural adolescent girls regarding reproductive health issues. It was found that 91.3% of the girls preferred a son. (Pattanaik, D. Lobo. J, Kapoor SK and Menon P. 2000). [11]

Distribution Of Sample According To Experienced Family Support:-

The findings of the study revealed that majority of the grandmothers (78.33%) had average family support and whereas about (13.33%) had poor family support towards the birth of the girl.

CONCLUSION

The issue of girl infanticide or murder of children because they are female is of growing concern in contemporary society worldwide. This violation of the girl's basic right to life requires urgent attention and family action. So the main aim of the study was to assess the attitude and family support received by grandmothers towards the birth of girl child and shows the attention of professional bodies and the

human right of women and girls and make aware of the equal rights between men and women.

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