A Study to Assess Knowledge and Attitude Regarding Decreasing Female Sex Ratio among Pregnant Women

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ABSTRACT

Background: One of the misbeliefs of our community people is attaining “moksha” by getting male child so today there is need to remove this misbelief & change the attitude of community people towards the female by giving knowledge. So we have thought that today there is need to study over the declining female sex ratio.

Objectives: 1]To assess the knowledge and attitude of pregnant women regarding decreasing sex ratio.
2]To introduce counseling to pregnant women regarding decreasing female sex ratio
3]To find an association between knowledge score and selected demographic variable.


Study variables: Demographic variables: Age, Caste, Education, Occupation, Income, type of family, no of children, husbands education. Independent Variable: Counseling to pregnant women. Dependent Variable: Knowledge and attitude of pregnant women. Findings Majority pregnant women 44(44%) belongs to the age group of 18-21yr. 51% were Primi gravida, 97% were from hindu religion & 97% were housewife. Majoarity pregnant women 69% having secondary education. Regarding knowledge level 13% were having good 58% were having average and 29% having poor knowledge. Assessing the level of attitude majority pregnant women i.e. 22 % were having strongly positive, 52 % were having positive attitude 26% are having negative attitude.

Conclusion: The study indicates all pregnant women’s are not aware about decreasing Sex ratio and still there is negative attitude about female child.

Key words: Knowledge, Attitude, Female sex ratio, pregnant women.

INTRODUCTION

According to 1991 census of India in Maharashtra the female sex ratio was 934 but it was reduced in 2001 around 922. In Satara district the males constitute 52% of the population and females 48%. In city the
sex ratio is 915 & in village 976. According to 2001 census of India in karad male constitute 52% of the population and females 48% in city the sex is 841 and in village 803. Initiated in 1994 focuses on gender issues. Gender issues are in the forefront of the programme. Gender inequalities in patriarchal societies ensure that men play a critical role in determining the education and employment of family members, age at marriage and education of girls, besides access to & utilization of health nutrition and family welfare services. R C H makes a strong commitment to reduce the imbalance through effective programmes.

Need for study:
India became developing country still the status of girl is not improved up to the level & our community is male dominated so they are not agree to give first preference to girl child. One of the misbelief of our community people is attaining "moksha" by getting male child so today there is need to remove this misbeliefs & change the attitude of community people towards the female by giving knowledge. So we have thought that today there is need to study over the declining female sex ratio.

Objectives:
1] To assess the knowledge and attitude of pregnant woman regarding decreasing sex ratio.
2] To introduce counseling to study pregnant women regarding decreasing female sex ratio
3] To find out an association between knowledge score and selected demographic variables.

MATERIALS & METHODS
Sample size:
There were total 100 pregnant women selected hospital.
Sample technique:
Randomized lottery method.
Assumptions:

The study assumed that, Knowledge of decrease in sex ratio will strongly affect the acceptance Selected demographic variable have an impact on knowledge and attitudes of pregnant women.

Hypothesis:
H₀ = There is no significant difference between knowledge of pregnant women regarding the decrease sex ratio.
H₁ = There is significant difference between knowledge of pregnant women and attitude towards decrease in sex ratio.

Methodology
Methodology of research indicates the general pattern for organizing the procedure for the empirical study together with the method of obtaining valid and reliable data for problem under investigation. This chapter deals with the methodology adopted for evaluating the effectiveness of interview schedule & counseling. It includes the research approach research design, the setting, the sample and sample technique, data collection technique used, preparation of counseling, procedure for data collection and for data analysis.

Research Approach
“Descriptive research that has its main objective the accurate portrayal of the characteristics of person, situations, or groups, and/or the frequency with which certain phenomena occur”.

Research Design
The present study was used to collect the data from sample using structured interview schedule. 100 primi and multi gravid pregnant mothers are assessed.

Variables
Independent variable:
Independent variable is one where the investigator manipulate/ introduce the situation.
Counseling to the primi and multi gravid pregnant mothers is independent variable.

Dependent variable:
The variable hypothesized to on or be caused by another variable the outcome variable of interest. The knowledge and attitude of pregnant mothers is dependent variable.

**Extraneous variable:**

Age is categorized in four age groups 18-21yrs, 22-25yrs, 26-29yrs, 30 and above.

**Research settings:**

The present study was conducted in antenatal clinic at Krishna hospital Karad.

**Population:**

In the present study population consists of all antenatal women’s attending the Antenatal Clinic, at Krishna hospital Karad.

**Sample:**

For the present study the sample were multi & primi gravid mother attending Antenatal Clinic.

**Sampling size and sampling technique:**

The sample size decided for present study was 100 primi & multi gravid mothers. The technique used for this study is randomize sample technique which is the type of non-probability sampling technique and the sample was selected by lottery method and we selected odd numbers like 1,3,5,7.....etc.

**Criteria for sampling:**

The criteria for defining the population and selecting the sample are based on cost practical concern, people’s ability to participate in the study and design consideration. The study had the following inclusive and exclusive criteria.

**Inclusive criteria:**

1) All primi and multi gravid pregnant mothers who attending Antenatal Clinic.
2) Willing for participate in research study
3) Who are available during the period of data collection.

**Exclusive criteria:**

1) Primi and multi gravid pregnant mothers who are not willing to participate in research study.
2) Those, that are having gynec and infertility problem.

**Procedure for data collection:**

Permission was obtained from, the Principal of KINS Karad, Nursing director KH & MRC Karad, Medical director KH & MRC Karad & HOD of O.B.Gyn. dept.

**Counselling programme:**

The counseling programme was prepared on the decreasing female sex ratio which contains A documentary film about causes, control measures, social messages from Health dept, great women’s leads in India social awareness about female sex ratio, and pamphlets are distributed which contains A letter of a female child who is in the womb of a pregnant mother.

The steps used for data collection:

1] The investigator introduced her and group explained the purpose of study to the participant.
2] The investigator obtains the consent from participant which included in study.
3] The questionnaire and interview of pregnant mothers were arranged on 21, 23, 25 march 2011.
4] Counseling and documentary was organized after the interview.
5] Data collected was tabulated and analyzed.

**Plan for data analysis:**

Data obtained was analyzed in terms of the objectives of the study using descriptive and inferential statistics. The plan of data analysis was developed under the excellent direction of experts in the field of nursing and statistics.

The plan of data analysis was follows:

1] Organization of data in order sheet
2] Tabulation of data in terms of frequencies, percentage, mean, median, mode, standard deviation and to describe the data.
3] Classifying knowledge score using mean and standard deviation as follows:

\[(\text{SD} + \text{X}) = \text{good score}\]
(SD+X) - (SD-X) = average score
(SD-X) = Poor score

**Analysis and interpretation of the data:**

This chapter presents the analysis and interpretation of the data collected to the knowledge and attitudes of primi and multi pregnant women about declining sex ratio. “Data analysis is the systematic organization and the testing of the research hypothesis using collected data”.

Analysis could be rightly said as critical examination of the assembled and grouped data for studying the characteristics of the object under the study and for determining the patterns of relationship among the variables relating to it. Analysis and interpretation of the data was based on the projected objectives of the study viz.

- To assess the knowledge and attitude of primi and multi gravid women about decreasing female sex ratio.
- To introduce counseling about decreasing female sex ratio.
- To compare attitude of primi gravid with multi gravid woman.

**Major findings:**

**GRAPH 1.** Frequency and percentage distribution of pregnant women according to demographic variable.

The data presented in graph 1 indicates that maximum no. 44 (44%) of pregnant women to the age group of 18-21 yr and minimum 6 (6%) pregnant women were more than 30 yr. old.

Maximum number 97 (97%) pregnant women’s belongs to Hindu religion & minimum 3 (3%) are from Muslim religion.

Maximum number of 69 (69%) pregnant women’s educated up to secondary level & minimum 3 (3%) are educated up to P. G. level.

Maximum number of 97 (97%) pregnant women’s are housewife & minimum 0 (0%) are labours worker.

Maximum number of 59 (59%) pregnant women’s family income is in between 1000 to 5000 & minimum 5 (5%) are above 10000.

Maximum number of 82 (82%) pregnant women’s are from joint family & minimum 0 (0%) are from extended family.

Maximum number 49 (49%) pregnant women’s are not having children & minimum 0 (0%) are more than 3.

Maximum number of 69 (69%) pregnant women’s husband s educated up to secondary level & minimum 1 (1%) are educated up to P. G. level.2 (2%) are having more than 3 female child in their family
Maximum no of 86[86%] pregnant women’s are getting information of T.V. & Radio and minimum 0 [0%] are getting information from magazine. Maximum 51[51%] women’s are primi and minimum 3[3%] women are multigravida.

GRAPH 2. - Showing Knowledge of pregnant women’s towards decreasing female sex ratio.

Out of 100 samples of pregnant women’s in order to asses the knowledge level 58(58%) are having average knowledge, 13(13%) of the subject are having good knowledge, 29(29%) of the subject having poor knowledge regarding decreasing female sex ratio.

GRAPH 3. - Showing attitude of pregnant women’s towards decreasing female sex ratio.

Out of 100 samples 52 (52%) of pregnant women’s are having positive attitude towards decreasing female sex ratio and 26(26%) of pregnant women’s are having negative attitude towards decreasing female sex ratio.

Table 1. - Showing mean & standard deviation of knowledge & attitude of pregnant women.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>6.75</td>
<td>1.940</td>
</tr>
<tr>
<td>Attitude</td>
<td>14.12</td>
<td>3.983</td>
</tr>
</tbody>
</table>

The findings in the above table show that computed Chi-square values at df (6) for age were (21.7242*), Chi-square computed for caste (53.19*)&Education [58.3102]shows and association with demographic variables and knowledge at 0.05 level of significant and it is highly significant where occupation [1.1792], income [1.961], parity [8.7759] where not significant at 0.05 level. **Major findings of study:**

The sample characteristics in the present study it was found that out of 100 samples majority pregnant women’s 44(44%) belongs to the age group of 18-21 yr and majority pregnant women’s were primi gravid 51(51%) maximum pregnant women’s belong to Hindu religion97(97%). Most of them where house wife 97 (97%) by occupation and 69(69%) pregnant women’s are educated up to secondary level. Association of existing Knowledge of pregnant woman with selected variables in order to find an association between knowledge between selected demographical variable Chi- square test was computed. the findings showed that the computed chi-square value at degree of freedom (6) for age (21.72142),religion (53.19) & education (58.3102) were highly significant at the 0.05 level the chi-square at df(6) for occupation (1.17) &v socio economic status (1.961) and parity (8.7759) was significant at 0.05 level.
TABLE 2:

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Variables</th>
<th>Below Median &lt; 7</th>
<th>Above Median &gt; 7</th>
<th>Chi-Square</th>
<th>Degree of Freedom</th>
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<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>18-21 year</td>
<td>18</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22-25 year</td>
<td>18</td>
<td>23</td>
<td>21.7242*</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>26-29 year</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 &amp; above</td>
<td>2</td>
<td>3</td>
<td></td>
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<tr>
<td>2</td>
<td>Caste</td>
<td></td>
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<tr>
<td></td>
<td>Hindu</td>
<td>42</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>-</td>
<td>3</td>
<td>53.19*</td>
<td>6</td>
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<tr>
<td></td>
<td>Christian</td>
<td>-</td>
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<tr>
<td></td>
<td>Other</td>
<td>-</td>
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<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Education</td>
<td></td>
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<tr>
<td></td>
<td>Illiterate</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Primary</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>31</td>
<td>37</td>
<td>58.3102*</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Graduate</td>
<td>4</td>
<td>11</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Post graduate</td>
<td>1</td>
<td>3</td>
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<tr>
<td>4</td>
<td>Occupation</td>
<td></td>
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<tr>
<td></td>
<td>House-wife</td>
<td>41</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worker</td>
<td>-</td>
<td>-</td>
<td>1.1792</td>
<td>6**</td>
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<td></td>
<td>Job</td>
<td>1</td>
<td>-</td>
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<td></td>
<td>Business</td>
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<td>5</td>
<td>Income</td>
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<td>1000</td>
<td>4</td>
<td>0</td>
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<tr>
<td></td>
<td>1000-5000</td>
<td>24</td>
<td>15</td>
<td>1.961</td>
<td>6**</td>
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<td>5000-10,000</td>
<td>12</td>
<td>31</td>
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<td>Above 10,000</td>
<td>02</td>
<td>12</td>
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<td>6</td>
<td>Gravida</td>
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<td></td>
<td>Primi</td>
<td>23</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>18</td>
<td>26</td>
<td>8.7759</td>
<td>6**</td>
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<tr>
<td></td>
<td>Tertiary</td>
<td>01</td>
<td>04</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Above Three</td>
<td>0</td>
<td>03</td>
<td></td>
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</tbody>
</table>

Note:- * Significant ** Not Significant

DISCUSSION

The investigator assess knowledge of pregnant women related to decreased sex ratio according to finding suggested that 13%, 22% & 58%. 13% of women’s are having good knowledge. 58% of women’s are having poor knowledge. 22% of women’s are having average knowledge. This result is contradictory with the study computed by Haryana.

It suggested that 65.3% women’s are unaware about knowledge of place of delivery which is arraigned on 150 samples of Delhi and Haryana no other similar studies were found to support for similar.

Majority of pregnant women’s belongs to the Hindu religion 97% these findings are similar to the study conducted by Christian medical collage & hospital Ludhiana were 50 pregnant women’s are participated in study in that 48 belongs to Hindu religion & sheikhs’ 32% Christian 14%. The result suggested that majority of women’s are literate educated up to secondary level 69%. These study is similar to the Christian medical collage and hospital were women’s are literate and contradictory with to the findings of study conducted by national institute of public co-operation of child develop. The research hypothesis was
accepted as there is significant association between level of knowledge and demographic variable. There were no contradictory /similar results are found to support the study.

Summary: The main aim of study was to assess the knowledge and attitude of the pregnant women’s regarding decreasing sex ratio in selected hospital of karad city. The study attempted to examine the following research hypothesis.

H1:- There is significant difference between knowledge of pregnant mother & Attitude towards decreasing sex ratio.

H0:- There are no significant differences between knowledge of pregnant women regarding the decreasing sex ratio.

CONCLUSION Based on findings of the study following conclusion were drawn the knowledge score is divided into good average, poor using ‘Likert ` scale so 58% of the women had average knowledge chi-square test is computed to check the association between knowledge score and demography variables so there is significant association in knowledge and demography association for the study indicate all pregnant women are not aware about decreasing sex ratio hence null hypothesis found in present study.

Nursing implication: It is nursing responsibility that to create awareness about decreasing female sex ratio into the society. Nurses should try to change the attitude of the community people to change their attitude and expose them to the real condition and what problem may arise in future if this condition continues. For that arrange the camps.

Nursing education: Findings of the study proved that use of counseling programme is an effective means to improve the knowledge. A nurse educator needs to assess the level of knowledge impart more insights into subjects that are of importance to the group. Reinforcement of known ideas and impartation of new ones allows the learner to correlate all the areas included in counseling programme.

Nursing administration: The counseling programme in terms of documentary and structured questionnaire prepared by the investigator is useful to the community health nurse to assess the knowledge and attitude of pregnant women about decreasing sex ratio and create awareness in the society.

Recommendations: A comparative study with two groups one as experimental & other as control could be under taken to evaluate the effectiveness counseling program in more precise way.

A similar study on a large & wider sample for longer period of the world be more pertinent in making broad generalization.

A similar study can be collected to evaluated the effectiveness of counseling program on the knowledge and attitude of pregnant womans regarding sex ratio

A follow up study may be conducted to determine the effectiveness of counseling program in terms of change in behavior towards gain in knowledge & attitude about decreasing sex ratio.

REFERENCES

B.T. basavanthapa community health nursing; Jaypee brothers private limited ltd.:New Delhi ; 2003 page no. 199,205 & page no. 77-78.


Dr. J A Panse Reproductive and child health care 2nd ed. V.R. Publications: Pune 2001 page no. 3& 8 31-38.


Salunkhe J.A a study to evaluate effectiveness of ptp on nursing management of first stage labour among nurses.

National institute of public co-operation and child development New Delhi. A socio cultural study of the declining sex ratio in Delhi and Haryana.

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