

A Qualitative Study to Assess the Perceptions of the Nurses and Accredited Social Health Activists (ASHAs) Regarding the Prevention of Female Feticide in a selected District of Haryana

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Abstract

Objective: The objective of the study was to assess the perceptions of the nurses and Accredited Social Health Activists (ASHAs) regarding the prevention of female feticide.

Methods: The study was conducted in Public Health Centres and Community Health centres of Faridabad district, Haryana. An in-depth interview was conducted by using semi-structured interview schedule in order to assess the perceptions of the nurses and ASHA workers regarding the different aspects of female feticide. The recorded data were transformed into verbatim written accounts. Thematic analysis was done and it followed a five-phase process. In phase I, transcripts were read fully without coding the data to gain an overall sense of the views of the study participants. In phase two and three, more detailed transcript review to identify key phrases and words, followed by coding and data reduction was done. In phase four, another researcher individually coded the transcripts and compared those findings to reach a consensus about the explanations.

Conclusion: Qualitative analysis of nursing personnel and ASHAs regarding their perception about female feticide provided deeper insights into the problem of female feticide and its consequences in the society. And it reveals that they are sensitized about this pressing issue and are ready to become the channel of communication to the public for the prevention of the female feticide. It is very necessary that the government and NGOs should systematically organize and orient several programmes to tackle this critical social issue.

Keywords: female foeticide, ASHAs, perception, nursing personnel, ASHAs, prevention.

Introduction

Everyone in India claims that the country has come a long way since its independence more than half a century ago. Indeed, the country has made significant scientific and technological progress and churn out some of the brightest minds every year in every area possible. But when the country hears of female infanticide and female feticide, let alone the gender

discrimination everywhere else or when the statistics presents the skewed sex ratio, it makes one think that all this progress is absolutely worthless⁹. In this age, when human rights have been in focus internationally, with significant developments made in India as well, it is tragic that gendercide continues unchecked. The constitutional guarantee of equality of the right to life, and its faith in the dignity of every human being seem

so futile, when the parents themselves do not want to protect their child and educated doctors do not have any qualms in flagrantly violating the law¹.

Sex ratio is a sensitive social indicator of development and it shows the status of women in a country. Prenatal sex determination tests followed by quick abortions eliminate thousands of female fetuses. This is due to a mentality that looks down upon the female child as a burden. The fear of dowry on the one hand and losing property in inheritance, on the other, are the major irritants in the acceptance of a girl child². Indicating a continuing preference for boys in the society in India, the child sex ratio has dropped into 914 females against 1000 males³. The sex ratio at birth is the most relevant indicator for examining the magnitude of sex-selective abortions¹⁹. In some parts of the country, the sex ratio of girls to boys has dropped to less than 800:1000. The United Nations has expressed serious concern about the situation⁴.

The Indian Medical Association (IMA) estimates that five million female fetuses are aborted each year, and estimated in 1999 that India had approximately 20,000 ultrasound clinics, most unregistered and staffed by unqualified doctors. In the Indian states of Punjab, Haryana and Uttar Pradesh, mobile vans take sex-detection clinics to outlying villages. "You will find an ultrasound machine even in a village which has a road over which only a bullock cart can go, and electricity to run the machine and nothing else," said one ultrasonographer, as reported in *The Hindu*, a national newspaper⁵. The problem of female feticide requires urgent attention of all the parliamentarians, the government, the judiciary, the media and the public at large. There is an urgent need to embark on a massive nationwide sensitization and advocacy campaign with specific focus on the importance of girl child to reinforce the view that she is an asset not

a burden⁶. The qualitative analysis will help to assess the perceptions of nursing personnel and ASHAs regarding the problem of female foeticide which will be helpful for the planning of intervention for the prevention of female foeticide.

Materials and Methods

Research approach: The qualitative research approach is used to analyze the perceptions of the nursing personnel and ASHAs regarding the prevention of the female feticide. **Thematic analysis research design** is used to analyze the perceptions of the nursing personnel and ASHAs regarding the female feticide. Thematic analysis is applied to information gained from the interviewing participants transposed to interview transcripts. It emphasizes pinpointing, examining, and recording patterns/themes within the data⁷.

The study was conducted in the Public health Centres (PHCs) and Community Health Centres (CHCs) of Faridabad district of Haryana. Purposive sampling technique was used for selecting the sample and the sample size for thematic analysis was 16, which included 12 ASHA workers and 4 Auxillary Nurse Midwives (ANMs).

Development of tools

A semi-structured interview schedule was developed by the investigator and it consisted of 12 open ended questions and an in-depth interview was conducted for the participants in order to analyze the perceptions related to female feticide. The content was recorded; transcribed and thematic analysis was done. **Braun & Clark's (2006)** step-by –step guide for thematic analysis was used for analyzing the content of interview in order to analyze the perceptions of the nursing personnel and ASHAs regarding female feticide.

	Phase	Description of the process
1	Familiarize with the data- re-listen to audio and read transcripts a few times	Transcribing data (if necessary), reading and rereading the data, noting down initial ideas.
2	Generate initial code	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3	Discovering the themes or searching for the theme	Collating codes into potential themes, gathering all data relevant to each potential theme.
4	Reviewing the themes	Checking if the themes work in relation to the coded extract (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6	Writing the analysis/producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis of the research questions and literature, producing a scholarly report of the analysis.

Braun & Clark's (2006)

The tool was sent to the experts for validation. Experts were requested to give their opinion on the adequacy, relevance and appropriateness of each item. Based on the opinion from the subject experts, content validity index of each item and for the total instrument were calculated. The item with content validity index more than 0.8 were selected. The Content Validity Indices of semi-structured interview schedule was 0.8

Data collection procedure

Formal permission was collected from State Appropriate Authority-cum-Director General, Health services, Haryana. Formal permission has also been collected from District Appropriate Authority (PNDT) –cum-Civil Surgeon, Faridabad. The data was collected after obtaining ethical clearance from the institutional ethical committee of St.James

College of Nursing, Chalakudy. Written informed consent was obtained from all the participants before data collection and was assured that the information obtained would be kept confidential and used only for the research purpose. After obtaining the formal permission, an in-depth interview was conducted for the participants. The participants gathered in the hall attached to the primary health centre for data collection. Interview lasted for about 15-45 minutes, depending on the participant's ability to express themselves. All interviews were recorded. The interview was video recorded .

Results and Discussion

The recorded data were transformed into verbatim written accounts. Analysis followed a five-phase process. In phase I, transcripts were read fully without coding the data to gain an overall sense of the views of the study participants. In phase two and three, more detailed transcript review to identify key phrases and

words, followed by coding and data reduction was done. In phase four, another researcher individually coded the transcripts and compared those findings to reach a consensus about the explanations.

Description of the participants

There were sixteen participants and all of them were females. Among the participants, twelve were

ASHAs and four of them were ANMs. The number of participants from each health centre depended on the total number of samples is as follows: Kaurali CHC-5, Mohanna PHC-3, Chaiinsa PHC-4 and from Dayalpur PHC-4. Participants readily spoke about the topics raised in the interviews.

Table.1.Opinion regarding the female feticide as stated by the nursing personnel and ASHAs

n=16

Sl.No	Suggestions	f	%
1	Female feticide should stop at any cost	9	56.25
2	It is a big sin	3	18.75
3	Female feticide is wrong	3	18.75
4	Gives bad effect on women and society	3	18.75
5	It is a big crime	1	6.25

The immediate response of 56.25% (9) of participants towards female feticide was that it should be stopped at any cost. And 18.75% of the participants opined that it is a big sin, it is wrong and it gives bad effect on women and society.

A few verbatim observations of in-depth interview are as follows:

Female feticide is a sin; if we kill the girl baby,

then how can we worship Devi? Now I became deeply aware about the facts of female feticide because of this movie and class.

Today, the status of girls have increased and they are educated than boys; hence we need to discourage the female feticide. In my family, there are five girls and one brother. My father educated us and we all are living happily.

Table 2. Reasons for the preference for sons as stated by nursing personnel and ASHAs

n=16

Sl.No	Suggestions	F	%
1	Boy carries the name of the family	16	100
2	Boy can take care of the assets	4	25
3	Support provider in old age	2	12.5

Cont... Table 2. Reasons for the preference for sons as stated by nursing personnel and ASHAs**n=16**

4	Earns the money	2	12.5
5	Girl will go to her husband's house	2	12.5
6	Effect of culture	1	6.25
7	Perform the last rites	1	6.25

During the interview, all the participants had the opinion that the main reason for the preference for a son is that the “boy carries the name of the family,” though they are not convinced with the answer. It is clear from the response of one ASHA worker: “Since girls only can give birth to a baby, how can we say

boys carry the name of the family?” Four (25%) of the participants expressed the reason that the boy takes care of the assets. One ANM added along with this answer, “*People think only a boy can take care of the assets- land, building, agriculture; but girls also can manage that.*”

Table 3. Reasons for the female feticide as stated by the nursing personnel and ASHAs**n=16**

Sl.No	Suggestions	f	%
1	Dowry	8	50
2	Poverty	3	18.75
3	Compulsion from husband and in-laws	3	18.75
4	Availability of ultrasound scan	2	12.5
5	Lack of education	2	12.5

The spontaneous response of 50% (8) of the participants for the reason for the female feticide is dowry, followed by poverty (18.75%) and compulsion from husband and in-laws (18.75). The response of

one ASHA worker is noted: “*Today, we can't marry a girl without dowry; if there is no adequate money, it creates problems in both the families.*”

Table 4. Perception of nursing personnel and ASHAs about dowry**n=16**

Sl.No	Suggestions	f	%
1	Should stop dowry system	13	81.25
2	Cause for many family problems	8	50
3	Husband's family demands more and more	5	31.25
4	Burden for the parents	4	25
5	Cause for the female feticide	4	25

It is noted that 81.25% of the participants responded that dowry should stop at any cost. The following verbatim reveals the mindset of the ASHA worker: "I don't accept the boy who demands dowry. During my proposal time, one boy demanded dowry; I just refused that boy." Another ANM responded: "People think if there is no girl, no need to educate her and no need to give dowry also."

The present study supports the observations made in the study done in Mandya district about the disappearance of daughters and the intensification of gender bias. The study reports:

Boys' parents consider it is their right to collect dowry. They never think about the economic position of the girls' parents. No marriage in this village has

taken place without giving gold and cash to the boys' family. I don't want daughters. Even if I spend Rs 5,000 for abortion; it is better than spending Rs 500,000 on dowry⁸.

Another study done by Saroja Krishnaswamy in Dharwad city contradicts the present study where the majority of married group of respondents were found to have significantly more favourable attitude towards dowry than unmarried women. In addition, as the educational level increased the attitude of women became increasingly favourable toward dowry. Moreover as the income of their parents increased, the attitude of both married and unmarried women became increasingly favourable. These findings imply the need to search for social and psychological factors which defeat all the efforts to eradicate dowry⁹.

Table 5. The consequences of the female feticide as stated by the nursing personnel and ASHAs**n=16**

Sl.No	Suggestions	f	%
1	Men won't find wives	09	56.25
2	Sexual violence and crimes will increase	09	56.25

Cont... Table 5. The consequences of the female feticide as stated by the nursing personnel and ASHAs**n=16**

3	Normal existence of the community will affect	03	18.75
4	Man cannot carry the name of the family without woman	02	12.5
5	Women go back to their own houses	01	6.25
6	No respect to woman	01	6.25
7	Family members torture the women	01	6.25

Among the participants, 56.25% (9) of them cited two main consequences: Man cannot find wives and sexual violence and crimes will increase. Today, generally the women in the society are so much anxious about the sex of the baby, in spite of the parity of the mother. It is clear from the following statement of an ASHA worker.

If there are 2 boys also, some couples wish third baby also to be a boy. Five days before, I met one antenatal mother with third pregnancy. She is scared about the sex of the baby and she took *Halathi* powder and some Ayurvedic medicine. But it was not get aborted and now the pregnancy is going on.

The data regarding the multitude of reasons given by the respondents which they feel would help in dealing with this social issue are as follows: Among the 16 participants, 14 (87.5%) expressed the need for providing awareness to women. 9 (56.25%) of them added the importance of education to women to deal with the present situation which is evident in the following verbatim: "Actually, boys are not studying well and they are failing in most of the subjects; girls are doing well. I feel girls are more capable than boys."

With regard to the role of Doctors for preventing the female feticide, 87.5% of the participants opined that doctors should stop the detection of the sex of the baby. The role of doctors was expressed by an ASHA worker in one sentence: "Doctors are the main people

who do the ultrasound scanning, doing the abortion and taking the money. So first, doctors should get awareness about the seriousness of the problem." Similar findings were reported in a study conducted in Delhi to assess the knowledge and the attitude of medical students and interns about female feticide. The participants included 62 interns and 39 IV year MBBS students and the data collected regarding the suggestions pertaining to arrest the declining gender ratio include: stricter punishment for doctors conducting illegal medical termination of pregnancy (15%), stricter punishment for doctors conducting illegal ultrasounds (26%), stricter punishment for a woman seeking abortions (14%) and stricter punishment for such a woman's family (56%)¹⁰.

In the present study, according to 43.75% of the participants the regular follow up of pregnant mothers in the village is considered as one of the important roles of the ASHA workers. And 43.75% suggested the nurses should organize the training programme with movies to sensitize the people. Another study conducted in Ludhiana to assess the awareness and perceptions of school children regarding female feticide posed an open ended question in the questionnaire: "How this social evil can be stopped?" The respondents suggested the following answers: by increasing awareness in the society and parents, by giving equal status to girls, by giving punishment to people and doctors involved, by enforcing strict

law and by enforcing law against prenatal sex determination¹¹.

Have you come across any woman with history of female feticide?

The responses were as follows: Yes

I have come across about 15-20 cases during my seven years of experience. After the registration of pregnancy, when the woman is not coming for check up, I enquire about it and then I come to know the reality.

One ASHA worker explained:“In most of the cases, the reason was that it was second pregnancy with a girl baby and they wanted a boy baby.” Other two instances which the ASHA worker related are like this:

One woman registered for the second pregnancy; first child is a girl baby; when I went to her house to inform about vaccination, she is not pregnant. I asked her what happened. While she was doing some work, she slipped off and baby got aborted. Mother said. Later I came to know that it was lie; actually she had done female feticide.

Last year, I met one lady who was pregnant for the third time and has two girls already. And she was confused and was scared about the sex of the third baby and wanted to do abortion without doing scanning itself. I discouraged her saying that what surety she has about the sex of the baby. Anyway, she continued her pregnancy and it was a boy baby.

Another ASHA worker shared her experiences:

One lady, pregnant for the fourth time; already three girls; her husband wanted to do scanning and abortion; Doctor informed them that it's a girl baby; by the time five months were over. She shared her experience with me. I said: If you kill this baby, how can you be happy in life? You also will have

complications, even death; anyway she continued her pregnancy and gave birth to the fourth girl child.

In my village, I know one pregnant lady; I requested her to come for Inj.T T, but she did not come; when I enquired, I came to know that she has aborted her child. After that she has never become pregnant, even though she wanted a child.

Conclusion

Qualitative analysis of the nursing personnel and ASHAs regarding their perception about female feticide reveals that they are sensitized about this pressing issue and are ready to become the channel of communication to the public for the prevention of the female feticide. It is very necessary that the government and NGOs should systematically organize and orient several programmes to tackle this critical social issue.

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