



Assessment of Self Esteem of Pregnant Women as a Contributory Factor for Female Foeticide

Dr Deepti Shrivastava¹, Dr. Virul Shrivastava², Dr. Anjali P. Shrote³

Received 15 August, 2016; Accepted 27 August, 2016 © The author(s) 2016. **Published** with open access at www.questjournals.org

ABSTRACT: Female foeticide is one of the most distressing factors of the Indian society. The root cause may be attributed to the low levels of acceptance of a woman in the society. This study was performed to assess the self-esteem of the pregnant women. The objective was to analyse the level of self-esteem of the pregnant women and their preference of the gender of future child and also to provide them with counselling for their upliftment. The counselled patients were then analysed closely for the change in their levels of self-esteem and self-worthiness. The study was conducted in the department of Obstetrics and Gynaecology at Acharya VinobaBhave Rural Hospital, Sawangi (Meghe), Wardha. The self-esteem of a total of 500 antenatal women was assessed with a pre structured, pre tested questionnaire and Rosenberg Criteria Scale. This study found a majority of the women had a self-esteem scores below 10 according to the Rosenberg criteria scale. When asked for the gender of the future child, 382 out of 500 women(68%) preferred a son than a daughter and also confessed that their society kept financial and socio-cultural restrictions due to which they were not allowed to express their true potential. After counselling it was observed that a 100% of the women showed an increase in their self-esteem scores. The counselling and the study as a whole has given us reason to believe that the self-worthiness of the antenatal women and decline in gender discrimination can be brought out in our Indian society by the help of simple counselling techniques, a definite improvement in sex ratio will be seen and the girl child will no longer be the target of attack even before they are born.

Keywords: foeticide, self-esteem, womanhood,

I. INTRODUCTION

Sex selective abortions and increase in the number of female infanticide cases have become a significant social phenomenon in several parts of India. It transcends all castes, class and communities and even the North South dichotomy⁽¹⁾. The girl children become target of attack even before they are born. Numerous scholars have observed that the latest advances in modern medical sciences – the tests like Amniocentesis and Ultra-sonography which were originally designed for detection of congenital abnormalities of the foetus, are being misused for knowing the sex of the foetus with the intention of aborting it if it happens to be that of a female⁽²⁾. The worst situation is when these abortions are carried out well beyond the safe period of 12 weeks endangering the women's life⁽³⁾.

In spite of law in place, strict enforcement of PCPNDT act the child sex ratio is still declining because of the custom, cultures and mind-set of Indian society indirectly leading to low self-esteem of women of present day making them unable to welcome the girl child further in their family⁽⁴⁾.

Hence, in present study we tried to assess the level of self-esteem and self-worthiness amongst the antenatal mother attending OPD of AVBRH and ask their view about their future baby outcome in terms of gender of the baby. We tried to assess their self-esteem grade at first, counselled them regarding the value of womanhood and then further assessed their self-esteem grade for any improvement in their view regarding gender selection and self-worthiness, to find out whether such efforts could be helpful for prevention of mind-set towards female foeticide.

II. AIMS AND OBJECTIVE

- 1) To analyse the level of self-esteem of pregnant women attending OPD at AVBRH
- 2) To know the preference of their future child in regards to gender of their unborn foetus
- 3) To provide counselling for upliftment of self-worthiness and womanhood
- 4) To assess the level of self-worthiness and self-esteem of antenatal mother after counselling

III. MATERIAL AND METHOD

Setting

The present, prospective cohort study was conducted in department of Obstetrics and Gynaecology at Acharya VinobaBhave Rural Hospital, Sawangi (Meghe), Wardha.

Methodology- 500 antenatal women who came to attend antenatal clinic, consecutively were assessed for their self-esteem level according to pre structured, pre tested questionnaires and Rosenberg criteria scale inclusion criteria were either

1) Primigravida or 2) only girl child in family

Antenatal mothers with one male child in family were excluded from the study.

Rosenberg Scale: Instructions Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself. Strongly Agree, Agree, Disagree, Strongly Disagree
2. At times I think I am no good at all. Strongly Agree, Agree, Disagree, Strongly Disagree
3. I feel that I have a number of good qualities Strongly Agree, Agree, Disagree, Strongly Disagree
4. I am able to do things as well as most other people. Strongly Agree, Agree, Disagree, Strongly Disagree
5. I feel I do not have much to be proud of. Strongly Agree, Agree, Disagree, Strongly Disagree
6. I certainly feel useless at times. Self-Report Measures for Love and Compassion Research: Self-Esteem Strongly Agree, Agree, Disagree, Strongly Disagree
7. I feel that I'm a person of worth, at least on an equal plane with others. Strongly Agree, Agree, Disagree, Strongly Disagree
8. I wish I could have more respect for myself. Strongly Agree, Agree, Disagree, Strongly Disagree
9. All in all, I am inclined to feel that I am a failure. Strongly Agree, Agree, Disagree, Strongly Disagree
10. I take a positive attitude toward myself. Strongly Agree, Agree, Disagree, Strongly Disagree

Scoring: Items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points.

Scores for all ten items were summed. Scores on a continuous scale were kept. Higher scores indicated higher self-esteem⁽⁵⁾. We asked for their gender preferences of future child and their views for womanhood by pre-structured questionnaire

Their counselling was done with pre-prepared educational material for upliftment of value of womanhood by single researcher. After this counselling session, post-test was done with same questionnaire. All the parameters were entered in Microsoft excel sheet and Statistical analysis was done. Results were compiled and analysed with software statistics SPSS 17.0 version and test of correlation was applied.

IV. RESULTS

Table 1 revealed that a majority (78%) of the respondents in this study were from the age group 20-29 years, which may point to the fact that most of these women belong to the supposedly, slightly more liberal environment as compared to their predecessors.

Table 1- Age Of Respondents

Age of respondents	No(n) in our study	%age in our study
<20 yrs	15	3
21-29 yrs	390	78
30-40yrs	95	19

In our study, on investigating their literacy rate, a depressing 71% of the respondents stood out to have failed in initiating their secondary education, out of which 5.8% were completely illiterate and only 23.2% had attempted to complete their primary education.

Table 2 – Literacy amongst The Respondents

Education	No(n) in our study	%age in our study
Illiterate	29	5.8
Primary education incomplete	210	42
Primary education complete	116	23.2
Secondary education incomplete	80	16
Secondary education complete	65	13

Table 3 shows the socioeconomic stability according to Modified BG Prasad Classification 2016

Table 3- Socioeconomic Stability

Class	No(n) in our study	%age in our study
I	103	20.6

II	100	20
III	247	49.4
IV	40	8
V	10	2

The perception of respondents towards gender discrimination of children was investigated. Majority (68%) responded that it meant preference of a son whereas 32% responded that it meant avoidance of giving birth to a female child.

Table 4-Gender preference of future child

Meaning of gender discrimination	No(n)	%
Son preference	382	68
No gender preference	118	32

Figure 1 gives an insight into reasons for son preference as perceived by this study. There were various reasons given out of which a majority of (49%) them believed that sons are supporters and providers in old age and a small population stated that wealth remains in the family if you have a son.

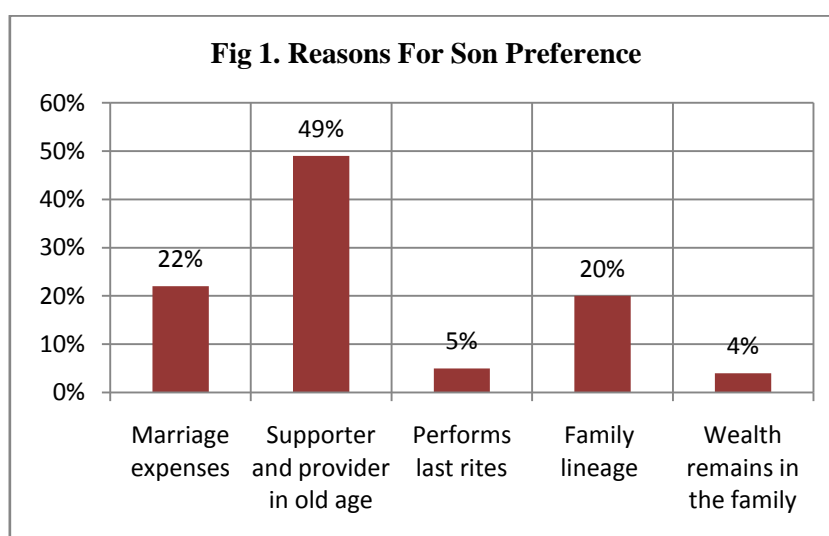


Table 5- Comparison Of Reasons For Son Reference

Reasons	No(n)	%age in our study	%age in other studies ⁽²⁾
Supporter and provider in old age	245	49	31.2
Family lineage	100	20	31.6
Wealth remains in the family	20	4	3.5
Other reasons	25	5	Other reasons*-33.7
	110	22	

*They raise power/status of family ; needed for death ceremonies in family; male child are needed to run a family

Table 6- gender discrimination with their own experiences

Parameters	Daughter	Son
Distribution of household work	80%	20%
Enforcement of them as burden	75%	25%
Compulsion of marriage	85%	15%
Religious custom and culture	70%	30%
Paid dowry for marriage		
Independence in terms of career persuasion	5%	95%
Financial freedom	25%	75%
Compulsion to leave the natal house after marriage	95%	5%
unable to take care of parents even if capable	80%	20%

Table 7-Grading of self-esteem and value of womanhood by Rosenberg scale before and after counselling session.

Rosenberg classification	PRE COUSSELLING SCORE (Before counselling% of respondents with positive outlook)	POST COUSSELLING SCORE (% of respondents with positive outlook)	χ ² -value
On the whole, I am satisfied with myself	25	75	50,p=0.0001,S
At times I think I am no good at all	40	20	9.52,p=0.002,S
I feel that I have a number of good qualities	35	80	41.43,p=0.0001,S
I am able to do things as well as most other people	25	70	40.60,p=0.0001,S
I feel I do not have much to be proud of	25	55	18.75,p=0.0001,S
I certainly feel useless at times. Self-report measures for love and compassion research-self esteem	75	50	13.33,P=0.0003,S
I feel that I'm a person of worth, at least equal plane with others	20	70	50.51,p=0.0001,S
I wish I could have more respect for myself	50	80	19.78,p=0.0001,S
All in all, I am inclined to feel that I am a failure	60	20	33.33,p=0.0001,S
I take a positive attitude towards myself	30	80	50.51,p=0.0001,S

Table 7 showed a 100% improvement in the outlook of respondents towards being a woman and found respect towards daughters, with a boost of self-esteem after counselling.

V. DISCUSSION

The discrimination towards women exists in various forms in societies around the world. However, Indian society displays some unique and particularly brutal versions, such as compulsion of marriage, dowry deaths and absolute dissociation of women from natal house after marriage.

Young women of India are often not able to welcome the future girl child in their families. Root cause may lie with their deep sense of low worthiness, extreme humiliation and appreciation as a burden and their own subordinate and neglected role in their current family and society. In the present study tried to correlate their level of self-esteem with their views regarding enlisting problem of low child sex ratio in this rural area of India. Female foeticide is an extreme manifestation of violence against women. The self-esteem levels of the respondents towards female child and their urge in practicing in female feticide was drawn out by using an interview schedule and the reasons for indulgence in such an act were found out from the respondents themselves.

In the study carried out by Ligia M et al(1), the women with less education presented a higher frequency of dissatisfactory self-esteem scores. They found a significant relation between the low level of education and dissatisfactory self-esteem levels, p=0.04. The lack of support from the partner to take care of the baby after its birth influenced negatively the self-esteem. There were no statistically significant relations found for the other variables proposed in this study. The fact that this study did not include the loss of previous children as a variable is considered a limitation, since an expressive number of women stated a number of pregnancies higher than the number of children alive.

Due to the prevalent mind-set of the community, Indian women have lower opportunities regarding education, career and exploration of world. As in present study only 5% opined regarding freedom in these respects.

Good homemaking and taking care of others is an extremely noble act. The pregnant women had the need to talk about their perception of their work activity: doing housekeeping activities was considered an activity of lower value by some of the interviewees, who said they were just housewives.

Conrad M et al(2) used a demographic sheet, the Maternal Self-Report Inventory (MSRI), Rosenberg Self-Esteem Scale, and Leifer's How I Feel About My Baby Now Scale. Maternal role influenced general self-concept in mothers. It was found that there were no significant correlations between the MSRI and demographic variables, such as: maternal age, marital status, income, and educational level. The results of this study provide clinical nurses to pay attention not only to caregiving skills but also to the mother's appraisal of herself as a mother and attachment behaviours.

Mamta et al(3) showed that 40.4% subjects had viewpoint that illiteracy is responsible for female feticide. Poverty (19.6%) and family pressure with rituals and customs (17.2%) were also perceived as contributory factors for this evil. Maximum 91.6% (229) subjects responded that practice of female feticide is morally wrong, however 8.4% (21) responded that practice of female feticide is morally right. Females who were in favour of this practice supported this reason that it is easy to rear up male child than female child (33.3%), boys are important to run a family (28.6%) and multiple girl child can cause burden on the family (23.8%). Females opposing this practice perceived that girls deserve equal status in family (38.9%), girls are important part of society (24.9%) and girls are more responsible towards parents and family (16.6%).

McVeigh C et al(4) study reported a significant inverse relationship between maternal age and satisfaction with support and a positive relationship was identified between maternal age and self-esteem. In our study the various aspects of female feticide which were investigated in details included the age of the respondents (non-modifiable factor), their education, socioeconomic status, perception towards gender discrimination, reasons for son preference, and other modifiable factors. All these factors are modifiable, which means that on counselling, future indulgence in female feticide can definitely be prevented on a large scale.

The poor percentage of literacy, which also could be mostly due to the poor socioeconomic status of the respondents may have been the initial reasons of low self-esteem. This was not in accordance to another study carried out by Ligia Maçola et al, in which 60% had attempted to complete their secondary education, which shows that in their study, the possibility of a significant correlation between self-esteem of the respondents and their education may not be as significant as in our study.

Along with most of the respondents being educated primarily only they also came from an unstable and low socioeconomic class which is also a reason why they feel the need of a male child who can make sure that the wealth remains in the family as a result of less marriage expenses as compared to that of a daughter's marriage.

Before asking the reasons of discrimination between male and female child, it was important to find out if the respondents actually knew the true meaning of gender discrimination. A majority of respondents do not mind having a girl child but at the same time would at any point of time prefer having at least one male child to support their family. We can bring a decline in the gender discrimination primarily by bringing a change in the outlook of the 32% population who are for the notion that the meaning of gender discrimination is purely avoidance of girls.

Women are viewed as a liability because they are seen to need protection and because the benefits of investing in them accrue to the families into which they are married. These factors along with a plethora of cultural and religious beliefs constitute the root causes for why sons are preferred and why daughters are not desired.

The various reasons which compel the expectant mothers to violate the PC-PNDT Act (1994/2003) are: dowry social pressure, forbidding wedding expenses, long requirement of giving gifts and money to daughters, lack of availability of girls to look after parents after marriage, domestic violence, ill treatment by husbands and in-laws, ill treatment of women after they give birth to a girl, and not wanting to go through the same fate as them.

Defenders of this system point out that a dowry takes the place of inheritance, which some women in India do not receive. However, in many cases the groom's parents take possession of the dowry and do not set any of it aside for the bride's future use. Furthermore, the bride's family's responsibilities extend to further supporting the new family in substantial ways, beyond the initial dowry. Some Indian castes even require a wife's family to cover her funeral expenses. Some brides have been rejected by the groom's families and even killed because their families did not meet the groom's family's expectations for dowry. All these cultural and financial factors act as disincentives for Indian families to permit their girl babies to be born. Because of gender discrimination, girls and women do not have same opportunities as boys and men for education, meaningful careers, political influence and economic advancement. This difference in freedom between son and daughter was clearly seen in table 6 in which the respondents were asked who they thought fell under that particular parameter. Sons have been given more rights and freedom to pursue their dreams and ambitions with very less or no restrictions whatsoever, whereas most of the daughters were burdened with various restrictions. The negative attitude towards girl child, especially among the economically backward families must be changed through some health educational advocacy interventions on gender sensitization issues. Measures include public

awareness campaigns, which should focus on the problems facing young men in finding brides. More importantly, equal social and economic rights for males and females must be guaranteed, for example, in relation to rights of inheritance. Basic health care should be available free of charge, so that parents are not deterred by financial constraints from seeking health care for their daughters. In addition, special supportive measures should be provided for families with no sons, to ensure protection for parents in old age.

In our study, after counselling, self-esteem level by Rosenberg criteria was significantly improved. This indicates that women morale can also be improved at the level of communities and societies.

VI. CONCLUSION

Female foeticide is a process of aborting perfectly healthy female foetuses after about 12 weeks (or more) of gestation just because they are females. The same foetuses would've been allowed to live if they were males. Consequences of Female Foeticide include violence against women, a violation of their human rights. The pregnant woman, though often equally anxious to have a boy, is frequently pressurized to undergo such procedures.

Our study indicates that the lessons and counselling programmes for women regarding their existence, value and importance not only boosted up the woman morale but also opened up different opportunities and possibilities for their upliftment. This can also be practiced at a mass media level by inculcating these lessons among the primary school children and the message of woman empowerment and rights can also be spread globally with the help of mass communication networks.

The counselling and the study as whole has given us reason to believe that the self-worthiness and decline in gender discrimination can be brought out in our Indian society with the help of simple counselling techniques and there will be a definite improvement in sex ratio and the girl child will no longer be the target of attack even before they are born.

REFERENCES

- [1]. Maçola Ligia et al Assessment of self-esteem in pregnant women using Rosenberg's self-esteem scale. Rev. esc. enferm. USP [Internet]. 2010 Sep; 44(3): 570-577. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342010000300004&lng=en. <http://dx.doi.org/10.1590/S0080-62342010000300004>.
- [2]. Chen CW, Conrad B. The relationship between maternal self esteem and maternal attachment in mothers of hospitalized premature infants. J nurs res. 2001;9(4):69-82.
- [3]. Mamta Choudhary et al Perception Regarding Female Feticide Among Females Attending Out Patient Departments Of Selected Hospital Of Ludhiana City.
- [4]. McVeigh C et al A comparison of adult and teenage mother's self-esteem and satisfaction with social support Midwifery. 2000 Dec;16(4):269-76.