



KNOWLEDGE AND ATTITUDE REGARDING PC- PNDT ACT AMONG RURAL PEAPLE OF HARYANA

Mukesh¹, and Dr. Satnam Kaur² 1.Lecturer in DNPG College, Hisar 2.Ex. Joint Director, DHRM, CCSHAU, HISAR.

ABSTRACT:

The study was conducted in Hisar district of Haryana State during the year 2017-2018. Hisar district was selected purposively keeping in view the convenience of the researches as the study required frequent visits for data collection. From Hisar district, one block was selected randomly. Selected block was Hisar-II. From Hisar-II, two villages were selected randomly viz. Jakhod Khera and Malapur. From each of the selected villages, 50 households were selected randomly. Respondent for data collection was male head of the household from each of the selected household and his wife. Thus sample size for the present study was 200 i.e. 100 men and 100 women. The Misuse of the Medical Termination of Pregnancy Act (1971) started after the emergence of pre-natal diagnostic techniques which necessitated passing of the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. In the present study, an effort was made to know the awareness of the respondents about this Act. They were asked as to whether they were aware of any law related to pre-natal diagnostic techniques. As many as 79.50 per cent of the respondents were aware that such a law exists. Though they did not know its name but they knew that a law is there preventing use of pre-natal diagnostic techniques and subsequent abortion if the foetus is female.

Key Words: Pregnancy Act, Diagnostic Techniques, The Medical Termination Act, PNDT Act.

INTRODUCTION

The 2011 Census data presented a very gloomy scene for the child sex ratio. The ratio of girls to boys in the 0-6 years age group has declined from 927 in 2001 to 914 in 2011, the lowest since independence. The 2001 Census highlighted the dramatic decline in the Child Sex Ratio, which has come down from 945 in 1991 to 927 in 2001, registering an overall decline of 18 points in a decade. As per the data available, there seems to be gender disparity depending on the location, as the Northern States particularly Punjab, Haryana and Himachal Pradesh seem to be more biased than the Southern states. The sharpest decline for the age group of zero to six years is observed in the Northern States particularly in Punjab and Haryana. Haryana is known to have a bias against the girl child and the census figures confirmed the gloomy trend. None of the many initiatives undertaken during the past decades appears to have worked in Haryana. Kaithal's Krora village provides stark reminder of this reality as with a shocking sex ratio of a mere 590 females per 1000 males, it takes great pride in the fact that most households have no girl child (Singh, 2013). Grewal and Kishore (2004) reported that as many as 10 million girls in India have been killed by their parents either before or immediately after birth over the past 20 years. Son Preference Most of the people in the society would prefer a male child instead of a female child. They consider the son as proliferating the lineage of the family. None of these families would prefer to have a girl as the first child. Since time immemorial the birth of a male child has been preferred over the birth of a female. Mostly because of the culturally assigned gender-

specific roles. Given these circumstances, Panigrahi quotes, 'they mourned at the death of a daughter and rejoiced when a son was born. The daughter meant disgrace, anxiety and heavy expenditure, whereas, the son increased their wealth and dignity' (Panigrahi,).

Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act: The Misuse of the Medical Termination of Pregnancy Act (1971) started after the emergence of pre-natal diagnostic techniques which necessitated passing of the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. In the present study, an effort was made to know the awareness of the respondents about this Act. The Act prohibits determination and disclosure of the sex of foetus. It also prohibits any advertisements relating to pre-natal determination of sex and prescribes punishment for its contravention. The person who contravenes the provisions of this Act is punishable with imprisonment and fine. Though, sex ratio at birth is a better indicator of pre-natal sex selection, the child sex ratio is still most widely quoted because of its easy availability at the district level and throughout the country. The child sex ratio reflects the imbalance between the number of girls and boys, indicating that the practice of sex selection. Child Sex Ratio (CSR) is calculated as the number of girls per 1000 boys in the 0-6 years age group. As per global trends, the normal child sex ratio should be above 950 (Ministry of Health and Family Welfare). Though the act was implemented as a solution for the falling sex ratio, we were not able to improve it & this figure at India level is lowest since independence (Sidhu TK Kumar). On the other hand with advancement of technology there has been a misuse of ultrasound machines for prenatal sex determination by doctors (KM Dhaduk et al). This social evil can't be tackled alone by law making and implementing agencies without the active involvement of the medical fraternity. Misuse of advanced technology continues to be a problem. Doctors might still be misusing their power & be involved in female foeticide. It is a topic of concern to everyone in the medical field. Active involvement of the medical fraternity is necessary. Medical students are future doctors in whom knowledge has to be imparted right from the UG level since the impact is life-long. Hence this study was conducted keeping in mind the aim & objective to study the Knowledge and Attitude regarding PCPNDT Act in Medical Undergraduates.

METHODOLOGY

The study was conducted in Hisar district of Haryana State during the year 2017-18. Hisar district was selected purposively keeping in view the convenience of the researches as the study required frequent visits for data collection. From Hisar district, one block was selected randomly. Selected block was Hisar-II. From Hisar-II, two villages were selected randomly viz. Jakhod Khera and Malapur. From each of the selected villages, 50 households were selected randomly. Respondent for data collection was male head of the household from each of the selected household and his wife. Thus sample size for the present study was 200 i.e. 100 men and 100 women.

RESULTS AND DISCUSSION

Socio-economic profile

A study of socio-economic profile of the respondents is very important as within each class, there is constellation of specific life style factors (shared beliefs, attitudes and activities) that tend to distinguish members of each class from the members of all other social classes. Data on socio-economic profile of the respondents is presented in below Table. For purpose of analysis, respondents were divided in three groups as per age viz. young (18-35 years); middle (>35 to 45 years) and upper (above 45 years). Age-wise distribution of the respondents revealed that more than half of them (both men as well as women) belonged to middle age group, followed by younger age group (42.50%) and upper age group (5.50%). Results pertaining to educational level of the respondents show that 40 per cent of the respondents were illiterate. This percentage was higher (53.00%) for women as compared to men (27.00%). About one fourth of the respondents were educated upto high school (10th and 12th) level followed by graduate and above (14.50%), middle (12.00%) and primary (8.50%). Caste-wise analysis of the data revealed that more than half of the respondents (51.00%) belonged to general castes followed by scheduled castes (33.00%) and backward castes (16.00%). Family type indicates trend towards nuclear families as their percentage is more (54.00%) than the joint families (46.00%). Respondents were divided in three categories as per family size viz. small (upto 4 members), medium (5 to 6 members) and large (above 6 members). Data indicates that 47.00 per cent of the respondents belonged to medium level of family size followed by small (42.00%) and large (11.00%) family size. Land categories were operationalized as landless (no land), marginal (upto 2.5 acres), small (>2.5 to 5 acres), medium (>5 to 10 acres) and large (above 10 acres). About half of the respondents in the present study were small or marginal farmers followed by medium farmers (12.00%) and large farmers (7.00%). As many as one third of the respondents were landless. Data on operational holdings of the selected households indicate

that out of those involved in farming themselves, 27 per cent had small size of landholding followed by marginal (21.00%) and medium (18.00%) size of operational holding.

Data on the major occupation of the selected households revealed that agriculture was the major occupation of 63.00 per cent of the households followed by service (19.00%), labour (16.00%) and business (2.00%). As regards occupation pursued by the respondents, data revealed that agriculture was occupation of 63 per cent men and 47 per cent women respondents followed by dairy (21.00% women) and labour (16.00% men and 14.00% women). As many as 43.00 per cent respondents were pursuing some subsidiary occupation along with the major occupation, dairy being the favorite one as it is being pursued by 22.00 per cent of the households. Data on annual income of the selected households indicate that 55.00 per cent were earning from 3 to 6 lakh per annum followed by those earning upto Rs. 3 lakh (34.00%) and above Rs. 6 lakh (11.00%). Level of change agent linkage was measured on 10 items with scoring as indicated in parenthesis in item 3 of section II of Annexure-I. Respondents were categorized with low, medium and high level of exposure to information with score of 1 to 10; 11-20 and above 20, respectively taking range of obtainable score into consideration. Analysis of data revealed that majority of respondents (55.50%) had low level of change agent linkage followed by medium (30.00%) and high level (12.00%). Those with no linkage with any of the change agents were 2.50 per cent and all of these were women. Comparative analysis of men and women respondents revealed higher level for men. Similarly the level of mass media was measured on seven items as detailed in Annexure-I. Respondents with score 1-9, 10-18 and 19-28 were categorized in low, medium and high level of mass media exposure respectively. It was found that about three-fourth of the respondents were having low level of mass media exposure and only 5.00 per cent were having high level of exposure. Percentage of those having medium and high level of the mass media exposure was higher for men as compared to women.

Socio-economic profile of the respondents

Variable	Men n=100	Women n=100	Total n=200	Percentage
Age				
Young	42	43	85	42.50
Middle	53	51	104	52.00
Upper	05	06	11	5.50
Education				
Illiterate	27	53	80	40.00
Primary	09	08	17	8.50
Middle	15	09	24	12.00
High	29	21	50	25.00
Graduate/above	20	09	29	14.50
Caste*				
Scheduled castes	33	33	66	33.00
Backward castes	16	16	32	16.00
General castes	51	51	102	51.00
Family Type*				
Joint	46	46	96	46.00
Nuclear	54	54	104	54.00
Family Size*				
Small	28	28	84	42.00
Medium	53	53	94	47.00
Large	19	19	22	11.00
Land holding (Owned)*				
Landless	33	33	66	33.00
Marginal	25	25	50	25.00
Small	23	23	46	23.00
Medium	12	12	24	12.00
Large	07	07	14	07.00
Land holding (Operational)*				
Landless	30	30	60	30.00
Marginal	21	21	42	21.00
Small	27	27	54	27.00
Medium	18	18	36	18.00

Large	04	04	08	04.00
Major Occupation (Family)*				
Agriculture	63	63	126	63.00
Labour	16	16	32	16.00
Service	19	19	38	19.00
Business	02	02	04	02.00
Sub Occupation (Family)*				
Nil	57	57	114	57.00
Agriculture	11	11	22	11.00
Labour	05	05	10	05.00
Service	04	04	08	04.00
Business	01	01	02	01.00
Dairy	22	22	44	22.00
Occupation of Respondents				
Agriculture	63	47	110	55.00
Labour	16	14	30	15.00
Service	19	09	28	14.00
Business	02	00	02	1.00
Dairy	00	21	21	10.50
Others	00	09	09	4.50
Annual Income (in Rs.)*				
Upto 3 lakh	34	34	68	34.00
>3-6 lakh	55	55	110	55.00
Above 6 lakh	11	11	22	11.00
Change Agent Linkage				
Low	75	41	116	58.00
Medium	20	40	60	30.00
High	05	19	24	12.00
Mass Media Exposure				
Low	64	83	147	73.50
Medium	28	15	43	21.50
High	08	02	10	5.00
Urban Contact				
Low	11	65	76	38.00
Medium	67	30	97	48.50
High	22	05	27	13.50
Socio-Economic Status				
Low	28	31	59	29.50
Medium	50	48	98	49.00
High	22	21 %	43	21.50

*Data on these variables is same for men and women as they belong to the same households

Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act: The Misuse of the Medical Termination of Pregnancy Act (1971) started after the emergence of pre-natal diagnostic techniques which necessitated passing of the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. In the present study, an effort was made to know the awareness of the respondents about this Act. They were asked as to whether they were aware of any law related to pre-natal diagnostic techniques (Table 1). As many as 79.50 per cent of the respondents were aware that such a law exists. Though they did not know its name but they knew that a law is there preventing use of pre-natal diagnostic techniques and subsequent abortion if the foetus is female. Thereafter, respondents were asked to mention the circumstances under which pregnancy can be terminated. Data in Table 2 revealed a wide knowledge gap regarding this as 57.00 per cent of the respondents mentioned that abortion is totally illegal. Only 34.50 per cent of them knew that it is legal under some circumstances while 18.50 per cent mentioned that it is totally illegal. Awareness about the conditions under which abortion is permitted was elicited from the respondents. Data in Table 3 revealed the responses of respondents where the pregnancy involves grave physical and mental risk to the women (38.50%); when the pregnancy occurs as a result of failure of contraceptive measures (32.50%), when there is a substantial risk that child to be born could suffer such physical and mental abnormalities as to become seriously handicapped and when the pregnancy is said to have caused by rape (3.50%). However, majority of the respondents were such who were not aware of any of the conditions. As regards punishment under PNDT Act, it is heartening to note that majority were aware of it, though not exactly. Data in Table 4 indicate that as many as 85.00 per cent of men and 77.00

per cent of women respondents mentioned that a person can be imprisoned for violation of this Act. Twenty eight per cent mentioned fine and imprisonment both for violation of this Act. A few (9.50%) were also aware of enhanced punishment if second time offence is committed. A few (5.50%) were also aware that the court presumes that the husband and in-laws have compelled the pregnant women to undergo test. None of the respondents was found aware of the permissible conditions for pre-natal diagnostic techniques.

Table 1: Distribution of respondents as per awareness of PNDT Act

Awareness	Men (n=100)	Women (n=100)	Total	
			Frequency (n=200)	Percentage
Yes	79	80	159	79.50
No	21	20	41	20.50

Table 2: Distribution of respondents as per knowledge of circumstances under which pregnancy can be terminated

Circumstances	Men (n=100)	Women (n=100)	Total	
			Frequency (n=200)	Percentage
Legal under all circumstances	25	12	37	18.50
Legal under some circumstances	42	27	69	34.50
Totally illegal	53	61	114	57.00

Table 3: Distribution of respondents as per knowledge of conditions under which pregnancy can be terminated

Conditions	Men (n=100)	Women (n=100)	Total	
			Frequency (n=200)	Percentage
The pregnancy involves grave physical and mental risk to the pregnant women	40	37	77	38.50
When there is substantial risk that child to be born would suffer such physical or mental abnormalities as to become seriously handicapped	28	23	51	25.50
When the pregnancy is said to have caused by rape	6	1	7	3.50
When the pregnancy occurs as a result of failure of contraceptive measures	26	39	65	32.50

Responses are multiple

Table 4: Distribution of respondents as per knowledge about punishment under PNDT Act

Punishment*	Men (n=100)	Women (n=100)	Total	
			Frequency (n=200)	Percentage
Imprisonment	85	77	162	81.00
Fine and imprisonment	32	26	58	29.00
Second time enhanced fine and imprisonment	10	9	19	9.50
Husband and in-laws responsible	9	2	11	5.50

Responses are multiple

*As respondents could not tell exact provision of punishment, responses given by them were categorized.

REFERENCES

1. .Annual report on implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act ,2005,PNDT Division Ministry of Health and Family Welfare Government of India ,New Delhi.
2. Grewal, Indu and Kishore, J. (2004) Female foeticide. International Humanistic News, IHN 2004 May.
(Source: URL:http://www.iheu.org/female_foeticide in India).
3. KM Dhaduk et al , A study on doctor's perspective on PNDT Act, Indian Journal of Community Medicine, vol 34, issue 2, April 2009, 160-1
4. Panigrahi, L. (1972). British Social Policy and Female Infanticide in India, Munshiram Manoharlal: New Delhi.
5. Sidhu TK Kumar S Paramjit E Kaur S, A study of knowledge and attitude of medical undergraduate students regarding prenatal sex determination and female feticide ,Indian journal of Maternal and child health, Volume 13 (3), 2011
6. Singh, A. (2013) Gender disparity and intergenerational attitude towards girls child in Haryana. Ph.D. Thesis, Chaudhary Charan Singh Haryana Agricultural University, Hisar.

