

CHARACTERISTICS OF RURAL PARENTS AND THEIR PERCEPTIONS IN MEHSANA DISTRICT REGARDS TO NUTRITION AND HEALTHCARE OF GIRL CHILD-A GENDER ANALYSIS

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Nature does not discriminate between male and female hence their number in an ideal society are almost equal. No doubt gender equality is enshrined in the Indian constitution also but society discriminate women and girls in almost every walk of life. At the later stage of life, female children are relatively deprived in the family in terms of nutrition and healthcare. They are the primary providers of health care but often receive no health care for them selves. Women receive the minimum benefits of healthcare, nutrition and economic gains which are evident from the fact that level of anemia among women ranges from 50 to 80 percent which is a major contributor of high maternal mortality and morbidity in India. In some cultural and social contexts in India, women are prohibited from eating essential quality of food particularly during menstruation, pregnancy and lactation such as milk and green leafy vegetables. In India, parents who wish to postpone the marriage of their daughters often limit their food intake.

Indian social customs and tradition dictate different attitudes, behavior and practices related to their food entitlements. Girl babies tend to be breastfed for shorter periods of time and as they get older receive smaller portions of food, particularly quality food e.g. milk, fruits and vegetables than that of boys. When serving food, women serve larger portions to their husbands and male children first only then do they feel their female children and they tend to ignore the importance of their own food requirements. (Capoor et. al., 2000)

Objectives:- 1. To study the perceptions of rural parents (Father & Mother) towards gender discrimination with regard to girl's nutrition and health. 2. To find out the difference in the perceptions of rural parents with regard to girl's

nutrition and health. 3. To find out the relationship of rural parents (father & mother) characteristics and Nutrition and healthcare of girl child.

Health and Nutritional status of women in India and Gujarat

Sr. No.	Indicator	India	Gujarat
1	Sex ratio (Adult)	933/1000	921/1000
2	Sex ratio (0-6 years)	927/1000	878/1000
3	Maternal mortality rate	0.44%	3.89%
4	Infant mortality rate	6.4%	6.4%
5	Life expectancy of female at birth	63 years	62.77 years
6	Anemia in Pregnant women	50-90 %	46.3%

(Source : Census 2001, NFHS-2, 1998-99)

Research Methodology:-In this Study A Pre-Structured and pre-tested interview schedule was used for collecting data. Data were collected by personal interview technique Statistical Analysis was done by computing frequencies, percentage, mean, standard deviation, correlation coefficient ('r') test and 'z' test.

* Result & Discussion:-

Table-1: Perception of rural parents towards nutrition and healthcare of girl child.

(n=200)

Sr. No.	Type of perceptions	Frequency	Percentage
1	Negative (12-19)	10	5
2	Neutral (20-27)	17	8.5
3	Positive (28-36)	173	86.5

Data presented in above in finding leads to conclude that perceptions of majority of rural parents are positive. It Can be inferred that perception of rural parents have changed towards

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girl's nutrition and healthcare. It shows that now-a-days parents have become more conscious about the nutrition and healthcare of girls child.

Table-2: Significant difference in the perceptions of rural parents towards nutrition and healthcare of girl child. (n=100; n₂=100)

	Mean	Mean Difference	Standard error of mean difference	'Z' Value	Results
Fathers	32.5100	1.4800	0.699	2.1185	*
Mothers	31.0300				

*** Significant at 0.05 percent level.**

'Z' value Presented in above table indicate that there was significant difference in the perceptions of rural fathers and mothers towards nutrition and healthcare of girl child. Mean values showed that perceptions of fathers were comparatively more positive than mother's perception. it can inferred from the above findings that in comparison of fathers, mothers need more education on gender equality.

Table-3: Co-efficient of correlation analysis for determining association between independent variables and perceptions of rural parents with regard to girl's Nutrition and healthcare.

Sr. No.	Independent Variables	Dependent Variables
		Perception of rural parents with preference for girl's Nutrition and Healthcare.
		Co-efficient Correlation 'r' value
1	Age (X ₁)	- 0.0561 ^{NS}
2	Education (X ₂)	0.3968 ^{**}
3	Caste (X ₃)	- 0.0299 ^{NS}
4	Family Type (X ₄)	-0.2663 ^{**}
5	Family Size (X ₅)	- 0.1115 ^{NS}
6	Annual family income (X ₆)	0.1444 [*]
7	Occupation (X ₇)	- 0.1066 ^{NS}
8	Land holding (X ₈)	- 0.1473 [*]
9	Mass Media exposure (X ₉)	0.3027 ^{**}
10	Social Participation (X ₁₀)	0.2881 ^{**}
11	Urban Contacts (X ₁₁)	0.3117 ^{**}
12	Change Proneness (X ₁₂)	- 0.0545 ^{NS}
13	Localize Cosmopolitanism (X ₁₃)	0.1214 ^{NS}
14	Conservatism Liberalism (X ₁₄)	0.3469 ^{**}

*** = Significant at 0.05 level**

**** = Significant at 0.01 level**

NS= Non-Significant

Data given in above table revealed that Education, mass-media exposure, social participation, urban contacts and conservatism-liberalism showed significant relationship and family type was showed significantly negative correlation at 0.01 percent level of significance. Annual family income was significant as well as land holding was showed significant but negative correlation at 0.05 percent level of significance. where as, Age, caste, family, size, Occupation, Change Proneness and localite-cosmopolitaness were non-significant relationship with perceptions of rural parents (father & mother) towards nutrition and healthcare of girl child.

Conclusion: & Recommendation-It can be inferred from the findings of study that perceptions of rural fathers were relatively more positive than mothers and there was significant difference observed in the perceptions of rural parents with regard to girl's nutrition and healthcare. It can be recommended that in comparison of fathers, mothers need more education on gender equality.

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