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Attitude and perception of gender equity among students and teachers of a rural school in West Bengal: A mixed-method approach

Sweety Suman Jha, Aparajita Dasgupta, Bobby Paul, Pritam Ghosh, Alope Biswas

Abstract:

INTRODUCTION: “Gender” denotes the differences in the social roles of different sexes. This interaction results in variable health outcomes and care-seeking behavior. The present study was conducted to find out the attitude of school-going adolescents regarding gender equity and also to explore teachers’ perceptions in this context in a school of tribal belt of West Bengal.

MATERIALS AND METHODS: A cross-sectional, mixed-method study was conducted among the students of classes eight to twelve, chosen by complete enumeration technique, with a predesigned, pretested validated questionnaire. The questionnaire was based on Gender Equitable Men scale and International Men and Gender Equality Survey questionnaire, comprising the following domains: ‘Gender restrictions’, ‘Gender attributes’, and ‘Gender domination’. The respondents were categorized into ‘high’, ‘moderate’, and ‘low’ groups as per their domain-wise attitude scores. In-depth interviews (IDIs) were conducted among seven teachers chosen purposively. Thematic analysis was done with the qualitative data.

RESULTS: Out of 191 students, 112 were girls (58.6%) and 47 belonged to scheduled tribe category (24.6%). Overall, 170 (89.0%), 80 (41.9%), and 96 (50.3%) students had a high gender-equitable attitude regarding the domains of ‘gender restrictions’, ‘gender attributes’, and ‘gender domination’ respectively. Girls had higher percentage of high gender-equitable attitude in all the three domains (92.0%, 57.1%, and 50.9%, respectively). Regarding ‘gender restrictions’, 91.2% had high gender-equitable attitude in lower age group, compared to 81.4% in higher age group. Among the lower and higher age groups, 52.7% and 41.9% respectively, had high gender-equitable attitude on ‘gender domination’. Gender inequality amidst poverty, women deprived of health care, and gender violence were the major themes derived from the IDIs.

CONCLUSION: Girls had a better attitude toward gender equity. Laws regarding gender dominance and violence should be focused. Conducting intensified awareness campaigns on gender equity and addressing women’s right to health is a much-needed timely intervention for the health of womenfolk.

Keywords:

Attitude, equity, gender, qualitative, tribal

Department of Preventive and Social Medicine, All India Institute of Hygiene and Public Health, Kolkata, West Bengal, India

Address for correspondence:

Dr. Pritam Ghosh,
50, Collootolla Street,
Kolkata - 700 073,
West Bengal, India.
E-mail: pg0072001@gmail.com

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Introduction

Gender equity has been a long-debated topic pertaining to the growth and development of the society and is especially considered cardinal in the Western civilization. However, over the past few

years, the health researchers have come to focus on the concept of gender equity and realized its role as a key social determinant in the population health.^[1,2] While the term “sex” refers to the biological variations, “gender,” on the other hand, denotes the differences in social roles.^[3,4] It is observed that usually health reforms and new models

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of governing fail to address and incorporate a gender perspective, and thereby the effects of gender equity on health are rarely evaluated.^[5]

The interaction of the prevailing social values and gender results in stark variation in health outcomes and care-seeking behavior evidenced by varying mortality and morbidity trends unfavorable to women and intensified by lower social and economic status compared to males.^[1] The inequity is believed to be more and acculturated in backward, marginalized areas such as tribal belts.^[6,7] Gender inequality fueled by gender discrimination has a definite effect in the growing burden of noncommunicable diseases including psychological morbidities and a maintenance of high stationary prevalence of common communicable diseases.^[1,3,8,9]

Adolescents are believed to build the future society. Adolescence, especially late adolescence, is the period when the attitudes toward cognizable and sensitive topics such as gender equity are formed congruently with psychological and physical development.^[10] The school-going population in this backdrop are enriched with formal education which helps in developing rational thinking. The adolescents spend a majority of time in their schools in contact with their teachers. The attitude regarding delicate matters such as gender equity and health behavior is usually formed through peer interaction, self-experience, and the observed and/or expressed attitude from the teachers. Thus, while considering gender equity, it is important to not only understand students' attitude, but also to explore teachers' perception on the topic.

It was perceived that to identify the dynamics of the gender equity situation, a mixed-method approach strengthens the foundation of research. Grounded on the complexity of the topic, it is understood that extracting students' attitude can be done by a questionnaire-based survey in a quantitative approach, whereas exploring teachers' perspectives warrants an in-depth qualitative assessment.^[11] Both quantitative analysis of survey data and qualitative analysis of in-depth interviews (IDIs) were used as complementing methods which allow for a more robust analysis, taking advantage of the strengths in each methodology.^[11,12]

Gender equity as a whole has been a less-studied topic in the Indian context. There are scarce number of studies concerned with gender equity and health. These studies, however, unequivocally depict the gender unequal scenario merged in poor economy, social adversity of women, and pitiable health-care behavior more prevalent in northern and central India.^[6,7,13] The situation among marginalized or backward areas, for example, tribal belt, in this regard requires an in-depth

understanding. Findings from this study will help in the formulation of gender-sensitive interventions for gender equity, which is appropriate for the tribal population. The current article describes the attitude of school-going adolescents regarding gender equity. It also explores teachers' perceptions in this context.

Materials and Methods

Study design, setting, and population

A descriptive cross-sectional study was conducted using a mixed-method approach (convergent parallel design) during July 2019 to September 2019 at a rural co-educational school in a tribal belt of West Medinipur district.

All the students of classes eight to twelve aged 14–19 years, studying in the selected school of the study area, whose parents gave consent, and who provided assent for participation were included in this cross-sectional survey. Students who were absent on the day of survey were excluded from the study. The school was selected as per convenience, and the students were chosen through complete enumeration technique. A total of 223 students were surveyed based on the inclusion and exclusion criteria. Among them, 32 students (14.35%) were excluded due to partial or no response. The teachers of the school were included for the qualitative part of the study. Teachers were chosen purposively. Those who provided written informed consent and were residing permanently in the tribal block and had been teaching for more than 1 year were selected for IDI (qualitative research). A total of 191 students and seven teachers participated in the study.

Questionnaire and study technique

The quantitative part of the study comprised of assessment of attitude of the school students toward gender equity, with the help of a predesigned, pretested validated (Cronbach's alpha: 0.86) questionnaire which was equivalent in Bengali and English translations. The questionnaire was developed taking into account the Gender Equitable Men Scale and International Men and Gender Equality Survey questionnaire.^[14,15] The questionnaire comprised of three domains amounting to twenty Likert-type questions assessed in three points, i.e., agree, neither agree nor disagree, and disagree. The domain of 'Gender restrictions' comprised of ten questions. 'Gender attributes' comprised of six questions and the remaining four questions measured 'Gender domination'. The students were given the questionnaire in a classroom setting and asked to mark their responses.

The qualitative component involved seven IDIs among the selected teachers. The IDIs were conducted by the researchers in strict adherence to an IDI

guide developed beforehand, which included a semi-structured interview tool. The IDIs were recorded and transcripts were prepared based on the recordings. Figure 1 shows the flow diagram of the process of study.

Data analysis

During analysis, the negative statements were reverse coded, establishing unidirectional scoring in the questionnaire (1, 2, and 3), with a favorable response having a higher score for each item. For each domain, the responses were added, and a total score for each domain was calculated. The respondents were categorized into three groups as per their domain-wise attitude score into 'high', 'moderate', and 'low'. The respondents who scored $\leq 1/3^{\text{rd}}$ of the maximum attainable score were considered to have 'low gender-equitable attitude'. Those above $1/3^{\text{rd}}$ but up to $2/3^{\text{rd}}$ of the maximum attainable score were considered to have 'moderate gender-equitable attitude', and 'high gender-equitable attitude' were considered for those scoring above $2/3^{\text{rd}}$ of the maximum attainable score, for that particular domain. Comparison of these three categories was done as per gender and age groups. The proportions were reported in terms of number (*N*) and percentage (%).

Codes were used to extract information from the IDIs. Similar codes were put together and themes were generated. Similar themes were clubbed together and placed under appropriate domains.

Ethical issues

Approval for the study was obtained from the Institutional Ethics Committee of All India Institute of Hygiene and Public Health, Kolkata. Permission from the head of the school was taken before data collection with assent and consent obtained from the study participants. Ethical principles as per guidelines based on Declaration of Helsinki were followed.

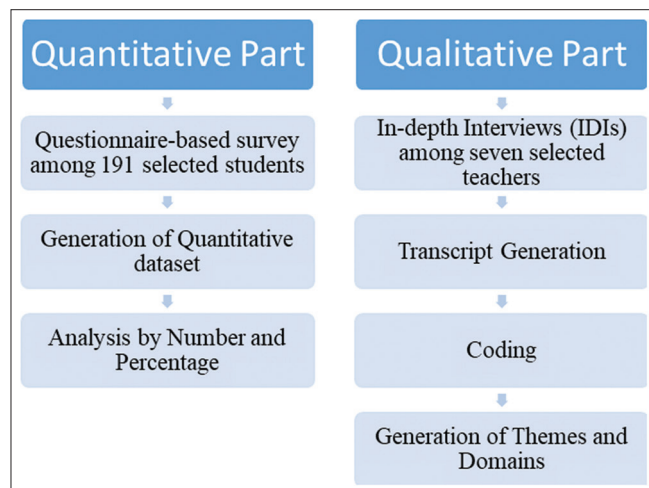


Figure 1: Flow diagram showing the process of the study

Principle of ensuring privacy and confidentiality, Principle of autonomy, Principle of consent, Principle of nonmaleficence, and Principle of justice were considered.

Results

Background characteristics of the participants

Majority of the students were studying in VIII standard (39.2%), were females (58.6%), were Hindus (61.8%), and belonged to the age group of 14–15 years (77.5%). Nearly 22.5% of the students belonged to the age group of 16–19 years. As per caste of the students, it is 45% were others (i.e., general caste), whereas around 24.6% belonged to scheduled tribe (ST) category. The age of the participants ranged from 14 to 19 years, with a mean of 14.7 (± 1.3) years.

Among the respondent teachers, none belonged to ST category. Their age ranged from 32 to 52 years. Two of the teachers were females. Graduation was the minimum qualification of the teachers in this study.

Gender-equitable attitude of the students

The responses to domain-wise items in the questionnaire are summarized in Table 1. Responses for items such as whether boys should go to school over girls, boys should get health services over girls, girls should not be sent for higher education, and dowry is necessary were 69.1%, 63.9%, 81.2%, and 75.9%, respectively. Strikingly, 82.2% of the adolescents opined that a male person should beat his wife or girlfriend at times.

Figure 2 depicts the domain-wise findings as per different genders, age groups, and overall. Overall, 89.0% and 41.9% had a high gender-equitable attitude regarding 'gender restrictions' and 'gender attributes' respectively, whereas regarding 'gender domination' 47.1% had a moderate gender-equitable attitude and 50.3% had a high gender-equitable attitude. Comparing responses between both genders, girls were found to have a higher percentage of high gender-equitable attitude in the three corresponding domains (92.0%, 57.1%, and 50.9%, respectively). Regarding 'gender restrictions', the percentage of having high gender-equitable attitude was more (91.2%) in lower age group as compared to higher age group (81.4%). However, for 'gender attributes', the trend was reversed. The proportions of high gender-equitable attitude on 'gender domination' were 52.7% and 41.9% respectively, among the lower and higher age groups.

Teachers' perception on gender equity and on students' consciousness regarding gender equity

Teachers' perception on gender equity and on students' consciousness on this topic were explored from the

Table 1: Distribution of students as per their responses to each item of the gender equity questionnaire (n=191)

Domains	Items	Responses		
		Agree	Neither agree nor disagree	Disagree
Gender restrictions	Girls should choose on their own about when to get married	47 (24.6)	114 (59.7)	30 (15.7)
	Boys should choose on their own about when to get married	39 (20.4)	112 (58.6)	40 (20.9)
	Girls should be able to choose to work after marriage to earn their own money	12 (6.3)	161 (84.3)	18 (9.4)
	Girls and boys should do the same amount of housework	13 (6.8)	157 (82.2)	21 (11.0)
	Boys should be fed before girls during meals	111 (58.1)	52 (27.2)	28 (14.7)
	Boys should go to school over girls	132 (69.1)	29 (15.2)	30 (15.7)
	Boys should get health services over girls	122 (63.9)	23 (12.0)	46 (24.1)
	Because girls have to get married, they should not be sent for higher education	155 (81.2)	16 (8.4)	20 (10.5)
	It is necessary to give dowry	145 (75.9)	19 (9.9)	27 (14.1)
	Only men should work outside the home	108 (56.5)	55 (28.8)	28 (14.7)
Gender attributes	Boys are naturally better at sports than girls	64 (33.5)	65 (34.0)	62 (32.5)
	Girls cannot do well in math or science	131 (68.6)	25 (13.1)	35 (18.3)
	A woman's most important role is to take care of her home and kids and cook for her family	42 (22.0)	96 (50.3)	53 (27.7)
	Once a woman gets married, she belongs to her husband's family	37 (19.4)	121 (63.4)	33 (17.3)
	The husband should decide to buy the major household items	71 (37.2)	51 (26.7)	69 (36.1)
	A man should have the final word about decisions in his home and family matters	86 (45.0)	55 (28.8)	50 (26.2)
	A woman should always obey her husband	28 (14.7)	119 (62.3)	44 (23.0)
Gender domination	There are times when a husband or a boy needs to beat his wife or girlfriend	157 (82.2)	15 (7.9)	19 (9.9)
	A woman should tolerate violence in order to keep her family together	93 (48.7)	48 (25.1)	50 (26.2)
	A man using violence against his wife is a private matter that shouldn't be discussed outside the couple	76 (39.8)	78 (40.8)	37 (19.4)

Numbers within parenthesis indicate percentages of a response for each question

analysis of the qualitative part of the study, obtained from IDIs of the teachers. The findings were discussed in terms of three domains, for example, consciousness regarding gender equity among the students, gender inequality adversely affecting the health of the community, and means to ensure gender equity. The major themes that emerged were male domination of household, health and financial decision-making, existence of gender inequality either overtly or covertly, women usually deprived of health care and education, need of economic independence of women through independent jobs, and awareness generation as a means of improving the prevalent unsatisfactory status of women in general.

Consciousness regarding gender equity among students

Students did not give importance to gender equity, despite the fact that the teachers themselves considered it as an important aspect in social well-being. As perceived by the teachers, the vague idea about gender equity is preventing the students from practicing it in daily life.

A 32-year-old male teacher responded:

“Amidst daily activities I don’t think that the students are interested or even concerned about gender equity in the society.”

While response from a 48-year-old female teacher was:

“The boys and girls have some vague idea about gender-equity, and are far from realizing about it or practicing it.”

Poverty and domestic violence, and inequality affecting health

The inequality in terms of gender restrictions, attributes, and domination affects the health status of the individual woman and shapes the care-seeking attitude in an unfavorable way, thus the community health as a whole suffers. It was unequivocally noted that gender disparity leads to poor health among women. Gender inequality leads to physical and psychological problems in women. Forcing women to work in ill-health was reported. Poverty and illiteracy were the main issues that endeared gender inequality. Often, they are beaten by their husbands, which is mutely witnessed by their children.

The senior-most female teacher said:

“Women do not have any rest when ill.... All work inside and outside home should be done at all cost even when they are sick.”

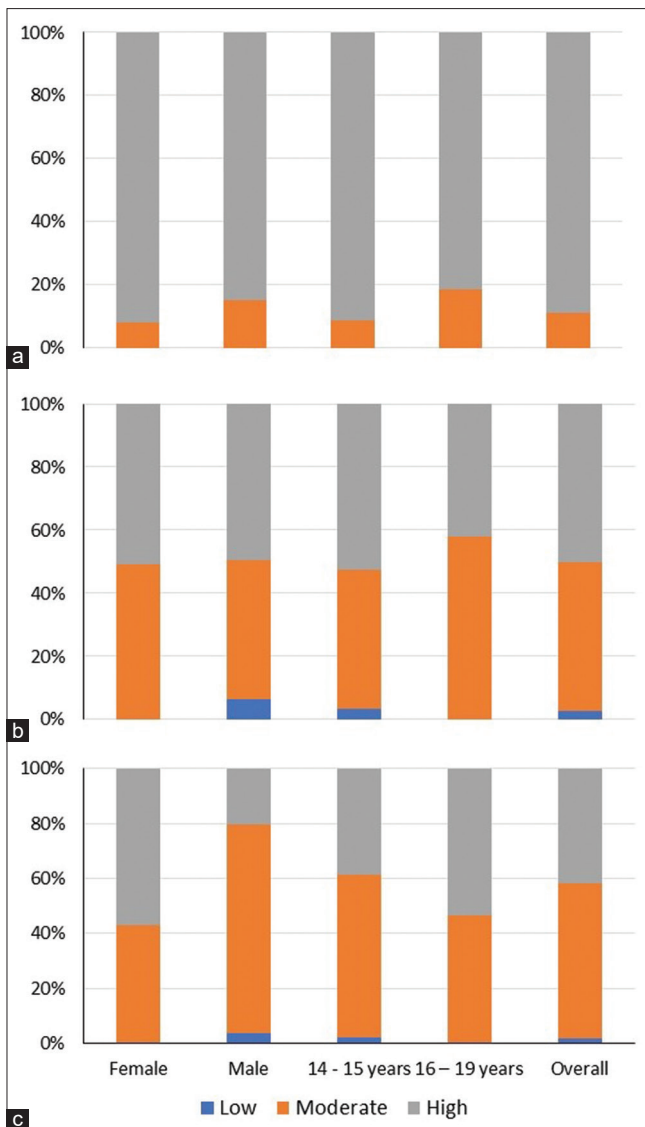


Figure 2: Proportion of respondents of different age groups and gender in different domains of gender equity: (a) gender restrictions, (b) gender attributes, (c) gender domination

A 37-year-old male teacher said:

“Poverty affects the families so much that they let their women work outside their homes.... Gender disparity is somewhat less in these poor families....”

The response from a 34-year-old female teacher was:

“Very often the children see their mother being beaten-up by their father...It happens almost regularly in families suffering from poverty.”

Ensuring gender equity

Doing away with socially prevalent attitude toward women was an important theme noted for curbing gender disparity, especially in the context of health seeking. Economic independence of women through

independent jobs and education and awareness generation were considered as solutions. The teachers also pointed out that forceful protest coming from the women would be effective in the context of reducing gender violence.

A 34-year-old female teacher in this context responded that:

“The traditional and orthodox mentality regarding women and their roles, in the society should change...Gender-disparity will always exist if such baseless beliefs are not abolished.”

Discussion

Deprivation of health care of women

The current study was an exploratory study investigating the prevalent scenario of attitude and perception regarding gender equity among students and teachers of a school in a tribal area of West Bengal. Most of the students surveyed felt that boys should get food, education, and health services over girls; dowry is necessary; and male person should beat his wife or girlfriend at times. From the IDIs of the teachers, physical and psychological problems developing from gender inequality, forcefully doing all household chores when ill, and the deprivation of health care of women in the marginalized rural communities were evidenced. This is in consistent with the findings by Saikia *et al.*, who in their analysis reported deprivation of health care for women in India in terms of less health-care expenditure.^[6] The current findings of a male-dominated household decision-making and males controlling the earnings and less expenditure on women’s health are conceptually consistent. On a similar note, a study from Bihar in similar socioeconomic backdrop reported that the probability of girls receiving curative and preventive services and postnatal checkup visit within 1 month of birth was significantly lower.^[6]

The issue of gender equity

In a recent study among adolescents in North India regarding gender equity, Landry *et al.* concluded that girls should have a better gender-equitable attitude.^[7] This was in concurrence with the current findings as girls had a better attitude in all the three domains of gender equity assessment. However, Keynejad *et al.* in their study conducted in Somaliland reported contrasting findings, which may be attributed to the difference in demographic and economic characteristics.^[7] In contrast to the findings of Landry *et al.*, the quantitative survey from the current article reported a better attitude toward gender equity with younger age, having higher percentage of high gender-equitable attitude in two domains (gender restrictions and gender domination), and moderate gender-equitable attitude in one domain (gender attributes).^[7] The qualitative

analysis in the current article explicitly speaks for the fact that gender inequality leads to negligence of women who are in poor health, which supports the findings of a systematic review by King *et al.*^[18]

Strengths and limitations

A mixed-method approach appeared appropriate in the research context and added to the robustness of the results. By including both students and teachers, a clear idea about the prevalent perceptions within education system can also be obtained.

Despite the robustness in the mixed-method design, the chance of social desirability bias in individual responses cannot be undermined. Apart from this, a general response bias could have been incurred during mass administration of the survey. The results show the situation of the selected area only. The results lack external validity. While comments on the association of age and equity attitude are valid, the causal effect of age cannot be ascertained due to the cross-sectional nature of the study.

Conclusion

The findings of the study revealed that girls had the proclivity for emancipation and gender equity, which was quite in contrast to the attitude of the male counterparts. Incorporating gender equity-related discussions and its effects may be considered for inclusion in the curriculum. Awareness generation regarding implementation of the relevant laws concerning gender dominance and violence in the tribal areas should also be focused. Researchers in the past decades have established gender as a complex determinant of health. Taking actions to improve gender equity and to address women's right to health is a very important way to improve the health of the society and also ensure effective uses of health resources. The success of universal health coverage depends to a great extent on the establishment of a gender-equitable society.

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Conflicts of interest

There are no conflicts of interest.

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