

Original Research Article

Awareness and perception regarding female foeticide among adolescents in rural community of Nalgonda district, Telangana

Kishore Yadav J.¹, Praveena Ganapa^{1*}, Joanna P. Fernandes², Sreeharshika D.¹, Ramesh S.³

Department of Community Medicine, ¹Kamineni Institute of Medical Sciences, Narketpally, Telangana, ³Nimra Institute of Medical Sciences, Vijayawada, Andhra Pradesh, India

²Department of Emergency Medicine, Christian Medical College, Vellore, Tamil Nadu, India

Received: 25 April 2018

Accepted: 30 May 2018

*Correspondence:

Dr. Praveena Ganapa,

E-mail: praveenakmc@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Female foeticide is perhaps one of the worst forms of violence against women where a woman is denied her most basic and fundamental right i.e. “the right to life”. Exorbitant dowry demand is one of the main reasons for female infanticide and other reasons include belief that it is only the son who can perform the last rites, that lineage and inheritance runs through the male line, sons will look after parents in old age, men are bread winners etc. The present study was aimed to assess the awareness & perception regarding female foeticide among adolescents in rural community.

Methods: A cross-sectional study was conducted among 200 school students with a pre-tested, semi structured questionnaire in order to assess the awareness & perception regarding female foeticide among adolescents. Data collected was analysed using SPSS software.

Results: Majority (52.5%) of the study subjects were males. Majority (70%) of the subjects could define foeticide. Boys have better knowledge than girls regarding current sex ratio (21%), state position(20%) and district position(33.3%).The most common reasons for not preferring girl child were not carrying family name and burden to the family. Major source of information was social media.

Conclusions: This study reveals that there is considerable scope for spreading awareness to youth about this social malady with medical implications. This will not only change the perception and behaviour of future generation, but motivated adolescents can also influence the families and community.

Keywords: Foeticide, PCPNDT, Sex ratio, Gender detection, Dowry

INTRODUCTION

In the twenty first century with the different advancement in the society, it has been tried to bring women to a stage where they have the equal rights, equal pay and independence but still it is not achieved.¹ In the modern times, women in India are given freedom and rights such as freedom of expression and equality, as well as right to get education. But still problems like lack of education, female foeticide, dowry, domestic violence, widow/elderly issues are prevalent in the society.²

Female foeticide is perhaps one of the worst forms of violence against women where a woman is denied her most basic and fundamental right i.e. “the right to life”. Sex selective abortions 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. The girl children become target of attack even before they are born.³ The girls have not vanished overnight. Decades of sex determination tests and female foeticide that has acquired genocide proportions are finally catching up with states in India.

This is only the tip of the demographic and social problems confronting India in the coming years.⁴ Keeping this in mind, government of India has tried to stop this crime, introducing the law of Pre-conception and prenatal Diagnostic Techniques (PCPNDT) Act to prevent sex-selective abortion in 1994.⁵ As per the census of 2011, the child sex ratio of India has declined from 927 to 914 females per 1000 males, which is the lowest since the country's independence.⁶

Exorbitant dowry demand is one of the main reasons for female infanticide. Some of the other reasons are the belief that it is only the son who can perform the last rites, that lineage and inheritance runs through the male line, sons will look after parents in old age, men are the bread winners etc. Female infanticide now in most places has been replaced by female foeticide and in fact sadly, female foeticide has made inroads into areas where traditionally there were no instances of female infanticide. The moral guilt attached to the elimination of the girl child after she is born is not felt equally if the child is eliminated while still in the womb.⁷

About 5.7 lakh females go missing every year due to practice of female feticide. Many laws have been implemented to bring a hold on female feticide. Some of them are MTP Act 1991, PNDT 1994 (Regulation and prevention of Misuse) Act, PCPNDT (Prohibition of sex selection) Act 2003. Despite such efforts, numerous clinical ultrasounds and abortions still continue to happen. In a diverse country like ours about 19.6% of the population are adolescents.⁸ The now adolescents are going to be responsible adults of tomorrow. Hence it is necessary that every adolescent must be equipped with ample amount of knowledge which can help them to bring a change in society.

With this background, the present study was aimed to assess the awareness & perception regarding female foeticide among adolescents in rural community of Nalgonda district, Telangana.

METHODS

Study design

Cross-sectional study.

Study setting

4 educational institutes located in rural field practice area of KIMS, Narketpally.

Study subjects

Students studying in class 9 and 10.

Sample size

200 (by using formula $4pq/l^2$, $p=70\%$).⁹

Sampling method

25 students from each class are selected by simple random method.

Study instrument

Pre-designed, pre tested questionnaire.

Method of data collection

Face to face interview method

Exclusion criteria

Students who were not willing to participate in the study. Absentees on the day of data collection.

Data analysis

Data was compiled on Window Excel spreadsheet & analysed using SPSS version 22.

Study duration

January 1st 2018 – January 31st 2018.

Ethical approval

Obtained from Institutional Ethical committee.

RESULTS

Table 1: Sex distribution of study subjects (n=200).

Sex	Frequency (%)
Male	105 (52.5)
Female	95 (47.5)
Total	200 (100)

Majority (52.5%) of the study subjects were males (Table 1). Only 37(18.5%) students know about current sex ratio of the country. Boys have better knowledge than girls regarding the current sex ratio (21%), state position (20%) and district position (33.3%). These differences were not statistically significant. Majority (70%) of the subjects could define foeticide (Table 2).

68% of the subjects felt that female foeticide practice will harm society and 87.5% subjects felt that female foeticide should stop. 83% of the participants perceived that prenatal gender detection is a crime and only 35% subjects felt that pre natal gender detection is severely punishable act. The difference between perceptions of boys and girls was not statistically significant (Table 3)

Not carrying family name (39%) & being burden to the family (34%) were the most common reasons for not preferring girl child (Table 4).

Table 2: Distribution of study subjects according to their knowledge about current sex-ratio and foeticide (n=200).

Knowledge regarding	Number of subjects who answered correctly		Total (%)	P value
	Girls (n=95) (%)	Boys (n=105) (%)		
Present sex ratio	15 (15.8)	22 (21)	37 (18.5)	0.3477
State position	17 (17.9)	21 (20)	38 (19)	0.7047
District position	25 (26.3)	35 (33.3)	60 (30)	0.2795
Foeticide definition	67 (70.5)	73 (69.5)	140 (70)	0.8772

Table 3: Distribution of study subjects according to their perceptions regarding female foeticide and prenatal gender detection (n=200).

Perceptions of study subjects regarding	Number of subjects who answered YES		Total (%)	P value
	Girls (n=95) (%)	Boys (n=105) (%)		
Female foeticide practice will harm society	63 (66.3)	73 (69.5)	136 (68)	0.6272
Female foeticide should stop	84 (88.4)	91 (86.6)	175 (87.5)	0.7079
Pre natal gender detection is crime	78 (82.1)	88 (83.8)	166 (83)	0.7487
Pre natal gender detection is severely punishable act	33 (34.7)	37 (35.2)	70 (35)	0.9408

Table 4: Distribution of study subjects according to their perceptions regarding reasons for not preferring girl child (n=200).

Reasons for not preferring girl child	Girls (n=95)	Boys (n=105)	Total (%)
Burden to family	34 (35.8)	34 (32.4)	68 (34)
Dowry	8 (8.4)	16 (15.2)	24 (12)
Financial status	17 (17.9)	13 (12.4)	30 (15)
Do not carry family name	36 (37.9)	42 (40)	78 (39)

Table 5: Source of information regarding female foeticide to study subjects (n=200).

Source	Girls (n=95)	Boys (n=105)	Total (%)
Social media	71 (74.7)	76 (72.4)	147 (73.5)
School	11 (11.6)	20 (19)	31 (15.5)
Family	13 (13.7)	6 (5.7)	19 (9.5)
Friends	0 (0)	3 (2.8)	3 (1.5)

Major sources of information regarding female foeticide were social media (73.5%) followed by school (15.5%) and family (9.5%) (Table 5).

DISCUSSION

In the current study 52.5% were males and 47.5% of study population were females. Only 37 (18.5%) students know about current sex ratio of the country. Boys have better knowledge than girls regarding the current sex ratio (21%), state position (20%) and district position (33.3%). These differences were not statistically significant. These results were contradictory to the results in the Study by Avachat et al which showed knowledge about current sex ratio is significantly better among female interns (84.37%) compared to male interns (40.4%).¹⁰

In the current study it was found that 70% of study population knew about female foeticide definition, 68% felt that female foeticide practice will harm society,

87.5% felt that female foeticide should stop, 83% felt that prenatal gender detection is a crime and only 35% felt that pre natal gender detection is severely punishable act. Girls have better knowledge about foeticide definition (70.5%) and majority felt that foeticide should stop (88.4%). Boys better perceived that female foeticide is an immoral practice (69.5%), prenatal gender detection is a crime (83.8%) and only 35.2% felt that pre natal gender detection is severely punishable act. These differences were not statistically significant. Similar results were observed in the study conducted by Devi SK which stated that 90% of male students and 88% of female students responded that this practice is morally wrong.¹¹ In the study by Kansal et al majority of study subjects were aware of prenatal diagnostic test (84.7%) and majority know that female foeticide is illegal (89.7%).¹² In the study conducted by Dixit et al it was observed that 60% of pregnant women had no gender preference and 86.2% of study population knew prenatal sex determination is crime.¹³

In the study conducted by Murarkar 97.6% of study population knows about PNDT Act and 20.3% know about punishment.¹⁴ In the study by Manhas et al majority of study population perceived female foeticide is morally wrong.¹⁵ Similarly in the study conducted by the Singh et al 87% of study subjects were aware of female foeticide and 86.1% know about the adverse sex ratio.¹⁶ 62.5% of study population knew about PCPNDT act and 58.2% do not know about punishment. In the current study it was observed that not carrying family name (39%) & being burden to the family (34%) were the most commonly perceived reasons for not preferring girl child. Similarly in the study by Shalini et al major reasons for not preferring female child were bringing up girls is costly affair and a wasted investment, arranging for dowry was difficult and fear of safety.¹⁷ In the study by Choudhary M it was shown that major reasons for preferring male child were dowry system (35%) and increase in the crime towards girls (33.9%).¹⁸

In the present study major sources of information regarding female foeticide were social media (73.5%) followed by school (15.5%), family (9.5%) and friends (1.5%). In the study conducted by Dixit et al it was observed that majority of the women got information through social networking (80%) followed by television (82%), and newspaper (76%).¹³

Similarly in the study conducted by the Singh et al major source of information was teacher/school activity (47.4%) followed by electronic media (46.1%).¹⁶

CONCLUSION

70% of the students knew female foeticide. 68% of students felt that female foeticide practice will harm society. 87.5% felt that female foeticide should be stopped. Only 35% knew that there is punishment for gender detection. Only 18.5% of the students had knowledge of the present sex ratio. There is no statistically significant difference between the girls and boys regarding knowledge of current sex ratio, definition of foeticide, perception of its harmfulness, perception towards stopping of foeticide. This study reveals that there is considerable scope for spreading awareness to our youth about this social malady with medical implications. This will not only change the perception and behaviour of our future generation, but motivated adolescents can also influence the families and the community.

ACKNOWLEDGEMENTS

The authors were grateful to all the students who had participated in the study. We thank Dr. Navya Krishna and Dr. Pramodh, postgraduates of Department of community medicine, KIMS, Narketpally and Mr. Kranthi Prakash for their cooperation in data collection.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Abraham AA, Haritha KH, Tabitha KK, Jose T, Tamrakar A. Knowledge regarding female foeticide among women in a selected rural area at Mangalore with a view to develop an information booklet. *IOSR J Nurs Health Sci*. 2014;3(6):16-20.
2. Punam S. Female foeticide and health status of girl child in Himachal Pradesh: A case study. *Int J Info Res Rev*. 2015;2(3):480-6.
3. Tandon SL, Sharma R. Female foeticide and infanticide in India: an analysis of crimes against girl children. *Int J Criminal Justice Sci*. 2006;1(1).
4. Gupta A. Female foeticide in India. Press releases. UNICEF India. Available at: <http://www.unicef.in/PressReleases/227/Female-foeticide-in-India>. Accessed 23 March 2018.
5. Onkar P, Mitra K. The pre-conception and pre-natal diagnostic techniques (prohibition of sex selection) Act 1994. *Indian J Radiol Imaging*. 2012;22(2):141-3.
6. Park K. Park's textbook of Preventive and Social Medicine. 24th ed. Jabalpur: M/S Banarsidas Bhanot Publishers; 2017: 518.
7. Koradia K, Sharma M, Narang D, Yadav V. Female foeticide and infanticide: an educational Programme for adolescents of Jaipur city. *Int J Soc Sci Interdiscipl Res*. 2013;2(5):55-68.
8. Ramesh A, Bhagwan D, Holla R, Unnikrishnan B, Thapar R, Mithra P, et al. Knowledge and Perception towards Female Feticide among Adolescents of Coastal South India. *Ntl J Comm Med*. 2016;7(9):736-40.
9. Chaudhary A, Satija M, Sharma S, Singh G.P.I, Soni R.K., Sachar R.K. Awareness and Perceptions of school children in urban Ludhiana. *Natl J Community Med*. 2010;35(2):302-4.
10. Avachat S, Raut P, Zambare M, Gund D, Pundkar R. Perspectives of medical interns regarding female feticide and declining sex ratio in India. *North Am J Med Sci*. 2013;5(8):469-72.
11. Devi SK. A study to assess the level of perception and awareness regarding female foeticide among the college students with a view to develop an awareness programme in a selected college of BBSR, Odisha. *Int J Adv Nur Management*. 2015;3(4):309-14.
12. Kansal R, Maroof KA, Bansal R, Parashar P. A hospital-based study on knowledge, attitude and practice of pregnant women on gender preference, prenatal sex determination and female feticide. *Indian J Public Health*. 2010;54(4):209-12.
13. Dixit M, Jain J. A study of attitude, awareness and practice on female feticide of pregnant women in

- Udaipur city of Rajasthan, India. *Int J Community Med Pub Health*. 2016;3(8):2045-48.
14. Murarkar SK, Ghate MM, Joshi AM, Panchnadikar TM, Vaidya VM, Bogam RR. A study of knowledge and attitude of adolescent girls in rural area regarding prenatal sex determination and female feticide. *Indian J Matern Child Health*. 2013;15(4):1-7.
 15. Manhas S, Banoo J. A study of beliefs and perceptions related to female foeticide among muslim community in Jammu, Jammu and Kashmir, India. *Stud Home Com Sci*. 2013;7(2):125-30.
 16. Singh R, Verma R, Dixit P, Saini M, Singh A, Chawla S, et al. Awareness about female feticide among adolescents in rural areas of Haryana: a school based cross-sectional study. *Int J Basic App Med Sci*. 2015;5(2):71-7.
 17. Shalini S, Kariwal P, Kapilasrami MC. A community based study on awareness and perception on gender discrimination and sex preference among married women in a rural population of district bareilly, Uttar Pradesh. *Natl J Community Med*. 2011;2(2):273-6.
 18. Choudhary M. Perception regarding female feticide among females attending outpatient departments of selected hospital of Ludhiana city. *Nitte Univ J Health Sci*. 2014;4(4):42-5.

Cite this article as: Kishore Yadav J, Ganapa P, Fernandes JP, Sreeharshika D, Ramesh S. Awareness and perception regarding female foeticide among adolescents in rural community of Nalgonda district, Telangana. *Int J Community Med Public Health* 2018;5:3106-10.