



A study to assess the knowledge regarding female foeticide among the adolescents at selected area of Jaipur

¹Nisha Yadav and ²Dr. Josfeena Bashir

¹Research Scholar, Nirwan University, Jaipur, Rajasthan, India

²Professor, School of Health Science, Faculty of Applied Health Science, Nirwan University, Jaipur, Rajasthan, India

Corresponding Author: Nisha Yadav

DOI: <https://www.doi.org/10.33545/nursing.2025.v8.i2.I.600>

Abstract

India, an outstanding instance of an outstanding culture throughout history, holds women in high regard. We take satisfaction in saying these things aloud, but we don't always follow through on them. Our culture requires a woman to receive a political leader with a garland, a wife for a husband, and a mother for a son. The idea that a girl should be criticized but a woman should be honored is rude and uncivilized. Is this an example of female child failure if a man needs a woman to flourish in life? This is a demonic theory, not a cruel one! Although the nation celebrated International Women's Day by honoring the spirit of women, female foeticide continues to be the most serious issue affecting women, and education for girls also need rapid attention.

Aim of the study: The aim of the study was to assess the knowledge regarding female foeticide among the adolescents at selected area of Jaipur.

Research methodology: For the current study, a quantitative research technique was used. A cross-sectional research approach was used in this investigation. "Population is defined as the entire aggregation of cases that meet designed set of criteria" is used to define the target demographic. The samples in this research were chosen using a non-probability convenient sampling strategy. There are 100 teenagers in the study's sample. Teenagers' awareness of female foeticides was one of the research's factors.

Results: The 13 (13%) adolescents had Very poor knowledge, 23 (23%) adolescents had poor knowledge, 57 (57%) adolescents had good knowledge and 7 (7%) adolescents had excellent knowledge. The SD was 5.826 while the mean score was 22.375.

Conclusion: Overall, the study underscores the necessity of targeted interventions such as school-based health education, community awareness campaigns and youth engagement programs to enhance knowledge, attitude and practices related to female foeticide. Promoting informed and gender-sensitive youth is essential for reducing discriminatory practices and fostering a healthier, equitable society.

Keywords: Assess, knowledge, female, foeticide, adolescents

Introduction

"Foeticide," derived from the Latin terms fetus and caedo, is the term used to describe the death of an unborn child. The procedure known as "female foeticide" entails determining the fetus's sex within the mother's womb and, if it turns out to be female, eliminating the kid [1]. In many civilizations throughout the globe, women are killed in different ways. However, there are certain particularly horrible forms in Indian culture, such sati and dowry murders [1]. One especially horrible kind of violence against women is female foeticide. Female fetuses are intentionally killed to avoid the birth of females after prenatal sex determination. Due to selective abortion, between 35 and 40 million Indian women and girls are missing from the country. The girl-to-boy ratio has decreased to less than 987:1,000 in several parts of the country. The UN has expressed serious concerns [2, 3]. She is respected because India, a historical example of a magnificent culture, maintains high standards for women in general. We take satisfaction in saying these things aloud, but we don't always follow through on them. In many civilizations throughout the globe, women are killed in

different ways. However, there are certain particularly horrible forms in Indian culture, such sati and dowry murders [1]. She is revered because India, a historical illustration of a great civilization, has high expectations for women in general [4]. Between 035.0 and 040.0 million Indian women and girls have died as a consequence of selective abortion. The PNDT Act, which was adopted by the Indian government in 1994, makes it unlawful to disclose the sexual orientation of a fetus. The moment has come to highlight a number of options or paths that might improve the law and bring about the required social change [5].

Aim of the Study

The aim of the study was to assess the knowledge regarding female foeticide among the adolescents at selected area of jaipur

Need for the Study

The deliberate termination of female fetuses in India has resulted in a concerning "gender gap" among the populace.

The fact that 500,000 girls are murdered and prevented from being born each year is a tragedy ^[6]. Sex ratio in India is currently 01020.0 females per 01000.0 males, according to the NFHS-5 data from 2019-2021. This is a substantial improvement over previous data, such as the 2011 census, which revealed a sex ratio of 943 females per 1000 males. The sex ratio at birth is still an issue in spite of this general improvement. According to the NFHS-5 study, which covers 2019-21, Rajasthan's sex ratio in 2021 was 926 females per 1,000 men. This number is less than the 2011 census's national average of 943 females for every 1,000 men. The moment has come to intensify efforts to elevate gender equality to the top of the global agenda for peace and prosperity. Therefore, the primary goal of this research is to investigate adolescents' awareness of the consequences of female foeticide and to enhance maternal health by reducing the frequency of induced abortions ^[4]. The researcher believed that it was crucial to evaluate young people's understanding of female foeticide since they make up a significant portion of society. In addition to being prospective parents, kids have a great opportunity to start conversations about the problem at home and in the community.

Research Methodology

Research methodology is the controlled study of data collection, organization, and analysis techniques. For the current study, a quantitative research technique was used. A research project design is a plan that outlines the methods, locations, and timing of data collection and analysis. The present investigation used a cross-sectional research design. "Population is defined as the entire aggregation of cases that meet designed set of criteria" is the definition of the designated population. The teenagers from the chosen area Mangiyabaas, Sanganer, Jaipur make up the current research population. "The total number of cases that meet specified criteria and are available as study subjects is known as the accessible population" ^[10]. Adolescents from a certain location, such as Mangiyabaas, Sanganer Jaipur, are among the accessible population. Using both inclusive and exclusive criteria, a sample of teenagers from Mangiyabaas, Sanganer, Jaipur, was chosen. The samples in this research were chosen using a straightforward non-probability sampling approach ^[10]. There are 100 teenagers in the study's sample. Teenagers' awareness of female feticides was one of the study factors. A questionnaire has been created by the researcher for the study. Part I of the questionnaire asked about sociodemographic factors, while Part II asked about awareness of female feticide. A sample of 100 teenagers participated in the research, which was carried out at Mangiyabaas, Sanganer, Jaipur. Prior to the research, the relevant Mangiyabaas, Sanganer Jaipur authorities acquired legal authorization. Some of the teenagers had trouble comprehending some of the study's questions, which were clarified by making the required adjustments based on the guide's recommendations before data collection began.

Results

The gathered data will be examined. Following analysis, the

data will be included into the study findings. The research results will be analyzed in relation to the main objective of the study. In the first phase of the research, the sociodemographic characteristics of the participants are analyzed. In the second cycle of data collection, participants' understanding of female feticide will be evaluated.

Section I: Socio-demographic Variable

Table 1: Frequency and percentage distribution of the adolescents (n=100)

Demographic Variable	Category	(f)	(%)
Age (in years)	12-13	050.0	050.0%
	14-15	016.0	016.0%
	16-17	020.0	020.0%
	Up to 18	014.0	014.0%
Gender	Male	048.0	048.0%
	Female	052.0	052.0%
Residence	Rural	057.0	057.0%
	Urban	043.0	043.0%
Type of Family	Nuclear	048.0	048.0%
	Joint	052.0	052.0%
Father's Education	No Formal Education	016.0	016.0%
	Up to Secondary	025.0	025.0%
	Up to Senior Secondary	031.0	031.0%
	Graduation & Above	028.0	028.0%
Mother's Education	No Formal Education	028.0	028.0%
	Up to Secondary	031.0	031.0%
	Up to Senior Secondary	022.0	022.0%
	Graduation & Above	019.0	019.0%
Previous Knowledge on Female Foeticide	Yes	049.0	049.0%
	No	051.0	051.0%

Finding shows that: There were 50% samples from 12 - 13 years of age, 16% samples from 14 - 15 years of age, 20% samples from 16 - 17 years of age and 14% samples from up to 18 years of age. There were 48% were male and 52% were female. The 57% were belong to rural and 43% belong to urban. The 48% samples were belong to nuclear family and 052.0% samples were joint family. The 16% sample's father were have no formal education, 25% sample's father were have up to secondary education, 31% sample's father have up to senior secondary education and 28% sample's father have graduation and above education. The 28% sample's mother were have no formal education, 31% sample's mother were have up to secondary education, 22% sample's mother have up to senior secondary education and 19% sample's mother have graduation and above education. The 49% samples have previous knowledge and 51% samples have not previous knowledge.

Section II: To assess the level of knowledge on female feticide among adolescents

Table 2: Level of knowledge on female foeticide in percentage

Knowledge Level	Frequency (f) (%)
Very Low	13 (13%)
Low	23 (23%)
Moderate	57 (57%)
High	7 (7%)

Table no. 2: show that 13 (13%) adolescents had Very poor knowledge, 23 (23%) adolescents had poor knowledge, 57

(57%) adolescents had good knowledge and 7 (7%) adolescents had excellent knowledge.

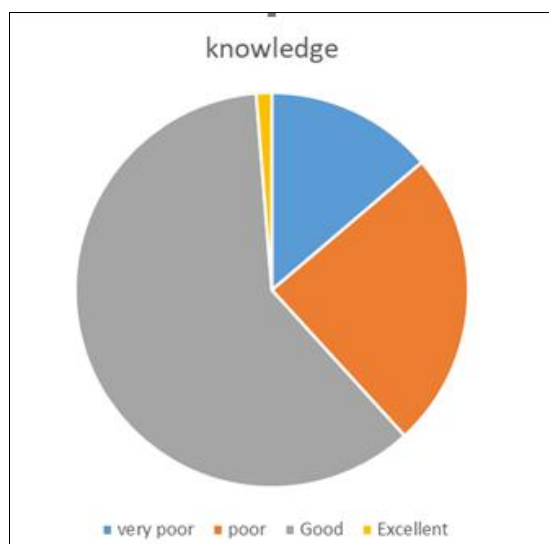


Fig 1: Level of knowledge on female foeticide in percentage

Section III:

Table 3: Mean and SD of knowledge of adolescents regarding female foeticide

Observed statistics			
Aspect	Max.	Mean	SD
Knowledge	040.0	022.375	05.8260

The table no.3: demonstrates that teenagers' knowledge scores ranged from a minimum of 4 to a high of 40. The SD was 5.826 while the mean score was 22.375.

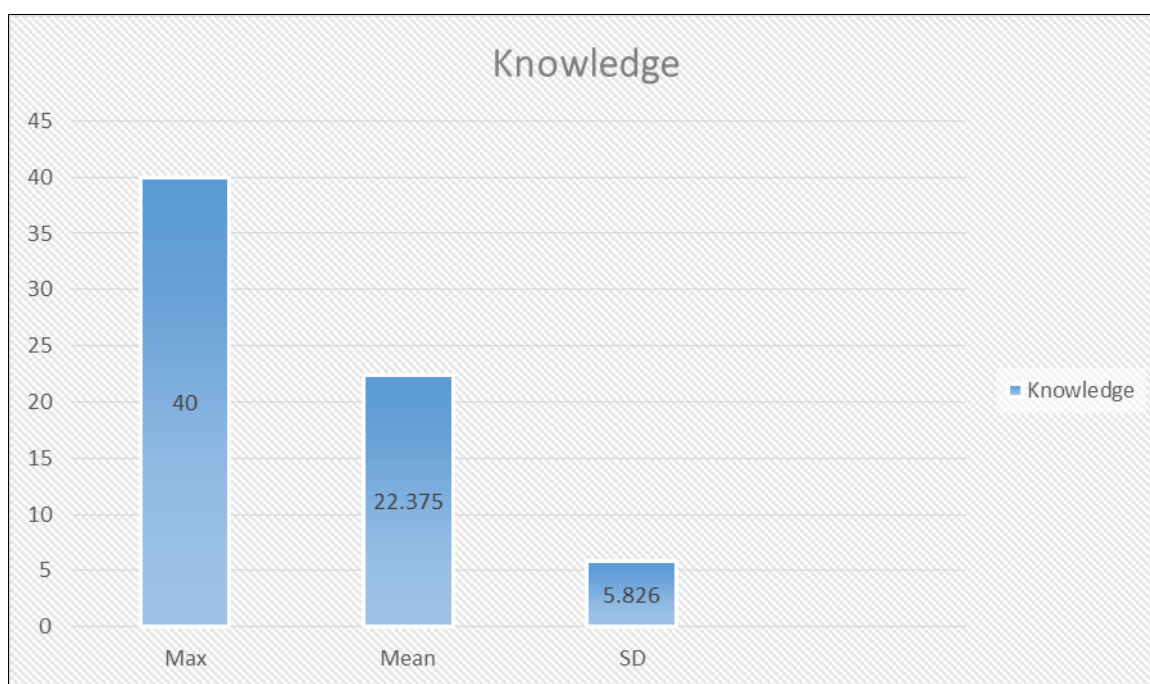


Fig 2: Mean and SD of knowledge of adolescents regarding female foeticide

Discussion

Study finds that 55% samples were from 12 - 13 years of age 52% samples were female, 57% samples were belong from rural area, 52% samples have joint family, 31%

sample's father have up to senior secondary education, 31% sample's mothers have up to secondary education and 51% samples have not previous knowledge regarding female foeticide. The 13 (13%) adolescents had Very poor

knowledge, 23 (23%) adolescents had poor knowledge, 57 (57%) adolescents had good knowledge and 7 (7%) adolescents had excellent knowledge. The SD and mean score were 5.826 and 22.375, respectively. One hundred medical students assigned to the Department of Community Medicine at MAMC in New Delhi participated in comparable descriptive research to gauge their awareness of female foeticide. 57% of students were male and 43% were female, according to the findings. 26% of students favored stricter punishments for physicians who conduct female foeticide, 14% suggested harsher sanctions for women seeking abortions, and 64% of respondents thought that sexual and social crimes against women would result from female foeticide [7]. The study's conclusions highlight the need of educating the public of future about the morality of careless and improper technology usage [8].

Conclusion

The current research evaluated teenagers' awareness of female foeticide in a particular Jaipur neighborhood and found that participants' awareness varied. The findings demonstrated that more than half of the adolescents (57%) possessed good knowledge regarding female foeticide, suggesting that they had basic understanding about the issue, its consequences and the importance of preventing gender discrimination [9]. However, only a small proportion (7%) exhibited excellent knowledge, indicating that comprehensive and in-depth awareness on legal, ethical and social dimensions of female foeticide remains limited among this age group. Further, the study identified that 36% of adolescents had very poor or poor knowledge, highlighting a substantial gap in understanding. This gap points to the need for strengthening adolescent education on gender equality, reproductive rights and legal frameworks related to female foeticide. The mean score and standard deviation (22.375 ± 5.826) also indicated moderate knowledge with noticeable variability in responses, suggesting that exposure to information and awareness programs may not be uniform across adolescents. Overall, the study underscores the necessity of targeted interventions such as school-based health education, community awareness campaigns and youth engagement programs to enhance knowledge, attitude and practices related to female foeticide. Promoting informed and gender-sensitive youth is essential for reducing discriminatory practices and fostering a healthier, equitable society [10].

Conflict of Interest: The writers attest that they are not associated with any organization or group that has a financial or non-financial stake in the topics or resources covered in this work.

Funding Source: This research has no funding source.

References

1. Joshi N, Bajwa KA. Existing intergenerational continuity and discontinuity in knowledge of rural women towards female foeticide. *Journal of Social Science*. 2012 Jan;30(2):161-164. Available from: www.rguhs.ac.in/cdc/05_N239_34137
2. Grewal I, Kishore J. A comparative study to assess the knowledge on female foeticide among rural and urban

eligible couples in selected areas at Bangalore. *International Humanist News*. 2004 May;12-16.

3. Dutta S. A descriptive study to assess the knowledge about decreasing sex ratio and attitude towards foeticide among pregnant women in selected rural area. *The Grim Picture. Social Welfare*. 2007;48(8):17-21. Available from: www.rguhs.ac.in/cds/05-N199-9681
4. Vadera BN, Joshi UK, Unadkat SV, Yadav BS. Study on knowledge, attitude and practices regarding gender preference and female foeticide among pregnant women. *Indian Journal of Community Medicine*. 2007;32(4):300-303.
5. Gandhi AB, Shukla AK. Awareness of female foeticide. *Nursing Journal of India*. 2005 May;55(3):265-267.
6. Wane NV. Effectiveness of planned teaching programme on knowledge and attitude regarding female foeticide among college students. *The Nursing Journal of India*. 2010 Mar;3(7):34-35.
7. Praveen MD. Study on knowledge, attitude and practices regarding gender preference and female foeticide among pregnant women. *The Nursing Journal of India*. 2011 Mar;4(8):23-25.
8. Suresh SK. *Nursing research and statistics*. 2nd ed. New Delhi: Elsevier; 2015. p.102,138,117,206,211,286,288.
9. Nath A, Sharma N, Ingle K. Knowledge and attitudes of medical students and interns with regard to female foeticide. *Indian Journal of Community Medicine*. 2009;34(2):164-165.
10. Sharma K. Decreasing sex ratio & pregnant women's attitude towards female foeticide. *The Nursing Journal of India*. 2005;96(4):83-84.

How to Cite This Article

Yadav N, Bashir J. A study to assess the knowledge regarding female foeticide among the adolescents at selected area of Jaipur.. *International Journal of Advance Research in Nursing*. 2025;8(2):970-973

Creative Commons (CC) License

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.