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“A Study To Assess Effectiveness Of Structured Teaching Program On Knowledge And Attitude Regarding Female Foeticide Among The Primigravida Mothers In a Selected Hospital Of Dehradun Uttarakhand”

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ABSTRACT

Female foeticide remains a significant social and public health issue in India despite legal measures to prevent sex-selective practices. Inadequate knowledge and unfavorable attitudes toward gender equality contribute to the persistence of this problem. The purpose of the study is to give educational interventions such as Structured Teaching Program (STP) to improve awareness and promote positive attitudes toward the value of the girl child.

Objectives are to assess the knowledge regarding female foeticide among Primigravida mothers, assess the effectiveness of STP on knowledge and attitude regarding female foeticide among Primigravida mothers in a selected hospital.

In this study one group pre- test and post-test design was used to evaluate the effectiveness of structured teaching programme on female foeticide among Primigravida mothers. The study was carried out at Shri Mahant Indresh Hospital, Patel Nagar Dehradun. Convenient sampling technique was used to collect data from 60 primigravida mothers admitted in obstetrics ward. Data was collected with a self-developed knowledge questionnaire which consisted of 17 multiple choice questions related to female foeticide and 15 questions based on attitude regarding female foeticide.

The result shows that after the structured teaching programme posttest shows that 16.6% had inadequate knowledge, 65% had moderate knowledge and 18.3% have adequate knowledge on female foeticide. While majority of primigravida mothers (92.6%) have agreed regarding positive aspects of female foeticide and almost 56.6% have disagreed regarding negative aspect of female foeticide.

Keywords: Female Foeticide, Primigravida Mothers, Structured Teaching Programme, Knowledge And Attitude.

1. INTRODUCTION

Today, a woman is very uncertain about her very existence. She is always unsure about her life because she is always at a risk of being crushed at any moment. No place is safe for women, not even in their mother's wombs. In India the status of girl child reflect serious gender based differences, inequalities and discrimination. The term “feticide” is a combination of the Latin words fetus and caedo which means to kill an unborn child.

As per 2011 census, the sex ratio in India is 943 females per 1000 males. Killing girl child in the womb of a mother is very common in Asian countries like India. Sex selective abortions cases have become a significant social phenomenon in several parts of India. Recent reports suggest that adverse female sex ratio is widely seen among urban localities as well as some of the well to do states like Punjab and Haryana of the country. Studies

have shown that there has been a strong desire for male child among married women even of urban slums of India. Ultrasonography is being used as a non-invasive technique for sex determination, even in remote areas and even quacks has access to them. In 1994, the Government of India enacted the Pre Natal Diagnostic Techniques (PNDT) Act, that made revealing the sex of the fetus a criminal offence. In the age of globalization and modernization like man still follows male female discrimination. Lack of education has been practiced much in rural areas, but the worst thing is that it has been committed much even in developed districts.

The National Family Health Survey 2019-21 offers a window into the mindset of this social fabric. Maharashtra has shown a strong preference for sons. While 9% of

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women and 12% of men express a desire for more sons than daughters.

Knowledge and attitude play a crucial role in preventing female foeticide, many individuals remain unaware of the legal, ethical, and social implications of sex-selective practices. Educational interventions can help improve understanding, challenge gender stereotypes, and promote respect for the value of the girl child.

OBJECTIVES OF THE STUDY:

1. To assess the knowledge regarding female foeticide among primigravida mothers.
2. To assess the effectiveness of structured teaching programme on knowledge regarding female foeticide among primigravida mothers.
3. To assess the attitude regarding female foeticide among primigravida mothers.
4. To find out the association between posttest knowledge scores with the selected demographic variables.

RESEARCH METHODOLOGY:

Research methodology is the blueprint of the entire process by tackling the research problem in a systematic and scientific manner. This chapter deals with research approach, research design, variables, setting of the study, population, ethical consideration, sample, sampling techniques, development of data collection instrument, method of data collection and data analysis. This study utilized an experimental design to assess the effectiveness of a Structured Teaching Program on the knowledge

regarding female foeticide among primigravida mothers among. The study was conducted at SMI Hospital Dehradun. 60 primigravida mothers were selected for the study. Convenient Sampling Technique was used to select the participants. The Self structured questionnaires was developed for assessing the level of knowledge and attitude regarding female foeticide. Pretest is done to assess the knowledge then structured teaching program was done after that Posttest was done to assess the effectiveness of STP on knowledge and attitude regarding female foeticide. Data were analyzed based on objectives of the study by using descriptive statistics.

Section A

- ☐ Frequency and percentage distribution of demographic variables of the primigravida mothers.

Section B

- ☐ Frequency and percentage distribution of knowledge and attitude regarding female foeticide among primigravida mothers in pre and post test
- ☐ Assessment of effectiveness of Structured Teaching Programme on knowledge and attitude regarding female foeticide among primigravida mothers.

Section C

- ☐ Association between posttest knowledge scores and selected demographic variables among primigravida mothers.

RESULTS:

TABLE-1 Frequency and percentage distribution of demographic variables of the Primigravida Mothers.

S. No.	Demographic Variables	Frequency (n)	Percentage (%)
1	AGE		
a)	21–25 years	24	40
b)	26–30 years	29	48
c)	31–35 years	07	11.6
d)	36–40 years	00	0
2	RELIGION		
a)	Hindu	38	63
b)	Muslim	15	25
c)	Sikh	03	05
d)	Christian	04	6.6
e)	Any other	00	0
3	FAMILY INCOME		
a)	₹5,000–10,000	18	30
b)	₹10,001–15,000	21	35
c)	₹15,001–20,000	12	20
d)	Above ₹20,000	09	15
4	HOW MANY SIBLINGS DO YOU HAVE		

a)	Single child	05	08
b)	1 sibling	19	31.6
c)	2–3 siblings	12	20
d)	More than 3 siblings	24	40
5	WHICH IS YOUR BIRTH ORDER		
a)	First child	31	51.6
b)	Second child	13	21.6
c)	Third child	09	15
d)	Fourth child	07	11.6
e)	Fifth child and more	00	0
6	TYPE OF FAMILY		
a)	Nuclear family	26	43
b)	Joint family	34	56.6
7	EDUCATIONAL STATUS		
a)	Primary (1st to 4th standard)	08	13
b)	Secondary (5th to 10th standard)	07	11.6
c)	Higher secondary (11th to 12th standard)	23	38
d)	Graduate and above	22	36.6
8	DO YOU HAVE PREVIOUS KNOWLEDGE ABOUT FEMALE FOETICIDE		
a)	Yes	50	83.3
b)	No	10	16.6
9.	SOURCES OF INFORMATION		
a)	Mass media	28	46.6
b)	Education	13	21.6
c)	Health care personnel	04	6.6
d)	Friends/ relatives	05	8.3

The results show that Regarding age, the majority of respondents (48%) were in the age group of 26–30 years, followed by 40% who were 21–25 years old and 11.6% who were 31–35 years old. None of the respondents belonged to the 36–40 years age group. With respect to religion, the majority of respondents (63%) were Hindu, followed by 25% who were Muslim, 6.6% who were Christian, and 5% who were Sikh. No respondent belonged to any other religion. Regarding family income, 35% of respondents had a monthly family income of ₹10,001–15,000, followed by 30% with an income of ₹5,000–10,000, 20% with ₹15,001–20,000, and 15% with an income above ₹20,000. In terms of the number of siblings, 40% of respondents had more than three siblings, 31.6% had one sibling, 20% had two to three siblings, and 8% were single children. Regarding birth order, the majority of respondents (51.6%) were the first child in their family, followed by 21.6% who were second-born, 15% who were third-born, and 11.6% who were fourth-born. None of the respondents were fifth-born or above. With regard to type of family, 56.6% of respondents belonged to a joint family, while 43% belonged to a nuclear family. Regarding educational status, the largest proportion of respondents (38%) had completed higher secondary education (11th–12th standard), followed by 36.6% who were graduates and above. About 13% had primary education and 11.6% had secondary education. Finally, regarding previous knowledge about female foeticide, the majority of respondents (83.3%) reported that they had previous knowledge about female foeticide, whereas 16.6% reported that they did not have previous knowledge. The source of information majority primigravida women get from mass media, 13 have knowledge through school, few have knowledge through friends and very few from health care personnels.

TABLE-2 : Frequency And Percentage Distribution Of Knowledge Level Regarding Female Foeticide Among Primigravida Mothers In Pre And Post Test

S.NO	LEVEL OF KNOWLEDGE	PRE-TEST	POST-TEST
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	F	%	F	%
Inadequate knowledge	18	30%	10	16.6%
Moderate knowledge	40	66.6%	39	65%
Adequate knowledge	2	3.3 %	11	18.3%

The table shows that 30% of primigravida mothers have inadequate knowledge, 66.6% mothers have moderate knowledge and 3.3% of mothers had adequate knowledge about female foeticide in pretest.

After the structured teaching program 16.6% of primigravida mother had inadequate knowledge, 65% mothers had moderate knowledge and 18.3% mothers had adequate knowledge about female foeticide.

TABLE-3 : Assessment Of Effectiveness Of Structured Teaching Programme On Knowledge And Attitude Regarding Female Foeticide Among Primigravida Mothers.

Knowledge score of primigravida mothers	Mean $\pm$ SD	t	p
Pre test	7.2 $\pm$ 2.26	5.6	0.000
Post test	8.85 $\pm$ 2.69		

The table shows that there is increase in the level of knowledge of the primigravida mothers after the structured teaching program regarding female foeticide and it was found highly significant as the t calculated value was found higher than the t tabulated and null hypothesis is rejected.

TABLE-3 Association Between Post-Test Knowledge Score And Selected Demographic Variables Among Primigravida Mothers

Demographic Variable	Category	Inadequate f	%	Moderate f	%	Adequate f	%
Age group	21–25 years	06	10%	14	23.3%	03	5%
	26–30 years	02	3.33%	22	36.6%	06	10%
	31–35 years	02	3.33%	03	5%	02	3.33%
	36–40 years	00	0%	00	0%	00	0%
Religion	Hindu	03	5%	28	46.6%	07	11.6%
	Muslim	04	6.66%	09	15%	02	3.3%
	Sikh	01	1.6%	01	1.6%	01	1.6%
	Christian	02	3.3%	02	3.3%	00	0%
Family income	₹5,000–10,000	02	3.3%	13	21.6%	02	3.3%
	₹10,001–15,000	05	8.33%	13	21.6%	03	5%
	₹15,001–20,000	02	3.3%	09	15%	01	1.6%
	Above ₹20,000	01	1.6%	04	6.6%	04	6.6%
No. of siblings	Single child	00	0%	05	8.33%	00	0%

	1 sibling	04	6.6%	13	21.6%	02	3.3%
	2–3 siblings	01	1.6%	07	11.6%	04	6.66%
	More than 3 siblings	05	8.33%	14	23.3%	05	8.33%
Birth order	First child	04	6.6%	22	36.6%	05	8.3%
	Second child	02	3.3%	07	11.6%	05	8.3%
	Third child	00	0%	08	13.3%	00	0%
	Fourth child	04	6.6%	02	3.3%	01	1.6%
	Fifth child and more	00	0%	00	0%	00	0%
Type of family	Nuclear family	03	5%	21	35%	02	3.3%
	Joint family	07	11.6%	18	30%	09	15%
Educational status	Primary (1st–4th standard)	01	1.6%	06	10%	01	1.6%
	Secondary (5th–10th standard)	01	1.6%	05	8.3%	01	1.6%
	Higher secondary (11th–12th standard)	03	5%	18	30%	02	3.3%
	Graduate and above	05	8.3%	10	16.6%	07	11.6%

Previous knowledge about female foeticide	Yes	09	15%	32	53.3%	09	15%
	No	00	0%	08	13.3%	02	3.3%
Source of information	Mass media	04	6.6%	22	36.6%	02	3.3%
	School	03	5%	04	6.6%	06	10%
	Health care personnel	02	3.3%	04	6.6%	01	1.66%
	Friends/relatives	00	0%	02	3.3%	00	00

The table shows the association between post-test knowledge scores and selected demographic variables among primigravida mothers. Regarding age, most mothers belonged to the 26–30 years age group and had a moderate level of knowledge, while adequate knowledge was also comparatively higher in this group. In relation to religion, the majority of the participants were Hindu and most of them had moderate knowledge. With respect to family income, participants from all income groups predominantly demonstrated moderate knowledge, while adequate knowledge was more evident among mothers from higher-income groups. Regarding the number of siblings, mothers with more than three siblings constituted a considerable proportion and mostly had moderate knowledge. In terms of birth order, most mothers were first-born children and demonstrated moderate knowledge. Participants from both nuclear and joint families mainly had moderate knowledge, although adequate knowledge was relatively higher among mothers from joint families. Educational status showed that mothers who were graduates and above had a comparatively higher proportion of adequate knowledge than those with lower educational levels. Most mothers had previous knowledge about female foeticide, and the majority of them demonstrated moderate knowledge. Mass media was an important source of information, while mothers who received information through school also showed a notable proportion of adequate knowledge. Overall, the findings indicate that moderate knowledge was the predominant level across most demographic categories, with adequate knowledge being comparatively more evident among mothers with higher educational status, previous knowledge, and greater exposure to information.

DISCUSSION:

The present study was conducted to assess the effectiveness of a structured teaching programme on knowledge and attitude regarding female foeticide among primigravida mothers in a selected hospital of Dehradun, Uttarakhand. The study was conducted among 60 primigravida mothers using a convenient sampling technique, and data were collected through a self-

developed knowledge and attitude questionnaire. The findings revealed that in the pre-test, 18 (30%) mothers had inadequate knowledge, 40 (66.6%) had moderate knowledge and only 2 (3.3%) had adequate knowledge regarding female foeticide. After the structured teaching programme, the post-test findings showed improvement in knowledge, with only 10 (16.6%) mothers having inadequate knowledge, 39 (65%) having moderate knowledge and 11 (18.3%) having adequate knowledge. Regarding attitude, the majority of primigravida mothers (92.6%) agreed with the positive aspects of female foeticide, while 6.9% had a neutral response and 4.6% disagreed. In relation to the negative aspects of female foeticide, 56.6% of mothers disagreed, 19.9% had no idea and 23.3% agreed. Overall, the findings indicate that the structured teaching programme was effective in improving the knowledge and developing a favourable attitude among primigravida mothers regarding female foeticide.

CONCLUSION

The study concluded that primigravida mothers had inadequate to moderate knowledge regarding female foeticide before the intervention. Following the administration of the structured teaching programme, there was an improvement in their knowledge and attitude regarding female foeticide. The findings indicate that structured teaching is an effective method for increasing awareness among primigravida mothers about the causes, consequences, prevention and legal aspects of female foeticide. Therefore, regular health education and awareness programmes should be conducted by nurses and other healthcare professionals to promote gender equality, discourage female foeticide and encourage positive attitudes towards the birth of a girl child.

REFERENCES

1. James WH. Hypothesis: Evidence that mammalian sex ratios at birth are partially controlled by parental hormonal levels around the time of conception. *J Endocrinol.* 2008 Jul;198(1):3-15. doi: 10.1677/JOE-07-0446.

2. Chattopadhyay R, Duflo E. Women as policy makers: Evidence from a randomized policy experiment in India [Internet]. Gender Action Portal; 2004 [cited 2018 Mar 05]. Available from: <https://gap.hks.harvard.edu/women-policy-makers-evidence-randomized-policy-experiment-india>
3. Medical Termination of Pregnancy Act 1971 - Introduction [Internet]. Med India; n.d. [updated 2013 Oct 20; cited 2018 Mar 05]. Available from: medindia.net
4. Government scheme to save girls in womb a flop: Study. India Today. 2011 Dec 28 [cited 2018 Mar 05].
5. Sekher TV. Special financial incentive schemes for the girl child in India: A review of select schemes (PDF). Mumbai: International Institute for Population Sciences; 2010.
6. Ghosh EA, Goel R, Bakla S. Knowledge and attitude of female foeticide medical graduates posted in New Delhi. J Hum Ecol. 2005;18(2):67-168.
7. Sarma K. Decreasing sex ratio and pregnant women's attitude towards female foeticide. Nurs J India. 2005 Apr;52(1):13-20.
8. Srivastav S, Pakrasi KB, Halder A, Mishra L. Female foeticide in Punjab: Exploring the socio-economic and cultural dimensions. J Soc. 2010;1.
9. Office of the Registrar General & Census Commissioner, India. Data Highlights: 2001 Census. New Delhi: Government of India; 2001.
10. Census of India 2011: Child sex ratio drops to lowest since Independence. The Economic Times. 2013 Dec 3.
11. Rao Mamta, Law Relating to Women and Child 88-96 (Eastern Book Co, 2nd edn, 2008)
12. <https://www.ncbi.nlm.nih.gov/pubmed>
13. https://en.wikipedia.org/wiki/Female_foeticide_in_india
14. Indian census reports
15. www.Female_foeticide.org/healthcare