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ASSESSMENT OF KNOWLEDGE AND AWARENESS OF FEMALE FETICIDE AMONG COLLEGE STUDENTS OF SHAMIRPET MANDAL. SECTIONAL A CROSS STUDY AT RANGA REDDY DISTRICT.TELANGANA STATE

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Abstract

Keywords: College students, Knowledge and awareness, *Female feticide,, Telangana* state.

Knowledge and awareness with respect to female feticide was assessed among 700 college students with the help of pretested self answered questionnaire. The questionnaire had questions covering different aspects of female feticide.The knowledge and awareness showed different levels of certitude Their awareness was categorized as high medium and low leves depending on number of students answering the given question correctly .None of the students could even name of the acts that govern prenatal diagnostic tests and medical termination of preganancy. Their basic knowledge on legal aspects was low.

Introduction

Sex ratio in India touched an all time low of 927 in 1991 from 972/1000 males in 1901 it staged a marginal recovery of 20 points by 2011 to 947/1000males. However during this period there was a fall in female sex ratio of children (1-6 years age) in India from 945/1000 to 915/1000. Out of 676 districts in India 481 districts showed a declining child sex ratio by 10 points¹. All the districts in Telangana state showed a lower child sex ratio (912-932/1000 male) as against sex ratio of whole population (943-1031/1000males)². Principle reason behind this phenomenon is female feticide

Female feticide has several demographic, legal, social and health implications both in the short and long run. . There is paucity of information on the knowledge and awareness of college students in Telangana state. Keeping this in view a study to assess awareness of college students regarding female feticide and other related issues was taken up in ShamirPet Mandal of Rangareddy District of Telangana state.

Main objective of study

To assess awareness and knowledge of college students on the problem of female feticide.

Specific objectives:

A. Assessment of basic awareness about the problem of female feticide.

B. Assessment of knowledge and opinions regarding process and implications of female feticide. .

Study place:

Shamir pet Mandal of Ranga Reddy district is a suburban area of Hyderabad city and it is rural field practice area of Mediciti institute of medical sciences whose community medicine department has instituted this study. It is located at a distance of 16 kilometres from Hyderabad

Study design: Cross sectional study.

Study group: College students studying in Junior college and undergraduate diploma and degree courses in disciplines other than medicine and nursing

Tool used for study: Self structured , pretested questionnaire which has several close ended multiple choice questions and 2 fill in the blanks questions ...The questionnaire does not contain any identification particulars of respondent so as to ensure anonymity of the respondent especially female respondents. It is a self administered questionnaire

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Methodology

There are 6 colleges in Shamir pet Mandal.Out of the six colleges 3 colleges showed willingness to participate in the
study.Study was conducted in those colleges who were willing to participate in study.The number of the participant
students from different colleges who were willing to participate is as follows.SBVS Junior college.Keshavaram189.Symbiosis Institute of Technology.ShamirPet228KLR Degree college.ShamirPet283

Each college was allotted one fixed day decided after prior approval and appointment with college management. Study subjects (Under graduate students of different classes/years) were contacted in their class rooms on the appointed day by different members of investigation team .The members of the team informed the respondents that the questionnaire does not contain identification particulars of respondent and does not carry any marks thereby assuring them about the anonymous nature of questionnaire and encouraging their free participation. All the students present in the class and willing to participate in the study only were provided with the questionnaire. All care was exercised to prevent mutual consultations. Questionnaires with responses were code numbered and filed systematically.

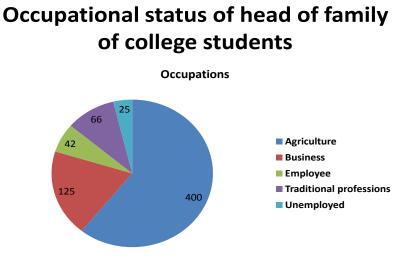
Statistical analysis:

The data obtained was processed in Microsoft excel and analyzed with the help of Epi infoTM 7.Categorical data were applied chi-square test.

Results

Out of 700 participants to the study 383 (54.7%) were female students and remaining 317(44.3%) were males. Mean age of participant students was 17.7 years. The students were a heterogeneous group in which 141 students were persecuting undergraduate degree courses, 191 were persecuting undergraduate diploma courses and the remaining 3 62 students were persecuting intermediate courses or diploma courses. Parents of 400 students (57.4%) are of agricultural back ground.

information about certain social characteristics of parents of students such as occupation of head of family, literacy status of mother and father was elicited. Follows and presented as diagrams.





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From Diagram 1 it can be seen that major occupation of parents of the students is agriculture followed by business. Both categories put together can be called as Traditional occupations and Traditional occupations constitute Occupation of head of family of 75% students.

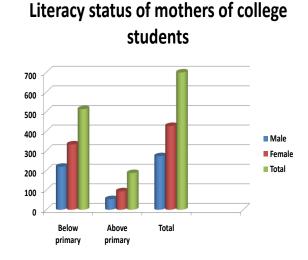


Diagram2

From the diagram 2 it can be seen that in majority of mothers i.e 495 (70%) have a literacy status below primary school. Mothers of 295 (77.7%) female students have not crossed primary school level of schoolingl.Inspite of that they realized value of education and are encouraging their daughters to undergo higher education.

Responses of college students:

Students responses to different questions on female feticide were analyzed and number of persons who gave correct responses were tabulated question wise. Their answers were studied in relation to two social variables namely gender and occupation of head of family. The results are as follows.

Question	Gender of respondents			Occupation of head of family of Student		
Number	Female	Male	Total	Traditional*	Others**	Total
1.Know the importance of problem of feticide	283 (73%)	246 (78.6%)	529	401 (76.2%)	128 (73.6%)	529 (75.6%)
2.Know that finding out sex of fetus is prohibited by law	363 (94.8%)	278 (88.8%)	641	481 (75%)	160 (25%)	641 (91.6%)
3. Have an opinion that female feticide is a crime equal to murder	97 (25.3%)	137 (43.8%)	234	159 (36.7%)	75 (43.1%)	234 (33.4%)
4. the couple cannot exercise choice regarding sex of their future off spring	329 (85.7%)	252 (80.3%)	581	431 (82%)	150 (86.2%)	581 (82%)

Table1: Response to questions which elicit student's general awareness regarding problem of female feticide
(N=700):

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1	Total	387 (100%)	313 (100%)	700	526 (100%)	174 (100%)	700 (100%)

*Includes agriculture and business etc **others includes professionals, government employees, industrial workers etc. differences observed are not statisticallysignificant

From Table no 1 it can be seen that 76% to 91% of the students have adverse opinion about several components of female feticide such as gender selection, gender identification. However, only 43% of them realize that female feticide is a crime equivalent to murder or culpable homicide i.e they are unaware of gravity of crime

Table2: Response to questions which elicit opinions and knowledge of students regarding, reason and proce	?SS
of female feticide $(N=700)$:	

Question	Gender of	00	<i>feticide(N</i> ts	Occupation of head of family of			
↓ ²				Student			
Number	Female	Male	Total	Traditional*	Others**	Total	
1. Opinion	104	80	184	135	49	184	
regarding	(26.9%)	(25.6%.)	(26.3%)	(25.6%)	(28.2%)	(26.3%)	
main reason							
for female							
feticidei.							
(undue							
economic							
gain).							
2. Knowledge	293	218	511	389	122	511	
of frequently	(75.7%)	(69.6%)	(73%)	(74%)	(70.1%)	(73%)	
diagnostic test							
for sex							
determination.							
3. Knowledge	189	152	341	243	98	341	
of procedure	(48.8%)	(48.5%)	(48.7%)	(46.2%)	(56.3%)	(48.7%)	
of female							
feticide.							
4. Opinion	210	157	367	269	98	367	
regarding	(54.3.7%)	(50.2%)	(52.4%)	(56.3%)	(86.2%)	(52.4%)	
main culprits							
in female							
feticide							
Total	387	313	700	526	174	700	
	(100%)	(100%)		(100%)	(100%)	(100%)	

*Includes agriculture and business etc **others includes professionals, government employees, industrial workers etc. The differences observed are not statistically significant

Table no.2 reveals that majority of participant students 511(73%) are aware that ultra sound scanning is used for prenatal diagnosis of sex of fetus. Relatively less number 341(48.7%) know that the first step in the act of female feticide is gender identification using ultrasound scan subsequent step being abortion of female fetus. Similarly only 367(52.4%) participants know that parents, personnel of diagnostic labs and personnel who perform abortion all three together are culprits and a party to the crime of female feticide

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Table3: Response to questions which elicit knowledge regarding, demographic impact and opinion regarding
solutions(N=700):

Question	Gender of respondents			Occupation of head of family of Student		
Number	Female	Male	Total	Traditional*	Others**	Total
1. Knowledge	125	83	208	154	54	208
regarding no of	(32.3%)	(26.5%)	(29.7%)	(29.3%)	(31%)	(29.7%)
missing females in						
population. Due to						
feticide.						
2. Knowledge	75	53	128	94	34	128
regarding population	(19.3%)	(17%)	(18.3%)	(17.8%)	19.5%)	(18.3%)
indicator of female						
feticide .						
3. opinion regarding	187	139	326	251	75	326
short term solution to	(48.3%)	(44.4%)	(46.6.%)	(47.7%)	(43.3%)	(46.6%)
problem of feticide						
4. Opinion regarding	160	118	278	209	69	278
long term solution to	41.3%	(37.7%)	(39.7%)	(39.7%)	(39.6%)	(39.7%)
problem of feticide						
Total	387 (100%)	313 (100%)	700 (100%)	526 (100%)	174 (100%)	700 (100%)

*Includes agriculture and business etc **others includes professionals, government employees, industrial workers etc. The differences observed are not statistically significant

Immediate solution to problem of female feticide is strict implementation of PCPNDT act by . Long term solution to the problem is greater social and economic autonomy of women. From Table 3 it can be seen that only 41-48% of students could frame correct opinion regarding long term and short term solutions to problem. Similarly their knowledge of demographic impact of female feticide also is very low and ranges from19% to 32%.

Source of information	No of respondents
Telivision	354
	(50.8%)
Print media	180
	(25.7%)
Teachers.	72
	(10.3%)
Hoardings and posters	67.
displayed	(9.6%
Other sources	27
	(3.6%)
Total	700
	(100%)

Table 4: Sources of information to college students on the subject of female feticide:

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From table 4 it can be seen that 75.8% of respondents derived knowledge on this subject through mass communication media. Educational institutions and hoarding furnished information to only 20% of respondents. Questionnaire contained two" fill in the blanks" type of questions. Respondents were asked to fill the blanks with names the act which i prohibited sex selective abortions and also the act which legalized abortion in specified situations. None of the respondent could name these acts

Discussion

Through the questionnaire (study instrument) an attempt was made to elicit knowledge and opinions. Out of the 20 questions we tried to elicit, knowledge through six -questions and opinions through 6 questions. Findings of the study can be summarized as follows:

A large number of students (75-90%) have a high level of knowledge regarding importance of problem of feticide, illegal nature of act, comman diagnostic test employed. Most of them 82% are of the opinion that prospective parents of female fetus do not have a right to under take sexselective abortion. These findings are in conformity with the findings of Anurag chaudary, Mahesh Satija -et.al who reported similar results³.

Act of female feticide has three stages namely deciding to under go sex selective abortion(by prospective parents), sex determination(by personnel of ultra sound centre) and illegal abortion (by persons who perform abortion). The knowledge of students regarding these three stages of crime and main participant culprits of the crime can be ranked as intermediate level.

Female feticide has several ramifications. United nations children fund has estimated that in the last one decade total number number of females in Indian population has come down by 5 million because of gender biased sex selection. Similarly child sex ratio in the country has fallen down to an all time low of 913/1000 males by 2011. These developments are of very grave significance to the physical health of women, mental health of all the individuals and social health of the country. Hence the questionnaire attempted to elicit their opinions regarding main reason for female feticide, magnitude of the problem and long term solution to the problem. Their knowledge regarding main demographic indicator of female feticide also was elicited. Limited number viz(19-36%) could give correct responses. Their knowledge on these aspects of issue is ranked as one of low level.

This study divided the respondents in to four subgroups namely gender wise(male and female) and occupation of head of family(traditional occupation and other occupations)There were differences in levels of knowledge subgroup wise also. But the differences observed were not statistically significant. This aspect needs further study and analysis.

An attempt was made to elicit their knowledge regarding legal aspects of the issue The college students were asked to name the law that proscribes sexselective abortion and the law that permits abortion for other valid reasons through two" fill in the blan questions". None of them could name PCPNDT Act and MTP Act.

Through another question the sources of student's knowledge on the subject was elicited. Majority of them have mentioned Television (50%) and print media (25%) as source of their knowledge. This finding is in broad agreement with observations of –Dr.Shashi Minhas Poonam Dogra *et al.*⁴ These two studies were conducted in Rural areas of Haryana state and Jammu city respectively. Census of 2011 has reported a child sex ratio of---830/1000 male children and 859/1000 male children- respectively from the above states of Haryana and Jammu⁵. The present study is from Telangana state. The state reported a child sex ratio of 939/1000 females. Thus demographic back ground of these studies is much different. The concordance in levels of awareness in these two studies might be due to the fact that principle source of information to both the groups are electronic and print media.

However in Telangana state demographic challenge due to female feticide is of different nature. In this state the child sex ratio (939/1000) has fallen below sex ratio of general population (982/1000) in all the 10 districts. Two districts viz Warangal and Nalgonda reported a child sex ratio below 900/1000male children. This indicates that attrition of female population due to infanticide has led to a dangerous situation in these two districts and it can develop in to a serious problem in other eight districts if corrective measures are not taken immediately.

Conclusions and recommendations

1.. The mean age of the students in this study is 1.7 years and most of them are prospective parents with in four to five years..Inorder to face the future adversities it is necessary to intensify the education of adolescents from now itself so that they will develop strong conviction good enough to resist pressures and lures of female infanticide.

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2. Though level of general awareness about female feticide is high in this study group(80-90%) their knowledge about social roots of problem and consequences is either of intermediate level or low level (55-36%)This does not augur well for social health of Telangana society. Hence building up their knowledge levels is an immediate necessity.

3.How ever the levels of awareness and knowledge can differ from one district to the other distirict of Telangana.Hence it is necessary to carry district wise studies assessing the level of awareness and probing the problem from different angles

4. This study has shown that main sources of knowledge of study group(75% individuals of the group are Mass communication media such as television and news papers. These media can only sensitize the individuals to the problem. They cannot give necessary resolve and tact for firm action. Mass media cannot be a substitute to innovative IEC activities. It is necessary to develop effective intervention strategies through IEC activities. Both govt and nongovernement agencies should take initiative in this regard.

5.This study has brought out a total absence of knowledge with respect to relavant acts such as PCPNDT act and MTP act..Studies should be initiated to devise effective communication strategies to spread of PCPNDT act among women and adolescents so that they are aware of their legal rights.⁵

6. Institute of medical and nursing colleges should put up special efforts to sensitize the students regarding ethical aspects inculcate right kind of attitudes and legitimate practices with respect to preconception prenatal diagnostic tests and abortions. The issue should be subject of workshops and CME programs⁶

7. Medical and nursing colleges should conduct awareness campaigns in their field practice areas

8. As per provisions of PCPNDT act Sex selective abortion or its abetment amounts to culpable homicide and invites several years of imprisonment .Many professionals are unaware of it Concerned professional bodies should give wide publicity to this aspect of law during continuing medical education programs.

Conflicting interests reported: None

References

- 1. Child sex ratio in India-Census 2011:Dr.C.Chandra Mouli.Census commissioner and Registrar General of india.
- 2. provisional population totals-Census 2011-Directorate of census operations:Government of Andhra Pradesh.
- 3. Dr.Shashimanhas, Poonam Agarwal anf Inderpreet Kour:Global jouirnal of research and analysis Vol:3 Issue;5
- 4. Anurag chadhary, Mahesh Sathi Sharma S., Singh et al:Indian journal of community medicineApril 2010,35(2)
- 5. Implementation of PCPNDT act perspectives and challenges:Report -IPHFI 2010.
- 6. B.R.Sharma:Female feticide in India issues and concerns:Journal of Indian academy of forensic medicine;30(3)

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