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A study to evaluate the effectiveness of structured teaching programme on knowledge regarding female foeticide among degree college students in selected degree colleges at Bijapur

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I. Introduction

The incidence of sex selective abortions is the worst form of gender based discrimination against women. The causes for elimination of girl child indicate that the reasons are similar and different depending upon the geographical location in which female infanticide is practiced. An exorbitant dowry demand is one of the main reasons for female infanticide and foeticide. Some of the other reasons are the belief that it is only the son who can perform the last rites, lineage and inheritance runs through the male line, sons will look after parents in old age, men are bread winners etc. Strong male preference and consequent elimination of female has continued to increase rather than decline with the spread of education.

Objectives: Assessment of knowledge regarding female foeticide among degree college students at Bijapur. To evaluate the effectiveness of structured teaching programme regarding female foeticide among students. **Methodology** The study involved one group pre test and post test, experimental design, fifty students were selected by using purposive sampling technique and data was collected by using Structured knowledge questionnaire in selected degree colleges regarding female foeticide.

II. Results

Table 01: Distribution of subjects according to their level of knowledge in pre-test

N= 50

Knowledge level	Score range	Pre-test	
		Frequency	Percentage
Adequate	24-30	--	--
Moderate	16-23	7	14.0
Inadequate	0-15	43	86.0

The above table shows pre test knowledge scores of the subjects, 14% had moderately adequate knowledge score and 86% had inadequate knowledge scores regarding female foeticide

Table 02: Distribution of subjects according to their level of knowledge in post-test

N= 50

Knowledge level	Score range	Post-test	
		Frequency	Percentage
Adequate	24-30	25	50
Moderate	16-23	14	28
Inadequate	0-15	11	22

The above table shows post test knowledge scores of the subjects, majority (50%) of the subjects had adequate knowledge scores and 28% had moderately adequate knowledge scores only 22% of subjects had inadequate knowledge scores regarding female foeticide

Table 03: Mean, mean percentage, standard deviation of knowledge scores of students on female foeticide
N=50

	Range	Mean	Mean percentage	SD
Pre-test	3-18	11.54	38.4%	3.986
Post-test	13-29	21.60	72%	6.241

Maximum possible score= 30

The data represented in the table shows that the pre-test score range (3-18) was apparently less when compared to the post-test score range (13-29). The mean post-test knowledge score, 21.60±6.241was significantly higher than the mean pre-test knowledge score 11.54±3.986. This shows that there was apparent increase in the mean post test knowledge score following the structured teaching programme.

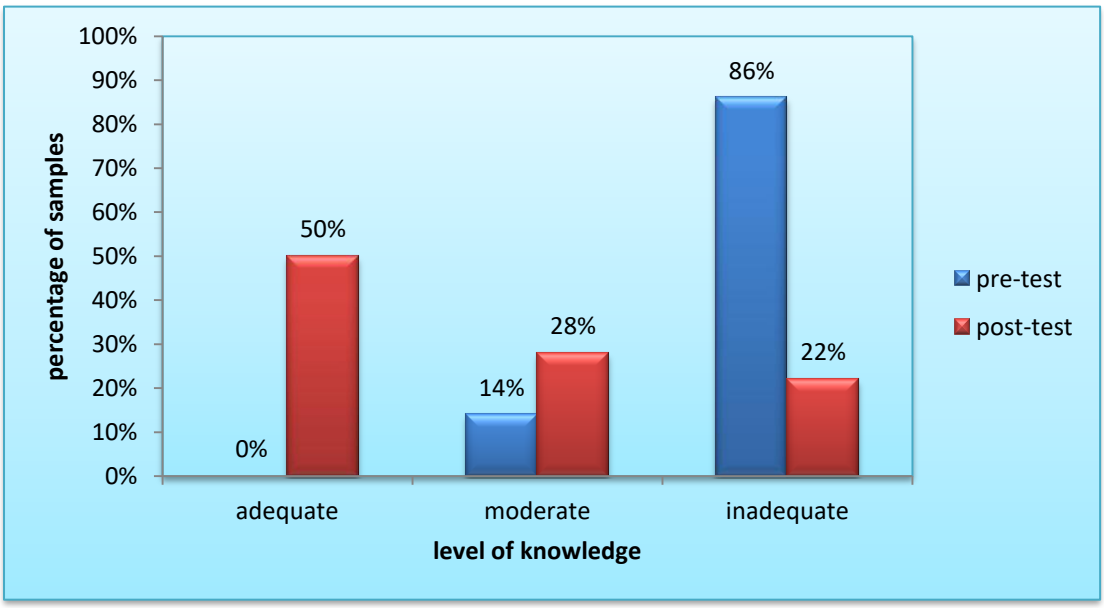

FIGURE 01: COMPARISION OF PRE-TEST AND POST-TEST KNOWLEDGE LEVEL OF SUBJECTS ON FEMALE FOETICIDE.

The data represented in the bar diagram shows that in pre-test, highest percentage (86%) of subjects had inadequate knowledge scores, 14% had moderately adequate knowledge scores regarding female foeticide and its prevention. Where as in post-test, majority (50%) of the respondents had adequate knowledge scores whereas only 22% of the respondents had inadequate knowledge scores**.**

Table 03: Area-wise comparision of pre-test and post-test mean and mean percentage scores of subjects on female foeticide.

N=50

Knowledge area	Max. possible score	Pre-test		Post-test		Enhacement	
		Mean	Mean%	Mean	Mean%	Mean	Mean%
1.General aspect	13	3.00	42.85%	9.01	69.00%	6.09	26.15%
2. Types of abortion,sex detection and causes of feticide	05	2.38	34%	3.5	70.00%	1.12	36%
3. Ill effects of female foeticide	04	2.24	37.33%	2.9	72.05%	0.66	34.72%
4.Preventive aspect	08	3.92	39.2%	6.00	75.00%	2.08	35.8%

Maximum possible score= 30

The data represented in table no 3 indicates that the mean post-test knowledge scores in all the areas were significantly higher than the mean pre-test scores. The mean percentage of pre-test scores ranged between 34% and 42.85%, whereas the mean percentage of post-test score ranged from 69.00% to 75.00%. The lowest pre-test mean percentage (34%) was in the area 'types of abortion,sex detection and causes of foeticide' and the

highest (42.85%) in the General aspect. In the post-test, lowest mean percentage (69.00%) was in the General aspect and highest (75.00%) was in the area 'preventive aspect.

Table 04 : Comparision of pre-test and post-test mean and mean percentage scores of subjects on female foeticide.

N=50

Sl. No	Knowledge aspects	Max score	Pre-test		Post-test		Mean difference	t value	Inference
			Mean	Mean %	Mean	Mean %			
1	General aspect	13	3.00	42.85%	9.01	69.00%	6.01	7.910	S
2	Types of abortion,sex detection and causes	5	2.38	34%	3.5	70.00%	1.12	12.111	S
3	Ill effects of female foeticide	4	2.24	37.33%	2.9	72.00%	0.66	9.268	S
4	Preventive aspect	8	3.92	39.2%	6.00	75.00%	2.08	8.675	S
Overall knowledge		30	11.54	38.34%	21.41	72%	9.87	37.88	S

t_{49}=2.01. P<0.05 S= Significant

From the above table it is evident that the mean difference between the pre-test and post-test score was 9.87. The obtained **"t"** value, **37.88** is greater than the table value at 0.05 (2.009575) level of significance.

Table 09: Chi-square computed between pre-test knowledge scores of students and selected socio demographic variables.

N=50

Variables	Knowledge		Chi Square	df	Inference
	Inadequate	Moderate			
1. Age(in year)					
a. 18-21	30	12	2.485	2	NS
b. 22-25	05	02			
c. 26-29	01	00			
d. 30 and above	00	00			
2. Religion					
a. Hindu	06	05	0.307	2	NS
b. Muslim	26	13			
c. Christian	00	00			
d. Others	00	00			
3. Marital status					
a. Unmarried	30	13	1.613	3	NS
b. Married	03	01			
c. Divorced	01	00			
e. Widow	01	01			
4. Monthly income (in rupees)					
a. Below 7000			14.40	3	S
b. 7001-9000	03	01			
c. 9001-11000	08	07			
d. Above 11000	11	09			
	07	04			
5. Type of family					
a. Nuclear	10	08	0.786	2	NS
b. Joint	09	07			
c. Single parent	08	08			
d. Extended	00	00			
6. Area of residence					
a. Urban	18	10	10.871	3	S
b. Rural	07	05			
c. Slum	03	02			
d. Semi urban	04	1			
7. Source of information					
a. Mass media and books	06	03	10.810	3	S
b. Family history &friend	02	01			
c. Health personnel	03	02			
d. All of the above	20	13			

8. Year of graduation a. First year b. Second year c. Third year	13 11 06	09 08 03	7.985	2	S
9. Speciality in degree a. B.A b. B.Com c. B.Sc	08 06 20	02 04 10	6.76	3	NS

$\chi^2_{(1)}$=3.841, $\chi^2_{(2)}$=5.991, $\chi^2_{(3)}$=7.815; $\chi^2_{(4)}$=9.488 P<0.05 S= Significant

NS= Not Significant

The above table shows χ^2 value computed between the pre-test knowledge level of students on female foeticide and selected demographic variables. Variables of sources of information (χ^2= 10.8), area of residence (χ^2= 10.871), income (χ^2=14.40) and year of graduation (χ^2= 7.9) were significant at 0.05 level. Thus hypothesis H_2 was rejected for these three variables but accepted for remaining variables. Thus it can be interpreted that there is significant association between pre-test knowledge level of the students and selected variables such as income, area of residence, source of information, year of graduation.

III. Discussion

A girl child is undesirable in many regions of the world. In fact due to the high occurrence of foeticide, infanticides, including newborn neglect and abandonment. The world is currently deprived of over 100 million women. China and India alone are responsible for 80 million missing females. Female foeticide is a unique form of violence against women. The word "abortion" has meaning "Offensive" and truly, the practice made to take away the wholeness of a woman is an offense which resorts to taking away the life of her own unborn child[10]. The present study reveals that majority of the respondents had inadequate knowledge scores regarding female foeticide the study supported with similar study conducted on married couple to assess their existing knowledge and attitude towards female foeticide in Allahabad, Uttar Pradesh. Palpur and Ravanika villages. Study revealed that there is a need of awareness programme for married couple in prevention of female foeticide[19].

A similar descriptive study was conducted to assess the knowledge about decreasing sex ratio and attitude towards female foeticide of 50 pregnant women attending antenatal OPD in a selected hospital in Ludhiana, Punjab. The study was recommended that there is a need of education to antenatal mothers attending antenatal OPD resulting in prevention of female foeticide[20]. Hence the investigator observed and felt that the prevention of female foeticide by education is utmost important step to stop the further decline of female sex ratio. This type of preventive education programme for students of degree colleges will help them prevent such female foeticide. Hence this teaching programme will be useful to provide appropriate knowledge and information on prevention of female foeticide.

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