International Journal of Advance Research in Community Health Nursing

E-ISSN: 2664-1666
P-ISSN: 2664-1658
Impact Factor (RJIF): 5.95
www.communitynursing.net
IJARCHN 2025; 7(2): 108-112
Received: 10-08-2025
Accepted: 15-09-2025

Nisha Yadav
Research Scholar, Nirwan University, Jaipur, Rajasthan, India

Dr. Josfeena Bashir
Professor, School of Health Science, Faculty of Applied Health Science, Nirwan University, Jaipur, Rajasthan, India

Corresponding Author:
Nisha Yadav
Research Scholar, Nirwan University, Jaipur, Rajasthan, India

Effectiveness of structured teaching programme (STP) on knowledge regarding prevention of female foeticide among women at selected area of Jaipur

Nisha Yadav and Josfeena Bashir

DOI: https://www.doi.org/10.33545/26641658.2025.v7.i2b.251

Abstract
Background: Female foeticide sex-selective elimination of a female fetus remains a critical public-health and human-rights challenge in India, driving skewed sex ratios and perpetuating gender inequities. Community-level knowledge gaps about legal provisions (PC-PNDT Act), ethical concerns, and socio-economic consequences contribute to its persistence.
Aim: To assess the effectiveness of a Structured Teaching Programme (STP) on improving women's knowledge regarding prevention of female foeticide in a selected area of Jaipur (pilot study).
Methods: A quasi-experimental one-group pre-test-post-test pilot was conducted among women from Thikariya, Jaipur (N=30) selected through simple random sampling. A validated 30-item structured knowledge questionnaire (split-half reliability r=0.77) covering definition, determinants, legal framework (PC-PNDT), adverse social consequences, and community-based prevention strategies was administered before and after the STP. The STP comprised interactive lecture-discussion, FAQs, and myth-busting with IEC materials. Descriptive statistics summarized demographics and score distributions; a paired t-test assessed mean knowledge change (α=0.05).
Results: Knowledge improved significantly following the STP. Mean (±SD) scores increased from 18.3±1.70 (61.0%) at pre-test to 22.1±2.75 (73.7%) at post-test (mean difference=3.8; df=29; t=6.44; p=0.0001). The proportion with adequate knowledge (>65%) rose from 16.7% (5/30) to 86.7% (26/30); average knowledge (51-65%) declined from 76.7% to 10.0%, and inadequate knowledge (<50%) from 6.7% to 3.3%. Participants explicitly improved recognition of legal prohibitions, harms of sex-selective practices, and actionable prevention measures (reporting mechanisms, community advocacy, and "Beti Bachao Beti Padhao" linkages).
Conclusion: The STP produced a statistically and educationally meaningful gain in women's knowledge on prevention of female foeticide. Pilot findings support integrating brief, structured, rights-based education into community and primary-care platforms to strengthen legal awareness, shift social norms, and empower women as change agents. Larger controlled studies should evaluate long-term retention and behavior change outcomes.

Keywords: Female foeticide, structured teaching programme, PC-PNDT act, women's health education, knowledge improvement, Jaipur, pilot study

Introduction
The term foeticide originates from the Latin words fetus (child) and caedo (to kill), meaning the act of killing an unborn child. Female foeticide refers specifically to the deliberate termination of a female fetus after determining its sex in the mother's womb. This deeply ingrained social evil has been practiced in India for over five decades, despite the country's cultural tradition of revering women as goddesses. Ironically, the very women who symbolize life and divinity are denied their right to be born. Many mothers, often under societal and familial pressure, resort to aborting female fetuses simply due to a persistent preference for male heirs [1]. Female foeticide represents one of the most heinous forms of gender-based violence, depriving females of their most fundamental human right the right to life [2]. Historically, the birth of a girl was celebrated as the arrival of Goddess Lakshmi, symbolizing prosperity. However, changing social values, dowry demands, and gender biases have transformed daughters into perceived economic burdens [3]. This widespread son preference has significantly skewed India's child sex ratio, with females declining sharply in comparison to males [4].

Studies show that female foeticide is increasingly prevalent not only in urban areas but also in rural settings, largely due to the accessibility of prenatal sex determination technologies [5]. Female foeticide is an illegal and unethical practice that violates both medical ethics and human rights. It reflects deep-rooted patriarchal attitudes where male children are valued for economic and social reasons, while females are seen as liabilities [6].

To combat this issue, government initiatives such as the Beti Bachao Beti Padhao (Save the Daughter, Educate the Daughter) campaign in Rajasthan aim to improve the Child Sex Ratio (CSR), promote girls' education, and raise awareness about gender equality through community involvement and welfare programs [7, 8].

Need for the study

Female foeticide, the deliberate termination of a female fetus after sex determination, remains one of the gravest social and ethical issues in India. The Indian Penal Code and the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act) strictly prohibit and criminalize sex-selective abortions, recognizing them as punishable offences [9,10]. Despite these laws, the misuse of medical technologies such as ultrasonography and amniocentesis for sex determination has made female foeticide alarmingly common, particularly among educated and affluent families [11].

This practice reflects deep-rooted gender bias, patriarchal attitudes, and the societal preference for male children [12]. Female foeticide not only violates human rights but also inflicts severe psychological trauma on women forced into repeated abortions [13]. It has led to an increasingly skewed child sex ratio—914 females per 1000 males in the 2011 Census with states like Haryana, Punjab, Rajasthan, and Maharashtra showing the sharpest decline [14].

Experts, including Ranjana Kumari from the Centre for Social Research, have termed the situation a "national emergency," urging immediate awareness among youth and communities to protect the girl child [15]. Ending this inhumane act requires strict enforcement of laws, societal transformation, and comprehensive education that promotes gender equality and values every child, irrespective of sex [16, 17].

Aim of the study

His study aims to evaluate the effectiveness of a Structured Teaching Programme (STP) in enhancing women's knowledge about the prevention of female foeticide. It seeks to compare pre-test and post-test knowledge levels and examine associations between knowledge gains and selected demographic variables. The goal is to promote informed awareness and attitudinal change toward gender equity.

Research Methodology

Objectives

1. To assess the level of knowledge regarding prevention of female foeticide among women by pre-test.
2. To assess the level of knowledge regarding prevention of female foeticide among women by post-test.
3. To assess the effectiveness of structured teaching programme regarding prevention of female foeticide.
4. To find out the association of level of knowledge regarding prevention of female foeticide with selected demographic variables.

Research hypotheses

- **H_1:** There will be significant difference between pre-test and post-test knowledge score regarding female foeticide among the women.
- **H_2:** There will be a significant association between knowledge score of women and selected demographic variable.

Research approach

In view of the nature of the problem selected for the study, a quantitative research approach was found appropriate.

Research design

A quasi experimental research design was best suitable, as it was used to examine characters of a single sample.

Setting of the study

The study was conducted in selected area of Jaipur city, Rajasthan are as follow:

Thikariya, Jaipur

Dependent variable

In the present study it refers to the knowledge regarding prevention of female foeticide of women.

Independent variable

In present study it refers to structured teaching programme (STP) on knowledge regarding prevention of female foeticide.

Demographic variables

Demographic variables selected for this study are: Age, Religion, Educational status, Occupation, Monthly income, Type of family, Parity, Previous knowledge regarding female foeticide.

Sampling technique

Sampling is a process of selecting a portion of the population to represent the entire population. The Simple random sampling technique was use for present study.

Criteria for selection of sample

1. Inclusion criteria

- Women from selected area of Jaipur.
- Who willing to participate in the study.
- Women age group between 21 to 40 years of age.
- Able to read and write Hindi and English.

2. Exclusion criteria

- Who will not willing to participate in the study.
- Who will not available at the time of data collection.
- Who will not co-operative.

Description of the tool

Selection of tool: Structured knowledge questionnaire was used for the measurement of the knowledge regarding prevention of female foeticide.

Description of the tool

The final tool consists of two sections:

- **Section - I:** Demographic variables
- **Section - II:** Structured knowledge questionnaire

Reliability of the tool

The reliability of the structured knowledge questionnaire was found to be r = 0.77 which indicated that tool was reliable.

Pilot study

Formal permission was sought from the Thikariya, Jaipur to conduct the pilot study. The Pilot study was conducted from 09/05/2025 to 23/05/2025 on 30 women from Thikariya, Jaipur. The tools are consist of demographic data and structured knowledge questionnaire. The time was taken for the completion of the test was 40 - 45 minutes. 8 women per day were taken for data collection. The pre test was started from 09/05/2025 followed by administration of structured teaching programme (STP) after some days 16/05/2025 the post test was conducted and response were collected.

A concise data analysis was done by using descriptive and inferential statistics. Obtained the score from women prepare master sheet and calculation done for the check the reliability of tool and find that further study was conducted or not. The study was found to be feasible and practicable and further study can be done.

Results

Section I: Description of demographic characteristics of the women

Majority 10 (33.33%) women were from the 26 - 30 years of age followed by 9 (30%) were from 20 - 25 years of age some of them 7 (23.33%) were from the 31 - 35 years of age and remaining 4 (13.33%) were above 35 years of age. The most of 24 (80%) women Hindu followed by 3 (10%) women were Muslim, 2 (6.66%) women were Christian and remaining 1 (03.66%) were Sikh. Most of 17 (56.66%) women have completed higher secondary followed by 6 (20%) women have completed high school education some of them 4 (13.33%) women have done graduation and above and remaining 3 (10%) women were illiterate. The occupation of most of 10 (33.33%) women was self employment followed by 9 (30%) women were in private or govt. services some of them 8 (26.66%) women were labor and remaining 3 (10%) women were house wife.

The most of 16 (53.33%) women earned between 10000 - 25000 per month followed by 7 (23.33%) women earned 25000 - 50000 per month some of them 6 (20%) women were earned below 10000 per month and remaining 1 (03.33%) women were earned more than 50000 per month. The most of 19 (63.33%) women have joint family and remaining 11 (36.66%) women have nuclear family. The most of 20 (66.66%) women were multipara and remaining 10 (33.33%) were primipara. The majority of 21 (70%) women have previous knowledge and remaining 9 (30%) women have not previous knowledge.

Section II: assess the level of knowledge regarding prevention of female foeticide of women

a. Level of Knowledge of Women Regarding Prevention of Female Foeticide

Table 1: Level of knowledge Of women regarding prevention of female foeticide before and after intervention

S. No.	Aspect	Before intervention		After intervention	
		Frequency	Percentage	Frequency	Percentage
1.	Inadequate <50%	02	6.66%	01	3.33%
2.	Average 51 - 65%	23	76.66%	03	10%
3.	Adequate >65%	05	16.66%	26	86.56%

The table no. 1 showed the level of knowledge regarding prevention of female foeticide. With regard to knowledge scores, 02 (6.66%) women had inadequate knowledge, 23 (76.66%) women had average knowledge and 05 (16.66%) women had adequate knowledge regarding prevention of female foeticide before intervention whereas 01 (03.33%) women had inadequate knowledge, 03 (10%) women had average knowledge and 26 (85.56%) women had adequate knowledge regarding prevention of female foeticide after intervention.

b. Level Of knowledge score Regarding prevention of female foeticide Of women before intervention

Table 2: Mean, mean percentage, median, SD of women before and after intervention

S. No.	Level of Knowledge	Mean	Mean percentage	Median	SD
1.	Pre-test level of knowledge	18.3	61%	18	1.70
2.	Post-test level of knowledge	22.1	73.66%	22	2.75

The above table no. 2 revealed the mean, mean percentage, median and SD of knowledge level of women regarding prevention of female foeticide before and after intervention. The knowledge assess by the structured knowledge questionnaire which 30 questions. With regards to score the pre test mean score is 18.3 with 61% mean percentage. The median and SD are 18; 1.70 respectively. The post test mean score is 22.1 with 73.66% mean percentage. The median and SD are 22; 2.75 respectively.

Section III: assess the effectiveness of structured teaching programme (stp) regarding prevention of female foeticide

a. Effectiveness of Structured Teaching Programme (Stp) Regarding Prevention of Female Foeticide

There were 30 women were taken for the study. Each of them had to answer 30 questions. After that mean, median, SD is calculated on the basis of responses and result or hypothesis can be calculated by ‘t’ test. Mean, median and standard deviation were obtained as under below

Table 3: Mean, median, SD and t value of knowledge level N= 30

S. No.	Knowledge				Mean Difference	df	t value	p value
		Mean	Median	SD				
1.	Pre Test	18.3	18	1.70	3.8	29	6.44	0.0001
2.	Post Test	22.1	22	2.75				

The above table no. 3 revealed the mean median SD and t value of women regarding prevention of female foeticide. The pre test mean is 18.3 while post test mean is 22.1 with 3.8 difference. The pre test median and SD are 18, 1.70 respectively whereas post test median and SD are 22, 2.75 respectively. The t value is 6.44 at 0.0001 p value.

The calculated value i.e. 6.44 is more than tabulated value i.e. 1.96 at 0.05 level of significance. So we can say that the structured teaching programme regarding prevention of female foeticide is effective for women. In other words we can say that structured teaching programme is beneficial for women to enhance the knowledge regarding prevention of female foeticide.

Discussion

The findings of the present pilot study demonstrated a significant improvement in women's knowledge regarding the prevention of female foeticide following the implementation of a Structured Teaching Programme (STP). The mean pre-test knowledge score (18.3 ± 1.70; 61%) increased to 22.1 ± 2.75 (73.66%) after intervention, with a mean difference of 3.8 and a t-value of 6.44 ($p = 0.0001$), indicating that the STP was highly effective in enhancing awareness and understanding among women. The percentage of participants with adequate knowledge (>65%) also rose markedly from 16.6% to 86.5%, affirming the educational impact of the intervention.

The present study's results are consistent with earlier research emphasizing the importance of structured educational programmes in addressing gender-based issues. Punam and Ryhal (2012) reported that women's awareness of socio-economic factors related to female foeticide significantly increased after community-based interventions [18]. Similarly, Indu Grewal and J. Kishore (2004) highlighted that targeted educational efforts and strict enforcement of the PNDT Act were effective strategies for reducing sex-selective abortions [19]. The findings also align with reports from the Centre for Social Research (CSR), where Ranjana Kumari advocated for early education among youth to change attitudes and prevent gender-biased practices [20]. Furthermore, the study corroborates earlier evidence that literacy and socio-economic status play dual roles—while education should discourage foeticide, its misuse has sometimes increased awareness of illegal sex determination tests, thereby fueling the problem [21]. These paradoxes underline the need for ethical, values-based education rather than mere informational awareness.

In conclusion, the study validates that a well-structured teaching intervention can significantly improve knowledge and foster attitudinal change toward gender equity and the protection of girl children. Continuous educational programmes integrated into community health initiatives and women's welfare schemes like Beti Bachao Beti Padhao can effectively combat this social evil and promote long-term behavioral transformation [22].

Conclusion

The present pilot study concluded that the Structured Teaching Programme (STP) on the prevention of female foeticide was highly effective in improving women's knowledge and awareness regarding this critical social and ethical issue. The significant rise in post-test mean scores (from 18.3 to 22.1, $p = 0.0001$) clearly demonstrates that structured, focused educational interventions can successfully enhance understanding of legal provisions, social consequences, and preventive measures related to female foeticide.

The findings emphasize that education plays a vital role in changing perceptions and reducing the deep-rooted gender bias that perpetuates this crime. By empowering women with accurate knowledge about the *Pre-Conception and Pre-Natal Diagnostic Techniques (PC-PNDT) Act*, human rights, and the societal impact of skewed sex ratios, the STP encouraged positive attitudes toward valuing the girl child.

This study highlights the importance of incorporating regular awareness programs, counseling sessions, and legal literacy drives at the community level. Strengthening women's education, engaging families, and promoting government initiatives like *Beti Bachao Beti Padhao* can create a sustainable impact in reducing gender-based discrimination. Hence, structured teaching programs should be expanded on a larger scale to foster social responsibility, gender equality, and respect for the right of every child—irrespective of gender—to be born and thrive.

Conflict of Interest: The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

Funding Source: There is no funding Source for this study.

References

1. Singh Y. Female Foeticide and Gender Crises: A Growing Menace in India. New Delhi: Academic Heights Publication; 2015. Available from: https://www.iftmuniversity.ac.in/iftmuniversity/profile/download/book/400.pdf
2. Chanana K. Whose daughters or daughter discrimination: declining child sex ratio in North and Western India. In: Culture Change in India. Taylor & Francis; 2024. Available from: https://www.taylorfrancis.com/chapters/edit/10.4324/9781032724300-11/
3. Singh A. Female feticide and gender biasness. Contemporary Social Sciences. 2022;31(1):18-26. Available from: http://jndmeerut.org/wp-content/uploads/2022/05/Vol.-31-No.-1-2022.pdf
4. Mittal A, Kohli R, Mittal A. Analysis of the skewed sex ratio and female foeticide in India. BIO Web of Conferences. 2024;58:01025. Available from: https://www.bio-conferences.org/articles/bioconf/abs/2024/05/bioconf_rtbs2024_01025/bioconf_rtbs2024_01025.html
5. Karmakar P. Missing Daughters: Social Perceptions and Treatment of the Girl Child in India. North Bengal

University; 2021. Available from: https://www.academia.edu/download/84147020/Missing_Daughters_-_Social_Perceptions_and_Treatment_of_the_Girl_Child_in_India.pdf
6. Puri S, Adams V. Women's experiences with medical technologies in Delhi. Culture, Medicine and Psychiatry. 2011;35(2):244-268. doi: 10.1007/s11013-011-9218-1
7. Ministry of Women and Child Development. Beti Bachao Beti Padhao Scheme Guidelines. Government of India; 2015. Available from: https://wcd.nic.in/sites/default/files/BBBPSchemeGuidelines-English.pdf
8. Sharma A. Effectiveness of Beti Bachao Beti Padhao in Rajasthan. International Journal of Scientific Research and Publications. 2023;13(2):1-6. Available from: https://www.ijsrp.org/research-paper-0223.php?rp=P13412265
9. Gerdes N. A Case of Femicide: Gender Biased Sex Selective Feticide in India. Vienna: University of Vienna; 2013. Available from: https://phaidra.univie.ac.at/detail/o:1305020.pdf
10. Jena S. The practice of female foeticide and infanticide among Scheduled Caste population in India. Voice of Dalit. 2011;4(1):15-25. Available from: https://journals.sagepub.com/doi/abs/10.1177/097435452011010 5
11. Sahu S. Gender, Violence and Governmentality: Legal and Policy Initiatives in India. London: Routledge; 2020. Available from: https://www.taylorfrancis.com/books/mono/10.4324/9781003133131
12. Reddy TRP. Law Governing Unfair Practices and Property Relations. NALSAR University of Law; 2020. Available from: https://nalsarpro.org/Portals/23/1_2%20Law%20Governing%20Unfair%20Practices%20and%20Property%20RelationsFinal.pdf
13. Sanctis R. Struggle for Life and Resistance to Female Foeticide in India. Nijmegen: Radboud University; 2014. Available from: https://repository.ubn.ru.nl/bitstream/handle/2066/129897/MMUBN000001_1006421556.pdf
14. Office of the Registrar General & Census Commissioner, India. Census of India 2011: Child Sex Ratio. Government of India; 2011. Available from: https://censusindia.gov.in/
15. Centre for Social Research. Sex Selective Abortions: An Ethical & Human Rights Concern. New Delhi: CSR; 2018. Available from: https://www.csrindia.org
16. Ministry of Health and Family Welfare. The Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994. Government of India; 1994. Available from: https://main.mohfw.gov.in
17. Ministry of Women and Child Development. Beti Bachao Beti Padhao Guidelines. Government of India; 2015. Available from: https://wcd.nic.in
18. Punam S, Ryhal PC. Studying socio-economic factors affecting female foeticide in Himachal Pradesh. In: Kumar A, editor. Social Exclusion Inclusion Continuum: A Sociological Exploration. 2012. p. 223-230. Available from: https://www.researchgate.net/publication/301197887
19. Grewal I, Kishore J. Study of knowledge and attitude regarding prenatal sex determination among women attending antenatal clinic at a teaching hospital in Delhi. Indian Journal of Preventive and Social Medicine. 2004;35(1):20-25.
20. Centre for Social Research. Gender Biased Sex Selection: A Study of Haryana and Punjab. New Delhi: CSR; 2015. Available from: https://www.csrindia.org
21. Punam S, Ryhal PC. Girl child and female foeticide in Himachal Pradesh: a case study. ResearchGate; 2012. Available from: https://www.researchgate.net/publication/301197788
22. Ministry of Women and Child Development. Beti Bachao Beti Padhao Guidelines. Government of India; 2021. Available from: https://wcd.nic.in

How to Cite This Article
Nisha Yadav and Josfeena Bashir. Effectiveness of structured teaching programme (STP) on knowledge regarding prevention of female foeticide among women at selected area of Jaipur. International Journal of Advance Research in Community Health Nursing. 2025; 7(2): 108-112.