A Study to evaluate the effectiveness of structured training program regarding prevention of female foeticide on knowledge and attitude of nursing personnel and Accredited Social Health Activists (ASHAs) in a selected district of Haryana

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ABSTRACT

The constitution of India makes no distinction between the sexes and its preamble guarantees to secure to all its citizens justice - social, economic and political - liberty of thought, expression of faith and equality of status and opportunity. But this equality has not been very evident in practice and the social and the economic status of women has not been on par with that of men. The rejection of the unwanted girl children begin even before their birth. Female foeticide is a reality in many societies and in such societies the unborn females are subjected to silent deaths inside the womb itself. The problem of female foeticide requires urgent attention of all the parliamentarians, the government, the judiciary, the media and the public at large. It is felt that unless immediate action is taken to change the mindset of the people, the girl child would be on her way to utter deprivation, destitution and even extinction.

Objective: The present study is carried out to evaluate the effectiveness of structured training programme regarding the prevention of female foeticide on knowledge and attitude of nursing personnel and Accredited Social Health Activists (ASHAs).

Materials and methods: The study was conducted in primary health centres of Faridabad district of Haryana among 326 nursing personnel and ASHAs (160 in control group and 166 in interventional group). The instruments of data collection include a self developed self administered knowledge questionnaire to assess the knowledge regarding female foeticide and a Likert Attitude Scale to assess the attitude of participants towards female foeticide. The structured training programme include teaching on different aspects of prevention of female foeticide and administration of a short film – ‘JEENANNIDHI’ - which was prepared by the investigator in order to sensitize the nurses and ASHA workers regarding prevention of female foeticide. An in-depth interview was conducted for every 10th participant (n=16) to assess the perceptions of nursing personnel and ASHA workers regarding female foeticide. All the measurements were carried out once before and twice after the structured training programme.

Results: Majority of the socio-demographic and clinical variables among the participants were homogeneously distributed in the control and interventional groups. Most of the participants, 59.4% in the interventional group and 56% in the control group were above the age of 30 years and 75.0% in the interventional group and 65.1% in the control group had more than four years of experience in their working field. Among the participants who received the information on female foeticide, 71.1% in the interventional group and 59.9% in the control group had received it from the health care personnel. None of the participants received the information from radio and internet. The comparison of the mean score of the knowledge of the nursing personnel and ASHAs in the control and interventional group during the pre and the postassessments show that the ‘t’ value calculated was significant during post- I (t= 20.816, p<0.001) and post-II (t=36.307, p<0.001). This shows that the intervention is effective in improving the knowledge of the nursing personnel regarding the prevention of the female foeticide. The ‘t’ value corresponding to the comparison of mean attitude score between the post assessment-1 (t=6.939) and post assessment-
II (t=9.870) between the interventional group and control group were found to be statistically significant (P= 0.01). It shows that the intervention was effective in changing the mindset of the participants towards the prevention of female foeticide. Highly significant association was found between the pre-interventional knowledge score and the category of health personnel ($\chi^2$=30.84, p<0.001). The nursing personnel had more knowledge regarding prevention of female foeticide compared to the ASHA workers. The correlation between the pre-interventional knowledge score and the selected socio-demographic variables was done using spearman rank correlation method and there is correlation between pre-interventional knowledge score and the education ($r=0.320$, p<0.001)and income ($r=0.164$, p<0.001) of the participants. There was no significant correlation between the preinterventional attitude score and the selected socio-demographic variables of the nursing personnel and ASHAs. Qualitative content analysis was done to analyze the perceptions of nursing personnel and ASHAs regarding prevention of female foeticide. All the participants had the opinion that the main reason for son preference is that the ‘boy carries the name of the family’. Among the participants, 81.25% of them opined that the reason for female foeticide is dowry and dowry should be stopped at any cost. The two main consequences of female foeticide mentioned by the participants (56.25%) include man cannot find wives and sexual violence and crimes will increase. Among the suggestions given by the participants for preventing the female foeticide, 87.5% of the participants opined that the doctors should stop the detection of the sex of the baby. The response of 56.25% of the participants reveals that they wish to stop female foeticide at any cost.

**Conclusion:** The training programme is effective in making a change in the knowledge and mindset of the nursing personnel and ASHAs towards female foeticide. Qualitative analysis of Nursing personnel and ASHAs regarding their perception about female foeticide reveals that they are sensitized about this pressing issue and are ready to become the channel of communication to the public for the prevention of female foeticide.

**Key words:** female foeticide, training programme, ASHAs, knowledge, attitude, nursing personnel, ASHAs.