

Original Research Article

A Study on the Attitude of Gender Preference and Female Feticide among Women in Selected Settings at Mangaluru

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ABSTRACT

Background: The social evils, female feticide and infanticide can be eradicated only when people recognize the importance of women in their life. Preference for male baby reflects underlying socioeconomic and cultural patterns and prevailing inequity between genders in many societies in India.

Aim: The aim of the study was to compare the attitude of unmarried and married women towards gender preference and female feticide

Methods: A descriptive comparative research design was used to determine the attitude of 150 unmarried and 150 married women who were selected by purposive sampling technique. Data was collected using self made attitude rating scales and was analysed using descriptive and inferential statistics.

Results: The finding in the study shows that majority of the unmarried women (86%) and married women (91.3%) have favourable attitude towards gender preference whereas majority of the unmarried women (82.7%) and married women (78%) have an unfavourable attitude towards female feticide. There was a significant difference in the attitude of unmarried and married women towards gender preference whereas there was no significant difference in the attitude of unmarried and married women towards female feticide.

Conclusion: The unmarried and married women have a different attitude towards gender preference and female feticide. Socio-demographic factors play a role in women's awareness of female feticide and education plays a critical role in modifying their attitudes towards female feticide.

Key words: Attitude, gender preference, female feticide, unmarried women, married women.

INTRODUCTION

Words of Wisdom:

Being pregnant and giving birth is like crossing a narrow bridge: people can accompany you to the bridge, and they can greet you on the other side, but you walk that bridge alone. And the journey doesn't

end there: children are the future of a society and special gifts to the world. Changes in our society and world require us to be attentive to and value them and their health. ^[1] With the prevailing son mania in the country it is not surprising that right from the first census of 1871, India has

consistently shown an abnormal sex ratio (940 women for every 1000 men). But the most alarming and disturbing aspect of 2011 census is that the child sex ratio which is a measure of female / male children below 6 years is even lower (914 /1000) and has fallen from 927 girls/1000 boys in 2001 and it is the lowest since 1947. [2]

Killing girl child in the womb of a mother is known as female feticide and is very common in Asian countries like India. Though it may seem that women have a great deal of freedom and independence, the overall condition of women in the world of today is not as it should be. [3] Sex selective abortions cases have become a significant social phenomenon in several parts of India. It is reported that about 4,000 female babies are aborted in Tamil Nadu (southern India) every year. Sex determination tests are widely resorted to even in the remotest rural areas. Since most deliveries in rural areas take place at home there is no record of the exact number of births/deaths that take place. Therefore, it is difficult to assess the magnitude of the problem. However, the fact remains that the right to be born are being denied to the female child. Since all religions treated abortion as immoral, and contrary to divine law, this blanket ban on abortion, resulted in illegal abortions and risking the life of the woman. [4]

In countries such as China and India, the practice of infanticide continued into the 20th century. The government of India introduced the Pre- Natal Diagnostic Techniques Act (PNDT) in 1994 that was later amended in 2002 and 2003 as Pre-Conception and Pre- Natal Diagnostic Techniques Act (PCPNDT) with the objective of preventing the misuse of diagnostic techniques and sex selection. Facilities using prenatal diagnostic technique were made to register compulsorily and strong penal provisions were introduced for people found to be violating the rules laid in the PCPNDT Act. [5]

A descriptive study was undertaken with 100 male and female adult participants

to assess the knowledge, attitude and practice regarding gender preference and female feticide among population of different areas of Banda district, Uttar Pradesh. 53% said that boys carry the name of the family and inherit property and 55% said that killing of the female foetus is due to burden of dowry system. 49% of them said that girls needed more safety. Majority of them suggested that this harmful practice should be stopped. [6]

A descriptive study was conducted among 100 pregnant women at Krishna hospital, Karad, to assess the knowledge and attitude regarding female feticide. The result showed that out of 100 women, 15% of them had good knowledge, 46% had average knowledge and 39% had poor knowledge regarding female feticide. The attitude towards female feticide showed 15% women had strong positive attitude, 59% had positive attitude and 26% with negative attitude. The study concluded that most of the female were having average knowledge and average attitude regarding female feticide. [7]

And yet recently another study has been conducted to identify the attitude, awareness and practice on female feticide of pregnant women in Udaipur city of Rajasthan. 500 pregnant women were selected for the study. 60% of the participants had shown no gender preference, 23.4% preferred male child and 16.6% had preferred to have female child. Regarding awareness on female feticide, 86.2% and 91.2% women knew that prenatal sex determination and female feticide are illegal respectively. The desire to have one male child is the main cause for female feticide as male child is considered as a necessary condition for family name. [8]

Creating an awareness regarding gender preference and female feticide is very vital. From number of reviewed literature, it is found that different people have different views / ideas regarding gender preference and female feticide. As there is a saying, a woman is one of God's greatest and complex creations. Eliminate

inequality, not women; destroy dowry, not daughters, daughters are not for slaughter.

Objectives of the study

1. To identify the attitude of unmarried women on gender preference and female feticide.
2. To identify the attitude of married women on gender preference and female feticide.
3. To compare the attitude of unmarried and married women on gender preference and female feticide.
4. To find the association of attitude of the unmarried women with selected demographic variables.
5. To find the association of attitude of the married women with selected demographic variables.

MATERIALS AND METHODS

The research approach used was quantitative approach and research design adopted was comparative research design. The study was done to compare the attitude of unmarried women and married women towards gender preference and female feticide. The study was conducted in two different settings. For the unmarried women, it was conducted in St. Agnes Centre for Post graduate studies and research and St. Aloysius College, Mangaluru. The married women were selected from the Out Patient Department of Obstetrics and Gynaecology, Father Muller Medical College Hospital (FMMCH). The sample comprised of 300 women; 150 each for unmarried and married women were selected by purposive sampling technique.

To check the reliability of the attitude rating scales on gender preference and female feticide, Cronbach Alpha method was used and both the reliability came as 0.7. Ethical clearance was obtained from the Ethical committee of FMMCH. The study was conducted from 6th March 2017 to 1st April 2017. Attitude rating scales on gender preference and female feticide was used to collect the data. The investigator explained the purpose of the study to the women to win their

cooperation. Confidentiality was assured and informed consent was taken from each woman. Attitude rating scales on gender preference and female feticide was administered to the participants with proper explanation. The data collected was analysed using descriptive and inferential statistics in SPSS version 21 based on objectives and hypotheses of the study.

RESULTS

Section I: Description of baseline characteristics

Majority of the unmarried women (93.3%) and married women (61.3%) were in the age group of 21 to 25 years and most of the unmarried women (54%) were Christians and married women (52.7%) were Muslims. 24.7% (unmarried) and 32% (married) had a family income below Rs.10000. Most of the unmarried women (96.7%) and married women (62%) belonged to nuclear family. Majority of the unmarried women (82.7%) have the same preference for male and female child in the family while majority of married women (79.3%) had no gender preference and neither their husband (76%), and preference was supported by their in-laws (78%). 84% of the unmarried women have previous knowledge about female feticide among which 45.3% received knowledge from mass media and 38.7% from school education. 89.3% of the married women had previous knowledge about female feticide among whom 59.3% received knowledge from mass media and 30.7% from school education. (Table 1 and 2)

Section II: Attitude of unmarried and married women on gender preference and female feticide.

This section deals with the area wise distribution and attitude of 150 unmarried women and 150 married women towards gender preference and female feticide, described in terms of mean, standard deviation, mean percentage, frequency and percentage. The data obtained was analysed using the descriptive statistics and is presented in Table 3, Figure 1 and Figure 2.

Table1: Frequency and percentage distribution of subjects according to baseline characteristics (unmarried women). n = 150

Sl No.	Variables	Frequency (f)	Percentage (%)
1.	Age in years Mean± SD = 22.07 ± 1.37		
	21 to 25 years	140	93.3
	26 to 30 years	10	6.7
2.	Religion		
	Christianity	81	54
	Islam	13	8.7
	Hinduism	56	37.3
3.	Family income in rupees		
	Rs. 10000 and below	37	24.7
	Rs. 10001 to 20000/-	59	39.3
	Rs. 20001 and above	54	36
4.	Do you have siblings?		
	Yes	131	87.3
	No	19	12.7
4 a.	If yes, how many siblings		
	1 sibling	70	46.7
	2 to 3 siblings	48	32
	More than 3 siblings	13	8.7
5.	Which is your birth order		
	First child	64	42.7
	Second child	47	31.3
	Third child	26	17.3
	Fourth child	5	3.3
	Fifth child and more	8	5.3
6.	Type of family		
	Nuclear family	145	96.7
	Joint family	5	3.3
7.	Is the preference for male and female child similar in your family?		
	Yes	124	82.7
	No	26	17.3
8.	Do you have previous knowledge about female feticide?		
	Yes	126	84
	No	24	16
8a.	If Yes, source of information		
	Mass media	68	45.3
	Education (school)	58	38.7

Table 2: Frequency and percentage distribution of subjects according to baseline characteristics (married women). n= 150

Sl No	Variables	Frequency (f)	Percentage (%)
1.	Age in years Mean± SD = 25.08± 2.36		
	21 -25 years	92	61.3
	26-30 years	58	38.7
2.	Occupation		
	Home maker	98	65.3
	Private employee	34	22.7
	Government employee	10	6.7
	Business	8	5.3
3.	Religion		
	Christianity	29	19.3
	Islam	79	52.7
	Hinduism	42	28
4.	Educational status		
	Secondary (5 to 10th standard)	72	48
	Higher secondary (11 to 12th standard)	31	20.7
	Graduate	36	24
	Post graduate	11	7.3
5.	Family income in rupees		
	Rs.10000 and below	48	32
	Rs. 10001 to 20000/-	70	46.7
	Rs. 20001 and above	32	21.3
6.	Husband's education		
	Secondary (5 to 10th standard)	76	50.7
	Higher secondary (11 to 12th standard)	39	26
	Graduate	32	21.3
	Post graduate	3	2
7.	Do you have siblings?		
	Yes	144	96
	No	06	4
7a.	If yes, how many siblings?		
	1 sibling	23	15.3
	2 to 3 siblings	64	42.7
	More than 3 siblings	57	38

8.	Which is your birth order?		
	First child	60	40
	Second child	28	18.7
	Third child	16	10.7
	Fourth child	17	11.3
	Fifth child and others	29	19.3
9.	Type of family		
	Nuclear family	93	62
	Joint family	57	38
10.	Do you have gender preference?		
	Yes	31	20.7
	No	119	79.3
10a.	If yes, is your preference of gender supported by your husband?		
	Yes	24	16
	No	6	4
10b.	If no, does your husband have a gender preference?		
	Yes	6	4
	No	114	76
11.	Is the preference of gender supported by your in-laws?		
	Yes	117	78
	No	33	22
12.	Is the preference for male and female child similar in your family?		
	Yes	146	97.3
	No	4	2.7
13.	Do you have previous knowledge about female feticide?		
	Yes	134	89.3
	No	16	10.7
13a.	If yes, source of information.		
	Mass media	89	59.3
	Education (school)	4	30

Table3: Area wise distribution of mean, standard deviation and mean% of unmarried and married women. n= 150 + 150

Variables	Domains	Unmarried women			Married women		
		Range of score	Mean \pm SD	Mean %	Range of score	Mean \pm SD	Mean %
Gender preference	1.Personal	12 -30	21.29 \pm 2.86	70.97	14- 30	21.71 \pm 2.85	72.37
	2.Family	10 -29	18.38 \pm 3.31	61.27	12- 29	20.37 \pm 3.59	67.9
	3.Socio- economic	8 -25	16.67 \pm 2.39	66.68	11- 23	17.57 \pm 2.40	70.28
Female feticide	1.Cultural	12- 30	21.67 \pm 3.37	72.23	13- 29	21.39 \pm 3.04	71.3
	2.Family	9- 24	17.34 \pm 3.01	69.36	9- 23	17.34 \pm 2.82	69.36
	3.Awareness	14- 30	22.86 \pm 3.11	76.2	14- 30	23 \pm 2.99	76.7

The data in Table 3 reveals that the mean % score in the personal aspect of gender preference for unmarried and married women is highest as 70.97% and 72.37% respectively.

The findings also revealed that the mean% score in the area of awareness on female feticide among unmarried and married women is highest as 76.2% and 76.7% respectively.

Attitude of unmarried and married women towards gender preference

It reveals that majority of the unmarried women (86%) and married women (91.3%) have favourable attitude towards gender preference.

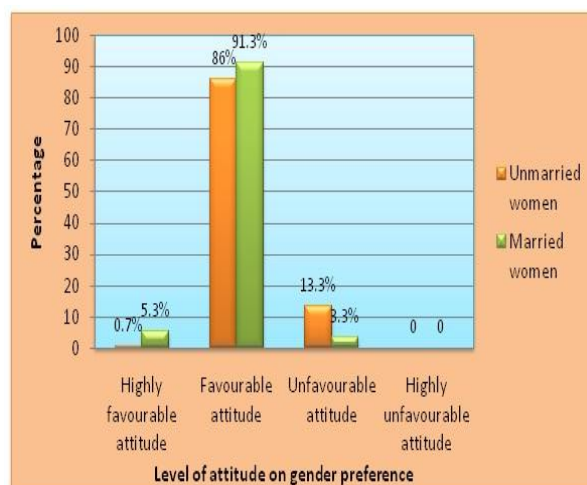


Figure 1: Bar diagram showing distribution of attitude level of subjects towards gender preference according to the grading

Attitude of unmarried and married women towards female feticide

It reveals that majority of the unmarried women (82.7%) and married

women (78%) have an unfavourable attitude towards female feticide.

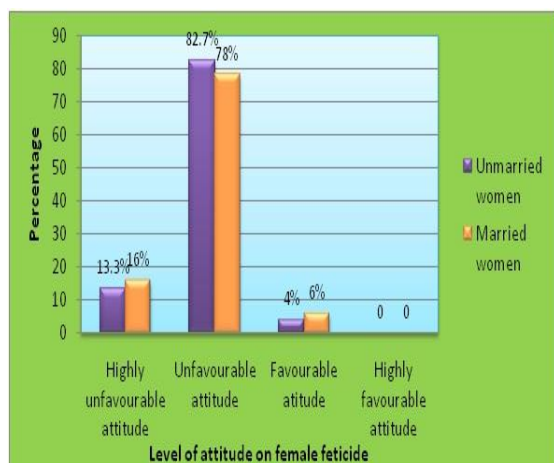


Figure 2: Bar diagram showing distribution of attitude level of subjects towards female feticide according to the gra

Section III: Comparison of the attitude of women on gender preference and female feticide.

To compare the attitude of unmarried and married women on gender preference and female feticide, unpaired 't' test was used.

Table 4: Comparison of attitude towards gender preference between married and unmarried women n=150 +150

Women	Mean ± SD	Mean difference	Obtained 't' value	'p' value
Unmarried women	56.34 ± 4.46			
		3.313	5.927	.000*
Married women	59.65 ± 5.19			

$t_{298} = 1.96, p < 0.05$ * significant

Data in the table 4 shows the p value (p =.000) is less than 0.05 which suggests that there is a significant difference in the attitude of unmarried and married women towards gender preference.

Table6: Association of attitude of the unmarried women on gender preference with selected demographic variables. n=150

Sl No.	Variables	Median (<56)	Median (>56)	χ^2	df	'p' value
1	Religion					
	Christianity	43	38			
	Islam	8	5			
2	Family income in rupees					
	Rs. 1000 and below	27	10			
	Rs 10001 to 20000/-	25	34			
3	Do you have siblings?					
	Yes	30	24	8.61	2	.013*
	No	71	60			
4	Type of family					
	Nuclear family	11	8	.091	1	.762
	Joint family	80	65			
5	Is the preference for male and female child similar in your family?					
	Yes	2	3	.44	1	.503
	No	68	56			
		14	12	.009	1	.926

p<0.05 level of significance*

Table5: Comparison of attitude towards female feticide between married and unmarried women. n=150 +150

Women	Mean ± SD	Mean difference	Obtained 't' value	'p' value
Unmarried women	61.87 ± 6.54			
		0.14	0.187	.852
Married women	61.73 ± 6.45			

$t_{298} = 1.96, p < 0.05$ * significant

Data in table 5 shows that the p value (p =.852) is more than 0.05 which reveals that there is no significant difference in the attitude of unmarried and married women towards female feticide.

Section IV: Association of the attitude of the unmarried and married women on gender preference and female feticide.

Chi- square test was used to find the association between the attitudes of the unmarried and married on gender preference and female feticide.

There was a significant association between family income (p=.013) of the unmarried women on gender preference (Table 6). There was a significant association between previous knowledge about female feticide (p=.008) and source of information about female feticide (p=.020) of the unmarried women on female feticide (Table 7). There was a significant association between preference of gender supported by husband (p=.009) and number of siblings (p=.028) of the married women on gender preference (Table 8). Lastly, there was a significant association between husband's education (p=.028) of the married women on female feticide (Table 9).

Table7: Association of attitude of the unmarried women on female feticide with selected demographic variables. n=150

Sl No.	Variables	Median (<61.5)	Median (>61.5)	χ^2	df	'p' value
1.	Religion					
	Christianity	37	44	1.583	2	.435
	Islam	8	5			
Hinduism	30	26				
2.	Family income in rupees					
	Rs. 10000 and below	20	17	.556	2	.757
	Rs . 10001 to 20000/-	30	29			
Rs. 20001 and above	25	29				
3.	Do you have siblings?					
	Yes	66	65	.060	1	.806
No	9	10				
4.	Is the preference for male and female child similar in your family?					
	Yes	61	63	.186	1	.666
No	14	12				
5.	Do you have previous knowledge about female feticide?					
	Yes	57	69	7.143	1	.008*
No	18	6				
5a.	If Yes, source of information					
	Mass media	33	35	7.783	2	.020*
Education (school)	24	34				

p<0.05 level of significance*

Table8: Association of attitude of the married women on gender preference with selected demographic variables. n=150

Sl no.	Variables	Median (<62)	Median (>62)	χ^2	df	'p' value
1.	Occupation					
	Home maker	47	51	3.008	3	.390
	Private employee	19	15			
	Government employee	4	6			
Business	6	2				
2.	Religion					
	Christianity	16	13	1.761	2	.414
	Islam	36	43			
Hinduism	24	18				
3.	Do you have siblings?					
	Yes	75	69	2.891	1	.089
No	1	5				
3a.	If yes, how many siblings?					
	1 sibling	17	6	9.060	3	.028*
	2 to 3 siblings	28	36			
More than 3 siblings	30	27				
4.	Do you have gender preference?					
	Yes	12	19	2.235	1	.135
No	64	55				
4a.	If yes, is your preference of gender supported by your husband?					
	Yes	6	18	9.475	2	.009*
No	5	1				
4b.	If no, does your husband have a gender preference?					
	Yes	5	1	9.475	2	.078
No	60	54				

p<0.05 level of significance*

Table 9: Association of attitude of the married women on female feticide with selected demographic variables. n=150

Sl no.	Variables	Median (<62)	Median (>62)	χ^2	df	'p' value
1.	Occupation					
	Home maker	52	46	4.334	3	.228
	Private employee	15	19			
	Government employee	2	8			
Business	4	4				
2.	Religion					
	Christianity	12	17	.769	2	.681
	Islam	40	39			
Hinduism	21	21				
3.	Educational status					
	Secondary (5 to 10th standard)	37	35	4.550	3	.208
	Higher secondary (11 to 12 std)	15	16			
	Graduate	19	17			
Post graduate	2	9				

4.	Husband's education					
	Secondary (5 to 10th standard)	44	32			
	Higher secondary (11 to 12 std)	13	26			
	Graduate	16	16			
	Post graduate	0	3	9.128	3	.028*
5.	Do you have siblings?					
	Yes	70	74			
	No	30	3	.004	1	.947
6.	Do you have previous knowledge about female feticide?					
	Yes	64	70			
	No	9	7	.412	1	.521

p<0.05 level of significance*

DISCUSSION

In the study majority of the unmarried women (54%) were Christians. 24.7% had a family income below Rs.10000, and most of the unmarried women belonged to the nuclear family (96.7%). The study was supported by findings of a descriptive survey conducted by Abraham A, et al., which shows the maximum numbers (80%) of women were Muslims, and most of the women's (42%) family income was Rs.5,000 or less. Less than half of the women (37%) were from extended family. [9]

Majority of the married women (61.3%) were in the age group of 21 to 25 years and majority were Muslims (52.7%), Hindu (28%) and Christians (19.3%). Most of the married women (48%) had an educational grading from 5th to 10th standard and their husband's educational grading was between 5th to 10th standard (50.7%). These study findings were supported by a study conducted by Pavithra MB et al., where most of the pregnant women were between 21-25 years (65%). Only 10 % of the women were illiterate. 51% of the study population were Muslims. [10] In this study, 4% of the married women said that the preference of gender was not supported by the husband and 22% of the married women's gender preference was not supported by their in-laws. These findings were supported by a study conducted by Siddharam M S Dr et al., on awareness regarding gender preference and female feticide where the subjects said that mother in-laws (65%) and husbands (18%) insisted on abortions. [11]

In the study, 89.3% of the married women had previous knowledge about female feticide among which 59.3% received knowledge from mass media and 30.7% from school education whereas in a study conducted by Dixit M, et al., majority of women received their information through social networking (80%), television (82%), and newspaper (76%). [8]

In the study, 78% of the married women had an unfavourable attitude i.e. positive attitude, and 6% of them had favourable attitude, i.e. negative attitude towards female feticide. Similar type of findings was revealed in study conducted by Kapurkar K et al., 15% of the women had strong positive attitude, 59% had positive attitude and 26% had negative attitude towards female feticide. [7] The mean attitude score towards female feticide of the unmarried women was 61.87 and married women were 61.73. In the study conducted by Saran and Kamala on decreasing sex ratio and pregnant women's attitude towards female feticide, the mean attitude score of the married women towards female feticide was 84.42. [12]

The result of the study showed that there is a significant association between the variables such as previous knowledge about female feticide (p=.008), and source of information about female feticide (p=.020), of the unmarried women on female feticide. The study was supported by findings of a survey conducted by Abraham A A, et al., which revealed a significant association between the variables such as previous knowledge about female feticide and source of information (p<0.05) about female feticide among the women. [9]

Majority of the married women strongly agreed (84%) that a child is more important than its gender. 8.7% wished for a boy as their first child. 15.3% strongly wished and agreed to have their first child as a girl. 19.3% of them agreed, were undecided as well as disagreed that a son was important in performing the last rites of the parents. Majority (28.7%) of married women strongly disagreed that a girl child is a burden to her parents and 33.3% disagreed that there is an increasing fear and insecurity for a girl child. These findings are congruent to a study conducted by Pavithra MB, et al., (2015) where majority (64.3%) of the primigravida wanted their first child to be a son and only 20.5% wanted their firstborn as daughter. Major reasons for this, being for propagation of family name (52%), sons take care of parents in old age (23%), for lighting the pyre and performing cremation (6%), dowry (21%) and females are economic liability (9%).^[10]

Majority (62%) of the married women strongly agreed that female feticide is a violation of human rights. 30% of them were not sure if poverty is the cause for female feticide, 46% strongly felt that ultrasound clinics should only be meant to determine the health of the fetus and not for sex determination of the unborn child. In the study conducted by Sarkar I et al., (2015) 50% were aware that fetal sex determination can be done and 31.25% had knowledge that sex determination can be done in scanning centres. 43.8% women agreed to the fact that female feticide is a violation of human rights.^[13]

Recommendations

On the basis of the findings of the study, the following recommendations have been made for further study:

1. A comparative study could be conducted to assess the knowledge and attitude of primigravida and multi gravida mothers towards gender preference.
2. A comparative study could be conducted to assess the knowledge and attitude of

rural and urban women regarding gender preference and female feticide.

3. Case law documentation, legal processes and rigour can be strengthened through a set of actions and therefore contribute significantly to a much more robust legal approach.
4. Interviews can be conducted among uneducated women followed by planned teaching program on awareness regarding female feticide.
5. Multimedia campaigns at the national and state level should be launched against female feticide to create awareness to curb the problem and synergize government initiatives to promote women oriented programme.

CONCLUSION

It is concluded that the unmarried and married women have different attitude towards gender preference and female feticide. Socio-demographic factors play a role in women's awareness of female feticide and education plays a critical role in modifying their attitudes towards female feticide.

Therefore each individual is a stakeholder in the hospital as well as in the community; every woman should be equipped with the ample amount of knowledge so that they can act as a change mediator in the society. At the radiology department in hospitals, posters on female feticide can be put up. In the OPD, pamphlets/ posters can be distributed to the expectant women on female feticide and counselling sessions can be held for antenatal couples during their antenatal visits. Even though many studies have been conducted in India in assessing knowledge and attitude regarding gender preference and female feticide among women, more research could be conducted to develop better methods and techniques in teaching. The present study will be a valuable reference material for further researchers.

ACKNOWLEDGEMENT

The study has been undertaken and completed under the inspiring guidance of Ms.

Darryl MS Aranha, Assistant Professor, Department of OBG Nursing, and co-guide, Mrs. Shwetha Rashmi M S Assistant Professor, Department of Medical and Surgical Nursing, Father Muller College of Nursing,

Sincere thanks to all the participants for their great help and cooperation in participating in this research study without whom the study would be incomplete.

REFERENCES

1. Ricci S S, Kyle T, Carman S. Maternity and Paediatric Nursing. 2nd ed. Philadelphia: Lippincott Williams and Wilkins Publications; 2013. p.5,25,29
2. Office of the Registrar General and Census Commissioner, India. Census of India, Govt of India; 2011. Available from: <http://www.censusindia.gov.in> [Accessed 18th December 2015]
3. Women's role in the society: Available from: <http://www.anandaseva.org/womenrsquo-role-in-the-society.html>
4. Snehalatha T, Sharma R. Female Foeticide and Infanticide In India. International Journal of Criminal Justice Sciences .2006; 1(1): 12-14. Available from: <http://www.sascv.org/ijcjs/snehlata.pdf> [Accessed 16th December 2015]
5. Handbook of PCPNDT Act and rules with amendments. Ministry of Health and Family Welfare Government of India .2006.Available from: <http://www.iria.in/uploadNotices/Handbook-on- PNDT- Act.pdf> [Accessed 10thJanuary 2016]
6. Purwar C. Gender violence due to female foeticide: A cross sectional study from Banda, Uttar Pradesh. Online International Journal of Medical and Social Sciences 2015;1(3): 86-92. Available from: <http://www.oijms.org.in/archives/14.pdf> [Accessed 24th October2016].
7. Kapurkar K, Salunkhe J, Patil S, Jagdale S. A study to assess knowledge and attitude regarding female feticide among pregnant women attending antenatal clinic in selected hospital at Karad. International Journal of Science and Research: ISSN (Online): 2319-7064. Available from: <https://www.ijsr.net/archive/v3i11/MTgxMDE0MDQ=.pdf> [Accessed 2th March 2017]
8. Dixit M, Jain J. A study of attitude, awareness and practice on female feticide of pregnant women in Udaipur city of Rajasthan, India. Int J Community Med Public Health. (2016), [cited October 24, 2016]; 3(8): 2045-2048. doi:10.18203/2394-6040.ijcmph20162543
9. Abraham A A, Haritha KH, Tabitha KK, Jose T, Tamrakar A, Knowledge Regarding Female Foeticide among Women in a Selected Rural Area at Mangalore with a View to Develop an Information Booklet. OSR Journal of Nursing and Health Science: 2014; Dec: 3(6). Available from: <http://www.iosrjournals.org/iosr-jnhs/papers/vol3-issue6/Version-2/E03621620.pdf> [Accessed 26th March 2017]
10. Pavithra MB, Dhanpal S, Lokanath H. A study of gender preference, knowledge and attitude regarding prenatal diagnostic techniques act among pregnant women in an urban slum of Bengaluru. Int J Community Med Public Health 2015; 2:282-7.
11. Siddharam M S Dr, Venhatesh G M Dr, et al. Demographic Indicators and Female foeticide in Himachal Pradesh. Journal Of Clinical And Diagnostic Research 2011 Nov; 5(7):1430-1433.
12. Saran, Kamala, Decreasing sex ratio and pregnant women's attitude towards female foeticide. Nursing Journal of India. 2005; 52(1):83-84. Available from: <http://search.proquest.com/docview/214371178/fulltextPDF?accountid=6298>
13. Sarkar I, Dasgupta A. Gender preference and perception of PNDT: A community based study among every married women in a rural area of West Bengal. International Archives of Integrated Medicine.2015; 2(6):183 191.

How to cite this article: Zonunsiami M, Aranha DMS, Rashmi SMS. A study on the attitude of gender preference and female feticide among women in selected settings at mangaluru. Int J Health Sci Res. 2017; 7(12):104-113.
