

Assessment and Reasons for Gender Preference among Married Women in Rural Field Practice Area of Jaipur, Rajasthan

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Abstract—Despite of many efforts like prenatal diagnostic test act, Rajshree Yojana, Janani Sishu Suraksha Yojana, Gargi Award and Medhavi Girl Scooty Vitran Scheme' by government to improve sex ratio, preference for male child is continue in Indian society. So this study was conducted to find out gender preference and various reasons for it, among reproductive age groups females of a rural field practice area. This study was conducted on 600 married females of age group 15-49 years of Naila village, a rural field practice area of Swai Man Singh Medical College Jaipur Rajasthan from May 2018 to October 2018. The females were selected consecutively and informed consent was taken. A pre validated semi-structured performa was used for data collection. Data were entered as master chart and statistical analysis was done by primer software version 6. The male child preference (59.7%) was found higher than female child and maximum male preference was seen significantly in those without any child (66.2%) and it showed a gradual decline with increasing number of children in the family. The most common reason for male preference was "propagation of family name" (59.5%), followed by "family safety" (45.5%) and "funeral responsibility" (45.2%). Likewise most common reason for non desire of female child was found "will not stay with them after marriage" (69.8%) followed by "dowry" (58%). So there is a need of generating more awareness in society regarding gender equality to decrease consequences of declining sex ratio at peripheral level.

Keywords: Gender Awareness, Sex-Ratio, Reasons for Male preferences.

I. INTRODUCTION

The term 'sex' is a biological and physiological phenomenon whereas 'Gender' is a socio-cultural term which refers socially defined roles and behaviors assigned to 'males' and 'females'. In Indian society cultural pattern strengthen the gender bias, which leads strong preference for male children, female infanticide and adoption of sex-selective abortion.^{1,2}

Sex ratio, an important social indicator measuring extent of prevailing equity between males & females in society, is defined as no. of females /1000 males. Changes in sex ratio reflect underlying socioeconomic, cultural patterns of a society.

According to 2011 census there were declining of girl population (<7 years) and it was estimated that eight million female fetuses have been aborted in the past decade.³

This 'male preference' in child birth results in highly skewed sex ratios and putting intense pressure on women to produce a male child. In future shortage of girls would lead to serious negative social

consequences⁴ due to shortage of eligible brides. There is evidence that this will lead to increased levels of antisocial behavior and violence and will ultimately present a threat to the stability and security of society.⁵

Desire for male child manifests so blatantly that parents have no qualms about repeated, closely spaced pregnancies, premature deaths & even terminating child before it is born. Birth of female child is perceived as a curse with economic & social liability.⁶ Hence, present study was conducted to determine the gender preferences among the married women living in Naila village: a rural field practice area of SMS Medical College, Jaipur and to explore the reasons for the same.

II. METHODOLOGY

This present community based cross-sectional study, conducted in Naila village under Community Medicine Department of SMS medical College, Jaipur. The data collection was done after research review board approval from May 2018 to October 2018.

All consecutive married women in age group 15-49 years living in that area were included in the study till the sample size achieved.

The sample size was calculated to be 596 subjects at 95% confidence interval and 7% relative error to verify the expected minimum 57.8% intended to have their first child as a son, this sample size was rounded off to 600.⁶

The study subjects were selected consecutively. All the houses were visited starting from the first lane from left side and then turning left at any turn and at the end of lane right side houses were taken. All eligible women i.e. who were in age group of 15-49 years, living there since last six months and not a widow/divorced female, were taken into study after taking written informed consent till sample size was achieved. If any house was found locked then 2nd visit was made on another day and if still found locked then it was excluded. A pre designed & pre tested; semi- structured performa was used for recording information.

Data was entered in MS Excel 2010 worksheet and data were expressed in percentages. Chi-square test was used to find out association of number of children and male preferences. Analysis was done with the help of Statistical software primer software version 6.

III. RESULTS

This study was carried out on 600 married females of reproductive age group (15-49 years) of Naila village, Jaipur which is a field practice area of R.H.T.C., attached to SMS Medical College, Jaipur.

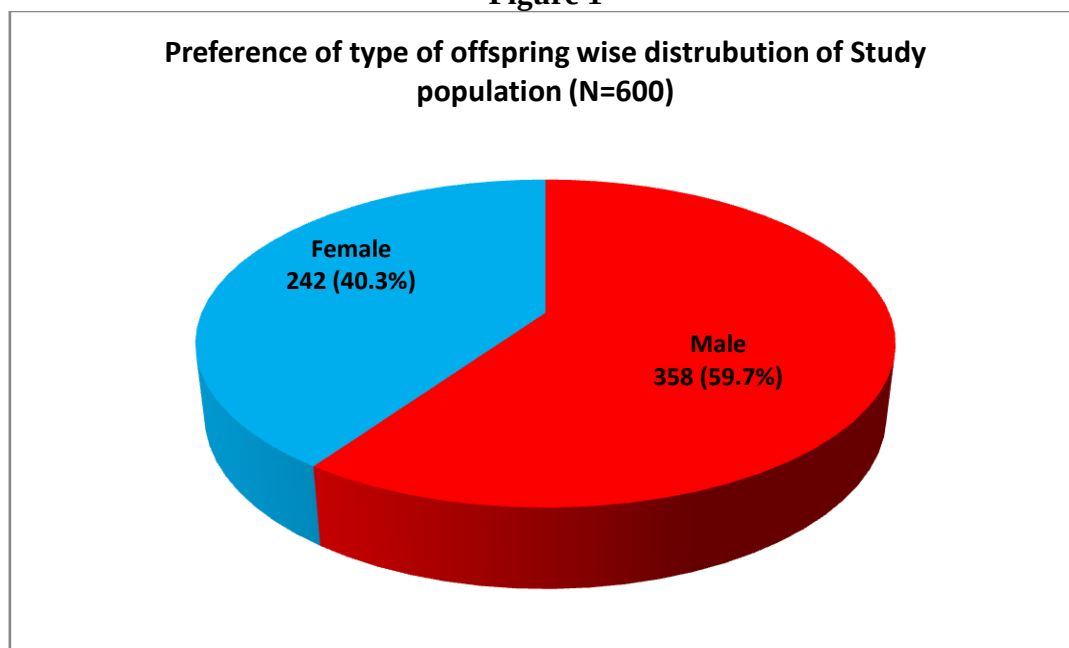
The present study observed that majority i.e. 66.7% females were in age group of 30-44 years, 90.7% were Hindu by religion, 50.5% were educated and 60.5% were housewife. 37.8% females were belonged to class IV according to modified Kuppuswami classification. The 35.5% female have 3-4 live children in family. (Table 1)

Table 1
Socio-demographic characteristics of study participants (N=600)

S. No.	Variables	Sub-group	Number	Percentage
1	Age group (years)	15 – 29	187	31.2
		30 – 44	400	66.7
		>45	13	2.2
2	Religion	Hindu	544	90.7
		Muslim	56	9.3
3	Education	Illiterate	297	49.5
		Literate	303	50.5
4	Occupation	Housewife	363	60.5
		Worker	237	39.5
5	Socio-economic status	Class I	8	1.3
		Class II	41	6.8
		Class III	124	20.6
		Class IV	227	37.8
		Class V	200	33.3
6	No of alive children	0	148	24.6
		1-2	192	32.0
		3-4	213	35.5
		>4	47	7.8

This study observed that preference for male child (59.7%) was higher than female child (40.3%) among study participants. (Figure 1)

Figure 1



When male preference was explore in relation to number of children it was found on further analysis that male preference was seen significantly more in those without any child (66.2%) and showed a gradual decline with increasing number of children in the family.(Table 2)

Table 2
Gender preference in relation to number of Children of study participants

S. No	No. of Children	Male preference N=358(%)	Female preference N=242(%)
1	0	98(66.2)	50(33.8)
2	1-2	117(60.9)	75(39.1)
3	3-4	125(58.7)	88(41.3)
4	>4	18(38.3)	29(61.7)

Chi-square=11.770 with 3 degrees of freedom; P = 0.010

LS= Significant

This study also revealed that most common reason for male preference was 'propagation of family name' (59.5%), followed by 'family safety' (45.5%), 'financial help in future' (45.2%), 'funeral responsibility' (43.5%) and 'old age support' (42.7%). (Table 3)

Table 3
Distribution of study participants according to reason for male preference

S. No.	Reasons	Number	Percentage
1	Propagation of family name	357	59.5
2	Social responsibilities	143	23.8
3	Family safety	273	45.5
4	Financial help in future	271	45.2
5	Old age support	256	42.7
6	Funeral responsibility	261	43.5
7	In law pressure	150	25.0
8	Do not know the reason	31	5.2

Likewise most common reason for female non preference was found 'will not stay with them after marriage' (69.8%) followed by 'dowry' (58%), 'safety issue' (55.7%) and not supporting in old age (51%). (Table 4)

Table 4
Distribution of study participants according to reason for not preferring female child

S. No.	Reasons	Number	Percentage
1	Dowry	348	58.0
2	Will not stay with them after marriage	417	69.5
3	Safety issues of girl	334	55.7
4	Will not support in old age	306	51.0
5	Parents of girl child considered inferior in society	182	30.3
6	No financial support in future	221	36.8
7	Family name spoilage if remain unmarried	116	19.3
8	Expenditure on girl will not repay in future	161	26.8
9	Do not know reason	12	2.0

IV. DISCUSSION

The present study observed that preference for male child (59.7%) was higher than female child (40.3%) among study participants. These observations are in line of observations of other studies.^{7,8,9,10}

Puri et al⁷ observed that 57.8% intended to have their first baby boy as compared to 14.4% who wanted to have baby girl. They also observed that 44.3% women with first child as a baby boy wanted second child as boy as compared to 25.8% who wanted a girl. They also reported that 79.5% women with first child as a baby girl keenly wanted second baby as a boy & only 5.3% did not want any further child. A strong desire for male baby in 75% women was seen among women with two baby girls. Overall the study observed male preference was in 56% married women which was almost similar to present study.

Sanjay elall⁸ reported that majority (58.20%) responded with two as the ideal family size; yet all the participants with single living daughter desired another child, preferably a son though 10 percent desired a daughter. The study identified male gender baby preference among married women.

Pavitra et al⁹ observed 53% showed preference for a male child in their study. And Kulkarni et al¹⁰ observed about gender preferences most (49.4%) of the study subjects showed interest towards male child.

In present study it was also observed that male preference was seen significantly more in those without any child (66.2%) and showed a gradual decline with increasing number of children in the family. Pavitra et al⁹ also observed similar observations about preference for a male child in their study.

This present study also showed that most common reason for male preference was propagation of family name (59.5%), followed by family safety (45.5%), financial help in future (45.2%), funeral responsibility (43.5%) and old age support (42.7%). Sanjay elall⁸ reported among the participants having one living son and no daughter, looked-for another child (16%), another son (36%) and rest (48%) a daughter. Mallika Chavada¹¹ also reported almost similar observations in their study. V.S. Dhande et al¹² also observed majority of women i.e. 209 (95%) said that they will prefer male child as first issue. 105 (47.7%) women said that they expect children in 1male:1female proportion, followed by 2males:1female proportion by 42 (19.1%) women. main reason for son

Likewise most common reason for female non preference was seen will not stay with them after marriage (69.8%) followed by dowry (58%), safety issue (55.7%) and not supporting in old age (51%).¹² V.S. Dhande et al¹² observed main reason for son preference (66.4%) followed by old age support for the parents (13.6%) and girl will not stay with parents permanently (10.9%)

V. CONCLUSION

The present study concluded that a strong desire for male child among women was there. And there were various reasons for this desire like 'propagation of family name' 'family safety' 'dowry' and "funeral responsibility" etc. This calls for a need to strengthen IEC and gender sensitizing activities to educate women from under privileged population about gender equality and recommendations under PNMT act by government, NGOs, community leaders and by health workers.

CONFLICT OF INTEREST

None declared till now.

REFERENCES

- [1] International IDEA. The EU's Contribution to Women's Rights and Women's Inclusion: Aspects of Democracy Building in South Asia, with special reference to India. (Assessed Jan12,2019). Available at:
<https://www.idea.int/sites/default/files/publications/chapters/the-role-of-the-european-union-in-democracy-building/eu-democracy-building-discussion-paper-31.pdf>
- [2] Saha SK, Barman M, Gupta A, Chowdhury PD, Sarker G, Pal R, Gender Preference among Married Women in Kolkata Metropolitan Slum of India Am J Public Health Res, 2015;3(4A):6-11.
- [3] BBC. India's unwanted girls. (Assessed Jan 12, 2019). Available at:<http://www.bbc.co.uk/news/world-south-asia-13264301>%202011
- [4] Kansal R, Marrof AK, Bansal R, Parashar P. A Hospital-based Study on Knowledge, Attitude and Practice of Pregnant Women on Gender Preference, Prenatal Sex Determination and Female Feticide. Indian J Public Health 2010;54(4):209-12
- [5] Alessio D, Stewart J, Stolzenberg L. The sex ratio and male-on-female intimate partner violence. J Crim Justice 2010;38(4):555-61.
- [6] Kanitkar T and Mistry M. Status of women in India- an interstate comparison : The Indian Journal of social work:2000;381-3
- [7] Puri S, Bhatiya V, Swami HM. Gender Preference and Awareness Regarding Sex Determination among Married Women in Slums of Chandigarh. Indian J Community Med, 2007;1(1):60-2.
- [8] Sanjay kr Saha, Medhatithi Barman, Avishek Gupta, Piyali Dutta Chowdhury, Gautam Sarker, Ranabir Pal. Gender Preference among Married Women in Kolkata Metropolitan Slum of India. American Journal of Public Health Research. 2015; 3(4A):6-11
- [9] 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(3):282-7.
- [10] Kulkarni RR, Bandireddy M, Reddy NS. A community based cross sectional study on gender preference, awareness and attitude regarding sex determination among married women in rural field practice areas of North Karnataka, India. Int J Community Med Public Health, 2016;3(11):2973-6.
- [11] Mallika Chavada M, Bhagyalaxmi A. Effect of socio-cultural factors on the preference for the sex of children by women in ahmedabad district. HPPI 2009;32(4):184-9.
- [12] Dhande VS, Gadekar RD, Shingare AD, Domple VK. Gender preference among reproductive age group women in rural area. Int J Community Med Public Health, 2016;3(7):1862-5.