



## A Study on Gender Preference and its Determinants among Antenatal Women of Western UP

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### Abstract

**Introduction:** *The status of Indian women in the society has changed from time to time; the position of women in society is an indicator of the standard of social organization. Deteriorating sex ratio is a matter of grave concern in India. Son preference is a major hurdle to population stabilization as it makes couples opt for the larger number of children in order to ensure at least one male child in the family.*

### Objectives

- To assess Gender preference, attitude and awareness regarding sex determination among antenatal women
- To find out socio-demographic determinants of gender preference.

**Material & Methods:** *Study was conducted in 6 months period among 400 antenatal women attending antenatal outpatient department (ANC OPD) of TMMC & RC Moradabad (UP). We utilised a predesigned Performa to elicit baseline facts about study participants, assessed their knowledge, attitude and practice regarding sex determination, their gender preference, reason for the predilection.*

**Results:** *Out of 400 women 53.5% showed preference for son, 17.5% for daughter & 29 % had no preference. 83.5% were aware that fetal sex determination can be done, 19.5% want to go for termination of pregnancy if female & only 35.5% were aware that it is crime. Autonomy, education and exposure to mass media have negative association whereas co-residence with in-laws and no male child has the significant positive association. Various social reasons were given by respondents for Gender preference.*

**Conclusion:** *It is essential to intensify the efforts against this societal problem by rigorous IEC campaigns for raising awareness about rules forbidding pre-natal sex determination and strict execution of PNDT Act.*

**Keywords:** *child sex ratio, gender preference, sex determination, antenatal women.*

## Introduction

Declining sex ratio is an issue of grave concern in India. Changes in sex composition largely reflect the underlying socio economic and cultural patterns of the society. Sex ratio is an indication of the extent of prevailing equality between males and females at a given time.<sup>[1]</sup> preference for boy cuts across caste and class lines and results in discrimination against girls even before they are born. The United Nations Children's fund states that systematic gender discrimination has given rise to up to 50 million girls and women "going missing from India's population."<sup>[2]</sup>

India now has the largest share of missing females in South Asia and next to China in the global comparison. Some authors have reported that, sex selective abortions and son preference are also acknowledged as elements of deteriorating sex ratio related to Asian countries.<sup>[3]</sup>

The Indian society has a traditional preference for male child, hence it is not very surprising right from the first census in 1871; India has steadily revealed an abnormal sex-ratio (940 women for every 1000 men).<sup>[2]</sup> as per census in 2011 child sex ratio is 914 females per 1000 males.<sup>[4]</sup> In a relatively prosperous state of India such as Haryana, the child sex ratio has gone down to 800 females per 1000 male child with lowest 774 in Jhajjar district.<sup>[5]</sup> Although Uttar Pradesh has shown an improvement in sex ratio (898 in 2001 to 912 in 2011) there is different status of child sex ratio which has reduced from 916 in 2001 to 902 in 2011 censuses<sup>[4]</sup>

There was a time when this would be no more than a wish, but with the availability of modern techniques to determine the gender of the fetus, sex selective abortion has become common in many countries.<sup>[1]</sup> Anecdotal evidence suggests that access to ultrasound is fairly widespread, even in rural areas,<sup>[6]</sup> and although prenatal sex determination has been illegal since 1994 the law is often ignored<sup>[7]</sup>. Skewed sex ratio is an issue of major concern and has long-term social and demographic consequences. Studies have found that a number of cultural, social and economic

factors influence the relative benefits and costs of sons and daughters and ultimately affects parents' gender preferences<sup>[8]</sup>. Several authors have expressed this continuing disparity between males and females in terms of total missing females.<sup>[9-10]</sup> This is due to a blend of sex discrimination by active elimination through female foeticide and passive elimination via neglecting a girl child eventually leading to the death of the female child. Very little is known about the reason and circumstances under which a woman discriminates own child. Craving for male child displays so blatantly that parents have no qualms about repetitive, closely spaced pregnancies, premature deaths and even sex selective foeticide.<sup>[2]</sup>

Considering these facts, we conducted a study for finding out awareness of antenatal women regarding sex determination and their perceptions and attitudes on gender discrimination.

## Aims & Objectives

1. To assess Gender preference, attitude and awareness regarding sex determination among antenatal women
2. To find out socio demographic determinants of gender preference.

## Material & Methods

A cross sectional study was conducted in 6 months period from 1<sup>st</sup> June 2017 to 31 Dec 2017 among 400 antenatal women attending ANC OPD of Teerthanker Mahaveer Medical College, Moradabad (UP). Every third pregnant women coming for first antenatal visit in our institute was included in the study. We utilised a predesigned Performa to elicit baseline facts about study participants, assessed their knowledge, attitude and practice regarding sex determination, their gender preference, reason for predilection.

## Data analysis

We considered differences to be statistically significant when the P-value was below 0.05.

The analysis was performed using statistical programme (SPSS Version10.0, SPSS Inc, Chicago, USA)

### Results

Of 400 women 54.5% were from rural & 45.5% urban area. Most (57.5%) were of 25-34 years age group. It was found that 16 % women were illiterate & maximum (31%) were educated up to secondary level, while 24.5% were graduate. Most (33.5% & 29%) belonged to III & IV SES class. 56.5 % subjects were living in nuclear families.

In our study 26.5% women were primigravida & 17.5%, 30.5% & 25.5% females had 1, 2, 3 or more children respectively in families. Out of them 32% were having at least one male child in family.

We found that out of 400 antenatal women 53.5% showed preference for male child, 17.5% for female child, while 29% were not having any gender preference. (Figure I)

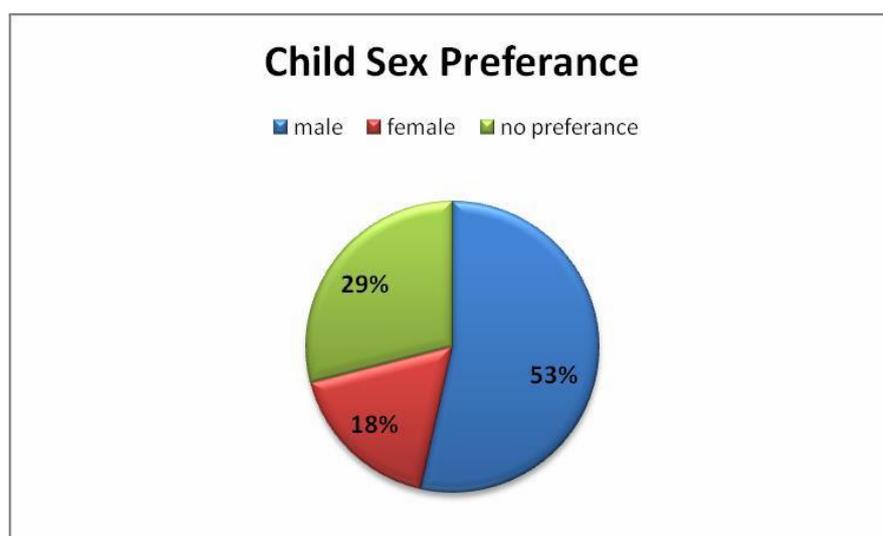
Table I is showing association of different variable with son preference. Male preference was more prevalent in rural compared to urban respondents (66.9% Vs 37.4%), similarly as education level of women improves this discrimination reduces (84.3% in illiterate women compared to 24.5%in graduate). 70% women of class V were showing son preference.

Although it is supposed that with improving socioeconomic status discrimination should reduce we found that 38.5% women of class I were desirous of having male child. Male child preference was more (69%) in women belonging to joint families which may be due to pressure from family members. Similarly if a woman was not having a male child earlier, inclination for male child increases. In our study we found that 80.7% women who did not had at least one son in family demonstrated male preference & this fondness reduced to 25% if a male child in family was there.

Although 54.5% of our study participants were from rural background 83.5% of total participants were aware that sex of unborn child can be determined by using simple ultrasound, 35.5% knew that prenatal sex determination & female feticide is a crime, but still19.5% wanted termination of pregnancy if unborn child is female.

Various reasons given by respondents for son preference were; Carries the name of family (64%), Takes care of parents in old age (71.5%), financial support to family (69.5%), while dowry (58%) & security (42.5%) were main reasons for non preference for girl

**Figure I** Child Sex Preference



**Table I:** Association of Son Preference

Variable	Preference	No Preference	Chi Square	P Value	Significant
Rural	146(66.9%)	72(33.1%)	17.5	0.0001	Highly Significant
Urban	68(37.4%)	114(62.6%)			
Socioeconomic Status					
I	10(38.5%)	16(61.5%)	15.1	0.005	Significant
II	18(32.1%)	38(67.9%)			
III	62(46.3%)	72(53.7%)			
IV	76(65.5%)	40(34.5%)			
V	48(70.6%)	20(29.4%)			
Type of Family					
Nuclear	94(41.6%)	132(58.4%)	14.8	0.0001	Highly Significant
Joint	120(69%)	54(31%)			
Sex Of Previous Child					
Male	32(25%)	96(75%)	47.1	0.0001	Highly Significant
No Male	134(80.7%)	32(19.3%)			
No Child	48(45.3%)	58(54.7%)			

### Discussion

In our study we found that out of 400 antenatal women 53.5% showed preference for male child, 17.5% for female child. Puri et al reported a son preference in 56% women<sup>[11]</sup>. Desire of male child was significantly more (66.9% Vs 37.4%) in rural indicating prevailing gender discrimination. Similar to our study Chadava M found that 94.30 % of the rural women had a preference for the male child as compared to 80.73 % of the women from urban areas<sup>[8]</sup>.

Srivastav S et al reported that 88% of rural females expressed views that they would prefer to go for son even if the family gets completed with females<sup>[2]</sup>.

Improving educational status of women significantly reduces male predilection. This has been supported by earlier studies<sup>[2,8,13]</sup>. In our study similar to other studies Women from lower socioeconomic status were showing more predilection of having a male child. Male child preference was more (69%) in women belonging to joint families<sup>[8]</sup>.

In our study we found that 80.7% women who did not had at least one son in family demonstrated male preference & this fondness reduced to 25 % if a male child in family was there. Results are

similar with study done in Ujjain and other studies<sup>[11-13]</sup>,

Similar to earlier studies<sup>[2,8,12]</sup> > 80% women were aware that sex of unborn child can be determined by using simple ultrasound, 35.5% knew that prenatal sex determination & female feticide is a crime. 19.5% of our study participants wanted termination of pregnancy if unborn child is female; this was similar to previous studies<sup>[2,13]</sup> but was comparatively lower than some studies<sup>[14]</sup>. Various reasons given by respondents for son preference were; Carries the name of family (64%), Takes care of parents in old age (71.5%), financial support to family (69.5%), while dowry (58%) & security (42.5%) were main reasons for non preference for girl child. While previous study done by Siddharam S M. showed that sons were preferred as they could carry the name of the family forward (38.5%), care of the family and the parents (19.6%), source of income and dowry (27.5%) perform the last rites of the dead (14%) & for female non preference dowry (51%), burden on family (35%), & 3.9% believed that they need more care & security.<sup>[15]</sup>

### Conclusion

In conclusion, the present study has shown that there is a preference for male child in the

community. Son preference makes couple to opt for larger number of children in order to ensure at least one male child in family thus increasing the family size.

Historically India had a deficit of women compared to most other countries earlier due to increased mortality & now female feticide has worsened it. Apart from policies and program, all efforts to educate the girl, to increase the exposure of mass media about the value of girl children, to establish system of social security for the elderly and to strengthen and enforce existing laws to reduce the incidence of infanticide and sex selective abortion should be started from grass-root level. Complete registration of births and deaths especially of girls, pregnancy and abortion should be pivotal function of civil registration system to safeguard against the evil practice of feticide. To bring the skewed sex ratio to normal there is dire need to strengthen the PNMT Act, Removal of Gender discrimination cannot be achieved by the health department alone, therefore, each one from the society such as parents, teachers, social scientists, doctors, lawyers, journalists, political and religious leaders within their own domain have to play a role to curb this practice.

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