

Gender Preference among Married Women in Kolkata Metropolitan Slum of India

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Abstract Preference for Male baby reflects underlying socioeconomic and cultural patterns and prevailing inequity between genders in many societies in India. A cross-sectional population based study was conducted in the urban slum of Kolkata in eastern India on socio-demographic variables of gender preference among 122 married women using a pre-designed, pre-tested, semi-structured data collection tool. Maximum participants were less than 35 years - 25-34 years (50%) and 15-24 years (45.08%); Female children were predominant; one-third (33.16%) were born between 25-34 age of mothers followed by 10.56 percent from 15-24 age. Among respondents, majority were Hindu (78.68%); from Joint family (54.10%); Unreserved caste (56.57%); Primary school literates (60.65%). Female children were more among Hindus (54.55%), in nuclear families (53.88%), among middle and secondary level of literate mothers (58.23%). Gender had no significant role in treatment seeking behavior though male children had significantly more completion of immunization. In the continuation of education male children received significant advantages. 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. Among the participants having one living son and no daughter, looked-for another child (16%), another son (36%) and rest (48%) a daughter. The study identified male gender baby preference among married women related with socio-demographic variables.

Keywords: Male Gender Baby Preference, Married Women, Kolkata, India

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1. Introduction

Sex ratio is an important social indicator measuring extent of prevailing equity between genders. This reflects underlying socioeconomic and cultural patterns and a strong preference for sons still prevails in many societies [1].

Sex ratio in census 2011 in India is 940 female per 1000 males showed an improvement over 2001 census [2].

Disparity between boys and girls is prevalent at the family level. Therefore, the mother's preference for a male child should be addressed, and we all should be able to recognize the importance of the girl child in the society as well. This gender disparity in India lead to fall in child sex ratio of 976 in 1961 to 927 in 2001 and 914 in 2011 [3].

A sloka of Atharvaveda says - The birth of a girl, grant it elsewhere. Here grant a son. Thousands of years later, this saying stands very true in modern times as well, when,

despite the so-called modernity, industrialization, literacy and equality, parents still pray thus [4].

The dramatic decline in fertility in last century has ushered an explicit preference for smaller families in East and South Asia has unfortunately aggravated son preference with discrimination against daughters [4]. Desire for male child manifests so blatantly that parents have no qualms about repeated closely spaced pregnancies, premature deaths and even terminating child before it is born. Birth of female child is perceived as a curse with economic and social liability [5].

Many researchers in India tried to explore the attitudes of women on gender preference noted male child preference among women the reasons were varied from social responsibility carried by male propagation of family name, financial support particularly for old age, family pressure, cremation, dowry and females as the economic liability. Apart from the above, a rainbow spectrum of dowry is one of the major reasons for parents to resent a daughter birth & moreover they think it is pointless to

spend so much on a girl education and upbringing only for another family without repaying [6,7,8,9].

With the abovementioned background the present study was conducted among married women dwelling in the urban slum to assess the gender preference among currently married women (15- 49 years) in an urban slum and also to find out socio-demographic variables associated with gender preference in the study population.

2. Materials and Methods

A cross-sectional community based descriptive study was conducted in the field practice area of Urban Health Centre (UHC) working under the aegis of All India Institute of Hygiene and Public Health, Kolkata. Married women of reproductive age group (15-49 years) were the study population.

There were three units in UHC under the Maternal and Child Health clinic. By random sampling unit C was selected; again randomly resident of one cluster of unit C namely Rakhal Das Auddy was selected. From a landmark of Sitala Mandir in the total 130 households in this cluster, women in the reproductive age group were interviewed in consecutive households. In six households there were no married women within the age 15-49 years and another two women had no children. Thus at the end of the study period sample became 122.

2.1. Inclusion Criteria

1. Couples living in the area for two or more years;
2. Couples were married at least five years and had children;
3. Currently married women in the age group of 15-49 years.

These criteria would help in defining current practices of reproductive couples with children in a stable population. There were 122 consenting families who met our selection criteria.

2.2. Exclusion Criteria

1. Women not able or willing to participate in the study due to any reasons;
2. Women not falling in the Inclusion criteria.

2.3. Operational Definitions Used

Literate: Seven years or more who can write and understand one language [10].

Immunization Status: Immunization status of the participants were obtained from immunization cards and for the evaluation of the immunization status, the criterion described by Narain was followed [11]. Completely immunized children were those who received three doses of each of DPT, OPV and Hepatitis-B vaccine administered between 6 weeks to 9 months at an interval of 4 weeks, plus one dose of BCG, plus one dose of Measles nine month onwards within one year of life. Partial immunization was considered in children who received one or more doses but not completed all the doses of the above mentioned vaccines within one year of their life.

2.4. Data Collection

The data collection tool used for the study was an interview schedule that was developed at the Institute with the assistance from the faculty members under the able guidance of the statistician. This predesigned, pretested, semi-structured questionnaire (in the local vernacular) was used for the interview to elicit data on gender preference and socio-demographic profile of the study population. By initial translation, back-translation, retranslation followed by pilot study the module was custom-made for the study to affirm validity, feasibility, applicability and practicability for the respondent to answer the questions.

2.5. Approval of Ethical Committee

The study was approved by the Institutional Ethics Committee. Each participant was individually counseled with explanation on the purpose of the study and allowed to internalize. They were ensured strict confidentiality prior to participation in the study that no potential risk was involved in our research work and nothing will be disclosed of their personal opinion with a promise to publish exclusive summary data. They were also ensured that each of them had full autonomy to leave the study at any point of time. Written informed consent was taken from each of the participant individually prior to the study.

The required official permission was obtained and the investigators informed and motivated the health workers for cooperation for recruiting the study participants. The principal investigator collected the data twice in a week using the interview technique by house to house visit in selected slum for the duration of four months.

Later on the principal investigator visited health care providers in the respective ward and appraised the findings of the study. These findings were also shared with the study participants and their caregivers as well as spouses with possible downstream adverse effects of gender inequity at large in the society.

2.6. Statistical Analysis

The collected data were screened and entered into Microsoft Excel spreadsheet and then analyzed using Statistical Package for the Social Sciences (SPSS) for Windows Version 19.0 (SPSS Inc.; Chicago, IL, USA). Chi Square test was applied to find statistical difference between variables; $p < 0.05$ was considered as statistically significant.

3. Results

In 122 women predominant gender was female (102) compared to male (97). The majority of the study population was in 25-34 years age groups (50.00%) followed by 45.08 percent was in 15-24 years age groups. The total female children were 51.26 percent where as 48.74 percent were male. The study population mostly belonged to Hindu religion (78.68%), from joint family (54.10%) and unreserved caste (56.57%). Among the respondents 60.65 percent passed primary school, 22.96 percent passed middle as well as secondary school and only 16.69 percent was from illiterate and just literate category; 33.16 percent of female child were born to 25-

34 age group of mothers followed by 15-24 age groups (10.56%). Female children were significantly predominant in the study population. ($X^2 = 25.39$, p value is < 0.00001). Among Hindus 54.55 percent child were female while among Muslim population it was 44.78 percent. Female children were more in the nuclear family (53.88%) than joint family but not in significantly different proportion. Amongst mothers from the reserved castes female

children were born more. Among middle and secondary literate mothers the female children were more (58.23%) while the male children started to go to school more (50.41%) in less than four years of age though difference was not significant. More (29.15%) male children were taken to Government health facilities (26.63%); this difference was also not significant. [Table 1]

Table 1. Correlates of Gender Bias in the Study Population

Correlates	Gender		Total	Statistical Analysis
	Son	Daughter		
Age of Mother				
15-24 (n = 55)	25(12.56)	21(10.56)	46(23.12)	$X^2 = 25.39$, d.f. = 2, p value is < 0.00001 .
25-34 (n = 61)	49(24.63)	66(33.16)	115(57.79)	
35-44 (n = 6)	23(11.55)	15(7.54)	38(19.09)	
Religion				
Hindu (n = 96)	60(45.45)	72(54.55)	132(100)	$X^2 = 1.70$ d. f. = 1, p = 0.192288
Muslim (n = 26)	37(55.22)	30(44.78)	67 (100)	
Type of Family				
Nuclear (n=56)	52(46.02)	61(53.88)	113(100)	$X^2 = 0.546$ d. f. = 1, p = 0.460
Joint (n = 66)	45(52.33)	41(47.67)	86(100)	
Caste				
Unreserved (n = 69)	48 (50.52)	47(49.48)	95 (100)	$X^2 = 0.115$, d. f. = 1, p = 0.735)
Reserved (n = 53)	49 (47.12)	55(52.88)	104(100)	
Literacy of Mother				
Illiterate and just literate (n = 20)	17(56.67)	13(43.33)	30 (100)	$X^2 = 2.73$, d. f. = 2, p = 0.255381
Primary passed (n = 74)	47(52.22)	43(47.78)	90(100)	
Middle and Secondary passed (n = 28)	33(41.77)	46(58.23)	79(100)	
Age of sending to School				
< 4 years	61(50.41)	60(49.59)	121(100)	$X^2 = 0.610034$, d. f. = 2 P = 0.737123
>= 4 years	27(49.10)	28 (50.90)	55(100)	
No response	9(31.13)	14 (60.87)	23(100)	
Care Seeking Behavior				
Government Health Facility	58(29.15)	53(26.63)	111(55.78)	$X^2 = 0.940$, d. f. = 1 P = 0.332)
Private Medical Practitioner	39 (19.59)	49(24.63)	88(44.22)	

In case of discontinuance of education, it was noted to be 4.48 percent in 1st son, 13.33 percent in case of 2nd son; 18.58 percent in case of 1st daughter and 34.38 percent of 2nd daughter. Immunization card was available in 92.54 percent in 1st son and 86.67 percent in case of 2nd son and

90.00 percent in case of 1st daughter and 93.75 percent in case of 2nd daughter. Immunization was not completed in due time in 28.12 percent of 2nd daughter followed by (15.71%) in 1st daughter whereas 1st son was not completed (11.90%) and in 2nd son 6.67 percent. [Table 2]

Table 2. Gender Bias in Successive Issues of Children to The Family

Correlates	Son		Daughter		Total	Statistical Analysis
	1 st son	2 nd son	1 st daughter	2 nd daughter		
Allow to Continue Study						
Yes	64 (95.52)	26 (86.67)	57 (81.42)	21 (65.62)	168	$X^2 = 0.00145830$, d. f. = 3 P = 0.999986
No	3 (4.48)	4 (13.33)	13 (18.58)	11 (34.38)	31	
Immunization Cards						
Present	62 (92.54)	26 (86.67)	63 (90.00)	30 (93.75)	181	$X^2 = 0.67696229$, d. f. = 3 P = 0.878623
Absent	5 (7.46)	4 (13.33)	7 (10.00)	2 (6.25)	18	
Immunization Status						
Complete	59 (88.10)	28 (93.33)	59 (84.29)	23 (71.88)	169	$X^2 = 0.00000506703$, d. f. = 3 P = 1
Incomplete	8 (11.90)	2 (6.67)	11 (15.71)	9 (28.12)	30	

Majority (58.20%) of the respondents considered two as the ideal number of children consisting one male and one female, followed by 13.95 percent considered two sons and one daughter be the ideal; 9.84 percent considered two sons to be ideal. Minority of the respondents (5.74%)

considered one son be the ideal in a family while 3.28 percent considered three sons to be ideal. Whereas no mother considered 3 daughters were ideal in the family. [Table 3]

Table 3. Opinion of Mothers as Regards to Ideal Number Daughters and Sons in The Family

Ideal Number and Sex of Children	Number and Percentage of The Study Population (n=122)	
	Number	Percentage
One		
Only one daughter	2	1.63
Only one son	7	5.74
Two		
Both daughter	1	0.81
1 daughter & 1 son	71	58.20
Both sons	12	9.84
Three		
All daughter	0	0.00
2 daughters & 1 son	2	1.63
2 sons & 1 daughter	17	13.95
All sons	4	3.28
NO RESPONSE	6	4.92
Total	122	100

All married women with one daughter desired another child, 90 percent desired son. With one son and no daughter 36 percent desired another son and rest (48%) a daughter. In case of two children with both daughters, 86.70 percent wanted a son but no daughter while in case of two sons with no daughter only 30 percent desired a

daughter. Sixty percent of the mothers with three daughters desired for a son while 40 percent did not want any more. In the parity four, the married women did not desire for more children irrespective of sex composition of family. [Table 4]

Table 4. Opinion of Mothers Regarding Number and Gender of Living Children in The Family

No and Sex of Living Children	Number and Percentage of Mothers			Total Number (Percentage)
	Don't want Another Child	Want more Sons	Want more Daughter	
One				
1-daughter only	0	27(90)	3(10)	30(24.60)=100%
1-son only	4(16)	9(36)	12(48)	25(20.49)=100%
Two				
Both daughter	2(13.30)	13(86.70)	0	15(12.30)=100%
1-son&1-daughter	17(77)	5(23)	0	22(18.04)=100%
Both son	7(70)	0	3(30)	10(8.20)=100%
Three				
All 3-daughter	2(40)	3(60)	0	5(4.10)=100%
2 daughter & 1 son	3(60)	2(40)	0	5(4.10)=100%
1 daughter & 2 sons	3(75)	1(25)	0	4(3.27)=100%
All 3 sons	2(66.60)	0	1(33.30)	3(2.45)=100%
4 or more	3(100)	0	0	3(2.45)=100%
Total	43	60	19	122(100)

4. Discussion

The present study had identified gender preference among the married women in a metropolitan urban slum area and also pointed out various socio-demographic variables like religion, literacy, immunization status associated with gender preference in the study population.

Puri *et al* [6], Vadera *et al* [7], Wadgave *et al* [8]. noted male child preference among women (58.5%, 56% and 48% respectively). The main reasons of male preference observed by Vadera *et al* [7]. were social responsibility carried by males (42.5%), propagation of family name (23%), dependable in old age (16%), pressure from family (11%), to perform cremation (4%), dowry (3%) and females are economic liability (3%). Wadgave *et al* [8]. noted that 55.56% pregnant women of slum area prefer male for propagation of family name, followed by support in old age (23.61%), family pressure (19.44%), earns money for family (6.94%), no dowry requires (4.17%) and perform cremation (4.17%). Ashturkar *et al* [9]. found that 57.14% of women of reproductive age group from rural area prefers son for

support in old age and 32.88% due to family pressure. A study carried out by Puri S. showed that 56% women in the slums of Chandigarh showed preference to male child [12].

Malhi and Raina reported a stronger preference for the sons present in urban Himachal Pradesh [13].

The preference to male child was higher among rural women than in the urban women [14].

Age of mother: In our study, the majority of the study population was in 25-34 years age groups (50.00%) followed by 45.08 percent was in 15-24 years age groups. Khandelwal V *et al* study showed that majority of women (40%) was in age group of 26-32 years [15].

Religion: Among the Hindu population 54.55 percent child were female and in Muslim population it was 44.78 percent. We did not find any comparable study to discuss.

Type of family: Female children were more in the nuclear family (53.88%) than joint family. We did not find any comparable study to discuss.

Caste: Among the reserved caste (SC, ST and others) percentage of female child (52.88%) was more. We did not find any comparable study to discuss.

Literacy: In our study, among middle and secondary literate mothers the female children were more (58.23%). Researchers showed that parents think as useless to spend on female upbringing for another family; dowry being an hidden agenda. Sex selection is a reflection of the low status of women in the society and a patriarchal mind-set with the deep roots of discrimination against women and male domination in the social system [15]. Strong male bias in various aspects of life provides boys with privilege of good food, education whereas girls were entitled for household chores [6]. As per National Family Health Survey 3, only two-third of the girls and three fourths of the boys aged 6-17 years were attending school; sex ratio was 889; among 6-17 years old children only 53 percent of girls and 65 percent of boys attended school in 2005-06 with the family belonged to an uneducated head of the household. On the other hand, 9 out of 10 girls attended school if they belonged to head of household educated up to higher secondary and above [16].

Age of sending to school and continuation of study: The male children started to go to school more (50.41%) than female children in less than 4 years age groups. The study population did not allow to continue study their children 4.48 percent in case of 1st son, 13.33 percent in case of 2nd son, 18.58 percent in case of 1st daughter and 34.38 percent of 2nd daughter. We did not find any comparable study to discuss.

Care seeking behavior: More (29.15%) male children were treated in Government health facility in respect to 26.63 percent female children. We did not find any comparable study to discuss.

Immunization status: Immunization card was available in 92.54 percent of cases of 1st son and 86.67 percent in case of 2nd son and 90.00 percent in case of 1st daughter and 93.75 percent in case of 2nd daughter. Immunization was not completed in time in 28.12 percent of 2nd daughter followed by (15.71%) in 1st daughter whereas 1st son was not completed (11.90%) and 2nd son it was 6.67 percent. Study done by Elamon J depicted that male outnumbered female in immunization in Punjab [17].

Ideal number of son and daughter: In the present study, majority (58.20%) mothers considered two to be the ideal family size consisting of one male and one female; All married women with one daughter desired another child. Further, one-third of the mother with both sons and no daughter desired for a daughter. Studies from urban Himachal-Pradesh reported a stronger son preference; at parity two, not a single woman with two daughters desired to terminate child bearing, while an overwhelming majority (86.5%) of women with one son and all women with two sons did not want another child. Even at parity four and above, woman who had no living sons did not want to terminate child bearing; 80 percent women with only female child desired son as next child and in women with two daughter child Cent percent desired son as next child, showing strong desire for son [4-15]. In our study in parity four, the married women did not desire more children. But other studies showed that even at parity four and above, woman who had no living sons did not want to terminate child bearing [4-18].

Puri S et al study showed that 57.80 percent intended to have male as their first child & 14.40 percent wanted second child too as male even with the first male baby. Three-fourth women wanted to have their third baby as

boy after two daughters and six percent wanted a boy even after two baby boys [6]. The prevailing gender bias for male children is one of the major problems in the Indian society also documented by other studies [19]. Gender biases pose a specific threat to girl children across the social and economic strata. For a girl child, life is a constant fight for survival, growth and development from the time she conceived till she attains 18 years [20].

4.1. Strength of the Study

Gender inequality is an obstacle to the elimination of differentials in holistic health status that arises from the social, cultural, economic, legal and political characteristics of a society. In developing countries like India, these norms favor males and need all levels of empowerment of women.

4.2. Limitations of the Study

We had several limitations. In the infrastructure poor institute of eastern India in this non-funded study, we had to restrict ourselves to small sample size, limiting us in one cluster. Further due to time constraint we could not include many variable in our study including the prevalent socio-economic status as important correlates of gender bias.

4.3. Future Direction

We hope to conduct in future on gender bias with large representative sample in the multi-centric study with active participation of male partners of the families.

5. Conclusion

Our study highlighted gender bias related to demographic profile of the women and their attitude towards gender issues was focused that need to be addressed. It was associated with religion, type of family, caste, literacy and immunization status.

Declaration of Conflicting Interests

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