



GENDER PREFERENCE AND FEMALE FETICIDE IN SOCIETY: A STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICES OF COUPLES

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ABSTRACT

Introduction: Female as a gender is undesirable in Indian Society , even after lot of discussions on women empowerment practices like female feticide are still rampant.

Aim: To determine the extent of gender preference in couples, factors influencing gender preference and attitude of couple regarding pre natal gender selection.

Method: Hospital based, cross sectional, qualitative and quantitative, questionnaire based research.

Results: Out of 300 couples interviewed only 30(10%) of males and 39(13%) of females preferred son over daughter. Most of them who submitted to have preference for son belonged to lower socioeconomic class and were less qualified On determining the level of information regarding prenatal sex determination techniques, a large no. i.e. 232(77.3%) males and 219(73%) females were well informed about the techniques. 79.6%males and 79%females were aware that female feticide is leading to a declining sex ratio. But only 58.6%males and 38%females could guess about implications of killing the female fetus and a skewed sex ratio. Our study revealed that there were many males 71(23.6%) and females 62 (20.6%) who knew sex determination and female feticide can be done at private or government set ups.

Conclusion: The findings of this study favour the fact that status of women on society is on the path of betterment at small pace. Still, there is long way to go. Laws on PNDDT are still not able to reach the defaulters in totality.

KEYWORDS : female feticide, couple, prenatal sex determination

INTRODUCTION

Even after lot of discussions on women empowerment, increase in literacy rate of women, women helping equally as bread earner of the family, female as a gender is strongly undesirable in Indian Society. They are considered as burden on families and many times their basic needs such as health, education etc. are compromised.

Girl hatred is so deeply rooted in couples that they want to get rid of female child by any means. They have no inhibitions for prenatal sex determination and termination of undesired sex pregnancy.

Due to development of technology and availability of easier, cheaper, methods of sex determination like ultrasound, the extermination of females has become easier. What used to be 'killing of new born females' previously, has turned into 'killing of unborn females' in current scenario. In spite of having biological advantage over boys female fetuses die due to gender discrimination. Various female foeticide methods are used, sometimes performed by corrupt doctors and sometimes by illegal abortions.

All these practices have led to skewed sex ratio of 943 in India in 2011(1) census as compared to the world sex ratio which is almost 1000 (101 men to 100 women) (2). The sex ratio is defined as no. of females / 1000 males. It is an index of prevailing equality between males and females in society. Highest sex ratio in world is in Russia i.e, 1140 followed by USA which is 1029. The condition in our country is even worse in states of Haryana, Jammu and Kashmir, Sikkim and Punjab. In Maharashtra sex ratio is 946.

Child sex ratio is sex ratio of girls under the age of 6 years per 1000 boys. Indicating a continuing preference for boys in society, the child sex ratio has dropped to 914 females against 1000 males(3) in 2011 census. Skewed sex ratio is an issue of major concern and has long term social and demographic consequences.

For curbing this heinous crime, Preconception and Prenatal diagnostic Techniques (PCPNDT) act was enforced in the year 2003(4) but it has not helped much as female feticide is still rampantly practiced in various parts of the country.

Therefore, it is not only the knowledge and fear of law but the attitude of the society that has to be changed towards son preference so that people can imbibe good practices which will help in improving India's sex ratio.

There are few studies from some parts of India to focus on this problem

in which women have been questioned. In this study not only women but both husband and wife were included to understand the perspective of whole family about the issue of gender discrimination, the extent to which people favor female feticide and create awareness regarding implications of skewed sex ratio.

OBJECTIVE

To determine the extent of gender preference in couples, factors influencing gender preference and attitude of couple regarding prenatal gender selection.

METHODOLOGY

Hospital based, cross sectional, qualitative and quantitative, questionnaire based research Study was conducted in the gynecology outpatient department of Lata Mangeshkar Hospital attached to NKPSIMS, Nagpur, Maharashtra. Women attending the OPD for various obstetrics and gynecological complaints and their husbands were enrolled in the study. The hospital is located in the outskirts of the city and thus has almost equal drainage of the urban and rural population.

Duration of study: two months.

Inclusion criteria : Couple of reproductive age group i.e. 15 – 45 years who gave consent.

Sample Size : 300 couples attending obstetrics and gynecology OPD were enrolled in study.

METHOD :

A pre – structured questionnaire was used to collect information on their knowledge and attitude towards gender preference and female feticide. Both husband and wife were questioned separately. Anonymity of the couple was assured. A written informed consent was taken. Questioning was done in an unbiased manner without giving them any hint of questioner's opinion about the issue. At the end of the questioning, the importance of skewed sex ratio and its implications was explained to the couple. A patient education sheet was provided to the couple regarding the ill effects of skewed sex ratio in society.

Parameters studied :

- The data from the women and the men was analyzed separately.
- Women and men were divided on the basis of gender preference into two groups as son preference and no son preference.
- The social class, type of family ,education occupation, religion and residence of the men and women was correlated with their gender preference

- The reasons behind preference for son were analyzed.
- The awareness of couple regarding declining sex ratio and its social implications was assessed.
- An overview on gender preference being a cause of domestic violence in study population was obtained.
- The attitude and practices on rearing up of a girl child were observed.
- The knowledge of couple about sex detection and selection methods and the laws related to it was studied.
- Information of the couples about the methods of sex determination and the place where female feticide is done was noted.
- Data analysis: Percentage was used for comparison of results.

RESULTS

The mean age of males in the present study was 30.7 with a range of 21 to 45. The mean age of females was 24.5 with range of 19 to 40. Maximum number of females belonged to the age group of 20-25 years.

Couples from urban population were more being 175(58.3%) than those from rural population which were 125(41.6%).

163(54.3%) of the couples belonged to joint families and relatively less number i.e. 137(45.6%) belonged to nuclear families.

Regarding their education status, a majority of the males and females were educated up to class 10th followed by those educated up to class 12th and more. However 11 out of 300 males and 5 out of 300 females were illiterate.

292 out of the 300 couples (97.3%) belonged to lower middle class, 8(2.6%) belonged to upper middle class while none belonged to the upper or lower class. By religion, 255(85%) were Hindus, 39(13%) were Buddhist, 4 were Muslims and 2 were Christian.

Gender preference was studied in all these ladies and their husbands. On the basis of their responses men and women were divided into 3 groups i.e. son preference, daughter preference and either. only 30(10%) of males and 39(13%) of females out of 300 couples preferred son over daughter. In fact almost double i.e. 61(20.3%) males and 67(22.3%) females had daughter preference. Whereas majority of them 209(69.6%) males and 194(64.6%) females had no gender preference. (Table 1)

Table 1 – Gender preference of couples

	Son preference	Girl preference	either
HUSBAND	30 (10%)	61 (20.3%)	209 (69.6%)
WIFE	39 (13%)	67 (22.3%)	194 (64.6%)

Further the son preferences in the couples were correlated with their socio-demographic profile. (Table 2,3)

Table 2 -Correlation of socio demographic profile of husband with son preference

	Total (T=300)	Son preference (T=30)	No son preference (T=270)
1) Social class:			
Lower middle class	292 (97.33%)	30 (10.27%)	262 (89.72%)
Upper middle class	8 (2.66%)	0	8 (100%)
Higher class	0	0	0
2) Residence			
Urban	175 (58.3%)	14 (8%)	161 (92%)
Rural	125 (41.6%)	11 (8.8%)	114 (91.2%)
3) Religion:			
Hindu	255 (85%)	26 (10.2%)	229 (90.1%)
Muslim	4 (1.3%)	2 (50%)	2 (50%)
Christian	2 (0.6%)	0	2 (100%)
Buddhist	39 (13%)	2 (5.1%)	37 (94.8%)
4) Education:			
Illiterate	11 (3.66%)	0	11
Primary	13 (4.33%)	3 (10%)	10
Secondary	122 (40.66%)	17 (56%)	105
Higher secondary	77 (25.66%)	7 (23%)	70
Graduation	77 (25.66%)	3 (10%)	74
5) Type of family:			

Nuclear	137 (45.66%)	11 (36%)	126 (46%)
Joint	163 (54.33%)	19 (63.3%)	147 (54.4%)

Table 3 – Correlation of socio-demographic profile of wife with preference for son

	Total (T=300)	Son preference (T=39)	No son preference (T=261)
1) Social class:			
Lower middle class	292 (97.33%)	39 (13.3%)	253 (86.6%)
Upper middle class	8 (2.66%)	0	8 (100%)
Higher class	0	0	0
2) Residence :			
Urban	175 (58.3%)	21 (12%)	154(88%)
Rural	125 (41.6%)	13 (10.4%)	112 (89.6%)
3) Religion:			
Hindu	255 (85%)	31 (12%)	224 (88%)
Muslim	4 (1.3%)	2 (50%)	2 (50%)
Christian	2 (0.6%)	0	2 (100%)
Buddhist	39 (13%)	6 (15.3%)	33 (84.6%)
4) Education:			
Illiterate	11 (3.66%)	2 (5.1%)	
Primary	13 (4.33%)	0	3
Secondary	122 (40.66%)	22 (56%)	5
Higher secondary	77 (25.66%)	11 (28%)	94
Graduation	77 (25.66%)	4 10.2%)	79
5) Type of family:			
Nuclear	137 (45.66%)	17 (43%)	119 (45.5%)
Joint	163 (54.33%)	22 (56.4%)	141 (54%)

Distribution of son preference in various socio-economic classes was analyzed. It was observed that all males and females who had son preference belonged to lower middle class and none belonged to higher class or upper middle classes.

Males from rural population preferred son marginally more over females who preferred son(8.8% vs. 8%). On the contrary females from urban population preferred son more than their male counterparts (12% vs. 10.2%).

Association of son preference with religion was analyzed. Out of 4 Muslim couples 2 preferred to have son (50%) whereas 10.2% of Hindu males and almost equal number i.e. 11.8% Hindu females preferred son. Only 5.1% of the Buddhist males preferred compared to 15.3% Buddhist females who preferred son.

On analyzing whether education of the person influenced his or her gender preference it was found that out of 30 males who preferred son 56% were educated till middle school and 23% of those had received higher education. Similarly out of the 39 females who preferred to have son 56% were educated till middle school and 28% of those preferring son had received higher education. This clearly showed that people with higher education are less gender biased.

When type of family was correlated with their son preference it was observed that a significantly higher percentage of males (63.3%) with son preference belonged to joint family as compared to only 36.6% who belonged to nuclear family. On the contrary relatively less percentage (56.4%) of females with son preference were from joint family and 43% had nuclear family.

Amongst the 170 respondents who had no children, girl preference was higher than son preference. 29(17%) of men preferred to have girl child as first child as compared to 14(8.2%) men who wanted son as their first child. Rest had no particular preference. Similarly 31 women preferred to have girl child as first one as compared to 20(11.7%) who preferred boy over girl as first child.

Out of 59 couples who had 1 baby boy only 1 man and 2 women wanted another boy. But 23(38.9%) men and 26(44%) women wished to have a girl as 2nd child to complete their family.

There were 49 couples whose first baby was baby girl. Of those 22.4% of men and 24.4% women wanted to have a baby boy so that they could complete their family. Whereas 12.2% of the couples wanted to have 2nd girl child after 1 girl child. Rest did not have preference for any particular sex.

None of the 6 couples who had 2 boys wanted any more boys further. But 3 out of them wanted to have girl child. Similarly out of 9 couples who had 2 girl children none wanted another girl child. But 3 men and 4 women keenly wanted to have a son.

Out of 7 couples who had a balanced family 1 couple still wanted to go for a boy child and 1 lady wanted to go for another girl child.

Evidently inclination was seen more towards balanced family i.e. having both son and daughter in family.

On determining the level of information of 300 couples regarding prenatal sex determination techniques, a large no. i.e. 232(77.3%) males and 219(73%) females were well informed about the techniques. Almost an equal percentage i.e. 76.3%males and 68.6% females also agreed that it is illegal and had an idea about laws and punishment related to it.(Table 4)

Table -4 Knowledge and awareness of couples about prenatal sex determination

	AWARE	NOT AWARE
1) Knowledge about sex selection and detection methods.		
Husband	232 (77.3%)	68 (22.6%)
Wife	219 (73%)	81 (27%)
2) Knowledge about laws related to sex selection.		
Husband	229 (76.3%)	71 (23.6%)
Wife	206 (68.6%)	94 (31.3%)
3) Awareness about declining sex ratio.		
Husband	239 (79.6%)	61 (20.3%)
Wife	237 (79%)	63 (21%)
4) Implications of declining sex ratio.		
Husbands	176 (58.6%)	124 (41.3%)
Wife	114 (38%)	186 (62%)

79.6%males and 79%females were aware that female feticide is leading to a declining sex ratio. But only 58.6%males and 38%females could guess about implications of killing the female fetus and a skewed sex ratio.

Our study revealed that majority of couples [(59%) males and (63.3%) females] were not aware about the place where sex determination and female feticide are performed. Still there were many males 71 (23.6%) and females 62 (20.6%) who knew sex determination and female feticide can be done at private center. 4(1.3%) males and 8(2.6%) females claimed that they knew about government set ups where it can be done. 48(16%) males and 40(13.3%) females showed their awareness about both private and government set ups where it was performed. None of the couples admitted about any incidence of sex selection in their family.

Out of 300 only 1 husband and no wife considered girl child a liability. All the couples wanted to provide equal nutrition, immunization and education to their baby boy as well baby girl. In fact, about 60% of men and women wanted that both boy and girl should learn the household chores equally in today's scenario. Still there were about 40% of couples who wanted only girl to learn the house chores.

8% of men and 5.6%women felt pressurized by their parents to have a male child. But it was never a cause of domestic violence in their family.

Regarding the reasons for preference for son maximum no. of couples i.e. 11 out of 30(36.6%) men and 13out of 39 women (33.3%) desired to complete their family i.e. to have a balanced family with both the gender children and so wanted to have a son. 25.3% of couples felt that son could carry the name of family forward.

About 12% felt pressurized by their family to have a son.

Very few stated poverty as the reason to not prefer a girl child as according to them girl child is burden.

DISCUSSION

When the present study was taken it was hypothesized that at least 50%

or more of the couples will prefer to have male gender (on the basis of results shown by other studies). Surprisingly only 30(10%) of males and 39(13%) of females out of 300 couples preferred son over daughter. In fact almost double i.e. 61(20.3%) males and 67(22.3%) females had daughter preference. Whereas majority of them 209(69.6%) males and 194(64.6%) females had no gender preference.

When we compare their result to that of other studies we find that there is a big contrast. In a community based study on awareness and perception on gender discrimination and sex preference among married women in a rural population in district Bareilly, done by Srivastava et al son preference was observed in 269(84.86%)out of 317 women(5). Similarly Chavda et al in their study observed a male child preference in 337(87.53%) out of 385 women(6). On the other hand, in studies of Vadera et al son preference was seen in 58.5% women(7). A study carried by Puri et al showed that 56% women in slums of Chandigarh showed preference to male child(8). Study by Srivastava A et al in same institute as ours which was done 5 years back revealed that 59% women had preference for son(9).

Only one study done 2010 by R Kansal has relatively similar results as ours(10). Like our study in their study also 66.6% of pregnant women had no gender preference. But in there study male preference was more (22.2%) as compared to female preference (11.8%) whereas in our study female preference was more (about 20%) as compared to male preference (about 11%).

When we analyze the reason behind such contrast results, we can clearly see that the 2 studies which show a very high percentage of sex preference have been undertaken in rural areas. The percentage of illiterate participants is also very high in these studies. Both illiteracy and rural background perhaps might be the cause of such unabashed revelation of their gender discrimination. Also these studies had been community based studies and our study as well as other studies are hospital based studies. It appears that it may be due to the fear of revealing their gender bias in a public place where they might be under observation, some of the couples did not express their true opinion. These inhibitions are avoidable in the free environment of community based studies.

Further the studies by Vadera et al and Srivastava et al showed around 58% preference for son(7,9). These were also hospital based studies as ours but have been undertaken in 2006 and 2008 respectively i.e. 10 to 12 years back. Of these the 2nd study was conducted in the same hospital as of present study.

Perhaps the awareness about legal punishments few years back was not as much as in recent times. Also the rising incidence of heinous crimes against women might have created awareness about the implications of skewed sex ratio. This may explain the difference in the results between present study and that of other authors. This might also be the reason that in another hospital based study by R Kansal et al gender preference (boy or girl) was found only in 33% patients but no gender preference was commonest to the extent of 66% as in present study(10).

The awareness of couples regarding prenatal sex determination technique was compared with the participants of other studies. In present study out of 300 couples 230(77.3%) males and 219(73%) females were well informed about the techniques of sex determination mainly USG. Similar awareness of 70.66% was seen in 224 women of study of Srivastava S et al. In study of Siddharam S et al 73% of them were aware of USG as right modality for PNDT(11). This shows that awareness of people regarding sex determination techniques is universally updated by some or the other means. A study was performed in 2008 by Srivastava A et al in the same institute on similar issue(9). At that time the awareness of women regarding PNDT technique was 53% which has increased to around 73% in current study.

When information of patient on their awareness about places where female feticide is preformed was probed it was interesting to note that about 41% of the males 27% of females claimed that they know some or other places where sex determination and female feticide can be performed. Whereas in study of Puri et al only 11% females reported such awareness(8). In study by R Kansal very few couples disclosed about their knowledge of such places(10). Perhaps increased awareness about the illegality of gender selection may be reason in these studies for study subjects not disclosing the fact.

CONCLUSION

By exploring the gender preference and its causes in society, we aim to focus on the problem of sex determination and female feticide in central India. (As the place of study that is NKPSIMS caters the urban and the rural population belonging to all the socio-economic classes of society. Hence this population becomes a good representative population of central India).

This may help to make strong and decisive policies to be implemented by the government of India to improve the status of women in society and to change the attitude of society towards female feticide .

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