



Opinion of Reproductive Mothers on Gender Issues: A Cross Sectional Study in Sub-Urban West Bengal

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ABSTRACT

Background: Literatures reported gender preference among women in different parts of India. The study was conducted to know the opinion of mothers on different areas of gender inequalities, presence of gender preference and the associated factors.

Methodology: The present cross sectional, descriptive study was done among mothers residing in a sub urban community of Nadia district. Data was collected by direct interview.

Results: Among the ninety nine (99) participating mothers, most were Hindu (96), homemaker (91), lived in nuclear family (76) with mean age of 30.89 years. One out of every five mother was illiterate. 23.2% mothers had abortion and 63.6% practiced contraception. Eighty six mothers opined that a couple should have one or two children. Difference in opinion favouring male child was noted. There was no difference in seeking health care, providing more education, sharing of food for either sex. Preference for boy child was similar as girl child (31.3% vs. 26.3%).

Conclusions: In spite of presence of inequalities in opinion, there was no significant gender preference present for either sex. Acculturation and improved female literacy could make the scenario more glorified.

Key words: Gender preference, Reproductive, Contraceptive, Opinion, Health care seeking

INTRODUCTION

India is fighting with gender issues like inequality, discrimination as well as prediction. The right to achieve gender justice is a cumbersome task in India. In India, patriarchal structure still predominates in families. It is reflected by preference for a son and that is prevalent across most of social strata. This phenomenon has led to sex selective abortion which indirectly inflates sex ratio and lowers fertility. Gender equality means that women and men, and girls and boys, enjoy the same rights, resources, opportunities and protections. It does not require that girls and boys, or women and men, be the same, or that they be treated exactly alike.¹ As of 2017, gender equality is the fifth of seventeen sustainable development goals of the United Na-

tions.² Gender bias is strikingly apparent in sectors like education, employment avenues and politics. As per gender inequality index (2014), India ranked 130 among 155 countries, according to data in the UNDP's latest Human development report 2015.³ Since gaining independence; India experienced declining child sex ratio as demographic challenge. The situation becomes graver by a decline from 927 females per 1000 males in 2001 to 914 females in 2011. An astonishing fact is that the highest per capita income having states like Punjab and Haryana have least child sex ratio. Preference for boy child, female feticide, selective abortion, infanticide are major reasons behind this.⁴ This disparity cum inequality is mainly prevalent at family level and as mothers usually spend maximum time with her children, therefore the opinion

of mothers regarding various gender issues must be addressed. The likings for a male child is so obvious, therefore there is no second thoughts on vicious events like repeated low birth intervals and terminating child before it is born. Birth of a girl child is perceived as huge burden to social and economic structure. Reported literature revealed mothers perception on gender bias mostly the male child preference.^{5,6} A major reason for low sex ratio was also due to difference in health care seeking attitude for different sex. A study from rural India showed that the proportion of sick female and male newborn infants receiving any treatment was 28.8% and 63.1% respectively.⁷ Therefore, the present study was conducted to know the opinion of reproductive mothers on various gender issues, to assess gender preference and to find out the associated factors.

METHODS

The study was done after obtaining approval from respective authority of the teaching hospital of Kalyani, West Bengal. This is a community centered, descriptive, cross-sectional study that was carried out between November and January, 2014. The inclusion norms for study population were currently married mothers of reproductive age group (15- 49 years) with one living children. These criteria would define current practices of reproductive couples with children. Respondents were ensured anonymity and confidentiality. They were also given freedom to leave the study at any point of time if they were not comfortable. Verbal informed consent was obtained after explaining the objectives of the project. There are twenty wards in the Kalyani Municipality of Kalyani, the sub divisional head quarter of Nadia district, West Bengal. One ward was chosen purposively as this ward was under the urban field practice area of Department of community medicine. All the resident mothers complying with inclusion criteria were considered for the study. There was a local club in that area, which was chosen as the starting land mark. The very first house next to the club was considered as first household. After entering into the house, enquiry was made about presence of any mother of reproductive age group with one living issue. House-to-house visit was done for finding out the study population. The women complying with inclusion criteria were interviewed. A total of 102 mothers were enrolled for the research, but three of them refused to participate and therefore, they were not included in study. Final number of respondents was 99. The mothers were informed of objectives and rationality of the study and then informed verbal consent was taken. A local female resident of the community helped to find out the

subjects. If during the first visit, the mother was not present, then two more visits in afternoon were made to make a contact. Data was collected by a predesigned, structured schedule that consisted of mother's socioeconomic condition, literacy status, demographic and basic information, desire for future pregnancy, gender preference and the use of contraceptive methods. Mother's opinion regarding ideal number of children and preferable gender composition was enquired. The sex selective perception on providing education, early marriage, sharing food, giving playtime and mixing with others in the community, sharing of household work, providing pocket money and allowing to do night job was assessed. The proforma in local vernacular, by process of translation, back-translation, re-translation was finalized for the study to achieve validity, feasibility and applicability.

Statistics: The collected data were checked, screened and coded before entering into the data sheet of licensed software (SPSS 22.0). For descriptive statistics, mean, median, range, standard error, proportion was used. Confidence interval, odds ratio was calculated. Chi square analysis was done for determining any association of statistical importance between gender preference and other related variables. ($p < .05$ considered significant)

RESULTS

The present study had ninety nine (99) mothers as study subjects. Out of 99, 96 were Hindu. Seventy six (76) subjects lived in nuclear family. The respondents' age ranged from of age group was from 18 to 48 years. The average age was 30.89 +/- 6.65 years and more than half aged less than 30 years. The predominant age group was 28 to 37 years (48.5%) followed by 18 to 27 years (35.4%). Most (64.6%) of them lived in pucca house but twenty seven lived in kutcha one. In 63 families, the number of family member was either four or less. In three families, number was nine and above. One mother out of every five mother was illiterate. Similar picture was found in case of their husband's literacy, too. Four (4) respondents were not aware of the education of their spouse, however 38.4% spouses completed either secondary or higher secondary examination, even graduation. Spouses of the study subjects were in different occupation, varied from group D employee to driver to musician to school teacher to business. Majority of mothers stayed at home (91.9%). There was great difference between minimum and maximum per capita income (PCI), ranging between Rs.171/- to Rs.10000/-. The mean PCI was Rs.1956.92 +/- 1683.65. Mothers got married as early as 10 years as well as late as 43 years, too, but average age for getting married was 18.44 years. (Table 1)

Table 1: Baseline information (N=99)

Variables	Number (%)
Age group(years)	
18 – 27	35 (35.4)
28 – 37	48 (48.5)
> 37	16 (16.2)
Education	
Illiterate	24 (24.2)
Primary	14 (14.1)
Middle/secondary	49 (49.5)
Higher secondary and above	11 (11.1)
Occupation	
Homemaker	91 (91.9)
Skilled worker	2 (2.0)
Unskilled worker	6 (6.1)
Social class (Prasad' SES)	
Upper	16 (16.1)
Upper middle	17 (17.2)
Middle	30 (30.3)
Upper lower/lower	36 (36.4)

Table 2: Mother's obstetrics information including family planning*

Attributes	Number (%)
Birth interval between last two pregnancies (n=54)	
< = 3 years	21 (38.9)
> 3 years	33 (61.1)
History of abortion (n=23)	
Spontaneous	15 (65.2)
Induced	8 (34.8)
Use of contraceptive methods (n= 63)	
Temporary	27 (42.8)
Permanent	36 (57.2)
Desire for permanent contraception in future (n= 54)	
Yes	30 (55.6)
No	22 (40.7)
No response	2 (3.7)

*n varies

On analyzing the obstetrics particulars of mothers, history of abortion was reported by 23 mothers. Out of this, in 16 mothers, abortion was done once, in 4 mothers, the incident was twice. It was really unfortunate to know there was even three to four times abortion in three mothers. The proportion of induced abortion was noted in case of eight mothers. The most common reason was due to lack of finance to look after the new member of family (50.0%). Other reasons cited were family pressure, short birth interval and satisfaction with first child. Detailed analysis of family planning practices revealed that out of twenty seven mothers, who practiced temporary methods, oral contraceptive pills was the choice in most (74.0%). In permanent methods (36), tubectomy was noted in majority (83.3%) while only two spouses had undergone vasectomy. Fifty four (54) mothers had two living children and birth interval of more than three years

was maintained by 33 couples (66.6%). (Table 2)

The perception of mothers regarding different gender issues were reflected in table 3. Eighty six mothers opined that one or two would be the ideal number of children a couple should have. 8.1% mothers were in favour of more than two children. The proportion of mothers expressed desire to get pregnant in future was 17.2% while over 80% were averse to this. Difference in proportion on opinion was noted in issues like early marriage of same aged child, providing playtime, mixing with others in community, sharing of household works, permission to do night job. In all these, an obvious bias towards boy child was evident. Twenty two (22) mothers did not want early marriage of their children. There was practically no difference in seeking health care, providing more education, sharing of food for either sex. The desire to seek complete health care for son was similar as for daughter (6.6%, 13.1% and 5.1% respectively). The highest percentage for ideal gender composition was in direction with one son and one daughter (54.5%). (fig.1) On the contrary, when enquired about the ideal gender composition in the mothers who wanted to have child again in future, the response dramatically changed. Out of 17 mothers, 7 mothers gave vote for one son, 5 for one daughter while only two (2) mothers voted for one son and one daughter. A positive finding in form of consultation prior to any major decision was evident (83.8%). When the mothers were asked for their current gender preference, 42.4% were either preferred both or they had no preference. Preference for boy child was quite similar as girl child (31.3% vs. 26.3%). The reasons for preferring girl child were wastage of money by boys, supportive, understanding and caring nature of daughters and some also expressed their desire to see the dreams fulfilled through their daughters. (Table 4) Analysis was done to find out if there was any significant association between current gender preferences towards any sex with other related variables. An astonishing fact was revealed. There was difference in the proportion of preference and no preference in respect of many variables, but difference was not significant ($P < .05$). (Table 5)

DISCUSSION

The present study had identified differences in opinion of mothers in various gender issues for both sex and these perceptions were mostly biased towards male child, but gender preference for any particular sex was not evident and this is really a welcoming fact. In spite of elicitation of male biasness in various responses, no significant association was reported in relation to current gender preference.

Table 3: Opinion of mothers on gender issues (N=99)

Responses	Frequency (%)
Ideal number of children	
1 - 2	86 (86.8)
3 and above	8 (8.1)
Desire of future pregnancy & gender preference (Yes, n = 17)	
Male	10 (58.8)
Female	4 (23.5)
No response	3 (17.7)
Education aspect	
Affirmative response in sending boy child to school	93 (93.9)
Affirmative response in sending girl child to school	98 (99.0)
Early marriage of same aged children	
Affirmative response for boy child	7 (7.1)
Affirmative response for girl child	61 (61.6)
Providing playtime	
More for boy child	26 (26.3)
More for Girl child	5 (5.1)
Mixing with others in the community	
Allowing boys	23(23.2)
Allowing girls	2 (2.0)
Sharing of household work	
More work by girl child	47 (47.5)
More work by boy child	5 (5.1)
Permission for doing night job	
Only boy child	36(36.3)
Only girl child	2 (2.0)

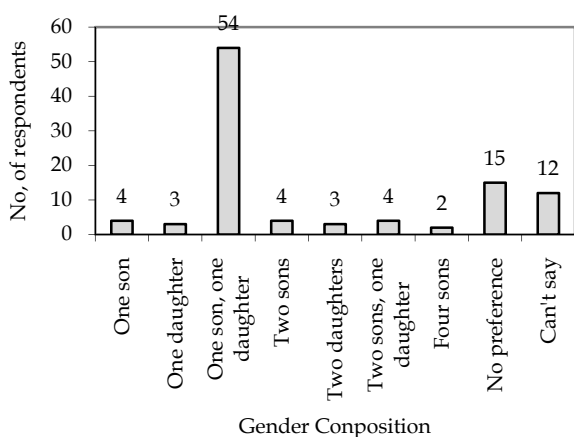


Fig1. Ideal gender composition according to respondents

Table 4: Present gender preference (N=99)

Gender preference	Frequency (%)
Boy child	31 (31.3)
Girl child	26 (26.3)
Both/ no preference	42 (42.4)

Socio-demographic and economic variables: In the current study, 96.9% were Hindu, 26.3% from joint family, most were aged 28 to 37 years (48.5%) followed by 18 to 27 years (35.4%), 24.2% were illiter-

ate and 47.4% had primary and middle education. Similar demographic profile was seen in a study done in urban slum of Chetla where most were Hindu (78.7%) and 16.7% were illiterate, 50.0% were in 25-34 years age groups followed by 15-24 years age groups (45.1%). However, the literacy status was poor, as 60.7% had primary and 23.0% had middle and secondary education in comparison to 14.1% and 49.55 respectively. In Chetla study, joint family (54.1%) predominated. The reason for the difference in education and family type might be due to the place of study, one in urban slum and the current study was in a community.⁸In a study from rural Pune, mean age of subjects was 26.75 years, quiet less than mothers of present study (30.89 years) and this was due to rural background. The Hindu percentage (77.1%) as well as illiteracy was less (17.5%) than present one. Most of the respondents were homemaker like our study (90.5% vs. 91.9%). There were similar results in social class as per modified B. G. Prasad classification. Majority belonged to class III (33.8% vs. 30.3%) followed by class IV (31.9% vs. 36.4%). Mean age at marriage was 18.47 years, similar to current study (18.44 years).⁹Similar results reported from a study done among 400 married women of Madhya Pradesh in respect with mean age, age group distribution and social class but the Hindus were less (63.5%) in reference study.¹⁰ A study from local area among 110 tribal mothers showed similarity in mean age, age distribution and mean marital age. The overall literacy status was poor. The monthly family income was quite more (Rs.10451.81/-). Two thirds were homemaker.¹¹

Abortion and family planning practice: In the present study, twenty three (23) had abortion and eight had induced one. The major reason was economical. Birth interval of more than three years was maintained by 33 couples (66.6%). Among tribal mothers, 32 reported abortion with similar frequency of spontaneous and induced type. The major reason for induction was self-desire followed by medical ground. One third practiced contraception that was pretty less in comparison with our study (63.6%).¹¹A study that was conducted in a village of West Bengal had 156 mothers. The study revealed that, among mothers with a single child, a higher proportion of mothers (39.2%) with only one son were found to use temporary measures of contraception compared to the proportion of mothers (23.5%) with only one daughter using the same contraception. None of the mothers had adopted permanent methods contrary to our study. In case of mothers of two children, only 15.4% of mothers with two daughters had undergone sterilization, while 84.6% of mothers with two sons were using contraceptives.¹²

Table 5: Current gender preference towards any sex and other variables

Variables (n)	Current gender preference			*x ² , *p	**CI(OR)
	Male	Female	No preference		
Age group in years (number)					
18-27 (35)	7(20.0)	10(28.6)	18(51.4)	3.18, 0.205	
28-37(48)	18(37.5)	14(29.2)	16(33.3)		
>37(16)	6(37.5)	2(12.5)	8(50.0)		
Type of family(number)					
Nuclear(73)	24(32.9)	22(30.1)	27(37.0)	3.37, 0.06	0.85-6.44(2.32),
Joint(26)	7(26.9)	4(15.4)	15(57.7)		
Education (number)					
</ in Class VIII (71)	24(33.8)	19(26.7)	28(39.4)	0.92, 0.338	0.58-4.06(1.54),
>Class VIII(28)	7(25.0)	7(25.0)	14(25.0)		
Age at marriage in years (number)					
10-19 (56)	20(30.3)	19(28.8)	27(40.9)	2.78, 0.249	
20-29 (31)	11(35.5)	7(22.6)	13(41.9)		
>=30 (2)	0(0.0)	0(0.0)	2(100.0)		
Duration of marriage in years (number)					
1 - 10 (41)	12(29.3)	10(24.4)	19(46.3)	0.56, 0.756	
11 -20 (44)	12(27.3)	14(31.8)	18(40.9)		
>20 (14)	7(50.0)	2(14.3)	5(35.7)		
Social class					
Class 1/ class 2 (33)	7(21.2)	11(33.3)	15(45.5)	0.32, 0.852	
Class 3 (30)	14(46.7)	3(1.0)	13(43.3)		
Class 4 / class 5 (36)	10(27.8)	12(33.3)	14(38.9)		

*p = significance, x²= chi square value, **CI = confidence limit, OR = odds ratio

Ideal number of children and gender composition: Reviewed literatures from different parts of India reported differences in opinion regarding ideal gender composition. **In present study**, 72.7% mothers considered two as ideal number of children a couple should have. The previously mentioned slum study showed that 58.2% mothers considered two to be the ideal family size consisting of one male and one female, all married woman with one daughter desired another child.⁸ Similar results were reported from Khandelwal study where most preferred gender composition was equal no of boy & girls as considered by 64.5% of women. None said only girls, but 4.5% had the opinion of only boys and 23.0% opined for more boys.¹⁰ The tribal study revealed similarity in ideal number of children but showed different picture in ideal gender composition. Only nine mothers thought ideal gender composition would be one son and one daughter, one son was ideal for 10.0% women.¹¹ In the rural West Bengal study, when the mothers were enquired about the ideal number and gender composition of children, 62.8% mothers voted for two child norms. None of the mothers were in favour of more than four children like current study. The ideal gender composition was one son and one daughter for 53.8% mothers similar as present one (54.5%), 32.7% had desire of more sons than daughters, only 3.8% of the mothers wanted more daughters. Only son was the desire in 11.5% of the mothers while 0.6% wanted daughters only. The study revealed that among mothers with one living child, all the mothers with a daughter and no son

desired for another child and wanted that child to be a boy. Whereas of the mothers with only one son, 8.7% did not want another child and 43.5% of them desired another son and the rest wanted a daughter. 39.2% of mothers wanted a son in their next pregnancy, while only 8.3% of mothers wanted a daughter in future.¹² Our study had less women raising voice for more sons (10.0%) in comparison. 15.0% did not give their opinion. The proportion of mothers expressed desire to get pregnant in future was 17.2% in the present study. The desire to have male and female child was 58.8% and 23.5% respectively. A study among 373 married reproductive women in Chandigarh showed that 65.6% women desired of two children followed by 27.8% females who wanted to have 3 children. Only twelve (12) women desired more than 3 children. This study showed that 57.8% women wanted to have male as their first child and 14.4% 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.¹³

Opinion on gender preference and other gender related issues: Review of literature showed mostly male child preference among women.^{5,6,8,13} A stronger preference for the sons was observed in urban Himachal Pradesh and in Ujjain study.^{9,14} The preference to male child was higher among rural women than in the urban women.⁵ Preference for boy child was quite similar as girl child (31.3% vs. 26.3%) in current study. The

reasons for preferring girl child in our study were wastage of money by boys, supportive, understanding and caring nature of daughters and some also expressed their desire to see the dreams fulfilled through their daughters. The main reasons of male preference observed in other studies were quite similar to the present study. Social responsibility taken by sons, propagation of family name, family pressure, cremation by sons reported by Vadera et al.^{5,6,9}The most common reason for desiring next child as a boy was propagation of family.^{5,6,8,9,13,14} The strong wish to have a son leads to bias in various aspects of life and it had been reflected in various studies, too. In a study done by Rao, it was noted that boys were given the privilege of good food, education whereas girls are entitled for household chores. The disparity was seen in immunization of the child too.¹³A local study among tribal mothers clearly noted the bias towards male child through mother's perception on early marriage of each sex of similar age, giving playtime, mixing with others, sharing household work, providing pocket money and allowing night job.¹¹ The outcome was similar in our study. In the context of response regarding completion of treatment during illness, no preference was noticed. In spite of all inequalities, it was also seen that women were consulted in major family matters in 83.8% cases that was clearly a breather.

CONCLUSIONS

The present study reported strong preference of a healthy child followed by male preference in next pregnancy of the mothers. This also pointed out gender inequalities in opinion on early marriage of each sex of similar age, giving playtime, mixing with others, sharing household work, providing pocket money and allowing night job, inheritance of property. We wish to carry out extensive research on similar issues with more representative sample involving male partners.

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