

# GENDER PREFERENCE, ATTITUDE AND AWARENESS REGARDING SEX DETERMINATION AMONG MARRIED WOMEN ATTENDING GENERAL OPD & ANTENATAL CLINIC OF RDGMC UJJAIN, MP, INDIA

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## ABSTRACT

**Background:** The preference for a son and female feticide continues to be a prevalent norm in traditional Indian household resulting in declining sex ratio, which has dropped to alarming level.

**Objective:** To evaluate gender preference, attitude and awareness regarding sex determination among married women attending general OPD, antenatal clinic of RDGMC UJJAIN, MP, INDIA.

**Material and methods:** Study was conducted in February - March 2011 that enroll 400 married women of reproductive age group attending general OPD, antenatal clinic of RDGMC Ujjain, MP, India. A predesigned questionnaire was used to elicit information on socio-demographic and SES of study subjects and assessing their knowledge, attitude and practice regarding sex determination as: preference, reason for preference.

**Result:** Preferred gender composition was equal no of boy & girls ( 64.5 %) & more boys than girls(23 %). 79 % of women were aware about place for sex determination. 69.5 % of women were aware to fact that fetal sex Determination is a crime & 66.5 % of women knew about the punishment for sex determination and implication of feticide. male child preference observed in 40 % of women.

**Conclusion:** Despite the existence of preconception and prenatal diagnostic technique (PNPCDT), there is dire need to strengthen their law.

**Keywords:** Gender preference, sex determination, antenatal clinic, Ujjain

## BACKGROUND

In India, female infanticide has been practiced for centuries with the earliest evidence being provided by Sir Jonathan Duncan in 1789.<sup>1</sup> With the availability of new technology, the bias suffered by females from birth to the grave is being extended to womb to tomb.

The proliferation and abuse of advanced technologies coupled with social factors contributing to the low status of women such as dowry, concerns with family name and looking up to the son as a breadwinner has made the evil practice of female feticide to become common in the middle and higher socioeconomic households.

On the basis of census 2001, the United Nations Children Fund states that systemic gender discrimination has resulted in up to 50 million girl and women "going missing" from India's population.<sup>2,3</sup>

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

The preference for a son and female feticide continues to be a prevalent norm in traditional Indian household resulting in declining sex ratio, which has dropped to alarming level. The 2001 census registered a decline in the sex ratio

in 80% of the districts in India. The Sex ratio in 1991 was 945, which fell down to 927 in 2001.

Most alarming is decrease in child sex ratio (CSR: 0-6 age group) which was 976 in 1961 and fell down to 927 in 2001. In Madhya Pradesh the child sex ratio has fallen from 941 in 1991 to 932 in 2001, which further fell down to 912 in 2011.

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<sup>4</sup>

Despite the existence of preconception and prenatal diagnostic technique (PNPCDT) act, there is dire need to strengthen their law since the number of conviction is despairingly low as compared to burden posed by this crime.

Therefore the present study will be conducted among married women attending OPD to find out the level of their awareness regarding sex determination and attitude towards gender.

## AIM AND OBJECTIVE

To assess Gender, preference, attitude and awareness regarding sex determination among married women attending general OPD, antenatal clinic of RDGMC Ujjain, MP, India.

## MATERIAL AND METHODS

Study was conducted in February - march 2011. Married women of reproductive age group (18-45yr) attending general OPD, antenatal clinic of RDGMC Ujjain, MP, India, were included in the study. Ujjain having sex ratio of 954 and child sex ratio of 919 in 2011 and population of about 19 lakhs .

**Sample size estimation** - At confidence interval of 95%, considering the population of Ujjain, the sample size using "survey system" software comes out to be 384, which was rounded off to 400. [Available at <http://www.surveysystem.com/sscalc.htm> (developed by Creative Research Systems)]

**Data collection procedure**—Ethical clearance has been obtained from institutional Ethic committee of R.D.Gardi medical college, Ujjain (MP). After it a predesigned questionnaire was used to elicit information on socio-demographic and SES of study subjects and assessing their knowledge, attitude and practice regarding sex

determination as: Preference, Reason for preference, Modes of sex determination, legal law and act related to its punishment.

## RESULT

A total of 400 married female were enrolled in this study over a period of two months. The mean age of women was 29.22 yr (Range- 20-45). Majority of women 160 (40%) was in age group of 26-32 yr. [Table 1] 188(47 %) women were in antenatal state and 44(11 %) were in post natal state.

**Table-1: Socio demographic variables of study subject (n=400)**

Variables	Women (%)
<b>Age</b>	
18-25	124 (31.0)
26-32	160 (40.0)
33-39	82 (20.5)
40-45	34 (8.5)
<b>Religion</b>	
Hindu	254 (63.5)
Muslim	140 (35.0)
Sikhs	2 (5.00)
Christian	4 (1.00)
<b>Residence</b>	
Urban	222 (55.5)
Semi-urban	72 (18.0)
Rural	106 (26.5)
<b>Socio economic status</b>	
I	26 (6.5)
II	104 (26.0)
III	136 (34.0)
IV	88 (22.0)
V	46 (11.5)

**Table 2: Preferred combination of children by study participants (n=400)**

Preferred combination of children	Women (%)
Only boys	18 ( 4.5 )
Only girls	0 (0.0)
More boys than girls	92 (23)
Equal no of boys and girls	258 (64.5 )
No preference	32 (8.0 )

Among study subjects most preferred gender composition was equal no of boy & girls as considered by 258 (64.5 %) of women. [Table 2]

Study revealed that women, who were in antenatal state showed significantly higher

interest in fetal sex determination ( $\chi^2= 54$ ,  $df = 2$   $p < .001$ ) [Table 3]

**Table 3: Women showing interest in fetal sex determination by their natal status (n=400)**

Natal Status	Women showing Interest (%)
Antenatal (N=188)	122 (64.9)
Post natal (N=44)	18 (40.9)
Others (N=168)	44 (26.2)
Total (N=400)	184 (46.0)

$\chi^2 = 54$ ,  $df = 2$   $p < .001$

When asked about awareness of place for sex determination 316 (79 %) were aware about it, out of which 312 (78%) mentioned about private hospital as the place for fetal sex determination and 310 (77.5 %) were aware about the technique for fetal sex determination. [Table 4] 278 (69.5 %) women were aware to fact that fetal sex determination is a crime & 266 (66.5 %) women knew about the punishment for sex determination and implication of feticide. 126 (31.5 %) women knew jail & fine as a punishment for feticide. [Table 4]

Only 152 (38 %) of women were aware about the fact that the doctor is also punished for this crime and 280 (70%) women were not aware about the punishment given to doctor for fetal feticide. [Table 4]

Study revealed that, among Primigravida (N=52), 34 (65.4 %) of women intended to have first boy child.

Data available from 70 women having only female child 80 % and from 40 Women having no son but two daughters 100 % desired to have boy as a next child. [Table 5]

Out of 50 women having one son and one daughter 40 (80 %) have no desire for next child, and Out of 34 women having one son and two daughter 28 (82.4 %) have no desire for next child. Overall the study observed the male child preference in 160 (40 %) women. [Table 6] Study revealed that most common reason for desiring next child as a boy was that the boy are required for family growth (76.3 %). [Table 6]

## DISCUSSION

Study enrolled 400 married women attending general OPD, antenatal clinic of RDGMC Ujjain, MP. In this study subject preferred gender composition was equal no of boy & girls followed by more boys than girls. No women desired fore only girl as a preferred gender composition as compared to only son which was considered by 4.5 % of women showing strong compulsion for son in desired gender composition.

**Table 4 Awareness of subject regarding sex determination (n=400)**

Variable	Women (%)
<b>Places , where sex determination can be done</b>	
Aware	316 (79 )
PVT	312 (78)
Government	56 (14 )
Both	56 (14 )
Not aware	84 (21 )
<b>Know the methods of sex determination</b>	
Knows	310 (77.5)
USG	190 (47.5)
With needle	100 (25.0 )
Other	20 (5.0 )
Not knows	90 (22.5)
<b>Fetal sex determination is considered a crime</b>	
Aware	278(69.5)
Not aware	122 (30.5 )
<b>Punishment or penalty for fetal sex determination</b>	
Knows	266 (66.5 )
Not knows	134 (33.5 )
<b>Type of punishment given for fetal sex determination</b>	
Fine	10 (2.5 )
Jail	90 (27.5 )
Jail & fine	126 (31.5 )
Not know	174 (43.5 )
<b>Doctor is punished for this crime(fetal sex determination)</b>	
Aware	152 (38)
Not aware	248 (62)
<b>Type of punishment given to doctor for fetal sex determination</b>	
Cancellation of registration	48(12)
Fine	12(3)
Jail and fine	60 (15)
Not know	280(70)

**Table 5: Female desiring additional sons and daughter according to current children gender composition (n=400)**

No of children currently	Desire of next child			
	Boy	Girl	Either	Child not desired
None (N=52)	34 (65.4%)	0 (0 % )	18(34.61% )	0 (0 % )
Single female (n= 70)	56 ( 80 % )	4 (5.7 %)	4 (5.7 %)	6 ( 8.6 % )
Two female (n= 40)	40 (100 %)	0 (0 % )	0 (0 % )	0 (0 % )
Single male (n= 38 )	4 ( 10.5% )	14 (36.8%)	20 (52.6%)	0 (0 % )
Single male & Single female (n= 50 )	10 (20%)	0 (0 % )	0(0 % )	40 ( 80 % )
Single male & two female (n= 34)	6 (17.6 % )	0(0 % )	0 (0 % )	28 (82.4 % )

**Table 6 Reason for desiring next child by gender of the child (n=400)**

Desire of next child	No.	Reasons				
		Earning hand for family	For family growth	Old age dependency	They both are equal	Cannot afford more children
Boy	160	10 (6.3%)	122(76.3%)	20 (12.5%)	8 (5%)	0 (0%)
Girl	20	6 (30% )	0 (0%)	0 (0%)	12 (60% )	2 (10%)
Either	74	0 (0%)	10 (13.5% )	0 (0%)	64(86.5%)	0 (0%)
No preference	146	0 (0%)	14 (9.6%)	8 (5.5 %)	4 (2.7% )	120 (82.2%)
Total	400	16 (4 %)	146(36.5%)	28 (7%)	88(22%)	122 (31.5%)

Study showing higher interest in fetal sex determination in antenatal women reflecting the strong bias toward a particular gender. The present study showed that 79% subjects had knowledge where sex determination can be done; most subjects know private setup as a place and USG as a sex determination technique. 69.5% agreed to the fact that it is a crime. Knowledge about the legal punishment and penalty for sex determination was found in 66.5% as compared to A study by Puri et al which showed only 11.66% of subjects had knowledge where sex determination can be done and 65.5% agreed to the fact that it is a Crime. Acquaintance about the legal punishment and penalty for sex determination was found to be only 16.3%.<sup>5</sup>

Sex ratio has declining in the country recently, has fallen to 914 in 2011, in spite of development and improvement in literacy status still the dislike for female child and women is groped in the society that is evident from many studies.<sup>6</sup>

Sex determination has become within the reach of people because of ultrasonography, being cheap easily accessible. The implication of this only led to be inception of PCPNDT act. And effective advocacy by ruling authorities for enforcement of PNDT act to curb female feticide. The modifications done under this includes that not only the person, but also the one getting the patient along with the patient would be punished and the placed and the nursing home / private hospital not registered as MTP centre

would be closed. An integrated approach of Govt and NGO's is desired. Govt. of India has done substantial work throwing considerable light on subjects of girl child through implementation of various programs to restore the rights and dignities of girl child, giving her a world where she can live, live and dream and enrich our lives.

A study reported a stronger preference for the sons present in urban Himachal-Pradesh<sup>7</sup>. They found that at parity two, not a single woman with two daughters desired to terminate child bearing, while an over whelming 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. Similar findings was also obtained in this study like in women with only female child 80 % desired Son as next child and in women with two daughter child 100 % desired son as next child, showing strong desire for son. Among women with one male & one female child 80 % women and in women with one male & two female 82.4 % of women not desired for next child, this result showing the satisfaction of having son in their children. The present study showed that the desire for the next child to be a boy (40%) was quite greater than the desire for a girl child (5%) in the next pregnancy. Similar results were noted in NFHS 2 study;<sup>8</sup> 47% women wanted the next child to be a boy compared to only 11% of those who wanted the

next child to be a girl. However, in this NFHS reason for desiring the boy as a next child was that the male are required for family growth followed by old age dependency on them. However only 6.3 % of women desired for boy as a earning hand for family, reflecting the effect of social custom of marriage as girl has to go her husband's home.

Parents think that it is pointless to spend so much on a girl education and upbringing only to leave for another's home, without repaying. Dowry is also reason for parents to resent a daughter birth. Sex selection is a reflection of the low status of women in the society and a patriarchal mindset steeped in son preference. The deep roots of discrimination against women and male domination can be attributed to a social system known as *Patriarchy*.

It has been observed that the practice of female feticide is more prevalent among the educated upper middle and elite classes of society. This fact points to the strong son preference in the Indian society irrespective of the educational status.

## CONCLUSION

Awareness regarding fetal sex determination & its implication was quite high in spite of the preference for a son and female feticide continues to be a prevalent norm in traditional Indian household resulting in declining sex ratio. Despite the existence of preconception and prenatal diagnostic technique (PNPCDT), there is dire need to strengthen their law. Moreover, it is necessary to gear efforts against the Cultural, economic and religious roots of this social

malady by woman empowerment and intensive information and communication campaigns.

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