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Original Research Article

A community based comparative study on gender perceptions among married (reproductive age) women of rural and urban areas of district Gautam Buddha Nagar

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ABSTRACT

Background: The preference for a son over female offspring continues to be a prevailing norm within the ancient Indian family. Sons are expected to work within the fields, give bigger financial gain and look after parents. Additionally, in Indian patriarchal society, sons are a unit responsible for the preservation of the family name. The preference for a son and female feticide continues to be a prevailing norm in ancient Indian families (urban and rural) leading to declining sex ratio to an alarming level. With this background the following study was conducted in Gautam Buddha Nagar with the objective of finding out gender bias in rural and urban area.
Methods: A study was carried out in rural and urban field practice area of the Department of Community Medicine, district Gautam Buddha Nagar of Uttar Pradesh. The study was conducted among 270 married women of reproductive age group. The women were interviewed using a semi structure questionnaire.
Results: More than half of the respondents in the rural areas (57.7%) preferred son while in the urban areas, 43% of women preferred a son. The most important reason for preferring a son in the rural area was a support to the parents. While in urban area son was preferred because of the continuation of a family line.
Conclusions: Preference for son was found to be high. Further amendments in the existing laws and quality education may help in breaking gender stereotypes and minimizing gender bias.

Keywords: Women, Sex ratio, Gender preference, Rural, Urban, Gautam Buddha Nagar

INTRODUCTION

In our patriarchal setup of Indian society, sons are responsible for preserving family lineage. The discrimination against women in India has its roots in its social, cultural, and religious beliefs and practices. Sex ratio is an important social indicator to measure the extent of equity between males and females and is defined as the number of females per 1000 males in the population. In the population census of 2011 sex ratio in India were 940 females per 1000 of males which showed an upward trend from the census 2001 data. A decreasing trend in the child sex ratio is seen in India which is 914 per 1000 males according to the 2011 census. Uttar Pradesh has a child sex ratio of 902 per 1000 males and Gautam Buddha Nagar has a child sex ratio of 843 per 1000 males, which is much lower than the national figure.[1,2]

This skewed sex ratio will lead to an increase in the number of child marriages, trafficking, rape and assault against women and female children, population decline and social instability. Ultrasonography has now become an essential part of routine antenatal care for every pregnant woman.[3]

Though obstetric ultrasonography is helpful in detecting fatal structural and functional abnormalities but it is increasingly being exploited for prenatal gender determination. Advances in diagnostic technologies have made sex determination cheaper and accessible. The desire for a son has led to heightening the exploitation of modern diagnostic techniques.

Prenatal diagnostic techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT) was passed in 1994 to stop female feticides and arrest the declining sex ratio in the country. This act makes it illegal to determine the sex of the foetus. The PNDT Act was amended in 2003 to the Preconception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT Act).[4] Gender equality and empowerment of women and girls is a part of sustainable development goals which highlights providing women and girls with equal access to education, health care, decent work, and representation in political and economic decision-making.[5] With this background, a study was carried to find out gender perceptions among Married women of the rural and urban areas of the district Gautam Buddha Nagar district, Uttar Pradesh.

METHODS

A community based study was conducted in rural and urban catchment areas of the School of Medical Sciences and Research, Greater Noida from February-March 2018. The rural and urban catchment area serves a population of 10,000 and covering eight villages and seven colonies respectively. In the first stage list of the eligible couples (reproductive-age women) was prepared with the help of medico social worker and in the second step out of eight villages, five villages (rural) and five colonies (urban) were selected by using purposive sampling. From the selected areas study subjects were chosen by using simple random sampling.

Sample size was calculated using NFHS 4 data assuming the estimated prevalence to be (son preference) 18.8%, 6 considering an absolute error of 5% with 95% confidence interval, the sample size was calculated as 244 by assuming 10% attrition rate the sample size was calculated to be 268 which was rounded off to 270.[6] Out of 270, 50% (135) of the study population was taken from an urban area and 50% (135) was taken from the rural areas.

Data collection was done by the door to door visits through a team of medico social workers and other trained staff who were first acquainted with the objectives of the study and then, trained for taking interviews. A predesigned pretested semi-structured proforma was used to elicit information on the knowledge of sex determination techniques, perceptions regarding gender discrimination and their associated factors from married women in rural and urban areas. Verbal consent was taken before filling the questionnaire.

Data analysis

The data was entered in Microsoft Excel and analysed in term of percentage. The Chi-square test for proportion was used as a test of significance.

RESULTS

A total of 270 married women aged 18-45 years were included in the study. In the present study majority of women in the urban areas, 58 (43%) belong to the 25-31 year age group while in a rural area 68 (50.3%) women belong to 18-24 year age group.

A majority (rural 96.3% and urban 91.1%) of respondents were Hindus both in rural and urban areas. Nearly one-third of women in the urban areas (28.9%) had primary school education followed by secondary school education (26.7%). While in the corresponding rural area of Gautam Buddha Nagar more than one-third were illiterate (26.7%) followed by primary education (25.2%). In a rural area, more than one-third of respondents had their husbands employed as unskilled workers (39.3%) while in the urban area nearly half (45.9%) were employed as semi-skilled workers. More than half (64.4%) of the women in the rural area belonged to lower middle class while majority (40%) in the urban area belonged to upper middle class according to Modified B. G. Prasad scale (Table 1).

Majority of the respondent (50.3%) shows male child preference, of which 43% belongs to urban areas and 57.7% to rural areas. It followed by the preference of daughter (34.2%). Most of the respondents (63.3%) thought that a son and a daughter formed ideal family composition both in urban (68.1%) and rural areas (58.5%) followed by two sons and one daughter (20.7%). None of the respondents in rural and urban areas wanted family composed of only daughters and 6.6% of respondents had no preference in the family composition (Table 2).

Overall, the most important reason cited by the respondents for male child preferences in the present study was, “family line continuity” (39.7%) followed by old age support (30.9%). Continued family line/family expansion (50%) was the most common reason among the respondents of the urban area, wherein the rural area old age supporting (34.6%) was identified as an important reason for male child preference (Table 3).

Table 1: Distribution of study subjects according to their socio-demographic characteristics.

Characteristics	Urban (n=135)	Rural (n=135)	Total (n=270)
	N (%)	N (%)	N (%)
Age (in years)			
18-24	39 (28.9)	68 (50.3)	107 (39.6)
25-31	58 (43.1)	28 (20.8)	86 (31.8)
32-38	26 (19.2)	22 (16.3)	48 (17.8)
39-45	12 (8.8)	17 (12.6)	29 (10.8)
Religion			
Hindu	123 (91.1)	130 (96.3)	253 (93.7)
Muslim	12 (8.9)	5 (3.7)	17 (6.3)
Type of family			
Nuclear	101 (74.8)	39 (28.9)	140 (51.9)
Joint	34 (25.2)	96 (71.1)	130 (48.1)
Women's education			
Illiterate	32 (23.7)	36 (26.7)	68 (25.2)
Primary	39 (28.9)	34 (25.2)	73 (27.0)
Secondary	36 (26.7)	25 (18.5)	61 (22.6)
Higher secondary	25 (18.5)	30 (22.2)	55 (20.4)
Graduation	3 (2.2)	10 (7.4)	13 (4.8)
Husband's education			
Illiterate	3 (2.2)	11 (8.1)	14 (5.2)
Primary	27 (20)	32 (23.7)	59 (21.9)
Secondary	24 (17.8)	45 (33.3)	69 (25.6)
Higher secondary	22 (16.3)	38 (28.1)	60 (22.2)
Graduation	59 (43.7)	9 (6.7)	68 (25.2)
Husband's occupation			
Semi professional	20 (14.8)	2 (1.5)	22 (8.1)
Clerical	9 (6.7)	6 (4.4)	15 (5.6)
Skilled	18 (13.3)	21 (15.6)	39 (14.4)
Semiskilled	62 (45.9)	44 (32.6)	106 (39.3)
Unskilled	22 (16.3)	53 (39.3)	75 (27.8)
Unemployed	4 (3)	9 (6.7)	13 (4.8)
Socioeconomic status			
Upper middle	44 (32.6)	9 (6.7)	53 (19.6)
Middle	54 (40)	17 (12.6)	71 (26.3)
Lower middle	28 (20.7)	87 (64.4)	115 (42.6)
Lower	9 (6.7)	22 (16.3)	31 (11.5)

Table 2: Perception of women towards gender preference and preferred family composition.

Characteristics	Urban (n=135)	Rural (n=135)	Total (n=270)
	N (%)	N (%)	N (%)
Gender preference			
Son	58 (43)	78 (57.7)	136 (50.3)
Daughter	49 (36.3)	43 (31.9)	92 (34.2)
Either gender	28 (20.7)	14 (10.4)	42 (15.5)
Family composition			
1 son and 1 daughter	92 (68.1)	79 (58.5)	171 (63.3)
2 son and 1 daughter	25 (18.5)	31 (23.0)	56 (20.7)
All sons	8 (6.0)	17 (12.5)	25 (9.2)
No preference	10 (7.4)	08 (6.0)	18 (6.6)

Table 3: The reasons for preference of a male child in urban and rural areas.

S. no.	Reasons for preferring a son	Urban (n=58)	Rural (n=78)	Total (n=136)
		N (%)	N (%)	N (%)
1	Sons are required to carry family name/ continue family line	29 (50.0)	25 (32.1)	54 (39.7)
2	Old age support	15 (25.9)	27 (34.6)	42 (30.9)
3	Financial security	5 (8.6)	12 (15.4)	17 (12.5)
4	Dowry for the daughter	9 (15.5)	14 (17.9)	23 (16.9)

Table 4: Awareness of women regarding sex determination.

S. no.	Awareness	Urban (n=135)	Rural (n=135)	Total (n=270)	P value
		N (%)	N (%)		
1	**Aware of sex determination**				
	Aware	117 (53.6)	101 (46.4)	218	0.01
	Not aware	18 (34.6)	34 (65.4)	52	
2	**Ultrasonography used as a tool for sex determination**				
	Aware	110 (54.0)	94 (46.0)	204	0.02
	Not aware	25 (37.8)	41 (62.2)	66	
3.	**Foetal sex determination considering as a crime**				
	Aware	96 (53.6)	83 (46.3)	179	0.09
	Not aware	39 (42.8)	52 (57.2)	91	
4.	**Awareness regarding legal punishment for sex determination**				
	Aware	80 (52.6)	72 (47.4)	152	0.32
	Not aware	55 (46.6)	63(53.4)	118	
5.	**Awareness regarding PCPNDT Act**				
	Aware	80 (62.5)	48 (37.5)	128	0.00
	Not aware	55 (38.7)	87 (61.3)	142	

*: Row percentage.

In this report, a significantly higher proportion of respondents living in urban areas (53.6%) were aware of sex determination compared to rural areas (46.4%). A higher proportion of urban respondents (54.0%) were aware of ultrasound as a sex determination technique. The difference in knowledge among urban and rural respondents of the method of sex determination was statistically significant. Awareness regarding PCPNDT act, determination of sex being a crime and legal punishment for determination of sex of a child was higher among the urban respondents (62.5) as compare to rural respondents (37.5) and this difference was found to be statistically significant ($p<0.05$) (Table 4).

DISCUSSION

Declined sex ratio is a major issue and has long-term socioeconomic and demographic consequences. India is facing a demographic nightmare because of gender inequality and the skewed sex ratio. In present study nearly half of the respondents were in the age group of 18-24 year and majority belongs to lower middle class (42.6%) as per modified B G Prasad classification.[7] Shidheye et al had also observed a similar observation, where maximum respondents in 20-30 year age group and majority of respondents belongs to lower middle class.[8]

In this study, gender preference was found for male children (50.3%) and for female children to be 34.2%. This varied in the study done in Kolkata by Mitra et al, where male child preference was 27.7% and the majority (68.5%) of respondents had no preference.[9] A study in Meerut by Marof et al shows the about two-third of antenatal women do not show any gender preference, followed by male child preference (22.9%), but a study done in the rural area of Darjeeling by Roy shows similar finding with male child preference in 52.8% respondents.[10,11] Another study that shows a similar observation was done in Jamnagar by Vadem et al and in Ahmedabad by Chavada et al show male child preference was 58.5% and 87.55 respectively.[12,13]

In the present study, the main reason quoted by respondents for preferring male child over the female child was family growth (39.7%) followed by old age support (30.9%), a similar finding was given by Manhas et al and Chavada et al where the majority of respondent's belief that a male child will be the only one who carries family lineage.[13,14]

In the present study, male child preference was observed more in the rural area (57%) compare to an urban area (43%) and the difference was statistically significant, a

similar finding observed in the study by Chavada et al and study of Das et al.[13,15]

Most of the women (63.3%), desired a son and a daughter as an ideal family composition. This is in line with the findings of a study conducted in coastal South India by Ramesh et al (92.3%).[16] Another study conducted in rural area also found out that almost half (47.7%) of the study subjects thought that a son and a daughter formed an ideal family.[17] In the present study majority (80.7%) of respondents were aware of the prenatal sex determination, ironically 75.5% also knew that it is determined by the ultrasonography technique, a similar observation was observed in the study of Srivastava et al in rural Uttar Pradesh.[18] However, the study finding of Ghosh et al showed that 95% of women are aware of sex determination facility, this wide variation in study findings might be because of geographic and urban-rural setting differences.[19]

However, in spite of tremendous efforts by the government to implement legal rules and regulations regarding female feticide and prenatal sex determination only 47.4% of respondents in our study had ever heard of the PCPNDT Act. Similar to a study by Pavithra et al in Bengaluru and Dhande et al where 59% of women had never heard about the PCPNDT Act.[17,20] The awareness regarding the act was higher in our study compared to Srivastav et al in UP where only 32% were aware of PCPNDT Act.[18] In spite of low awareness regarding PCPNDT Act, higher proportion of respondents (more than half) were aware of the prenatal sex determination is a crime, and it is punishable offence, similar observation was observed in a study conducted by Srivastav et al, where only half of the participants knew that prenatal sex determination was punishable offence.[18]

CONCLUSION

The present study indicates the desire for sons is very high, and it is in the deepest mind of society. Sustaining the family line was the most typical response for male child preference. Knowledge of fatal sex determination and its consequences in the present study was quite high, but knowledge of PCPNDT Act was not up to the mark despite the tremendous effort by the government so there is dire need to strengthen the law, In addition, great effort must be made against the culture, economical and religious roots of this belief by the women empowerment and comprehensive awareness and communication campaign.

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REFERENCES

1. Uttar Pradesh Population 2011-2019 Census. Uttar Pradesh population sex ratio in Uttar Pradesh data 2011-2019. Available at: http://www.census2011.co.in/census/state/uttar+pradesh.html. Accessed on 28 November 2019.
2. Gautam Buddha Nagar (Gautam Buh Nagar) District Population Census 2011-2019, Uttar Pradesh literacy sex ratio and density. Available at: http://www.census2011.co.in/census/district/512-gautam-buddha-nagar.html. Accessed on 28 November 2019.
3. Yadav JU, Yadav DJ. Ultrasonography awareness among pregnant women attending medical college hospital in Kolhapur District of Maharashtra, India. Intl J Res Med Sci. 2017;5(6):2612.
4. Government of India (GOI). Ministry of Health and Family Welfare. The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2003. Available at: http://rajswasthya.nic.in/PCPNDT%2005.12.08/Hand%20book%20with%20Act%20&%20Rules%20%285%29%20%20%281%29.pdf. Accessed on 14 April 2019.
5. Sustainable development goals. SDGs, Transforming our world: the. 2030 agenda, 2015. Available at: http://www.un.org/sustainable development/gender-equality/. Accessed on 20 March 2019.
6. National Family Health Survey-4 (2015-16), Ministry of Health and Family Welfare, Government of India. International Institute of Population Sciences. 2017. Available at: http://rchiips.org/nfhs/pdf/NFHS4/India.pdf. Accessed on 21 January 2018.
7. Singh T, Sharma S, Nagesh S. Socio-economic status scales updated for 2017. Int J Res Med Sci. 2017;5(7):3264-7.
8. Shidhaye PR, Giri PA, Nagaonkar SN, Shidhaye RR. Study of knowledge and attitude regarding prenatal diagnostic techniques act among the pregnant women at a tertiary care teaching hospital in Mumbai. J Educ Health Promot. 2012;1:36.
9. Mitra PS, Dasgupta M, Banerjee P, Soreng PS, Shirazee HH, Adhikari S. A Study on preferences and awareness regarding prenatal sex determination among antenatal women attending obstetrics and gynaecology outdoor of medical college, Kolkata during the time period of January to June, 2012. J Dent Med Sci. 2013;6(6):100-04.
10. Maroof K, Bansal R, Parashar P, Kansal R. A hospital-based study on knowledge, attitude and practice of pregnant women on gender preference, prenatal sex determination and female feticide. Indian J Public Health. 2010;54(4):209.
11. Roy A, Biswas R. A Study on gender preference and awareness regarding prenatal sex determination among antenatal women in a rural area of Darjeeling district, West Bengal, India. J Clin Diagnos Res. 2017;11(2):05.
12. Vadera BN, Joshi UK, Unadakat SV, Yadav BS, Yadav S. Study on knowledge, attitude and practices regarding gender preference and female feticide among pregnant women. Indian J Community Med. 2007;32(4):300.

13. Chavada M, Bhagyalaxmi A. Effect of socio-cultural factors on the preference for the sex of children by women in Ahmedabad district. Health Population: Perspectives Issues. 2009;32(4):184-9.
14. Manhas S, Banoo J. A study of beliefs and perceptions related to female foeticide among Muslim community in Jammu, Jammu and Kashmir, India. Studies Home Community Sci. 2013;7(2):125-30.
15. Das N. Sex preference and fertility behavior: a study of recent Indian data. Demography. 1987;24:517-30.
16. Ramesh A, Bhagwan D, Holla R, Unnikrishnan B, Thapar R, Mithra P, Kumar N, et al. Knowledge and perception towards female feticide among adolescents of coastal South India. Ntl J Comm Med. 2016;7(9):736-40.
17. Dhande VS, Gadekar RD, Shingare AD, Domple VK. Gender preference among reproductive age group women in rural area. Intl J Community Med Public Health. 2016;3(7):1862-5.
18. Shrivastava S, Kariwal P, Kapilasrami MC. A community-based study on awareness and perception on gender discrimination and sex preference among married women (in reproductive age group) in a rural population of district Bareilly, Uttar Pradesh. Nat J Community Med. 2011;2:273-6.
19. Ghose S, Sarkar S. Knowledge and attitude of Prenatal Diagnostics techniques Act among the antenatal women a hospital-based study. J Community Med. 2009;5:1-6.
20. Pavithra MB, Dhanpal S, Lokanath H. A study of gender preference, knowledge and attitude regarding prenatal diagnostic techniques act among pregnant women in an urban slum of Bengaluru. Int J Community Med Public Health. 2015;2:282-7.

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