Original Research Article

Gender preference and awareness regarding sex determination among married women in urban slums

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Received: 07 January 2018  
Accepted: 29 January 2018

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ABSTRACT

Background: People in India exhibit a strong gender preference for male child and this discrimination or prejudice continues in spite of socio-economic development and higher growth rates. The preference for sons has been associated with preferential abortion of female fetuses and even to female infanticide. Objective of the study was to assess gender preferences among married women in urban slums.

Methods: It was a community based cross sectional done at Urban Health Training Centre, Shahpur Nagar which is field practice area of Department of Community Medicine of Malla Reddy Institute of Medical Sciences, Hyderabad. The study participants were all women who were above 18 years of age. During the study period we enrolled a total of 157 women.

Results: The maximum subjects were in the age group of 18-30 (54.1%). 82.2% of the study participants knew that sex determination is a crime. The majority of study participants stated dowry problems as the reason for their non preference of female children (77.3%) while 4.5% did not prefer female children due to the fact that they do not stay with their parents after marriage, 9.1% said rearing problem.

Conclusions: So intense health education should be given to the community telling them that it’s not only sons who take care of parents in old age but daughters can also play the same role. We need to educate them sons’ and daughters should be equally treated in the family.

Keywords: Crime, Gender, Abortion, Sex ratio

INTRODUCTION

Sex ratio, an important social indicator measuring extent of prevailing equity between males and females in society, is defined as the number of females per one thousand males. Changes in sex ratio reflect underlying socioeconomic and cultural patterns of a society. There is a strong preference for sons in many societies.¹ The number of female in age group of 0 to 6 years is termed as child sex ratio. As per the latest Census 2011, total female sex ratio in India is 940 per 1000 males & female child sex ratio is 944 girl children per every 1000 boy children of the same age group. The overall female sex ratio has increased by 0.75 % in the Census 2011 as compared to the previous Census of 2001.²

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.³

People in India exhibit a strong gender preference for male child and this discrimination or prejudice continues in spite of socio-economic development and higher...
growth rates.³ The preference for sons has been associated with preferential abortion of female fetuses and even to female infanticide. This differential treatment given to the girls and the sex-selective illegal abortions has resulted in estimated 30 to 70 million “missing” women in India.⁶

India is having a patriarchal social framework where the preference for a son over a daughter is rooted in socioeconomic and cultural factors. The preference for male child has resulted in increased discrimination against girl child in this country. Not only they are devalued as human beings from the day they are born but also they are denied the right to be born if their families do not wish them to be born.⁷

A deficit in the female population has long been observed in Indian censuses. Data from the census of 2011 suggests that there are only 940 women for every 1000 men in India.³ There has long been a strong preference for sons in India. This is now being actualized by using the technology of sonographic scans, amniotic fluid examination etc. to detect the sex of a fetus and abort female fetuses. Moreover, there seems to be a strong avoidance of daughters, especially after one daughter.⁸ Detailed analysis of surveys data have revealed that the sex ratio at the second birth for couples who already have a daughter is much lower than for those whose first child is son.⁹ Considering all this factors the present study was conducted with the following objectives.

**Objectives**

1. To assess gender preferences among married women in urban slums
2. To assess awareness about sex determination tests.

**METHODS**

It was a community based cross sectional done at Urban Health Training Centre, Shapur Nagar which is field practice area of Department of Community Medicine of Malla Reddy Institute of Medical Sciences, Hyderabad. The urban slums selected in this area were Gajulramaram and IDPL. The study was conducted for a period of one month from January 2015 to February 2015. The study participants were all women who were above 18 years of age. During the study period we enrolled a total of 157 women.

The study was conducted after taking permission from Institutional Ethics Committee. The participants were briefed individually about the nature and purpose of the study. Informed consents were taken from those who willing to participate. After obtaining informed consent, data was collected on pre-designed and semi structured questionnaire which included Information regarding socio-demographic factors such as age, literacy status, type of family, occupation, husbands occupation, etc socio-economic. Questionnaire also included questions related to like place of sex determination, punishment for that, why son’s given more preference, etc. The data was collected by door to door survey by doing one to one interview. The data was entered in microsoft excel sheet and analysis was done using proportions.

**RESULTS**

The maximum subjects were in the age group of 18-30 (54.1%) and the numbers of study participants above 60 years were 17%. High school education was seen in 22.9% of study participants and 5.7% were post graduates. Near about 86% of the study participants were housewives and 29.5% of their husbands were graduates. The majority of subjects interviewed were Hindus 84% and 1.2% were Muslims and Christians. Majority (72%) were having nuclear families. Majority of study participants belonged to a social class II (32.4%) and 5.1% were in social class V.

Table 1 shows maximum number of study participants, 75.3% were not aware of place of sex determination tests performed while the number of study participants who believed that such tests were performed in Government hospitals were 8%.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private hospital</td>
<td>27</td>
<td>17.1</td>
</tr>
<tr>
<td>Government hospital</td>
<td>12</td>
<td>7.6</td>
</tr>
<tr>
<td>Not aware</td>
<td>118</td>
<td>75.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>157</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2: Awareness of study participants about sex determination as a crime.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>129</td>
<td>82.2</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>17.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>157</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3: Awareness of study participants about type of punishment for people for sex determination.

<table>
<thead>
<tr>
<th>Punishment</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine</td>
<td>17</td>
<td>10.8</td>
</tr>
<tr>
<td>Jail</td>
<td>42</td>
<td>26.8</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>98</td>
<td>62.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>157</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 shows that 82.2% of the study participants knew that sex determination is a crime which shows the awareness about sex determination is a crimes was good among the study participants.

Table 3 illustrates that 62.4% were not knowing about the punishment if anyone go’s for sex determination, 11%
said they have to pay some fine and 27% said they can have imprisonment also.

Table 4: Awareness of study participants about doctor’s punishment for sex determination.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware</td>
<td>106</td>
<td>67.5</td>
</tr>
<tr>
<td>Not aware</td>
<td>51</td>
<td>32.5</td>
</tr>
<tr>
<td>Total</td>
<td>157</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 5: Distribution of study subjects as per gender preference.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>22</td>
<td>14.1</td>
</tr>
<tr>
<td>Female</td>
<td>37</td>
<td>23.5</td>
</tr>
<tr>
<td>No preference</td>
<td>98</td>
<td>62.4</td>
</tr>
<tr>
<td>Total</td>
<td>157</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6: Attitude about sex determination should be done.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>8.3</td>
</tr>
<tr>
<td>No</td>
<td>144</td>
<td>91.7</td>
</tr>
<tr>
<td>Total</td>
<td>157</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 7: Different reasons for not preferring girl child.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dowry problem</td>
<td>17</td>
<td>77.3</td>
</tr>
<tr>
<td>Marriage problem</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Difficult to rear up</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Not staying with parents</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4 presents near about 67.5% of study participants were aware that a doctor would be punished for performing a sex determination test while 33% were not aware.

Table 5 presents the maximum number of study participants (62.4%) had no preferences regarding the gender of their child while 14.1% of study participants preferred to have male children and 24% said they prefer female child.

Table 6 shows 91.7% of the study participants agreed that sex determination tests were wrong and should not be performed but 8.3% attitude was that it should be performed.

Table 7 displays the majority of study participants stated dowry problems as the reason for their non preference of female children (77.3%) while 4.5% did not prefer female children due to the fact that they do not stay with their parents after marriage, 9.1% said rearing problem.

**DISCUSSION**

In present study maximum study participants were in the age group of 18-30 (54.1%) and the numbers of study participants above 60 years were 17%. The present study findings were similar with other study were about 48% of the study participants were in the age group of 25-30years.\(^{11}\)

High school education was seen in 22.9% of the study participants and 5.7% were post graduates. In another study high school education was seen in 3.2% of study participants which is less than present study.\(^{11}\)

The present study findings showed that 86% of the study participants were housewives. In another study almost 95% of the study participants were housewives.\(^{11}\) In a study done by Nithin et al 55% of the study participants were housewives\(^{13}\).

The majority of study participants interviewed were Hindus 84% and 1.2% were Muslims and Christians. About 71.9% were nuclear families. In another study nuclear families were seen in 21.4% of study participants, 52.2% were having joint families and extended family was seen in 26.4% of them respectively.\(^{11}\) In a study done by Nithin et al, 89% were Hindus, 8% were Christians and 3.8% were Muslims.\(^{13}\)

In present study majority of study participants belonged to a social class II (32.4%) and 5.1% were in social class V. In another study majority were in class IV (46%) and 40% were in class IV.\(^ {11}\) The present study findings shows that 82.2% of the study participants knew that sex determination is a crime. In a study done by Puri et al about 65.4% of the study participants were aware that sex determination is crime, 16.3% were not aware and 18.3 don’t know about it.\(^ {12}\) The awareness was good in present study. In a study done by Bedre et al 92% were aware that sex determination is a crime.\(^ {17}\)

It was observed in present study 62.4% were not knowing about the punishment if anyone go’s for sex determination, 11% said they have to pay some fine and 27% said they can have imprisonment also. In another study the awareness regarding punishment for sex determination was poor like only 8.2% of the study participants were aware about it and 92% were not aware.\(^ {11}\) In a study done by Bedre et al, 59% were aware that sex determination is a crime. In the study carried out by Bedre et al, 29% knew legal punishment is given if anyone goes for sex determination.\(^ {17}\)

In present study maximum number of study participants (62.4%) had no preferences regarding the gender of their child while 14.1% of study participants preferred to have
male children. About 24% said they prefer female child. In another study 80% of them prefer girl child and 44% prefer male child. In Nithin et al study 55% prefer one male and one female child, 5.3% prefer male child and 4% prefer female child. In a study done Bangalore 62.2% of the urban women prefer at least one son. In a study from Howrah, in West Bengal about 22.2% women prefer son. In a study from Darjeeling, 32.7% of the women wanted more sons than daughters while one male and one female child preference was seen in 53.8% of the participants.

In the present study majority of study participants stated dowry problems as the reason for their non preference of female children (77.3%) while 4.5% did not prefer female children due to the fact that they do not stay with their parents after marriage, 9.1% said rearing problem. In another study about 11% said they do not prefer female child because they don’t stay with parents after marriage. In a study done by Bedre et al, 41.31% said they prefer son because family support given by son, 29.29 and sons will support them in old age and 16% they can support them economically in future.

CONCLUSION

Majority in present study knew that sex determination is a crime which shows they are aware if they opt for sex determination they are going to get punishment in some form. No specific son preference was observed but still they said they prefer son because of many reasons. So intense health education should be given to the community telling them that it’s not only sons who take care of parents in old age but daughters can also play the same role. We need to educate them sons’ & daughters should be equally treated in the family. Strict laws should always be maintained those who go sex determination and strict action should be taken against them. In the same way strict action should also be taken against those who do sex determination in their hospitals.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES


Cite this article as: Katkuri S, Kumar KN. Gender preference and awareness regarding sex determination among married women in urban slums. Int J Community Med Public Health 2018;5:987-90.