## Original Research Article

# Preference for male child among married adults in rural and urban field practice areas of Narayana Medical College, Nellore, Andhra Pradesh, India 

Y. Vishnu Vardhan ${ }^{1}$, D. Srinivas Rao ${ }^{2 *}$<br>${ }^{1}$ Department of Community Medicine, Chettinad Health and Research Institute, Chennai, Tamil Nadu, India<br>${ }^{2}$ Department of Community Medicine, Viswabharathi Medical College, Kurnool, Andhra Pradesh, India

Received: 31 October 2019
Revised: 14 January 2020
Accepted: 16 January 2020
*Correspondence:
Dr. D. Srinivas Rao,
E-mail: drsrinivasraod@gmail.com
Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.


#### Abstract

Background: Reduction of national fertility levels was directly proportional to the preference of male child in many families in India. We conducted this study on 214 married adults, in both sexes to find out whether this strong preference still exists in this decade or not, and if it does what could be the reasons. Methods: A community based cross-sectional study done by face to face interviews using a semi-structured questionnaire containing both qualitative and quantitative variables, among 214 married adults. Results: Upon analysing the results, we identified that higher son preference ( $61.23 \%$ ) is seen in many rural families, and is strongly associated with low socio-economic status, literacy rate and caste. The reasons by which these families prefer male child were also broadly categorized and identified. Economic utility (78\%) and old age security ( $61 \%$ ) was found to be the major reasons most families has quoted in preferring a son. Conclusions: By improving the literacy rate and job opportunities in the community, fertility rate can be reduced, especially in rural areas where the other options are limited.


Keywords: Economic burden, Female child, Fertility rate, Feticide, Illiteracy, Low SES, Male child, Rural

## INTRODUCTION

Over the past decade, gender equality has been widely recognized as a key not only to the health of nations, but also to their social and economic development. ${ }^{1}$ Its importance is further emphasized by the fact that 'promotion of gender equality and women's empowerment' finds itself in the list of millennium development goals (MDG).

A strong preference for male child exists, particularly in India, and is a major obstacle for reducing national fertility levels. ${ }^{2}$ According to this argument, if couples continue to bear children in order to have a minimum number of desired sons, they would exceed the two-
children norm advocated by the national family planning program. ${ }^{3}$ At the same time, desires for controlling fertility and achieving the wanted sex composition of children which includes at least one son, put pressure on couples to intervene the biological process of reproduction through sex selective abortion for the fulfilment of both these desires. ${ }^{4}$

Studies in India have identified some factors like old age security, socio-cultural utility, property inheritance and economic utility etc that favours son preference. ${ }^{5-8}$ Discrimination of female child is one of the main reasons for the disappearance of female child and female feticide. ${ }^{4}$ This study aims to ascertain this skewed sex ratio and its determinants on the population of the urban and rural
field practice areas of department of community medicine, Narayana Medical College, Nellore.

## METHODS

Community based cross-sectional study comprises of face to face interviews using a semi-structured questionnaire containing both qualitative and quantitative variables.

It is done among 214 married adults (Implied consent). The study population consists of both male and female adults aged $18-40$ years, who were randomly selected in the families belonging to urban and rural field practice areas of Narayana Medical College.

This study was carried out at the Saraswathi Nagar, urban field practice area of department of community medicine of Narayana Medical College over a period of three months from July 20, 2017 to October 20, 2017.

The first part of the study aims to explore whether gender bias exists in this community or not, and then the study explores the reasons behind such bias. Data is entered into excel and then analysed using SPSS 22.0 software. Sample size was calculated with the assumption that at least 50
percent of the married adults will have preference for the male child. It is calculated using the formula- $4 \mathrm{pq} / 12=100$, with allowable error of 0.01 . From each community 120 people were interviewed, making a total of 240 ( 26 were excluded because of incomplete response).

## RESULTS

A total of 214 married adults were studied in Nellore district. 113 from rural and 101 from urban areas. Maximum number of subjects were in the age group of 26-39 years ( $79.4 \%$ ).

Out of the 214 respondents, 131 (61.2\%) had preference for a male child.

In the present study, we found a high tide for preference of male child in rural population (63.7\%) than urban population. The factor of son-preference was correlated with various socio-economic characteristics. The association between education and preference for son was found to be statistically significant ( $p<0.01$ ). Son preference was also associated and highly significant with caste (scheduled castes and tribes 57\%), SES (classes 4 and $5-74 \%$ and $70 \%$ ) and age ( $>30$ years).

Table 1: Socio-demographic influences on male child preference.

|  |  | Total number ( $\mathrm{n}=214$ ) | Son preference ( $\mathrm{n}=131$ ) | P value |
| :---: | :---: | :---: | :---: | :---: |
| Age (in years) | <20 | 6 | 2 (1.5\%) | 0.009* |
|  | 21-25 | 38 | 17 (12.9\%) |  |
|  | 26-30 | 51 | 29 (22.1\%) |  |
|  | 31-35 | 67 | 42 (32.06\%) |  |
|  | 36-40 | 52 | 41 (31.2\%) |  |
| Sex | Male | 86 | 45 (34.3\%) | 0.29 |
|  | Female | 128 | 86 (65.7\%) |  |
| Residence | Urban | 101 | 59 (45.1\%) | 0.427 |
|  | Rural | 113 | 72 (54.9\%) |  |
| Religion | Hindu | 170 | 102 (77.8\%) | 0.534 |
|  | Muslim | 38 | 26 (19.8\%) |  |
|  | Christian | 6 | 3 (2.2\%) |  |
| Caste | General | 44 | 19 (14.5\%) | 0.001* |
|  | OBC | 64 | 34 (25.9\%) |  |
|  | SC/ST | 106 | 78 (57.2\%) |  |
| Family | Nuclear | 146 | 91 (69.4\%) | 0.776 |
|  | Joint | 68 | 40 (30.5\%) |  |
| Education | Illiterate | 79 | 59 (45\%) | 0.001* |
|  | Primary school | 55 | 42 (32\%) |  |
|  | Middle school | 25 | 18 (13\%) |  |
|  | High school | 28 | 6 (4\%) |  |
|  | College | 27 | 6 (4\%) |  |
| Socio-economic status | Class 2 | 31 | 7 (5\%) |  |
|  | Class 3 | 85 | 52 (39.6\%) | 0.001* |
|  | Class 4 | 81 | 60 (45.8\%) | 0.001 |
|  | Class 5 | 17 | 12 (9.1\%) |  |

*p $<0.05$ is significant.

Economic utility (78\%), old age security (61\%) and carrying the family name ( $16 \%$ ) to be the main reasons for preferring a male child, while reasons for not preferring daughter were economic burden-dowry (71\%), domestic violence (42\%), discontinuation of natal family (23\%).

Of the 214 individuals interviewed, 143 (66\%) knew about the declining sex ratio and were aware about sex selective abortion. 102 (47\%) individuals were aware of PC-PNDT Act and its details. Decision making in relation to pregnancy was taken by husband in most families ( $42 \%$ ), self ( $36 \%$ ) and in-laws ( $23 \%$ ) in others.

## DISCUSSION

Preference for sons is influenced by economic, religious, cultural, and social norms that favour males over females. ${ }^{9}$ Parents' preference for son exerts substantial impact on the fertility desires and family planning behaviour which effects in reduction of fertility. ${ }^{2}$

To understand why preference for male child is so strong in this society, it is crucial to recognize the social and cultural factors in that particular society. In this study, higher son preference ( $61.23 \%$ ) was observed as compared to other hospital-based studies. Puri et al and Vadera et al reported that 56 percent and 58.3 percent of the women had preference for a male-child respectively. ${ }^{7,8}$ The present study identified a significant association between education and son-preference as there was a substantial decreased son-preference with increased education level among the respondents. Preference for a male child was higher among the Low SES than the higher SES groups. This difference was found to be statistically significant since majority of them think that girls are economic burden. Another study showed that 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. ${ }^{7}$ The same study also shows the desire for males. Majority ( $57.8 \%$ ) intended to have male as their first child and $14.4 \%$ wanted second child too as male even with the first male baby. ${ }^{7}$

In a study done by Chavada et al, identified a significant association between education and son-preference as there was substantial decreased son-preference with increased education level among women. This difference was found to be statistically significant since majority of the rural women belonged to joint families. Higher son preference was due to the demand by the in-laws or pressure from the other family members. ${ }^{9}$

The main reason for non-preference for a girl child, majority stated was that girls leave parents after marriage. As per the report published by UNFPA, the important reasons for son-preference include social responsibilities are taken by the males, propagation of family name, support in the old age, performing cremation of parents
and dowry given for girls' marriage. Dyson et al also reported similar findings. ${ }^{6,10}$

Higher son preference was also seen in higher age groups ( $>30$ ) and scheduled castes/tribes and the difference is statistically significant. Economic utility was the main reason for preference for a son followed by old age security. In a study conducted to analyse the gender gaps in hours of housework children undertake in Indian families, et al found that girls in families with son preference are relatively more likely to exert positive hours of housework, but not of other types of work. ${ }^{11}$

Also, in terms of family planning, a study conducted in Bhopal identified that subjects having 2 male children preferred permanent method of contraception ( $66 \%$ ) as compared to subjects having 2 female children ( $7.93 \%$ ), this result is statistically significant ( $\mathrm{p}<0.05$ ) showing a strong preference for male child in Indian society. ${ }^{12}$ Limitations of the study is less time of study.

## CONCLUSION

Fertility behaviour appears to be influenced by a strong desire to acquire a male child. In the present study, preference for male-child is linked to the prevailing socio-cultural factors in the society, especially education, lower SES classes. This highlights the need to improve the education level amongst rural population, especially women. Strong and decisive policies should be implemented by the government to improve the status of women and to change the attitude of the society towards the female-child. Sex-selective abortion is to be strictly banned before the implementation of two-child norm as it tends the parents to abort the child if the foetus is a girl.

## Funding: No funding sources

Conflict of interest: None declared
Ethical approval: Not required

## REFERENCES

1. 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 Clini Diagn Res: JCDR. 2017;11(2):5.
2. Rajaretnam T, Deshpande RV. The effect of sex preference on contraceptive use and fertility in rural South India. Int Family Plan Perspect. 1994: 88-95.
3. Gupta K, Arnold F, Lhungdim H. Health and Living Conditions in Eight Indian Cities. National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: Int Instit Populat Sci. 2009.
4. Acharya AK. Gender preference and India's missing girls: Evidence from some selected states of India. In Annual Meeting of Population Association of America (PAA), Boston, USA: 2004: 1-3.
5. Dyson T, Moore M. On kinship structure, female autonomy, and demographic behavior in India. Popul Develop Rev. 1983;9(1):35-60.
6. Chowdhury MK. Mother's education and effect of son preference on fertility in Matlab, Bangladesh. Population research and policy review. 1994;13(3):257-73.
7. Puri S, Bhatia V, Swami HM. Gender preference and awareness regarding sex determination among married women in slums of Chandigarh. Ind J Comm Medi. 2007;32(1):60.
8. 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. Ind $\mathbf{J}$ Comm Medi. 2007;32(4):300.
9. Chavada M, Bhagyalaxmi A. Effect of sociocultural factors on the preference for the sex of children by women in Ahmedabad district. Health Populat: Perspect Issues. 2009;32(4):184-9.
10. Shiva M, Bose A. Missing: Mapping the Adverse Child Sex Ratio in India. Available at: https://asksource.info/resources/missing-mapping-adverse-child-sex-ratio-india. Accessed date on 10 March 2019.
11. Lin TC, Adserà A. Son preference and children's housework: the case of India. Population research and policy review. 2013;32(4):553-84.
12. Pathak V, Arya R. Effect of male child preference on the decision making of women in choosing contraception. Int J Reprod Contracept Obstet Gynecol. 2018;7(4):1336-9.

Cite this article as: Vardhan YV, Rao DS.
Preference for male child among married adults in rural and urban field practice areas of Narayana Medical College, Nellore, Andhra Pradesh, India. Int J Community Med Public Health 2020;7:546-9.

