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A Study on Gender Preferences and Its Sociocultural Aspects Among Married Women (18-45 Years) In Rural Gurugram

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INTRODUCTION: Declining sex ratio is a major concern worldwide, especially in a developing country like India. The role of sociocultural factors in gender preference is known since ages. The skewed sex ratio in India is attributed to selective female feticides and misuse of technological advancements. This also has a strong influence on contraceptive acceptance among couples.

OBJECTIVES: The present study was conducted to explore the contraceptive use, gender preferences and its determinants among married women in rural Gurgaon.

MATERIALS AND METHODS: A cross-sectional study was conducted among married women (18-45years) residing in the rural field practice area of SGT medical college and hospital, Gurugram. The sample size was found to be 400. Systematic random sampling technique was used to recruit the study participants. Pre- tested, pre-designed questionnaire was used for data collection.

RESULTS AND DISCUSSION: Among 400 married women, current contraceptive usage among study population was found to be 58.25%. The most common method of contraception used by the study subjects was intrauterine contraceptive device. The preference for male child was found among 49.5% women. The reasons cited for such preference were propagation of family name (48.2%), financial dependability in the old age (34%), social responsibilities are carried out by males (25.3%) and males are lesser economic liability (31%). Lower age group of mother, nulliparity, Hindu religion, lower educational status and lower socioeconomic status were found to be the determinants of male child preference in the present study.

CONCLUSION: There is need of awareness and education amongst women and both the genders deserve equal respect without any preferences.

KEYWORDS: Gender Preference, Contraception, Sex Ratio

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INTRODUCTION

Gender composition is an important aspect of the family, and the society at large. A balanced sex ratio plays a vital part in maintaining a stable society. Unfavourable sex-ratio is not unique to India. There is a strong gender preference for male child in India.^{1,2} The preference for sons has even led to female feticide. However, the alarming fact is that India has one of the lowest child sex ratios in the world with 914 girls /1000 boys, which has fallen from 927 girls/1000 boys in 2001.³ Various factors that can be attributed to the decline in sex-ratio include increased sex selective female abortions, and female feticide. This is now being actualized by using the technology of sonographic scans, amniotic fluid examination etc. to detect the sex of a foetus and abort female foetuses. Preference for a son has also been cited as one of the reasons for high fertility and skewed sex ratio in India and it has a powerful influence on acceptance of any contraceptive method. Changes in sex ratio reflect underlying socioeconomic and cultural patterns of a society. Not many studies have assessed the perception of women regarding their gender preferences.

Objectives

1. To explore the contraceptive use and gender preferences among married women in rural areas of

Gurugram.

2. To find the associated factors for gender preference among married women in rural areas of Gurugram.

MATERIALS AND METHODS

The present cross-sectional study was conducted among married women (18-45years) residing in the rural field practice area of SGT medical college and hospital, Gurugram. Assuming that 50% of the rural women had a gender preference, taking 10% relative precision and 95% confidence level, the sample size was found to be 400. Systematic random sampling method was used to recruit study subjects who gave their consent for participation. Women who had attained surgical or natural menopause were excluded. All eligible women from each selected household were taken till optimum sample size was achieved. Face to face interview was done using a pretested predesigned questionnaire. Data analysis was done using Epi info 7 software. The Chi-square test for proportion was used as test of significance. Univariate analysis was done and p value of < 0.05 was considered to be significant.

RESULTS

Majority of the study subjects i.e.50.5% were in the age group of 18-30years. More than half i.e. 53% of the study



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population were Hindus and 21% were Muslims. Majority of the study subjects i.e. 60.5% were living in nuclear family. It was also found that 57% of the rural married women were having secondary level education and above. The modified BG Prasad socioeconomic scale was used to assess the socioeconomic status. About 45% belonged to lower class, 36% to middle class and 19% to upper class. [Table 1]

Sociodemographic profile	Number	Percentage (%)
AGE		
18-30years	202	50.5
31-40years	123	30.75
>40years	75	18.75
RELIGION		
Hindu	212	53
Muslim	84	21
Christian	12	03
Sikh and others	92	23
TYPE OF FAMILY		
Nuclear		60.5
Joint		39.5
EDUCATIONAL STATUS		
Illiterate	78	19.5
Primary	94	23.5
Secondary	202	50.5
Higher secondary and above	26	6.5
SOCIOECONOMIC STATUS		
Lower	180	45
Middle	144	36
Upper	76	19

Table 1. Sociodemographic Profile of the Study Subjects (n=400)

On questioning regarding current contraceptive usage, 233 (58.25%) subjects were currently using some or the other method of contraception. The most common method of contraception used by the study subjects was intrauterine contraceptive device, with 83 (35.6%) using this method. Oral contraceptive pills were used by 27 (11.6%); condom usage was found to be present among 68 (29.2%). About 47 (20.2%) of the study subjects had undergone tubectomy & only 8 (3.4%) of study subjects reported of their husbands undergone vasectomy. [Table 2]

Majority 197 (84.5%) of current contraceptive users reported of using family planning services for more than 12 months period.

	Number	Percentage
Male condoms	68	29.2%
Oral contraceptive pills	27	11.6%
Copper T	83	35.6%
Tubectomy	47	20.2%
Vasectomy	8	3.4%

Table 2. Types of Contraception Used (Currently) (n= 233)

Out of 400 women studied, 49.5% gave preference to male child (Figure 1); the major reasons for this being propagation of family name (48.2%), financial dependability in the old age (34%) social responsibilities are carried out by males (25.3%) and males are lesser economic liability (31%). (Figure 2)

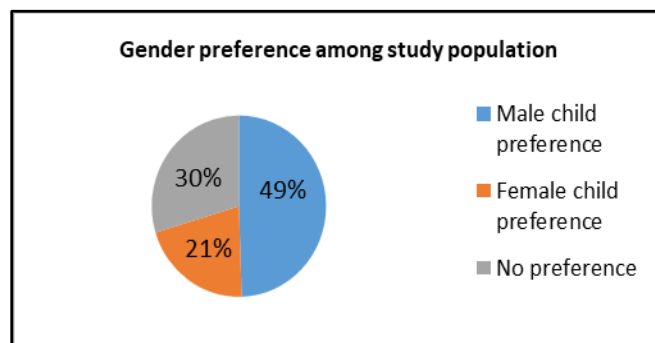


Figure 1. Gender Preference among the Study Population

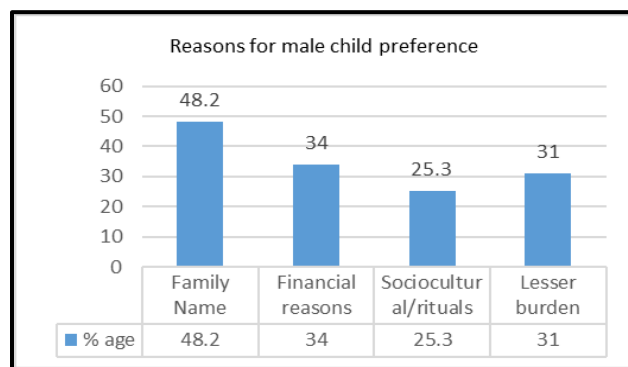


Figure 2. Reasons for Male Child Preference among the Study Population

However, about 20.8% preferred female child and rest 29.7% had no gender preference for child. The reasons cited for female child preference were equality between males and females (51%), females are better caretakers (42%) and 36% said female child completes a family. (Figure 3)

AGE GROUP	Male preference	No male preference	X ² value	P value
18-30	96	106	10.37	0.005
31-40	74	49		
>40	28	47		
PARITY				
Nulliparous	84	27	42.19	<0.001
One child	79	124		
> One child	35	51		
RELIGION				
Hindu	102	110	94.89	<0.001
Muslim	74	10		
Christian	08	04		
Sikh and others	14	78		
SOCIOECONOMIC STATUS				
Lower	86	94	49.41	<0.001
Middle	98	46		
Upper	14	62		
EDUCATIONAL STATUS				
Illiterate	59	19	110.6	<0.001
Primary	78	16		
Secondary	54	148		
Higher secondary	07	19		
TOTAL	198	202		

Table 3. Determinants of Male Child Preference Among Study Population (n=400)

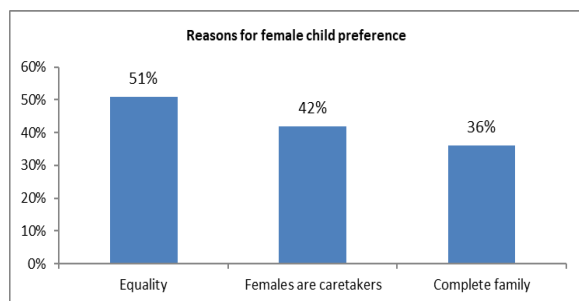


Figure 3. Reasons for Female Child Preference among the Study Population

Lower age group of mother, nulliparity, Hindu religion, lower educational status and lower socioeconomic status were found to be associated with male child preference in the study population. [Table 3]

DISCUSSION

In the present study, more than half (50.5%) of females were in young age group 18 to 30 years. The current contraceptive usage among study population was found to be 58.25%. According to NFHS 4,⁴ the contraceptive prevalence rate in Haryana is 63.7%.

The most common method of contraception used by the study subjects was intrauterine contraceptive device, with 83 (35.6%) using this method. Oral contraceptive pills were used by 27 (11.6%); condom usage was found to be present among 68 (29.2%). About 47 (20.2%) of the study subjects had undergone tubectomy & few i.e. only 8 (3.4%) of study subjects reported of their husbands undergone vasectomy.

According to DLHS -3,⁵ the use of contraceptive method was 47.1% using any modern method, out of which 34% used tubectomy which almost conforms to the current study while only 5.9% used condoms whereas condom usage was 29.2% in our study. However, intrauterine contraceptive devices were more preferred than condom as a spacing method in our study.

In the present study, about 49.5% gave preference to male child. Similar studies conducted by Puri et al.⁶ where 56% women and by Vadera et al.⁷ where 58.5% of the women expressed preference for a son. In the present study, the major reasons for this being propagation of family name (48.2%), financial dependability in the old

age 34%, social responsibilities are carried out by males (25.3%) and males are lesser economic liability (31%).

Lower age group of mother, nulliparity, hindu religion, lower educational status and lower socioeconomic status were found to be associated with male child preference in the study population. This finding corroborates with the study done by Srivastav et al. in a district of Uttar Pradesh⁸ implicating the role of sociocultural factors in gender preference in India.

CONCLUSION

In the present study, male child preference is significantly associated with education, age of women, socioeconomic status, parity and religion of woman. This reflects the need of awareness and education amongst women. Both the genders deserve equal respect without any preferences. In order to achieve this, it is the need of the hour to spread awareness regarding the consequences of gender imbalance and skewed sex ratio in the society.

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