

Research Article

Study of difference in child rearing practice based on sex of child among married women of reproductive age group in urban slum of Mumbai

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ABSTRACT

Background: India a vast country has left behind a number of stigmas and prejudices to move ahead as one nation. Still in a number of states, villages, cities and towns, gender bias is persistent leading to female discrimination. **Objective:** To study the difference in child rearing practices based on sex of child among married women of reproductive age group in urban slum of Mumbai.

Methods: A community based, cross-sectional study was carried out among 900 married women of reproductive age group during a period of Jan. 2007 to Jan. 2008 at Shivajinagar urban health centre, which is field practice area of T. N. medical college, Mumbai. Participants were selected by systematic random sampling in an urban slum of Mumbai, Maharashtra.

Results: In present study, a total of 900 married women with their children below five year are 1158 (male: 632 & female: 526) were analyzed. There was statistically significant difference between child rearing practices like breast feeding initiation, complimentary feeding, immunization status, nutritional status, and treatment seeking behavior.

Conclusion: The findings in the present study confirm that sex based difference in child rearing practices persist in urban slum area of Mumbai.

Keywords: Child rearing practices, Gender, Reproductive age group, Urban slum

INTRODUCTION

The term 'son preference' refers to the attitude that sons are more important and valuable than daughters. Son preference is found almost in all parts of India and is reflected in the attitude and behavior of people and is an important indicator of sexual inequality and status of women in society. Son preference is thus almost a universal phenomenon, leaving apart a few developed areas. In India couples have been observed to have a strong preference for sons, over daughters. Gender

preference for children is widely prevalent in societies of South, East and West Asia and North Africa and Middle East.¹

A number of studies have documented a preference for sons in Indian society and degree of this preference is very strong in the northern, north central and western regions of India.² Looking at Indian society and going through the demographic and social literature it is observed that a son is valued more than daughter for multiple reasons. Son is desired for religious, cultural, social economic and psychological reasons, sons not only

continue the family name and inherit the ancestral property, but they are also caretakers of the parents in their old age, although there is some recognition that sons are no longer a dependable source of old age support.³

A preference for children of a particular sex may also affect the treatment of sons and daughters and even their chances of survival. Research studies suggest that parents with strong son preference consider their daughters to be less valuable and provide inferior care to daughters in terms of food allocation, prevention of diseases and accidents and treatment of sick children.⁴

On the basis of the concerned literature, it has been found that sex preference has an impact on fertility, contraceptive use, under five mortality as well as discrimination in child rearing. However, in the analysis the variation in sex preference with sex differential treatment with respect to child rearing practices has been examined in the present study.

METHODS

The present community based, cross-sectional study was carried out over a period of 12 months during January 2007 to January 2008, at Shivaji nagar urban health training centre, which is field practice area of T. N. medical college, Mumbai among married women of reproductive age group in an urban slum area of Mumbai, Maharashtra, which was having migrated population from different parts of India, mainly from Uttar Pradesh, Bihar, West Bengal, Madhya Pradesh, Andhra Pradesh and Tamil Nadu and were having thick Muslims population, followed by Hindus and Buddhist.

The selected community was having fifty plots with twenty rows in each plot and nine houses in row and hence there were total 180 houses in each plot. From each plot, 18 houses were selected (which is also equivalent to 10% of the total no. of houses 180). Using systematic random sampling method, first house was selected randomly using random number table from initial 10 houses and then every 10th house was selected to cover a sample size of 900 women (sampling interval = 180/18=10). In case of locked houses, it was revisited and then the next house was selected if necessary. In case of joint family, by random sampling one woman was selected from each house.

The women of reproductive age group having at least one child and who were willing for participation were included from each of the selected house in the present study.

The household survey was carried out among these women to reveal child rearing practices & health seeking behavior. The data was analyzed using SPSS software & then compared with various studies done previously and presented in the form of tables and graphs.

RESULTS

In the present study, a total of 900 married women with their children below five year are 1158 (male: 632 & female: 526) were analyzed. Of them, 42.4% women were from age group 21-35 years. Most of the women were Muslims. Only 12.7% women were illiterate while majority women (87.3%) were educated & belonging to high socio-economic class. In spite of good education most of the women were engaged in household work. Majority women were having nuclear family. Most of the women got married after legal age of marriage (58%), most of the women had pregnancy after 19 years of age (67.7%) & less than or equal to two living children (67.1%).

Table 1: Relationship between breast feeding initiation and sex of child.

Breast feeding initiation	Sex of child		Total	
	Male	Female		
0-1 hour	No.	104	81	185
	%	16.66	15.60	16.18
1-24 hour	No.	275	195	470
	%	44.06	37.57	41.11
>24 hour	No.	245	243	488
	%	39.26	46.92	42.69
Total	No.	624	519	1143
	%	100	100	100
Pearson Chi-square value	Degree of freedom	P value	Significance	
6.897	2	0.0318	Significant	
(Out of total 1158 children, breast feeding initiated in 1143)				

It was observed from Table 1 that, there was significant association between time of initiation of breast feeding and sex of the child. The number of boys 56.21% (104/185) having early initiation of breast feeding is significantly more than girls 43.78% (81/185).

Table 2: Relation between complementary feeding and sex of child.

Complementary feeding	Sex of child		Total	
	Male	Female		
At proper time (4-6 months)	No.	209	115	324
	%	36.5	24.6	31.2
Other	No.	363	353	716
	%	63.46	75.42	68.84
Total	No.	572	468	1040
	%	100	100	100
Pearson Chi-square value	Degree of freedom	P value	Significance	
16.630	1	0.0001	Significant	
(Child those are on exclusive breast feeding are excluded)				

The above Table 2 shows that there is significant association between weaning at proper time i.e. 4 to 6 months and sex of the child. The timely initiation of complementary feeding is more in boys (64.5%) as compared to girls (35.49%).

Table 3: Relation between Immunization status and sex of child (12-23 months).

Immunization status	Sex of child		Total	
	Male	Female		
Immunized	No.	153	99	252
	%	91.6%	74.4%	84.0%
Not immunized	No.	14	34	48
	%	8.4%	25.6%	16.0%
Total	No.	167	133	300
	%	100	100	100
Pearson Chi-square value	Degree of freedom	P value	Significance	
16.260	1	0.001	Significant	

Table 3 shows that there was significant association between immunization status and sex of the child. 91.6% of boys were completely immunized as compared to girls 74.4%.

Table 4: Relation between nutritional status and sex of child.

Nutritional status (As per IAP)	Sex of child		Total	
	Male	Female		
Normal	No.	421	263	684
	%	66.6	50.0	59.1
Grade I	No.	166	174	340
	%	26.3	33.1	29.4
Grade II	No.	41	76	117
	%	6.5	14.4	10.1
Grade III	No.	3	12	15
	%	0.5	2.3	1.3
Grade IV	No.	1	1	2
	%	0.2	0.2	0.2
Total	No.	632	526	1158
	%	100	100	100
Pearson Chi-square value	Degree of freedom	P value	Significance	
43.215	4	0.001	Significant	

From above table 4, it was evident that higher proportion of female children suffered from any grade of under-nutrition as compare to the male counterpart; 33.1, 14.4, 2.3 & 0.2% of the female and 26.1, 6.5, 0.5 & 0.2% of the male children being in grade I, II, III & IV nutritional status respectively. There is significant association between nutritional status & sex of the child. Under-nutrition in girls was more (50%) as compared to boys (43.4%).

Table 5 (A): Relation between history of illnesses and sex of child.

H/o illness	Sex of child		Total	
	Male	Female		
Yes	No.	378	322	700
	%	59.8	61.2	60.4
No	No.	254	204	458
	%	40.2	38.8	39.6
Total	No.	632	526	1158
	%	100	100	100
Pearson Chi-square value	Degree of freedom	P value	Significance	
0.238	1	0.626	Not significant	

Table 5 (B): Relation between treatment taken and sex of child.

Treatment taken	Sex of child		Total	
	Male	Female		
Yes	No.	374	312	686
	%	98.9	96.9	98.0
No	No.	4	10	14
	%	1.1	3.1	2.0
Total	No.	378	322	700
	%	100	100	100
Pearson Chi-square value	Degree of freedom	P value	Significance	
3.719	1	0.069	Not significant	

Table 5 (C): Relation between treatment at government/private hospital and sex of child.

Treatment taken at Govt./Pvt. hospital	Sex of child		Total	
	Male	Female		
Private	No.	306	167	473
	%	81.0	51.9	67.6
Government	No.	68	145	213
	%	18.0	45.0	30.4
No	No.	4	10	14
	%	1.1	3.1	2.0
Total	No.	378	322	700
	%	100	100	100
Pearson Chi-square value	Degree of freedom	P value	Significance	
67.205	2	0.001	Significant	

The occurrence of illness is similar in both sexes shown in Table 5 (A). It was observed from Table 5 (B) that the treatment sought for illness is also similar; however on further probing it becomes evident that Table 5 (C) that 81% of boys were taken to private clinic for treatment despite considerable higher cost at these facilities as compared to 51.9% of girls, which statically significant.

DISCUSSION

In the present study, there is significant association between weaning at proper time i.e. 4 to 6 months and sex of the child. The timely initiation of complementary feeding is more in boys (64.5%) as compared to girls (35.49%). Similar result was found that infant girls were breastfed less frequently, for shorter duration, and over shorter periods than boys.⁵

Our study shows that there was significant association between immunization status and sex of the child. Majority 91.6% of boys were completely immunized as compared to girls 74.4%. Similarly in a study done in Jamnagar city by Yadav S et al., to evaluate immunization coverage in urban slums, percentage for full immunization was higher in boys as compared to girls (75.3% vs. 70%) while percentage of partially immunized children (28.3%) and for un-immunization was (2.8%). Both these figures were higher in girls than boys.⁶

It was evident that higher proportion of female children suffered from any grade of under-nutrition as compare to the male counterpart; 33.1, 14.4, 2.3 & 0.2% of the female and 26.1, 6.5, 0.5 & 0.2% of the male children being in grade I, II, III & IV nutritional status respectively. Under-nutrition in girls was more (50%) as compared to boys (43.4%). There is significant association between nutritional status & sex of the child. Similar results obtain in the study done by Sen PK, found that higher proportion of female children suffer from any grade of under nutrition as compared to their male counterpart; 32.5, 22.1, 7.9 & 2.9% of the female children and 23.8, 12.3, 2.6 & 0.7% of the male children being in grade I, II, III & IV malnutrition respectively.⁷

Similar results were also seen study done by Malik S et al., in that study under nutrition was more in girls as compare to boys (61.5% vs. 44.9%).⁸

In a another study done by Sen A and Sengupta S in 1983, a study of two villages in West Bengal found that girls consistently had poorer nutritional status than boys.⁹

Similar result was also seen in a study done by Ray SK et al., wherein prevalence of under nutrition was high in female children as compare to male children (68.9% vs. 46.5%) Ray also found that females were less cared in Muslim community.¹⁰

It was observed from our study that the treatment sought for illness is also similar; however on further probing it becomes evident that 81% of boys were taken to private clinic for treatment despite considerable higher cost at these facilities as compared to 51.9% of girls, which statically significant.

Similar result was obtained in a document published by department of women and child development, that more

boys were brought in for treatment than girls, who were usually admitted only when the illness become critical. This unequal access to essential medical care continues throughout life, and it was reflected in attendance and admission figures in hospitals which was significantly lower for girls than for boys.¹¹ Chakraborty et al., studied the health status of the rural population at Singur. In his study the total sickness was 24.9% in females as compared to 22% in males and yet more male children attended hospitals and clinics and male hospital admissions too were higher.¹²

CONCLUSION

The present study revealed that the sex based difference in child rearing practices persist in urban slum area of Mumbai.

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