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Original Research Article

Study on gender preference among pregnant women attending the tertiary care Hospital Valsad: A cross-sectional study

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ABSTRACT

Background: Child sex ratio has been declining over a period of time. Preference for a male child by the family leading to sex selective abortion is found to be a major factor which may have adverse impact on the social structure. The social evil female feticide and infanticide can be eradicated only when we identify the reasons of gender preference and recognize the importance of women in their life. Preference for male baby reflects underlying socioeconomic and cultural patterns and prevailing inequity between genders in many societies in India. So this study was undertaken to find out the gender preference and various reasons for gender preference among antenatal women.

Aims & Objectives: This study was conducted among ANC mothers to know 1. Epidemiological factors of pregnant mother affecting the gender preference 2. Know the gender preference among ANC Mother for current pregnancy 3. Know the reasons for gender preference.

Materials and Methods: A cross-sectional questionnaire based study was conducted among 100 antenatal women attending to Outpatient department of tertiary care hospital in the months of July-August 2021. Written consent was obtained after being briefed in detail about the aim and objectives of the study. Information was obtained using a pre-tested questionnaire on Demographic details, Obstetrics details, order of pregnancy, gender preference by the mother and reasons for gender preference etc. The data was entered and analyzed by using statistical software.

Results: In our study mean age of pregnant mother is $23 \pm 2SD$, 15% mothers are illiterate and 58% from general category and 51% are residing in Nuclear family. 40.0% of pregnant mother had male gender preference and main reason for male gender preference was previous female child (60.0%), income purpose (57.50%), for generation constitution (45.0%) and demand of in laws (45.0%). We also noted the reason for non-preference of female child and noted that 87.5% had already a female child in their family.

Conclusions: A desire for a balanced number of daughters and sons and a preference were observed. A son preference was observed among pregnant mothers for various reasons such as Income purpose, generation constitution, demand of in laws etc.

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1. Introduction

In India, female infanticide has been practiced for centuries with the earliest evidence being provided by Sir Jonathan Duncan in 1789.¹ With the availability of new technology,

the bias suffered by females from birth to the grave is being extended to womb to tomb.

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.²

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On the basis of census 2001, the united nations children fund states that systemic gender discrimination has resulted in up to 50 million girl and women “going missing” from India’s population.^{3,4}

Sex ratio, an important social indicator measuring extent of prevailing equity between males and females in society, is defined as number of females /1000 males. Changes in sex ratio reflect underlying socioeconomic, cultural patterns of a society. As per National Family Health survey-5 Sex ratio at birth for children born in the last five years in India is 929/1000 males⁵ while of Gujarat is 955 Female per 1000 males with improvement over NFHS-4(906/1000 males).⁶

There is a strong preference for sons in many societies. 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.⁷ 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.⁸

The social evil female feticide and infanticide can be eradicated only when we identify the reasons of gender preference and recognize the importance of women in their life.

Therefore the present study will be conducted among pregnant mother attending OPD of Obstetrics and Gynaecology Department of our institute to find out gender preference and underlying reasons for gender preference among them.

2. Materials and Methods

A cross-sectional study was carried out among pregnant women attending the ANC Clinic of GMERS hospital, Valsad. The study was carried out during July-August 2021 for the period of two months. Total 100 Antenatal mothers are interviewed during study period. Written consent of participation is obtaining in local language from the ANC mother attending the Antenatal care outpatient department of Obstetrics & Gynaecology department at our institute. Intern doctor posted in Community Medicine department are trained for data collection a day before piloting of study, Initial piloting was done to find out the response for the same using predesigned proforma by trained intern doctor under supervision. No changes have been made in proforma after piloting. With maintaining the privacy and confidentiality Information was collected by interview method using Predesigned, semi-structured questionnaire to collect the relevant information pertaining to study variables such as name, age, educational status, type of family, Obstetric history, number of children, reasons for gender preference and their knowledge and attitude regarding gender preference.

As sex selective behavior is widely prevalent during child birth and which is responsible for adverse sex ratio in society so this study was conducted to know the reasons or factors responsible for gender preference among pregnant mother. Data was entered in MS excel 2010 and analysed by appropriate statistical software. Appropriate statistical test may use when needed.

2.1. Exclusion criteria

Those pregnant mothers not giving consent, those having medical emergency and Primigravida pregnant mother were excluded from this study.

3. Result

Table 1: Demographic profile of pregnant mother (n=100)

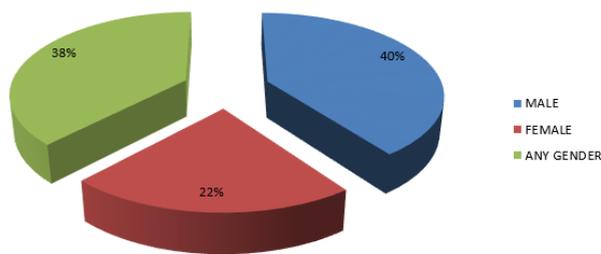
A. Age wise distribution of pregnant women		
Age group	Number	Percentage
16-20	08	8.00
21-25	51	51.00
26-30	34	34.00
31-35	07	7.00
B. Cast wise distribution		
Cast	Number	Percentage
SC	07	7.00
ST	17	17.00
OBC	18	18.00
GENERAL	58	58.00
C. Pregnant women’s educational status		
Education	Number	Percentage
Illiterate	15	15.00
Primary School	35	35.00
Secondary School	30	30.00
Higher secondary	14	14.00
Graduate	06	6.00
D. Type of Family		
Types of family	Number	Percentages
Nuclear	51	51.00
Joint	28	28.00
Three generation	21	21.00

Table 1 Showed that half of the (51.0%) pregnant women are 21-25 years of age group and 34.0% are 26-30 years of age. Even study district is belong to tribal district (58.0%) of pregnant are of general category while rest are Schedule Tribe, Schedule cast and OBC (42.0%) (Table 1), of this 51.0% belong to Nuclear family and 28.0% belong to joint family. Gender preference may affect by above demographic factors.

Graph 1 Show that out of 100 pregnant women 38.0% of pregnant mother had no gender preference for current pregnancy, while 40.0% and 22.0% pregnant mother had preference for male child and female child respectively.

Table 2 Showed various reasons for male gender preference for current pregnancy and we noted that 60.0%

Gender preference among pregnant women for current pregnancy



Graph 1: Distribution of patient on the basis of gender preference for current pregnancy

Table 2: Reasons for male gender preference (N=40) multiple responses

Reasons	Number	Percentages
Income purpose	23	57.50
For generation constitution	18	45.00
For security in old age life	08	20.00
As social status symbol	01	2.50
Previous child is female	24	60.00
Demand of In-laws	18	45.00
Demand of Husband	15	37.50
Others	02	5.00

*Multiple responses

women had female child, 57.50% said for income purpose, 45.00% said for generation constitution, 45.00% said demand of in laws, 37.50% demand of husband 20% prefer for security in old age life and 2.50% said male child is status symbol in society.

Table 3: Reasons for female gender preference (n=22) multiple responses

Reasons	Number	Percentages
Like for girl child	05	22.73
More loving and caring for parents & family	03	13.64
Daughter helps in household works	02	09.09
Demand of Family	04	18.18
Previous child is male	18	81.82

Table 3 Shows the reasons for female gender preference and found that 81.82% said that they have previous male child, 22.73% like the girl child, 18.18 % said demand of family, 13.64% said daughter are more loving and caring to family and 9.09% said daughter helps in household works.

Above table showed that reasons for non-preference of female child and noted that 87.50% mothers already have a girl child, 5% said dowry problem, 5% believe that marriage related problems 7.5% said not staying with parents after marriage and family pressure (2.5%).

Table 4: Reasons for non-preference of female child (n=40)

Reasons	Number	Percentages
Dowry problem	02	5.00
Marriage related problem	02	5.00
Not staying with parents after marriage	03	7.50
Already having a girl child	35	87.50
Others	01	2.50

4. Discussion

Gender preferences are a well-known behaviour of human society. A couple's gender preference for children is usually influenced by their traditional background and cultural practices which has been handed over from generations. Wide differences in gender preferences exist in both developed as well as developing countries of the world and this may responsible for adverse sex ratio as well. So this study was conducted to know the gender preference among pregnant women attending the hospital.

In Present study 51.0% pregnant women was 21-25 years of age group and 34.0% was 26-30 years of age. Even the study district is belong to tribal district 58.0% of pregnant are of general category while rest are Schedule Tribe, Schedule cast and OBC (42.0%). 51.0% pregnant mothers was belong to Nuclear family and 28.0% belong to joint family.

A study conducted by Pavithra M.B⁹ in urban slum of Bengaluru showed that Most of the pregnant women were in the age group of 21-25 years (65%). There were 12.0% women in the age group of 18-20 years and 19.0% in the 26-30 years group, whereas 4.% women were above 30 years of age.

A study conducted by Dr. B. Sailaja Suresh Kumar¹⁰ among Antenatal Women in Visakhapatnam City found that majority of women (83.0%) belong to age group 21-30 years of age which is similar to our study. They also reported that 36% of women were Nuclear family, 32% were from Joint family and 32% from three generation family. Kumar Nithin at el¹¹ reported that 77.3% of women were in age group 21-30 years with mean age 27.2 ± 4.1 years. Gender preference among mother may influence by type of family they reside.

In present study we noted 38.0% of pregnant mother had no gender preference and 62.0% had either type of gender preference for current pregnancy, of this 40.0% had male child preference and 22.0% pregnant mother had female child preference.

Dr. B. Sailaja Suresh Kumar¹⁰ in their study reported that majority of the mothers (73%) did not have any preference whereas 27 % preferred male child in the present pregnancy. Similarly Kumar Nithin at el.¹¹ reported that majority of the antenatal women (60.6%) did not have any gender preferences. Among those who had a gender preference (39.4%), male and female preference

was reported by 55.7% and 44.3% of the participants respectively. A Study conducted in Beed, Maharashtra showed the male preference to be 35%.¹²

Archak Roy¹³ in their study seen that the preference for boys is the highest in the scheduled caste community followed by the other backward class community. Also, the preference for girls was the lowest in the general category followed by the scheduled caste community. This association was found to be statistically significant with a p-value of <0.001. In this study we noted the reasons for male gender preference for current pregnancy and we found that 60.0% mother had already female child, 57.50% said male child preference for income purpose, 45.00% said for generation constitution, 45.00% said demand of in laws, 37.50% demand of husband and 2.50% said having male child is status of symbol in society. BN Vadera et al.¹⁴ A KAP study on gender preference and female feticide among pregnant mother showed that 58.5% gave preference to male child; the major reasons for this being social responsibilities are carried out by males (42.5%), for propagation of family name (23%), dependable in the old age (16%), pressure from family (11%), to perform cremation (4%), dowry (3%) and females are economic liability (3%). In study conducted by Pavithra M.B.⁹ the major reasons for this being for propagation of family name (52%), sons take care of parents in old age (23%), for lighting the pyre and performing cremation (6%), dowry (21%) and females are economic liability (9%). Pressure from other family members were given as a reason by 19% of women.

Vinod Vedpathak¹² et al. in their study showed 294 (35%) of pregnant women gave preference to male child. Amongst stated reason for their male child preferences were multiple including e.g. propagation of family 208 (70.75%), Old age dependence 195 (66.33%), dowry etc. In present study we noted the reasons for non-preference of female child and 87.50% mother gave the reason that they already have a girl child, 5.0% said dowry problem, 5.0 % believe that marriage related problems 7.5% said female child is not staying with parents after marriage and 2.5% had family pressure for male child. Vinod Vedpathak et al.¹² noted that preference to male child was significantly associated with education of mother, socioeconomic class and sex of the last child whereas insignificant association with religion and gravida of women. Archak Roy^{13,14} also showed the association between gender preference and the sex of the last child in the current pregnancy was found to be statistically significant.

5. Conclusion

Having male child is more commonly a family's preference and seen in families with at least one girl child. While following the present trend of small family with couples having two or only one child, a family is considered complete only when couples have at least one male child. This concept is found to be the underlying reason for

preference of male child in majority of the cases. Study revealed that residential area and sex of the previous child affect a woman's preference for her next child, while education increases awareness regarding the consequences of adverse sex ratio.

6. Recommendation

India is facing a demographic nightmare in terms of gender imbalance where skewed sex ratio is an issue of major concern and has long term social and demographic consequences. So community based awareness regarding gender preference and female feticide is very vital, thus strong campaign across all sections of the society raising concern for "saving the girl child" is advocated.

7. Source of Funding

None.

8. Conflict of Interest

None.

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References

1. Pakrasi KB, Haldar A. Sex ratios and sex sequences of births in India. *J Biosoc Sci.* 1971;3(4):327–64.
2. Kanitkar T, Mistry M. Status of women in India- an interstate comparison. *Indian J Soc Work.* 2000;8(4):381–4.
3. Female foeticide in India. C2007. Available from. Available from: http://www.unicef.org/india/media_3285.htm.
4. Census Figures of 2001. Office of the Registrar General and Census Commissioner, New Delhi, India. New Delhi, India;. Available from: <https://censusindia.net/>.
5. National Family Health Survey-5 (2019-2020), Compendium of Fact Sheet, India and 14 States/ UTs (Phase-II), India- Key Indicators; 2019. Available from: http://rchiips.org/nfhs/factsheet_NFHS-5_shtml.
6. International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-20: State Fact sheet Gujarat. Available from: http://rchiips.org/nfhs/NFHS-5_FCTS/Gujarat.pdf.
7. Garg S, Nath A. Female feticide in India: Issues and concerns. *J Postgrad Med.* 2008;54(4):276–85.
8. Kulkarni P. India's child sex ratio: worsening imbalance. *Indian J Med Ethics.* 2012;9(2):112–6.
9. Pavithra MB, Dhanpal S. Hamsa Lokanath 3 A study of gender preference, knowledge and attitude regarding prenatal diagnostic techniques act among pregnant women in an urban slum of. *Bengaluru Int J Commun Med Public Health.* 2015;2(3):282–7.
10. Suresh S, Kumar PG. A Study on Gender Preference and Awareness on Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT)

- Act Among Antenatal Women in Visakhapatnam City. *J Dent Med Sci*. 2015;14(5):106–9.
11. Nithin KK, Tanuj B, Rekha M. Reddy Samskruthi3 Gender preferences among antenatal women: a cross-sectional study from coastal South India African Health Sciences. *Afr Health Sci*. 2015;15(2):560–6.
 12. Vedpathak V, Kakrani V, Nagaonkar A, Deo D, Dahire P, Umesh Kawalkar Gender preference and awareness regarding sex determination among pregnant women- a hospital based study. *Int J Med Sci Public Health*. 2013;15(2):560–6.
 13. 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. *Int J Med Sci Public Health*. 2017;4(2):5–8.
 14. Vadera BN, Yadav BS, Unadakat SV. Sudha Yadav Study on Knowledge, Attitude and Practices Regarding Gender Preference and

Female Feticide Among Pregnant Women Indian. *J Commun Med*. 2007;32(4):300–1.

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