A study to assess gender preference and sex determination in married women attending opd and antenatal clinic in UHTC, KIMS Koppal

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Abstract

Introduction: A low sex ratio indicates strong male child preference and consequent gender inequities, neglect of girl child resulting in higher mortality at young ages, female feticide.

Objectives: To assess gender preference in married women having children and to know attitude and awareness regarding the sex determination techniques among married women attending OPD and antenatal clinic in UHTC, KIMS.

Materials and Methods: The cross sectional study was carried out in UHTC, department of community medicine, KIMS, Koppal from January to March 2018. All the women who were registered in antenatal clinic and those who are coming to OPD in the reproductive age group were enrolled.

Result: 78.4% were in 17-27 age group. Half of the study paricipants (53%) belongs to lower middle and lower class.31.4% have completed their primary education and more than half of them are having nuclear family. Awareness about sex determination 19.6% told yes, only 9.8% were opined that sex determination can be done. 96.2% not knowing any method of fetal sex determination. Only 33.4% were aware that fetal sex determination is a crime. 57.8% were not known about punishment for sex determination. 64.7% told they have no inerest in gender preferring for additioinal child.

Recommendation: Improving the literacy status of women and creating awareness about the consequences of female feticide is need of hour

Keywords: Gender bias, Sex determination, Married women, UHTC.

Introduction

Sex preference especially the preference for sons are increasing in our country since ages. This phenomenon has led to sex selective abortion which indirectly inflates sex ratio and lowers fertility. Over the past decade, gender equality has been explicitly recognized as a key not only to the health of nations, but also to their social and economic development. 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).1 Family is the most fundamental unit in the human society. A balanced sex ratio plays a vital part in bringing out, and maintaining a stable society. 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.² Preference of son in India has been expressed in terms of female infanticide that has now being replaced by female feticide or sex selective abortion with the availability of the newer technologies.3 Son preference is also one of the reasons given for high fertility rate and is believed to have a strong effect on the number of additional children above the desired minimum size.4

Hence, this study was carried out to know the attitude and awareness of married women regarding the sex determination and gender preference attending OPD and antenatal clinic in urban health training centre (UHTC) in Koppal.

Objective of the Study

- 1. To know gender preference in having children among married women attending OPD and antenatal clinic in UHTC, KIMS, Koppal.
- 2. To assess attitude and awareness regarding the sex determination techniques among married women attending OPD and antenatal clinic in UHTC, KIMS.

Materials and Methods

The present questionnaire based cross sectional study was carried out in UHTC (Urban health training centre), from January to March 2018. The UHTC is under the administrative control of department of community medicine, KIMS, Koppal. The study participants who are permanent residents under the premises of UHTC were included, who are married women in the reproductive age group attending OPD and antenatal clinic in UHTC, KIMS, Koppal. A total of 102 women in reproductive age group were included in the study. Verbal consent has been obtained from all the participants before start of the study, those who are not given consent have been excluded. Pretested, pre designed multiple response type questionnaire was used to collect data. Questionnaire consists of: Socio-Demographic data, basic questions pertaining to gender preferences like preferred combination of children, women showing interest in fetal sex determination, place where sex determination can be done, methods of sex determination etc were asked to the study participants.

Statistical Analysis

The data was entered in Microsoft excel sheet 2010 and analyzed using Epi-info 3.5.2. Descriptive statistics for proportions were used to analyze the data.

Results

In our study, a total of 102 women in reproductive age group who were attending OPD and ante natal clininc in UHTC, KIMS, Koppal were enrolled,78.4% were in 17-27 age group. Half of the study paricipants (53%) belongs to lower middle and lower class.31.4% have completed their primary education and more than half of them are having nuclear family. (Table 1).

Study participants, when enquired whether they know any method of sex determination, only 19.6% told yes, and 9.8% told that sex determination can be done, while 85.3% were not aware of sex determination. 96.2% not knowing any method of fetal sex determination, while 2.9% told USG can be used to determine. (Table 2)

57.8% were told that they don't have knowledge pertaining to punishment for sex determination. (Table 3)

Can doctors be punished for doing fetal sex determination, 52.9% told they were aware about punishment for doctors, while out of them 64.7% told they don't know type of punishment given to doctors (Table 4) 64.7% told they have no inerest in gender preferring for additional child. (Table 5)

Table 1: Sociodemographic profile of the subjects

Indicator	Frequency	Percentage		
Age				
17-26	80	78.4		
27-36	20	19.6		
37-46	2	1.9		
Socioeconomic Status				
Upper Class	7	6.8		
Upper middle class	14	13.7		
Middle Class	27	26.4		
Lower Middle Class	40	39.2		
Lower Class	14	13.7		
Education status				
Illiterate	09	8.9		
Primary	32	31.4		
High school	29	28.4		
PUC	20	19.6		
Graduate/post	12	11.7		
graduate				
Type of family				
Nuclear	59	57.9		
Joint	25	24.5		
Three generation	18	17.6		
Total	102	100		

Table 2: Awareness about gender preferences

Indicator	Number	Percentage (%)			
Awareness about sex determination					
Aware	20	19.6			
Not aware	82	80.4			
Place where sex determination can be done					
Aware	10	9.8			
Private	2	1.9			
Government	1	0.9			
Both	2	1.9			
Not aware	87	85.3			
Methods of fetal sex determination					
Known	1	0.9			
USG	3	2.9			
With needle	0	00			
Not known	98	96.2			
Fetal Sex determination as a crime					
Aware	34	33.4			
Not aware	68	66.6			
Total	102	100			

Table 3: Punishment for Fetal sex determination

Indicator	Frequency	Percentage
Fine	6	5.8
Jail	18	17.6
Jail &fine	19	18.6
Not known	59	57.8
Total	102	100

Table 4: Punishment to Doctor for fetal sex determination

Indicator	Frequency	Percentage
Aware	54	52.9
Not aware	48	47.1
Type of punishment		
Cancellation of	3	2.94
registration		
Fine	5	4.9
Fine & jail	28	27.4
Not known	66	64.7
Total	102	100

Table 5: Preference for additional children

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Indicator	Frequency	Percentage	
Prefer male children	15	21.2	
Prefer female children	10	14.1	
No interest in gender	46	64.7	
preference			
Total	71	100	

Discussion

Irregularity in the sex ratio is an issue of major concern to society and has long term social and demographic consequences. India is facing demographic nightmare in terms of gender balance. Change in attitude may lead to change in behavior and practice in society. Knowledge may or may not lead to change in attitude. 102 women in reproductive age group were enrolled in the study. Majority

of the women 78.4% were in 17-27 age group. Half of the study paricipants (53%) belongs to lower middle and lower class .31.4% have completed their primary education and more than half of them are having nuclear family.

Khandelwal V et al, Study found out that, 79% were aware about place for sex determination; 69.5% women were aware to fact that fetal sex determination is a crime and 66.5% women knew about the punishment for sex determination and implication of feticide.5 Chellaiyan VG study shows that, 78.57% were aware regarding sex determination. Enquiring about the facility for sex determination, 30.25% mentioned private hospital. About the method, 52.94% mentioned ultra sonogram, 0.84% mentioned others. 52.10% women were aware that fetal sex determination is a criminal act as per Indian constitutional law but only 5 02.10% knew prenatal diagnostic test act. 6 In our study, 64.7% told they have no inerest in gender preferring for additioinal child. Puri S et al Study, showed higher preferences for male child (57.8%)⁷ and similarly study be Vadera BN et al showed 58.5%.8 Parisa SP et al showed 78% father and 81% mothers showed preference for additional male child.9 Study conducted by Kansal R et al. reported increased preference for male child 22.2% in comparison to preference for female child 11.8% 10 Kumar N et al also showed that majority of the patients (60.6%) in his study did not have gender preference.¹¹

In our study, when enquired whether they know any method of sex determination, only 19.6% told yes, and 9.8% told that sex determination can be done, while 85.3% were not aware of sex determination. 96.2% not knowing any method of fetal sex determination, while 2.9% told USG can be used to determine. Only 33.4% were aware that fetal sex determination is a crime. In Puri S et al study, sex determination techniques, 88.4% were not aware. 65.5% agreed to the fact that sex determination is a crime.16.3% & 11.4% knew about punishment for sex determination & implications of killing of female child, respectively.

Conclusion

Imbalance in the sex ratios has emerged to be an increasing cause of concern in the society, particularly as they are indicative of persistent gender discrimination against girls and women. Prevention of gender bias sex selection needs major commitment and sustained efforts by government, civil society, international agencies and all others working towards the goal of gender equality. This must be combined with the use of mass-media strategies and other social measures to encourage behavior change. In order to attain a stable society it is necessary to ensure that both genders obtain equal respect and are free from any preferences or prejudices. To achieve this more and more people need to be aware of consequences of gender imbalance and adverse sex ratio in the society.

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References

- Archak Roy and Romy Biswas. 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 Clin Diagn Res 2017;11(2): LC05-LC08.
- Kumar Nithin, Kanchan Tanuj, Bhaskaran Unnikrishnan, T Rekha, Mithra Prasanna, Kulkarni Vaman, et al. Gender preferences among antenatal women: a cross-sectional study from coastal South India. Afr Health Sci 2015;15(2):560-563.
- Shrivastava D, Patil VS, Shrivastava S. Determinants of negative preference for female fetuses amongst women of reproductive age group at rural medical college. *Int J Reprod Contracept Obstet Gynecol* 2013;2(1):67-73.
- 4. Susuman SA. Son Preference and Contraceptive Practice among Tribal Groups in Rural South India. *Stud Tribes Tribals* 2006;4(1):31-40.
- Khandelwal Vidit, Chakole Swarupa V, Gupta Harshal, Mehta Satish C. Gender preference, attitude and awareness regarding sex determination among married women attending general opd & antenatal clinic of RGDMC, Ujjain, MP, India. *Natl J Community Med* 2012;3(2):269-273.
- Chellaiyan VG, Adhikary M, Das TK, Taneja N, Daral S. Factors influencing gender preference for child among married women attending ante-natal clinic in a tertiary care hospital in Delhi: a cross sectional study. *Int J Community Med Public Health* 2018;5:1666-670.
- Puri S, Bhatia V, Swami HM. Gender preference and awareness regarding sex determination among married women in slums of Chandigarh. *Indian J Community Med* 2007;32:60-62.
- 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. *Indian J Community Med* 2007;32:300-301.
- Parida SP, Panda SC, Panigrahi OP. A study on attitude of parents on gender preference and prenatal diagnostic test in an urban community of Sambalpur, a tribal district of India. *Int J Contemp Pediatr* 2014;1:27-31.
- Kansal R, Maroof KA, Bansal R, Parashar P. A hospital based study on knowledge, attitude and Practice of pregnant women on gender preference, prenatal sex determination and female foeticide. *Indian J Pub Health* 2010;54:209-212.
- Kumar N, Tanuj K, Unnikrishnan B, Rekha T, Mithra P, Kulkarni V. Gender preferences among antenatal women: a cross-sectional study from coastal South India. *Afr Health Sci* 2015;15(2):560-567.

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