

Gender Preferences, Inequalities and Female Infanticide in Rural Area of Northern India

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ABSTRACT

Background: decreasing sex ratio is an issue of major concern in India and has long-term social and demographic consequences. A community based cross-sectional study was conducted to explore the reasons and perceptions of people regarding decreasing sex ratio and gender inequalities.

Objectives: to assess the knowledge, attitude and practices regarding gender preference, gender inequality and female infanticide.

Material and Methods: study was conducted in 30 villages of Kathua district of Jammu & Kashmir. Study participants were eligible couples of the selected villages. Villages and study participants were selected by systematic random sampling. Data on knowledge, attitude and practice was collected using a standard questionnaire.

Results: out of 300 couples 30% were illiterate. Overall 70% & 66% of the couples were aware of the decreasing sex ratio & its social consequences respectively. Though 75% of the respondents knew that sex determination is a crime, 17% reported that they would go for prenatal determination of sex and 11% of women were in favor of doing female feticide. A total of 79% couples reported preference for son. Antenatal USG was conducted in 60% of pregnancies, 61% of women reported to have experienced family pressure for son and 31% sought divine intervention to have son.

Conclusion: over all study population had good knowledge of declining sex ratio, its social consequences and illegality of prenatal sex determination including female infanticide. Prenatal sex determination and female feticide was not preferred by majority of the study population. Most of the couples had perceived preference for son and majority had faced family pressure for the same.

Recommendations: strengthening the ongoing IEC and BCC activities to promote gender equalities in the rural part of northern India. Implementation of policies & programs for overall development of girls.

Keywords: sex determination, gender preference, gender inequalities, female infanticide, Jammu & Kashmir

INTRODUCTION

Sex ratio is defined as “the number of females per thousand males”. In India, decreasing sex ratio is a major concern and has long-term social & demographic consequences. At the heart of the problem is the low status of women in society, a patriarchal social framework and value system based on son preference. The problem is getting worse as scientific methods of detecting the sex of the fetus and for termination of pregnancy are improving. In view of this, the study of factors influencing sex ratio becomes very relevant for better understanding of the issue¹. Natural biological laws of human reproduction for balancing sex ratio, has been taken away by manmade laws, customs, traditions, religious beliefs and sophisticated medical technology^{1,2}. Gender bias, deep-rooted prejudice and discrimination against girl child are now found to begin in the womb itself². The latest advance in modern medical sciences - the tests like amniocentesis and ultra- sonography is being abused. If the female fetus is lucky enough to survive till her birth then she faces the peril of elimination in infancy by female infanticide^{1,3}. A shortage of

females will lead to a shortage of eligible brides which will make less eligible couples. This will cause a manmade social and health sector problems and have serious social consequences³. Sex ratio has declined from 892 in 2001 to 882 in 2011, in the State of Jammu & Kashmir^{4,5}.

In view of declining sex ratio and considering the fact that a very few studies have been conducted on this social issue in this region, a community based study was conducted to study the knowledge, attitude and practices regarding gender preference, gender inequality and female infanticide among eligible couples in the rural part of Jammu & Kashmir.

The study findings will provide insight for planning and effective implementation of community based health interventions.

MATERIAL AND METHODS

Jammu and Kashmir is the northern state of India with a total population of 12.5million⁴. Study was conducted in rural area of kathua district of Jammu division of the state Jammu and Kashmir. It

has a total population of 6,15,711 and is located 88 kms and 390 kms away from Jammu and Srinagar respectively. Kathua District is spread over an area of 2651 Sq. Kms constituting 1.9 percent of the total area of the State and has 5 tehsils. Sex ratio is 907 females per 1000 male. Literacy rate in Kathua district is 65.29%. The literacy rate among male and female is 75.73% and 53.92% respectively. As regards the main ethnic groups, Hindus constitutes 91 percent of the district while Muslims 7 percent and Sikhs 2 percent. 22.83% of the total population is scheduled caste^{3, 4}.

It was a community based cross-sectional study conducted in 2013-14. Study participants were eligible couples willing to participate in the study. Taking in to consideration 60% to be the reported community knowledge^{6,7}, within 95% confidence limit, 80% of power, 10% of error and 10% of refusal or dropout rate the sample size was calculated to be 292. A total of 150 eligible couples were enrolled making a sample size of 300.

Cluster random sampling was used wherein village was considered as primary sampling unit. A sampling frame of 165 villages was available at the level of Kathua block, from which 30 villages were randomly chosen. From selected villages, 5 households were selected by systematic random sampling. Pair of husband and wife was included wherever an eligible couple was available in the household. The study was carried out according to the ethical guidelines for biomedical research on subjects (2000). Informed written consent was obtained from respondents. The data was collected in a pre-structured and pre-tested questionnaire. Modified Kuppuswami scale was used to assess the socioeconomic status. Both husband and wife were questioned separately. The privacy of interview and confidentiality of data was ensured. The study was approved by the Institutional Ethics Committee (IEC) of National Centre for Disease Control (NCDC). Data was entered and analyzed with the help of SPSS Version 17.0, 2003.

RESULTS

A total of 150 couples, comprising of 150 males (husbands) and 150 females (wives) were studied. Median age of the husbands and wives were 32 and 26 years respectively. Minimum age for husband was 21 years while for wife it was found to be 18 years. More than 50 percent of the husbands were in the age group of 31 to 40 years and wives in the age group of 21 to 30 years. Over all literacy rate was found to be 70 percent. Literacy rate was more in husbands (84%) as compare to wives (56%). Average schooling was up to middle. 25% were educated up to high school, 13% up to intermediate and only 11% had done graduation and above. Majority (89%) of the couples were belonging to middle class families.

A total of 90 % (133/150) of husbands and 50.7% (76/150) of wives knew that in India number of females are less as compare to males and this number is still decreasing. 88.7% (133/150) of husbands and 61.3% (92/150) of wives knew that prenatal sex determination is illegal in India. 87.3% (131/150) of husbands and 56.7% (85/150) of wives were aware that aborting a female child is crime in India. 93.3% (140/150) of husbands and 38.7% (58/150) of wives are aware of the adverse social consequences of the decrease in number of female children. Over all knowledge of husbands was higher as compare to their wives and this difference was statistically significant (Table 1).

A fraction, 2.7% (4/150) of the husbands and 17.3% (26/150) of wives expressed that the ultrasound should be done to know the sex of the child before birth. 65.3% (98/150) of husbands and 53.3% (80/150) of wives reported that they feel female child is equivalent to male child. 96% (144/150) of wives and 74.7% (112/150) of husbands felt that their family and friends will treat them well if they have male baby. These attitudinal differences of husbands and wives were statistically significant. More, 10.7% (16/150) of wives as compare to husbands, 5.3% (8/150) reported to go for abortion if come to know that there is a female child before birth. However this difference was statistically insignificant (Table 1).

Table 1: Knowledge & Attitude on gender disparity, female child, female feticide and infanticide

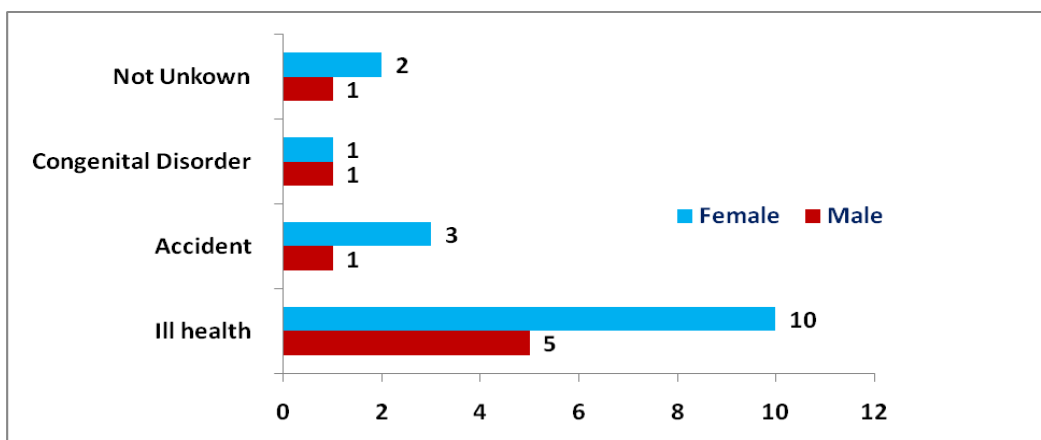
Parameter	Questions	Male (n=150)	Female (n=150)	P value
Knowledge	Knows that the number of females are less and still decreasing as compared to males in India	135(90%)	76(50.7)	<0.001
	Knows that to find out the sex of the child before birth is illegal in India	133 (88.7%)	92 (61.3%)	<0.001
	Aware of that to abort the female child is crime in India	131 (87.3%)	85 (56.7%)	<0.001
	Aware of social consequences of decrease in females in a society	140 (93.3%)	58 (38.7%)	<0.001
Attitude	Think that ultrasound should be done to know the sex of a child before birth	4 (2.7%)	26 (17.3%)	0.01
	Think that female child is equivalent to male child	98 (65.3%)	80 (53.3%)	0.04
	Think that you will be well treated by your family if you have male baby than female baby	112 (74.7%)	144 (96%)	<0.001
	Will do or make your wife do abortion if come to know that there is a female child before birth	8 (5.3%)	16 (10.7%)	0.34

Out of total 150 couples 108 (72%) had got ultrasound done one or other of the previous pregnancy, 106 (70.7%) visited temples/sadhus to have male child and 103 (68.7%) experienced family pressure to have male child. 24 (16%) had gone for abortion and reported death of ever borne child within 1 year (Table 2).

Table 2: Practices regarding gender preference and female feticide (n=150)

Parameter	Number	Percentage
Ever got ultrasound done during pregnancy	108	72
Ever gone to any sadhus/ temples/darvesh to have male child	106	70.7
Ever experienced family pressure for having a male child	103	68.7
Ever gone for abortion	24	16
Any of the borne children died before 1 year of age	24	16

Out of 108 women participants got ultrasound done, 69% reported that it was done on advice of the treating doctor, 12% reported to know fetal well being and 19% did not give any proper reason. Out of 24 women participants reported abortion, 67% had missed abortion, 17% did not give proper reason while 16% had undergone medical termination of pregnancy for unwanted child. Out of total 24 women participants reporting child death below 1 year age, 67% were female while 33% were male child. The majority of deaths were caused by ill health (62%) while 11% did not give any proper cause of death of their child (Figure 1).

**Figure 1: Sex and cause of death among children died before 1 year of age**

DISCUSSION

The present study was conducted in a representative sample of rural area of Kathua district in Jammu & Kashmir which included 300 participants (150 couples) from 30 villages. The literacy level of the study population was good as only 30% of the total respondents were illiterate. In a similar study done by BN Vadera *et al*⁸ in 2006 at Jamnagar, Gujarat where even less (20.5%) of the respondents were illiterate. The baseline education level of study subjects does certainly had some bearing on the level of knowledge of the respondents.

The knowledge regarding decreasing sex ratio was 70% in our study whereas majority (75%) of the study population knew that sex determination is a crime in India. S Puri *et al*⁹ in 2004 in Chandigarh found that only 16.3% of the respondents knew about provision of punishment for sex determination and 65% of them agreed that sex determination is a crime.

The social consequences of the decreasing females in the society are well known to the society which has also been substantiated by 66% of the respondents in our study. These results are consistent with a study done by BN Vadera⁸ in Jamnagar, Gujarat wherein 54.4% of the study population was aware about these social consequences.

The attitude of the study population regarding sex determination was also studied. Only 17% of the study subjects said that they would go for prenatal determination of sex while in a similar study done by R K Bansal⁷ in Surat, Gujrat showed 28.3% of the study subjects were in favour of doing pre natal sex determination which was bit higher than our study. In our study, 11% of the female respondents were in favour of doing female feticide while in another study also done in Gujrat by B N Vadera *et al*⁸ in Jamnagar 20.5% of the female respondents were in favour of doing female feticide.

In our study 79% of the respondents have shown preference for male child while in a similar study done by R K Bansal *et al*⁷ in Surat city had 45% respondents with preference and in another study done by B N Vadera⁸ in Jamnagar, Gujarat had 58% respondents with preference for male child. In another study done by S Puri *et al*⁹ in Chandigarh 79.5 % of the study population had preference for male child which was similar to our results. The important reasons cited for son preference are social responsibilities taken by males, propagation of family name, support in the old age, for performing cremation and getting dowry. Our findings are corroborated by a report published by UNFPA in conjunction with Ministry of H&FW and Office of Registrar General and Census Commissioner India 2003⁵.

The present study was conducted in rural health setting where availability of ultrasound

technique was not easily accessible to the population. This has also been reflected in our results wherein around 40% of the pregnant females had not undertaken ultrasound during pregnancy. Moreover, none of the females who had undergone ultrasonography had done it to detect the sex of a child. Although none of the respondents admitted that they had undergone abortion after knowing the sex of the child, but history of occurrence of 33% induced abortions in the study points a needle of suspicion to sex selection and questionable female feticide practices. This suspicion was further substantiated with the finding that infant mortality in female was almost double as compared to male, which also highlights a negligent attitude towards girl child prevailing in the community. .

In present study 61% of the respondents said that they experienced family pressure to have male child which was consistent with the study done by Ajinder Walia² in three districts of Punjab.

Total of 31% respondents had sought divine intervention by visiting Sadhus and temples to have male child thus proving the strong preference for son in the society as was reported by UNFPA in conjunction with Ministry of Health and Family Welfare and Office of Registrar General and Census Commissioner India 2003⁵

CONCLUSION AND RECOMMENDATIONS

In present study 3/4th of the study population had knowledge regarding declining sex ratio, Illegality of prenatal sex determination and aborting female fetus is a crime in India. More than 80% of the study populations were not in favour of prenatal sex determination and female feticide but 79 % respondents gave preference to male child with reasons perceived by them. More than 60% respondents had family pressure for having male child and 96% of the female respondents thought that they would be well treated by family if they have male child. Around 2/3 rd (67%) of abortions were of spontaneous in nature. Remaining quantum (33%) raise doubt regarding the possible sex selection and female feticide practices by the couple.

It is recommended to strengthen the IEC & BCC activities and it should aim to promote gender equality. Strengthening the execution of different polices for promotion of female child in the society.

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Conflict of Interest: Nil

Source of Funding: Nil

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