

A Study of Son Preference & Contraceptive Use among Married Women of Reproductive Age Group in an Urban Slum Community of Maharashtra

Rahul C. Bedre.(Guarantor)MD PSM

Assistant Professor, Dept.of Community Medicine, 4thfloor, College Building, Bidar Institute of Medical Sciences, Bidar, (BRIMS) Karnataka, 585401, Email: rahulbedre13@gmail.com.

Solanki Harsha M.

Assistant Professor, Dept. of Preventive & Social Medicine, Government Medical College, Bhavnagar, Gujarat.

Abstract

Objectives: To study relationship between son preference & use of contraception & fertility pattern among married women of reproductive age group in an urban slum community of Maharashtra. **Methodology:** A community based, cross-sectional study was carried out among 900 married women of reproductive age group selected by systematic random sampling in an urban slum of community of Mumbai, Maharashtra. **Results:** In the present study, majority women were muslims, they were educated, belonging to high socio-economic status, married after legal age of marriage & having less than or equal to two living children. 88.9% women had knowledge of contraceptives of which 40% were using contraceptives. Among contraceptive users, maximum (64.8%) were using temporary contraceptive methods while 35.2% women had undergone sterilization. There was statistically significant association between use of contraception & number of living sons. There was statistically significant difference in proportion for practice rate of contraception & desired family size & son preference as maximum women of their desired family size & desired sex composition of children were using contraceptives either temporary or permanent. **Statistical Analysis:** SPSS 11.0 version, Chi-square & SEP. **Conclusion:** The findings confirm that family sex composition affects fertility behavior and also reveals that preference for sons persists in urban community of Mumbai.

Keywords: Son preference; Fertility pattern; Contraceptive use.

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 behaviour of people. There is a conflict between the desire for a small family on one hand and sex preference on the other. If a couple's sex preference is not achieved by the time, they

attain their desired small family size; their motivation to control fertility through effective means of contraception may not be very high.

A strong preference for sons may be an obstacle to fertility decline if couples continue having children after reaching their overall family-size, as they are not satisfied with the sex composition of their children. Many researchers have shown that the link between the fertility and son preference is feeble in both high fertility and low fertility populations. In high fertility regions (Uttar Pradesh, Bihar), most couples continue to have children regardless of the number of sons and daughters they already have. In low fertility regions (Tamilnadu, Karnataka), the preference is weak, as few couples want to have more than one or two children even if they do not achieve their

Corresponding Author :Dr. Rahul C. Bedre.(Guarantor)MD PSM, Assistant Professor, Dept.of Community Medicine, 4thfloor, College Building, Bidar Institute of Medical Sciences, Bidar, (BRIMS) Karnataka, 585401, Email: rahulbedre13@gmail.com

(Received on 01.10.2013, Accepted on 04.10.2013)

ideal number of sons and daughters. Arnold *et al* (1998) observed that the sex preference effect is strongest in states with a moderate level of fertility (Maharashtra, Punjab) but the pattern is not sufficiently consistent to establish, definitively, a U-shaped relationship with the level of fertility. Apart from this, Arnold (1997), examining DHS data for 44 countries including India suggested that a strong preference for sons is associated with reduced levels of contraceptive use, increased fertility and a skewed distribution of children.[1]

On the basis of the concerned literature, it has been found that sex preference has an impact on fertility and contraceptive use as well as sex selective abortion. The present study tries to evaluate son preference, fertility pattern & use of contraceptive methods.

Materials & Methods

The present community based, cross-sectional study, was carried out over duration of 12 months, among married women of reproductive age group in an urban slum community 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 their socio demographic characteristics, their fertility pattern, sex preference & contraceptive use.

The data was analyzed using SPSS software & then compared with various studies done previously and presented in the form of tables and graphs.

Results

Out of 900 women, 42.4% women were from age group 21-35 years. Most of the women were Muslims. Only 12.7% women were illiterate while majority (87.3%) were educated & belonging to high socio-economic class (Table 1).

Most of the women got married after legal age of marriage (58%), had pregnancy after 19 years of age (67.7%) & less than or equal to two living children (67.1%). Only 16.6% women had abortion of which majority had induced abortion (59.6%) & i.e. at private set up (74.5%) (Table 2).

The table 3 shows 88.9% women had knowledge about contraception of which 39.8% of women were currently using contraception. Among contraceptive users, maximum (64.8%) were using temporary contraceptive methods while 35.2% women had undergone sterilization.

47.15% women (83 women out of 176) with one living son, 60.41% women (58 women out of 96), with two sons, 9 women out of 15, with three sons and only 2 women out of 40, with four or more sons, were using contraception. Use of contraception is increasing with the number of living sons which was statistically significant. Among women with more than 4 children, only 34% of women with equal number of boys & girl had adapted family planning method. Only 21.21% of women with more girls than boys were practicing family planning method where as only 5% of women

Table 1: Distribution of Women according to their Socio-economic & Demographic (N=900)

Age (yrs)	No.	%
15 - 20	71	7.9
21 - 25	382	42.4
26 - 30	316	35.1
31 - 35	104	11.6
> / = 36	27	3.0
Religion		
Muslim	652	72.4
Hindu	242	26.9
Christian	6	0.7
Education		
Illiterate	114	12.7
Primary	59	6.6
Secondary	246	27.3
Higher secondary	462	51.4
Graduation	17	1.9
Post graduation	2	0.2
Socio-economic class		
(Class I) Upper	37	4.1
(Class II) Upper middle	234	26.0
(Class III) Lower middle	354	39.3
(Class IV) Upper lower	250	27.8
(Class V) Lower	25	2.8

Table 3: Distribution of Women according to Knowledge & Practice of Contraception (N=900)

Table 4: Distribution of Women according to Current Use of Contraception With their Number of Living Children & Sex Composition

Table 2: Distribution of Women according to

Age (yrs)	No.	%	Currently using	Significance
< 10 yrs	12	1.33	0	No. Significant
10 - 20 yrs	318	35.33	21	No. Significant
21 - 30 yrs	305	33.89	76	0.02083 Significant
> / = 31 yrs	255	28.33	125	0.10333 Significant
Parity				
0	600	66.67	58	60.41
1	542	60.22	70	50.35
2	604	67.11	12	17.39
3	329	36.53	9	60.00
4	75	8.33	34	50.74
5	141	15.67	33	52.23
Type of abortion (n= 149)				
Induced	89	59.73	2	9.09
Spontaneous	60	40.27	8	34.00
Place of abortion (n= 149)				
Private	111	74.50	14	21.21
Government	26	17.42	2	05.00
Home	12	8.12	358	

having more boys than girls were practicing family planning method (Table 4).

Table 5 shows that: at parity two 74.28% of respondents were (104 out of 140) practicing contraception and do not demand any more children. The result obtained from the birth order and corresponding sex of the children

shows that the number respondents practicing contraception having two daughters was much lower than that of those having two sons (10% vs. 49.45%). The difference in proportion is statistically significant. A similar trend is observed at parity three. Also the difference between the proportion of respondents practicing contraception having all sons and all daughters is statistically significant.

As the no. of son increases, the preference for acceptance of tubal ligation (permanent

Table 5: Distribution of Women not Demanding Any More Children and Practicing Contraception according to Number of Living Children and Sex Composition

Table 6: Distribution of Women according to Undergone Sterilization by no. of Living Children & Sex

method of contraception) also increases & such kind of results were also obtained the present study. Among 304 women having 2 living children, 96 were having 2 sons of which maximum (35.41%) had done Tubal Ligation

while 139 women were having one son of which only 23.37% had undergone Tubal Ligation and 69 women were not having sons of which only 7.2% had undergone Tubal Ligation. Similar result was obtained for women having 3 living

children i.e. women with more sons had accepted permanent method of contraception and acceptance for Tubal Ligation decreases as number of sons decreases.

Among women with more than 4 children, only 13% of women with equal number of boys & girls had been sterilized.

Discussion

The present study shows that most of the women were muslims, they were educated & belonging to higher socioeconomic status & also they got married after legal age of marriage & having less than or equal to two or less no. of children. Only 39.8% women were using contraception in spite of the fact that majority (88.9%) had knowledge about contraception. Among contraceptive users, maximum (64.8%) were using temporary contraceptive methods. As per NFHS-3, 48.7% married women of reproductive age group were using contraceptives of which 37.3% women had undergone sterilization.[2]

In the present study it was seen that use of contraception was increasing with the number of living sons which was statistically significant. In a study by Williamson, he found that couples were in a hurry to get a male child if the previous child is a female. This is more evident for couples with only one child and these couples are least likely to adopt contraceptive practices, if the sex of child was female.[3]

The difference between the proportion of respondents practicing contraception having all sons and all daughters is statistically significant as the result obtained in the present study shows that there was decreasing trend of contraceptive use among women having two or more daughters than those women having two or more sons. Similar result was obtained in a study done by Srinivasan K. *et al* wherein majority of the couples among never users of any family planning method wanted positively a son. The second majority of the never users wanted a child. The third majority of never users wanted a daughter.[4]

Similar result was also found in a study done

by Saroje Kumar Sarkar that, the respondents practicing contraception having two daughters was much lower than that of having two sons (53% vs. 72%). The difference in proportion is statistically significant. The practice rate of contraception was maximum among respondent having balance sex composition of children. The similar trend was observed at parity three. Also the difference between the proportion of respondents practicing contraception having all sons and all daughters was statistically significant.[5]

Women were not practicing temporary contraceptive methods or do not undergo Tubal Ligation till they satisfied their family size & until they get their desired sex composition of children they want. Similar results were obtained in a study done by N.K. Saini, M. Singh, D.R. Gaur, R. Kumar & M. Rajput, in that study they found that maximum users of family planning methods were among those having two living children and were least among those who did not have a child or having 4 or more children.[6]

Conclusion

Son preference-implies dislike for daughters. In Indian society, son is valued more than daughter for multiple reasons as son not only continue the family name and inherit the ancestral property, but they are also caretakers of the parents in their old age & to kindle the funeral pyre of their deceased parents and to help in the salvation of their souls. Somewhat similar results obtained the present study wherein most of the women were not practicing contraception as they still not have completed their family size of their desired sex of children.

References

1. Arnold. Gender preferences for children. DHS comparative studies No. 23.1997; Calverton, MD: Macro International. pdf.usaid.gov/pdf_docs/pnacb408.pdf
2. National Family Health Survey (NFHS-3)

- 2005-06: India. Mumbai: IIPS. Fact Sheet India-PROVISIONAL DATA.
3. Williamson NE. Boys or girls? Parent's preference and sex control. *Studies in Family Planning*. 1978; 9(9): 255.
 4. Srinivasan K *et al.* Report on the baseline survey on fertility, mortality and related factors in Bihar. Bombay: IIPS; 1982.
 5. Saroje Kumar Sarkar. Influence of Sex Preference on Demand for a Child and its Impact on Contraceptive use in Bangladesh. *South Asian Anthropologist*. 2006; 6(1): 21-28.
 6. NK Saini, M Singh, DR Gaur, R Kumar & M Rajput. Awareness and Practices Regarding Spacing Methods in Urban Slum of Rohtak. *Indian Journal Of Community Medicine*. 2006; 31(2): 84-85.
-