

Gender preference and family planning decisions : A cross-sectional study among eligible couples staying in slum area of Eastern India

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ABSTRACT

Background: The population clock on every day morning, shows that inspite of so many family planning projects, the population of India is increasing at rapid rate.

Objectives : To find out the socio demographic and fertility profile of eligible couples and to find out their gender preference and their opinion regarding most influencing person in family planning decisions.

Materials & Methods: A community based cross sectional study was conducted among a representative sample of “Eligible Couples” in an urban slum area of West Bengal and data was collected by means of interview technique from 168 Eligible Couples (336 Respondents).

Results: Mean and Standard Deviation of age of husbands and wives were $32.1 \pm SD 7.6$ years and $26.6 \pm SD 6.8$ years respectively. 42% of husbands were skilled, 67.9% wives were home-makers, 55.6% had Per Capita Income \geq Rs. 1501/ per month. Mean age at marriage for men and women were $25.7 \pm SD 4.8$ years and $20.4 \pm SD 4.1$ years. Most of the women (40.1%) got married before 18 years. Mean age at first child birth was $22 \pm SD 4.4$ years. 42.6% gave birth to their first child in the age group 18-24 years. Mean family size was 1.37. 43.2% of husbands were educated up to primary school while majority wives (35.8%) were illiterate. Literacy among males was more than females and this difference was statistically significant. Most of the men (34.0%) & women (33.3%) wanted at least one son. 65.4% of men themselves were found to be most influencing whereas in case of women (57.4%) husbands were the most influencing regarding family planning decisions, while only 21.6% of the respondents took joint decision regarding family planning matters.

Conclusion: Majority had son preference and majority of the family planning decisions were taken by male persons. Various factors like increasing the age of marriage to legally accepted one, education status of both husband and wife,

encouraging wives to equably participating in decision making, adopting two child norms, appropriate and timely use of contraceptives would go a long way in maintaining the family and achieving the total fertility rate goal.

Keywords: Son preference, family planning, contraceptives

INTRODUCTION

The population clock on every day morning shows that in spite of our efforts, the population of India is increasing at rapid rate. Although, certainly a landmark, a billion people in a country, one-third the size of the United States is more worthy of an alarm than celebration¹. Realizing these consequences, India has been implementing official family planning programmes to curb population growth since 1950. But inspite of the availability of a wide range of contraceptives and mass-media campaigns and IEC programmes, the population control remained a distant dream to achieve^{1,2}. However, the acceptance of family-planning is influenced by many socio-cultural and demographic factors at levels of individual, family and society^{3,4}. Among these different factors, education, gender preference, family planning decision making person in family are considered to exert profound effect on family planning acceptance and fertility.

It is usually maintained that family planning not only provides opportunities for personal advancement and awareness of social mobility but it also provides a new outlook, freedom from tradition, the willingness to analyse institutions, values and patterns of behavior and the growth of rationalism⁴. In other words, these factors are the most dynamic and influential tool for inducing positive attitude among couples towards the methods and measures of family planning⁵. It is often said that Family Planning⁶ as a “Way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote the health and welfare of the

family groups and thus contribute effectively to the social development of country” and these factors have definitive role in changing the way of thinking.

In the absence of adequate and accurate information regarding the above mentioned factors, this cross sectional study was undertaken in an urban slum of West Bengal with the objectives to find out the socio-demographic and fertility profile of eligible couples and to find out their gender preference and their opinion regarding most influencing person in family planning decisions so that future planning can be built on the study results to promote and improve family planning initiatives and service utilization and we achieve the need to speed up our activities to reach goals & to find out why are we failing to achieve Target Total fertility rates (TFR) levels.

MATERIALS AND METHODS

A community based cross sectional study was conducted among a representative sample of “Eligible Couples” (wives in 15-49 years age group) in an urban slum area of West Bengal using predesigned, pretested, semi-structured interview schedule prepared in local language modified from DLHS^{7,8}. After taking informed consent, data was collected by means of interview technique separately for husbands and wives in the local language and was analyzed by means of SPSS Version 16

SAMPLE SIZE: Taking the Couple Protection Rate (CPR) of slum of Kolkata, West Bengal from NFHS⁹ which is 71.1% as the contraceptive prevalence (prevalence of currently using any of the contraceptive methods) in the slum area and allowable error as 10%; a total Sample Size of 152 Eligible Couples (152X2=304 No. of Respondents) was calculated for the present study. Taking 10% extra of the required sample size; the final number came to be (152+15.2)168 Eligible Couples/336 No. of Respondents. Number of Eligible Couples to be included in the survey was calculated by probability Proportionate sampling from the 3 units(A,B and C) as per population of the units in the area and required number of Eligible Couples was selected using Random Number table from the serial number of Eligible Couples.

RESULTS

Mean and Standard Deviation of age of husbands and wives were 32.1 ± SD 7.6 years and 26.6 ± SD 6.8 years respectively. The youngest wives were of 16 years. As per modified Kuppuswamy’s socioeconomic status Scale, 42% of husbands were skilled, 37% unskilled labourers, and none of them were unemployed or professional. Most of the wives were (67.9%) home makers followed by un-skilled (14.8%) and semi-skilled (9.8%) workers. Most of the families (55.6%) had Per Capita Income >=Rs. 1501/ per month. The range of the Per

Capita Income was from Rs.165/ to Rs. 1879/- per month.

Mean age at marriage for Men was 25.7 ±SD 4.8 years with minimum age 19 years and maximum age 36 years while that for women was 20.4±SD 4.1 years with minimum age 14 years and maximum age 30 years. Mean family size was 1.37.

DISCUSSION

Gender preferences and family planning decision have very high social binding and vary across different countries as well as in different regions of the same country. Various socio-economic, cultural, traditional background and community practices, awareness and attitude regarding contraceptive practices play an important role.

Studies carried out in countries like United Kingdom, Portugal, Lithuania and Czech republic have shown girl preference.^{10,11,12} While countries like China, Nepal, Northern Africa, Western and Southern Asia have strong son preference^{13,14,15,16}. The resultant after-effects of such over preferences to son usually lead to repeated pregnancies or illegal termination of pregnancies by pre-natal diagnostic investigations, various socio-economic problems resulting in decreasing Sex ratio. This is also the main reason for strict implementation of preconception and prenatal diagnostic technique Act (PNPCDT)

In our study 40.1% of wives were below 18 years at marriage, 51.9% had one child while 65.4% husbands felt that they should take decision regarding child birth. Study carried out by Hiremath et al showed that the age at marriage of women, number of children and decision regarding child birth as important factors determining the use of various contraceptive methods, thereby influencing the family planning process¹⁷.

As per study carried out by Nitin et al, on Antenatal women from coastal South India with mean age of 27.2 ± 4.1 years, 60.6% did not have any gender preferences while 55.7% of remaining women (n=52) had male and 44.3% had female preferences. Here majority 42.4 % had education upto 10 standard while in our study only 9.9% had studied high school and 19.8% did not have any gender preference¹⁸.

In a study conducted by Yasmin et al, gender preference was significantly high among study population with lesser education level of couple, multigravida, lower socioeconomic status; and husband having male preference as can be correlated in our study¹⁹.

As seen in by Wadgave *et al* in slums of Maharashtra, 43.28% preferred sons while majority (50.75%) did not show any preference towards specific gender,²⁰ while our study population living in slum showed much more son preference. In a study carried out by Khandelwal *et al*, both boys and girls

were preferred by majority (64.5 %) and 23% of them preferred boys more than girls²¹

Contraceptive use is low particularly in developing countries which are still largely driven by male dominated culture and patriarchal values where in still there is male gender preference and family planning decision is taken by male. A study carried out in Mwanza region of Tanzania which showed “male participating in family planning issues and key decision-makers, life in rural areas favoring more children than urban areas. Therefore, the value of children dependent on the place of residence as well as gender²².

New evidence suggests development does not reduce parental preference for sons over daughters in countries where such a preference exists. Indeed, modernization may be associated with higher, not lower, son preference in some areas²³.

As per world-bank, studies on the association between family size and child outcomes in developed and developing countries usually demonstrate that more siblings dilute household and parental resources devoted to each child, a “quantity-quality” tradeoff. If this association is causal, son preference, as manifested in gender-specific fertility choices is likely to have adverse consequences for girls since they will grow up in larger families. Moreover, son preference in fertility behavior is strongest in exactly those places where girls experience discrimination in other ways—suggesting an additional obstacle to girls’ human development in such settings.

CONCLUSION

In our study, majority had son preference and majority of the couples, the family planning decision was taken by male person. Various factors like increasing the age of marriage to legally accepted one, education status of both husband and wife, encouraging wives to equably participating in decision making, adopting two child norms whether male or female child, appropriate and timely use of contraceptives would go a long way in maintaining the family and achieving the total fertility rate goal. Proper awareness campaign regarding the same particularly in slum areas with measures to increase educational facilities at slum areas would be beneficial.

TABLE 1: SOCIO-DEMOGRAPHIC PROFILE OF ELIGIBLE COUPLES

TYPE OF FAMILY	N	%
Nuclear	54	33.3
Non-nuclear	108	66.7
TOTAL	162	100

HUSBAND’S OCCUPATION		
Un skilled	60	37
Semi-skilled	68	42
Skilled	19	11.7
Clerical/shop owner/farmer	10	6.2
Semi profession	5	3.1
TOTAL	162	100
WIFE’S OCCUPATION		
Home maker	110	67.9
Un skilled	24	14.8
Semi-skilled	16	9.8
Skilled	8	4.9
Semi profession	4	2.4
TOTAL	162	100
PER CAPITA INCOME		
RS 201-500/-	9	5.6
RS 501-1000/-	24	14.8
RS 1001-1500/-	39	24.1
>=RS 1501/-	90	55.6
TOTAL	162	100
RELIGION		
Hindu	109	67.3
Muslim	49	30.2
Christian	4	2.5
TOTAL	162	100

TABLE 2: OBSTETRICS HISTORY OF ELIGIBLE COUPLES

AGE AT MARRIAGE	HUSBAND (n=162)	WIFE (n=162)
Less than 18 years	---	65(40.1%)
18-23 years	62(38.3%)	55(34%)
24-29 years	65(40.1%)	37(22.8%)
30-35 years	32(19.8%)	5(3.1%)
Above 35 years	3(1.9%)	---
TOTAL	162	162

AGE AT FIRST CHILD BIRTH		
Below 18 years	29	17.9
18-24 years	69	42.6
25-29 years	29	17.9
30-35 years	13	8
Yet to have child	22	13.6
TOTAL	162	100
NO. OF CHILDREN		
No Living Children	23	14.2
Pregnant During The Visit	4	2.5
One Child	84	51.9
Two Children	28	17.3
Three Children	10	6.2
Four Or More Children	13	8
TOTAL	162	100

TABLE 3: DISTRIBUTION OF RESPONDENTS ACCORDING TO GENDER PREFERENCE FOR CHILDREN

GENDER PREFERENCE	HUSBAND (n=162)	WIFE (n=162)	TOTAL
Son	32(19.8%)	34(21.0%)	66(20.4%)
Daughter	22(13.6%)	28(17.3%)	50(15.4%)
At Least One Son	55(34.0%)	54(33.3%)	109(33.6%)
Doesn't Matter	36(22.2%)	28(17.3%)	64(19.8%)
Up to God	17(10.5%)	18(11.1%)	35(10.8%)
TOTAL	162(00%)	162(100%)	324(100%)

TABLE 4: DISTRIBUTION OF RESPONDENTS ACCORDING TO THEIR OPINION REGARDING MOST INFLUENCING PERSON IN FAMILY PLANNING DECISIONS

PERSONS	HUSBAND (162)	WIFE (162)	TOTAL
Self	106(65.4)	7(4.3)	113(34.9)
Mother-in-law/ sister-in-law/ mother/father/ other family members	15(9.3)	28(17.3)	43(13.3)
Partner /wife/ husband	5(3.1)	93(57.4)	98(30.2)

Joint decision of the couple	36(22.2)	34(21.0)	70(21.6)
TOTAL	162(100)	162(100)	324(100)

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