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 participants (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 interest in gender preferring for additional 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). 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. 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. 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.

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 clinic in UHTC, KIMS, Koppal were enrolled, 78.4% were in 17-27 age group. Half of the study participants (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)

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 interest 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 graduate | 12    | 11.7       |
| 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      | 0.0            |
| 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 registration | 3     | 2.94       |
| Fine                   | 5         | 4.9        |
| Fine & jail            | 28        | 27.4       |
| Not known              | 66        | 64.7       |
| Total                  | 102       | 100        |

Table 5: Preference for additional children

| Indicator              | Frequency | Percentage |
|------------------------|-----------|------------|
| Prefer male children   | 15        | 21.2       |
| Prefer female children | 10        | 14.1       |
| No interest in gender preference | 46    | 64.7       |
| 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 participants (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. 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. In our study, 64.7% told they have no interest in gender preferring for additional child. Puri S et al. Study showed higher preferences for male child (57.8%) and similarly study be Vadera BN et al. showed 58.5%. Parisa SP et al. showed 78% father and 81% mothers showed preference for additional male child. Study conducted by Kansal R et al. reported increased preference for male child 22.2% in comparison to preference for female child 11.8%. Kumar N et al also showed that majority of the patients (60.6%) in his study did not have gender preference.

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

1. 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.
2. 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.
3. 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.
5. 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.
6. 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.
7. 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.
8. Vadera BN, Joshi UK, Unadakat SY, 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.
9. 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.
10. 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 feticide. Indian J Pub Health 2010;54:209-212.
11. 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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