

## THE INDIAN COUPLES AND GENDER PREFERENCES FOR THEIR OFFSPRINGS

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### SUMMARY

The proverbial preference for a male-child continues to be in-tact amongst all stratas of the Indian Society. The poor and the uneducated ensure having more sons, by producing more children. The rich and the educated prefer a 2-child family. They ensure having at least one male child by opting for amniocentesis as a method for prenatal sex detection & if required, a female foeticide. Unless the social prejudices against a female child are overcome the female child will continue to bear the brunt with disastrous bio-social implications.

### INTRODUCTION

There is little doubt, that son preferences are strung in Asian societies and that India is among the settings where this phenomenon is most pronounced. The implications of son preferences for fertility regulation have long been a subject of concern. Population experts are aware that couples specially in rural India would not limit their reproduction until a minimum number

of sons were born.

We were curious to know the prevalent practice amongst the educated & uneducated couples residing in one of India's premier cities - 'Bombay' with its cosmopolitan & pro-western outlook. Hence, a study along this line was planned.

### SUBJECTS & METHODS

The study was aimed at collecting information from 2000 parous couples residing in Bombay on their opinions & practices pertaining to family planning &

gender preferences if any, for their offspring. A cross-section of Bombay women belonging to different socio-economic, educational, religious & cultural classes were interviewed.

## RESULTS

the couples believed in family-planning, but education remained the main deciding factor on the ideal number of children a couple wished to have. Most of the ill- and semi-literates & a good number of high school graduates said that God was responsible, for the sex of the infant. That

**Table I**  
**PROFILE OF THE STUDY COUPLES**

Subjects	: 2000 Parous Couples							
Ethnic Groups	: Hindus		Muslims		Christians			
	77.0%		16.0%		7.0%			
Places of residence	: Slums/Chawls				Housing Colonies			
	55.6%				34.3%			
Educational Status of (wife)	: Illiterate		Primary School		High School		College Graduates	
	28.3%		19.8%		44.4%		17.6%	
Occupational Status	: H. wives Empld.		H. Wives Empld.		H. Wives Empld.		H. Wives Empld.	
	17.0%	11.3%	10.0%	9.8%	17.8%	16.5%	1.2%	16.4%
Avg. Age at Menarch	: 14.2 ± 1.2 yrs		14.5 ± 1.3 yrs		14.4 ± 1.4 yrs		14.0 ± 1.2 yrs	
Avg. Age at Marriage :	Husband		Wife		Husband		Wife	
	21.1 ± 3.4 yrs		16.2 ± 2.8 yrs		22.2 ± 3.2 yrs		17.6 ± 2.5 yrs	
	24.3 ± 3.8 yrs		19.7 ± 3.4 yrs		27.5 ± 3.4 yrs		23.3 ± 3.1 yrs	
Avg. Age at first concept	: 17.8 ± 2.5 yrs		18.8 ± 2.4 yrs		20.6 ± 3.4 yrs		24.1 ± 3.2 yrs	
Avg. No. of pregnancies	: 3.9 ± 1.4		3.3 ± 1.1		2.9 ± 1.1		2.1 ± 1.0	
Age at interview (wife)	: 32.4 ± 6.2 yrs		31.3 ± 5.9 yrs		31.9 ± 5.2 yrs		32.8 ± 5.0 yrs	

Though a mixed population of Bombay women were interviewed, in order to make the data comparable in the 4 literacy groups studied, we kept the average age of the women at the time of the interview almost constant (32.1 ± 0.6 yrs).

Table II indicates that the majority of

the husband was responsible was known to only 74% of the highly educated women. Regarding the gender preference of the offsprings, it was heartening to hear that approximately 50% of the ill-, and semi-literates and high school graduates & almost 80% of the educated women said that they

**Table II**  
**PERCEPTIONS REGARDING FAMILY PLANNING &**  
**GENDER PREFERENCES OF OFF-SPRINGS**

Variables	Educational Status of 2000 Study Women			
	Illiterates n = 565	Primary School n = 396	High School n = 687	College Graduates n = 352
<b>Is Family Planning Essential ?</b>				
Couples Response Yes !	81.0%	87.6%	93.6%	96.0%
<b>What Should Be The Family Size ?</b>				
1 Child	0.2%	0.3%	4.1	17.9
2 Children	11.2%	25.6%	51.1	72.9
3 Children	38.4%	47.6%	38.1	7.4
4 Children	50.2%	26.9%	6.0	1.7
<b>Do You Have Any Gender Preferences For Your Off-spring ?</b>				
No Gender Preference	48.1%	55.7%	52.5%	78.9%
At least 1 male	18.2%	20.8%	27.1%	15.4%
At least 2 males	28.7%	15.1%	10.9%	1.4%
At least 1 female	5.0%	8.4%	9.5%	4.3%
<b>Who Do You Think Is Responsible For The Sex Of The Child ?</b>				
God	78.4%	63.0%	32.7%	10.9%
Husband	2.5%	4.8%	29.3%	74.0%
Husband & Wife	19.1%	32.2%	38.0%	15.1%

did not have any gender preference for their off-springs.

Table III indicates that obstetric history of the 2000 women interviewed. As expected, parity & educational status of the women showed an inverse relationship. The interesting feature was the male/female ratio

of the offsprings in the four categories of women interviewed. While the ratio of the the male/female children born remained relatively unaltered for the uneducated upto the 6 children studied, there was a definite bias towards an increase in the number of males born after the first child

**Table III**  
**OBSTETRIC HISTORY OF 2000 STUDY WOMEN (OUTCOME**  
**ACCORDING TO ORDER OF PREGNANCY)**

Pregnancy Outcome	Illiterates n = 565	Primary School n = 396	High School n = 687	College Graduates n = 352
Ist Child n =	565	396	687	352
Male	48.7%	45.0%	48.8%	42.0%
Female	48.8%	49.7%	43.5%	50.0%
Abortion	2.5%	5.3%	6.8%	6.5%
M.T.P.	Nil	Nil	0.9%	1.5%
2nd Child n =	551	389	639	245
Male	45.9%	48.8%	46.5%	37.1%
Female	51.1%	46.3%	40.7%	32.2%
Abortion	3.1%	4.1%	6.4%	13.1%
M.T.P.	Nil	0.8%	6.4%	17.6%
3rd Child n =	472	297	388	106
Male	48.9%	52.5%	45.6%	41.5%
Female	42.8%	40.1%	39.4%	29.2%
Abortion	7.0%	4.7%	7.0%	9.4%
M.T.P.	1.3%	2.7%	8.0%	19.9%
4th Child n =	334	161	175	23
Male	54.5%	50.3%	42.3%	43.5%
Female	42.5%	44.7%	37.7%	21.7%
Abortion	2.1%	1.9%	6.9%	4.3%
M.T.P.	0.9%	3.1%	13.1%	30.5%
5th Child	183	49	56	7
Male	55.2%	44.9%	57.1%	57.1%
Female	41.6%	44.9%	23.2%	0.0
Abortion	2.7%	8.2%	8.9%	Nil
M.T.P.	0.5%	2.0%	10.8%	42.9%
6th Child n =	94	16	26	1
Male	46.8%	31.3%	42.3%	100%
Female	46.8%	56.2%	23.1%	0.0%
Abortion	3.2%	12.5%	11.5%	0.0%
M.T.P.	3.2%	0.0%	23.1%	0.0%

onwards amongst the educated. That the tilt was 'Man-Made' was obvious when the number of Medical Termination of Pregnancies (M.T.P) performed were observed. The percentage of MTPs performed, were in direct proportion to the chronological number of the child and the level of education of the mother.

Thus, the statements made in Table II by 50% of the un-educated & 80% of the educated that they had no gender preferences for their off-springs belied the facts actually observed in Table III.

### CONCLUSION

The proverbial preference for a male child continues to be intact even amongst the educated & employed. Several reasons for the preference have been cited : A son is required to perform the last funeral rites of his parents. He is an economical asset, a social status symbol, a means of security in the old age and responsible for the continuity of the family lineage.

Because the uneducated had no means of assuring that the children they produced would be males, they produced more children in the hope that a majority of them would be males.

The educated and the affording ensured having a male child in a more subtle manner. 'Small family' norms, appealed to them, as that meant a reasonably good living standard, better employment opportunities for the mothers & a relatively less problematic life style. They were obsessed with the idea of a two-child family, with at least one of them being a male. In case their first born was not a male, a vast majority of them achieved what they desired

by undergoing prenatal sex detection by amniocentesis. In case the foetus was a female, they opted for a female foeticide (Chander J, 1988). Amniocentesis, a test primarily developed for the detection of foetal malformation has been widely used over the years in India predominantly as a prenatal sex detection or a sex pre-selection tool (Kaur M, 1933). The extent to which this test is misused in Bombay was brought out by a Survey Report (1986) which showed that 84% of the consulting gynecologists in Bombay performed this test and only 5% of the tests performed were actually required for detection of foetal malformation. As this test is expensive & is offered only by private gynecologists only the educated & affording have access to it.

So deep rooted is the bias in favour of the male child ingrained into the Indian culture, that couples whether educated or not, rich or poor are unprepared to accept that a daughter can be as great an asset as a son and if given a chance, can achieve as much material & social success as son. Unless social prejudices against women are overcome by improving the overall status of women in society, the female child in India will continue to bear the brunt which in the coming years could have disastrous biosocial implications! (Kusum L, 1988).

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