

Gender Preference of Child among Married Women of Reproductive Age Group Residing in Syangja

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ABSTRACT

Introduction: Gender preference is the desire of biological parents for either a male or female child. Preferences for sons over daughters among Nepali families are still strong, though there are various measures adopted to discourage gender discrimination. There are many couple who prefer a male child because a son is culturally, economically and socially more desirable than a daughter. This study aims to assess the specific gender desire among married women of reproductive age group living in Syangja.

Methods: A descriptive cross sectional study design was adopted for conducting this study among 122 married women of reproductive age group. The tool consisted of demographic proforma, reproductive behavior questionnaire and preference questionnaires. Data was collected by web-based system using online Google Form using non probability convenience and networking sampling technique. The data was analysed using SPSS 16 package.

Results: The average age of the women was 29.63 years with the standard deviation of 7.5. Majority (82%) of the respondents were married after their 20th birthday. One in five of them (18.9%) had history of abortion. Three quarter (75%) had no specific gender preference for child followed by female preference (15%) which was significantly associated with education of the respondents ($p = 0.032$) and respondent's husband ($p = 0.017$) use of contraceptive devices ($p=0.035$).

Conclusions: The study concludes that the gender preference has shifted from son preference to daughter preference which was significantly associated with education level of couple which can be sustained through increasing education level and women empowerment.

Keywords: Gender preference, reproductive age group, married women, syanja

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INTRODUCTION

In most of the developing countries couple have gender preferences for children due to which it has become a major issue in demographic work. Studies of data obtained from World Fertility Surveys and Demographic and Health Surveys reveals that many people wished to have equal amount of daughters and sons or minimum of one child of each sex. The above-mentioned findings depicts that the effect of specific gender inclination on reproductive behavior and birth control in

developing countries should not be considered as compelling factors, particularly in countries having low levels of contraceptive use like Nepal.^{1,2}

Desire of male offspring is prominent issue in developing world especially in South Asian countries. Nepal is having patrilineal system with certain religious customs that compels on presence of at least one son in a family. Inclination toward specific gender of their children is an significant hurdle to increase

the use of contraception and decline of fertility in the country; its consequences will be pronounced as desired family size declines.^{3,4,5}

Sex preference in Nepal has received minimal attention, which might be because the sex ratio of Nepal (96.0) is similar to the normal value but this may be the result of faulty data recording and extensive labor migration.^{6,7} However, the sex ratio at last birth in Nepal for women who admits to have completed their family or wanted permanent family planning is estimated at 146, suggesting that this attitude among these women is secondary to desire of male child.⁸ The analysis of data from demographic and health survey (DHS) indicates that Nepalese women delivers more children if the first born are girls.³

Son preference often influences human conducts and may wind up gender discrimination that adversely affect girl's and women's wellbeing, health and even their survival. It can accelerate incidence of women violence, sex-selective abortion, decrease use of contraception, large family size and alteration in sex ratio which greatly have the long-term consequences on the health of women.⁹ The study aims to identify sex preferences among the married women of reproductive age group residing in Syangja district.

METHODS

A web based descriptive cross sectional study was conducted among the married women of reproductive age group (15-49 years) living in Putali bazar Municipality of Syangja. Putalibazar is one of the five municipalities of Syangja which consists of 14 wards. It is neighbored by Kaski District & Phedikhola municipality at north, Kaski & Tanahun District at eastern border, In west by Andikhola, Arjun Chaupari & Bhirkot Municipality and Biruwa & Bhirkot Municipality at south. Its head quarter is in Birgha Archale.

The non-probability convenient and network

sampling was used to select married women of reproductive age group residing in Putalibazar, Syangja. Respondents who knew about other sample population meeting the selection criteria, forwarded the google form. Derived from the result of study conducted in Patan hospital, Kathmandu attending the Patan hospital, Kathmandu¹⁰ and considering 8 % of probable error at 95 % CI, the sample size was calculated as 122.

Using the Cochran's formula,

$$n = Z^2 pq / E^2$$

Where, n= sample size

Z= Confidence level at 95% (standard value =1.96)

p= Estimated prevalence (p= 25%)

q= (1-p); E= margin of error (8%)

n=112

Taking 10% of non response rate, the sample size was 122

The study was conducted after obtaining ethical approval from Institutional Review Committee, Manipal Teaching Hospital with reference no. MEMG/IRC/MCOMS(24). Pretesting was done in 10% of total sample population i.e. 12 people were excluded from the main study. Corrections were done as per responses and feedback from participants.

A questionnaire-based on research objective was formulated by reviewing the related literature and was validated by the subject experts. The tool was translated in the Nepali language with the help of language experts. The questionnaire was exported in goggle form and forwarded through e-mails and social media for data collection. The tool comprised of the listed parts;

Part 1: Socio-demographic information which contained of questions on age, ethnicity, religion, education level of the respondent, occupation of the respondent, education level and occupation of the respondent's husband and type of family

Part 2: Questionnaire regarding obstetric

characteristics and reproductive behavior which included the age at marriage, age at first child birth, number of children, sex composition of the children, birth spacing, any history of abortion, and the use of family planning devices.

Part 3: Questionnaire regarding gender preference

Data collection was done using the translated Nepali version tool from 2nd October to 14th October 2022. Informed consent was taken from each respondent by describing the objective of the study in the tool and creating an automated setting in the goggle forms; if they click on agree option then only they can proceed to further question. The data was collected from respondents through social media like facebook-messenger, viber, whatsapp by sending the link to the participant and asking them to do the same. The mean time for completing the questionnaire was about 10-15 minutes.

The collected data were checked for completeness of the information and then exported to Statistical Package for Social Sciences (SPSS -20) for analysis. The data were analyzed by using descriptive statistics like frequency, percentage and mean and standard deviation. Inferential statistics such as chi square test was used to find out association between sex preference and selected sociodemographic variables and reproductive characteristics. Statistical significance was considered as p-value <0.05.

RESULTS

The study was conducted among 122 married women of reproductive age group. The average age of the respondents was 29.63 years with standard deviation of 7.5. About one third (38.5%) of the participants were of age group 18-25 years. Most 68.9% of them were Brahmin/ chhetri and majority (91.8%) were following hindu religion. More than one-third (40.2) of them had education of bachelor and above.

Majority(70.5%)of respondent's husband had higher education. More than half (55.7%) of them were living in joint family. About one third (38.5%) of them were housemaker.

Table 1 Reproductive Behavior of Respondents n=122

Reproductive behavior	Frequency	Percent (%)
Age at marriage (in years)		
<20	22	18
≥20	100	82
Mean±SD	21.77 ±5.23	
Age at first child birth (in years) (n=77)		
<20	3	3.9
≥20	74	96.1
Mean±SD	24.31 ±4.27	
Number of children		
Not yet	45	36.8
1	43	35.3
≥2	34	27.9
History of abortion		
Yes	23	18.9
No	99	81.1
Use of contraceptive methods		
Yes	82	67.2
No	40	32.8
Types of contraceptive methods used (n=82)		
Calendar metho	17	20.7
Intrauterine device	12	14.6
Implant	1	1.2
Oral contraceptive pills	19	23.1
Depoprovera injection	29	35.3
Female condom	4	5.1

Table 1 shows that majority (82%) of the respondents were married at the age of 20 years and above. Three quarter(63.1%)had their own child. Almost all of them (96.1%) had their first child after the age of 20 years. More than half (57.3%) of the participants had 1 child. One in five of them 18.9% had history of abortion. More than three quarter of the respondents (67.2%) had used contraceptive devices. Among them about one fourth (35.3%) of the participants had used depoprovera injection.

Table 2 Gender Preference among the Respondents (n 122)

Variables	Frequency	Percent (%)
Gender preference in first child		
Son	21	17.2
	2113	17.2
	13	10.7
	88	72.1
Daughter	13	10.7
	21	17.2
	13	10.7
	88	72.1

Variables	Frequency	Percent (%)
Any	88	72.1
	21	17.2
	13	10.7
	88	72.1
Desired sex composition of children		
Son only	4	3.3
Daughter only	4	3.3
One son and one daughter	107	87.7
Any two	7	5.7
Desired gender of baby in upcoming pregnancy		
Son	12	9.8
Daughter	18	14.8
Any	92	75.4

Table 2 depicts that more than Quarter of women have specific sex preference during first child birth in which one in five women believe that first child should be son. Majority of the respondents wished to have one son and one daughter in their family. Regarding their wish for any gender preference in upcoming pregnancy three quarter of them didn't had any specific gender preference.

Table 3 Association of Gender Preference with Selected Socio-demographic Variables (n=122)

Variables	Gender preference (%)	No gender preference(%)	Chi-square value	p- value	df
Age (years)					
<29.6	22(25.3)	63(74.7)	4.62	0.099	1
≥29.6	8(25)	27(75)			
Ethnic group					
Upper caste	21(25)	63(75)	5.19	0.26	2
Janajati	7(25.9)	20(74.1)			
Dalit	2(18.20)	9(81.8)			
Religion					
Hindu	26(23.2)	86(76.8)	7.002	0.091	2
Buddhist	4(50)	4(50)			
Others	0	2(100)			
Education level of the respondent					
Primary	2(18.2)	9(81.8)	6.980	0.032*	3

Variables	Gender preference (%)	No gender preference(%)	Chi-square value	p- value	df
Secondary	3(15)	17(85)			
Higher Secondary	13(25)	29(75)			
Bachelor and above	12(24.5)	37(75.5)			
Education level of the respondent's husband					
Primary	2(18.2)	9(81.8)	3.548	0.017	2
Secondary	5(20)	20(80)			
Higher Secondary and above	23(26.8)	63(73.2)			
Occupation of the respondent					
Agriculture	4(19.1)	17(80.9)	3.489	0.761*	3
Service holder	12(32.5)	25(67.5)			
Bussiness	1(5.9)	16(94.1)			
Homemaker	13(27.7)	34(72.3)			

*p value significant at $p \leq 0.05$.

Table 3 shows that there is significant association of gender preference with respondent's education and also with education of respondent's husband. And no association of age, caste, religion, occupation of the respondent, occupation of respondent's husband and monthly income of the family.

Table 4 Association of Gender Preference among respondents with Reproductive Behavior (n=122)

Reproductive behaviour	Gender preference (%)	No preference (%)	p value	Chi quare value	df
Age at marriage					
<20 years	4(18.2)	18(81.8)	0.296	2.456	1
≥20 years	26(26)	74(&\$)			
Age at first childbirth					
<20 years	0	3(1000	0.514	1.330	1
≥20 years	23(31.1)	51(68.9)			
Number of children (n=77)					
1	15(34.8)	28(65.2)	0.057	9.189	1
≥2	9(26.5)	25(73.5)			
Use of contraceptive devices					
Yes	19(23.5)	62(76.50)	0.035	1.38	1
No	30(73.2)	11(26.8)			

*p value significant at $p \leq 0.05$.

Table 4 shows that there is statistically significant association between gender preference among respondents and use of contraceptive.

DISCUSSION

This study attempts to assess the gender preferences among the married women of reproductive age group residing in Syangja. Results depicts that the mean age at marriage of the women was 21.77 years which was close to the study done in Sonapur village of Sunsari district where the mean age at marriage was 18.87 years.⁴

This study depicts that three quarter (75.4%) of the respondents didn't had specific gender preference which is contradictory to the finding from study conducted in Maharashtra, India where (95%) the participants wanted their first child to be male.¹¹ This study finding is comparatively better than the results from research conducted in Goa and coastal south India among pregnant ladies which showed that 62.9% and 60.6% respectively had no specific gender preference^{12,13} Similarly the finding of Kathmandu Medical College shows that relatively higher proportion of respondents (80%) didn't had inclination toward any specific gender for their child.¹⁴ This may be owed by the fact that women in Kathmandu are more literate than rest of the county likewise educational level of current study participants are high which boost their understanding regarding negative impact of specific gender preferences on women health and natural balance of sex ratio.

The study revealed that 21(17.2%) had preferred their first child to be male. The study finding is significantly better compared to the finding from the study conducted in Nigeria where more than half (58.6%) of the pregnant women preferred baby boy¹⁶. These findings specifies that women in Nigeria have strong desire of son than the Nepalese women. Literatures illustrates that couple have strong tendency toward mixed sex composition of their children. Surprisingly in many European nation and in Turkey couple preferred to have girl child.^{17,18} This can be justified by the fact that they are having good governance and they

are not relied on their children during their old age but in Nepal due to patriarchal society, religious custom and their dependency on son during old age, they are compelled to have male child for old age security.

The study revealed that use of contraceptive devices among the participants was (67.2%) and majority of them were using injectable contraceptive (35.3%) which is relatively higher than the finding of NDHS report 2016 where the use of contraception was (34%) and injectable contraceptive had the highest prevalence(9.4%).² Sex composition of the children, number of children and education level of the women affects the contraceptive practices and other reproductive behaviors like abortion.

In this study almost one in five (18.9%) respondents had history of abortion which is similar to the finding from the study done in Pokhara.⁵ These implies the less use of contraceptive methods among the respondents and may be driven by the specific gender preference of the child. Literatures also supports that of sex-selective abortion are in increasing trend which have already shown some of the detrimental effect of sex selective abortion which led to surplus males over their counterparts.¹⁹

Regarding the composition of children in the family, majority of the participants (87.7%) wanted to have one male and one female which was in line with other study finding^{4,5,10,14,15} This study found that there is significant association of gender preference with education of the respondent and education of respondent's husband which is in line with the study conducted in Peshwar, Pakistan which shows the significant association between gender preference and education of the respondent.⁹

CONCLUSIONS

The study concludes that gender preference of child is still prevalent among the married

women of reproductive age group and is relatively affecting reproductive behavior of the women like contraceptive use, birth spacing, abortion especially sex selective abortion. All these condition will not only adversely affect women's health but also interfere with natural human sex ratio. Government should strictly monitor and regulate abortion practices and encourage women to use contraceptive methods.

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REFERENCES

1. United nation. Department of Economic and Social Affairs Population. World fertility and family planning survey 2020 Available from: https://www.un.org/en/development/desa/population/publications/pdf/family/World_Fertility_and_Family_Planning_2020_Highlights.pdf.
2. Ministry of health and population. Nepal demographic health survey 2022: key findings Available from: <https://dhsprogram.com/pubs/pdf/PR142/PR142.pdf>.
3. Uprety S, Jha N, Poudel IS, Pokharel PK, Poudel M, Niraula SR. Impact and determinants of gender preference in Duhavi VDC of eastern Nepal. *Journal of the Nepal Medical Association*. 2011 Jan 1;51(181). Available from <https://pubmed.ncbi.nlm.nih.gov/22335092/>. Accessed on Jan 15, 2020.
4. Rai P, Paudel IS, Ghimire A, Pokharel PK, Rijal R, Niraula SR. Effect of gender preference on fertility: cross-sectional study among women of Tharu community from rural area of eastern region of Nepal. *Reproductive health*. 2014 Dec;11(1):1-6.
5. Gurung N, Singh S. Sex preference and its association with reproductive behavior among pregnant women attending antenatal clinic in a teaching hospital, Pokhara. *Journal of Chitwan Medical College*. 2020 Dec 17;10(4):66-70.
6. Namasivayam A, Osuorah DC, Syed R, Antai D. The role of gender inequities in women's access to reproductive health care: a population-level study of Namibia, Kenya, Nepal, and India. *International journal of women's health*. 2012;4:351. PMID: PMC3422107 doi: 10.2147/IJWH.S32569.
7. Pradhan A et al., Demographic and Health Surveys: Nepal Country Report, Calverton, MD, USA: Macro International, 1997. Available from: <https://dhsprogram.com/pubs/pdf/fr78/fr78.pdf>.
8. Khadka P. Gender based abortion threaten Nepalese society(Internet). Kathmandu: UCA news;2017 Decmeber. Available from: <https://www.ucanews.com/news/gender-based-abortions-threaten-nepalese-society/78705>.
9. Atif K, Ullah MZ, Afsheen A, Naqvi SA, Raja ZA, Niazi SA. Son Preference in Pakistan; A Myth or Reality. *Pakistan journal of medical sciences*. 2016 Jul;32(4):994. PMID: PMC5017118 DOI: 10.12669/pjms.324.9987.
10. Chhetri UD, Ansari I, Bhandary S, Adhikari N. Sex preferences among mothers delivering at Patan Hospital. *Kathmandu University Medical Journal*. 2011;9(4):229-32. PMID: 22710528 DOI: 10.3126/kumj.v9i4.6334.
11. 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. *International Journal of Community Medicine and Public Health*. 2018 Apr;5(4):1666.
12. Karmali DB, Pednekar G, Valaulikar R, Kamat US. A descriptive study of gender preference and its relation to willingness for sterilization in pregnant women in a tertiary hospital in Goa. *Int J Reprod Contracept Obstet Gynecol*. 2016 Mar;5(3):886-889 Available from: <https://www.ijrcog.org/index.php/ijrcog/article/view/800/746>.
 13. Kumar N, Kanchan T, Bhaskaran U, Rekha T, Mithra P, Kulkarni V, Holla R, Bhagwan D, Reddy S. Gender preferences among antenatal women: a cross-sectional study from coastal South India. *African health sciences*. 2015;15(2):560-7. DOI: <https://doi.org/10.18203/2394-6040.ijcmph20181253>.
 14. Thapa M, Bajracharya J. Gender preference in current pregnancy among primigravidae. *Nepal Journal of Obstetrics and Gynaecology*. 2017;12(1):36-9. DOI: <http://dx.doi.org/10.3126/njog.v12i1.18979>.
 15. Dhande VS, Gadekar RD, Shingare AD, Domple VK. Gender preference among reproductive age group women in rural area. *Int J Community Med Public Health*. 2016 Jul;3(7):1862-5. DOI: <http://dx.doi.org/10.18203/2394-6040.ijcmph20162056>.
 16. Ohagwu CC, Eze CU, Eze JC, Odo MC, Abu PO, Ohagwu CI. Perception of male gender preference among pregnant Igbo women. *Annals of medical and health sciences research*. 2014;4(2):173-8. DOI: 10.4103/2141-9248.129027 PMID: PMC3991935
 17. Hank K, Kohler HP. Gender preferences for children in Europe: Empirical results from 17 FFS countries. *Demographic research*. 2000 Jan 1;2. Available from: <https://www.demographic-research.org/Volumes/Vol2/1/2-1.pdf>.
 18. Fuse K. Variations in attitudinal gender preferences for children across 50 less-developed countries. *Demographic Research*. 2010 Jul 1;23:1031-48. Available from: <https://www.demographic-research.org/Volumes/Vol23/36/23-36.pdf>.
 19. Lamichhane P, Harken T, Puri M, Darnay PD, Blum M, Harper CC, Henderson JT. Sex-selective abortion in Nepal: a qualitative study of health workers' perspectives. *Women's Health Issues*. 2011 May 1;21(3):S37-41. DOI: <https://doi.org/10.1016/j.whi.2011.02.001>.