

Gender Preferences influencing fertility among women of Todapur – Dasghara, Delhi

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ABSTRACT

Aim: To study how gender preferences influence fertility interventions among women of Todapur-Dasghara, Delhi. **Methods:** A cross sectional study design was devised in which data was collected through questionnaires and interviewing. Data on reproductive profile of 900 ever-married women (15-55years) of Todapur-Dasghara were collected. **Results:** Majority of the women fall in the 25-29 years age group. 60% of the women are illiterate. Out of 900 women (48.1%) preferred to have a male child. Women who had at least one male child, showed an intention of having more children, only if there was a possibility of a male child. A strong desire to have first child as a male child exists, not only in Todapur-Dasghara but also in other parts of India (Urban as well as rural). If a couple has a male child, they prefer to use contraceptives to limit their family, on the other hand if they have a female child, they would not limit their family using contraceptives. **Conclusion:** It is observed that there is a strong preference for the male child. The customs and practices of the society is patriarchal hierarchy, dowry system, education of the girl child, all are related to this mental perception of favouring the male child. So “save the girl child” which is advocated all over the country. Upliftment of the status of women should be our first motto. A fertility intervention that is using contraceptives to limit the family comes into picture only if a male child is born. This mindset can be changed through education of women.

Keywords: Sex ratio, fertility, Gender discrimination, contraceptives, Delhi.

INTRODUCTION:

The sex ratio of our country has been declining since time memorable. On one hand the population of India has been rising at an alarming rate, and on the other hand the number of women in relation to the number of men has been declining. Gender discrimination is a social evil leading to many evil traditions in society. Higher fertility rates have been observed in our country on account of poor access to contraceptives or due to gender preferences.

Preference for the boy child has been a key demographic feature of our society. It is the social factor influencing all demographic parameters like fertility, mortality etc. In the South Asian context, researchers have estimated that there are millions of women “missing” from the population, leading to an unusually high ratio of males to females. Indian Nobel Prize-winning economist Amartya Sen estimated that in India more than a hundred million women were “missing” (**Sen, 1999**). Failures to report the birth of girls, sex-selective abortions, neglect of daughters and female infanticide may all play a role. In some countries with a strong sex preference, couples stop having children only when they are satisfied with the sex composition of their family (**Kishor and Gupta, 2009**). In India the sex ratio is unfavourable standing at 108 males per 100 females (**United Nations, 2015**). In developing countries like India, couples tend to have higher fertility. There are a group of reasons for the above behaviour. It is due to poor access to contraceptives, preference for the male gender and high rate of infant mortality. Though the Infant Mortality Rate (40 per 1000 live births) has indubitably shown improvement but it is still higher than many other developing countries (**SRS, 2014**). Several studies have shown that couples in India tend to have a strong preference for son over daughters. In an effort to have sons, many couples continue to have children until the desired number of sons has been reached, or get abortions done. Studies have shown that a large number of social, cultural and economic considerations are the root of such a preference pattern among couples (**Mookim, 2006**) Even though the sex ratio (940 females per 1000 males) has improved but child sex ratio (914 females per 1000 males) is at an all-time low in **India Census, 2011**. Also the overall sex ratio and the child sex ratio in Haryana is lowest in India and standing at 879 females per 1000 males and 834 females per 1000 males respectively (**Census of India, 2011**). A higher percentage of males than females have completed each level of education. This reflects that in India, in spite of positive policy initiatives gender gap in education still prevails. Major reasons for this are probably early marriage of women and domestic work load. Livelihood in India, as in most of the human societies, is observed to be primarily a male’s responsibility; this is another reason for

preference for a male child. If a male earns the livelihood, then he is the most respected person in the family as compared to women, who hardly have a say in any matter.

Objective of the Study:

To Study fertility interventions observed among the women of Todapur-Dasghara of reproductive age group governed mainly by gender preferences.

MATERIAL AND METHODS

The study is conducted on the Todapur village in Delhi. It is a Yadav village; the neighbouring Dasghara is a Jat basti. In the present study an approximate total of nine hundred (900) households were covered from at least two average-sized villages of different castes. Approximately 10 per cent over sampling was done to overcome the response error i.e. a total of 1000 households were covered in the study. The main focus of the interview was the ever married women in the reproductive age group of 15-55 years and their children. The primary source of information was the first hand information collected during fieldwork. The data was collected through interviews and observations. A two-month pilot study was conducted in the selected villages with a view to establish rapport and identify key informants. At least 25 ever-married women in reproductive age groups were interviewed and data about their children was collected in every selected village during this period for pre-testing and modifying the interview schedule. The pilot study was followed by intensive demographic fieldwork using exhaustive modified schedule. The schedule comprised relevant questions on reproductive history, vital events, family planning, ante-natal and postnatal care, child vaccination, disease profile, preference or the male child etc. Secondary data was also collected by consulting village records, census data, information handbooks of the State government, etc. to cross-check and substantiate the primary data. Standard calculations on the averages, percentages, mean were made for the demographic variables using SPSS software. Data analysis was followed by deduction of logical inferences, and computer entry.

RESULTS AND DISCUSSION

Majority of women (60%) attained menarche at 13-14 years (**Table 1**). The number of children according to the age of the mother is shown in **Table 2**. The interaction of maternal age and parity is of interest as younger mothers are at risk of pregnancy wastage and babies of older mothers are at risk of congenital malformations and also frequency of mortality increases considerably with higher order of birth (Yerushalmy, 1938). The number of children ever born increases steadily with age, reaching a high of over four children per

woman for 45-49 age groups. More than 5.3% of the women in the age group of 15-19 years have ever had a child reflecting the past pattern of relatively early marriage and teenage childbearing. The distribution of women aged 15-55 years by number of children ever born is important because these women have completed their childbearing. Thus, the distribution of ever born represents the completed parity distribution for this cohort of women. Results indicate that women who were born before 1960s have higher fertility than the younger women. Nil childlessness in the older age groups suggests the absence of infertility among women of Todapur-Dasghara. For all the women aged 15-55 years the average number of children who died is 0.24 per women. Overall infant and child mortality is relatively high in groups where fertility is high. Over 55 percent of the non-sterilized Todapur-Dasghara women said that they want another child (**Table 3 A and 3 B**). The remaining said they do not want any more children possibly indicating proportion of potential users of contraceptives. Generally, the desire to have another child drops, as the number of children increases, possibly because of the fulfilment of desired gender composition particularly number of sons (**Table 3 A&B**). The proportion who wants another child drops from cent percent for women with no children to less than half and fewer for women with two or more living children. Women having five or more living children do not want to have any more children. The pattern of fertility preferences by women age is similar to the pattern by number of children. Higher proportion of older women do not want any more children (**Table 3 B**) possibly because there is a decrease in desire to have more children with increasing maternal age and family size. By 29 years, more than half of the women do not want any more children. By age 35 years and above, almost 95 % women don't want any more children. As far as gender preference is concerned, about half of the women who want to have another child say that they want to have another child say that they want the next child to be a boy and very less percentage (12.2%) want a girl, which reflects the universal attitude for son preference (**Table-3 C**). For rest of the women, there is no gender preference. Present family size, gender preference, education, religion are some of the factors that influence the desired family size (Mahadevan, 1979; Bhasin, V., 1990; Asari et al, 1998; Chachra et al, 1998; Bhasin et al, 2002). Among Todapur-Dasghara women, present family size and son preference seems to be major reasons for the desired number of children. Also, among them as in case of other Indian communities, sons are expected to provide economic support for their parents. And desire for a male child seems to influence the overall demand for children and thus fertility level. In India, there is a strong preference for sons as they are expected to provide economic support for their parents. Such preferences affect both attitudes and behaviour with respect

to children. Majority of ever married women say that there should be at least one male child in the family irrespective of educational level of the women (**Table 3 D**) indicative of consistent preference for sons. 51.8% of the women prefer a male child. Although there is decline in this attitude among women who have completed high school and above. All these prevailing mindset further supplements the son preference attitude among Todapur-Dasghara women already mentioned and is accordance with the studies that revealed that in India sons are preferred by their parents for reasons such as religious, social and particularly, economic support (**Miller,1981;Das,1984**). The number of women not using any kind of contraceptive is 74.9% (**Table 4**), this could be either related to low literacy level in females or unawareness about the use of contraceptives. This could also be due to preference for the male child, so the women do not want to restrict their fertility. Only about 25.1% of women are using some or other kind of contraceptive to restrict their fertility.

Conclusion: Preference for a son is a well established fact. It is a result and effect of Hindu social fabric. According to Hindu belief, only if a son does the last rites of a person. The person gets *mukti* or heaven after death. As per the Indian culture, parents should be supported by their sons in their old age and not daughters. It is disrespectful and shameful to go and stay at the daughter's place. A woman is not supposed to be a bread earner of the family. The day a daughter is born, it's the father's responsibility to start preparing for her dowry. As per the latest Hindu law, a daughter can claim a share in her father's property. But if we look into deep reality, even a father doesn't like to give his daughter a share. The father would feel that giving away to his daughter is akin to losing his wealth. So our traditions and customs are responsible for this preference for a male child. When this study was compared to other studies, similar behaviour was observed (**Dabral and Malik, 2004**) reported preference for a male child among the Gujjars.(48.1%) of the women prefer a male child. **Dhwane et al, 2011, reported** that just below two-thirds (63%) of the respondents had expressed their contentment with either gender choice. Of the remaining the majority had expressed their desire for a male child (22.2%) followed by a female child (14.4%). 'Ensuring continuation of family name' was the most cited reason for preferring male as a first child while 'females are considered as the '*Laxmi*' of the house' was the most common reason for favouring female as first child. However, nearly all of the respondents (98.9%) profess that boys and girls should be given equal rights. At the minimum the study revealed that the people of Surat city are becoming sensitive towards the issue of male child reference or at least adopting a politically correct attitude in public settings. This study shows how the

behaviour of educated people of urban areas is changing as compared to fixed mindset of illiterate rural women of Todapur Dasghara. So, illiteracy is a curse and needs to be dealt with. Illiteracy is a root cause for various evils of the society.

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Table- 1 Showing distribution of ever-married women by age at menarche

Age at menarche	Frequency	
	Number	Percent
<11	0	0
11-12	145	16.11
13-14	540	60
15-16	212	23.55
17-18	3	0.33
Total	900	100.0

Table-2: Showing distribution of ever married women aged 15-55 years, by number of children ever born and living according to age

Age Group	No. of children							Total
	1 N (%)	2 N(%)	3 N(%)	4 N(%)	5 N(%)	6 N(%)	7 N(%)	
15-19	8(66.67)	0(0)	0(0)	4 (33.33)	0(0)	0(0)	0(0)	12
20-24	95(41.85)	102(44.93)	30(13.21)	0(0)	0(0)	0(0)	0(0)	227
25-29	45(9.80)	194(42.26)	159(34.64)	56(12.20)	5(1.08)	0(0)	0(0)	459
30-34	21(5.0)	176(41.90)	96(22.85)	72(17.14)	25(5.95)	30(7.14)	0(0)	420
35-39	10(2.26)	100(22.62)	123(27.82)	160(36.19)	10(2.26)	18(4.07)	21(4.75)	442
40-44	14(6.06)	32(13.85)	66(28.57)	68(29.43)	45(19.48)	6(2.59)	0(0)	231
45-49	0(0)	30(15.0)	66(33.0)	80(40.0)	5(2.50)	12(6.0)	7(3.5)	200
50-55	5(1.95)	24(9.37)	48(18.75)	88(34.37)	45(17.57)	18(7.03)	28(10.93)	256
Total	198	658	588	528	135	84	56	2,247

Table 3 (A) Showing the Percent distribution of currently married non-sterilized women, by their desire for children and number of living children

Desire for Children	Number of living children							Total
	0	1	2	3	4	5	6+	
Want to have another Child?								
Yes	100.0	99.3	49.1	20.0	31.6	-	-	50.0
No	-	0.7	50.9	80.0	68.4	100.0	100.0	50.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3(B) Percent distribution of currently married non-sterilized women aged 15-49 years, by their desire for children and age [who do not have a child (15-19 years) or have a child of either sex (19-49 years)]

Desire for Children	Age (in years)							Total %
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Want to have another Child?								
Yes	9(100.0)	133(85.3)	101(48.2)	59(35.0)	2(2)	0(0)	0(0)	42.63
No	0(0)	23(14.7)	109(51.8)	110(65.0)	147(98)	79(100)	60(100)	57.37

Table 3 (C) Showing the Percentage of currently married non-sterilized women, who want to have another child, by gender preference.

Preferred gender of additional child	Total	
	Number	Percent
Girls	110	12.2
Boys	466	51.8
Either	324	36.0
Total	900	100.0

Table 3 (D): Showing the Percent distribution of ever married women, by whether they think there should be at least one male child in the family, according to education of women

Education	Whether there should be at least one male child in the family	
	Yes (%)	No (%)
Illiterate	98	2
<Middle school completed	97	3
Middle school completed	93	7
High school completed and above	67	33
Total	88.75	11.25

Table 4: Showing the use of various contraceptives among the women of Todapur-Dasghara

Contraceptives	No.	Percent
Nothing	674	74.9
Condoms	12	1.3
Surgery	122	13.6
Copper T	67	7.4
Tablet	25	2.8
Total	900	100.0