

Original Research Article

Preference for male child as a factor for declining child sex ratio: A study from Haryana

Sanjeev Kumar Khichi¹, Sarita Dahiya², Nand Kishore Singh³, Abhishek Singh⁴, Arka Mondal⁵¹Assistant Professor, Department of Community Medicine, SHKM Government Medical College, Nalhar, Haryana²Clinical Psychologist & Research Scholar³Assistant Professor-cum-Statistician, Department of Community Medicine, SHKM Government Medical College, Nalhar, Haryana⁴Assistant Professor, Department of Community Medicine, SHKM Government Medical College, Nalhar, Haryana⁵Demonstrator, Department of Pharmacology, SHKM Government Medical College, Nalhar, Haryana

*Corresponding Author:

Dr. Sanjeev Kumar Khichi

Email: sanjeev.khichi@gmail.com

Abstract: A research study to ascertain the perception towards decline in child sex ratio (DCSR) was carried out in Rewari district of Haryana state. Data was collected by interviewing 120 ANC (Antenatal care) clients using semi-structured interview schedule. The major findings of study are: (1) ANC beneficiaries are well aware of DCSR (Declining child sex ratio), but emphasized the need for more of BCC (Behavior change communication) activities by the Health Department. The factors mainly responsible for DCSR are: son preference and dowry. Mushrooming of USG (Ultrasonography) clinics is also expressed as a major factor by large number of respondents. (2) The various reasons for son preference are; that he is a supporter and provider for the parents in their old age; keeps the family name alive and are needed to perform their last rites. Also, by investing on sons' education or business, the wealth remains in the family. (3) The major reasons for not preferring female child are dowry and perception of girls being paraya dhan. Other perceptions are that investing on girls is a waste with no returns and security reasons especially against sexual offences. (4) Majority of them perceived non-availability of brides as major repercussion of DCSR followed by increased crime against women and polyandry.

Keywords: Declining Child Sex Ratio, Perception, ANC and Son Preference

INTRODUCTION

Although CSR (Child sex ratio) showed an improvement in Haryana from 819 in 2001 to 830 in 2011 females per 1000 males, the state still figures at the bottom of the table as compared to other states [1]. Five districts in the state namely Rewari, Mahendragarh, Bhiwani, Jhajjar and Fatehabad present a declining trend in 1980s with advent of ultrasonography (USG) in obstetrics care, CSR deteriorated dramatically [2]. As technology does not act independent of social context, there were other factors which motivated families to use such technologies to prevent birth of girl child by resorting to female feticide (FF) by undergoing sex selective abortions (SSA).

The fact is that Indians across the board, traversing class and caste divides, are deliberately and illegally engaged in sex selection, and thus artificially altering the demographic landscape of the country [3] there is a wide consensus that a shortage of women has adverse implications not only for gender equality but

also for social violence, human development and democracy. For this decline to take place, amid repeated commitments at the highest official levels to gender justice and gender equity is extremely worrying. Unfortunately the CSR as an important indicator of gender equality and women empowerment has been totally forgotten in United Nation's Millennium Development Goals (MDG) [4].

Declining child sex ratio is multifactorial and is linked with various social, cultural, economic and religious factors [5,6] While reviewing the literature, it has been found that some studies have highlighted the prevalence of prenatal sex determination (SD) and SSA as one of the main causes of DCSR. It has been observed that the technology does not act in isolation; the socio-cultural and other contexts are equally responsible for the misuse of technology. So in order to control the CSR decline, community behavior and socio-cultural perceptions have to be thoroughly understood.

As Haryana state has lowest CSR and district Rewari is one of those five districts in the state presenting declining trend in CSR as per Census 2011, the present study was undertaken to explore the reasons for DCSR in Rewari district of Haryana State.

MATERIALS AND METHODS

The present study is descriptive and aims at gathering an in-depth understanding of reasons for DCSR. The data was collected through scheduled interviews of 120 ANC clients. Multistage sampling was done keeping a few things in mind, as:

- Haryana having lowest CSR amongst the states is selected for present study by purposive sampling.
- Rewari is randomly selected from amongst the five districts namely Rewari, Mahendergarh,

Bhiwani, Jhajjar and Fatehabad showing declining trend in CSR as per provisional data of census 2011.

- 120 ANC clients were selected by purposive sampling.

The collected data was computerized and analyzed by using appropriate statistical technique.

RESULTS

Factors Responsible for Declining Child Sex Ratio

As pointed out in the review of literature, there are numerous complex and inter-related reasons for DCSR. This is more of a social problem and needs intervention at the community level, like changing the perception of people about girl child.

Table-1: Reasons for Decline in Child Sex Ratio (n=120)

Reasons for DCSR	Response N (%)			Total
	Yes	No	Can't Say	
Son Preference	106(88.3)	11 (9.2)	3 (2.5)	120 (100)
Dowry	98 (81.7)	15(12.5)	7 (5.8)	120 (100)
Poor Implementation of Laws for Preventing Crime Against Women	68 (56.7)	31(25.8)	21(17.5)	120 (100)
Mushrooming of Ultrasound Clinics	82 (68.3)	22(18.4)	16(13.3)	120 (100)
Poor Female Literacy	62 (51.7)	42(35.0)	16(13.3)	120 (100)
Lack of Women Empowerment	64 (53.3)	35(29.2)	21(17.5)	120 (100)

As revealed by present study, the reasons for DCSR (Table 1) are: son preference (88.3%), dowry (81.7%), poor implementation of laws for prevention of crime against women (56.7%), mushrooming of USG clinics (68.3%), poor female literacy (51.7%) and lack of empowerment of women (53.3%).

Reasons for Male Child Preference

Preference for male child exists in society cutting across caste and economic background and couples adopt many ways to beget a son. This cannot be addressed by strict law alone; rather it needs change in the thinking of people, which can be brought out by community influencers.

Table 2: Reasons for Preferring Male Child (n=120)

Reasons for Male Child Preference	Response=N (%)		
	Yes	No	Can't Say
Support and Provider in Old Age	81 (67.5)	27 (22.5)	12 (10.0)
Carries Family Name	76 (63.3)	31 (25.9)	13 (10.8)
Performing Last Rites	87 (72.5)	25 (20.8)	8 (6.7)
Wealth Remains in Family	72 (60.0)	23 (19.2)	25 (20.8)

The reasons for son preference (Table 2) are: support and provider in old age (67.5%), carries on the family name (63.3%), performing last rites (72.5%) and wealth remains in the family (60%).

DISCUSSION

Awareness of ASHAs about DCSR

Majority (86.6%) are aware of DCSR and source of this information are; Mass Media (62.5%), Health Department (20.2%), Self-experience (67.3%) and any others like Pear Group (57.7%).

According to a report by National Institute of Public Co-operation and Child Development (NIPCCD) [7], awareness about the missing girls in the country is near universal among the health and ICDS functionaries. Most of the respondents comprising women of Delhi (92.0%) and Haryana (78.7%); men of Delhi (89.3%) and Haryana (100.0%); and mothers-in-law of Delhi (80.7%) and Haryana (99.3%) were aware of the phenomena of the declining CSR throughout the country.

The reasons for DCSR are: son preference

(88.3%), dowry (81.7%), poor implementation of laws for prevention of crime against women (56.7%), mushrooming of USG clinics (68.3%), poor female literacy (51.7%) and lack of empowerment of women (53.3%). Similar findings have also been observed in other studies reviewed [8].

As revealed by present study the reasons for son preference as perceived by ASHAs are: support and provider in old age (67.5%), carries on the family name (63.3%), performing last rites (72.5%) and wealth remains in the family (60%). Similar findings are there in a study by others [9-11].

CONCLUSION

The factors mainly responsible for DCSR are son preference and dowry. Mushrooming of USG clinics is also stated by large number of respondents as another major factor. The various reasons for son preference include that he is support and provider in old age; keeps the family name alive; perform the last rites; and by investing on sons in their education or business the wealth remains intact in their family.

ANC clients are well aware of DCSR, but the health department needs to intervene more through its BCC activities. As health department is the nodal agency for activities in relation to implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act and Medical Termination of Pregnancy (MTP) Act, these two acts are most important as far as prevention of SD&FF is concerned. It is again required to be controlled by the health department. The various reasons for son preference include that he is support and provider in old age; keeps the family name alive; perform the last rites; and by investing on sons in their education or business the wealth remains intact in their family.

ANC clients are well aware of DCSR, but the health department needs to intervene more through its BCC activities. As health department is the nodal agency for activities in relation to implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act and Medical Termination of Pregnancy (MTP) Act, these two acts are most important as far as prevention of SD&FF is concerned.

REFERENCES

1. George, S. M., & Dahiya, R. S. (1998). Female foeticide in rural Haryana. *Economic and Political Weekly*, 2191-2198.
2. American Association for the Advancement of Science. (2011). Vision and change in undergraduate biology education: a call to action. *Washington, DC*.
3. Kishore, J. (2005). *The Vanishing Girl Child*. New Delhi:: Century Publications.

4. Shrivastava, S. R., Shrivastava, P. S., & Shrivastava, S. S. P. (2012). Evaluation of trained Accredited Social Health Activist (ASHA) workers regarding their knowledge, attitude and practices about child health. *Rural Remote Health*, 12(4), 2099.
5. Garg, P. K., Bhardwaj, A., Singh, A., & Ahluwalia, S. K. (2013). An evaluation of ASHA worker's awareness and practice of their responsibilities in rural Haryana. *Natl J Commun Med*, 4(1), 76-80.
6. Kumar, A. A Socio-cultural Study of the Declining Sex Ratio in Delhi and Haryana. *New Delhi: National Institute of Public Cooperation and Child Development*, 5.
7. Esther, A., Goel, R., & Balda, S. (2005). Awareness of Rural Couples About Sex-Ratio. *J. Hum. Ecol*, 18(2), 167-168.
8. Tabasum, Z., & Ashai, Y. A Study of the Factors Contributing to Decline in Sex Ratio in Srinagar District.
9. Garg, S., & Nath, A. (2008). Female feticide in India: Issues and concerns. *Journal of Postgraduate Medicine*, 54(4), 276.
10. Srivastava, A., Das Gupta, P., & Rai, S. (2005). Attitude towards Girl Child and Declining Sex Ratio in Bhopal. *Bhopal, Centre for Women's Studies*, 42.
11. Siddiqui, A., & Hellen, G. (2015). Determinants of gender preference and its association with socio-cultural factors among married women. *Online international journal of medical and social sciences*, 1(2), 60-65.