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Preferences for the Sex of Children and its Implications for Reproductive Behaviour in Urban Himachal Pradesh

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Introduction

A preference for sons or for more sons than daughters has been documented in several countries in the world. Preference for male children is especially prevalent in South Asia, East Asia and North Africa, while in many European and Latin American countries; a balanced sex composition of children is more commonly preferred. [1-4] In India, in particular, son preference is very strong and pervasive and has been frequently cited as one of the major obstacles for reducing the national fertility level.[5-8] According to this argument, if couples continue to bear children in order to have a minimum number of desired sons, they would exceed the two-child family norm advocated by the national family planning programme.

Earlier studies conducted in India, however, have not found any consistent evidence linking son preference with fertility behaviour. The First All-India Family Planning Survey[9] found that the parity progression ratios of couples were not much influenced by the sex of their living children. However, they did find that the desire for additional children was highest among couples who had only female children. In another study, Repetto[10] analysed data from Jordan, Bangladesh, and India and observed that fertility decisions were not influenced by a desire for sons. He argued that couples base their fertility decisions on the economic benefits and costs of children and not on their sex. Repetto suggested that couples who already have sons may desire more children because of the, perceived financial benefits associates with having sons, while couples with more daughters may restrict their childbearing because of the perceived economic burden associated with having several daughters. An alternative hypothesis proposed by McClelland[11] to explain the positive association between the number of boys and fertility is that despite a strong preference for male children, couples with many female children may not risk having an additional child because of the fear that the child may be another girl. Thus, if couples take this risk factor into consideration when making their fertility

decisions, couples who have many daughters would be more likely to restrict future childbearing than couples who have many sons.

It is important to note, however, that sex preference for children may not influence fertility and family planning acceptance under all conditions. According to Williamson[2] several conditions need to be fulfilled before stated preferences can influence fertility. First, parents must desire a small or moderate number of children since large families are likely to include children of both sexes. Second, couples who have had the desired number of children must control their fertility. And lastly, parents must have some assurance that their children will survive till adulthood. Apparently, these conditions were not present in the early 1970s in India, and therefore, earlier studies show only small effects of son preference on fertility. On the other hand, some investigators[12], [13] have argued that sex preferences for children have at best a marginal impact on fertility mainly because of random biological processes which ensure that most couples would achieve their goal of a minimum number of sons and daughters early in their fertility career by sheer biological chance. Therefore, at any given time there would be only a small proportion of couples who would be motivated to have more children than they would have had if they had not had any sex preferences. However, several studies conducted in India since the 1980s have consistently documented the fertility-enhancing effect of son preference.[14-18] For example, Das[18] analysed the parity progression ratios of women in south Gujarat and found that the number and sex composition of surviving children were statistically significant predictors of the parity progression ratio both in rural and urban areas even after controlling for women's age and education, household income and interval since the last birth.

It is important to recognise, however, that considerable regional variations are observed in the degree of son preference within the country. The northern states of India have been found to exhibit a stronger a preference for male children as compared to the southern states.[19-22] The regional differences in sex preferences for children have been linked to the cultural differences between north and south India in terms of marriage practices, kinship structure, property inheritance rights and status of women.[20-22]

The present paper attempts to address several important research questions by utilising data from a recent study conducted in the capital city of Shimla in the state of Himachal Pradesh. Specifically, the objective was to examine the impact of sex preferences for children on fertility intentions and contraceptive acceptance among currently married women in urban Himachal Pradesh.

The Setting, Data and Methodology

Himachal Pradesh, a hill state in north India, is one of the least populous states of India. It accounts for only 0.62 per cent of the country's population and 1.82 per cent of its land area. Shimla is the capital city of the state. Himachal Pradesh has a predominantly agricultural economy, with 40 per cent of the state domestic product, and 69 per cent of the main workers being engaged by the agricultural Sector.[23] The average per capita income is a little lower than the national average.[24] The state's decadal population growth rate during 1981-91 was much lower (20.8 per cent) than the national average (23.9 per cent).[23] Its crude birth rate declined during the 1971-1981 decade from 37.3 to 31.5 per 1000, and further to 24.9 in 1991. The contraceptive prevalence rate is considerably higher than the national average, having doubled during the last decade from 25.6 per cent in 1981 to 54.1 per cent in 1991.[25]

With regard to the status of women, gender inequalities with respect to access to education, employment and health care are fairly marked, though not as pronounced as in the neighbouring states of Punjab and Haryana. The female literacy rate has been steadily increasing over the last two decades, though, it still remains markedly lower (at 52.1 per cent in 1991) than the male literacy rate (75.4 per cent). It is, however, noteworthy that female literacy in the state is higher than the national average of 39.3 per cent.[23] Girls in the state get married at a relatively later age: in 1981, the mean age at marriage of girls was 19.1, higher than the national average of 18.3 years. The sex ratio of Himachal Pradesh is also much higher (976 females per 1000 males) than the national average of only 927. However sex differentials in child mortality are particularly striking and girls in the state experience approximately 40 per cent higher mortality than boys.[25]

Data for this study were drawn from a larger study conducted in the capital city of Shimla during 1996-97. The sample comprised of 425 currently married women, 30-49 years of age. The study utilised a questionnaire, which elicited information on a number of socioeconomic characteristics of the household, family size desires and use of contraception. Cross tabulation of data pertaining to the desire for an additional child or children and use of contraception in relation to the number of living sons and living children was done to examine whether the sex composition of surviving children influences future fertility intentions and contraceptive behaviour.

Findings

Sex preference and desire for additional children

The impact of sex preference of children on fertility has usually been investigated by examining the sex composition of the living children of couples who do not want additional children. If son preference is important and affects desire for additional children, then within any given parity, coupled with one or more sons would be more likely not to want more children as compared to those who have no sons. Conversely, if the desire for a balanced sex composition is to affect fertility, then within a given parity, couples who have had either all sons or all daughters would be more likely to want more children as compared to those who have children of both sexes.

In the present investigation all the women were asked whether they would like to have another child or would prefer not to have any more children. All couples who had accepted sterilisation were assumed not to desire additional children. Table 1 presents a distribution of the currently married women who indicated their desire for not wanting more children according to the sex composition of their living children.

Table 1: Per cent women not wanting more children, and wanting more children by their number and sex

Number of living children	Number of living sons	Do not want more children	Want more children		Number of women
			Sons	Daughters	
One	0	--	10.0	--	3
	1	40.0	40.0	20.0	5
Sub-Total	25.0	62.5	12.5	8	
Two	0	--	100.0	--	14
	1	86.5	10.4	3.1	96
	2	100.0	--	--	52
Sub-Total	83.3	16.7	1.9	162	
Three	0	7.70	92.3	--	13
	1	86.4	13.6	--	66
	2	100.0	--	--	55
	3	100.0	--	--	15
Sub-Total	85.2	14.8	--	149	
Four	0	33.3	66.6	--	6
	1	100.0	--	--	44
	2	100.0	--	--	36
	3	100.0	--	--	19
	4	100.0	--	--	1

Sub-Total		96.2	3.8	--	106
All		86.1	12.5	0.9	425

The most consistent pattern evident from Table 1 is a clear and strong preference for sons. In general, within any parity, the percentage of women not desiring additional children increased with the number of living sons. Since India's family planning programme actively advocates a two-child family norm, an examination of gender preferences for children among couples who currently have exactly two children is particularly important. For example, at parity two there was not a single woman with two daughters who desired to terminate childbearing while an overwhelming majority (86.5 per cent) of women with one son and all women with two sons did not want an additional child.

Similarly, among women with exactly three children only about eight per cent with no sons wanted no more children while more than four-fifths of women with one son and all women with two and three sons wanted no more children. At parity four and above, there was a universal desire to terminate childbearing except for women who had no living sons.

In order to determine if the women wished to achieve some balance in the sex composition of their desired children, women who wanted more children were asked the number and sex of the additional children they desired. Interestingly, there was no evidence to show that women who had sons only consider it important to have a balanced sex composition of children or at least one daughter. For example, at parity two and above, not a single woman with all sons expressed the desire for a daughter, and even at parity one, only one-fifth of the women who had no daughters wanted a girl (Table 1, columns 2 and 3). In sharp contrast, the percentage of women who did not have any sons but wanted them was very substantial, even at parity four and above. Moreover, the average number of additional sons desired over the average number of additional daughters desired was greater when the women had daughters only as compared to the average number of additional daughters over sons desired by those who had only sons as can be seen from Table 2.

Table 2: Mean number of additional sons and daughters desired by sex composition of living children

	Women having	
	All sons	**All daughters**
Sons wanted	0.03	0.92
Daughters wanted	0.01	--
(N)	72	36

These findings indicate that the "risk factor" postulated by McClelland[11] does not play an important role in this population.

Sex preference and contraceptive acceptance

Preference for sons is also evident from the contraceptive use pattern of the couples. Table 3 presents the proportion of women currently practicing contraception by type of method used, and the number and sex composition of living children.

Table 3: Per cent couples practicing contraception by type of method and number and sex composition of children

Number of living children	Number of living sons	Family planning method practiced			Number of women
		Permanent	Temporary	Total	
One	0	--	33.0	33.0	3
	1	20.0	40.0	60.0	5
Sub-Total		12.5	37.5	50.0	8
Two	0	--	20.0	20.0	14
	1	21.1	51.6	72.7	96
	2	36.5	59.6	96.1	52
Sub-Total		24.1	57.4	81.5	162
Three	0	--	23.1	23.1	13
	1	15.1	78.8	93.9	66
	2	29.1	58.2	87.3	55
	3	80.0	13.3	93.3	15
Sub-Total		25.5	59.7	85.2	149
Four	0	--	33.3	33.3	6
	1	45.5	43.2	88.7	44
	2	47.3	41.7	89.0	36
	3	63.2	31.6	94.8	19
	4	100.0	--	100.0	1
Sub-Total		47.2	39.6	86.8	106
All		30.1	61.7	91.8	425

The table indicates that at each parity, contraceptive acceptance was higher among women who had one or more living sons. For instance, at parity two, contraceptive use increased from 20 per cent for women who had no sons to 73 per cent for women with one son, to 96 per cent for women with two surviving sons. Similarly, among women with three living children, only 23 per cent of women who had no living sons were practicing some method of contraception while four times as many women who had three sons had accepted contraception.

This pattern was even more marked when the type of contraceptive used was considered. Since sterilisation is an irreversible method, a couple's decision to accept it precludes the birth of additional children. Therefore, the family size and sex composition which exists when the couple decides to accept sterilisation provides an indication that they have achieved both the desired family size and desired sex composition of children. Table 3 shows that at any parity, all women who had no living sons, and who were currently using some method of family planning, were using a spacing method, and none had accepted sterilisation. Acceptance of sterilisation was found to increase monotonically as the number of living sons in the family increased. For instance, at parity three, sterilisation acceptance increased from 15 per cent for women who had no living sons to 29 per cent among women who had two sons, and to as much as 80 per cent among women who had three sons.

Overall, the data indicated that women desire not one but at least two living sons, because at all parities women who had two or more surviving sons were the most likely to accept contraception, especially sterilisation. Contraceptive use data again indicated little desire among urban Himachal Pradesh women to have a balanced sex composition of children, as women who had all sons were more likely to accept sterilisation as compared to those with one daughter. It appears then that fertility behaviour, even in urban areas of Himachal Pradesh, is largely determined by the number of surviving sons and there is little desire to have a girl, even after several boys.

To understand why preference for male children is so strong in Himachal Pradesh it is important to recognise the cultural and economic factors, which operate in the northern states of the country. Dyson and Moore[20] argued that states in the north of India are characterised by exogamous marriages, patrilocal post-marital residence, and kinship practices which emphasise ties with male blood relatives. The practice of marrying into an extended household of strangers isolates women from their natal kin physically as well as psychologically. The flow of resources in the north is typically from the parental home of the woman to her husband's home and this, along with the practice of dowry, makes girls economic liabilities. Women in the north have little control over economic resources and this is further accentuated by their low levels of participation in economic activity. Without an economic base, the young north Indian bride gains domestic power mainly from her ability to produce children, and in particular, sons. Moreover, Cain and his associates[26, 27] have argued that in areas where women are economically dependent on their male family members, women will be motivated to want a greater number of children, especially sons who are valued as an insurance against the risk of divorce, widowhood and old age.

In sum, the results clearly indicate that preference for male children exerts a substantial impact on the fertility desires and family planning behaviour of women in urban Himachal Pradesh. Fertility behaviour appears to be influenced by a strong desire to acquire a minimum number of at least two surviving sons. In the light of these findings, it appears that despite the declining fertility level in Himachal Pradesh, further reductions in fertility may become increasingly more difficult to achieve unless there is a concomitant decline in the preference for male children. Since son preference is linked to women's status in society, there is an urgent need to bring about widespread structural changes to enhance the status of women in the state. It is therefore imperative that the Indian Government instead of propagating the two-child family norm across the board emphasises programmes and policies that actively improve the status of women and change attitudes towards female children.

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