International Journal of Multidisciplinary Research and Development

IJMRD 2014; 1(2): 174-177
www.allsubjectjournal.com
Received: 15-05-2014
Accepted: 28-06-2014
e-ISSN: 2349-4182
p-ISSN: 2349-5979

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Son preference and child care in India: Glimpses from NFHS 3 (2005-2006)

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Abstract
The preference for sons in much of the developing world has led to many unintended consequences, like high female infant mortality rate, and differential treatments in health care and education for children. The preference for sons leads to abortion of girl and an additional child if the first baby is a girl. In normal conditions, i.e. in the absence of gender discrimination, female child mortality is lower than their male counterpart mainly because the female child is biologically stronger than the male child. Son preference and discrimination against girl children are widespread in the Middle East and North Africa and in South and East Asia. In Asia, this has been documented in China, Korea, Vietnam, Nepal, and Bangladesh, as well as India. In this article, we will see to what extent does son preference have an effect on the medical care of the child and will also examine whether other factors also have an effect on child care other than son preference.

Keywords: Son preference, child care

1. Introduction
The preference for sons in much of the developing world has led to many unintended consequences, like high female infant mortality rate, and differential treatments in health care and education for children. The preference for sons leads to abortion of girl and an additional child if the first baby is a girl. In normal conditions, i.e. in the absence of gender discrimination, female child mortality is lower than their male counterpart mainly because the female child is biologically stronger than the male child. But over the course of time from infancy to childhood, the female child is discriminated in terms of nutritious food, proper health care, etc. and that results in a higher female mortality during childhood. (Abhishek Singh 2012)

Son preference and discrimination against girl children are widespread in the Middle East and North Africa and in South and East Asia. In Asia, this has been documented in China, Korea, Vietnam, Nepal, and Bangladesh, as well as India. (Rohini P. Pande 2007) [4] In countries with a strong sex preference for sons, accompanied with the low status of women, can lead to various forms of discrimination against the female child. Young boys are often given preferential treatment in medical care, food allocation, and educational opportunities (Son Preference and Gender Bias in Demographic Behaviour 2008) [5].

Child mortality indicators over the last three decades reveal that although levels of child mortality have declined, sex differentials in mortality particularly during the early childhood have actually widened in many countries of South-central Asia which includes countries like China and India, excess female mortality in childhood is estimated at about 250,000 preventable deaths among girls under age 5.In India, the estimates of child mortality obtained from the abridged life tables of the sample registration system (SRS) reveal a declining trend since 1993. (Abhishek Singh 2012)

In the presence of strong son preference, there may be a considerable difference in the medical treatment of sons and daughters, both preventive and curative. An important indicator of preventive care is the coverage of vaccination against six preventable childhood diseases.

2. Objective
1. To see to what extent does son preference have an effect on the medical care of the child.
2. To examine whether other factors also have an effect on child care other than son preference.

3. Database
The data used is from the NFHS 3 (2005-06) and the method used cross-tabulation and logistic regression.

4. Methodology
In this study child in the age-group, 12-13 months is taken into account. Here the dependent

variable is vaccination and medical treatment whereas the independent variable is son-preference. Vaccination includes children who have ever received (DPT, Polio, Measles, and BCG).Medical treatment includes drugs for intestinal parasites and baby postnatal check within two months. Other variables taken are highest education level, type of place of residence, religion, wealth index and age of the mother. Therefore to see the relation between son preference and medical care amongst various categories cross-tabulation has been done along with the logistic regression of the two dependent variables.

5. Son Preference in India

The latest Census of India of 2011 revealed that the child sex ratio (0-6 years old) is at its lowest since 1947 when India gained her independence. India's skewed sex ratio and son preference have persisted since 1901 and have not eroded despite the tremendous economic strides India has made through liberalization and globalization. One of the most alarming trends in India is that son preference, which can be a normal attribute for couples who have only girls, is accompanied by the neglect and death of millions of females through lack of medical care, improper nutrition, infanticide, and sex-selective abortions. This is occurring even among the educated, affluent groups in India. Millions of women in India and China are missing because of widespread neglect in nutrition, health care, and prenatal care. India and China are the only countries in the world in which female infant mortality rates are higher than that of males. (Mitra 2012) [3]

In India, son preference is very strong and pervasive. It is mostly observed that couples having more surviving sons are more likely not to desire additional children. When couples have had one or more sons, they are more likely to accept contraception. Son preference has also been reported to be an important reason for the use of prenatal sex identification tests and sex-specific abortions. In India, the adult sons are expected to provide economic support for their parents. In contrast, daughters may represent a substantial economic burden in places where their parents provide a dowry. The more valuable sons are to their parents in relation to daughters, presumably the greater the parents' desire for a high ratio of sons to daughters. One simple measure of the degree of son preference is a woman's expressed desire for the ideal number of sons and daughters, converted into the ideal proportion of sons. (Clark 2000) [2]

One round of the DHS, known as the National Fertility and Health Survey (NFHS), was performed at a regional level in India in 1992-93 in which the data for the two groups of regions were looked at together. In Haryana, Punjab and Rajasthan (Western India), sex discrimination against girls is deep-rooted, while no particular preference emerged in Karnataka, Kerala and Tamil Nadu (Southern India).

The table below will help us to know whether son preference is having an effect on child care in India. Sometimes other socio-economic variables also have an effect on the child care other than son-preference to see what extent is the truth the following cross-tabulations will show it. The three variable like Polio, DPT, Measles has been clubbed together to represent vaccination and Medical treatment has been represented by clubbing drugs for intestinal parasites and post-natal checkup of baby within 3 days of birth whereas Breastfeeding is an independent variable

5.1 Child Vaccination

In the presence of strong son preference, there may be a considerable difference in the treatment of sons and daughters. An important indicator of preventive care is the coverage of vaccination against six preventable diseases. But this study is restricted to only three vaccination -DPT, Polio, and Measeals.

In India, 40 percent of the children are fully vaccinated as per the findings of NFHS-2.Tamil Nadu has the highest proportion of children who are fully vaccinated.(88%) while Greater Bihar has lowest at 11%.

The son preference also differs among different groups. Therefore to see the relation of the role of son preference on child vaccination amongst various categories can be explained.

Table 1: Percentage of Children Who Have Received vaccination (Polio, DPT, Measeals)

Variables	Categories	Sex of child	
		Male	Female
1. Educational level of the mother	No education	52.90%	43.80%
	Primary	53.80%	46.10%
	Secondary	53.90%	46.20%
	Higher	56.20%	47.10%
2. Type of place of residence	Urban	52.90%	47.10%
	Rural	53.60%	46.40%
3. Religion	Hindu	53.70%	46.30%
	Muslim	51.40%	48.60%
	Others	57.10%	42.90%
4. Wealth Index	Poor	52.80%	45.70%
	Middle	53.90%	46.10%
	Rich	54.30%	47.20%
5. Age of mother	15-24	51.60%	48.40%
	25-35	54.30%	45.70%
	35-49	56.50%	43.50%

From the above table, we can see that in all the cases the male child is given more care than the female child.

In the case of educational level of the mother, as the educational level increases the immunization for both male and female child increases but this is not the same in the case of a female child. The percentage of child care is similar when the mother's education is primary as well as when the mother's education is high.

In the case of rural-urban, we can see a different picture. The case of immunization in both male and female is both high in urban areas.

In the case of religion, though son preference exists in all religious category but the others category has the lowest percentage of child immunization in the case of females and highest in the case of males.

In the case of wealth index, the rich category has their babies most immunized in comparison to the poor and the middle class. The same case applies to female.

In the case of present age of mother, we can see a different picture. As the age of mother at childbirth increases the percentage of vaccination increases for the males, but it is decreasing in the case of females.

Therefore in vaccination, we can see that in all the categories, the female baby is immunized less than the males. This shows the role of son preference in health care in India

5.2 Immidiate Medical Treatment

Apart from vaccination, there are many other medical treatments for the baby, but the study here includes only drugs for intestinal parasites and postnatal checkup of the baby within 3 days of birth.

Table 2: Children who have received immediate medical treatment (Drugs for intestinal parasites, postnatal checkup of baby within 3 days of birth)

Children receiving medical treatment	Categories	Male	Female
1. Highest educational level	No education	52.50%	47.60%
	Primary	52.40%	47.00%
	Secondary	52.50%	46.10%
	Higher	53.90%	47.50%
2. Type of place of residence	Urban	53.10%	46.90%
	Rural	52.30%	47.70%
3. Religion	Hindu	52.50%	47.50%
	Muslim	52.50%	47.50%
	Others	54.30%	45.70%
4. Wealth Index	Poor	51.90%	48.10%
	Middle	52.40%	47.60%
	Rich	53.50%	46.50%
5. Age of mother	15-24	51.60%	47.10%
	25-34	52.90%	44.70%
	35-49	55.30%	48.40%

Like the table 1, in this table which represents medical treatment, we can infer that in all the cases the male child is given more immediate medical care than the female child. Although the difference is not much but son preference still exists.

In the case of educational level of the mother, as the educational level increases the immediate child treatment is increasing for the male though the increase is not much. In the case of females, it is decreasing.

In the case of religion, though son preference exists in all religious category but the others category has the lowest percentage of child care in case of females and highest in the case of males. The Hindus and Muslims have the highest percentage care in females.

In the case of wealth index, the poor and the middle class has the highest percent of immediate care than the rich in case of rich whereas it is opposite in the case of males.

In the case of age of mother at the child, birth increases both the male and the female baby is given immediate care.

(A) Relation between Son Preference and Immunization

To see the relation between the two variables a logistic regression has been done. Other variables are taken which are controlled.

Logistic Regression

Variable	Categories	Sig.	Exp(B)
1. Mother's Education	No Education	.000	
	Primary	.000	1.328
	Secondary	.000	2.039
	Higher	.000	4.905
2. Place of residence	Rural	.106	.938
3. Age of mother	(15-24)	.000	
	25-29	.096	.946
	35-49	.000	.712
4. Wealth Index	poor	.000	
	Middle	.000	1.630
	Rich	.000	2.647
5. Religion	Hindu	.000	
	Muslim	.000	.731
	Others	.000	.440
6. Sex of Child	females	.005	.917

From the odds ratio of the logistic regression, we can see that the males are more vaccinated in comparison to the females in India. The result is also very much. Apart from this other variables also affect the treatment of the child and are showing significant results.

(B) Relation between Son-Preference and Medical Treatment

Logistic Regression

Variable	Categories	Sig.	Exp(B)
1. Mother's Education	No Education	0.00	
	Primary	0.00	0.827
	Secondary	0.00	0.808
	Higher	0.561	0.972
2. Place of residence	Rural	0.00	1.153
3. Age of mother	25-29	0.069	0.957
	35-49	0.001	1.146
4. Wealth Index	Poor	0.00	
	Middle	0.00	0.791
	Rich	0.012	0.920
	Hindu	0.00	
5. Religion	Muslim	0.00	0.804
	Others	0.00	0.444
6. Sex of Child	females	0.00	0.899
	Constant	0.00	0.438

From the above regression above, the odds ratio of 0.899 shows that the female is given immediate medical care properly than the males. The result is significant. There are other variables which are affecting the treatment of the child, and the significance is also very much high.

6. Conclusion

According to the Census of India (2011), 7 million fewer girls were born among children 0-6 years of age. Prenatal sex determination coupled with sex-selective abortions largely account for this skewed sex ratio in India. The sex ratio is particularly low among couples whose firstborn is a daughter compared to couples who have a boy as their first born.

Son preference and neglect of girls are occurring even among the educated and affluent classes in India and are not correlated with economic development, affluence, or literacy levels. The low status of women and patriarchal values are intensifying this trend in India. Most of the previous studies have tried to examine the association between women's autonomy and the experience of infant and child mortality. The issue that has largely been examined in previous studies is whether there is any improvement in infant and child survival with an improvement in the autonomy of women. But whether there is any improvement in the survival chances of female children with improvement in the autonomy of women is largely unexplored. (Abhishek Singh 2007) [1].

Son preference has serious negative effects on women's health, fertility choices, and future well-being of girls. Policymakers need to take into consideration the complex interplay of economics, religion, traditions, customs, and the inferior status of women among the highly diverse states in India in order to address this grave issue. (Mitra 2012) [3]

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