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Association between Child Preference and Fertility among Muslim Minorities: A Demographic Analysis of Malda District of West Bengal

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ABSTRACT

Fertility is one of the important components of population change and it is a very vital issue of study in developing country like India. The important determinants of fertility are age at marriage, level of education of females, status of women empowerment etc. Beside these factors, child preference plays very vital role in increasing fertility rate. This study has been done based on primary data relating to the child preference and associated fertility behavior. The primary data have been collected by adopting multistage random sampling. The sex ratio has been computed to find out the child preference and chi square test and Pearson's correlation have been used to find out the results. The study reveals that there is a dominant child preference which affects fertility behavior among Muslim women and wanting a son is one of the important causes of large size family in the study area.

1. Introduction

In India, there are so many evidences that girls are less wanted by parents than boys suggests an underlying gender bias and India's unbalanced sex ratios. In the developing countries, especially in rural areas of India and among couples of lower socioeconomic status, son preference is dominant among parents. Many studies suggested that strong son preference compared to daughters in many societies increases childbearing (Choudhury & Bairagi, 1990). It has been clear from the studies of many demographers that son preference in Asian countries is one of the major hindrances in fertility control (Park and Cho, 1995 and Amold, 1985, Rukanuddin, 1982, De Tray, 1984). Son preferences in many developing countries of the world are responsible for the high fertility rates (Repetto, 1972; Larsen et al. 1998). More son preference is observed in case of women who are dependent on their husband for socio-economic securities (Cain, 1984). Sometimes, son preference may be hazardous for those who have already third and fourth children in developing countries (Poston, 2002, Pong, S. L. 1994). Strong son preference in Indian societies is the main obstacle to fertility decline for the couples who are not satisfied with the sex composition of their children (Mutharayappa et al., 1997, Das, 1987). Son preference can be observed in Indian small families with a higher proportion of sons than larger families (Clark, 2000). Women without son in many Asian countries are more likely to want to continue childbearing (Arnold, 1997). Although the son preference is more in the rural societies, more than 90 per cent of women desire to have at least one daughter (Bairagi and Langsten, 1986). A study conducted by Nag (1991) revealed that in Pakistan 71 per cent women preferred a boy and in Bangladesh 60 per cent women wanted their next child boy baby. As per the report of the National Family Health Survey-4 (2015-16), TFR of Malda district is 2.3 which is more than West Bengal (2.2) and India (2.2) and the percentage of women (20-24 age group) married before age 18 years is 54.80 which is much higher than India (26.8) and West Bengal (40.70). The literacy rate of women belongs to 15-49 age group is also low in Malda compared to West Bengal and Malda (Chouhan, 2018). In India lack of women security, less women empowerment, male dominated society, dependence on sons for old age security, prevalence of dowries etc. compelling parents to favor sons over daughters. The important objective of the study is to highlight the impact of child preference on fertility behavior of Muslim minorities.

2. Material and Methods

This study has been done based on primary data which has been collected by interviewing 414 ever married women, including two sterile of reproductive age group (15-49) adopting multistage random sampling. To find out the proportionate of male and female child, the sex ratio has been calculated. This study has been focused to analyze the association between child preference and fertility and to find out the result chi square test and Pearson's correlation have been computed.

3. Result and Discussion

3.1 Socio-Demographic Characteristics of the Respondents:

Table 1 represents socio demographic characteristic of Muslim married females of reproductive age group(15-49).It is observed that nearly 47% respondents belong to 25-35 age group and only 11% are about 35 years and above. Age at married is an important determinant of fertility behavior and it is the issue of serious concern that, nearly 24% of respondents married before 15 years and 49% married between 15-19 year. Child married is an important social problem affecting the high fertility in the study area. Nearly 98% respondents are currently married and remaining are widowed and separated. In a number of studies, it has been established that the educational level of female is the prime determinant of fertility behavior and the study revealed that 11% respondent are illiterate and 27.5 % had primary level of education and they are not much more aware of family planning. Working status of women and their empowerment are directly associated with the fertility behavior. The study highlights that 86% respondent are housewives and they are dependent on their husband. The economic conditions

of the majority of respondents are very poor. 34% respondent reported that their family income is less than Rs. 5000. So early age at marriage, illiteracy and low educational attainment, poor economic conditions etc. are the important determinants of fertility behavior in the study area.

Table 1
Socio-Demographic Characteristics of the Respondents

Variable	Frequency(n=414)	Percentage (%)
Age(years)		
≤24	172	41.5
25-35	196	47.3
>35	46	11.1
Mean age±SD(years)	26.1± 6.8	
Median age(years)	26.0	
Age at marriage(years)		
<15	98	23.7
15-18	202	48.8
≥18	114	27.5
Mean age±SD(years)	16.9± 3.8	
Median age(years)	16.0	
Marital status		
Married	404	97.6
Widowed	6	1.4
Separated	4	1.0
Educational Level		
Illiterate	46	11.1
Primary	114	27.5
Secondary	184	44.4
H.S and Above	70	16.9
Type of occupation		
Housewife	356	86.0
Waged job	24	5.8
Grocery/Small Business	22	5.3
Others	12	2.9
Monthly family income (Rs.)		
<5000	142	34.3
5000-9000	216	52.2
10000-14000	32	7.7
≥15000	24	5.8

Source: Calculated based on Field Work

3.2 Child preference by number of living children and son:

Table 2 represents the percentage of respondents wanting at least one male or female baby and the findings revealed the majority of respondents who have no male child, they want male baby. In case of one girl child category, 84.62 % respondents with one girl child reported that they want male baby while in the case of respondents having two girl child in two children's category, it has been observed that nearly 91 percent wants male baby. Again son preference in the study area can be observed in case of the respondents having three daughters in three child category by observing that 100 per cent such types of respondents want at least one male baby. There is the probability of increased fertility if they do not get their desire child, i.e. male child. Highest (63.63%) female baby preference is observed among the respondents having one male child in one child category.

Table 2
Child Preference by number of children and son

No of living children and son		N (respondent)	Percent wanting at least one	
			Male baby	Female baby
One child	No son	52	84.62	15.38
	One Son	44	36.36	63.63
Two Children	No son	44	90.9	9.1
	One Son	100	56.00	44
	Two son	28	57.14	42.86
Three or more child	No son	20	**100**	0
	One son	40	80	20
	Two sons	76	68.42	31.58
	Three or more sons	8	50	50

Source: Calculated based on Field Work

3.3 Contraceptive use by the number of living children and son:

Table-3 represents an association between the number / sex of children and type of contraceptive use and it is observed that the types of contraceptive use (permanent and temporary) have been affected by the number of children in Malda district. The percentages of contraceptive users are less among the women with one or two children. The methods of birth control may be temporary or permanent, depending on the number and sex of the children. It is observed that the females currently using the temporary methods are more in the groups of having one or two children. More than 88% respondents who have two sons had used permanent methods of birth control and they don't want any more child. The respondents who have no son they are using temporary methods of family planning like condoms, pills, etc. So, it may be concluded that the number of children and the child preference affect the nature and types of contraceptive use among the respondents of the Malda district.

Table 3
Percentage of women using contraceptives by the number of living children and son(s)

No of living children and son		Permanent Methods	Temporary Methods	All Users	
One child	No son	16.02	50.65	66.67	χ^2=0.900191 ^{ns}
	One Son	13.71	64.07	77.78	
Two Children	No son	28.57	42.86	71.43	
	One Son	13.33	46.67	60.00	χ^2=78.7662**
	Two sons	88.7	11.3	100	
Three or more children	No son	80.27	19.73	100	
	One son	33.33	33.33	66.67	$\chi^{2=}$32.12535**
	Two sons	69.06	8.37	71.43	

Source: Calculated based on Field Work
Significance test *(x2)* refers to users and non-users: ***p is significance in 0.01level;*
ns = not significant.

3.4 Effect of sex ratio at birth on birth order and family size:

The distribution of sex-ratio by birth order and family size affect son preference in the study area. The study reveals that the sex ratio in birth order 1 of family size 1 is 714/1000. So, due to a shortage of female child there is a probability to have more male or female child. In families with children size two, among first order births the sex ratio is 1529/1000 which has a direct impact on second order birth where again females are more compared to males (1150F/1000M). In these circumstances due to the desire to have male baby the females became fertile, resulting high TFR in the study area. In the 4 family size, up to third order birth, the sex ratio is more than 1000 indicating less male baby than females. In such cases, to desire more male child sex ratio increases. Lack of male baby in previous birth orders is the prime determinant of large families in case of the 5 family size. So, the desire to have more male child is an important cause of large family size in the study area.

Table 4
Sex ratio at birth by birth order and family size

Family size	Number	Sex Ratio (Females/1000 Males) by birth order				
		1	2	3	4	5
1	96	714				
2	172	1529	1150			
3	92	1556	1190	916		
4	28	1800	2500	1333	1000	
5	24	***	***	2000	3000	500

*** Only female child, *Source: Calculated based on Field Work*

Table **5** depicts the preference of son and its effect on total fertility. It is observed that the total mean live births decreased with the increase in the number of sons in first two live births. The highest mean live birth (3.0) can be observed in case of females having not a single son in their first two live births. Mean live birth decreases to 2.7 in case of the females with one son in the first two live births. The mean live birth again decreases to 2.6 with two male children in first three live births.

The Pearson correlation statistic is applied to see the extent of this relationship. This observation is supported by Pearson correlation statistics showing a negative correlation with the number of sons in first two live births with fertility. The analysis clearly suggests that the fertility of females is negatively related to the increased number of male children in first three live births.

Table 5
Preference of Son and Its Association with Fertility

Number of male children in first three live births	Mean live birth	
0	3	
1	2.7	
2	2.6	
	Pearson correlation	P value
Number of sons in first two Live Births	-0.961	0.179

, *Source: Calculated based on Field Work*

4. Conclusions

Being a backward district of West Bengal, the GFR and TFR both are high in Malda. Poor economic conditions, low level of female literacy rate, early age at marriage and lack of awareness of family planning the fertility rate is high in Malda. Besides these factors, son preference is a very important determinant affecting fertility behavior in the study area. Child preference not only affected the family size, it also affected the type of contraceptive use. The women who had preferred child, used permanent methods of family planning. This study clearly indicates that son preference is still dominant in our society and it is one of the important determinants of fertility behavior.

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