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RESEARCH ARTICLE

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IMPACT OF SON PREFERENCE ON WOMEN'S EXTENT OF ENJOYING REPRODUCTIVE RIGHTS

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ABSTRACT

In India, women face discrimination throughout all stages of their life. Son preference is one of most important factors which violate women's access to reproductive rights. This study tried to understand the impact of son preferences on women's extent of enjoying reproductive rights. Samples have been selected through multi-stage random sampling. Findings demonstrated that respondents are not in a position to make decisions about their reproductive choices. Preference for son is the underlying factor where women are forced by their in-laws and husband to continue child bearing until the birth of at least one boy child. In-laws and husband are the decision makers and controllers of women's reproductive activities.

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INTRODUCTION

India has experienced high economic growth and increases in GDP (Gross Domestic Product) during the last decade. Despite the advances made in education, health care and income generation, increasing son preferences and neglect of daughters is occurring in many states of India. Decline in sex ratio and shortage of girl child is detrimental to the health and welfare of women as well as the human development of India. The decline in child sex ratio in India is evident by comparing the census figures. In 1991, the figure was 947 girls to 1000 boys. Ten years later it had fallen to 927 girls for 1000 boys.¹

Census of India 2011 shows an alarming decline in the child sex ratio. The number of girls per 1,000 boys (0-6 years) has reduced to 914.

Foetal sex determination and sex selective abortion by unethical medical professionals has today grown into an industry. The PCPNDT (Preconception and Prenatal Diagnostic Techniques) Act 1994 was modified in 2003 to target the medical profession. However non implementation of the Act has been the biggest failing of the campaign against sex selection. To achieve a stable population consistent, the National Population Policy (NPP) 2000 aims to bring

down infant and maternal mortality rate promote late marriage; create access to information, counselling and make available variety of contraceptive choices. Therefore NPP address the reproductive health needs of women and gives centrality to voluntary and informed choices.² But it has been reported in many studies that this Policy is directly advancing son preference and daughter aversion as state policies tend to enforce a two – child norm. If people are forced to have a small family, they automatically prefer sons to daughters. Patriarchy considers men to be superior to women and men have more control over resources and decision making.³ Our belief, attitude and behaviour are socially prescribed, taught and learned. We imbibe them through socialization which takes place in family and society at a large. Patriarchal society teaches boys/ men to deny the “woman” in them and girls/ women to kill the “man” in them. In pursuit men generally become aggressive and domineering and women become receptive and subservient. Religion plays a very important role in constructing our understanding of family, marriage and sexuality by prescribing normative behaviour, roles and responsibilities, status and rights for men and women. Religious laws institutionalize inequality between men and women.⁴

Patriarchy, religion, tradition and culture affect fertility trends and son preferences. The reasons behind this attitude are:

² Singh, Kirti, “Laws and Son Preference in India – A Reality Check”, P - 87

³ Bhasin, Kamla, “Exploring Masculinity”, P – 8

⁴ Ibid, P - 20

¹ <http://unicef.in/PressReleases/227/Female-foeticide-in-India>

- Son will provide security to the parents in old age
- Perform the last rites for parents
- Undertake the responsibility of younger sibling's education and marriage
- Bear the burden of family debt
- Bring in dowry
- Bring in return on investment made on their education
- Carry on the family business and protect the ancestral property

Daughters are always considered as liability because of the tradition of dowries which is very much part of the Hindu culture and traditions. Families do not want to invest in the education of their daughters because daughters will leave their parental homes and live with their husband and in-laws.⁵ Son preference is having long term implications for women's health and wellbeing. To carry on the family name and fulfil the wishes of their husbands and in-laws, women have to face multiple pregnancies. They may face violence from their husband and in-laws if she cannot have a son. The low status of women and patriarchal values are intensifying the trend of son preference in India.⁶ This is a gross violation of the reproductive rights of women. All human beings have the right to live with dignity at all times, regardless of their social, legal and political status. Living with dignity and without fear are the basic human needs. It includes adequate food, water, a shelter, health and fair treatment.⁷ Reproductive rights were first recognized as a subset of human rights in 1968. Reproductive health and reproductive rights were first defined in Cairo Programme of Action (1994) which was supported by the Beijing Platform in 1995.

Reproductive rights are rights relating to reproduction and reproductive health. Reproductive rights include the right to legal abortion, the right to control reproductive function, the right to access quality reproductive health care and the right to education and access in order to make reproductive choices free from coercion, discrimination and violence. The Constitution of India has granted equal rights of women to men, but women's lives are shaped by different century old customs. Lack of power and autonomy has made women much more vulnerable culturally and socio-economically. Women are also disadvantaged in areas such as literacy, education, skills, employment opportunities, mobility, political representation and pressures on their available time and energy linked to role responsibilities. Women could not access her right to autonomy in all decisions relating to sexuality and reproduction. They couldn't make decisions about sexuality due to their financial and material dependence on men.

Women belonging to low socio-economic group could not request for any form of protection or adoption of any family planning method. If they refuse, they may face different forms of abuse. This leads to poor reproductive and sexual health, neglect of health needs and medical care, serious morbidity and mortality. Globally, about 800 women die every day due to preventable causes related to pregnancy and child birth; 20 per cent of these women are from India. Annually, it is estimated that 55,000 women die due to preventable pregnancy-related causes in India. Mothers in the lowest economic bracket have about a two and a half times higher mortality rate.⁸ As per the fourth National Family Health Survey 2015-2016, sex ratio at birth in West Bengal is 960. Use of any method of family planning has been reduced. Maternal mortality rate in West Bengal is 117 per one lakh child birth (2010 – 2012). Rate of abortion in West Bengal constitute only 3.3% of the India's total rate of abortion.⁹ Around 33% of married women in West Bengal experienced spousal violence.¹⁰

⁵Mitra, Aparna, "Son Preference in India: Implications for Gender Development", P – 8

⁶Ibid, P – 15, 17

⁷Cheria, Anita; Petcharamesree, Sriprapha & Edwin, "A Human Rights Approach to Development", P - 1

⁸<http://unicef.in/Whatwedo/1/Maternal-Health>

⁹<http://www.johnstonsarchive.net/policy/abortion/india/ab-indias2.html>

¹⁰http://rchiips.org/nfhs/pdf/NFHS4/WB_FactSheet.pdf

In this context, this paper analyses how preference for son is influencing the growing trend of violation of women's reproductive rights.

The purpose of the study was to find out

- How preference for son is violating women's reproductive rights in terms of making decisions relating to reproductive activities.
- Whether women's access to reproductive choices is free from discrimination or not

To attain the purpose of the study, data and information have been collected from both primary and secondary sources. A good amount of literature dealing with son preferences in India and women's reproductive rights has been reviewed. Among many literatures, focus has been given on "Son preference in India: Implications for Gender Development" by Aparna Mitra, Department of Economics, University of Oklahoma; "Exploring Masculinity" by Kamla Bhasin; "Laws and Son Preference in India – A Reality Check" by Kirti Singh, Legal Convenor of All India Democratic Women's Association, press releases by UNICEF (United Nations Children's Fund) and National Family Health Survey 2015 - 2016. Methodology is the general research strategy that outlines the way in which research is to be undertaken and identifies the methods to be used in it. These methods define the means or modes of data collection and how a specific result has been calculated. A mixed method was adopted to fulfil the objectives of this study which includes Quantitative Survey and Focus Group Discussion. The qualitative data gathered from the key informants have validated and complemented the quantitative information to draw concrete inferences.

The technique of multi-stage random sampling was adopted to draw a sample of women of reproductive age belonging to low socio-economic status families and living in the slums of Kolkata. A sample of 100 subjects comprising of slum dwelling women of reproductive age (18 to 40 years) belonging to low socio-economic status families was drawn for the present study. Data has been collected from women of reproductive age (18 – 40 years) using Interview method and Focus Group Discussion. Sexual and Reproductive Health Rights Assessment Framework developed by World Population Foundation is used as a tool for data collection.

To analyse quantitative data, multi-variate statistical technique was used. Following variables were selected for this study:

1. Socio-economic condition
2. Reproductive rights
3. Gender discrimination
4. Reproductive choices
5. Violence

Qualitative data were obtained from the Focus Group Discussions through open-ended questions and the responses were analyzed on the basis of the written notes and information retrieved from the audio recordings.

Key findings of the study revealed that:

- 51% of the respondents are illiterate and 37% have completed education up to Class VIII. 73% of the respondents are housewives and only 27% women are having their own income.
- 42% of the respondents had more than 2 pregnancies. They are having 3 to 7 children. They have continued child bearing till the birth of at least one and sometimes more than one sons. 51% of the respondents are not using any method of family planning. Only 10% of the respondents have availed safe abortion services.
- Forced teenage marriage is still accepted in the families of 54% of the respondents. 74% of the respondents do not get

the opportunity to move and travel freely to go wherever they want. 78% of the respondents do not get the opportunity to have equal rights to various recreational activities. 70% of the respondents could not use their name as their identity. After marriage, they are recognized by the identity of their husband. Many of them could not express themselves through their choice of dress. This was also decided by their in-laws and husband.

- Respondents are not in a position to make any decision regarding reproductive choices. Family members (husband and in-laws) of 40% of the respondents do not accept use of any method of family planning. Families of 87% of the respondents do not accept abortion even if the women are not willing to continue the pregnancy.
- 50% of the respondents accept spousal violence and marital rape to fulfil the wish of their husband and in-laws of having sons.
- Educational qualification and economic independence of the respondents is positively correlated with their access to reproductive rights (access to family planning and abortion services) and acceptance of marital violence.

This study revealed that the son preference attitude prevails dominantly in the Indian society. It is adversely affecting not only the women's access to reproductive rights but also impacting the health of country's female population. A paradigm shift is necessary in thinking, attitude and social structure to bring gender equality. Gender equality requires both male and female to be strong and caring, fearless, sensitive and rational. It can be achieved if men give up misusing their power and domination.

On the other hand, women must be empowered so that they are able to control their own lives and in particular their sexual relations. It can be achieved through increased educational and employment opportunities for girls and women and public education campaigns on the effects of unequal gender relations.

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