

# DOES INCREASED COST OF LIVING, EDUCATION OF DAUGHTERS AND REPRODUCTIVE HEALTH OVERRIDE SON PREFERENCE! AN IN-DEPTH INQUIRY

Aisha Jalil<sup>1</sup>, Ahmed Usman<sup>1</sup>, Khalil Ahmed<sup>1</sup>, Rubeena Zakar<sup>2,3</sup>

<sup>1</sup> Department of Sociology, Institute of Social and Cultural Studies, University of the Punjab Lahore, Pakistan.

<sup>2</sup> Department of Public Health, Institute of Social and Cultural Studies, University of the Punjab Lahore, Pakistan.

<sup>3</sup> Department of Public Health, Bielefeld University, Germany.

**ABSTRACT:** *This study explores the linkage of fertility desires, family size, maternal health, reproductive history and socio-economic changes in Pakistan with son preference among Pakistani women. We conducted 40 in-depth interviews among young (18-35) and educated (completed at least secondary level education) housewives with poor reproductive history, living in lower middle income households of two urban slums of Lahore city. Findings demonstrate that a weakening trend of son preference is associated with an increased concern for quality lifestyle, higher cost of childbearing, smaller family size and education of daughters. The willingness to have more siblings and growing age of living children is associated with reproducing more children, even in the absence of a male child. The community level interventions ensuring the irrelevance of roles and expectations associated with a son and shifting the trends towards the other gender may help reduce son preference in Pakistan.*

**Keywords:** maternal health, Pakistan, son preference, reproductive history.

## INTRODUCTION

The reproductive behavior and desires of a couple are significantly influenced by the socio-cultural context of a particular society [1]. The strong desire to reproduce a son is a cultural attitude that is prevailing in several developing countries like Pakistan [2]. Son preference refers to the reproductive behavior of a couple in which childbearing is continued until birth of one or few male children [3]. Clark defined son preference as an attitude of considering a son more valuable than a daughter [4]. Son is considered as the propagator of family name, property rights and socio-economic security for the lifetime of parents [5, 6]. Majority of the south Asian families give priority to son over a daughter in matters of education expenditure, quality of lifestyle and other socio-economic prospects [7]. On the other hand, the daughters move to their marital home with their husbands after marriage [8]. A woman gets regard and strength in the marital home with the birth of a male child in Pakistani society.

The social pressure on women to reproduce at least one male child leads to the births of several female children and larger family size [9]. With the intention of becoming pregnant soon after the birth of a female child, mothers breastfeed female children for a short period of time [10]. In contrast, the interval of breastfeeding for sons is found to be longer than that of the daughters. Moreover, studies have demonstrated that in India, daughters are born earlier in the sibling order [11]. In India, sex selective abortion technologies are increasingly being used to select the gender of the child that is anticipated to bring gender imbalance in the country [12]. However, the religious constraints and abortion laws are preventing the use of such technologies in Pakistan [13].

The most important indicator of son preference among women is the ideal number of sons and daughters [4]. Women in South Asian countries prefer to have several or at least one male child. Empirical studies reveal a strong association of son preference with reproductive behavior [1]; contraceptive usage [14]; fertility preferences and fertility [15]. Son preference weakens with the increasing education

of women and high exposure to family planning campaigns in India [16]. Also, several recent studies have shown a decline in son preference in India [17].

To our knowledge, son preference is understudied in Pakistan. Hence, the lack of qualitative studies on factors associated with son preference among young and educated women with a history of pregnancy and delivery complications (delays in pregnancy, abortions, miscarriages, obscured labor pains, cesarean section deliveries and stillbirths) is the major strength of this study. To address the gaps in literature, present study peruses the following objectives: (i) to understand how son preference is culturally embedded in family structure. (ii) How is it linked with fertility preferences, fertility, maternal health, contraceptive usage and changing socio-economic circumstances in Pakistan.

## MATERIALS AND METHODS

This paper highlights the qualitative aspects of declining son preference among young housewives (18-35) who attained at least secondary level education, residing in low income urban slums of Lahore city, Pakistan. An interpretive ontological and epistemological stance is adopted to identify the cultural dynamics and hidden patterns of son preference among educated low profile housewives. Using lady health worker community record a purposive sample of 40 women meeting the sampling criteria of present research, is identified in 2 urban slums of Lahore city. We sampled women with a history of abortions, vaginal cyst, miscarriages, stillbirths, obscured labor, and cesarean section deliveries to analyze the patterns of gender preference in women with criteria specific characteristics. Lady health visitors (LHVs) are female health care providers trained to provide nursing care, maternal and child health facilities to individuals in urban and rural communities [18]. The LHVs walk through the assigned localities to help women and children (less than 5 years of age) with prenatal and postnatal health problems, anemia, diarrhea, malaria and malnutrition [19]. In Pakistan, LHVs keep a record of all the women seeking health care assistance in a given community.

Our interview guide comprised on general questions on the profile attributes of women (age, education, occupation, husband's age and occupation); reproductive history (pregnancy and delivery complications, child mortality, miscarriages, stillbirths, abortions, living children); health problems; family planning; fertility preference of women (ideal number of children, ideal number of boys, girls and children of either sex); attitude of son preference; importance of quality lifestyle; rising cost of life, childbearing and education of girls. We also asked participants to tell their opinions on the importance of male child in the family, preference of son over daughter, social support and pressures; and what can be done to change the situation.

Two urban slums situated adjacent to the posh localities of Lahore city from where elite and high class bazaars, industry, offices and educational institutes are easily accessible. These are thickly populated slums where majority of the lower and lower-middle class families live. Roads are congested. People live at close distances and mostly know each other. People agree to participate in research for no financial benefit and share rich information. No monetary benefit was provided to the respondents for participating in the research.

The interviews are conducted in private at the participants' residences at time suitable for them. We sought informed consent regarding participation and audio recording of the interviews. Participants gave time after 3:00 PM as they are free from household work and lunch, husbands are out for work and their children go for extra coaching classes. The researchers made notes on the information that respondents shared after the recording device is turned off. The duration of interviews ranged from 45 minutes to an hour.

The data analysis begun soon after transcribing the first interview and we collected data until saturation. All the interviews that provided rich information on declining son preference are used to generate code, themes and categories. We applied grounded theory approach to data analysis. Power dynamics and reflexivity is addressed in order to develop an equality based relationship between researcher and participant. All ethical considerations are followed while conducting present study. All the participants are briefed about the purpose of this study prior to carrying out the interviews. The study is conducted in the partial fulfillment of course work requirement for a doctoral degree in Sociology. The research methodology of this study is reviewed by Ethical Review Board of Institute of Social and Cultural Studies.

## FINDINGS

### Actual and ideal number of children

Most of the participants reported four as the ideal number of children, two each of both sexes [20]. Some of the participants asserted the importance of extended family relationships of several aunts and uncles that would not be possible with having two children. For example, a participant (aged 34) with three living daughters and no son told that:

Traditional family relations: *chacha* (father's brother) and *khala* (mother's sister) would become extinct if we reproduce two children only. Our children

need support of siblings in life. Two sisters help each other in domestic work and support each other in the hour of need. Similarly, brothers are companions and support each other in everyday matters.

Several other participants also revealed similar concern for traditional family relations that indicates the reason for not preferring ideal and actual children less than three. The mutual dependence of siblings for social support and security are frequently mentioned by the participants.

### Son preference and social security

The basic reason behind son preference in Pakistani context is the role of son as propagator of family name and property rights, socio-economic supporter in illness and old age of parents. Many of the participants mentioned that the daughters love and care for their parents more than sons but they have to move to their marital home leaving parents. So, it is the responsibility to a son to take care of the parents in every manner. However, son preference is found to be associated with a perceived sense of security that is being overridden by other socioeconomic factors in determining reproductive behavior and fertility desires among women. A respondent (aged 35) told that:

I sometimes feel insecure in the absence of my husband. He owns a small business for which he often goes out of station. I have two daughters. We have decided to stop childbearing. My husband says "our daughters are like sons to us. We should worry about giving them good life prospects and make them stronger to fight problems themselves.

It is frequently believed that the presence of a brother gives a sense of protection to the sisters and in the old age of parents, a son is responsible to stay with them. The daughters move to their marital home once they get married. Another woman who reproduced only female children said: "no doubt time is changing may be we find a spouse for one of our daughters who takes the bold decision to stay with us after marrying our daughter..." It is worth pointing out here that the decision for a man to move to his wife's natal home after marriage is not widely appreciated in Pakistani culture.

### Utilization of family planning methods

Almost all participants reported to have used at least one kind of contraceptive to control birth interval and limit family size. Surprisingly, many of research participants thought that the use of family planning methods is close to their religious orientations (Islamic ideologies). A respondent (aged 26) married at age of 20 reproduced two living children and one stillbirth responded:

Prophet Muhammad (PBUH) did not reproduce many children. At that time, having twenty plus number of children was quite normal. It is our duty towards Allah (God) to make them good human beings. It is a religious responsibility to provide the children with a respectable life. A couple should have as many children for whom

they can assure socio-economic security against hunger, clothing, shelter and education.

The poor people reproducing one child every year are not even in the condition of providing food to all of their children. They are not around their children to teach them manners and how to live a normal life. They become thieves, beggars or street wanderers. Moreover, we found couples' agreement over using contraceptives for delaying and preventing births. However, they revealed conflicting opinions regarding the use of pregnancy termination procedures.

### **Factors influencing desire to reproduce more**

#### *Reproductive history*

Majority of the respondents reported to have reproduced few (three or less) children because of bad gestational history and delivery complications. Women with 3 to 4 C-section deliveries reported no desire for more children, even in the cases with absence of a living male child.

#### *Age of living children and desire to have another sibling*

The age of living children and desire to have another sibling also determine a couple's fertility behavior and desire for reproducing more children. A 31 year old woman with a history of miscarriages, C sections and complications in gestation with high blood pressure stated:

For a mother of three daughters, eldest turning 11, it looks awkward that their mother becomes pregnant to reproduce a son. My daughters don't want to have a brother. And because of my health problems my husband decided not to have more children.

The growing up children may not accept the newcomer in their family. This trend indicates that being pregnant is still associated with what other people think about a woman. Women highlighted that becoming pregnant is generally believed to be disgraceful when children grow up. Hence, the women who faced reproductive health problems after birth of few children would not be comfortable in becoming pregnant when her children reached their teenage. In contrast, another woman with 4 daughters reported that her daughters wished to have a brother; but her 4 C sections, complications in gestation (vaginal bleeding and abortion) and fear of reproducing another daughter; she did not take the risk of becoming pregnant again.

#### *Sterility*

The childless women including the ones unable to reproduce any child in several years of wedding, infertile or have a history of several miscarriages, stillbirths or other medical complications with no living birth are also interviewed for attitude of son preference. We found an absence of gender preference among childless women. All such women desired to have at-least one child of any gender. They reported experience of social pressure from marital kin to reproduce a child and fear second marriage of husband in case of failure to do so. A woman said: "if husband wife have problems with each other... their unhappy marriage turns into a happier one with childbearing..."

#### *Husband's Fertility desires*

The husband's desire to have a son significantly affects the choices and reproductive behavior of wife. The study participants reported that their husbands have no gender preference in case of husbands completed 14 and above years of education. A respondent (aged 31) with three sons and a youngest daughter told:

It's been 10 years when I got married. Allah blessed me with three sons. I didn't want to reproduce more because I went through three caesarean section deliveries one after another, but my husband had a strong desire to have one daughter. So, I went for another pregnancy. I got sterilized at her birth.

Few respondents with several sons (one to three) reported that their husbands' behavior turned gracious after the birth of a daughter [11]. In similar cases, we observed daughter preference among married couples [5].

#### *Cost of life and educating daughters*

Rising cost of childbearing and concern for educating daughters and quality lifestyle is leading to a declining son preference among young, educated women of low income families with reproductive health problems, living in urban type of residence in Lahore city. The women having all daughters are concerned for ensuring a good lifestyle and education of their daughters. After reproducing four daughters, the desire to reproduce a son diminishes for the risk of reproducing another daughter. Families would fear the burden of dowry for all five daughters that comes as a compulsion even after educating them [21]. Hence, besides accepting the need of a son for a family, women were not willing to take the risk of reproducing another daughter.

The participants with several daughters reported increased cost of living, childbearing and education compels them to stop reproducing more children by temporary or permanent sterilization methods. A respondent aged 33 with 4 daughters reported to have decided to not to have more children and got sterilized permanently. She said: "Every time I got pregnant, I used to pray to God for a son and had a hope... that turned into disappointment on the birth of daughter... however now I want to think of my daughters as an asset of my life." Another woman told:

If many people around us take the decision of terminating reproduction on the birth of few daughters and consider them equal to sons in every manner, spend good amount on their education and lifestyle, a woman like me would feel strong in taking such decision of ending reproduction on few daughters.

Daughters have to be sent to the marital homes with dowry for which parents from low income families have to save soon after a daughter is born. Some of the respondents reported that they were married at very young age but they want to let their daughters to decide the time of their marriage after seeking education of their choice.

## DISCUSSION

Data analysis indicated that the high cost of childbearing, limiting family size, urge for a better standard of life and the concern for providing a better lifestyle and quality education for the daughters is overriding the attitude of son preference and determine fertility desires and reproductive behavior of young (aged 18 to 35), educated housewives with poor reproductive history, living in urban slums of Lahore city. All the participants have four or less number of living children [22]. Many of the participants regarded the presence of both genders as desirable for completing the family. However, they agreed to compromise on the composition of the family and the number of children of either sex. All the respondents used a method to either limit the number or delay pregnancies.

Similarly, in our study majority of the participants accepted the need and importance of having a son. Poor reproductive health and chronic illnesses are linked with few (1 to 4) living children and no son preference. Son preference is not found to be a factor influencing fertility decisions, even in cases where mothers reveal a desire to reproduce a son. The profile of mothers, reproductive history and socio-economic changes in Pakistan are associated with the declining son preference among study participants.

The son preference declines with the changing societal conditions in urban areas of Pakistan. Various studies have shown that the higher profile of couples is associated with low son preference [1, 4]. If the roles and expectations associated with the male child are made irrelevant, the son preference will decline. Continuity of lineage and socio-economic support provision may be addressed by policy makers to control son targeting fertility behavior in Pakistan. Desire for small family size, quality lifestyle, maternal health and rising cost of childbearing are contributing to declining son preference [23]. The husband's desire to have a son also determines wives' reproductive behavior.

The ideology that son is superior to a daughter is commonly held by women who are illiterate or have little formal education [24]. On the other hand, a daughter is not an economic and religious liability for educated couples with progressive mentality. Further, the fears and functions associated with son preference may be broken down to strengthen women in the country. Improving education of women and raising awareness, access and availability of contraceptives may help induce favorable change in attitudes of son preference among segments of population dissimilar to that of the present study [25, 3].

## CONCLUSION

Regardless of the fact that the presence of son is still considered as a 'need' of patriarchal family; we found that the increased cost of life, education of daughters, poor reproductive history and small family size are weakening the son preference among young (18-35) and educated (completed at least secondary level education) housewives living in low income households of two urban slums of Lahore city. We are keen to suggest that the national and community level efforts should be directed to further move

away from son preference, towards a progressive Pakistani society with no gender preference. With brackets of religion, any modern research or new ideology can be made acceptable for the masses with orthodox mentalities in contexts similar to Pakistan where religion determines the major super structure of society. It is suggested that a critical examination of existing family structures may be undertaken to devise nationally effective policies for decreasing gender inequality [26].

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