PERCEPTION AND DISPOSITION TOWARDS CHILD SEX PREFERENCE IN MARRIAGE AMONG MASTER OF PUBLIC HEALTH STUDENTS UNIVERSITY OF IBADAN, IBADAN NIGERIA

BY

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ABSTRACT

Globally, sex preference for children has been a prominent issue in demographic work because of its potential negative social and demographic implications. The phenomenon of male child preference is not new and it has in fact existed from time immemorial, males have been given preference over female children. Females have suffered degradation and dehumanization through the ages. In many societies including Nigeria, the birth of a baby boy is received with great joy; the rites are more elaborate and the mother receives huge compliments for giving birth to a male child. The father enjoys great pride and respect with the assurance of the protection of his assets and continuity of the family line. Conducting this study among this population will therefore serve to inform the necessary stakeholders on how to better equip students with adequate information on gender equality and also serve as role models for people in the society.

The study was a descriptive cross-sectional study using validated semi- structured self-administered questionnaire and a focus group discussion guide. A total sample of 248 consenting MPH students from all the departments participated in the study. A 20-point perception scale was used to assess the perception on child's sex preference; perception score of ≥10 was rated good while < 10 was rated poor perception. Also, a 20-point disposition scale was used to determine the disposition towards child's sex preference; disposition score of ≥10 was rated good while < 10 was rated poor disposition. Factors influencing child sex preference and perceived health risk of child sex preference were also established. Data collected were analysed using descriptive and inferential statistics at $p<0.05$ level of significance.

Age of respondents was 26.7±4.4 years. Majority were females (62.5%) Christians (85.9%), Yoruba (77.0%) and unmarried (81.9%). The highest number of children was 8 while few said they wanted none. Respondents have good perception and disposition towards child sex preference (92.7% and 84.3% respectively). Majority (77.0%) of the respondents reported that they wanted a male child to make their parents happy as one of the factors influencing their child preference. The perceived health risk associated with child sex preference is sex-selective abortion (85.1%), neglect of undesired child (86.3%), postnatal depression (89.1%) among others. There was a significant association between marital status and disposition of respondents towards child sex preference in marriage.

Good perception and disposition towards child sex preference in marriage were documented among the study population. This depict that they are non-preferential towards child sex in marriage. Public

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campaign, advocacy and policy formulation can be used to improve the perception and disposition towards child sex preference in the society. Also, the participants should be encouraged to impart their society.

Keywords: Child sex, Male-child, Sex-discrimination, MPH students

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DEDICATION

This research work is dedicated to Almighty God who is my source and my all in all. To Him alone be all the Glory.

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CERTIFICATION

This is to certify that this study was carried out by Damilola Roseline BALOGUN in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria under my supervision.

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AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

TABLE OF CONTENTS

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

UNIVERSITY OF IBADAN LIBRARY

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

LIST OF TABLES

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

LIST OF FIGURES

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

LIST OF APPENDICES

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

LIST OF ACRONYMS

FGD	Focus Group Discussion
FMoH	Federal Ministry of Health
MPH	Master of Public Health
SDG	Sustainable Development Goal
SCT	Social Cognitive Theory
SLT	Social Learning Theory
SPSS	Statistical Package for Social Sciences
UN	United Nation
WHO	World Health Organization

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OPERATIONAL DEFINITION OF TERMS

Perception: This is the way in which something is seen, understood or interpreted.

Disposition: It is a person's inherent qualities character or behaviour.

Sex Preference: This is the desire of parents to have a male or female child**.**

MPH Students: These are the students who are currently registered for Master of Public Health

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Globally, sex preference for children has been a prominent issue in demographic work because of its potential negative social and demographic implications (Fuse, 2010). The phenomenon of male child preference is not new and it has in fact existed from time immemorial, males have been given preference over female children. Females have suffered degradation and dehumanization through the ages. In India, inheritance was traced only through males. In Athens, women were regarded as minors regardless of their ages. They could neither inherit nor own property. In Rome, women were treated like wards without any political or legal power. The scenario was the same in Arab societies before the advent of Islam. Women could not inherit their parents' properties (Akintola, 2001).

Patrilineal and patriarchal family system is been practiced in Nigeria and some other continents like Africa, Asia, Middle East and India, practices where sons exclusively inherit the wealth of the family and perpetuate family lines (Ushie, Enang and Ushie, 2013; Fayehun, Omololu and Isiugo-Abanihe, 2011). Daughters on the other hand, are seen as inferior to their male siblings as they would eventually be married out of the family (Nnadi, 2013 and Ohagwu, Eze, Eze, Odo, Abu and Ohagwu,., 2014). High premium is placed on sons by the family due to their economic utility as they run the family businesses, earn wages to support the family, and when they marry, bring daughters in-law into the family (Ushie, Enang and Ushie, 2013 and Dharmalingam, 1994). In some cultures, certain religious and cultural rites can only be performed by the males; the advantages of daughters to the family are modest; they have been found to be more likely to perform house chores and to provide better emotional support to their parents (Chhetri, Ansian, Bandary and Adhikari 2011).

The socio-cultural practices in today's society have led to the prevalence of male child preference among couples and this has huge impact. In many societies including Nigeria, the birth of a baby boy is received with great joy; the rites are more elaborate and the mother

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receives huge compliments for giving birth to a male child. The father enjoys great pride and respect with the assurance of the protection of his assets and continuity of the family line. The birth of a girl, on the other hand, is less ceremonial with reduced value attributed to the mother and the child. The reception ritual is not well celebrated (Ras-Work, 2006).

The quest to have a male child has resulted in a situation where husbands keep pressuring their wives to have more children, which in turn hamper the health of the wife. When this effort proves abortive, men might resort to polygamy in the hope that the other women would give them the son they need (Elele, 2002). In order to avoid being divorced, most women give birth to many children, putting their lives at risk in the search for that boy child that will sustain their marriage. This practice is one of those observed issues that have contributed to high rate of maternal deaths in Africa and increase in Nigeria's population growth rate (Milazzo, 2012).

Furthermore, a considerable number of men look outside their matrimonial homes in search of male children. Due to the inability of the woman to give birth to a male child, many homes lose the essence of their union and become unstable. The prevailing culture in Ilorin believes that a woman is just an extra to humanity. They believe she has a little portion of her father's house, and the same thing happens when she gets to her spouse's house. A girl child is made to accept that her existence is just to get married and raise children (Amara, 2011).

Male child preference has been a major issue that has led to female infanticide, sex-specific abortions, and pre-marital sex selection. Preference for sons among couples has also contributed immensely to a large family size, high population, gender discrimination and low girl-child empowerment (Milazzo, 2012; Dudeja, Singh, Jindal & Bhatnagar, 2013).

In Nigeria, many cultures are patriarchal and they emphasize male dominance and submissiveness of women. In this type of society, couples prefer to have sons rather than daughters because a daughter takes her husband's family name dropping that of her parents', dependence on the male child by couples for financial support at old age, also helps them on their farm or business (Eguavoen, Odiagbe and Obetoh, 2007).

Traditions and customs are among the factors entrenching gender inequality. Some traditions require that only sons can perform certain functions under religious and cultural traditions

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such as death rituals for parents. For instance, among the Igbos, the first son (Okpara) by tradition inherits the Ofo title which is the symbol of family authority and represents the family in religious matters. Inheritance rights of male children also contribute greatly to couples' preference for sons, in which female children are often denied the right to inherit from their family as they are considered to belong to their husbands; therefore, they get less than the male children (Isiugo- Abanihe, 2003). More so, in South Korea the male child serves as widowhood insurance for his mother, because a widow who has a son has the social right to claim the late husband's properties (Das Gupta, Zhenghua, Bohua, Zhenming, Chung, & Hwa-Ok 2003).

1.2 Statement of the problem

In spite of the significant campaign for the equality and desirability of both sexes of children, empirical evidence and reality indicate that the practice of child-sex preference is still rampant in Nigeria (Eguavoen, Odiagbe and Obetoh, 2007), especially in the rural areas. Data available from the Nigerian National Demographic and Health Surveys does not take the issue of sex preference into cognizance; attention is paid mainly to family size and not to the preferred sex composition of the family. The problem with this is that the preferred family size is usually mediated by the actual sex composition of the children.

Son preference is a global phenomenon not peculiar to developing countries, although its prevalence in any given society may vary. In a patriarchal society like Nigeria, mothers are under intense pressure to give birth to sons in order to satisfy their husbands and consolidate their marriages (Nnadi, 2013 & Ohagwu et al., 2014). Mothers who give birth to only daughters are therefore unhappy because of the fear of disappointment and rejection by their husbands (Nnadi, 2013). The anxiety associated with failure to have preferred child-sex has compelled many pregnant women to demand to know the sex of their unborn children during obstetric ultrasonography with significant reduction in birth interval whenever the foetal sex is not the type desired by such mothers (Fayehun, Omololu and Isiugo-Abanihe, 2011; Ohagwu et al., 2014 and Rai, Pandel, Ghimire., Pokharel, Rijal and Niraula, 2014).

Sonography is usually requested in pregnancy for medical reasons, but non-medical foetal ultrasound is now being promoted by some businesses (Leung and Pang, 2009). Non-medical

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foetal ultrasound is defined as using ultrasound to view, take picture or determine the gender of a foetus without medical attention (Leung and Pang, 2009). Prenatal gender determination is medically indicated for carriers of sex linked disorders, testicular feminization syndrome, pseudo hermaphrodites, genital anomalies, ambiguous genitalia, and determination of zygosity in multiple pregnancy (Efrat, Akinfenwa and Nicolaides, 1999; Pajkrt and Chitty, 2004 and Mabuuke, 2011) but there is now a view that it has consequences for maternal foetal attachment (Jylha, Kirkinen, Puura, and Tomas, 2010). Prenatal determination of gender can lead to sex-selective abortion. A study in China reported that sex selective abortion that sex-selective abortion is practiced leading to imbalance in sex ratio at birth (SRB). There is currently female deficit in China because of strong preference for sons and this is said to be linked to the China's one-child population control policy (Nje, 2011). Mubuuke (2011) opined that revealing undesired foetal gender at ultrasound can lead to psycho-social effects such as stress, depression and social isolation. Majority of Nigerian parturient desire to know the gender of their foetus during prenatal ultrasound scan (Okonta, Okogbenin and Adeoye-Sunday, 2004). The desire to know foetal gender may be attributed to societal pressure as a study reported that 50% of undergraduate students prefer their first child to be a male (Olaogun, Ayoola, Ogunfowokan and Ewere, 2009).

Nigeria is one of the poorest countries of the world, and the women are disproportionately disadvantaged, particularly in relation to health and human rights. Son preference is one of the lethal traditional practices that constitute severe threat to the women especially in developing countries like Nigeria, which they need to be protected from. This has also increased gender inequality where women are made subordinate to their male counterparts, discriminated against, promote gender-based violence, poses health risk, female infanticide and denial of inheritance rights; and this poses a serious danger to the human security of women-human rights, education, access to health care, economic opportunities etc. Notwithstanding, the various international human rights instruments to which Nigeria is a signatory and the domestic laws, prohibiting traditional harmful practices on gender basis, the practice of such persists (Olubayo, 2013).

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1.3 Justification of the study

This study was carried out among Masters' students of the faculty of public health, University of Ibadan as they are seen as models and health professional who will therefore serve to inform the necessary stakeholders on how to equip students with adequate information on gender equality in the society. They will be able to correct the barbaric idea of seeing a "female child as not being worthwhile and a male child as the glory of the family" which has eaten deep into the mentality of an average Nigerian. Their disposition towards child sex preference will help to address the m associated with child gender preference and also help in the achievement of SDG number 5 of the United Nations which talks about gender equality (UN, 2016).

This work will invariably lead to new research questions and agenda that can enhance our knowledge and understanding of the culture power relationship among couples and how these affects role expectations, child bearing and rearing practices in Nigeria.

Many studies have been carried out on the child sex preference and factors influencing such preferences among different populations of the country (Raji and Raji, 2016; Ohagwu et al., 2014 and Agbor & Gyong, 2014) but little has been done on perception and disposition toward child gender preference among postgraduate students. Therefore, this study looked at the perception and disposition towards child gender preference of Master of Public Health students of University of Ibadan.

1.4 Research questions

The following research questions were answered by the study:

i. What is the perception of child sex preference in marriage among Masters of Public Health students, University of Ibadan?
ii. What is the disposition towards child sex preference in marriage among Masters of Public Health students, University of Ibadan?
iii. What are the factors influencing the disposition towards child sex preference in marriage among Masters of Public Health students, University of Ibadan?
iv. What are the perceived health risks associated with child sex preference in marriage among Masters of Public Health students, University of Ibadan?

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1.5 Broad objective

To investigate the perception and disposition towards child sex preference in marriage among Masters of Public Health students, University of Ibadan.

1.6 Specific objectives

The specific objectives for this study are:

i. To determine the perception of child sex preference in marriage among Master of Public Health students, University of Ibadan
ii. To examine the disposition towards child sex preference in marriage among Master of Public Health students, University of Ibadan
iii. To identify the factors influencing the disposition towards child sex preference in marriage among Master of Public Health students, University of Ibadan
iv. To assess the perceived health risks associated with child sex preference in marriage among Master of Public Health students, University of Ibadan

1.7 Hypotheses

Null Hypotheses

The following hypotheses were tested in this study:

$H0_1$: There is no significant difference between age of respondents and perception of child sex preference in marriage.

$H0_2$: There is no significant relationship between marital status of respondents and disposition towards child sex preference in marriage.

$H0_3$: There is no significant relationship between gender of respondents and disposition towards child sex preference in marriage.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction and Concept clarification

Sex preferences for children have been a prominent issue in demographic work on developing countries for a long time (Basu and Das Gupta, 2001). However, a growing interest in the topic has been detected in recent publications on western societies. While this has been widely studied in the United States, it is a fairly new phenomenon in European research (Hank and Kohler 2000; Marleau and Saucier 2002). Although various attempts have been made to shed light on the mechanisms underlying the observed patterns of sex preferences for children in industrialized nations(e.g. the value-of-children approach, the modernization hypothesis, or reference to the role of culture), a fully satisfying theoretical explanation is still not at hand (Hank and Kohler, 2003).

It is sometimes argued that sex preferences would be small or non-existing in relatively gender equal societies (Pollard and Morgan 2002). However, Andersson et al. (2006) have demonstrated that this assumption does not hold for Scandinavian countries, which are often seen as frontrunners in terms of gender equality (Plantenga et al. 2009).

The phenomenon of sex preference for sex of children in a society can be studied from two different angles. While one approach is to make inferences based on the study of observed behaviour, such as differential birth rates, another approach is to investigate preferences and attitudes directly reported by parents.

2.2 Prevalence of Child gender preference

Son preference is prevalent in many parts of the world particularly South Asia, East Asia and parts of the Middle East and North Africa. In Bangladesh and Nepal, more than 95% of parents preferred to have a son. Similarly, in Burkina Faso and Senegal, more than 30% of women had a son preference. Daughter preference has also been observed in some West African countries including Ghana (21.3%), Malawi (21.2%) and Liberia (22.2%) (Fuse, 2010).

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According to Andersson, Hank and Vikat (2006), in a study carried on Understanding parental gender preferences in advanced societies using examples from Sweden and Finland revealed that there is continuing apparent boy preference in Finland during the last decades of the 20th century both among the national majority and the Swedish-speaking minority as well as by similar preferences among Finnish-born migrants in Sweden, where the native population tends to exhibit the opposite preference.

In a research by Lundberg and Rose (2003), for example, has shown that in the US, the birth of a son may speed up the transition into marriage more than the birth of a daughter when the child is born out-of- wedlock, while there is no significant effect of children's sex on the mother's remarriage probabilities when they are born within a previous marriage.

In a comparative study of 17 European countries with Fertility and Family Surveys in the 1990s, Hank and Kohler (2000) find no evidence of sex preferences in Norway and Finland, while their results for Sweden suggest that two-child families with an unbalanced sex composition of children tend to have a significant preference for the yet missing sex. Kartovaara (1999) shows that Finnish parents of two same-sex children might be more likely to have a third child, as are those with a two-girl offspring compared to those with a two-boy offspring.

According to Andersson, Hank,Ronsen& vikat (2004), in a study on Gendering the Family Composition: Sex Preferences for Children and Childbearing Behaviour in the Nordic Countries revealed that similar patterns of sex preferences for children in Denmark, Finland, Norway, and Sweden exist, but some striking differences as well. It further revealed that there is no visible evidence of sex preferences in the transition to parity two. Although some studies by Hank and Kohler (2003) and Marleau and Saucier (2002) show that sex preferences for first-born children might well exist in western societies, Pollard and Morgan (2002), for example, have argued that behaviourally relevant sex preferences are unlikely to be present at the lowest parities, where the main decision rather tends to be whether or when to get a (next) child.

A 2011 Gallup study notes that when asked if they could only have one child, Americans prefer having a boy to having a girl by 40% to 28%, a predilection that has not changed

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significantly since 1941. Men prefer boys to girls by 49% to 22%; American women do not demonstrate a strong preference, (Gallup, 2011).

More result from the study shows a distinct and stable preference for one child of each sex, at least during the last three to four decades of the 20th century. In all four countries under study, the probability of a third birth is up to 25 percent higher if the first and the second child are both girls or both boys. This is the same dominant pattern of parental sex preferences that can be observed across many different social, economic, and cultural contexts, whether located in developing countries or in highly industrialized nations (Hank and Kohler 2000).

According to Dudeja et al., (2013), in a study conducted on Preference for Male Child in two Semi urban Communities of Pune, India showed the preference for a male child was more in Hindus as compared to Muslims and Christians. Among Hindus, it is largely believed that only a son can light the funeral pyre and offer prayers to ancestors. Son remains part of the family, whereas the daughter becomes a part of another family. Hindus believe that 'kanyadaan' (giving away of a daughter in marriage) is a necessary for spiritual obligation.

In her review of the empirical evidence on gender preferences, Fuse (2008) concludes that, although North Africa has not been subject to much research compared to East or South Asia, there is evidence of strong gender bias against girls. She further writes that of all sub-regions in the world, it appears that the least is known about Sub-Saharan Africa. Sub-Saharan Africa appears to do remarkably well in child gender preferences. Sex ratios at birth are close to one, and survival rates as well as health outcomes are generally better for girls than for boys (Wamani, Astrom, Peterson, Tumwine, &Tylleskar, 2007 ; Anderson & Ray, 2010). All this may explain why gender preferences for children in Sub-Saharan Africa are rarely studied.

According to Raji and Raji (2016), in a study carried out on Socio-cultural Factors and Male-Child Preference among Couples in Ilorin-West Local Government Area of Kwara-State, Nigeria revealed that there is a significant relationship between customs and preference for the male child and was accepted at $P < 0.05$. The contingency coefficient result shows that the relationship between customs and male child preference was very strong (0.707). This shows that 70.7 percent of the occurrence of male child preference is a function of the

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customs of the people. This finding corroborates the work of Wusu and Isiugo-Abanihe (2006) who found a positive correlation between culture and male child preference. The finding also corroborates Edewor's (2001) finding on cultural values and male child preference. Edewor (2001) found that the higher the cultural values placed on the male child, the higher the preference for the male child.

In a study carried out by Ohagwu et al., (2014), on Perception of Male Gender Preference Among Pregnant Igbo Women shows that more than half (58.6%, 463/790) of the women desired to have male babies in their present pregnancies while 20.1% (159/790) desired female babies and 21.3% (168/790) did not care if the baby was male or female.

2.3.Perception of child sex preference in marriage

According to Dudeja et al., (2013), in a study conducted on Preference for Male Child in two semi-urban Communities of Pune, India showed that there is statistically significant relationship between level of education and child gender preference among the community members who are educated. This study documented decreased son preference with increase in literacy level of females. Education leads to liberation and takes the society on the path of progression. Thus, an educated and well informed society has less son preference.

According to Elene et al., (2013), in a study conducted on Gender Attitudes and Perceptions among Young People in Georgia showed that the majority perceived education and employment for both genders similarly, yet women were more likely to favour equality than men. With regard to decision-making and breadwinning in a family, the results demonstrated that the majority of both men and women perceived that a man should assume those roles. As the gender asymmetry index suggests, men's (i.e., husbands') opinions are taken into account with regard to women's work (Badurashvili et al., 2009), which suggests that decision-making is exclusively viewed as a male role. With regard to comparisons within the gender groups, it is clear that more women than men favoured equality in decision-making, yet neither gender favoured women as the decision-makers.

In a qualitative study carried out by Agbor and Gyong (2014), on Male Preference and Marital Stability in Cross River State, South-south Nigeria in a focus group discussion revealed the perception of the younger men from the southern part of the state that they were not really

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bothered whether they have all males or all females. It was also reported that some male discussants during the discussion asserted that "I don't care whether my wife has hundred girls if she does not give me a boy, I will marry another wife, abi no bi Africa we dey? (pidgin) Who will answer your name, all these girls in the house within a short time they will all get married and begin to answer another person's name and your own name will be lost. When they (girls) marry and go who will take care of your property and even you because some of them their husbands will not allow them to do anything for their family again, so why won't I marry another wife? Why won't I look for a male child?"

A similar question was directed at the female discussants only, in order to assess their perception of their impact of sex preference on marital stability. Majority of the female respondents agreed that their husbands will marry a second wife if they do not give birth to a male child. This situation is to be expected especially in a patrilineal society like Cross River State in which the perpetuation of family line is strongly emphasized and having biological children is seen as a factor in this achievement. Indeed this pronatalist view of the people leaves women who are unable to give birth to children of preferred sex exposed to the risk of marital instability/insecurity, as summed up by two discussants during a session of the focus group discussions with a group of older women who have completed child bearing: "In this part of the world marriage is just for you to give birth to children and failure to do that can lead to you losing your marriage, especially if you do not have the sex of children your husband wants. I have seen a woman who was thrown out by her husband because she did not have a son and according to her husband's people, their brother is an only son, he must have a son who will carry on the family name and take care of his property." The study was concluded by suggesting population education should be encouraged, government should draw up and include in the curriculum of primary and post primary education issues of population. It is believed that if young people become acquainted with population issues early enough, it will help in no small measure to reduce the fertility rate.

According to Ohagwu et al., (2014), on Perception of Male sex Preference among Pregnant Igbo Women shows that male gender preference is strongly perceived by Igbo women irrespective of age, formal educational attainment number of co-wives married by the husband, and number of male and female children already had. From the foregoing, it can be deduced

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that Western education has not seriously affected the Igbo Society's preference for the male child. This is in disagreement with the opinion of (Ndiokwere, 1998).Perception level of male sex preference noted in this study is supported by the fact that over half of the respondents wanted a male child in the present pregnancy irrespective of parity and gender mix of children already had.

2.4 Disposition towards child sex preference in marriage

According to Dudeja et al., (2013), in a study conducted on Preference for Male Child in two semi-urban Communities of Pune, India showed that the child sex ratio in India has steadily declined from 976 in 1961 to 927 in 2001 and further to 914 in 2011. This indicates that India is still averse to daughters being born. In fact this represented a 'cultural lag' where, on one hand even poor people in India use cell phones, ride metros, take advantage of latest gizmos while on the other hand their attitude dates back to cave age, to same old patriarchal mindset when it comes to dealing with the sex composition of the family. In an environment with strong son preference, couples continue to make effort (the woman getting pregnant again and again) until they get the desired numbers of male babies. The support of biotechnology (ultrasound) has made it for couples to diagnose the sex of unborn babies and achieve desirable sex composition of the family through female feticide.

However, half of the respondents in our study asserted that it was necessary to have a male child. This reflects ambivalent attitude of the society for having a girl child.

According to Yount (2005) in a study carried out to determine the disposition of married women in Minya, Egypt to son preference found that about two-thirds of married women in the study expressed having son preference to some extent. Additionally, evidence for differential medical treatment among boys and girls has been observed suggesting sex bias in the provision of health care.

In a study conducted by (Jesudason and Ahead, 2008) on attitudes towards and prevalence of son preference and sex selection in south Asian American communities in the United States revealed that almost 90%of survey respondents felt that boys and girls are not valued equally in home countries and even in the United States. One interviewee expressed it by saying, "Overall, I think there is a large disparity in the way in which boys and girls are valued: you

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can see this in families who have had multiple girls in order to have a boy. As the number of daughters increases in a family, the value of a daughter decreases." More so, some also noted that the practice was also harmful to boys and men. Men in the focus groups talked about the kinds of pressures they grew up with in their families–pressures to succeed economically and to take only certain kinds of jobs, pressures to take care of their parents, and pressures to be the hero or "saviour" in the family.

In a study carried out on Gender Attitudes and Perceptions among Young People in Georgia by Elene et al., (2013) revealed that in most cases, young women and men were unanimous regarding their gender attitudes, a more detailed analysis revealed that gender influenced the distribution of traditional and more liberal views. This analysis showed that women were slightly more liberal than men when discussing issues such as the preferred gender of a child, gender distribution in education and employment, and the gender of the decision-maker and breadwinner in a family.

The dispositions of the Igbo who are the original inhabitants of the South Eastern part of Nigeria and constitute the third largest ethnic group in Nigeria is very gender-sensitive and patriarchal. This is captured in this reading from Chinua Achebe's Things Fall Apart, which provides us with the portraiture of the traditional Igbo family with its genderized roles and functions (Ozumba, 2005)."In the family, if a child is born, the sex is determined and if the baby was a male, that meant greater joy for the parents. For the man, joy, because he has a man who will take his place after his death and continue his family line; joy for the mother because that will properly entrench her in her husband's heart. Having a son means for her that nothing can uproot her from the family. A son further means having a voice to defend you in the family. However, if the child is a girl, the husband and wife receive it with mixed feelings. And if the female child is coming as the third, fourth, fifth or sixth female in the family without a male child that is enough reason for sorrow. For the man, it brings sorrow because his hope of having a male child to continue his lineage is becoming slimmer, the females will soon be married off to other men. Having female children is like "tending other people's vineyard while yours is unkempt."

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2.5 Factors influencing child sex preference in marriage

In patrilineal and patrilocal family systems, men are the fixed points in the social order, so that investment in daughters is considered as investment in another family's daughters-in-law. In Asia, such a system has produced economic incentives to have sons. For instance, the money spent for a son's marriage remains in the family while the dowry paid for a daughter's marriage is a net expense. In the same vein, female labor force participation is only valued once the daughter is adult, hence benefiting the family-in-law. Last, sons act as old age insurance for their parents, because they are the ones who remain in the family's house. They also act as widowhood insurance for their mother, because widows' claims on the late husband's resources enjoy a higher social legitimacy if they have sons (Das Gupta et al., 2003). Mothers, in particular, really need a son because their status improves substantially when their sons get married: they can exert their power over daughters-in-law.

In fact, several investigators have argued that preference for male children helps to sustain high fertility and are likely to act as a potential obstacle to rapid fertility decline. Most of the factors that compel people to favor a male offspring are social in origin.

Dudeja et al., (2013) reported the commonest reason for having son preference was social security in old age. Old age is accompanied with reduced capacity to work, to earn and consequent inability to earn coupled with lack of social security. The work opportunities reduce progressively with ageing. There is lack of adequate social security in the form of pension schemes, medical benefits and old age homes in our country. The society does not accept the practice of parents living in daughters' homes in old age.

In a study conducted by Inyang-etoh and Ekanem (2016), on Child-Sex Preference and Factors that influenced Such Choices among Women in an Obstetric Population in Nigeria revealed that the reason for child sex preference by the majority of mothers in the study population was to attain gender balance 171 (37.7%) in the family or to ensure inheritance 129 (28.5%). This result is not surprising as Nigeria is a patriarchal country and the roles son plays in the family. More so, among selected factors tested for any association between the type of child-sex preferred by mothers in the study population, only the reasons for preference like, "for inheritance", "to satisfy husband" and "to consolidate marriage" were highly significant and

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skewed in favor of male children (p = 0.000). This finding has corroborated results from other studies conducted in patriarchal societies like Nigeria (Ohagwu et al., 2014 and Chhetri, Ansian, Bandary and Adhikari, 2011). Nnadi (2013) opined that if this trend is not checked it could have negative socioeconomic and cultural consequences in affected societies. It was concluded that government has a role to play through public enlightenment and legislation to encourage Nigerians to accept their children and treat them equally irrespective of their sex.

A study by Edewor (2001) on "the fertility and the value of children among the Isoko of Delta State" claimed that male children are respected for their contribution to retaining or preserving family name, serving as a source of social prestige and defense to parents, provision of old-age security and so on. Olubayo (2013) also reported that other factors that also determine couples' preference for sons are family pressures and peer influence concern for successor ship. For instance, there is a customary practice (Nrachi Nwanyi) in Igbo land where, when a man dies without a male child, the family selects one of his daughters to stay back in his household, chooses lovers with whom she cohabits to raise male successors.

The preference of sons over daughters can also be associated with religion. A critical analysis of all the major religions of the world shows that they are controlled by men in the form of clergy and religious authorities. We will also find that most religions have a male-dominated imagery and language about God. Onwutuebe (2013) asserts that religious understandings of certain portions of Holy Books emphasize general descriptions regarding women's subservience to men. Though, there has been lots of dispute concerning these teachings. However, the sustenance of patriarchy, mostly through religious conservatism still in no small way influences the persistence of unequal gender relations and son preference. Many religious leaders especially Christians and Muslims have, for example, espoused teachings and dogma that acknowledged women as minors in the spheres of religion. These forms of religious understandings often emphasize certain portions of religious texts while disregarding other areas in a bid to sustain the foundation of patriarchy which ultimately is one of the salient factors causing male child preference in Nigerian society.

According to a study by Kim and Song (2005) on the influence of religion on male child preference in Korea discovered that at the regional level, religion (Buddhism) rather than the socio-economic factors is more associated with male child preference. Buddhism according to

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the researchers has a positive correlation with male child preference. That is, the higher the prevalence of Buddhism, the higher the prevalence of male child preference. However, being Catholic or Protestant does not have a significant relationship with male child preference (Kim & Song, 2005). This finding was corroborated by Das Gupta and Chung (2007) finding on the effect of religion on male child. Das Gupta and Chung (2007) found out that Buddhism is strongly associated with higher son preference in the case of women. However, being Buddhist does not have a significant relationship with male child preference in the case of their husbands.

However, in a similar study carried out by Rossi and Rouanets' (2014) in Africa in the analysis of gender preferences revealed a negative relationship between religion and gender preferences in Sub-Sahara Africa. They discovered that in Sub-Sahara Africa, religion is not correlated with gender preferences: within a country, Muslims exhibit the same taste for balance as other religious groups.

Preference for sons is influenced by economic, religious, cultural, social and emotional desires and norms that favour males and make females less desirable and parents expect sons but not daughters (Espenshade, 2007). Parents' preference for son exerts substantial impact on the fertility desires and family planning behaviour which effects the fertility reduction (Mahi, 2009).

According to Chavada and Bhagyalaxmi (2009), in a study on effect of socio-cultural factors on the preference for the sex of children by women in Ahmedabad identified a significant association between education and son-preference as there was substantial decreased son-preference with increased education level among women. Preference for a male child was higher among the rural women than the urban women. This difference was found to be statistically significant since majority of the rural women belonged to joint families. Higher son preference was due to the demand by the in-laws or pressure from the other family members. The study conducted by Vadera and Joshi, (2007) also observed a similar difference between urban and rural areas.

Chavada and Bhagyalaxmi (2009) also reported that keeping the family line alive was the main reason for preference for a son followed by old age security. The foremost reason for non-

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preference for a girl-child was the fact that girls do not stay with the parents after marriage (UNFPA, 2003).Vadera and Joshi (2007), mentioned some of the important reasons for son-preference which are social responsibilities taken by the males, propagation of family name, support in the old age, performing cremation of parents and dowry given for girls' marriage.

2.6 Perceived health risks associated with child sex preference in marriage

Child spacing is significantly affected by the sex of the previous child. Indeed, when couples have many children, gender preferences are more likely to lead to differences in birth intervals rather than in sibs size (Jensen 2005). When a son is preferred, differential spacing behaviour implies that an average boy is breastfed longer than an average girl, which may translate into inequality between boys and girls (Jayachandran & Kuziemko, 2011). Another reason to consider birth intervals is to account for health risks related to spacing, and not only to the number of births: according to the medical literature on developing countries, short birth intervals are associated with adverse outcomes for mothers (Conde-Agudelo & Belizan, 2000) and children (Conde-Agudelo, Rosas-Bermudez, & Kafury-Goeta, 2006). The authors revealed that birth intervals lower than 24 months multiply the risk of infant death by 2.5, and birth intervals lower than 15 months multiply the risk of maternal death by two. If gender preferences turn out to induce short birth spacing, they could be a significant cause of maternal and infant mortality in Africa.

Dudeja et al., (2013) opined that son preference has serious negative effects on women's health, fertility choices, and future well-being of girls. Policy makers need to take into consideration the complex interplay of economics, religion, traditions, customs, and the inferior status of women in order to address this grave issue.

Studies have shown there is an association between gender preference and postnatal depression among mothers; evidence has been found that the birth of a female child when a male child is desired is associated with postnatal depression (Ghubash & Abou-Saleh, 1997; Patel, Rodrigues and DeSouza, 2002). Studies by (Patel, Rodrigues and DeSouza, 2002) in India and (Lee, Yip, Leung & Chung, 2004) in China has also suggested that spousal disappointment with the gender of the baby is significantly associated with postnatal depression in the mother, specifically if the baby is a girl and if the mother has already had a female child. It has been suggested that the negative reaction of family members towards the birth of a female baby in

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these contexts may be influential in initiating or exacerbating depression (Robertson, Grace, Wallington & Stewart, 2004; Xie, He, Liu, Bradwejn, Walker and Wen, 2007).

Sex preference can also lead to gender bias in the allocation of food and health care (Mishra et al., 2004). This will invariably determine the number of children to be born and can affect the number of male and female children who survive into adulthood.

Frempong and Codjoe(2010), reported that many husbands become unfaithful to their wives by taking concubines and other wives with the hope of getting their preferred sex of children. Consequently, this adversely affects the family. Some of the adverse effects of this may include contracting sexually transmitted diseases, enmity between in-laws and broken homes.

In a study carried out by Mwageni, (2001) among men in Tanzania on child sex preference and contraceptive use showed an association between sex preference and contraceptive behaviour. Sex preference among men is significantly inversely related with ever and current use of contraceptives: men with a strong son preference are less likely to use contraceptives than their counterparts. It can be assumed that low use of contraceptives among the men will hamper the health of their wives as they will have no choice to continue giving birth until they give birth to a male child that is wanted by their husband. These findings suggest that programmes should be initiated to challenge men's attitudes towards one-sex family composition. Son preference among men may have a negative impact upon women's social development; in societies where son preference is strong, women's status is generally low. In such societies, women's security and status may depend upon producing sons; the more sons she produces, the higher her security and status among her in- laws and her community.

Since childbearing is directly a woman's concern, men's son preference may also be deleterious to women's reproductive health. Efforts to fulfill their husbands' desire for sons may require women to bear additional children. Consistent child bearing may not only affect their physiological well-being, but also increase their morbidity and mortality risk. The study findings indicate that men should be educated about the advantages of small family sizes and persuaded that both children's sexes are equally important. Such measures can assist men in reconsidering their desired family sizes, reduce biases towards one sex, minimize marital problems and improve women's status (Mwageni, (2001).

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Furthermore, the study also revealed that daughters may also be affected psychologically, left feeling they are unwanted. Their social status is liable to be affected, too: society is more likely to favour sons' than daughters' welfare. This can be seen in terms of educational and occupational advancement: more opportunities are likely to be offered to sons than daughters. This fact partly explains why lower proportions of women than men are found in educational institutions, high status occupations, and top managerial and administrative positions in Tanzania. Such conditions may not only affect women's decision-making potential within the immediate family and community, but also at a national level (Mwageni, 2001).

In a study conducted by Ohagwu et al., (2014), on Perception of Male Gender Preference Among Pregnant Igbo Women, the women expressed anxiety about pre-birth determination of gender. It was assumed the anxiety could be as a result of uncertainty about having the desired gender, usually male. In a study on the accuracy of 2D ultrasound prenatal sex determination showed that women are relieved when foetal gender is disclosed to them and a great majority of them remain happy even when the gender is not the desired type (Igbinedion & Akhigbe, 2012). However on the other hand, the anxiety may be indicative of real danger for the woman as failure to have a male child could propel the husband to marry additional wife/wives. This desperation is because of societal pressure to perpetuate one's lineage. Mubuuke (2011) in Uganda had reported that according to imaging professionals revealing the undesired foetal gender at ultrasound elicits psycho-social effects such as stress, depression, and social isolation. More so, loss of interest in a pregnancy as a result of undesired foetal gender may consequently lead to induced criminal abortion.

2.7 Theoretical framework

There are so many commonly used theoretical models in health promotion. These include but not limited to; the health belief model, trans-theoretical model, social cognitive theory, theory of reasoned actions, theory of planned behaviour and the PRECEDE- PROCEED model (Glanz, Rimer and Lewis, 2002). Each of these models identifies behavioural influences and factors relevant to issue targeted by health promotion programmes. The social cognitive theory was employed in this study. The social cognitive theory was developed in 1963 by Bandura to address the lack of direction and adequacy of public health promotion to sufficiently plan before implementing an intervention. (Glanz et al, 2005).

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Social Cognitive Theory (SCT)

Social Cognitive Theory (SCT) describes a dynamic, ongoing process in which personal factors, environmental factors, and human behaviour exert influence upon each other. According to SCT, three main factors affect the likelihood that a person will change health behaviour: (1) self-efficacy, (2) goals, and (3) outcome expectancies. If individuals have a sense of personal agency or self- efficacy, they can change behaviours even when faced with obstacles. If they do not feel that they can exercise control over their health behaviour, they are not motivated to act, or to persist through challenges (IOM).

As a person adopts new behaviours, this causes changes in both the environment and in the person. Behaviour is not simply a product of the environment and the person, and environment is not simply a product of the person and behaviour.

SCT evolved from research on Social Learning Theory (SLT), which asserts that people learn not only from their own experiences, but by observing the actions of others and the benefits of those actions. Bandura updated SLT, adding the construct of self-efficacy and renaming it SCT. (Though SCT is the dominant version in current practice, it is still sometimes called SLT. SCT integrates concepts and processes from cognitive, behaviourist, and emotional models of behaviour change, so it includes many constructs. It has been used successfully as the underlying theory for behaviour change in areas ranging from dietary change (Baranowski et al., 1993) to pain control (Lorig, Sobel, Stewartet al., 1999).

APPLICATION OF THE THEORY

Numerous studies have employed social cognitive theory in the changing of perception, attitudes and behaviours and have supported the impact of this theory in making significant effect on health behaviours. It has been used to carry out an intervention on Efficacy of the Lunch is in the Bag to increase parents ' packing of healthy bag lunches for young children (Roberts-gray et al., 2016), address use of helmet among motorcycle riders, drinking of alcohol among women, use of filter to prevent the intake of Guinea worm in Guinea worm endemic areas, promotion of exclusive breastfeeding among nursing mothers among others.

Using the constructs of the theory, it will be applied to this current research as follows:

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Environment: These are factors that are physically external to the person and include opportunities for social support. These include the school the students attends, where their parents work, economic condition of that geographical region, political factors and prevailing socio-cultural factors in that environment. The environment influences individual child sex preferences. Individuals act most times according to the dictate of the environment in which he/she hinds himself/herself. One may prefer a male child because that's the prevailing socio-cultural factor in that environment.

Observational learning/ Modeling: This is the behavioural acquisition that occurs by watching the actions and outcomes of others' behaviour. Individuals learn from their parents, friends, neighbours, clergies and colleagues at work. They all can serve as a model for the gender of a child one will prefer. A man who grew up in a family where preference and credence are giving to males will most probably give such preference and credence to the male child. More so, another man who grew up in a liberal home where both genders are seen to be equal will most definitely not discriminate against any gender.

Behaviour: Knowledge and skill to perform a given behaviour i.e. one must know what to do and to do it. Someone's level of education has a significant effect on one's behaviour. A behaviour can be corrected though increase in knowledge, which affects perception, attitude, practice and behaviour in that particular order. Child sex preference is a behaviour which can be influenced through knowledge and such knowledge can be gotten from parents, family members, friends and colleagues or even our environment.

Value expectancies: These are values anticipated for after taking a particular action. The value expectances of preferring a male child over a female child are: continuance of the lineage, breadwinner, and security at old age, family inheritance, consummation of marriage among others. The value expectancies for preferring a female child over the male could be said to be care of parents at old age, house chores, and gender balance among others.

Individual: This has to do with person's personal and cognitive characteristics. In this research, we will consider the age of the students, the economic status, marital status, level of education, and discipline among others.

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Self-efficacy: This is a person's confidence in performing a particular behaviour. In this research, it has to do with the students' confidence to prefer either gender without being influenced by the environment or people they look up to. It also refers to the student's capability to stop child bearing once they have the desired number without being pressure by parents or the significant other to have another child.

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SOCIAL CONGTIVE THEORY

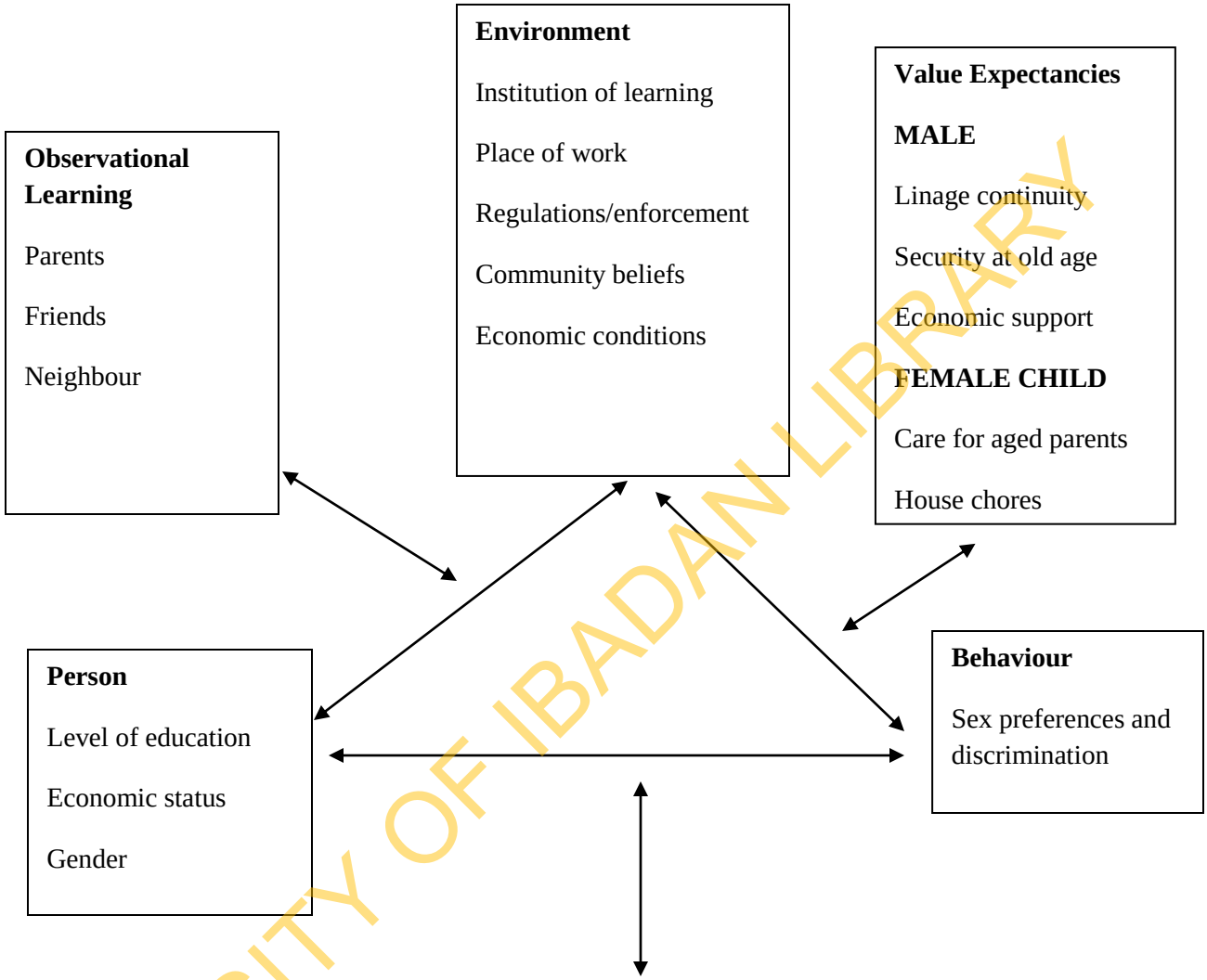

Figure 2.1 Conceptual framework on perception and disposition towards child gender preference

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CHAPTER THREE

METHODOLOGY

This section highlights the type of research design that were employed, research participants, sampling method, instruments, data collection procedures, validity and reliability of the test, statistical treatment and analysis of data and ethical issues.

3.1 Study design

A descriptive cross-sectional survey using semi-structured questionnaires was used. The Focus Group Guide and questionnaire measured the perception and disposition towards child sex preferences in marriage among the respondents. It also documented the factors influencing child sex preferences and health risks associated with child sex preferences among the respondents.

3.2 Study location

The study was carried out among the students in the Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, the state capital of Oyo State in Southwestern Nigeria. The University of Ibadan, UI was established in 1948 as it is fondly referred to as the first University in Nigeria. Until 1962 when it became a full-fledged independent University, it was a College of the University of London in a special relationship scheme. The University which took off with academic programmes in Arts, Science and Medicine, is now a comprehensive citadel of learning with academic programmes in sixteen Faculties namely, Arts, Science, Basic Medical Sciences, Clinical Sciences, Agriculture, the Social Sciences, Education, Veterinary Medicine, Pharmacy, Technology, Law, Public Health, Dentistry, Economics, Renewable Natural Resources and Environmental Design and Management. The Faculties of the Basic Medical Sciences, Clinical Sciences, Public Health and Dentistry are organised as a College of Medicine. The University has other academic units among which are: Institute of Child Health, Institute of Education, Institute of African Studies, Centre for Child Adolescent and Mental Health, Centre for Educational Media Resource Studies, African Regional Centre for Information Science (ARCIS), Centre for Peace and Conflict Studies (CEPACS), Centre for Petroleum, Energy, Economics and Law

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(CPEEL), Centre for Sustainable Development (CESDEV), and Centre for Entrepreneurship and Innovation (CEI),Institute for Advanced Medical Research and Training (IAMRAT), Centre for Drug Discovery, Development & Production (CDDDP), Centre for Control & Prevention of Zoonosis (CCPZ). There are twelve Halls of Residence which provide accommodation for about 30% of the population of students in the regular studies mode and also has 1212 housing units, out of which 609 units are occupied by senior staff and 603 units by junior staff. About 50% of the entire student enrolments are postgraduate students which produces an average of 3,000 Masters & 250 Ph.Ds every year.

The Faculty of Public Health where the study took place was founded in 2002 as the first Faculty of Public Health in Nigeria. The Department of Preventive and Social Medicine of the then Faculty of Clinical sciences metamorphosed into Faculty of Public Health. The Faculty currently has six departments and one Institute.

3.3 Study population

The study population consists 248 both male and female Master of Public Health students in the University of Ibadan, Ibadan Nigeria. There are six departments and one institute in the faculty namely; Epidemiology and Medical Statistics, Environmental Health Sciences, Health Promotion and Education, Human Nutrition and Dietetics, Community Health and Institute of Child Health Conducting this study among this population will therefore serve to inform the necessary stakeholders on how to better equip students with adequate information on gender equality and also serve as role models for people in the society.

3.4 Sample size determination

Sample size for this study was calculated using the prevalence of child preference according to a study carried out by Raji and Raji (2016), on Socio-cultural Factors and Male-Child Preference among Couples in Ilorin-West Local Government Area of Kwara-State, Nigeria which reveals the preference of male child to be 70% and that of female child to be 30% among the study population which is as follows:

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$$n = \frac{Z\alpha^2 \, p \, (1-p)}{d^2}$$

Where: $Z\alpha = 1.96$ $p = 0.70$ $q = 1-p = 1-0.7 = 0.3$

n= Sample size

d= Degree of accuracy set at 0.05 (precision set at 5% significant)

$$n = \frac{1.96^2 \times 0.7 \times 0.3}{0.05^2} = 322.7$$

n is approximately 323

Sample size is calculated using formula adopted from Glenn (1992):

$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

$$n = \frac{323}{1 + \frac{(323 - 1)}{715}} = 222.7$$

n is 223

A non-response rate of 10% is anticipated using

$$q = \frac{1}{1-f}$$

Where f = estimated non response rate

$$\frac{223}{1-0.1} = \mathbf{247.7}$$

The sample size used was **248**

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Table 3.1 Distribution of Respondents by Gender, Year of entry and department

DEPARTMENTS	2016/2017		2017/2018		
	MALE	FEMALE	MALE	FEMALE	TOTAL
Environmental Health	31	29	36	21	117
Health Policy Management	15	20	11	22	68
Epidemiology and Medical Biostatistics	32	35	23	42	142
Health Promotion and Education	10	42	14	38	104
Human Nutrition and Dietetics	12	49	17	40	118
Community Medicine	12	16	14	18	60
Institute of child health	22	29	21	34	106
Total	134	230	136	215	715

Source: Departmental offices

3.5. Sampling technique

A multistage random sampling technique was used to select the sample population from University of Ibadan.

Stage 1: Selection of Departments

There are seven departments in the faculty and all the seven departments were employed in this study.

Stage 2: Selection of number of respondents in each department

Proportionate method was used to select total number of respondent from each department. In order to determine the number of respondents selected from each department, the number of track 1 and 2 MPH students in each department was divided by the total number of MPH students in track 1 and 2 of the seven departments, multiplied by the sample size (N).

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$$\frac{\text{Number of MPH students in Track 1\&2 (in each department)}}{\text{Total number of MPH students in Track 1\&2 (in all 7 departments)}} \times \text{Sample size (N)}$$

Stage 3: Selection of respondents in each department

From each department, respondents were stratified into track 1 and 2. A proportionate random sampling was used to select respondents from each track.

- To calculate the number of respondents from track 1;

$$\frac{\text{Number of students in track 1}}{\text{Total number of MPH students in track 1\&2}} \times \text{Number of respondents in the department}$$

- To calculate the number of respondents from track 2 ;

$$\frac{\text{Number of students in track 2}}{\text{Total number of MPH students in track 1\&2}} \times \text{Number of respondents in the department}$$

Table 3.2 Proportionate distribution of respondents by their department

DEPARTMENTS	Total	Sample size determination	No of Respondents
Environmental Health	117	117/715×248=40.5	40
Health Policy Management	68	68/715×248=23.5	23
Epidemiology and Medical Biostatistics	142	142/715×248=50.2	50
Health Promotion and Education	104	104/715×248=36.0	36
Human Nutrition and Dietetics	118	118/715×248=40.9	41
Community Medicine	60	60/715×248=20.8	21
Institute of child health	106	106/715×248=36.7	37
TOTAL	**715**		**248**

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Stage 4: Selection of respondents in each track based on Gender

From each track, respondents were stratified into Male and Female

$$\frac{\text{Number of Males}}{\text{Number of MPH students in track 1}} \times \text{Number of respondent in track 1}$$

Systematic sampling technique was used to select the respondents in each track, using the class list from the class rep.

3.6 Inclusion criteria

MPH students in track 1 and 2 from who informed consent were obtained and who were willing to participate in the study.

3.7 Exclusion criteria

Students who are not masters of Public Health students in track 1 and 2; and who do not give informed consent were excluded from the study. Students who were not married were not used for the Focus Group Discussion.

3.8.1 Instrument for data collection (Quantitative method)

Quantitative method was used for data collection using a questionnaire. This was self-administered. The questionnaires was developed using information obtained from literature on perception and disposition towards child sex preference. The instrument had five (5) sections. The first section was designed to elicit data on socio demographics of the respondents. The second section determined the perception on child sex preference while the third section examined the disposition towards child sex preference in marriage among Masters of Public Health students. Section four documented the factors influencing child sex preference and section five identified the perceived health risks associated with child sex preference among respondents.

3.8.2 Instrument for data collection (Qualitative method)

A focus group guide was developed for the Focus Group Discussion which contains questions that were used to gain an in -depth understanding on the perception and disposition towards child sex preference in marriage among Masters of Public Health students. The questions were open-ended because the intent of the focus group is to promote discussion.

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The sample of the focus group was stratified by gender, and then stratified gender by married or single making a total of four groups. This was done in order to ensure the participants are compatible, they shared similar knowledge and background which encouraged sharing of information as well as deeper and more detailed insight ,having similar character in the group the participants expressed themselves freely without been intimidated. The sample for the focus group discussion have individuals with characteristics of the overall population which helped the researcher gained a greater understanding of the research.

For effectiveness of this Focus Group Discussion 7-12 participants were recruited per group. This is the optimal size to promote discussion and enable the facilitator to keep the group on task. For the Focus Group Discussion the focus group guide was developed for the purpose of this study. The Participants were identified and a contact list was developed. Research assistant and a note taker were employed during the course of this study. The moderator, note taker, were trained so as gives similar results after several administrations under similar conditions.

3.9.1 Data collection procedure for quantitative method

The data were collected by the researcher and with the assistance of four research assistants who were trained prior to the time of data collection .The research assistants were given adequate information about the objectives of the research project, data collection process, sampling procedure and the content of the questionnaire and focus group guide to avoid mistakes that could affect the result.

The researcher also provided adequate supervision to the research assistants and participated in data collection. The researcher checked for completeness and errors before leaving the field.

3.9.2 Data collection procedure for Qualitative method

The responses from the participants from the Focus Group Discussion was grouped together, coded and analysed according to the objectives of the study .The findings was described, interpreted and reported in narrative form. A conducive environment was used. The needed materials for this study include Notepads and biros Focus Group Guide, Tape Recorder, List

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of Participants, Sign-in Sheet, Consent Forms, Name Tags and Refreshments. Name tag is used to assist the moderator if any of the participants is unusually quiet or vocal.

3.10 Validity of instrument

Validity refers to the accuracy of an instrument that is, how well it measures what it is supposed to measure. In order to establish validity of the instrument, the face and the content validity are ensured by comparing its items with previous similar studies and by matching them with stated objectives, research questions and set hypotheses .Construct validity was ensured by making sure variables in the theoretical framework are represented in the instrument. The instrument was scrutinized by experts in child and adolescent health to validate the instrument and my supervisor was consulted to give a valid template of how the instrument should be. These individuals edited and made useful corrections and suggestions before the questionnaire was given to the study participants.

3.11 Reliability of instrument

Reliability of an instrument is a measure of the consistency in which the instrument will measure what it is supposed to measure. An instrument is reliable if it gives similar results after several administrations under similar conditions.

In establishing the reliability of the instrument, the researcher applied the Pre-test technique. The Pre-test technique is a process whereby the researcher shall administer the constructed questionnaire to 10%of the total study population in another representative population but the filled questionnaire for the pre-test shall not be used in the final analysis of the work. The pre-test of this study was carried out among 25 students of Master of Public Health students in Obafemi Awolowo University a similar population group. A Cronbach Alpha measurement and reliability co-efficient measure was carried out on the pre-test questionnaire to know how reliable the instrument is. A co-efficient of 0.7 was obtained.

3.12.1 Quantitative Data Analysis

Serial numbers was written on the copies of the questionnaire for easy data entry and recall. A coding guide was developed along with the data collection tool in order to facilitate its analysis. Questionnaire was reviewed to ensure consistency and completeness. Cleaning, and

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coding of data for analysis were also done. Using the coding guide, the data collected was carefully entered into the statistical software and analyzed using descriptive statistics such as mean, median, mode and frequency table and inferential statistics such as Chi-square test. The results obtained from the Statistical Package for Social Science (SPSS version 21) analysis was summarized and presented in tables and charts.

Respondents' perception on child sex preference in marriage was measured on a 20-point perception scale. Perception Score (PS) of<10 was rated as poor perception, PS of ≥10 was rated as good perception.

A 20-point scale was used for disposition towards child sex preference in marriage, where a score < 10 was rated as poor disposition and a score ≥10 was rated good disposition towards child sex preference.

To document factors influencing child sex preference, a ten (9) statement questions was used and reported in percentage to document the factors influencing child sex preference in marriage.

To identify the perceived health risks associated with child sex preference, nine (9) statements was used to report it in percentage.

Chi-square test statistic was conducted to investigate the association between age of respondents and perception of child sex preference in marriage. The association between marital status of respondents and disposition towards child sex preference in marriage. The association between gender of respondents and perception towards child sex preference in marriage.

3.12.2 Procedure for Thematic Analysis of Qualitative Study

The anonymity of participants in the discussion was protected in the reported .The FGDs were tape- recorded and transcribed and went through several phases of analyses. A preliminary analysis was conducted in order to get a general sense of the data and reflect on its meaning.

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The responses from the participants from the Focus Group Discussion were grouped together, coded and analysed according to the objectives of the study. The findings were described, interpreted and reported in narrative form.

3.13 Ethical consideration

Ethical approval was obtained from the University of Ibadan/University College Hospital (UI/UCH) Ethics Review Committee to ensure the proposed study meets all the principles and National guidelines in research involving human participants and Permission from Oyo state Police command to conduct study among the respondents.

Informed Consent/Confidentiality: A valid Informed consent was obtained from the study participants through appended signature on the informed consent form after adequate provision of information. All identifiers will be removed from the questionnaire and focus group guide and confidentiality will be ensured through protection of data collected from participants.

Voluntariness: Participants were accorded the right to or not to participate in the study without any consequence. It was made clear to participants that they are under no obligation to participate in the study.

Beneficence: Conducting this study among this population therefore serve to inform the necessary stakeholders on how to better equip students with adequate information on child sex equality and also serve as role models for people in the society.

Non-maleficence: The study did not involve any risk as it does not involve utilization of any invasive material. No harm on respondents who chose to participate in the study. Only the time needed to respond to the questionnaires and focus group discussion were required of the participants.

Dissemination of Findings: To ensure study participants are informed about the information gathered, the result of the findings will be sent to the faculty which will be disseminated the students.

Translation of protocol to the local language: Participants are literate in English language. The research instrument was not translated into any local language

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CHAPTER FOUR

RESULTS

4.1 Socio-demographic characteristics of respondents

For this finding, a total of 248 MPH students participated in the quantitative aspect of the study while Four Focus Group Discussions (FGDs) were used for the qualitative aspect involving about 7 participants per group. The socio-demographics profile of the respondents was presented in table 4.1. The mean age of respondents was 26.7±4.4years with minimum and maximum ages of 21 and 54 years respectively. Majority, 62.5% were female while 37.5% were male. All the Departments from the Faculty of Public Health, University of Ibadan were represented with highest (20.1%) from Epidemiology and Medical Statistics Department. While majority (51%) were from MPH I track, 49% were from MPH II. Most (81.9%) of the respondents were single while18.1% were married. Also, 85.9% were Christian, 13.7% Islam and 0.4% others. The predominant ethnic groups among the respondents were Yoruba (77.0%). Other ethnic groups in Nigeria were also represented.

Majority (40.1%) of the respondents preferred to have three children, 22.8% want two children, 28.3% want four children, 4.7% want between none and one child while 4.1% preferred to have between 6 and 8 children. Also, 47.7% preferred two male children while 39.2% want one male child. On the contrary, 45.6% preferred two female children while 40.9% preferred one female child

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Table 4.1a: Socio-demographic characteristics of respondents

N=248

Variables	Responses	Frequency	%
Age of respondents (in years)	21-25	119	46.8
	26-30	103	42.7
	31-35	19	7.7
	36 and Above	7	2.8
Gender	Male	93	38.8
	Female	155	61.2
Department	Health Promotion and Education	36	14.5
	Environmental Health Sciences	40	16.1
	Epidemiology and Medical Statistics	50	20.2
	Human Nutrition	41	16.5
	Community Medicine	21	8.5
	Institute of Child Health	37	14.9
	Health Policy and Management	23	9.3
Track	MPH I	126	78.9
	MPH II	122	21.1
Marital Status	Single	203	81.9
	Married	45	18.1
Religion	Christianity	213	85.9
	Islam	34	13.7
	Others	1	0.4
Ethnic group	Yoruba	191	77.0
	Igbo	19	7.4
	Edo	6	2.4
	Ibibio	9	3.6
	Igala	3	1.2
	*Others	20	8.4

Mean age=26.7±4.4; Maximum age=54 and Minimum age=21 years

***Others: Efik, Ikwere, Isoko, Ika, Tiv, Benin, Idoma, Jukan, Okrika, Annag, Maroa*

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Table 4.1b Socio-demographic characteristics of respondents

N=248

Variables	Responses	Frequency	%
Total numbers of preferred children	0-1 child	11	4.8
	2 children	56	22.6
	3 children	101	40.7
	4 children	69	27.8
	6-8 children	11	4.1
Number of preferred male children	Zero	15	6.0
	One	98	39.6
	Two	116	46.8
	Three	14	5.6
	Four	5	2.0
Number of preferred female children	Zero	21	8.5
	One	102	41.1
	Two	112	45.2
	Three	11	4.4
	Four	1	0.4
	Five	1	0.4

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4.2 Perception of child sex preference in marriage

Many focus group discussants across the groups felt there shouldn't be any form of child sex preference in a home. Their typical responses include the following:

- *"A child is a child either a male or female they are all important. (R1G2)*
- *"I don't mind either a male or female. They are all children because the way I was raised We are all giving equal opportunities so I don't mind all I want is children" (R4G3)*

Child sex preference in marriage was however noted among married people due to several factors such as cultural, religion and personal reasons. Some of them stated that they would prefer to have both gender. Their responses included the following:

- *"It is that you must have both, because in my place (Eastern part of Nigeria) there is this belief that when you have both of them it will bring benefits to you. The females will bring in good tidings to the one and there male Inherit what the female has" (R1G3)*
- *"For me I prefer both sex. I prefer to have male first because in this part of the country (Yoruba) people prefer male first but for me I believe when I be a male first there will be less stress on me" (R2G3)*

Table 4.2 presents the respondents' perception on child sex preference in marriage Majority (92.7%) had good perception while 7.3% had poor perception.

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Some (37.5%) of the respondents agreed that having a male child help consolidate marriage, 98.3% reported that both male and female children are important in the family. Also, 83.9% agreed that female child can support the parents financially in the old age and 96.8% disagreed to the fact that female children cannot inherit the parents' properties. 52.4% disagreed there are health risks associated with gender preference while 36.3% agreed that having a male child commands respects from people in the society and 94.0% disagreed that female children are only useful for house chores. 94.0% disagreed to a family without a male child is yet to have any child. 97.2% disagreed to having only female children is bad luck for the woman. 92.7% disagreed to female children are other family's properties

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Table 4.2: Respondents' perception of child sex preference in marriage

N=248

Variables	Responses	
	Agree (%)	**Disagree (%)**
Having a male child will help consolidate marriage	93(37.5)	155(62.5)
Both male and female children are important in the family	244(98.3)	4(1.7)
A family without a male child is yet to have any child	15(6.0)	233(94.0)
Female child can support the parents financially in their old age	208(83.9)	40(16.1)
Female children cannot inherit the parents' properties	8(3.2)	240(96.8)
There are health risks associated with child gender preference	118(47.6)	130(52.4)
Having only female children is bad luck for the woman	7(2.8)	241(97.2)
Having a male child commands respect from people in the society	90(36.3)	158(63.7)
Female children are only useful for house chores	15(6.0)	233(94.0)
Female children are other family's properties	18(7.3)	230(92.7)

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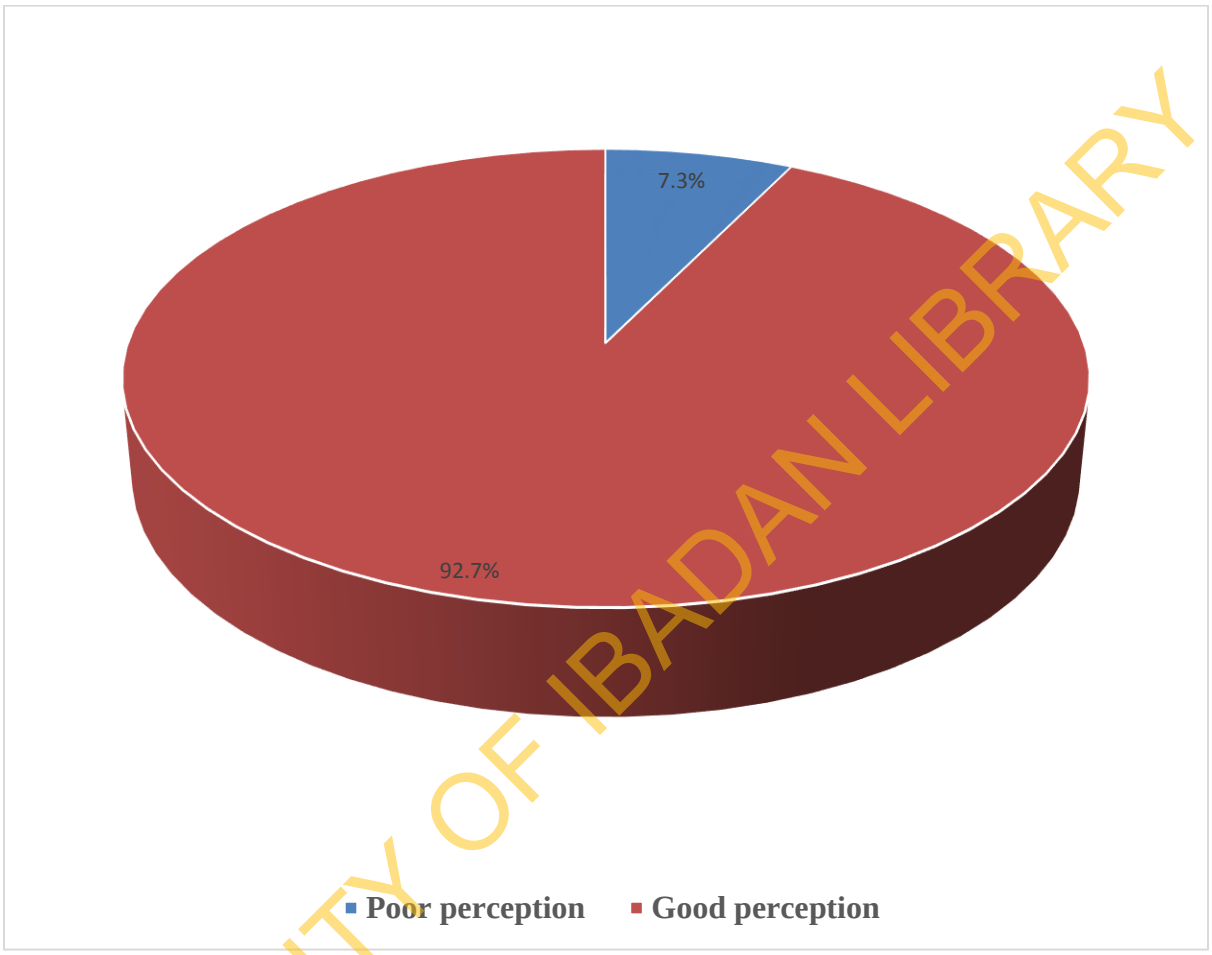

Figure 4.1: Respondents' perception on child's sex preference in marriage

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4.3 Disposition towards child's sex preference in marriage

On the disposition towards child sex preference, many focus group discussants across the groups were of the view that it would be good to have both male and female children. Meanwhile, majority actually prefer having more female children and a female child first. Some are however indifferent to the sex of their children been male or female. Their typical responses include the following:

- *"Personally, I don't have a preference for male children or female children. But then I will like to experience been a mother of a boy and a girl to see how to deal with male and female child" (R4G1)*
- *"For me, I am indifferent. My education and personal exposure has shown that both gender are important. We need to move from this pre-colonial thinking and become more objective like everybody should be inclusive. They is this saying that goes thus: what a man can do, a woman can do even better. It's not about gender but about the person. We should educate people around us as sex preference can lead to neglect of the undesired sex" (R1G4)*

Many discussants across the various groups are of the view that the naming ceremony should be equal across both gender and also depending on the family's financial status or situation surrounding the birth. Some however mentioned that the naming ceremony of a male is more elaborate than that of a female. Some of their responses include the following:

- *"All naming ceremony should be celebrated equally" (R7G4)*
- *"In my place we do dedication if the first is a male there is always this big ceremony that she has arrived pop she is now our property and other child that comes they just give the boy name" (R1G3)*

Discussant also gave comments as regards the male child inheriting properties. Some of their comments are as follows:

- *"In my place (Anambra State) the male child inherit property. The female child does not. If I don't have a male they will go and adopt just to give the property to a male child"(R1G3)*
- *"All children should be entitled to the inheritance of their parents. My children have access to my parent and they are all girls for now" (R3G4)*

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Many discussants across the various groups spoke about the extent to which they can go to get desired child sex. Options mentioned included IVF, adoption and seeking for advice while some don't have a preference. Some of their typical responses were as follows:

- *"What I can do is IVF .To that extent to me I am the only boy in my family and if don't have a male child my dad will be afraid that is name is going down. Of course we are in a country where I am as lesser Carries on the family name. If I don't get to a boy till the number of children I want to have is complete I leave it for God because I don't want plenty children"(R3G2)*
- *"I can't go to any extends. If am from a royal family it won't influence me because I don't believe in power" (R1G2)*

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The respondents' disposition towards child sex preference is presented in table 4.4. Majority (84.3%) of the respondents had good disposition score while 15.7% had poor disposition score.

Most (92.7%) of the respondents were against child sex discrimination, 27.0% agreed that they don't feel comfortable having a family without a male child, 87.9% will not encourage preference of male child over a girl child, while 48.0% felt there is health risk associated with gender preference. Only 6.5% reported that they don't feel comfortable having a female child as the first born in the family while 95.6% disagreed to female child not inheriting their parents' properties. A few of the respondents (13.5%) felt that the male child should always take lead even when a female child is also qualified and 70.9% felt that the naming ceremony of a female child should be exactly as elaborate as that of a male child.

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Table 4.3: Respondents' disposition towards child sex preference in marriage

N=248

Variables	Responses	
	Agree (%)	**Disagree (%)**
I don't feel comfortable having a family without a male child.	67(27.0)	181(73.0)
I am against child sex discrimination	230(92.7)	18(7.3)
I will not encourage preference of male child over the girl child.	218(87.9)	30(12.1)
I feel there is health risks associated with gender preference.	119(48.0)	129(51.9)
I don't feel comfortable having a female child as the first born in the family.	16(6.5)	232(93.5)
I support female not inheriting their parents' properties	11(4.4)	237(95.6)
I feel female children are modest for house chores	71(28.6)	177(71.4)
I'm against the belief that a female child is just an extra to humanity.	161(64.9)	87(35.1)
I feel the male child should always take lead even when a female child is also qualified.	34(13.7)	214(86.3)
I feel the naming ceremony of a female child should be elaborate as that of a male child.	175(70.6)	73(29.4)

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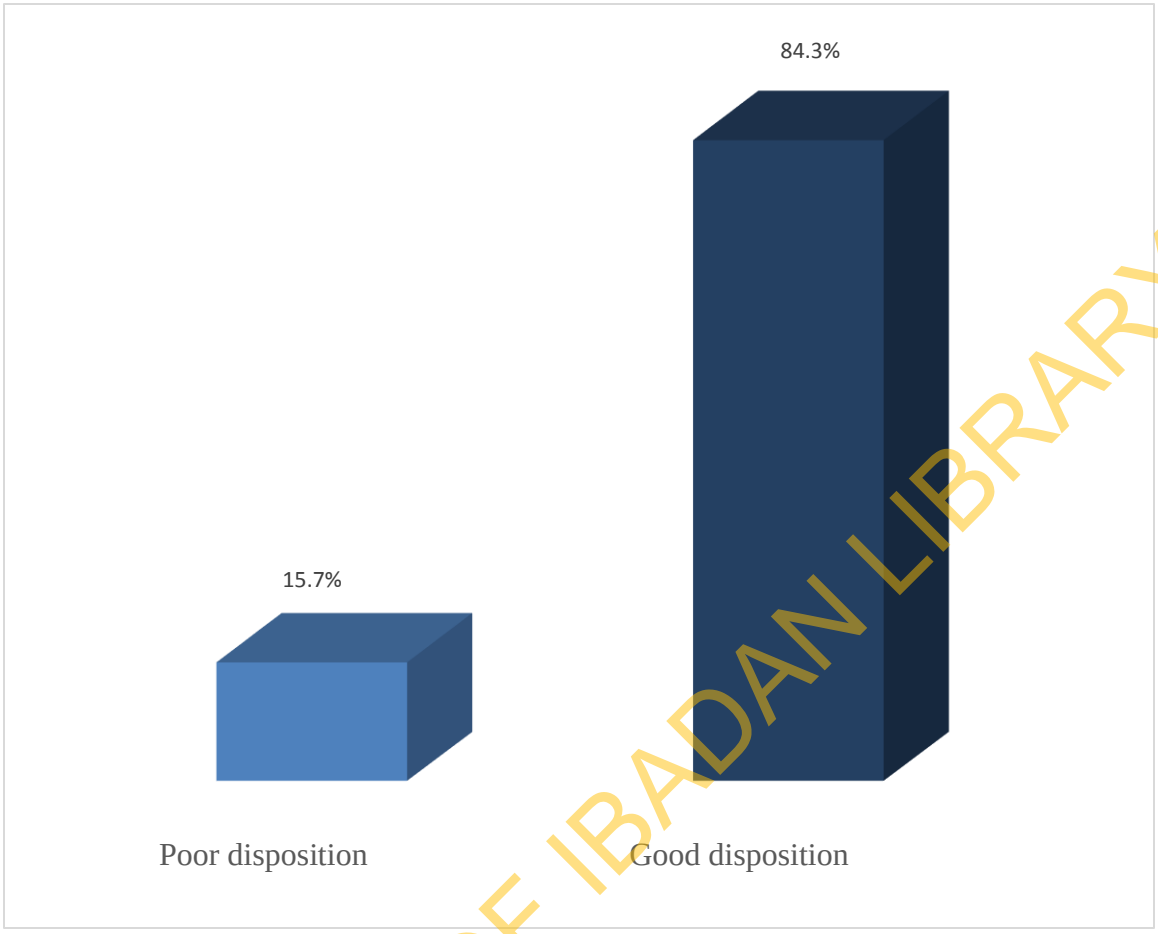

Figure 4.2: Respondents' disposition towards child's sex preference in marriage

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4.4 Factors influencing child sex preference in marriage

On the factors influencing sex preference, many focus group discussants across the groups were of the view that culture and the society plays a major role. Some of them also mentioned religion, experience, environment and individual personalities. Their typical responses include the following:

- *"It mainly cultural. But there is this school of thought that female are more caring than male. Even if she marries she will still take care of her parent but a male child tenders to take care of his immediate family. it mainly cultural" (R1G2)*
- *"looking at all the religion practice in this country which give credence for a male child which can influence any family to keeping giving birth until they have a male child that can represent them"(R3G4)*

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The identified factors influencing child sex preference is presented in table 4.6. These factors include; boys carry on the family name (22.6%), boys provide more economic support for the parents in their old age (6.5%), customs values boys more than girls (10.5%).

Other factors included; girls are too emotionally and physically weak (17.7%),religion gives more credence to male child (36.3%), in-laws will not be happy if I don't have a female child (16.1%) and parents will be happy if I have a male child (77.6%),I will not be happy if we don't have his/her desired gender(18.1%).

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Table 4.4: Factors influencing child sex preference in marriage

N=248

*Factors	Frequency	%
Boys carry on the family name	56	22.6
Boys provide more economic support for the parents in their old age than girls	16	6.5
Our customs value boys more than girls	26	10.5
Girls are too emotionally and physically weak	44	17.7
Our religion gives more credence to male child	90	36.3
My in-laws will not be happy if I don't have a female child	40	16.1
My parents will be happy if I have a male child	191	77.0
I will not be respected in my place of worship without a son	7	2.8
My spouse will not be happy if we don't have his/her desired gender	45	18.1

*Multiple responses present

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4.5 Perceived health risks of child sex preference in marriage

On the perceived health risks of child sex preference in marriage, many focus group discussants across the groups were of the view that the woman is at risk of selective abortion, mental stress, depression and maternal mortality. They also mentioned that the less preferred child can be exposed to malnutrition, neglect and abuse. Some of their typical responses include the following:

- *"Mental issues post-depression. I know of a woman that have 8 boys and still want a female child. She gave birth one time and people will tell feed this child now, she was like leave me leave me. Her own was not that serious but you know it might get worst to the extents of killing the baby" (R4G1)*
- *'It also increase infant mortality rate. In India if she is looking for a boy and gives birth to a girl. They immediately kill the girl there is extra bonus for the mid wife that kills the child just because they don't want a girl" (R3G1)*

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The respondents' perceived health risks of child sex preference are presented in table 4.7. Most (85.1%) reported it can lead to selective abortion, 86.3% reported that it leads to the neglect of the undesired child, 89.1% reported it can cause postnatal depression in the woman, 93.5% agreed it can cause a woman to give birth to more children than planned and 76.6% disagreed that having many children cannot jeopardize the health of the mother.

Majority (78.6%) of the respondents agreed that child sex preference can lead to mental derailment. Also, 89.5% reported that an unwanted child can commit suicide, 83.5% reported that sex preference can predisposed mothers to miscarriages and loss of pregnancies and 79.4% reported that unfavourable prenatal child sex determination result can cause the woman to have miscarriage

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Table 4.5: Perceived health risks of child sex preference in marriage

N=248

Variables	Responses	
	Agree (%)	**Disagree (%)**
It can lead to sex-selective abortion	211(85.1)	37(14.9)
It can leads to the neglect of the undesired child	214(86.3)	33(13.3)
It can cause postnatal depression in the woman	221(89.1)	27(10.9)
Child sex preference can cause a woman to give birth to more children than planned	232(93.5)	16(6.5)
Having many children cannot jeopardize the health of the mother	58(23.4)	190(76.6)
Child sex preference can lead to mental derailment	195(78.6)	53(21.4)
An unwanted child can commit suicide	222(89.5)	26(10.5)
Sex preference can predispose mothers to miscarriages and loss of pregnancies	207(83.5)	41(16.5)
Unfavourable prenatal child sex determination result can cause the woman to have miscarriage	197(79.4)	51(20.6)

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4.6 Test of Hypotheses

Hypothesis 1: There is no statistical difference between age and perception of respondents towards child sex preference in marriage. The relationship between these two variables was tested using fishers exact test statistics and was found not significant [X^2=7.105, df=3, p=0.069]. Hence, the null hypothesis that there was no statistical difference between age and perception of respondents towards child sex preference was not rejected.

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Table 4.6.1: Relationship between respondents' age and perception of child sex preference in marriage

Age	Perception		Df	X^2	p-value
	Poor	Good			
21-25	4 (3.4)	112(96.6)	3	7.105	0.069[+]
26-30	13(12.3)	93(87.7)			
31-35	1(5.3)	18(94.7)			
36 and above	0(0.0)	7(100.0)			
Total	18(7.3)	230(93.5)	248(100.0)		

[+]Not Significant (p>0.05)

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Hypothesis 2: There is no statistical association between marital status and disposition of respondents towards child sex preference in marriage. The relationship between these two variables was tested using Chi-square test statistics and was found significant [X^2=16.321, df=1, p=0.000]. Hence, the null hypothesis that there is no statistical difference between marital status and disposition of respondents towards child sex preference in marriage was rejected.

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Table 4.6.2: Relationship between respondents' marital status and disposition towards child sex preference in marriage

Marital status	Disposition		Df	X^2	p-value
	Poor	Good			
Single	23(11.3)	180(88.7)	1	16.321	0.000*
Married	16(35.6)	29(64.4)			
Total	39(15.7)	209(84.2)			

*Significant ($p<0.05$)

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Hypothesis 3: There is no statistical difference between gender and disposition of respondents towards child sex preference in marriage. The relationship between these two variables was tested using Chi-square test statistics and was found to be significant [X^2=2.477, df=1, p=0.153]. Hence, the null hypothesis that there no statistical difference between gender and disposition of respondents towards child sex preference was not rejected.

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Table 4.6.3: Relationship between respondents' sex and disposition towards child sex preference in marriage

Gender	Disposition		Df	X^2	p-value
	Poor	Good			
Male	11(11.2)	87(88.8)	1	2.477	0.153[+]
Female	28(18.7)	122(81.3)			
Total	39(15.7)	209(84.3)			

[+] Not-significant (p>0.05)

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CHAPTER FIVE

DISCUSSION, CONCLUSIONAND RECOMMENDATION

5.1 Discussion

The implications of the results are discussed in this chapter under the following headings: socio demographic characteristics of respondents, perception of child sex preference in marriage, disposition towards child sex preference in marriage, factors influencing the disposition towards child preference in marriage and perceived health risk associated with child sex preference. The chapter ends with conclusion and recommendation.

5.1.1 Socio-Demographic Characteristics of Respondents

The mean age of respondents was 26.7±4.4years. This is the average age of most postgraduate students across the University in Nigeria because the age of graduate has been reduced as a result of early admission into the University. Majority of the respondents were female this is similar to the findings of Raji & Raji (2016) in a study conducted in Kwara state Nigeria were majority of the respondents were female. This may be because we have more female in the population and more female are been sent to school. The predominant ethnic group among the respondents were Yoruba, this is so because the study was conducted in the south-west region of the country were majority was Yoruba and most people prefer to attend school that are close to them.

5.1.2 Perception of Child Sex Preference in Marriage

Some of the respondents reported that having a male child help consolidate marriage. This is similar to the finding of Ohagwu *et al* (2014) in a study conducted in south-east were some of the respondents stated that they have a secure place in their homes. This is so because in most society in Nigeria male child is needed in sharing the inheritance and they help to sustain the name of the family.

Furthermore, most of the respondents agreed that both male and female children are important in the family. This corroborates the findings of Agbor & Gyon (2014) in a study conducted in South-South Nigeria were majority of the respondents do not care about the sex

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of their child as all the children are important in the family and they have different role to play. This may be because of the level of education and the society is changing as women are holding higher position, this has played down on sex-preference. While, this is at variance with the findings of Raji & Raji (2016) in Kwara were male are reported to be more important than the female. This difference in findings may be because of the study location. Also, most of the respondents agreed that female child can support the parents financially in the old age as compared to the male child who have little or no time for their parents this is in line with the findings of Dharamalingan (1994) in India and Edewor (2001) in Delta Nigeria were female children are seen as security for old age. This may be so because female children are emotional and caring, enabling them to provide more for their family. This suggests why female children become extremely useful to parents in old age. Indeed the female child will suffice for the care of aged parents instead of old people's homes. Some of the respondents agreed that having a male child commands respects from people in the society. This corroborates the findings of Ohagwu *et al,* (2014) and Raji & Raji (2016) were they reported that there will be someone to carry on the family name. This may be because it is a patriarchal where the female take to their spouse name. Majority of the respondents has good perception of male sex preference irrespective of age, and marital status. From the foregoing, it can be deduced that education has seriously affected the respondents' preference for the male child. Also, we are in a changing society where female can attain any positions they want.

5.1.3 Disposition towards Child sex Preference in Marriage

Majority of the respondents had good disposition towards child sex preference. This is at variance with the findings of Ohagwu *et al,* (2014) were most of the respondent had poor disposition toward child sex preference as female children are seen as tending the farm of another man's garden. This difference in finding may be because of the study location which is south-west as opposed to south east and the respondents of this study were more educated and exposed as compared to Ohagwu *et al.,* study population.

Most of the respondents were against child sex discrimination and will not encourage preference of male child over a girl child. This is similar to the findings of Agbor & Gyon (2014). This may be because the society now places more value on having a child that is

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useful than just a male child. While it is at variance with the study of Dudeja *et al*., (2013) in India and Yount (2005) conducted in Egypt where more emphasis is placed on having a male child. This difference in finding may be because of the study location and the policy on child birth in India of one child. Some of the respondents reported that are health risks associated to having child sex preference. This is similar with the findings of Dudeja *et al*.,(2013) were some of the respondents result to abortion to get the desired sex (female feticide).

5.1.4 Factors Influencing the Disposition towards Child sex Preference

The identified factors influencing child sex preference reported by the respondents include; boys carry on the family name, boys provide more economic support for the parents in their old age, customs values boys more than girls, religion gives more credence to male child, in-laws will not be happy if I don't have a female child and parents will be happy if I have a male child. This corroborates the findings of Dudeja *et al*, (2013), Inyang-etoh and Ekenem (2016), Ohagwu et al., 2014 and Chhetri, Ansian, Bandary & Adhikari, 2011,Das Gupta and Chung (2007). This result is not surprising as Nigeria is a patriarchal country and the roles son plays in the family. Many religious leaders especially Christians and Muslims have, for example, espoused teachings and dogma that acknowledged women as minors in the spheres of religion. These forms of religious understandings often emphasize certain portions of religious texts while disregarding other areas in a bid to sustain the foundation of patriarchy which ultimately is one of the salient factors causing male child preference in Nigerian society.

5.1.5 Perceived health risks associated with child's sex preference.

Most respondents reported it can lead to selective abortion, neglect of the undesired child, postnatal depression in the woman, woman to give birth to more children than planned, lead to mental derailment. This is in line with the finding of Emmanuel and Aniyiekere (2016) study conducted in Uyo, Nigeria and Das Gupta et al, (2003) conducted in India. This is so because the health risk experienced is the same regardless of the location.

5.2 Implications of findings for Health Promotion and Education

The findings of this study have several implications for planning, development and implementation for health promotion and education on factors that influence disposition

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towards child sex preference among Masters of Public Health students. It has been deduced from this study that, although the respondents 'perception and disposition towards child sex preference was good , but were not aware of some of the health risks associated with child sex preference in marriage. Therefore, to improve their awareness on the health risks associated with child sex preference in marriage which would reduce maternal mortality rate and sex-selective abortion, the following should be put in place.

Public Enlightenment

This can be in form of campaigns which could be used to create awareness and influence their disposition. This has the potential of reaching out to larger number of people including parents, teachers, and other population groups in the community as they are seen a change agent and a sub –set of the population at large. Campaigns targeted at various groups should be organized with differing emphasis. Television, radio adverts, jingles and other public relation programmes should also be sponsored. Distributing handbills, pamphlets and posters can be distributed. Government and other relevant agencies should design community and population-based preventive activities towards reducing the health risks associated with child sex preference.

Inter-sectorial approach

Addressing the issues of child sex preference should cut across various sectors not just the education sector but also the health sector. Students, at all level of education, should be exposed to adequate information on the health risk associated with child sex preference in marriage. As seen that master's in public health are sub set of the population they should be taught on the health risks associated with child sex preference in marriage.

5.3 Conclusion

This study assesses the perception and disposition towards child sex preference in marriage among Master of Public Health students of the University of Ibadan, Ibadan Nigeria. It can be concluded that the respondents had good perception towards child sex preference. They also have positive disposition towards child sex preference. The findings suggest that the level of

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education and programme of study could have influenced the respondents' perception and disposition. Education brings enlightenment.

Age and marital status was not significant to perception of child sex preference. Gender was significant to disposition towards child sex preference. Factors such as need to carry the family name, socio-economic factor, religion, need to consolidate marriage and secure inheritance can influence their child sex preference. However, there is still need to continue advocating for equal treatment of both gender among the society. The respondents still have the duty of imparting their society with the knowledge they possess thereby improving the perception and disposition of the society towards child sex preference.

5.4 Recommendations

Based on the findings the following is therefore recommended,

1. Public enlightenment should be done in order to encourage people to accept their children and treat them equally irrespective of their sex.
2. Health intervention programmes planned should look beyond demographic characteristics such as age and marital status when planning.
3. There should be strengthening of information, education on factors that influences their disposition towards child sex preference in marriage.
4. Enlightenment should also be done on the health risks associated with child sex preference in marriage as this will reduce maternal mortality rate and sex-selective abortion.
5. More studies should be done at the community level and necessary intervention should be carried out base on the information gotten.

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REFERENCES

Agbor, I. M. And Gyong, J. E. 2014. Male Preference and Marital Stability in Cross River State, *IOSR Social science of Humanities and social science*19.10:17–24.

Andersson, G., Hank, K. and Vikat, A. 2006. Understanding parental gender preferences in advanced societies : Lessons from Sweden and Finland. 49:0–25.

Andersson G and Hank, K. R. M. 2004. Gendering the Family Composition : Sex Preferences for Children and Childbearing Behaviour in the Nordic Countries. 49:0-21.

Akintola, I. 2001. Shariah in Nigeria: An eschatological desideratum. Ijebu Ode, Nigeria: Shebiotimo Publications.

Amara, J. 2011. The Igbo woman and her plight. Retrieved from http://www.pmnewsnigeria.com/ news.13124/20/the-igbo-woman-and-her- plight.html accessed December 8, 2011

Anderson, S., and Ray, D. 2010. Missing women: Age and diseases. *Review of Economic Studies*, 77:1262-1300.

Badurashvili, I., Ekaterine, K. and Shorena, T. 2009. Generations & Gender Survey in Georgia II wave, Fountain Georgia: Georgian Centre of Population Research, National Report.

Basu, A., M. and Das Gupta 2001. Family systems and the preferred sex of children. *International Encyclopedia of the Social & Behavioural Sciences*, 8:5350-5357.

Chavada, M. and Bhagyalaxmi, A.2009.Effect of Socio-Cultural Factors on the Preference for the sex of children by Women in Ahmedabad district, *Health population: perspectives and issues* 34.2: 184–189

Chhetri, U. D., Ansian, I., Bandary, S. and Adhikari, N. 2011. Sex Preference among Mothers delivering at Patan Hospital, Kathmandu University *Medical Journal*, 9.36: 229-232.

Conde-Agudelo, A., and Belizan, J. 2000. Maternal morbidity and mortality associated with inter pregnancy interval: Cross sectional study. *British Medical Journal*, 321.7271:1255-1259.

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

Conde-Agudelo, A., Rosas-Bermudez, A., and Kafury-Goeta, A. 2006. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. *The Journal of the American Medical Association*, 295.15:1809-1823.

Das Gupta, M., and Chung, W. 2007. Why is son preference declining in South Korea? The role of development and public policy, and the implications for China and India. Policy population of America annual meeting Retrieved from https//www.research gate.net/publication accessed March 2007.

Das Gupta, M., Zhenghua, J., Bohua, L., Zhenming, X., Chung, W., and Hwa-Ok, B. 2003. Why is son preference so persistent in east and south Asia? A cross-country study of China, India and the republic of Korea. *The Journal of Development Studies*, 40.2:153-187

Dharmalingam, A. 1994. Old Age Security: Expectations and Experiences in a South Indian village. Population Studies: *Journal of Demography* 48:5-19.

Dudeja, P., Singh, A., Jindal, A. and Bhatnagar N. 2013. Preference for male child in two semi-urban communities of Pune. *Journal of Postgraduate Medical Education Resources* 47.3: 144-147.

Edewor, P. A. 2001. Fertility and the value of children among the Isoko of Delta state, Nigeria, Ph.D. Theses, University of Ibadan, Ibadan. A thesis in the department of sociology.

Efrat Z., Akinfenwa O. O., Nicolaides, K. H. 1999. First-trimester determination of foetal gender by ultrasound. *Ultrasound ObstetricGynecol* 13:305-307

Eguavoen, A.N.T., Odiagbe, S.O., and Obetoh, G. I. 2007. The status of women, sex preference, decision making and fertility control in Ekpoma community of Nigeria. *Nigeria Journal of Social Science* 15.1:43-49.

Elele, C. 2002. Inter press service news agency culture-Nigeria: Male child remains a family pride and honour. Inter Press service Retrieved from http://www.ipsnews.net/2002/05/culture-nigeria-male-child-remains-a-family- pride-and-honour/.Accessed March, 2002

Elene, J., Nina, Z., Maia, B. and Mariam, A. 2013. Gender Attitudes and Perceptions among Young People in Georgia' *center for social sciences, Georgia.*

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT
UNIVERSITY OF IBADAN LIBRARY

Emmanuel, C.I., and Anyiekere, M. 2016. Child-Sex Preference and Factors Influencing Such Choices among Women in an Obstetric population in Nigeria. *Journal of Scientific Research*. 3.1:10-15.

Espenshade T J. 2007. The Value and Cost of Children; *Population Bulletin*, 3:32-47.

Fayehun, O. A., Omololu, O. O. and Isiugo-Abanihe, U. C. 2011. Sex of Preceding Child and Birth Spacing among Nigerian Ethnic Groups. *African Journal of Reproductive Health*, 2:79-90

Frempong, G. A. and Codjoe, S. N. A. 2010. 'Education and sex preferences of children in Ghana: the influence of educational attainment. *Journal of Population Research* 34.3:313-325

Fuse, K. 2010. Variations in attitudinal gender preferences for children across 50 less- developed countries. *Demographic Research*, 23.36:1031-1048

Fuse, K. 2008. Gender preferences for children: a multi-country study. Dissertation, Graduate School of the Ohio State University.

Gallup 2011.Americans Prefer Boys to Girls, Just as they did in 1941.Retrieved from http://www.gallup.com/poll/148187/Americans-Prefer-Boys-Girls-1941.aspx. Accessed August 1, 2011

Ghubash R, Abou-Saleh M. T. 1997. Postpartum psychiatric illness in Arab culture: prevalence and psychosocial correlates. *British Journal Psychiatary*171.1:65

Glanz K., Rimer B. K. 2002. Health behaviour and health education: Theory, Research and Practice. 4th edition, The Jossey-Bass Health series.

Hank, K. and Kohler, H. P. 2000. Gender preferences for children in Europe: Empirical results from 17 FFS countries. *Demographic Research* available at http://www.demographic-research.org/Volumes/Vol2/1.

Hank, K. and Kohler, H. P. 2003. Sex preferences for children revisited: New evidence from Germany. *Population* (English Edition), 58:133-144.

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

Igbinedion, B. O. and Akhigbe, T. O. 2012. The accuracy of 2D ultra sound prenatal sex determination. *Nigeria Medical Journal*. 53:71-75.

Inyang-etoh, E. C. and Ekanem, A. M. 2016. Child-Sex Preference and Factors that Influenced Such Choices among Women in an Obstetric Population in Nigeria. *Open Access Library Journal* 3.10:1-10

Isiugo-Abanihe, U. C. 2003. Male role and responsibility in fertility and reproductive health in Nigeria. Lagos, Orogun, Nigeria, Center for Population Activities and Education for Development (CEPAED) Ababa Press Ltd.

Jayachandran, S. and Kuziemko, I. 2011. Why do mothers breastfeed girls less than boys? Evidence and implications for child health in India. *The Quarterly Journal of Economics*, 126:1485-1538.

Jensen, R. 2005. Equal treatment, unequal outcomes generating sex inequality through fertility behaviour. Unpublished document. JFK School of Government, Harvard University.

Jesudason S and Ahead G 2008. Attitudes towards and prevalence of son preference and sex selection in South Asian American communities in the United States. *Generation Ahead*

Jylhä, M. E, Kirkinen, P. P, Puura, K. L and Tomas, E. I. 2010. Foetal sex determination: Obstetricians' attitudes in antenatal screening units in Finland. *Scand Journal of Public Health* 38.7:756-760.

Kartovaara, L. 1999. Boy or girl? Does it matter and is it a coincidence or destiny? Paper presented at the European Population Conference, The Hague, Netherlands.

Kim, D. S. and Song, Y. J. 2005. Does religion matter? A study of regional variations in sex ratio at birth in Korea. Paper presented at CEPDED-CICRED-INED seminar on female deficit in Asia: Trends and perspectives, Singapore

Lee, D. T. S., Yip, A. S. K., Leung, T. Y. S. and Chung, T. K. H.2004. Ethno epidemiology of postnatal depression: Prospective multivariate study of socio-cultural risk factors in a Chinese population in Hong Kong. *British Journal of Psychiatry* 184.134–40.

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

Leung, J. L. and Pang, S. M. 2009.Nursing Ethics: Ethical analysis of non-medical foetal ultrasound. *Sage Journal*16.5:637-646.

Lundberg, S. and Rose, E. 2003. Child gender and the transition *Demography*, 40.2:333-349.

Mahi, P. 2009. Preference for the Sex of Children and Its Implication on the Reproductive Behaviour in Urban Hiimachal Pradesh. *The Journal of Family Welfare*, 45.1:23-30

Marleau, J. D and Saucier J. F. 2002. Preference for a first-born boy in western societies. *Journal of Biosocial Science*, 34:13-27

Milazzo, A. 2014. Son preference, fertility and family structure: Evidence from reproductive behaviour among Nigerian women. The World Bank policy research working paper. Retrieved from https//documents worldbank.org .Accessed January 1st 2014

Mishra, V., Roy, T. K and Retherford, R. D. 2004. Sex Differentials in Childhood Feeding, Health Care, and Nutritional Status in India. *Population and Development Review* 30:269- 295.

Morgan, S.P. and Pollard, M. S. 2002. Do parents of girls really have a higher risk of divorce?

Mubuuke, A. G. 2011. An exploratory study of the views of Ugandan women and health practitioners on the use of sonography to establish foetal sex. *Pan African Medical Journal* 9.36:801

Mutharayappa, R., Choe, M.K., Arnold, F. And Roy, T.K. 1997. Son Preference and Its Effects on Fertility in India. International Institute for Population Sciences, Mumbai.

Mwageni, E. A. 2001. Sex preference and contraceptive behavior among men in Mbeya region, Tanzania. *The Journal of Family Planning and Reproductive Health Care* 27.2: 85-89.

Ndiokwere N. 1998. Search for Greener pastures: Igbo and African Experience, Frist Edition Nebraska: Morris Publishing, Kearney, NE.

Nie, J. B. 2011. Non-medical sex-selective abortion in China: Ethical and public policy issues in the context of 40 million missing females. *British Medical Bulletin* 98.1:7-20.

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

Nnadi, I. 2013. Son Preference: A Violation of Women's Human Rights: A Case Study of Igbo Customs in Nigeria. *Journal of Politics and Law* 6.1134-141.

Office of the Registrar General and Census Commissioner, India, Ministry of Health and Family Welfare, United Nations Population Fund 2003. Missing Mapping the Adverse Child Sex Ratio in India.

Ohagwu, C. C., Eze, C. C., Eze, J. C., Odo, M. C., Abu, P. O. and Ohagwu, C. I. 2014. Perception of Male Gender Preference among Pregnant Igbo Women. *Annals of Medical and Health research* 4:173-178.

Okonta, P. I., Okogbenin, S. A. and Adeoye-Sunday, I. 2004. Pregnant Nigerian woman's view of her prenatal sex determination. *Journal of Obstetrics and Gynaecology* 24.8:875-877.

Olaogun, A, Ayoola, A, Ogunfowokan, A. and Ewere, V. 2009. Preference for the male child and desired family size in Nigeria. *African Journal of Midwifery Women's Health*; 3.4:193-197.

Olubayo, O. 2013. Son preference in Nigeria: The human rights implications. Lagos, Nigeria: Concept Publication

Onwutuebe, C. J. 2013. Religious interpretations, gender discrimination and politics in Africa: A case study in Nigeria .Retrieved fromhttp://c.ymcdn.com/sites/www.istr.org/resource/resmgr/africaregional2014wp/james_religious_interpretat.pdf

Ozumba, G. 2005. Gender-sensitivity in Igbo culture: A philosophical re-appraisal. *Quodlibet Journal* 7: 1–7.

Pajkrt, E. and Chitty, L. S. 2004. Prenatal gender determination and the diagnosis of genital anomalies. *BJU International* 93:12-19.

Patel, V., Rodrigues, M. and Desouza N. 2002. Gender, poverty, and postnatal depression: a study of mothers in Goa, India. *America Journal of Psychiatry* 159.1:43–47.

Plantenga, J., Remery, C., Figueiredo, H., and Smith, M. 2009. Towards a European Union gender equality index. *Journal of European Social Policy* 19.1:19-33.

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

Pollard, M. S. and Morgan, S. P. 2002. Emerging parental gender indifference? Sex composition of children and the third birth. *American Sociological Review* 67.4 600- 613.

Rai, P., Pandel, I. S., Ghimire, A., Pokharel, P. K., Rijal, R. and Niraula, S. R. 2014. Effect of Gender Preference on Fertility: Cross Sectional Study among Women of Tharu Community from Rural Area of Eastern Region of Nepal. *Reproductive Health Journal* 11:15

Raji, A. and Raji, A. A. 2016. Socio-cultural Factors and Male-Child Preference among couples in Ilorin-West Local Government Area of Kwara State, Nigeria. *Ethiopian Journal of Social Sciences and Language Studies.*3:57-63

Ras-Work, B. 2006. The impact of harmful traditional practices on the girl child. Division for the advancement of women (daw) in collaboration with UNICEF expert group meeting elimination of all forms of discrimination and violence against the girl child. Florence, Italy: UNICEF Innocenti Research Centre.

Roberts-gray, C., Briley, M. E., Ranjit, N., Byrd-williams, C. E., Sweitzer, S. J., Sharma, S. V, 2016. Efficacy of the Lunch is in the Bag intervention to increase parents' packing of healthy bag lunches for young children: a cluster-randomized trial in early care and education centers *International Journal of Behavioral Nutrition and Physical Activity.* 13:3

Robertson E., Grace S., Wallington T. and Stewart D. E. 2004. Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General Hospital Psychiatry* 26.4:289–295.

Rossi P and Rouanet L. 2015.Gender preferences in Africa: a comparative analysis of fertility choices *Econpapers* 72:326-345

Ushie, A.M., Enang, E.E. and Ushie, C.A. 2013. Implications of Sex Preference for Popula- tion Growth and Maternal Health in Obudu and Obanliku, CRS, Nigeria. *Academic research International* 3:492-501.

Vadera, B. N. and Joshi, U. K. 2007. Study on Knowledge, Attitude and Practice about Gender Preference and Female Foeticide among Pregnant Women*; Indian Journal of Community Medicine*, 32.4: 300-301.

UNIVERSITY OF IBADAN LIBRARY

AFRICAN DIGITAL HEALTH REPOSITORY PROJECT

Wamani, H., Astrom, A., Peterson, S., Tumwine, J., and Tylleskar, T. 2007. Boys are more stunted than girls in sub-Saharan Africa: a meta-analysis of 16 demographic and health surveys. *BMC Pediatrics*, 7:17.

Wusu, O., and Isiugo-Abanihe, U. C. 2006. Interconnections among changing family structure, childrearing, and fertility behaviour among the Ogun, South-Western Nigeria: A qualitative study. *Demographic Research* 14.8:139-156.

Xie, R., He, G., Liu, A., Bradwejn, J., Walker, M. and Wen S. W. 2007. Foetal gender and postpartum depression in a cohort of Chinese women. *Social Science Medical* 65.4:680–684

Yount, K. M. 2005. Material Resources, Proximity of Services, and Curative Care of Boys and Girls in Minya, Egypt 1995-97." *A journal of Demography Population Studies* 58.3:345-355.

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APPENDIX I

QUESTIONNAIRE **serial number……**

PERCEPTION AND DISPOSITION TOWARDS CHILD SEX PREFERENCE IN MARRIAGE AMONG MASTER OF PUBLIC HEALTH STUDENTS, UNIVERSITY OF IBADAN

I am postgraduate student of department of Health Promotion and Education, University of Ibadan, Oyo State, Nigeria. I am conducting a study on the perception and disposition towards child sex preference in marriage among Masters' of Public Health students, University of Ibadan, Ibadan, Oyo state**.** Your identity, responses and opinion will be kept strictly confidential and will be used for the purpose of this research only; all information will not be linked to any student at all. Please note that you do not have to write your name on this questionnaire, also try and give honest answers to the questions asked as much as possible. There are no physical risks associated with participation in this study; your maximum co-operation will assist in making this research a success.

Thank you.

I have read and understand the consent form and voluntarily agree/disagree to participate in the study by ticking [√] in the appropriate box below:

1. Agree [ ] 2. Disagree [ ]

Signature

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

Please tick (√) any of the responses that apply to you in the options provided or complete the blank spaces provided as applicable.

1. Gender: 1. Male [ ] 2. Female [ ]
2. Ageas at last Birthday(years): _____
3. Department: _____

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4. Track: _____
5. Marital status: 1. Single [ ] 2. Married [ ] 3. Separated [ ] 4. Widowed [ ]
6. Religion: 1. Christianity [ ] 2. Islam [ ] 3. Traditional [ ] 4. Others (specify)___
7. Ethnic group: 1. Yoruba [ ] 2. Hausa [ ] 3. Igbo [ ] 4. Others (specify)_____
8. Number of children preferred: _____
9. Number of gender preferred: Male(s) _____ Female(s)_____

SECTION B: PERCEPTION OF CHILD SEX PREFERENCE IN MARRIAGE

Please tick (√) any of the responses that apply to you in the options provided or complete the blank spaces provided as applicable.

S/N	**STATEMENT**	**AGREE**	**DISAGREE**
10	Having a male child will help consolidate our marriage		
11	Both male and female children are important in the family		
12	A family without a male child is yet to have any child		
13	Female child can support the parents financially in their old age		
14	Female children cannot inherit the parents' properties		
15	There are health risks associated with child gender preference		
16	Having only female children is bad luck for the woman		
17	Having a male child commands respect from people in the society		
18	Female children are only useful for house chores		
19	Female children are other family's properties		

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SECTION C: DISPOSITION TOWARDS CHILD SEX PREFERENCE IN MARRIAGE

Please tick (√) any of the responses that apply to you in the options provided or complete the blank spaces provided as applicable.

S/N	STATEMENT	AGREE	DISAGREE
20	I don't feel comfortable having a family without a male child		
21	I am against child sex discrimination		
22	I will not encourage preference of male child over the girl child		
23	I feel there are health risks associated with gender preference		
24	I don't feel comfortable having a female child as the first born in the family		
25	I support female not inheriting their parents' properties		
26	I feel female children are modest for house chores		
27	I'm against the belief that a female child is just an extra to humanity		
28	I feel the male child should always take lead even when a female child is also qualified		
29	I feel the naming ceremony of a female child should be elaborate as that of a male child		

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SECTION D: FACTORS INFLUENCING CHILD SEX PREFERENCE IN MARRIAGE

Please tick (√) any of the responses that apply to you in the options provided or complete the blank spaces provided as applicable.

S/N	STATEMENT	YES	NO
30	I prefer boys over girls because they carry on the family name		
31	I prefer boys because they provide more economic support for the parents in their old age than girls		
32	I prefer boys because our customs value boys more than girls		
33	Girls are too emotionally and physically weak		
34	Our religion gives more credence to male child		
35	My in-laws will not be happy if I don't have a female child		
36	My parents will be happy if I have a male child		
37	I will not be respected in my place of worship without a son		
38	My spouse will not be happy if we don't have his/her desired gender		
39	I am capable of not being influenced by any factor to have more child than I want		

SECTION E: PERCEIVED HEALTH RISKS OF CHILD SEX PREFERNCE IN MARRIAGE

Please tick (√) any of the responses that apply to you in the options provided or complete the blank spaces provided as applicable.

S/N	STATEMENTS	AGREE	DISAGREE
40	Child sex preference can lead to sex-selective abortion		
41	Child sex preference can lead to the neglect of the undesired child		
42	Child sex preference can cause postnatal depression in the woman		
43	Child sex preference can cause a woman to give birth to		

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	more children than planned		
44	Having many children cannot jeopardize the health of the mother		
45	Child sex preference can lead to mental derailment		
46	An unwanted child can commit suicide		
47	Sex preference can predispose mothers to miscarriages and loss of pregnancies		
48	Unfavourable prenatal child sex determination result can cause the woman to have miscarriage		

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APPENDIX II

CODING GUIDE: PERCEPTION AND DISPOSITION TOWARDS CHILD SEX PREFERENCE IN MARRIAGE AMONG MASTER OF PUBLIC HEALTH STUDENTS, UNIVERSITY OF IBADAN

SOCIO-DEMOGRAPHIC INFORMATION

VARIABLES	CODE
Gender	
Male	**1**
Female	**2**
Age	**Actual figure**
Department	
Epidemiology and Medical Statistics	**1**
Health Promotion Education	**2**
Health Policy Management	**3**
Nutrition and Human Dietetics	**4**
Institute of Child Health	**5**
Environmental Health Sciences	**6**
Community Health	**7**
Marital Status	
Single	**1**
Married	**2**
Separated	**3**
Co-habiting	**4**
Religion	
Christianity	**1**
Islam	**2**
Traditional	**3**

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Ethnic group. **Yoruba** **Hausa** **Igbo** **Others**	 **1** **2** **3** **4**
Number of children preferred	**Actual figure**
Number of gender preferred **Male** **Female**	 **Actual figure** **Actual figure**

SECTION B: PERCEPTION OF CHILD SEX PREFERENCE IN MARRIAGE

S/N	**VARIABLE**	**CODE**
10	Having a male child will help consolidate our marriage	**1= Agree** **2=Disagree** **3=No response**
11	Both male and female children are important in the family	**1= Agree** **2=Disagree** **3=No response**
12	A family without a male child is yet to have any child	**1= Agree** **2=Disagree** **3=No response**

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13	Female child can support the parents financially in their old age	**1= Agree** **2=Disagree** **3=No response**
14	Female children cannot inherit the parents' properties	**1= Agree** **2=Disagree** **3=No response**
15	There are health risks associated with child gender preference	**1= Agree** **2=Disagree** **3=No response**
16	Having only female children is bad luck for the woman	**1= Agree** **2=Disagree** **3=No response**
17	Having a male child commands respect from people in the society	**1= Agree** **2=Disagree** **3=No response**
18	Female children are only useful for house chores	**1= Agree** **2=Disagree** **3=No response**
19	Female children are other family's properties	**1= Agree** **2=Disagree** **3=No response**
	Total perception Score	**Actual figure**

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	Category of perception score Score of 0 < 10 poor perception Score of 10 ≥ 20 Good perception	 **1** **2**

SECTION C: DISPOSITION TOWARDS CHILD SEX PREFERENCE IN MARRIAGE

S/N	STATEMENT	CODE
20	I don't feel comfortable having a family without a male child	**For All variables** **1= Agree** **2=Disagree** **3=No response**
21	I am against child sex discrimination	
22	I will not encourage preference of male child over the girl child	
23	I feel there are health risks associated with gender preference	
24	I don't feel comfortable having a female child as the first born in the family	
25	I support female not inheriting their parents' properties	
26	I feel female children are modest for house chores	
27	I'm against the belief that a female child is just an extra to humanity	
28		
29	I feel the male child should always take lead even when a female child is also qualified	
	I feel the naming ceremony of a female child should be elaborate as that of a male child	
	Total Disposition Score	**Actual figure**

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	Category of Disposition Score of 0 > 10 poor disposition Score of 10 ≥20 Good disposition	 1 2

SECTION D: FACTORS INFLUENCING CHILD SEX PREFERENCE IN MARRIAGE

S/N	STATEMENT	CODE
30	I prefer boys over girls because they carry on the family name	**All variables 1=Yes 2=No 3=No responses**
31	I prefer boys because they provide more economic support for the parents in their old age than girls	
32		
33	I prefer boys because our customs value boys more than girls	
34	Girls are too emotionally and physically weak	
35	Our religion gives more credence to male child	
36	My in-laws will not be happy if I don't have a female child	
37	My parents will be happy if I have a male child	
38	I will not be respected in my place of worship without a son	
39	My spouse will not be happy if we don't have his/her desired gender	
	I am capable of not being influenced by any factor to have more child than I want	

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SECTION E: PERCEIVED HEALTH RISKS OF CHILD SEX PREFERNCE IN MARRIAGE

S/N	STATEMENTS	CODE
40	Child sex preference can lead to sex-selective abortion	
41	Child sex preference can lead to the neglect of the undesired child	
42	Child sex preference can cause postnatal depression in the woman	
43	Child sex preference can cause a woman to give birth to more children than planned	
44	Having many children cannot jeopardize the health of the mother	**For All variables**
45	Child sex preference can lead to mental derailment	**1= Agree**
46	An unwanted child can commit suicide	**2=Disagree**
47	Sex preference can predispose mothers to miscarriages and loss of pregnancies	**3=No response**
48	Unfavourable prenatal child sex determination result can cause the woman to have miscarriage	

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APPENDIX III

SCORING GUIDE: PERCEPTION AND DISPOSITION TOWARDS CHILD SEX PREFERENCE IN MARRIAGE AMONG MASTER OF PUBLIC HEALTH STUDENTS, UNIVERSITY OF IBADAN

SECTION B: PERCEPTION OF CHILD GENDER PREFERENCE

S/N	STATEMENT	AGREE	DISAGREE
10	Having a male child will help consolidate our marriage	0	2
11	Both male and female children are important in the family	2	0
12	A family without a male child is yet to have any child	0	2
13	Female child can assist the parents financially in their old age	2	0
14	Female children cannot inherit the parents' properties	0	2
15	There are health risks associated with child gender preference	2	0
16	Having only female children is bad luck for the woman	0	2
17	Having a male child commands respect from people in the society	0	2
18	Female children are only useful for house chores	0	2
19	Female children are other family's properties	0	2
	TOTAL SCORE OBTAINED	20 POINTS	
	CODE Score of 0 <10 Poor perception Score of 10 ≥ 20 Good perception		

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SECTION C: DISPOSITION TOWARDS CHILD GENDER PREFERENCE

S/N	STATEMENTS	AGREE	DISAGREE
20	I don't feel comfortable having a family without a male child	0	2
21	I am against child gender discrimination	2	0
22	I will not encourage preference of male child over the girl child	0	2
23	I feel there are health risks associated with child gender preference	2	0
24	I don't feel comfortable having a female child as the first born in the family	0	2
25	I support female not inheriting their parents' properties	0	2
26	I feel female children are modest for house chores	0	2
27	I'm against the belief that a female is just an extra to humanity	2	0
28	I feel the male child should always take the lead even when a female child is also qualified	0	2
29	I feel the naming ceremony of a female child should be elaborate as that of a male child	2	0
	TOTAL SCORE OBTAINED	20 POINTS	
	CODE Score of 0 > 10 Poor Disposition Score of 10 ≥20 Good Disposition		

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APPENDIX IV

FOCUS GROUP DISCUSSION GUIDE

I am postgraduate student of department of Health Promotion and Education, University of Ibadan, Oyo State, Nigeria. I am conducting a study on the perception and disposition towards child sex preference in marriage among Masters' of Public Health students, University of Ibadan, Ibadan, Oyo state**.** There are no physical risks associated with participation in this study; your maximum co-operation will assist in making this research a success.

I have read and understand the study purpose as described. I understand that agreeing to take part means that I am willing to:

1. Agree to be involved in a focus group

2. Agree to allow the Focus Group Discussion to be audio-taped

I understand that my participation is voluntary and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.

I understand that any data that the researcher extracts from the focus group for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

Thank you.

I have read and understand the consent form and voluntarily agree/disagree to participate in the study by ticking [√] in the appropriate box below:

1. Agree [ ] 2. Disagree [ ]

Signature----------

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QUESTIONS	FOLLOW-UP QUESTIONS OR HINTS
On your view on child sex preference in marriage.	To know which the child sex preferred in marriage. Reasons for child sex preference in marriage. What will happen if you prefer a particular child sex in marriage? Does the patriarch system make you feel one child is important that the other?
On attitude/disposition towards child sex preference in marriage	To what extend can you have your desire child sex in marriage. Who influences to have desire child sex(mother-in-law, society, husband/wives) Do you feel female child are met for house chores.
What are the factors influencing the disposition towards child sex preference in marriage?	Family lineage Religion Mother-in-law Economic support
What you perceived as health risks associated with child sex preference in marriage?	Neglect of the child Post- natal depression Sex-selection abortion

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