Discrimination Against Girl Child in Rural Haryana, India: From Conception through Childhood♣

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Abstract

Paper highlights the discrimination as active and passive elimination of girl child in different socio-economic conditions as a life course approach by exploring data form 329 ever married women in a community-based survey conducted in five villages of Haryana, India in 2003. Active elimination of girl child has been seen in terms of abortion according to sex of the surviving children, pregnancy order, mother's childhood experience, autonomy status and marital instability. Finding suggests that autonomy, education and exposure to mass media have negative impact whereas co-residence with in-laws and no male child has significant positive impact for active elimination. In-laws play an important role in abortion under the umbrella of son preference. In logistic regression result children ever born by sex and autonomy was found to be significant. Passive elimination in terms of extreme gender differential was significant in morbidity condition, treatment-seeking behaviour, and immunization pattern of the dead child.

Key words: Discrimination, active elimination, passive elimination, childhood experience, autonomy, marital instability, gender differential

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1.   Introduction

The most alarming finding of the 2001 Census is the sharp decline in the sex ratio among the children in the 0-6 years age group. The sex ratio of the child population has declined by 18 points from 945 in 1991 to 927 in 2001. The sharpest decline in the child sex ratio after independence was observed during 1991-2001. Masked by the national ratio, far grimmer ratios prevail in selected parts of India in relatively prosperous states such as Punjab and Haryana. In Haryana the child sex ratio has gone down to 820. Several authors have expressed this continuing disparity between males and females in terms of total missing females. Behind this, lies a story of sex selective discrimination by active elimination through abortion of the female fetus and passive elimination through neglect ultimately leading to the death of the female child. Very little is known about the reason and circumstances under which a woman discriminate her own child. It may be possible that there may be a life course impact on the women's behaviour regarding her sex preference, family size preference and sex selective discrimination. There is dearth of studies which explored the relationship between women's autonomy and sex preference or her marital instability and sex preference or any influence of her own childhood experience with her reproductive behaviour and its linkages with the ultimate process of active and passive elimination of females. Again, any policy measures must not focus primarily on restricting technology used to female's detriment, but also the root causes of devaluation of women.

India supports a plural or heterogeneous society consisting of numerous stratifications based on religion, caste and class. Dual structures of law exist side by side, the religious sanctions condoned against constitutional ones. Yet one finds that preference for sons runs high amongst all religious groups and social classes. This preference is due to shared civilization patterns on the Indian subcontinent and the underlying principle of a patrilocal, patrilineal and patriarchal society. Women in such societies always occupy a low status and are neglected. As women are considered a burden, female infant mortality exceeds that of males, notwithstanding the fact that a female child is biologically stronger at birth. A girl faces deprivation throughout her life. Preference for sons is obvious from the brutal traditions that are prevalent in India (Bambawale 1992).

India has a unique demographic situation concerning the extent and impact of son preference on the ultimate sex structure of its population (Kishor 2002). With scientific inventions, new methods are available that are extremely useful to choose the sex of the child at the time of conception (Unisa 2002). Now, son preference may be expressed prenatally through sex-selective abortion. The advent of sex-selective abortion has added a new and definitive means for acting on prejudice against girls. The female infanticide and sex selective abortions that are caused by son preference have led to imbalances in sex ratios characterized by millions of females "missing" from populations in Asia, China, and North Africa. Despite the significant contributions of women to the social and economic progress in India and China, female fetuses are being aborted at startling rates. According to economists and demographers, this practice may be due to a particular form of patriarchal family common in most parts of both regions (Dugger 2001).

The largest sex differential in morbidity and mortality appear to be found in countries of south Asia. Numerous studies have documented excess mortality among females in India, Bangladesh, and Pakistan, and investigated its association with educational differentials, with parental discrimination resulting from family-building strategies and marriage patterns, and with differential treatment operating from the selective allocation of food and medical care (D'souza and Chen 1980; Chen 1982; Miller 1984; Koenig and D'Souza 1986; Das Gupta 1987; Bairagi 1988; Stanton and Clemens 1988; Bhuiya and Streatfield 1991; Bourne and Walker 1991; Coale 1991; Muhuri and Preston 1991). Statistics suggest that discrimination against daughters in feeding, treatment, and care is likely to depend in part on the number and sex composition of living children that a couple already has (Mishra et al. 2004).

Discrimination against the girl child is an old tradition in India, as it has been all over the world. Forms of discrimination has undergone changes over time, and in many parts of the world open and obvious forms of discrimination have disappeared. However, in India and a few other countries around it, not only do the open forms of discrimination

continue but also are getting exacerbated through use of new technologies and with the connivance of professionals.

2. Objective

The broad objective of the study is to investigate into the interlinkages between the different aspects of women's life course with sex selective discrimination. However, specifically the study examines the son preference and disfavor of daughters among women in rural Haryana during the prenatal and postnatal periods. Also, it deals with female child neglect leading to their death (passive elimination) and selective abortion (active elimination).

3. Data and methods

The primary data has been collected from 329 ever-married women in five villages of Haryana. A combination of both qualitative and quantitative approaches has been used for data collection. Face-to-face interview method was used using semi-structured interview schedule, which incorporated 'narrative' technique. In qualitative techniques, case studies have been done for those women who had gone for induced abortion.

Both bi-variate and multivariate statistical methods have been used for data analysis. In the multivariate analysis, logistic regression method has been used to examine the different covariates of the study.

4. Results and discussion

4.1 Passive elimination process
In this section the passive elimination process of the girl child has been discussed. It then explores the sex differential in child death by different demographic parameters. This is also examined by birth order and the survival status of the male children. Next, the sex differential in childhood mortality pattern in terms of morbidity, treatment and immunization pattern of the dead child has been discussed. Also, the determinants of

passive elimination i.e., effects of some selected predictors such as male children ever born, female children ever born, ideal number of children, women's childhood experience, autonomy, married life and other socio-economic and demographic factors on the death of female child are examined.

Women may perceive their childhood status in their natal family some what differently than what had actually happened to them. Therefore, a childhood experience index has been computed on the basis of some experiences, which women actually had experienced during their childhood. A number of questions were asked to women relating to their experiences in their childhood days on certain aspects- such as freedom/ mobility; unpleasant and distressed feeling at home; ever wished she had been born a boy and marriage considered burden or pleasure. The categories for each of them were 'always', 'sometimes' and 'never'. For 'never' a score of '0' was given, for 'sometimes' a score of '1' was given and for 'always' a score of '2' was given. The index value ranges from 0-8, with a mean value of 3.11 and standard deviation (SD) of 1.66. Based on mean and SD, index value has been categorized into three as good, average and bad. Index value of 0-2 shows good childhood experience, 3-4 shows average childhood experience and an index value 5 and above represents bad childhood experience of women.

A set of situation specific questions were asked to women in order to capture the different dimensions of autonomy among women in rural Haryana. Based on the responses given by women, autonomy indices have been created and weights was given to each response along with scores, means, standard deviation and cut-off points. The index value ranges from 0-21 with a mean value of 10.55 and standard deviation (SD) of 4.61. Based on mean and SD, index value has been categorized into three as low, medium and high. Index value of 0-6 shows low autonomy, 7-14 shows medium autonomy and an index value between 15-21 represents higher autonomy of women. Autonomy among women in rural Haryana shows that, a majority of the women (57 percent) falls into medium autonomy index category whereas about 23 percent women fall in the high autonomy index.

Although in general couples with children have a lower risk of divorce than do childless couples, the stabilizing effect of marriage may depend on the children's gender. In the present study marital instability among women has been examined on the basis of three questions which were asked to every woman during the time of personal interview. The questions were: (i) Are you afraid of your husband? (ii) Did your husband ever beat or slap you during the last one year? and (iii) Did your husband ever threaten to leave you or throw you out from home during the last one year? Based on the responses of these three questions, a marital instability index has been constructed and weights was given to each response along with scores, means, standard deviation and cut-off points. The index value ranges from 0-6 with a mean value of 1.77 and standard deviation (SD) of 1.06. Based on mean and SD, index value has been categorized into three as low, medium and high. Index value of 0-1 shows low marital instability, index value of 2 shows medium marital instability and an index value between 3-6 represents higher marital instability of women. The index value shows that 47 percent women had a low marital instability, 33 percent women had a medium marital instability and 20 percent women in rural Haryana had a high marital instability.

4.1.1 Excess of female deaths over male deaths by birth order

Table 1 presents the percent of child death by sex and excess of female deaths over male deaths according to birth orders. Overall, 15.6 percent children had died of which 16.1 percent were females and 14.7 percent were males respectively. However, a significant gender differential has been found in the death of the children according to birth orders. Percentage death of female children is found to be increasing in the higher order births. On the other hand, percentage of male child death is found to be significantly low in the higher order births. It is also evident from the table that the excess of female deaths over male deaths drastically increases at the higher birth orders. The ratio of female deaths over male deaths is found to be less than one indicating more male deaths in the lower birth orders which increases to 1.8 indicating more deaths of female children in the higher birth orders. The extreme variation in child death by sex in higher birth orders may be a result of ignorance and neglect of the female child in the higher birth order, which eventually leads to their deaths.

4.1.2   Experience of child death by women according to sex and number of deaths

In this section experience of child death among women has been examined. Table 2 presents the percent of women who had experienced child death by the sex of the child and number of deaths. Mean child death indicates a higher proportion of female child death over male child deaths (0.46 and 0.22 respectively). Looking at the number of child deaths, again, a significant differential has been observed in the death according to the sex of the child. A higher proportion of women have lost at least one female child than male child (22 percent and 14 percent respectively). Further, in case of death of two or more children, also, noticeably a higher proportion of women lost more daughters than sons (9 percent and 4 percent respectively). Thus, the above discussion confirms the negligence of female children, which may be a strategy of passive elimination of girl children leading to their death.

4.1.3   Experience of female child death by women according to male child surviving and children ever born

Table 3 presents the percentage of women who had experienced female child death according to male child surviving and number of children ever born. Women with four or more children ever born had experienced a higher proportion of female child deaths although the number of male children surviving does not make a significant difference. However, women with two to three children ever born have experienced a relatively lower proportion of female child deaths. But, among women with two to three children ever born, number of male children surviving makes a significant difference in the death of the female child. About 19 percent women experienced death of female children who have no male children surviving compared to nine percent women having one or more male child surviving. This indirectly indicates that women not having a male child and preferring small family size might be ignoring female children more.

4.1.4   Gender differentials in the morbidity pattern of the dead children

Table 4 presents the gender differentials in the morbidity pattern of the dead children. It is evident from the table that the diseases, which can be prevented by childhood vaccinations such as tetanus and measles, were found to be more among female children.

Moreover, iron deficiency diseases like anemia were also found to be higher among the female children. Interestingly, none of these diseases were found among the male children. Further, premature birth had also been reported higher in the case of female children. However, general diseases like diarrhoea/ jaundice/ fever/ typhoid/ pneumonia had been found predominant among male children. Thus, it is clear from the above discussion that there exists a remarkable gender differential in the morbidity condition of the dead children. Female children were found to suffer from those diseases, which could have been prevented by proper care.

4.1.5 Gender differentials in the treatment seeking for the dead children

Table 5 shows the gender differentials in the treatment-seeking pattern for the dead children. A significant gender differential in the medical treatment for diseases has been found. About 44 percent of the female children had not received any treatment compared to 18 percent of the male children. Further, looking at the money spent on the treatment, all the male children had received paid treatment whereas in case of 12 percent female children, the treatment was unpaid.

Again, looking at another domain of treatment seeking behaviour such as who paid the cost of treatment for the child, again a gender differential has been noticed. In case of 18 percent female children, the cost of treatment has not been borne by the father whereas it was only seven percent in the case of male children. This indicates relatively more negligence from the point of view of the father in case of a daughter than a son. Thus, the discussion brings out that there exists a gender differential not only in the treatment seeking of the child in terms of medical treatment of the disease but also in paid treatment as well as involvement of the father in child care.

4.1.6 Gender differential in the immunization pattern of the dead children

Table 6 shows the gender differential in the immunization pattern of the dead child. The information on immunization pattern is mainly based on mother's report. All the vaccinations were found to be lower among female children than male children except BCG. A significant gender differential had been observed against polio vaccination. All

the male children were immunized of polio whereas 26 percent of the female children were not vaccinated even after the Government's initiative of such a massive programme of pulse polio in India. Also, in the case of DPT and Measles vaccine, 70 percent of the male children were immunized compared to only 58 percent and 51 percent of the female children respectively. Deaths due to tetanus and measles have been found more among female children because of low immunization. The discussion clearly brings out that in rural Haryana, there exists significant gender differential in case of immunization. It indirectly shows more disregard towards the female children because immunization facilities are readily available within or near the village.

4.1.7   Correlates of Passive Elimination

It is worthwhile to examine the correlates of passive elimination of girl child, which has been seen in terms of death of the female child. Table 7 presents the adjusted effects of selected predictors such as male children ever born, female children ever born, ideal number of children, women's childhood experience, autonomy, married life and other socio-economic and demographic factors on female child death.

Except female children ever born and age of women, none of the other factors are found to be statistically significant for female child deaths. Women with three or more children ever born are found to experience female child death four times more with reference to women with up to two female children ever born. Also, women of older ages (35-52 years) were significantly more likely (1.7 times) to experience female child death than women of younger ages (20-34 years).

Inspite of being statistically insignificant, the other variables like male children ever born, women's autonomy and marital instability do have some impact on the death of a female child. Women without a male child and having high marital instability had experienced more female child deaths with reference to their counterparts. However, women with a higher autonomy had experienced fewer female child deaths than women with a lower autonomy. Thus, the results of logistic regression confirm that there is a significant impact of demographic factors such as female and male children ever born in female

child death. Also, women's autonomy and marital instability play an important role on the death of the female child.

4.2   Active Elimination of the Female Fetus

Active elimination process has been examined in terms of women's experience of abortion according to some selected background characteristics of women as a life cycle approach.

4.2.1   Abortion by the sex of the surviving children

A clearer picture emerges when we see the experience of abortion among women according to the sex of the surviving children in Table 8. A significantly higher proportion of women who had less number of children ever born with no male child had experienced abortion than women who have one or more male child. However, no significant differential in the experience of abortion had been found among women who have more number of children ever born according to the survival status of the male child. Similarly, survival status of the female child has also shown significant differential in the experience of abortion among women. A significantly higher proportion of women who have only one female child had experienced abortion than women who have two or more surviving female child, irrespective of the number of children ever born. Thus, the sex as well as the number of surviving children is an important factor for abortion among women.

4.2.2   Abortion by the sex of the ideal number of children

Table 9 shows the percentage of women who had experienced abortion according the ideal number of children by sex. A significantly higher proportion of women had experienced abortion (28 percent) who desired a small ideal number of children than women who desired a larger ideal number of children (19 percent). Also, the sex of the ideal number of children shows that considerably higher proportion women had experienced abortion who reported ideal number of daughter as none than those women who reported ideal number of daughter as one or more. However, more women who reported only one ideal number of son were found to experience relatively higher

abortion than women who has reported two or more ideal number of sons. Thus, the findings clearly indicate that more women who desire a small ideal family with no female children are experiencing abortion. This may be the result of a strategy to retain a small family size with the desired combination of sex.

4.2.3 Abortion by male child surviving and ideal number of children

Table 10 presents the percent of women who had experienced abortion according to male child surviving and ideal number of children. It is evident that among both the types of women (preferring small as well as large family size), experience of abortion significantly varies with the presence of a male child. A higher proportion of women not having a male child and who reported a small ideal family size, were found to experience abortion (35 percent) than women having one or more male children (27 percent). Also, a significantly more proportion of women not having male child (39 percent) and who reported a large ideal family size, were found to experience abortion than women having one or more male children (17 percent). This indicates that presence of a son as well as a desire for a small family size is the significant factors for abortion among women in rural Haryana.

4.2.4 Abortion by childhood experience, autonomy status and married life characteristics

Table 11 presents the percentage of women who had experienced abortion according to their childhood experience. A variation in the experience of abortion has been found with women's childhood experience. Women's perceived status in the natal family has significant impact on abortion. More women who perceived their status in the natal family as better had undergone abortion than women who perceived their status as average or bad.

A differential in the experience of abortion have been found with various autonomy indices. All the indices have a positive relationship with experience of abortion except decision-making autonomy. About 30 percent women with a high combined autonomy had experienced abortion compared to 23 percent women with medium autonomy, which

further decreased to 18 percent among women with a low autonomy. On the other hand, 26 percent women with low decision-making autonomy had experienced abortion compared to 18 percent women with a high decision-making autonomy. This indicates that it is only the decision-making autonomy of the women, which plays a significant role in mitigating the burden of abortion.

A noticeable differential has been found with the women's perceived married life and experience of abortion. More percentage of women perceiving their married life as very happy have been found to experience abortion than women perceiving their married life as sad. It may be said that the happiness in their married life may be the result of abortion by which they might have eliminated unwanted female children. Marital instability may be a key factor affecting the decision to abort pregnancies (Wadhera and Millar 1997). However, in the present study a significant variation in the experience of abortion has not been found with women's marital instability.

4.2.5 Correlates of Abortion

Table 12 presents the adjusted effects (odds ratio) of male and female children ever born, ideal number of children, location of women among their sisters, childhood experience, autonomy and marital instability and other socio-economic and demographic factors on abortion among women. Male and female children ever born and autonomy of women were found to be significant factors for women who had undergone an abortion. Women not having a male child were found to be almost three times more likely to experience abortion than women having one male child. On the other hand, women having more female children were significantly less likely to experience abortion than women having one female child. Moreover, women also reported during the interview that they have not gone for abortion because they have more female children. It is interesting to note that women having higher autonomy were significantly found to be four times more likely to experience abortion with reference to women with a lower autonomy.

Besides the sex of the children ever born and women's autonomy, none of the other background factors were found to be significant for women's experience of abortion.

However, more women with a bad childhood experience were found to experience abortion with reference to women with a good childhood experience but the result is not statistically significant. Again, a higher proportion of women who want to limit their family size were found to experience abortion more likely than women who want three or more ideal number of children. Also, women with a high marital instability were found to be more likely to experience abortion than women with a lower marital instability.

Thus, the results of logistic regression confirm that male children ever born is an important factor for women undergoing an abortion. Women without a male child have been found significantly more likely to experience abortion. On the contrary, more number of female children decreases the likelihood of abortion. This clearly indicates that women desiring a small family size with a strong son preference are undergoing abortion.

5.   Summary and Conclusions

This present study examined the sex selective discrimination by active elimination of female fetus and passive elimination of female child leading to their death and the role of different background characteristics like women's childhood experience, autonomy, married life and sex preference and family size preference of women in it. The study shows that there exists extreme sex selective discrimination against girl child through conception to their raring and bearing. Also extreme discrimination by women sometimes results into the sex selective abortion in the society in the desire for male child. Therefore, it can be said that there exists women's life course impact on the discrimination against girl child. Women who herself had a worst childhood experience (in terms of discrimination in all spheres including childhood status, food, education, mobility etc.), had less autonomy in various dimensions (such as decision-making, monetary, mobility, fertility etc), feels high instability in her married life or perceive a sad married life is more responsible for the discrimination against girl child from conception through her childhood leading to a vicious cycle of gender deprivation and gender discrimination.

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Table 1: Percentage of child death by sex and excess of female deaths over male deaths according to birth order

Birth order	Percentage of child death			Excess of female deaths over male deaths
	Male	Female	Total	
Up to three**	21.6	15.5	16.9	0.7
More than three***	9.8	17.8	13.5	1.8
Total	**14.7**	**16.1**	**15.6**	**1.1**
Significance level by Chi-sq test: ** at 5% level; *** at 1% level				

Table 2: Percent women who had experienced child death by sex and number of deaths

Number of deaths	Only male child death	Only female child death	Death of both male and female child	Death of either male or female child
1	14.1 (46)	21.8 (71)	3.5 (11)	26.1 (85)
2 +	3.7 (12)	9.2 (31)	0.6 (2)	16.2 (53)
Mean child death	0.22	0.46	0.05	0.69
Number of women	**326**	**326**	**316**	**326**
Figures in the parenthesis denotes number of women				

Table 3: Percent women who had experienced female death according to male child surviving and number of children ever born

Children Ever Born	Number of male child surviving		Total	Number of women
	0	**1+**		
2 – 3	18.5	9.1	11.5	104
4 +	42.9	40.4	40.5	222
Number of women	**41**	**285**	**31.3**	**326**

Table 4: Gender differential in morbidity pattern of the dead child

Disease after birth	Male child	Female child	Total
Tetanus/measles/anemia	(0.0)	(13.6)	12
Diarrhea /jaundice/fever/typhoid /pneumonia	76.5	47.7	55
Heart/kidney/respiratory problem/cancer	(5.9)	(12.5)	12
Premature birth	17.6	26.1	26
Total deaths	(17)	88	105

Table 5: Gender differential in treatment seeking of the dead child

Treatment seeking behaviour	Male child	Female child	Total
Get any medical treatment for the disease**			
No	17.6	43.9	39
Yes	82.4	56.1	60
Total	17	82	99
Paid for treatment			
No	(0.0)	(12.2)	6
Yes	100.0	87.8	57
Total	14	49	63
The cost for treatment was paid by			
Husband	92.9	82.2	50
Others	(7.1)	(17.8)	9
Total deaths	**(14)**	**45**	**59**
Significance level by Chi-Sq test: ** at 5% level			

Table 6: Gender differential in the immunization pattern of the dead child

Received immunization	Male child	Female child	Total
BCG	70.0	77.3	53
Polio*	100.0	74.4	53
DPT	70.0	58.1	53
Measles	70.0	51.2	53
Total deaths	**10**	**43**	**53**
Significance level by Chi-sq test: * at 10% level			

Table 7: Logistic regression results showing the adjusted effects (odds ratio) of selected predictors on female child death

Selected predictors	Female child death	
	Exp (β)	Sig.
Male children ever born		
1[R]	1.000	0.942
0	1.517	0.192
2 +	1.039	0.942
Female children ever born		
Up to 2[R]	1.000	
3 +	4.243***	0.000
Ideal number of children		
Up to 2[R]	1.000	
3 +	1.235	0.491
Childhood experience		
Good[R]	1.000	
Average	0.735	0.406
Bad	1.121	0.741
Autonomy		
Low[R]	1.000	
Medium	1.208	0.624
High	0.769	0.584
Marital instability		
Low[R]	1.000	
Medium	1.017	0.960
High	1.353	0.452
Age		
20-34	1.000	
35-52	1.717*	0.082
Constant	**0.116**	
-2 Log likelihood	**314.976**	
Nagelkerke R Square	**0.249**	
Number of women	**303**	

Note: Dependent variable: Experience of female child death (0= no and 1= yes)
The Model also controls for education, ethnicity, women's occupation, husband's occupation, standard of living, co-residence with in-laws and exposure to any mass media which are not significant
[R] Reference category
Significance level: * $p < 0.10$; *** $p < 0.01$

Table 8: Percentage of women who had experienced abortion by sex of the surviving child and children ever born

Children ever born	Number of male child surviving			Number of female child surviving				Number of women
	0	1+	Total	1	2	3+	Total	
2 to 3	44.4**	24.7**	29.8**	44.8	24.6	21.4	29.8	104
4 +	21.4	19.2	19.4	50.0*	11.8*	20.6*	19.4*	222
Number of women	**41**	**285**	**326**	**35**	**112**	**179**	**326**	**326**

Significance level by Chi-sq test: * at 10% level; ** at 5% level

Table 9: Percentage of women who had experienced abortion according to the ideal number of children by sex

Ideal number of children by sex	Percentage of women who had experienced abortion	Number of women
Ideal number of children**		
Up to 2	28.1	139
3 +	18.8	186
Ideal number of son*		
One	26.9	130
2 +	20.1	194
Ideal number of daughter		
0	(37.5)	16
1 +	22.0	309

(   ) Based on less than 25 cases
Significance level by Chi-sq test: ** at 5% level; * at 10% level

Table 10: Percentage of women who had experienced abortion according to male child surviving and ideal number of children

Ideal number of children	Number of male child surviving		Total	Number of women
	0	1 and above		
Up to 2	34.8	26.7	28.1	139
3 +	38.9**	16.7**	18.8	186
Number of women	**41**	**285**	**22.7**	**325**

Significance level by Chi-sq test: ** at 5% level

Table 11: Percentage of women who had experienced abortion according to childhood experience, autonomy status and married life characteristics

Characteristics	Percentage of women who had experienced abortion	Number of women
Childhood experience		
Good	24.5	143
Average	18.8	116
Bad	25.8	66
Autonomy		
Low	18.0	61
Medium	22.7	181
High	30.1	73
Perceived married life in present situation		
Happy	29.1	86
Satisfied	21.6	153
Sad	18.4	87
Marital instability		
Low	26.2	145
Medium	19.2	104
High	25.8	62
Total	**22.7**	**326**

Table 12: Logistic regression result showing the adjusted effects (odds ratio) of selected predictors on abortion among women

Selected predictors	Abortion	
	Exp (β)	Sig.
Male children ever born		
1[R]	1.000	
0	3.060**	0.030
2 +	0.917	0.812
Female children ever born		
Up to 1[R]	1.000	
2	0.214***	0.002
3 +	0.333***	0.022
Ideal number of children		
Up to 2[R]	1.000	
3 +	0.744	0.360
Has done sonography		
No	1.000	
Yes	1.784	0.231
Childhood experience		
Good[R]	1.000	
Average	0.909	0.797
Bad	1.267	0.565
Autonomy		
Low[R]	1.000	
Medium	1.866	0.175
High	3.788**	0.015
Marital instability		
Low[R]	1.000	
Medium	0.540*	0.089
High	1.281	0.563
Constant	**0.652**	
-2 Log likelihood	**293.2**	
Nagelkerke R Square	**0.191**	
Number of women	**303**	

Note: Dependent variable: Abortion 0=No and 1=Yes

The model also controls for age, education, ethnicity, women's occupation, husband's occupation, standard of living index, co-residence with in-laws and exposure to any mass media which are not significant

[R] Reference category

Significance level: * $p < 0.10$; ** $p < 0.05$; *** $p < 0.01$