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Gender disappointment in India: SEM modeling approach

P. Theerthaana[1] · A. K. Sheik Manzoor[1]

Abstract

Despite people emphasizing their luck of having healthy baby, many secretly mourn for not having a baby which they preferred leading to gender disappointment. Hence, it is critical to explore factors contributing to gender disappointment particularly girl child which is pervasive in Asian countries. The study analyzes the variation in gender disappointment among different genders and age groups using percentage analysis and also employs structural equation modeling (SEM) to determine the direct factors and moderators contributing to gender disappointment. The findings reveal that societal pressure, cultural factors, economic expectancy, and safety expectancy significantly explain the gender disappointment with girl child. Neuroticism, conscientiousness, extraversion, and intellect were found to be the most significant personality bias moderators. The findings of the study give an insight for the government in designing awareness programs and free counseling programs to persuade people with different personalities to suppress gender disappointment, thereby enhancing women's mental health. Focusing on exploring the factors causing gender disappointment with girl babies, the role of personality in explaining gender disappointment and variation in gender disappointment between different genders and age groups makes the study unique from other research contributions. It also gives an insight for the government to create awareness programs and free counseling programs among people to eradicate these issues for the well-being of the society.

Keywords Gender disappointment · Big 5 personality · Economic expectancy · Safety expectancy · Cultural factors · Societal pressure

Introduction

Despite the excitement of becoming a parent, the expectant couple undergoes gender disappointment when they are secretly wishing for a particular gender but the nature bestows a baby with a gender which they are not hoping for. Expectant parents even though hoping for a healthy child secretly feel sad (cone-of-silence) on the birth of a baby with undesired gender, as they feel shameful to openly express their disappointment. In Asian countries, particularly in India and China, the preference for a baby boy is much higher (Kansal et al. 2010) and this is the most important reason for the high rate of gender disappointment with girl child in these countries.

Gender disappointment is not uncommon and is prevalent in almost all over the world. Very few literatures have addressed the problem of gender disappointment with a girl in India and it is crucial to investigate gender disappointment since it has catastrophic effect on women's mental health, which if unattended may lead to post-traumatic depression (Shaban et al. 2013). However, the novelty of the study lies in inclusion of big 5 personality moderators in explaining gender disappointment and in exhibiting the variation in gender disappointment between different genders and age groups.

A conflicted relationship of women with her husband was statistically associated with higher chance of depression in newly delivered women (Dindar and Erdogan 2007; Alkar and Gençöz 2005; Chan and Levy 2004; Lee et al. 2004; Rodrigues et al. 2003). In line with these findings, Lee et al. (2000) also pointed out that gender disappointment is more likely to occur in women when her spouse regrets or get disappointed with the gender of the infant. Based on the aforementioned literature support, it is evident that support from the spouse is highly desired in safeguarding women's mental health of gender disappointment.

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Many studies have postulated that women, who delivered baby of undesirable gender, suffers from gender disappointment and neglecting its incidence for a prolonged period will entrench disappointment and consequently lead to post-traumatic stress disorder (Shaban et al. 2013; Tamaki et al. 1997; Creedy et al. 2000). The newly delivered mothers suffer from nightmares, avoid seeing hospital environment or other pregnant women and whichever make her nostalgic about the pregnancy which ended up with disappointment (Forray et al. 2009) and even lead to suicide (Sit et al. 2015). Hence, it is critical to analyze the reasons for gender disappointment particularly with girl child and also to analyze if the personality of an expectant parent plays a role in gender disappointment.

Theoretical background and related literature

The current study conceptualizes gender preference from two underlying theories, gender discrimination theory and parental investment theory and extends it in explaining the reasons for gender disappointment with girl infant. Gender discrimination even before the birth of a child (Cain 1993; Das Gupta et.al. 2003; Mason 1998), which is not so predisposed to female and a strong preference for a son, arises due to the prevalent patriarchal kinship system and it has its vulnerable effect on skewed gender ratio endemic in Asian countries (Murphy et al. 2011; Miller 2001; Chakraborty and Kim 2010). Preference for a son over a daughter is also explained by another stream of theory, theory of parental investment, which posits that parents does a cost benefit analysis of their wards and are more likely to allocate more resources (time and money) for sons than daughters. It is more evident in India where boys are likely to get better health care (Basu 1989; Ganatra and Hirve 1994), breastfeed (Jayachandran and Kuziemko 2011), and vaccination (Borooah 2004), compared to girls.

A stream of previous research studies investigates the reason for gender disappointment with a girl infant and the following section encapsulates it.

Societal pressure

Despite many campaigns emphasizing on women empowerment, still many Indian women are resorted to high family pressure (pressure from in-laws, husband, etc.) to have a male child (Vedpathak et al. 2013) as it is believed that sons propagate their family name, i.e., lineage (Kansal et al. 2007). Apart from family pressure, women are more accustomed to the social pressure and fear for being rejected and cursed by the society on giving birth to a girl (University of California 2016, Kong). Childhood mortality is much amplified due to the prejudice and societal attitudes of influencing women to have a boy child (Kong MA), thereby reinforcing gender disappointment when a girl is born. Hence, the following hypothesis is initiated.

> H1: Societal pressure positively influences gender disappointment.

Economic expectancy

People yearn for a son as it is believed that sons have a normative obligation to take care of the parents' economical dependency in their old age (Susuman 2006; Vedpathak et al. 2013) and are viewed as a tool for family growth (Kanyadi et al. 2017). A pragmatic preference for sons over daughters is deep rooted in the minds of Indians as sons are viewed as income for their household due to their earning capacity (Susuman 2006) and girls are viewed as an economic liability due to the dowry system prevalent in the society (Vadera et al. 2007; Leone et al. 2003).

> H2: Economic expectancy positively influences gender disappointment.

Safety expectancy

An ardent desire for a son is predicted by the perception of difficulties in raising a daughter (Kanyadi et al. 2017) due to new spike in crime rate against girls in developing nations (Kishore) where security for girls is a stumbling block contributing to gender disappointment with the birth of the daughter.

> H4: Safety expectancy positively influences gender disappointment.

Cultural influence

In India, performing cremation of the parents is traditionally accorded to the son (Dhwanee et al. 2007; Park et al. 1995; Vadera et al. 2007). Also, the practice of descending the family business only to the son is institutionalized in the Indian culture where patriarchal system is deeply ingrained thereby lowering the status of women in the society (Miller 1981). Based on these premises, people accustomed to this culture of favoring boys face gender disappointment with the birth of a girl. Thus,

> H2: Cultural influence positively influences gender disappointment.

Gender disappointment

Past studies have reported that the probability of incidence of gender disappointment with girl not only in India (Chandran et al. 2002; Chandran et al. 2002; Rodrigues et al. 2003; Patel et al. 2002) but also in other countries (Xie et al. 2007; Ekuklu et al. 2004; Dindar and Erdogan 2007). Though prenatal gender determination is illegal in India (Prohibition of Sex Selection Act 1994), it is a legal and a common practice to disclose the gender in western countries and hence gender disappointment (knowing that the baby is not of the preferred gender) can both be prenatal or postnatal.

Moderating role of Big Five personality

Personality traits have an innate effect on an individual's disappointment or depression (Lee et al. 2000, Kendler et al. 2006, Klein et al. 1993, Akse et al. 2004) in addition to societal pressure, cultural influence, economic expectancy, and safety expectancy as antecedents. Based on this notion, it is highly desirable to study the moderating effect of personality traits on the relationship between societal pressure, cultural influence, economic expectancy, and safety expectancy with gender disappointment. Hence,

> H6: Agreeableness moderates the relationship between cultural influence and gender disappointment.
> H7: Agreeableness moderates the relationship between economic expectancy and gender disappointment
> H8: Agreeableness moderates the relationship between safety expectancy and gender disappointment
> H9: Agreeableness moderates the relationship between societal influence and gender disappointment
> Likewise, the hypotheses H9 to H12 deals with conscientiousness, H13 to H16 deals with extraversion, H17 to H20 deals with intellect, and H21 to H24 deals with neuroticism.

Data collection and research methodology

The research study employs a descriptive qualitative methodology to investigate the factors which contribute to the gender disappointment and also the extent to which people suffer from gender disappointment. Figure 1 exhibits the proposed model.

The research study analyzed cross-sectional data collected from a sample of 3545 new and expecting parents using structural equation modeling (SEM) with the aid of Smart PLS tool.

The data is drawn from an extensive fieldwork in rural areas of India and also through a self-administered questionnaire through an online survey instrument, surveymonkey.com. This study succeeded in getting the 3545 respondent's verbal consent to participate in the survey after assuring the confidentiality of their identity with 255 (7% attrition rate) refused to participate in the survey (Table 6). Table 1 summarizes the demographic details of the recruited samples.

Since postnatal mothers (recently delivered mothers) are more likely to get accustomed to the risk of depression (Cox et al. 1993; Robertson et al. 2004) although it is common even in prenatal or expecting mothers (Kessler et al. 2003), the obstetric characteristics of women in recruited sample is exhibited in Table 2 and their influence on gender disappointment is left for future research. It is also evident that out of 2871 female respondents, about 988 (34%) are expecting moms and 1883 (66%) are new moms within 1 year of delivery (Kumar and Robson 1984).

The respondents were recruited using a non-probability sampling technique, convenient sampling which is widely used in the literature for polling large number of responses (Leiner 2014) quickly at an affordable cost as these samples are recruited based on the accessibility and proximity to the researcher (Saumure and Given 2008).

The questions were framed to collect data for (i) factors directly contributing to the gender disappointment, (ii) Big 5 personality traits, (iii) gender disappointment, and (iv) demographic characteristics measured with a 7-point Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (7).

Results and main findings

The proposed theoretical research model explains 96% of variation in explaining gender disappointment. The internal consistency (Cronbach's alpha > 0.7), composite reliability (> 0.80), and AVE (> 0.5) of the factors under consideration is established (Hair et al. 2014, 2016; Gil and Jacob 2018) as indicated in Table 3.

Table 4 exhibits the overall model fitness.

The factors that significantly contribute to the gender disappointment are societal pressure, cultural influence, and economic expectancy and safety expectancy. Table 5 exhibits the results of the model tested using SEM.

Economic expectancy and safety expectancy was found to be statistically significant at 99% significance level ($p < 0.01$) in explaining gender disappointment thus supporting hypotheses H3 and H4. Cultural influence was significantly influencing gender disappointment with 95% significance ($p < 0.05$) and societal influence with 90% significance level ($p < 0.10$) thus supporting hypotheses H1 and H2.

Personality trait moderator, namely conscientiousness, was found to be statistically significant at 90% ($p < 0.10$), supporting the moderating effect on safety expectancy and
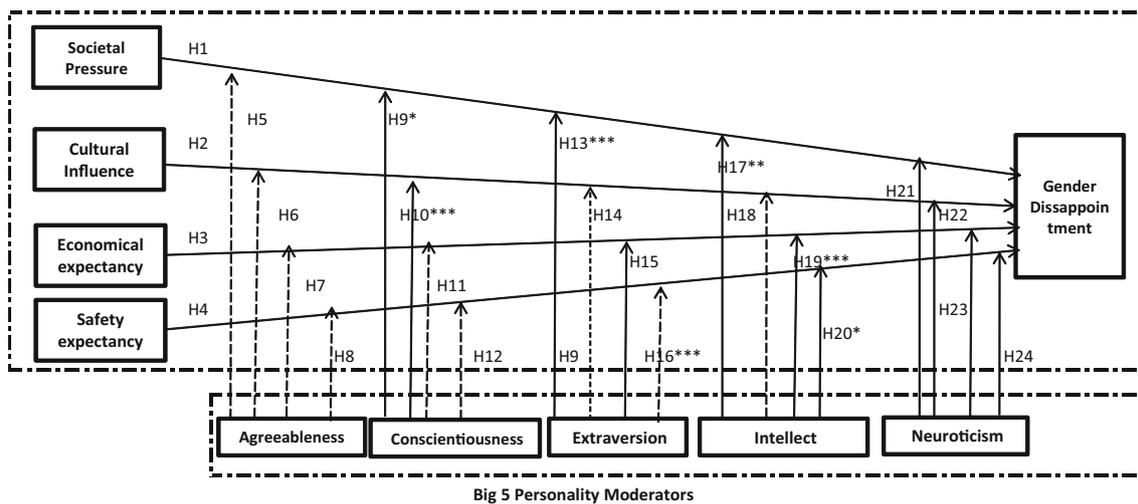
Fig. 1 Theoretical research model

Table 1 Demographic details of the respondents

S. no	Demographic variables	Number of respondents	Percentage
1	Age		
	1 Less than 18 years	390	11
	2 19 to 25 years	1170	33
	3 26 to 30 years	1311	37
	4 31 to 35 years	568	16
	5 36 to 40 years	71	2
	6 Greater than 40 years	35	1
2	Gender		
	1 Male	674	19
	2 Female	2871	81
3	Education		
	1 1st–5th standard	426	12
	2 6th–12th standard	957	27
	3 Graduate	1843	52
	4 Postgraduate	319	9
4	Occupation		
	1 Officers and mangers	690	63
	2 Government service	76	7
	3 Private	278	26
	5 Others	19	1.60
5	Income		
	1 Below 5000	28	2
	2 5000–10,000	272	25
	3 10,001–30,000	695	64
	4 Above 30,000	95	9
6	Residential area		
	1 Rural	1876	53
	2 Urban	1669	47

gender disappointment and similarly supporting the moderating effect on economic expectancy and gender disappointment with $p < 0.01$, accepting the hypotheses H10 and H11. The moderating effect of conscientiousness on cultural influence and social influence was found to be insignificant, not supporting hypotheses H9 and H12 as $p > 0.01$.

Personality trait moderator namely, extraversion, were found to be statistically significant at 99% ($p < 0.01$), supporting the moderating effect on cultural influence and gender disappointment, social influence and gender disappointment, and safety expectancy and gender disappointment, accepting the hypotheses H13, H15, and H16.

The moderating effect of the personality trait neuroticism on the relationship between economic expectancy and gender disappointment, safety expectancy and gender disappointment, and social influence and gender disappointment was found to be statistically significant at $p < 0.01$, supporting hypotheses H22, H23, and H24. And also moderating effect of neuroticism on the relationship between cultural influence and gender disappointment were found to be statistically significant at $p < 0.10$, accepting the H21 hypothesis.

The study also indicates that moderating effect of intellect on the relationship between cultural influence, economic expectancy, safety expectancy, social influence, and gender disappointment was not statistically significant, rejecting the H17, H18, H19, and H20 hypotheses. Similarly, moderating effect of agreeableness on the relationship between cultural influence, economic expectancy, safety expectancy, social influence, and gender disappointment was not statistically significant, rejecting the H5, H6, H7, and H8 hypotheses. It is also evident that the moderating effect of conscientiousness on the relationship between social influence and gender disappointment and also moderating effect of extraversion on the

Table 2 Obstetric characteristics of women respondents

S. no	Obstetric characteristics		Number of respondents	Percentage
1	Age			
	1	Less than 18 years	287	10
	2	19 to 25 years	948	33
	3	26 to 30 years	689	24
	4	31 to 35 years	517	18
	5	36 to 40 years	258	9
	6	Greater than 40 years	172	6
2	Parity			
	1	1 (first pregnancy)	1235	43
	2	2 (second pregnancy)	1349	47
	3	3 (third pregnancy)	230	8
	4	> 3 (more than 3 pregnancies)	57	2
3	History of previous abortions			
	1	Present	316	11
	2	Absent	2555	89
4	Working status			
	1	Yes	833	29
	2	No	2038	71
6	Residential area			
	1	Rural	1235	43
	2	Urban	1636	57
7	Partum status			
	1	Postpartum (new moms)	1883	66
	2	Antepartum (expecting moms)	988	34

relationship between economic expectancy and gender disappointment were not statistically significant, rejecting the H12 and H14 hypotheses.

In Fig. 2, the trends in gender disappointment is plotted for different age categories: Less than 18 years, 19–25 years, 26–30 years, 31–35 years, 36–40 years, and more than 40 years. In order to compare the extent of gender disappointment among different age categories, percentage analysis is used and gender disappointment at various levels of intensity is recorded among respondents with different age gropus,1 being the lowest intensity of gender disappointment and 8 being the highest intensity of gender disappointment. It is well evident from Fig. 2 that gender disappointment differed for different age groups. To be specific, the highest number of respondents who experienced high intensity of gender disappointment was in the age group of 19–25 years (46.41% having intensity of 5, 36.92% having intensity of 6, and 8.72% having intensity of 7), about 92% of respondents in age group having gender disappointment with intensity greater than 4. Next to this, about 80% of respondents below 18 years exhibit gender disappointment with high intensity greater than 4 (40% having intensity of 5, 37% having intensity of 6,

and 3% having intensity of 7) and also 58.5% of respondents in the age group of 26–30 years experience gender disappointment with high intensity greater than 4 (17.7% having intensity of 5, 24.5% having intensity of 6, and 16.25% having intensity of 7). In contrast, very few older respondents experience gender disappointment, specifically 21% of respondents in the age group 31–35 years, 12% of respondents in the age group 36–40 years, and 2% of respondents of age above 40 years experience gender disappointment greater than intensity 4. The trends in gender disappointment in younger adults (less than 18 years, 19–25 years, and 26–30 years) are more evident when compared to trends in older adults (31–35 years, 36–40 years, and above 40 years). The reason behind this trend is that as people get older, their desire for having a baby of any gender is dominant over having a baby of specific gender, as infertility is highly and positively correlated with the age of the parents (Stein and Susser 2000).

Figure 3 exhibits the gender differences in showing gender disappointment at various levels of intensities. From Fig. 3, it is well evident that 95.3% of female respondents are having high intensity of gender disappointment when compared to male respondents with 26.4% of male

Table 3 Construct loadings, reliability, convergent, and discriminant validity coefficients

Constructs	Items	Factor loadings	Cronbach's alpha	Composite reliability	Average variance extracted (AVE)
Agreeableness	A1	0.848	0.85	0.83	0.868
	A2	0.888			
	A3	0.868			
	A4	0.834			
Conscientiousness	C1	0.906	0.89	0.840	0.910
	C2	0.901			
	C3	0.789			
	C4	0.815			
Cultural influence	Cu1	0.936	0.992	0.993	0.995
	Cu2	0.955			
	Cu3	0.910			
	Cu4	0.951			
Disappointment	Ds1	0.961	0.981	0.985	0.915
	Ds2	0.966			
	Ds3	0.961			
	Ds4	0.936			
	Ds5	0.951			
	Ds6	0.962			
Extrovert	E1	0.979	0.941	0.958	0.852
	E2	0.961			
	E3	0.865			
	E4	0.882			
Economic expectancy	Ec1	0.854	0.890	0.840	0.971
	Ec2	0.885			
	Ec3	0.819			
Intellect	I1	0.857	0.880	0.885	0.915
	I2	0.882			
	I3	0.872			
	I4	0.888			
Neuroticism	N1	0.896	0.850	0.830	0.865
	N2	0.890			
	N3	0.815			
	N4	0.779			
Social influence	SI1	0.894	0.854	0.870	0.971
	SI2	0.864			
	SI3	0.843			
Safety expectancy	Sf1	0.848	0.979	0.986	0.960
	Sf2	0.960			
	Sf3	0.960			

Table 4 Overall fitness of the proposed model

	Absolute fit index			Relative fit index		
Model fit index	χ^2/df	GFI	RMSEA	NFI	SRMR	RMS_Theta
Evaluation standard	< 3	< 9	≤ 0.08	> 0.9	< 0.10	< 0.12
Proposed model	2.154	0.801	0.067	0.172	0.07	0.092

Table 5 Results of hypothesis testing structural equation models

Path	Hypothesis	Beta	T statistics (|O/STDEV|)	P values	Result of hypothesis
SI→GD	H1	1.684*	1.68	0.094	Significant
CUL→GD	H2	2.255**	2.284	0.023	Significant
EC→GD	H3	2.648***	2.784	0.006	Significant
SAF→GD	H4	2.592***	2.58	0.01	Significant
AG*CUL→GD	H5	0.5	0.615	0.404	Non-significant
AG*EC→GD	H6	0.843	0.4	0.737	Non-significant
AG*SAF→GD	H7	0.237	0.813	0.223	Non-significant
AG*SI→GD	H8	0.851	0.395	0.732	Non-significant
CON*CUL→GD	H9	0.952	0.342	0.846	Non-significant
CON*EC→GD	H10	2.998***	0.003	2.68	Significant
CON*SAF→GD	H11	1.632*	0.103	1.523	Significant
CON*SI→GD	H12	0.712	0.477	0.687	Non-significant
EX*CUL→GD	H13	3.185***	0.002	3.337	Significant
EX*EC→GD	H14	1.202	0.23	1.123	Non-significant
EX*SAF→GD	H15	4.188***	0	4.621	Significant
EX*SI→GD	H16	3.052***	0.002	3.252	Significant
IN*CUL→GD	H17	0.303	0.762	0.28	Non-significant
IN*EC→GD	H18	0.46	0.646	0.506	Non-significant
IN*SAF→GD	H19	0.426	0.67	0.444	Non-significant
IN*SI→GD	H20	1.422	0.156	1.212	Non-significant
NE*CUL→GD	H21	1.589*	0.113	1.465	Significant
NE*EC→GD	H22	2.154**	0.032	1.785	Significant
NE*SAF→GD	H23	2.287**	0.023	2.143	Significant
NE*SI→GD	H24	2.243**	0.025	2.071	Significant

respondents with high intensity gender disappointment. The reason behind this is maternal depression and anxiety symptoms being common in pregnant or newly delivered women due to their hormone changes and hence women are at the higher risk of getting gender disappointment if they find their child is not in the gender which they are longing to have. This finding is consistent with the extant literature which proved that depression and other mental disorders are strikingly high in females when compared to male due to their preference for boy child.

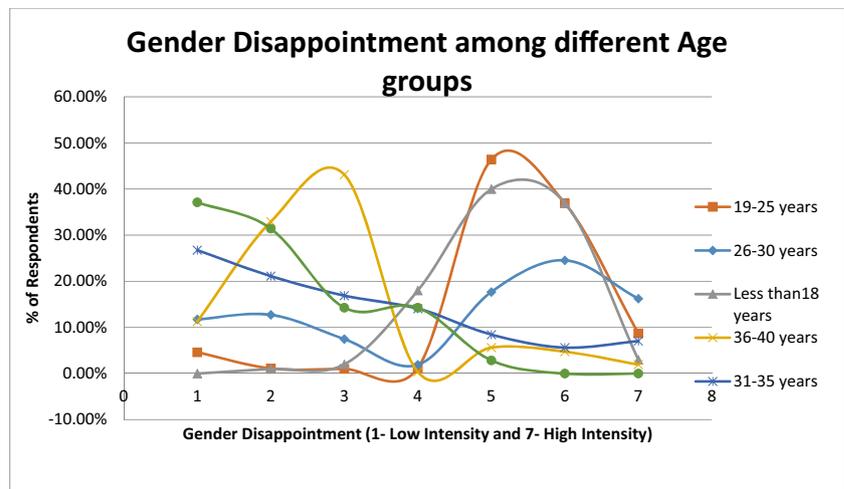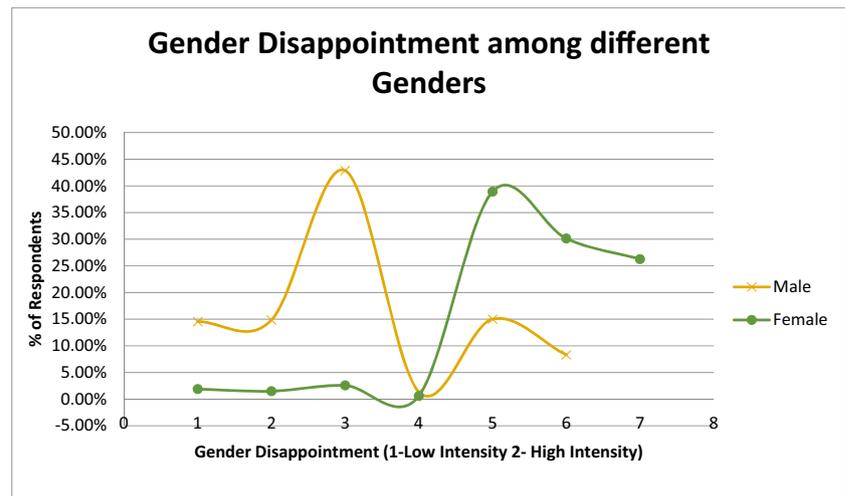**Fig. 2** Gender disappointment among different age groups

Fig. 3 Gender disappointment among different genders

Discussion

The proposed theoretical research model explains 96% of variance in gender disappointment. Of the four constructs, economic expectancy ($\beta = 2.648$) is one of the most important antecedents of gender disappointment followed by safety expectancy ($\beta = 2.592$), followed by cultural influence ($\beta = 2.255$), and social influence ($\beta = 1.684$).

Individuals, who are high in neurotic personality trait, tend to get depressed quickly; they are more worried than other people, often feel anxious and guilty, experience frequent mood swings, and emotionally instable (Matthews et al. 2003). This evidence from the previous literature explains the reason for gender disappointment particularly in people with neurotic personality, as these individuals get disappointed quickly on birth of the baby with an undesired gender. Individuals, who are high in neuroticism, are anxiously looking for a gender which is considered superior by their culture (cultural influence) and society (societal influence) and least prefer a baby with the gender with quite expensive barricades (economic expectancy) and requires more attention in safety perspective (safety expectancy); hence, neuroticism significantly moderates the relationship of societal influence, economic expectancy, cultural influence, and safety expectancy with the gender disappointment.

Extraverts are usually sociable, talkative, looking forward to widen their social circle of friends and acquaintance, highly emotional and energetic when they are in the social circle (Costa and MacCrae 1992), and will be looking forward for the gender which makes them feel lucky and center of attraction among their social circle and enhance their cultural belief. This is a clear evidence for the findings of the study which indicated extroversion as a significant moderator in the relationship between societal influences, cultural influence, and gender disappointment.

Similarly, Costa and MacCrae (1992) showed that individuals, who are high in conscientiousness continuum, are well organized, goal-oriented, follow well-planned schedule, and hence gets disappointed for having a baby of particular gender which increases their unplanned expense (economical expectancy) and their high level of thoughtfulness makes them concerned about the safety of a particular gender baby (safety expectancy) which is their reason for gender disappointment.

Parental conflicts with the child is more likely to increase with incongruent parents (parents disappointed with the gender of the child) and particularly have stronger implications when daughter is born to parents who were looking for a son (Bloye 2013; Pollard and Morgan 2002) leading to a venomous effect on society.

In order to refurbish gender disappointment, one has to speak his mind to someone whom they trust (spouse, mother, friends, etc.) and can feel solaced by reading pregnancy websites where similar other mothers share their experience of gender disappointment. In case of prolonged and exacerbated gender disappointment, professional consultant can be sought and the case should be immediately addressed before it causes any untoward effect on women's mental health.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Appendix

Table 6 Annexure-Questionnaire results

S. no	Statements	Strongly disagree	Moderately disagree	Slightly disagree	Neutral	Slightly agree	Moderately agree	Strongly agree
1	I wanted to have boy baby as I feel that boys are treated as superior gender	☐	☐	☐	☐	☐	☐	☐
2	I wanted to have a boy baby as having son is valued in my tradition	☐	☐	☐	☐	☐	☐	☐
3	I do not want to have a girl baby as women are often dominated by men.	☐	☐	☐	☐	☐	☐	☐
4	I prefer to have a boy baby as they are less likely to be violated than female in society	☐	☐	☐	☐	☐	☐	☐
5	I wanted to have a boy baby as I feel he will take care of me during my old age	☐	☐	☐	☐	☐	☐	☐
6	I wanted to have a boy baby as I feel he will share my financial burden (expenses) when he starts earning.	☐	☐	☐	☐	☐	☐	☐
7	I wanted to have boy baby as I feel it is less expensive to bring him up than girls (e.g. dowry)	☐	☐	☐	☐	☐	☐	☐
8	I do not prefer girl child as I feel girls are more abused.	☐	☐	☐	☐	☐	☐	☐
9	I prefer to have a son as I can exert lesser efforts to safeguard boys than girls	☐	☐	☐	☐	☐	☐	☐
10	I do not prefer girl child as I am really concerned about their safety.	☐	☐	☐	☐	☐	☐	☐
11	I wanted to have a boy baby just because persons who are important to me (non-relatives) wanted me to have a boy baby.	☐	☐	☐	☐	☐	☐	☐
12	I wanted to have a boy baby because the community in general welcomes boy baby.	☐	☐	☐	☐	☐	☐	☐
13	I wanted to have a boy baby because the individuals who influence my behavior (relatives) wanted me to have a son.	☐	☐	☐	☐	☐	☐	☐
14	When I delivered my baby I was disappointed since my baby was not a boy.	☐	☐	☐	☐	☐	☐	☐
15	When I delivered a girl baby I felt I deserve a boy child.	☐	☐	☐	☐	☐	☐	☐
16	When I knew I delivered a daughter I thought the situation was unexpected	☐	☐	☐	☐	☐	☐	☐
17	When I came to know that I delivered a girl baby I felt powerless	☐	☐	☐	☐	☐	☐	☐
18	When I came to know that I delivered a daughter I wanted to be comforted by others (spouse, friends, etc)	☐	☐	☐	☐	☐	☐	☐
19	When I came to know that I delivered a girl baby I wanted to console myself	☐	☐	☐	☐	☐	☐	☐

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