PREVENTING SON PREFERENCE AND UNDERRATING OF GIRLS IN ASIA PACIFIC
ACKNOWLEDGEMENTS

This brief was produced to give an overview of the status of Gender-biased sex selection in the Asia Pacific region, with focus on the impact of sex selections, barriers to the issue, change seen on the ground, and recommended policies to addressing this harmful practice.

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Since the 1980s, gender-biased sex selection has emerged as a widespread issue in the Asia Pacific region, and constitutes a significant challenge to affected countries. This harmful practice was first observed in Asian countries such as China, India, South Korea, and Viet Nam. More recently, this issue has spread to other countries in the region to include Nepal, Bangladesh and Pakistan. A strong son preference, combined with the use of modern technologies and declining fertility, has skewed the normal ratio between male and female births in several countries in this region. Sex-ratio imbalances at birth and the normalization of the use of sex selective technology are caused by deeply embedded discrimination against women within institutions such as marriage systems, family formation and property inheritance laws (1).

Research conducted in the region suggests that gender-biased sex selection occurs in a diverse range of countries in the Asia Pacific region that have three elements in common: a strong preference for male offspring, declining fertility rates, and access to modern ultrasound technologies (2). These factors play out according to a variety of reasons and histories of the countries of focus which will be discussed in this report. A strong preference for sons is commonly seen in the Asia Pacific region because of the patriarchal societal structure which views daughters as a source of impoverishment for the family, while sons are perceived as a benefit (3). Asian family structures are commonly both patriarchal and patrilocal, meaning that as adults, men continue to live with and financially and emotionally support their birth parents, while women are expected to live with their parents-in-law and are not expected to support their own birth parents (3). Declining fertility rates across countries in Asia Pacific reduces the probability of having male offspring in smaller families, which may lead some couples who have a son-preference to use sex-selection (4). Ultrasound technology, introduced in several Asian countries from the 1970’s, enabled women, for the first time, to practice sex selection within the first months of gestation under relatively safe and medically controlled conditions (3). This practice has far-reaching negative consequences, as it endangers the health and rights of women and girls, perpetuates a culture of gender inequality, and jeopardises sustainable social development and stability.
THE EMERGENCE OF A SKEWED SEX RATIO AT BIRTH IN THE REGION

Since the 1980s, available statistics indicate that the sex ratio at birth (SRB, the number of male births per 100 female births) has been increasing in a number of countries above its standard biological level of 105 (5). This harmful practice was first observed in Asian countries such as China, India, South Korea and Vietnam, with SRB levels exceeding 110 previously. Within the last decade, however, evidence pointing to abnormally high sex ratios at birth has also emerged in other Asian countries as well as several countries of South-East Europe and the South Caucasus (6), as shown in Table 1 and Figure 1. This report will focus on the Asia Pacific region.

China has had the most prolonged and significantly skewed SRB in the world. The problem was detected in the early 1980s, exceed 110 by the 1990s and increased to 121.2 in 2004. Since 2007, the SRB has been declining, but remains elevated at 111.9 as of 2017. Similarly, India had elevated SRB since the 1980s, peaking in 2003 at 111.2, and plateauing around 110 since 2005 (7). Viet Nam has also had a long history of skewed SRB since the 1980s, starting around 107 in 1997 and increasing to 111.6 in 2007, where it has roughly remained through 2018 (7). Nepal has reported a slight increase in SRB, rising to about 110 in the 2012-2016 birth cohort (7).

Bangladesh’s SRB has remained steady around 105 from the 1990s to present (7). South Korea is the only country in Asia to have reversed its trend in SRB. SRB in South Korea peaked at 116.5 in 1990, and then trended downwards to reach normal biological levels in the late 2000s (8).

In addition to quantitative evidence, field research has also provided qualitative evidence of the intensity of sex bias in the region and described a complex picture of the root causes behind the rise in birth masculinity. Though family traditions favouring sons over daughters and the emergence of healthcare services offering modern ultrasound technologies are shared factors, SRB levels appear skewed in certain Asian countries with little in common in terms of economic and geographical environment, political change, ethnic composition, or religious traditions.

Table 1. Sex ratio at birth, selected countries and territories in Asia Pacific and Eastern Europe

<table>
<thead>
<tr>
<th>Country/territory</th>
<th>Sex ratio at birth</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azerbaijan</td>
<td>114.6</td>
<td>2018</td>
</tr>
<tr>
<td>China</td>
<td>111.9</td>
<td>2017</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>111.5</td>
<td>2018</td>
</tr>
<tr>
<td>Armenia</td>
<td>111.1</td>
<td>2018</td>
</tr>
<tr>
<td>Montenegro</td>
<td>106.7</td>
<td>2016-2018</td>
</tr>
<tr>
<td>Republic of North Macedonia</td>
<td>110</td>
<td>2018</td>
</tr>
<tr>
<td>India</td>
<td>109.6</td>
<td>2015-2017</td>
</tr>
<tr>
<td>Kosovo (UNSCR 1244)</td>
<td>109.0</td>
<td>2018</td>
</tr>
<tr>
<td>Georgia</td>
<td>107.9</td>
<td>2018</td>
</tr>
<tr>
<td>Albania</td>
<td>108.0</td>
<td>2018</td>
</tr>
<tr>
<td>Nepal</td>
<td>110.6</td>
<td>2012-2016</td>
</tr>
<tr>
<td>South Korea</td>
<td>105.4</td>
<td>2018</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>104.8</td>
<td>2014</td>
</tr>
</tbody>
</table>

The situation in Asia Pacific countries has three distinct factors emerging as the key contributors to a rise in SRB levels:

1. The existence of entrenched social and family norms favouring male children;
2. The emergence of modern reproductive technologies; and
3. The effect of low fertility on reproductive strategies among couples (1).
Different drivers exist in countries for the above factors which have led to a rise in SRB levels. In low fertility settings, families have fewer births and sometimes more means (in terms of technology) to influence their birth outcomes prenatally (11). In China and Viet Nam, the one child and two child policies have had unintended results of contributing to gender-biased sex selection in the context of low fertility rates.

In India there has also been a two-child social norm established, with similar effects to China and Viet Nam (11). In India, there are also key regional differences in how sex discrimination is manifested, and a recent spatial mortality analyses has estimated 239,000 excess female child deaths per year (12). For example, northern India has high fertility rates and pronounced excess girl child mortality, particularly in Uttar Pradesh, Bihar, Rajasthan, and Madhya Pradesh. Western India has comparably lower fertility rates and some of the earliest observations of prenatal sex selection. In the rest of India, gender bias appears to have a negligible or moderate effect on mortality. Interestingly, the most skewed SRB in India are found in Punjab, Haryana, Gujarat and Maharashtra, but severe excess girl child mortality was only found in Haryana. Likewise, the SRB is not markedly skewed among the northern states with the highest levels of excess girl child mortality. These findings suggest that gender bias against girls manifests in different ways throughout India via sex selective abortion and excess girl child mortality.

Traditional patrilineal kinship systems that value sons over daughters are seen in all countries that have substantial sex selection. China, India, Korea, Bangladesh and Viet Nam all have pre-industrial kinship systems that value sons over daughters (7). Specific sub-national regions of these countries that have relatively higher levels of co-residence with sons are more likely to have higher levels of sex selection as well (7). For example, north Viet Nam has higher rates of co-residence with sons ("patrilocal") and correspondingly higher levels of sex selection compared to south Viet Nam (13). Patrilineal kinship systems in India, Bangladesh, China and Viet Nam mean family assets are passed through the male lineage, increasing a need for sons. In India, Bangladesh and Nepal, the dowry system places a financial burden on parents of girls to get married. Once married off to the husband’s family, the investment in girl children is viewed as a lost cause (14).

Differences in the sex ratio at birth between urban and rural areas vary within and between countries. Son preferences may be higher in rural settings because of the influence of traditional institutions and dependence on sons for agriculture and support in old age, while urban settings are typically wealthier with better access to reproductive health services (5). For example, in four regions of Viet Nam, the sex ratio at birth in urban areas is significantly higher compared to rural areas (5). Simultaneously, in the two richest agricultural regions of Viet Nam (Red River Delta and Mekong River Delta), the sex ratio at birth is higher in rural areas compared to urban areas (5).

![Figure 1. Sex ratio at birth*, selected countries and territories, 1980-2020 (7)](chart.png)

*Data are estimates of trends over time sourced from United Nations Population Division, World Population Prospects: 2019 Revision
EFFECTS OF SEX SELECTION

Sex selection has negative implications for women’s lives and health, and for society as a whole. Women face intense pressure from family members and entrenched social norms to give birth to male children, often becoming subject to gender-based violence, including psychological violence, if they do not. Women pregnant with girls may be forced to undergo repeated consecutive abortions, with debilitating effects on their mental and physical health. The prevalence of sex selection practices within a society creates an environment in which gender bias directly influences reproductive decisions and outcomes, reinforcing a culture of low value placed on girls, in which female births are actively avoided. In addition, a shortage of women has serious long-term impacts on the ageing population (15).

Sex imbalances at birth will also translate two decades on into a surplus of men (“marriage squeeze”) in India and China, a demographic imbalance likely to affect their marriage prospects and one with the potential to increase human trafficking, importation of brides, crime, gender-based violence and political unrest in severely affected regions (1). Recent analyses on the marriage squeeze in India suggests that, as the number of girls missing at birth steadily increases over time for your younger age cohorts, there may be a stronger marriage squeeze from 2016-2026 (16). Although the marriage market appears to be currently manageable across India as a whole, regions with more extreme SRB may face real challenges already (16). For example, in 2012, Punjab had 13 extra marriageable men for every 100 women, compared to approximately 5 to 7 extra men per 100 women in Uttar Pradesh, Haryana and Rajasthan (16). This suggests that sub-national monitoring and differential responses will be critical to address these challenges.

Similarly, recent population projections 2005-2100 in China presented three scenarios for the SRB and found that even if China’s SRB returned to biologically normal levels by 2020, up to 15 percent of Chinese men at age 50 would still not be able to find a wife by 2055 (17). Other projections in China have estimated that up to 30 million men in China will be involuntary bachelors by 2030. This may lead to “marrying up”, where older men marry younger women, and leaves better educated women and poorer men particularly vulnerable (15).
BARRIERS TO ADDRESSING THE PROBLEM

The last two decades have seen an increase in educational opportunities for women resulting in higher labor force and economic participation (18), however these improvements have been varied in impact across the Asia Pacific region. When it comes to education, women in countries such as China and Korea have been able to benefit more equally from these changes whereas unfortunately women in India, Pakistan and Bangladesh still lag behind in comparison (19). Despite some advancements, women in the Asia Pacific region are still far from achieving equal economic and political participation. The social and economic situation is further compounded by a demographic context characterised by low fertility and international outmigration. Abortion, which has long served as a standard family planning method, is now also used as a way to avoid female births (20). More recently, in some countries in the region, the emergence and misuse in the region of medical abortion pills and of assisted reproduction technologies may offer new ways for couples to practice sex selection, further fuelling discriminatory behaviour. In all these countries in Asia Pacific, socio-cultural norms that glorify sons still exist and many lack effective policies addressing these underlying issues to gender-biased sex selection.

In India, Nepal and Viet Nam, banning sex-selective testing, without commensurate efforts in addressing son preference and unwantedness of daughters, has resulted in driving the practice underground, coupled with a lack of adequate enforcement. Policy experience in China and India show that there is no ‘silver bullet’ to reduce elevated SRB levels and redress gender discrimination. However, lessons learned from South Korea can be adapted and applied to other contexts, where strong enforcement of laws around sex-selective abortion and gender equality have contributed to the journey to normalising of the SRB and a positive success story (21).

A key challenge in relation to addressing son preference and gender-biased sex selection in Asia Pacific is the balance between ensuring law enforcement that bans the practice of gender-biased sex selection and protecting women’s reproductive rights. There is concern that stronger laws and enforcement actions to limit prenatal sex selection may only serve to force more women into having an illegal and unsafe abortion.

VOICES FROM INDIA (9)

“I have never done it, but yes sex selection is common. There are many cases among my relatives and even my madam at school. If they don’t do it here in Beed, they go outside and get it checked elsewhere”

(School teacher, mother of three daughters, Maharashtra, India)

“In society, people think that if the girl talks much at home, she will talk much in her marital house as well. In my house, this is not so, we don’t discriminate at all. But girls are not allowed to go outdoors or go out with their friends. Because at present, there are a lot of wrong things happening in society. Girls are being raped, or being abducted and sold in a different place. These are the reasons why. I don’t agree, but to stay within society, one has to do these things.”

(Adolescent girl’s mother, aged 40, completed class 8 School)

VOICES FROM NEPAL (10)

“If one has daughter then there can be stigma for being son-less. From the economic perspective, dowry system is prevalent in the Terai belt. Having daughter means that you will be compelled to give dowry otherwise she will not get married. Hence, having daughter itself is problem for the future.”

(Obstetrician/gynaecologist, Government Zonal Hospital)
There are reasons for optimism, however, including the recent gains in awareness and progress in mobilising around the issue of gender-biased sex selection. Recommendations to address sex imbalances at birth were adopted at the International Conference on Population and Development (1994) (ICPD) which recognized that all forms of discrimination against the girl, child, and the root cause of son preference should no longer be endured (22). Efforts by UNFPA and other international agencies have assisted in generating data analysis and policy dialogue, creating new opportunities for in-depth studies, knowledge-sharing, evidence-based interventions, and technical assistance (23, 24). The ICPD adopted by 179 countries in 1994 aims in particular at ‘[eliminating] all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection’ (6, 25).

These developments have in turn resulted in rapidly improving knowledge about the issue in the Asia Pacific region and the initiation of a broader policy dialogue, with media, policy makers, religious institutions and NGOs all engaging in public debate on gender preference and prenatal sex selection. In partnership with or supported by UNFPA, the governments of India, China, Nepal, Bangladesh, South Korea and Viet Nam have already supported primary research on the issue, and advocacy/communication activities and policy initiatives have followed. In China, the issues of sex ratio at birth and gender equality have been added into cadre training in Communist Party schools, and a gender sensitive approach has been considered in many sectors like education, civil affairs and social security, public security and finance, resulting in the launch of gender-sensitive policies. The policy experiences of Asian countries have allowed national governments to develop innovative approaches suited to their specific social and demographic situation, even incorporating the fight against gender bias into a larger population policy aimed at supporting non-discriminatory reproductive freedom. In Viet Nam, the government approved the Scheme on SRB Imbalance Prevention and Control for the Period 2016-2025.
SUCCESS STORY: SOUTH KOREA (8)

South Korea is one of the only countries that experienced a very high SRB in the 1990s followed by a sharp downward trend back to biologically normal levels. Most experts now believe that this downward trend is a result of societal shifts in gender-specific behaviours and attitudes, rather than a ban on prenatal sex selection technology. These shifts in societal views and attitudes resulted from a culmination of factors including better economic opportunities which reduced the need to fulfil traditional family obligations, increase of industrial jobs allowing people to save for retirement without dependence on sons, changes in urbanisation patterns leading to elderly parents living with daughters, and the value of daughters increasing due to the increased economic and labour force participation of women.

Normative change
Historically, Korean society was strongly patriarchal with strong son preference. Family lineage and inheritance could only pass down through the eldest son, and daughters were considered outsiders after marriage. Industrialisation and urbanisation created new economic opportunities that disrupted traditional obligations around livelihoods, social status and financial security. These shifts ultimately led to rapidly changing societal norms: from 1991 to 2003, the proportion of women in the same birth cohort who believed they “must have a son” halved.

Legislation
Key revisions to the Family Law in the late 1980s were driven by women’s rights groups and centred on four main areas: (1) equal rights to inheritance for sons and daughters, (2) divorce rights around custody and property, (3) joint decisions on the domicile and (4) a husband’s right to enter his name on his wife’s natal family register. In the 1990s, pension reform expanded social insurance in old age, thus freeing pressure from children to care for elderly parents. However, it is important to note that these legislative measures did not take place until after the 2000s when sex ratios began to stabilise; therefore, the impact of legislation on sex ratios is unclear.

Lessons learned
The experience of South Korea suggests that economic development alongside legislative measures promoting gender equity and advocacy campaigns can rapidly shift societal norms. South Korea also banned prenatal sex selection technology, but there is no conclusive evidence that this ban impacted on skewed sex ratios.
POLICY OPTIONS FOR ADDRESSING THE ISSUE

PROMOTING GENDER EQUALITY

Countries and territories in the Asia region have implemented national policies, programmes and strategies to improve gender equality and empower women following the adoption of the ICPD Programme of Action and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). Where equal rights have not translated into equal opportunities for women, existing gender-equity laws must be revised and effectively implemented to bridge the gap between law and practice. Nepal has a strong commitment to ending gender-based violence (GBV) and promoting gender equality. In 2009, Nepal passed the Domestic Violence (Crime and Punishment) Act and in 2006, the Gender Equality Act. In South Korea, economic disparities leading to son-preference have been addressed through equality laws concerning gender equality in head of households, provision of credit and land inheritance. China has established comprehensive policy, legal and institutional frameworks for gender equality and women’s empowerment starting with the 1954 constitutional principle of “women enjoy equal rights with men.” Since then, the 1992 Law on the Protection of Rights and Interests of Women, the 1995 Anti-Domestic Violence Law, and three Development Programmes of Chinese Women have strengthened China’s legal and policy responses to gender equality. In November 2006, the Viet Nam National Assembly passed the Gender Equality Law and one year later passed the Domestic Violence Prevention and Control Law. Pursuant to the Gender Equality Law, the Government of Viet Nam approved The National Strategy on Gender Equality for 2011–2020, The National Programme on Gender Equality for 2011-2015 and the National Action Programme on Gender Equality for 2016-2020. Amongst other laws, Bangladesh has The Prevention of Oppression against Women and Children Act 2000 and the Domestic Violence Act (Prevention and Protection) Act 2010.

In India, gender inequality and discriminatory norms that perpetuate son preference have been addressed through legal and policy measures. These include laws prohibiting dowry (Dowry Prohibition Act, 1961), laws to promote equality in inheritance of land and property, and laws to address violence against women and girls (including the Protection of Women from Domestic Violence Act, 2005; Criminal Law (Amendment) Act 2013, Sexual Harassment of Women at Workplace (Prohibition, Prevention and Redressal) Act, 2013). To promote equality for girls, the national government and various state governments in India have supported conditional cash transfers that incentivize investment in the health and education of daughters. India also has a National Policy for the Empowerment of Women (2001) that recognizes the practice of sex selection and calls for strong measures for both prevention and redressal of discriminatory practices against women and girls.

Governments lead by example when they show senior-level commitment to gender equality and promote women’s access to leadership positions. Equal wages and access to inheritance of family property, improved pension and social security schemes will meanwhile strengthen women’s financial independence and social status.

LEGAL BANS ON SEX-SELECTIVE ABORTION AND PRENATAL SEX DETERMINATION

Legal bans on sex-selective abortions, sex determination and its advertisement, as well as regulation on late abortions are obvious policy options for targeting prenatal discriminatory behaviour and all of the focus countries have already introduced some of these prohibitions. Bans also send a clear signal of governments’ official position towards sex selection and provide a basis for inter-ministry cooperation around issues of gender discrimination. However, it has been found that such bans are difficult to implement, fraught as they are by high administrative expenses, deficient targeting, and the risk of infringing on reproductive rights. For example, in Nepal healthcare providers in Kaski and Tanahun districts discussed that weak enforcement of the laws against gender-biased sex selection meant that healthcare providers could agree to disclose the sex of the foetus to couples (26). In addition, further technological advances, such as foetal blood testing for the identification of an embryo’s sex or assisted reproductive technology, may mean that future regulatory measures need to consider all pre-conception and pre-natal diagnostic techniques.
Governments have a clear mandate to monitor closely the trends in prenatal sex selection, most notably with support from statistical bureaus, professional associations and civil society organisations. However, challenges exist; for example in China there had historically been a lack of coordination between different departments in some geographic areas, and difficulties tracking the country’s population due to large scale migration (5). In light of these challenges, China has streamlined the sex ratio at birth data collection by (1) merging the Ministry of Health and National Population and Family Planning Commission in 2013, and (5) nationwide implementation of the real-name birth registration system.

The recent increase in SRB in Nepal has coincided with the legalisation of abortion, which may lead to attacks on safe abortion services (26). Monitoring SRB trends and potential increases in son preference are critical moving forward to better understand factors driving these harmful practices in Nepal and challenge harmful gender biases.

Awareness-raising campaigns and communication aimed at behavioural change are crucial instruments for addressing sex selection and altering traditional mind-sets. They should be led by high-level government representatives and elected members of national assemblies. Campaigns may also target specific groups such as youth, newly married couples, community leaders or influencers and, most importantly, the medical community. China’s nationwide “Care for Girls” campaign and India’s “Beti Bachao-Beti Padhao” (Save and educate daughters) program both enhance the value of girls by changing individual and community level attitudes, with China’s program also supporting families with girls. Organising human capacity programmes with medical professionals and adapting medical curricula play a critical role in promoting the ethical use of reproductive technologies. Such activities, however, should be reinforced by parallel efforts to change the legal and political climate to demonstrate concrete efforts in all sectors of society to bridge the gender gap.

Improved welfare programmes targeting the girl child have been introduced in India and China. Such programmes may help reduce the intensity of gender bias by providing financial assistance to families with girls to counterweigh their perceived economic burden through direct subsidies or financial incentives (27). Such conditional programmes may be expensive and difficult to implement; however, they often have positive multiplier effects in terms of schooling and health (28).
Addressing prenatal gender discrimination requires coordinated efforts by multiple governmental and nongovernmental stakeholders at the country level, but the regional character of recent sex imbalances additionally calls for increased regional and global policy dialogue around gender-biased sex selection. The following recommendations can be given:

**STRENGTHENING THE EVIDENCE-BASE**
- Conduct further research on the underlying causes of gender bias and on the potential consequences of current sex imbalances in the Asia Pacific region, accompanied by more systematic monitoring of SRB trends in all countries of Asia Pacific through national statistical offices.

**SHIFTING SOCIAL NORMS**
- Engage men to end discrimination against women and girls, for example through behaviour change communication to share household responsibilities, encourage men to support their daughters’ and wives’ careers and education, and on the importance of sharing inheritance equally between daughters and sons.
- Engage in targeted advocacy, sensitisation and awareness-raising campaigns led by national figures and implemented through ministries to change social norms, promote gender equity in families and society, and raise the status of women and girls.

**IMPROVING SOCIAL SUPPORT AND SERVICES**
- Enhance women’s abilities to be self-reliant, through improved asset ownership, inheritance, professional education, skill-building for paid work opportunities, safety and mobility.
- Consider the provision of incentives to families with daughters only to increase the perceived value of girls, alongside longer-term efforts for social change.
- Enhance social protection for the elderly to improve financial security in old age and reduce dependency on children, in contexts with strong son preferences.
- Ensure equal access to education and health services for girls who are higher birth order (e.g. born second, third or fourth) to optimise girl child survival and well-being.

**ENSURING APPROPRIATE USE OF REPRODUCTIVE TECHNOLOGIES**
- Work with healthcare providers to develop guidelines on the ethical use of relevant technologies to suppress deliberate gender discrimination, and to revise or strengthen the existing legal frameworks on the misuse of reproductive technologies.

**LEGAL REFORM**
- Continue advocacy efforts and policy-dialogues to create or enforce laws banning son preference and undervaluing of girls.
REFERENCES


