

Socio-Cultural Factors Underlying Son Preference and the Practice of Gender-Biased Sex Selection: *A study in selected communities of Nepal*

Gender-biased sex selection (GBSS) in favor of boys is a manifestation of gender inequality and the unequal value given to girls in family and society at large. According to the United Nations Populations Fund (UNFPA), it is a result of pervasive social, cultural, political and economic injustices against girls and women. Globally, the sex ratio at birth (SRB) ranges between 102 to 106 boys, per 100 girls which in Nepal is 105 boys per 100 girls. The 2011 Population Census reveals that 12 districts¹ have highly imbalanced SRB (110 and over) due to son preference, which is alarming.

This study was undertaken to explore the socio-cultural factors underlying son preference and the practice of GBSS and termination of pregnancy post GBSS resulting in imbalanced SRB in selected communities of Nepal.

¹ Arghakhanchi (127); Bhaktapur (123), Kaski (117); Lalitpur, Palpa (114 each); Kathmandu and Rupendehi (113 each); Kanchanpur, Gulmi and Saptari (111 each) and Jhapa and Parbat (110 each)

Gender-Biased Sex Selection (GBSS) is a method used by couples and families to make decisions on pregnancy outcomes based on sex composition of existing children or for desired sex composition aided by prenatal testing to determine the sex of the fetus to ensure birth of desired sex, which is predominantly male.

GBSS may occur both pre-natal and post-natal. Prenatal GBSS occurs prior to or during conception by selecting sex during fertilization, or through termination of pregnancy when the fetus is determined to be of female sex. Postnatal sex selection (generally up to 5 years of age) as a result of neglect, differential treatment in maternal nutrition and child care, as well as infanticide.

KEY FINDINGS

1 PATRIARCHAL ATTITUDES AND BELIEFS AMONG WOMEN

The study found that a large majority of women (62%) agree that sons are needed to continue the family lineage and to perform death rites and rituals and for worship of ancestors. Over two fifths of the women (42%) believe that sons enhance women's social status and it is justifiable for a husband to remarry if his

wife is unable to give birth to a son. Similarly, majority of the community leaders and mothers/mothers-in-law who participated in the focus group discussion (FGD) reaffirmed these findings noting the importance of sons to support parents in their old-age (economic), for continuation of family lineage, inherit family property and for performing death rites. The study also found that women continue to blindly rely on superstitious religious practices/ observations and on astrologers’ predictions to ascertain if their current pregnancy would result in the birth of a male child. Lack of security and value for a girl child and continuation of harmful traditional practices such as dowry have been noted as reasons for GBSS by the respondents.

2 PSYCHOLOGICAL PRESSURE ON WOMEN TO BEAR SONS

Women respondents noted that the birth of a son guarantees their status in the family and they receive more love, care and attention. Majority of the community leaders and few mothers/mothers-in-law noted stigmatization of women who are unable to give birth to a son by calling names like “Aputo” (Childless) and hurling abuses such as “[Y]our family lineage is destroyed, what would you do by earning the property?”.

3 WOMEN’S DESIRE FOR A SON INCREASED FROM SECOND BIRTH ORDER

The study found that nearly three-fourth of the women did not have any sex preference from the first birth order. However, this changed from second birth order. For instance, 44% of the women preferred a son from the second birth order and 60% preferred a son from the third and subsequent birth orders (Figure 1). Birth of a son was preferred by nearly all women who did not have a son (97%), or have only two or more daughters (96%).

“We need a son even if he is lunatic, don’t we? We need a son while dying. It is more likely to go to heaven after drinking water from the son’s hand while dying rather than the daughter’s hand.”
- JHAPA, NFGD

“If we do not have our own son then we have to call nephews to perform funeral rites who will then claim rights on our property.”
- RUPENDEHI, NFGD

“We have to hand over our daughters to another family. Whether she gets freedom to go outside and earn depends upon the family of the groom. Daughters are obliged to remain under their protection. However, sons have complete freedom to go out, earn and give order to others.”
- ARGHAKHANCHI, NFGD

However, it must be noted that the birth of daughters is rejoiced in some communities. For instance, one of the respondents noted that:
“In our Newari community, daughters are needed to perform rituals on the seventh day of the death of their parents. If a couple does not have a daughter, then people humiliate them saying that there is no one for you to perform the ritual after your death.”
- LALITPUR, FGD

FIGURE 1: Sex preference of offspring at each successive birth order (N=1980)

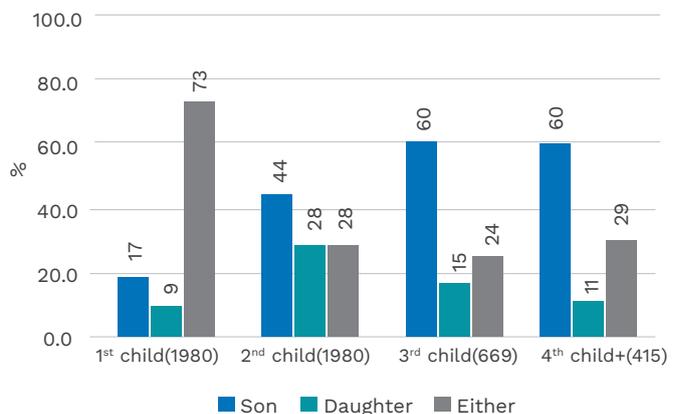
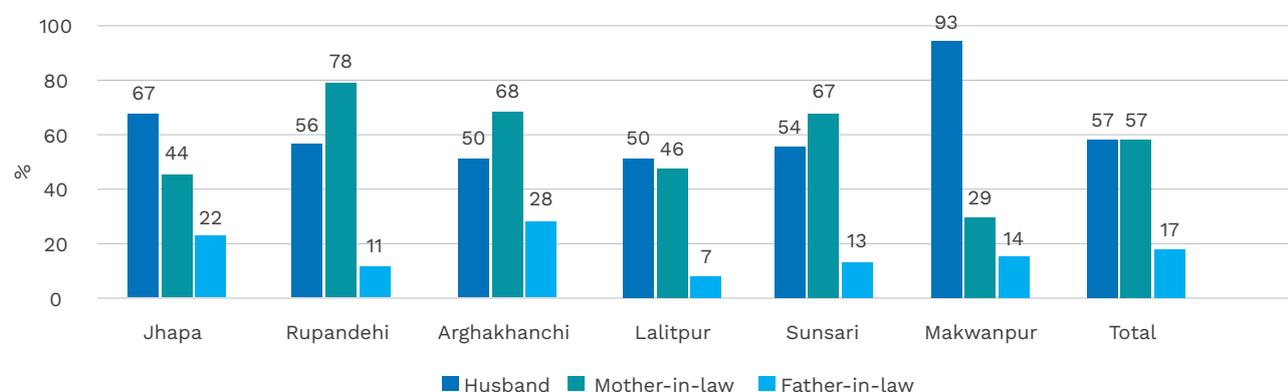


FIGURE 2: Person in the family pressuring women to give birth to a son

The study also disclosed that women without a daughter (92%) or have 2 or more sons and no daughter (83%) prefer to have a daughter as their next offspring. The majority of the women who have just one son (61%) and, one son and one daughter preferred another son as their next child. 66% of the 177 pregnant women

with at least two surviving children preferred a son from their current pregnancy, while only 14% of them preferred a daughter. The study discloses that husband and mother-in-laws predominantly pressurize women in giving birth to a son (Figure 2).

TABLE 1: Factors associated with son preference in successive pregnancies of the women (N=1980)

	Pregnancy						
	1 st (%)	2 nd (%)	(N)	3 rd (%)	(N)	4 th (%)	(N)
Age in years							
18-24	20.1	44.1	279	41.9	31	100.0	3
25-29	17.8	44.8	794	59.9	207	67.3	55
30-34	16.0	42.6	587	60.3	234	67.4	135
35+	16.9	43.1	320	64.0	197	53.6	222
Ethnicity/Caste							
Dalit	21.1	43.8	242	58.7	104	66.7	54
Janajatis	19.0	41.5	733	56.8	227	48.3	176
Madhesi/Muslim	19.3	49.3	353	61.9	176	70.8	130
Brahman/Chhetri/others	13.3	43.4	652	64.8	162	67.3	55
Year of schooling							
None/non-formal education	24.3	50.5	412	60.5	253	56.6	251
1-7	21.3	42.8	582	59.5	232	62.0	121
8-11	12.8	41.9	713	61.5	148	81.1	37
12 and above	11.0	40.7	273	61.1	36	50.0	6
Economic status							
Lowest	24.5	47.5	396	54.9	193	50.2	207
Second	19.2	46.2	396	62.3	159	68.8	93
Middle	19.8	46.0	398	67.4	141	77.6	58
Fourth	14.5	37.8	394	51.6	95	61.1	36
Highest	9.1	41.4	396	67.9	81	71.4	21

Furthermore, the study also revealed that women from Dalits, Madhesi/Muslims and Brahmin/Chhetri communities demonstrated son preferences especially at third and successive parities. However, these choices of son preference were not influenced by differences among women based on educational background or economic status (Table 1).

4 WOMEN'S ATTITUDES ON PRE-NATAL SEX DETERMINATION AND GENDER-BIASED SEX SELECTION

The study measured women's attitudes to pre-natal sex determination (PNSD) and GBSS by assessing their perceptions/views using four statements. Majority of the women (54%) agreed that there was nothing wrong with identifying about sex of the fetus. District level comparison revealed that this was highly acceptable in Arghakhanchi (72%) and Makwanpur (64%). While few women from other districts (Lalitpur, Jhapa and Rupandehi >16%) thought it was acceptable for a woman with two daughters to terminate pregnancy of undesired sex (female), the percentage was about one-third

in Arghakhanchi (32%). Similarly, women from Arghakhanchi were of the opinion that women with two sons could terminate the pregnancy of an undesired sex-male (27%). Moreover, a higher percentage of women from Arghakhanchi opined that termination of pregnancy post GBSS was acceptable if the sex of the fetus was not of their choice (37%) in comparison to women from other districts (>15%) (Table 2).

5 INCREASE IN PRE-NATAL SEX DETERMINATION

The study also discloses that women from all levels of socio-economic backgrounds seek PNSD including those who are educated, wealthy and from the hill Brahmin/Chhetri communities. Health care providers noted an increase in the demand for PNSD in recent years. Respondents of the study noted the weak monitoring of providers/clinics/diagnostic centers (by district level authorities) resulting in continuation of PNSD and termination of pregnancy post GBSS. They also noted that legal actions were not taken for lack of filing of complaints against the providers/clinics and diagnostics centers providing such services.

TABLE 2: Percentage of women reporting various attitudes towards gender-biased sex selection (% of women in agreement to the statement)

Statements relating to pre-natal sex determination and gender-biased sex selection	Jhapa (%)	Rupendehi (%)	Argha-Khanchi (%)	Lalitpur (%)	Sunsari (%)	Makwanpur (%)	Total (%)
There is nothing wrong in seeking information about sex of a fetus	45.5	47.3	71.8	47.9	49.1	63.9	54.2
It is okay for a woman to seek information about sex of a fetus and abort the fetus identified/determined as of female sex, if she already has two daughters	7.9	10.6	32.4	10.9	7.0	11.2	13.3
It is okay for a woman to seek information about sex of a fetus and terminate the fetus identified/determined as of male sex, if she already has two sons.	7.3	9.1	27.3	10.9	2.4	11.2	11.4
There is nothing wrong with terminating a fetus of undesired sex.	8.8	6.7	36.7	9.7	4.5	12.4	13.1

The study also found that 30% of the pregnant women requested information about the sex of the fetus from the healthcare provider during the regular antenatal USG procedure. However, when questioned, the health care providers noted that they have disclosed the sex of the fetus to only 27% of the women who sought such information.

Among the 201 women who had an abortion at least once in their lifetime, 12% noted that they resorted to termination of pregnancy post GBSS. While disaggregating the data by district, it was found that practice of termination of pregnancy post GBSS was relatively high in Arghakhanchi district (26%) and Lalitpur district (17%) as compared to other four districts.

CONCLUSION

GBSS in favor of sons is a manifestation of deep rooted gender discrimination and inequality that devalues daughters. Patriarchal values and beliefs around birth of a son linked with social status lead women to justify PNSD and termination of pregnancy post GBSS. Additionally, stigma related to not bearing a son, coupled with the guarantees of secured status in the family, receiving more attention, care and love; pressurizes women to give birth to a son. This is reaffirmed by the present study which found that two-third of the women interviewed (all of whom have at least one surviving child) prefer a son from their current pregnancy. The study also found that implicit use of technology is a means that has helped women and their families (from all strata of society) decide the family size and composition, though this practice is more predominant among educated and economically better off women. Additionally, weak enforcement of the law relating to PNSD and termination of pregnancy post GBSS continues to remain one of the challenges to addressing GBSS. All these factors have resulted in highly distorted SRB in Nepal.

RECOMMENDATIONS

To address the socio-cultural factors underlying son preference and the practice of GBSS:

- ◆ Develop evidence-based national strategies, policies and programs in addressing son preference, low value of girls, gender inequality and GBSS.
- ◆ Identify, review and revise laws and policies to address harmful practices and gender discrimination including in areas of citizenship and access to property.
- ◆ Advocate and support the government for effective implementation of the laws and policies that promote affirmative action/ special measures in favor of girls and women, including in the area of women's participation at all levels of governance and decision making in public and private spaces and address gender based violence.
- ◆ Work with and mobilize the opinion leader (religious, traditional and other influential leaders) and community people who can inspire and promote gender equality to address discriminatory religious and traditional practices that prioritize sons over daughters.
- ◆ Promote gender equitable education systems that ensure girls complete at least the secondary education.
- ◆ Strengthen regular monitoring system for successful implementation of laws and policies related to GBSS and other harmful practices.
- ◆ Invest in capacity building of women and adolescents for their meaningful participation in public and political life and implement policies for affirmative actions.
- ◆ Strengthen the capacities of government and non-government entities and individuals responsible for implementing gender-equality policies, plans and programs.

- ◆ Strengthen capacities of law enforcement officials to address gender based violence in all its forms and ensure gender responsive access to justice for women and girls.
- ◆ Undertake public awareness campaigns to discourage the use of medical technologies for the sole purpose of PNSD and GBSS and on the legal penalties for doing so
- ◆ Advocate for the enforcement of the law and effective implementation of medical ethics by service providers.

STUDY DESIGN

The study adopted a *mixed method design* that included a population-based survey of 1,980 married women with at least two children, one of whom was aged 0-5 years; key informant interviews with district based public and private sector program implementers/managers; focus group discussions with community leaders; narrative focus group discussions with mother's/ mother in-laws and in-depth interview with women who had undergone sex selection and sex selective abortion. The study was carried out in 6 districts (3 hill and 3 terai districts) with an imbalanced SRB. Of these 4 districts (Arghakhanchi, Lalitpur, Jhapa and Rupandehi) represented the districts with highly distorted SRB i.e. ≤ 110 boys per 100 girls. The other two districts (Makwanpur and Sunsari) represented districts with normal SRB (≤ 105 boys per 100 girls).