

A Problem-and-Solution Mismatch: Son Preference and Sex-Selective Abortion Bans

By Sneha Barot

Among the widening panoply of strategies being deployed to restrict U.S. abortion rights—ostensibly in the interest of protecting women—is the relatively recent push to prohibit the performance of abortions for the purpose of sex selection. Sex-selective abortion is widespread in certain countries, especially those in East and South Asia, where an inordinately high social value is placed on having male over female children. There is some evidence—although limited and inconclusive—to suggest that the practice may also occur among Asian communities in the United States.

A broad spectrum of civil rights groups and reproductive rights and justice organizations stand united in opposition to these proposed abortion bans as both unenforceable and unwise. Advocates for the welfare of Asian American women are particularly adamant in protesting that such laws have the potential to do much harm and no good for their communities. Moreover, they argue that proposals to ban sex-selective abortion proffered by those who would ban all abortions are little more than a cynical political ploy and that the real problem that needs to be addressed is son preference—itsself a deeply seated and complex manifestation of entrenched gender discrimination and inequity.

Understanding the Root Problem...

Son preference is a global phenomenon that has existed throughout history. Today, in some societies, son preference is so strong and sex-selective practices so common that, at the population level, the number of boys being born is much

greater than the number of girls. This is notably the case in a number of South and East Asian countries, primarily India, China, Singapore, Taiwan, Hong Kong and South Korea, as well as in such former Soviet Bloc countries in the Caucasus and Balkans as Armenia, Azerbaijan, Georgia and Serbia.

Particularly in India and China, a deep-seated preference for having sons over daughters is due to a variety of factors that continue to make males more socially and economically valuable than females. Inheritance and land rights pass through male heirs, aging parents depend on support from men in the absence of national security schemes and greater male participation in the workforce allows them to contribute more to family income. Women, on the other hand, require dowries and leave the natal family upon marriage, which make them an unproductive investment. Moreover, only sons carry out certain functions under religious and cultural traditions, such as death rituals for parents.

At the individual and family level, the primary consequence of son preference is the intense—and intensely internalized—pressure placed on women to produce male children. In the past, when having a large number of children was desirable and the norm, one option was to simply allow a family to grow until a son—or the requisite number of sons—was born; even so, female infanticide—the most drastic possible expression of son preference—was not uncommon. Today, son preference is jutting up against widespread desires for smaller families and, at least in China,

strict population policies that limit family size to one or two children. And, of course, new technologies such as ultrasound imaging to determine fetal sex, together with sex-selective abortion, have facilitated the preference for and practice of choosing boys without having to resort to infanticide.

At the macro level, the results of entrenched son preference are highly skewed national sex ratios, which in turn can have decidedly negative social consequences—again, largely for women and girls. Societies with heavily lopsided sex ratios may face a dearth of women for marriage, which could increase the likelihood of coerced marriages or bride abduction, trafficking of women and girls, and rape and other violence against women and girls. A large cohort of young, single men may lead to more crime-ridden, violent communities and general societal insecurity, especially in cultures where social standing is closely connected with marital status and fatherhood.

Under normal circumstances, the sex ratio at birth usually ranges from 102–106 live male births per 100 live female births.¹ (Boys are biologically more likely to suffer child mortality, so sex ratios at birth are naturally higher.) The sex ratio at birth in China has been growing at an alarming rate over the last three decades. The ratio of boys per 100 girls jumped between 1982 and 2005, from 107 to 120.² At the regional level, the disparity is even sharper, as the ratio in some provinces is higher than 130.³ The Chinese Academy of Social Sciences predicts that by 2020, China will have 30–40 million more boys and young men under age 20 than females of the same age.⁴ India, too, is facing a national crisis with its sex ratios. The Indian census does not publish sex ratios at birth, but rather child sex ratios, expressed as the number of females below age seven for every 1,000 males. The last four census surveys point to rapidly increasing disparities: The child sex ratio dropped from 962 (girls to 1,000 boys) in 1981 to 945 in 1991 to 927 in 2001,⁵ and according to the latest census, in 2011, the ratio decreased further, to 914.⁶

As in China, India has considerable fluctuations across different regions and localities. For example, the northern Indian states of Haryana and

Punjab are notorious for their exceedingly disparate ratios, at 830 and 846, respectively, with some districts dipping into the 770s.⁶ In contrast, south India has normal sex ratios. In this regard, it is worth noting that the status of women in parts of south India is higher than in the rest of the subcontinent; gender discrimination—and thereby son preference—apparently is not motivating women and their families to use the same accessible technology for sex-selection purposes in these regions.

Finally, a discernible pattern among most countries with skewed sex ratios is that disparities increase with birth order. In other words, even in China, the sex ratio is near normal for first-order births;³ however, it increases dramatically for second-order births and sky-rockets for third-order or later births.¹ This evidence shows that families will accept a daughter if she is a first-born child, but then will take inordinate steps to guarantee that the second one is a son. For example, in certain provinces in China, the sex ratio for third-order births exceeds a whopping 200 (boys per 100 girls).³

...And Effectively Addressing It

Women's rights advocates, researchers, multilateral agencies and affected governments have been working on the problem of son preference and the outcome of imbalanced sex ratios for many years; however, with the limited exception of South Korea (see box, page 21), relatively little headway has been made. That said, recent international agreements provide insights into how—and how not—to move forward.

The consensus documents brokered by more than 180 United Nations (UN) member states at the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing represent seminal agreements on women's health and rights. Both the ICPD Programme of Action and the Beijing Declaration squarely identify sex selection as a manifestation of son preference and frame the problem of son preference as a form of gender discrimination and a violation of women's human rights.^{8,9} And the ICPD Programme of Action urges governments to

“eliminate 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”⁸—a recommendation also echoed in the Beijing Declaration.⁹

The most authoritative and instructive roadmap on how to understand and counter the problems of sex selection is a statement released last year by five UN agencies—the Office of the High Commissioner for Human Rights, the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), UN Women and the World Health Organization. This joint interagency statement outlines the lessons experienced by different governments in addressing sex selection and lists five categories of recommendations for action, including the need for more data on the magnitude of the problem and its consequences; guidelines on the use of technology in obstetric care that do not reinforce inequities in access; supportive measures for girls and women, such as education and health services; laws and policies to strengthen gender equality and equity in areas such as inheritance and economic security; and advocacy and communication activities to stimulate behavior change regarding the value of girls. Notably, the statement includes this caution: “Experience also indicates that broad, integrated and systematic approaches need to be taken if efforts to eliminate son preference are to succeed...[and] to ensure that the social norms and structural issues underlying gender discrimination are addressed. Within this framework, legal action is an important and necessary element but is not sufficient on its own.”¹¹

On that note, three dozen countries have enacted laws or policies on sex selection.¹⁰ Both India and China outlaw prenatal testing—particularly ultrasound—to detect the sex of the fetus (except for medical reasons), and China additionally bans sex-selective abortions. Neither country’s laws, however, have been effective in stopping sex-selective abortions,¹¹ likely because enforcement is extremely difficult, affordable ultrasound services are widely available and fetal sex information can be relayed to potential parents without

even saying a word. Moreover, an ultrasound may be performed in one location and an abortion obtained in another, where a woman can provide alternative reasons for the procedure.

An even more compelling argument against sex-selective abortion bans is that restrictions on access to prenatal technologies and to abortions can create barriers to health care for women with legitimate medical needs; scare health care providers from providing safe, otherwise legal abortion services; and force women who want to terminate their pregnancies into sidestepping the regulated health care system and undergoing unsafe procedures. Accordingly, the joint UN statement stresses that “States have an obligation to ensure that these injustices are addressed without exposing women to the risk of death or serious injury by denying them access to needed services such as safe abortion to the full extent of the law. Such an outcome would represent a further violation of their rights to life and health.”¹¹

Enter U.S. Abortion Politics

While governments in Asia grapple with the serious consequences of entrenched son preference and lopsided sex ratios, antiabortion lawmakers in the United States are working overtime to capitalize on the issue for their own ends. In February, the House Judiciary Committee approved legislation to ban sex-selective abortions. Among other actions, the bill would allow criminal prosecution of health care providers who perform such abortions, and of medical and mental health professionals who do not report suspected violations of the law. It would make no exceptions to save the life or health of the mother, or to allow for medical, sex-linked reasons for an abortion. (The bill also bans so-called race-selective abortions, citing disproportionately high abortion rates among communities of color as evidence that abortion providers are “targeting” them, while ignoring the underlying racial disparities in unintended pregnancy rates; see “Abortion and Women of Color: The Bigger Picture,” Summer 2008.)

Rep. Trent Franks (R-AZ) originally introduced the Susan B. Anthony and Frederick Douglass Prenatal Nondiscrimination Act (PRENDA) in 2008, and reintroduced it in 2011, as chairman of

Multiprong Measures

South Korea stands as a useful example of a country that has made real progress in improving a highly imbalanced sex ratio. The country's already elevated sex ratio at birth climbed even higher during the 1980s, when sex detection—and therefore sex-selective abortions—became commonplace. The ratio peaked at almost 116 in the mid-1990s, but declined to 107 by 2007.¹ (Nonetheless, the ratio remains outside

the normal biological range, and even greater imbalances persist among later order births.) Korea's approach to its sex ratio problem is instructive because the government espoused a multitude of economic, social and legal avenues. Although the government pursued concerted attempts to enforce its laws against prenatal sex detection, researchers give much of the credit for the turnaround to the country's in-

dustrialization, urbanization and rapid economic development, which together played a major role in fundamentally altering underlying social norms.¹⁷ Other trends that increased the status of women included more female employment in the labor market, new laws and policies to improve gender equality and awareness-raising campaigns through the media.

the Judiciary Committee's Subcommittee on the Constitution. In the interim, bills to outlaw sex-selective abortion were introduced in 13 states and enacted in two: Oklahoma and Arizona.

The "findings" included by Rep. Franks in the preamble of his bill rely on international evidence of sex selection because U.S. data on the subject are both limited and inconclusive. What is conclusively known is that the U.S. sex ratio at birth in 2005 stood at 105 boys to 100 girls, squarely within biologically normal parameters.¹² Beyond that salient fact, two studies using 2000 U.S. census data to examine sex ratios among Chinese-, Indian- and Korean-American families found that although the ratio for first-born children in such families was normal, there was evidence of son preference in second- and third-order births, if the older children were daughters.^{13,14} Notably, the authors do not pinpoint the cause of the disparate ratios—whether prepregnancy techniques involving fertility treatments or sex-selective abortions. In addition, they comment that these three ethnic communities constitute a very small proportion—less than 2%—of the U.S. population.¹³ A third analysis that supporters of PRENDA rely on is a small-scale qualitative study involving interviews with 65 immigrant Indian women who practiced sex selection, either before pregnancy or during pregnancy through an abortion.¹⁵ Many of these women spoke of the social and cultural basis for son preference and the intense pressure faced by women in their communities to produce sons.

Advocacy organizations, such as the National Asian Pacific American Women's Forum (NAPAWF), that work in these communities readily acknowledge that son preference is an important global concern that needs attention wherever it continues to exist. But they also emphasize that "son preference is a symptom of deeply rooted social biases and stereotypes about gender" and that "gender inequity cannot be solved by banning abortion. The real solution is to change the values that create the preference for sons."¹⁶

Reproductive justice and Asian women's rights groups, in fact, cite myriad problems that sex-selective abortion bans could create. At the most practical level, such restrictions are neither enforceable nor effective, as already demonstrated internationally. And various attempts to enforce them, they stress, would only perpetuate further discrimination in their communities through stereotyping and racial profiling of Asian women whose motivations for an abortion would be under suspicion. In a recent op-ed explaining their opposition to PRENDA, the executive directors of NAPAWF and the National Latina Institute for Reproductive Health wrote: "Immigrant women already face numerous barriers to accessing health care of any kind, including reproductive health care and abortion, and this ban would make an already difficult situation far worse."¹⁷

At the end of the day, these advocates are fiercely denouncing PRENDA and its copycats because of

their deep-seated conviction that the true motivations of the measures' proponents have everything to do with undermining abortion rights and nothing to do with fighting gender discrimination—and that, in fact, the measures themselves threaten only to exacerbate that very problem. In written testimony opposing PRENDA, 24 organizations from the reproductive justice community had this to say: “This anti-choice measure dressed as an anti-discrimination bill...further exacerbates inequities and diminishes the health, well-being, and dignity of women and girls by restricting their access to reproductive health care. We represent the women and people of color this bill purports to protect, and we are announcing our unequivocal condemnation of it.”¹⁸ www.gutmacher.org

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