



## *Son Preference in Asia--Report of a Symposium*

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### BACKGROUND

In 1992, China held an "International Seminar on China's 1990 Population Census," at which many foreign scholars and a group of Chinese scholars presented papers on the "missing girl" problem seen in China's 1990 census and previous enumerations and surveys. From these papers came the growing awareness that the dearth of girls in cohorts of children was not just a Chinese problem, but was an increasing phenomenon in other countries of East Asia, such as South Korea, and in some South Asian countries. Therefore, Chinese and foreign scholars proposed that the United Nations sponsor an Asia-wide symposium on the ever-worsening imbalance between the numbers of boys and girls, and the causes and possible solutions to this perceived problem. After some location problems and postponement until after "The International Conference on Population and Development" (Cairo, September 1994), the "International Symposium on Issues Related to Sex Preference for Children in the Rapidly Changing Demographic Dynamics in Asia" was held in Seoul, South Korea, in November 1994. It was sponsored by the United Nations Population Fund and the Government of the Republic of Korea, and hosted by the Korean Institute of Health and Social Affairs (KIHASA).

The sponsors invited scholars and a few officials from the following countries and regions: South Korea, Mainland China, Taiwan, India, Sri Lanka, Pakistan, Bangladesh, Thailand, and Indonesia. A paper from Vietnam was later added.

### KEY FINDINGS

- Observation 1: Some countries of Asia exhibit very strong son preference, while in other countries, there is barely any detectable preference for boys over girls. Within some large countries, there are areas that appear almost free of son preference while in most regions within those countries the problem is severe.
  - In the following areas, strong son preference was detected and demonstrated in the papers:
    - Mainland China (Gu and Li, 1994)
    - Taiwan (Chang, 1994)
    - South Korea (Cho and Kim, 1994; Hong, 1994)
    - India (Visaria, 1994; Das Gupta, 1994)
    - Pakistan (Sathar, 1994; Karim, 1994)
    - Bangladesh (Chaudhury, 1994; Alam and Bairagi, 1994)
    - Nepal (Soeradji and Hatmadji, 1994)
    - Vietnam (Goodkind, 1994)
  - In the following areas, son preference appears nonexistent or weak:
    - Indonesia (Soeradji and Hatmadji, 1994)
    - Thailand (Wongboonsin and Ruffolo, 1994)
    - Sri Lanka (Abeykoon, 1994; Fernando, 1994)

- We learned that generalizations about whole countries may mask enormous variations within countries. For example, in Mainland China, most areas show extreme preference for boys over girls, but Shanghai Municipality does not demonstrate a "missing girl" problem. Within India, parts of the South exhibit comparatively little son preference--Kerala, Andhra Pradesh, and Karnataka--while in North Central India the problem is severe, and extreme lack of desire for any daughter is found in the Northwest--Punjab and Haryana (Das Gupta, 1994). In Indonesia, son preference appears nearly nonexistent, with the exception of the Batak and Acehnese ethnic groups (Soeradji and Hatmadji, 1994).
- Observation 2: In the past, the generalization has been made that strong son preference would slow fertility decline or prevent fertility from falling as low as it might otherwise go. But these papers confirm that some areas, in spite of very strong son preference, have achieved fertility at or below replacement level--South Korea, Taiwan, Mainland China--and that other areas now experience rapid fertility decline in spite of strong son preference--North India, Vietnam (Leete, 1994).
  - In Pakistan, a widespread strong desire for two living sons seems to be contributing to continuing high fertility (Sathar, 1994). In Taiwan, son preference has been associated with an excess of births over the preferred number of children (Chang, 1994). In Vietnam, fertility would be slightly lower in the absence of son preference (Haughton and Haughton, 1994). But many studies find little or no impact of son preference on fertility (reviewed in Soeradji and Hatmadji, 1994). Evidence suggests that couples in Bangladesh would definitely like to have one son but not more than that, an observation suggesting that son preference should not greatly slow fertility decline (Chaudhury, 1994).
  - Rather than preventing fertility decline or acting as a major drag on the rapidity of fertility decline, son preference may determine how couples treat their daughters or potential daughters as the drop in fertility takes place or after fertility is low.
- Observation 3: In areas where there is little or no son preference, fertility decline does not bring it on. But where son preference existed alongside high or moderately high fertility, even a modest decline in fertility may exacerbate the existing discrimination against female babies, children, and now, fetuses.
  - In India, for example, Kerala (which has always shown the least gender bias in the country) showed the smallest increase in masculinization of the population ages 0-6 from 1961 to 1991, although it has experienced the maximum fertility decline. Punjab and Haryana show greater worsening of the imbalances in juvenile sex ratios, an astounding fact given that those states started with an extraordinary dearth of females at ages 0-6 in 1961. For a given percent decline in the total fertility rate, India's northwestern and some northern states show greater exaggeration of discrimination than southern states (Das Gupta, 1994).



- But in Bangladesh, fertility decline and a growing tolerance for daughters seem to have coincided. There is no increasing distortion in the sex ratio among children. Infant mortality data show similar improvements among boys and girls. But among children and adults, health care expenditures favor males (Chaudhury, 1994).
- Observation 4: The overriding goal of many family planning programs has been merely to reduce fertility. But if a country's population program is almost solely concentrated on reducing the number of births, this distorts the sex ratio at birth, where son preference is great (Gu, 1994).
  - In his synopsis, Gu Baochang asserted that an abnormal sex ratio at birth results from the interplay of four factors: a cultural setting of strong son preference, low level of socioeconomic development, rapid fertility decline, and a family planning program tightly focused on reducing the number of children per woman.
- Observation 5: Fertility transition is not uni-dimensional, from high to low fertility. Rather, it is a multi-dimensional process, which includes not only how many children to have (level of fertility), but also when to have them (timing of childbearing), and what to have (sex of birth) (Gu, 1994).
- Observation 6: Greater economic development, affluence, education, and knowledge do not necessarily ameliorate son preference or reduce the use of sex-selective abortion.
  - Many participants in the symposium expressed hope that Asia's "missing girl" problem is a transitory phenomenon that will eventually disappear as economic, social, and political development take place (Gu, 1994). But the evidence so far is mixed or discouraging. Taiwan and South Korea are some of the most developed places in Asia, yet sex-selective abortion is very widespread. In Matlab, Bangladesh, some schooling for the mother does not reduce discrimination against female children (Alam and Bairagi, 1994). Iqbal Alam argued that economic development is not the solution. Rather, changes in cultural norms are required. This observation is supported by evidence that in South Korea, parents want boys primarily not for economic reasons but for emotional (prestige, family harmony) and traditional (family lineage) reasons (Hong, 1994).
  - In the following areas, the use of sex-selective abortion of females is very widespread: Mainland China, Taiwan, South Korea, and India. In the following countries, there is so far no convincing evidence of substantial use of prenatal sex detection followed by abortion of females: Indonesia, Thailand, Sri Lanka, Pakistan, Bangladesh, and Vietnam.
- Observation 7: Public concern about the "missing girl" problem in Asia focuses on the plight of the men who will be unable to find brides 20 years hence. This focus itself is male-oriented and reflects high valuation of males and disregard of

- the needs of females. Meanwhile, the fate of the abandoned, aborted, murdered, or maltreated girls is barely seen as a problem (Greenhalgh and Li, 1995).
- Symposium participants repeatedly noted this bias in attitudes about the "missing girl" problem, and strove to redirect the focus to the notion that this problem is not 20 years into the future, this problem is now.
  - Is it necessarily bad for a society to have a marked imbalance between the numbers of males and females? Most participants said yes, but some argued that societies can and do adjust to these imbalances and will again. Participants noted that many societies have coped with enormous disparities between numbers of adult men and women, usually because men were killed in warfare. In some societies, 30 or 40 percent of adult women remain unmarried or widowed, mostly because of a dearth of men.
- Observation 8: Fertility decline can simultaneously have both strong positive and strong negative effects on females. In particular, fertility decline can improve the health and survival of adult women, while worsening the health and survival of female fetuses and children (Das Gupta, 1994).
  - Observation 9: In Asia, the dearth of girls is usually seen at second or higher birth-order.
    - Sex-selective abortion, infanticide, and severe neglect of girls do not seem to affect first births in Mainland China, Taiwan, India, or South Korea.
    - In Mainland China in the early 1980's before there was any technique widely available for prenatal sex detection, a dearth of female girls was reported at third and higher birth-orders. The true explanation for these missing females was not a distorted sex ratio at birth, but rather the nonreporting of the births of girls who were adopted out or abandoned or killed soon after birth. As the 1980's progressed, the dearth of girls became more marked at higher birth-orders and also emerged at second births. Added to the above explanations was escalating use of sex-selective abortion.
  - Observation 10: The fact that girls are missing at second or higher birth-orders leads to the hypothesis that couples would not resort to prenatal sex detection for first births, or for second births where the firstborn was a son, or for third and higher order births if the couple already had one or more sons.
    - Where fertility is low, as in Mainland China, this suggests that the majority of pregnant women, i.e. those expecting a first birth, plus those with a son expecting a second child, are not part of the group at risk for distorting the sex ratio at birth (Gu and Li, 1994).
  - Observation 11: Theoretically, in a society where each couple wants one son at least, and if each couple were willing to use prenatal sex detection and sex-selective abortion of female fetuses, then the effect of son preference on the sex ratio at birth would be greater at low fertility than high fertility (Chang, 1994).



- The larger is desired family size, the lower the probability that a woman will be without a son, so the smaller the proportion of women likely to selectively abort girls.
- Observation 12: Higher recorded mortality for girls than boys documents the continuation of sex preference in the treatment and care of children.
  - This problem is particularly severe in India, where elevated female mortality is most apparent after 6 months of age. In Pakistan, evidence of selective neglect of girls is mixed. Karim documents that in Pakistan, once children are born, boys and girls seem to be treated equally with regard to duration of breastfeeding, nutrition, and medical care. No excess female infant mortality (up to age 1) is seen in Pakistan 1991 DHS data (Karim, 1994). But on the other hand, DHS data also show that in Pakistan, mortality at ages 1-4 is about 70 percent higher for girls than boys (Sathar, 1994).

Caveat 1: Data are limited in the study of sex preference in Asia. Therefore, most conclusions must remain tentative until better information confirms or refines them. Meanwhile, the approximate dimensions of the problem are clear, and much action can proceed based on current knowledge.

Anecdotal evidence shows that prenatal detection of the sex of the fetus and sex-selective abortion are available to couples in many parts of Asia. These services are even advertised where not illegal. But measuring the precise impact of sex-selective abortion of female fetuses on the sex ratio at birth remains problematic everywhere.

In India and China, there are some data on the changing sex ratios at birth in hospitals. In Mainland China, in what was thought to be a representative sample of hospitals, the recorded sex ratio at birth of 1.2 million hospital births a year had risen to 109.7 boys per 100 girls by 1991, up from a normal level of 105-106 (Zeng, et al., 1993). If correct for China as a whole, real change in the sex ratio at birth explained only about half of the missing girls at the youngest ages in China's 1992 census. The remainder would have to be explained by selective undercounting of girls, female infanticide, or selective neglect of girls. But it is not clear if these hospitals are truly representative of all Chinese hospitals, or if in China births that take place outside of hospitals are closer to normal or farther from normal than hospital births.

Other data limitations were pointed out. For example, in most Asian countries, it is possible that the husband's preferences regarding sex of offspring are more important than the wife's in determining treatment of female fetuses and children. Yet most surveys ask only women for their preferences (Leete, 1994).

In countries where infanticide or abandonment of female babies persists (Mainland China, India), reported figures on the sex ratio at birth from non-hospital sources may be more distorted than the actual sex ratio at birth. This is because respondents often report neither the birth nor the early death of these female babies.

### *IMPLICATIONS FOR POLICY*

Participants in the Symposium did not agree on a set of policy guidelines. In particular, there was much discussion but no conclusion about whether governments should outlaw prenatal sex detection and/or sex-selective abortion. Many Asian



governments have done so --South Korea, and China for example. Participants agreed that such laws make a strong moral statement that selective abortion of female fetuses is unacceptable. At the same time, participants agreed that such laws have been ineffective and will not stop the practice. Some participants objected that such laws criminalize women and medical personnel and are likely to be enforced in a discriminatory, uneven manner.

*Policy Suggestions from the Symposium:*

1. Family planning programs should be human oriented rather than number oriented. These programs should emphasize reproductive health and the improvement of women's status, and should be coordinated with the Maternal and Child Health Program (Gu, 1994).

Mainland Chinese scholars recommended that the performance of family planning programs should be evaluated not only in terms of fertility level, population growth rate, and contraceptive prevalence, but also in terms of the degree of son preference in fertility behavior, as measured by the sex ratio at birth (Gu and Li, 1994).

2. The Information, Education and Communication Program should not only encourage people to have fewer children, but also explicitly teach them to equally value female and male children (Gu, 1994).

3. In countries such as Pakistan, with high fertility and strong son preference, it is likely that fertility decline will be accompanied by worsening discrimination against female fetuses and children (Sathar, 1994). It is important to try to counteract that trend in the family planning, MCH, and IEC programs before, during, and after the fertility decline. Work to improve the position of women in society.

4. In trying to counteract discrimination against female fetuses and children, emphasize not only the future dearth of available wives, but also the negative impacts of sex-selective abortion, female infanticide, and selective neglect of girls on today's women and girls.

5. While focusing on the problem of sex selective abortion of female fetuses, continue to attack pervasive discrimination against girls that leads to their untimely deaths.

6. Publicize the negative effects on women and children of sex-detection technologies and abortions past the first trimester.

In Taiwan, chorionic villus sampling (CVS) is the main available technique for prenatal sex identification. The government has recently publicized new information on birth complications and defects possibly caused by use of CVS (Chang, 1994).

7. Emphasize consciousness-raising for the whole society on the value of girls and women, the need for education and health care equally for boys and girls, and the need for legal changes to promote male-female equality. Cultures can adapt.

8. Establish national and regional working groups to formulate and promote action strategies to reduce sex preferences and their negative impacts.

9. Monitor, regulate, and discourage the use of prenatal sex detection technologies.

10. Promote gender-sensitive curricula in schools and strengthen the ethics curricula in medical schools.

*Research Recommendations from the Symposium:*

1. Strengthen the capacity of statistical and research organizations to collect and analyze gender-disaggregated data and improve their quality.



2. Regularly produce a set of reproductive health indicators designed to heighten awareness of the problems of gender discrimination.
3. Emphasize improvement of data collection and a cross-national assessment of the quality of data on sex preferences for children.
4. Improve modeling and projections of the impacts of gender discrimination.
5. Improve research on the causes and dynamics of son preference.

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