Research Briefing

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Son preference and sex selection against females in the UK: research briefing on qualitative findings

EXECUTIVE SUMMARY

Qualitative insight into the dynamics of contemporary family-making, gender values, norms and attitudes among women and men of Bangladeshi, Indian and Pakistani origin in the UK

Gender preference and the increasing availability of prenatal sex-selective technologies since the 1980s have been found to shape reproductive practices and to have contributed to an estimated 100 million missing girls in Asia. Son preference motivated family-making decisions have been evidenced among Asian communities in the UK, the USA, and Canada and the issue is of considerable concern for the communities involved, women's groups, the health sector, policy makers and society at large. Concerns that prenatal sex-selective abortions were occurring in the UK surfaced in 2012 and have since affected attempts to reform and liberalise abortion legislation.

Academics at the University of Sussex have conducted qualitative research to understand son preference and gender expectations among Bangladeshi, Indian and Pakistani communities in England and what impact can be found on family-making decisions. The qualitative research forms part of a broader interdisciplinary study on prenatal sex selection in the UK, funded by the Economic and Social Research Council (ESRC grant code: ES/N01877X/1) and led by Dr Sylvie Dubuc (Principal Investigator: University of Reading) and Professor Maya Unnithan (Co-Investigator: University of Sussex). The broader study involves quantitative analysis, using available demographic data and methods, to analyse sex-based childbearing practices, trends and intergenerational changes.

Our qualitative findings indicate there are diverse family preferences that vary across, and within Bangladeshi, Indian and Pakistani communities. Recourse to female selective abortion was found to be low amongst study participants, with a generational decline in gender preferences at birth across communities. Researching SSA raised broader issues in reproductive health that require sensitive approaches from policy-makers and healthcare professionals.

The findings and recommendations from this research will aid understandings of the complex and changing nature of gender expectations within South Asian communities in the UK, and to inform government policy on prenatal sex selection and women's reproductive health services.

Key findings:

1. **British Pakistani, Bangladeshi and Indian women and men have diverse family preferences that vary across and within their communities. These preferences can vary according to age, income, inheritance, educational status, employment and place (location in the UK and region in country of origin)**
2. **There is a generational decline in stated gender preferences at birth across communities in the study**
3. **There is a broad preference among UK-born women and men for smaller family sizes**
4. **Daughters are valued, but the absence of a son can lead to son preference in higher order pregnancies (children born later)**
5. **Low contraceptive uptake may result in closely spaced pregnancies and unwanted pregnancies that progress to birth**
6. **The reproductive pressures that women face can influence recourse to sex selection against females**
7. **Female selective abortion is stigmatised amongst UK-born couples**
8. **There is a shame around discussing abortion and contraception in all communities**
9. **There is a lack of accurate knowledge about contraception and abortion among older, middle-aged and younger women and couples**
10. **Health providers are sensitive to the reproductive preferences and needs of ethnic minority groups (regarded as 'cultural' issues) but, as yet, these are not handled explicitly in their consultations**

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OVERVIEW

The qualitative research, led by University of Sussex academics Professor Maya Unnithan, Director of the Centre for Cultures of Reproduction, Technologies and Health (CORTH) and Dr Ben Kasstan, draws on over 90 interviews conducted among families of Bangladeshi, Indian and Pakistani origin living in Manchester, Greater London, Peterborough and Sussex between January 2018 and January 2019. This included UK-born and foreign-born participants who were of Muslim, Hindu, and Sikh religious backgrounds, as well as intermarried families (Figure 1). Participants ranged from 18 to 84 years of age.

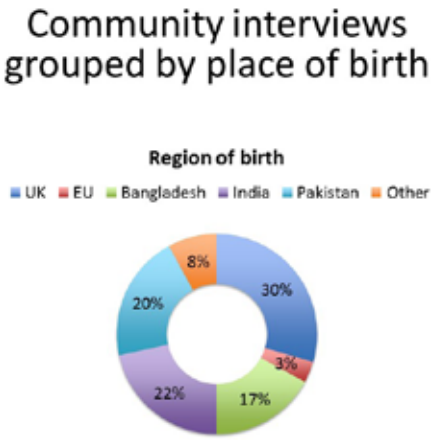
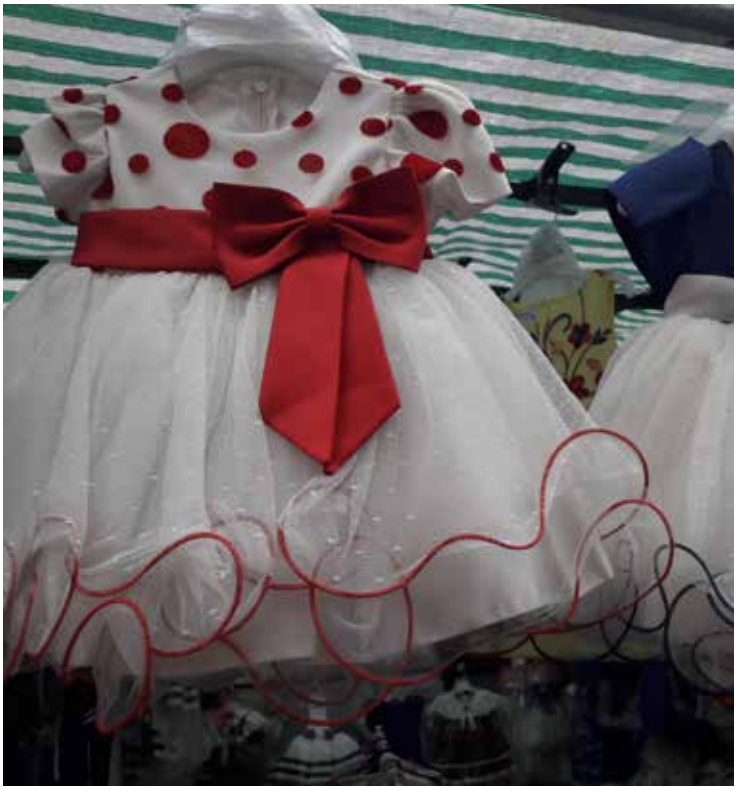


Figure 1

Interviews and focus group discussions were also carried out with a range of sexual and reproductive health (SRH) providers (doctors, midwives, nurses, abortion counsellors); SRH researchers; organisational bodies (Faculty of Sexual and Reproductive Healthcare) and civil society groups and community organisations working on gender equality and reproductive health advocacy in relation to South Asian women and issues such as domestic violence, crimes of control ('honour-based violence'), and child marriage. Policy makers, including Public Health England, have been involved in this research.



GENDER PREFERENCES

Gender expectations are shifting over time and across generations, influencing reproductive decision-making. Prejudice against daughters (e.g. neglect or receiving less or poorer quality food) is seen as an issue of past generations. Daughters are valued, expected to attain a university degree, enter employment, and pursue marriage afterwards. Daughters independently take on the responsibility to care for their parents in older age, and are increasingly contrasting the stereotypical image of a South Asian daughter-in-law.

While daughters are valued, the preference for smaller families can result in a pressure to have at least one son. This is often due to the higher social status of men, and inheritance patterns that favour men, particularly in regions of country of origin where patriarchal values are more entrenched.

When women are pressured to bear sons, this pressure usually intensifies after each subsequent daughter is born. The absence of a son can lead to bullying and isolation by family relations; mental health concerns requiring specialist support; marital breakdown, including men marrying multiple wives (according to Islamic law); and domestic abuse in some situations. The pressure to bear a son can result in closely-spaced pregnancies, larger family sizes, and unwanted pregnancies that progress to birth. These pressures can be more pronounced among socially-conservative families. However, these pregnancy outcomes can also indicate broader challenges for reproductive wellbeing, such as unmet contraceptive needs and contraceptive failure.

SEX-SELECTIVE ABORTION (SSA) AND UK LAW

Although the 1967 Abortion Act makes no specific mention to termination of pregnancy on the grounds of foetal-sex (just as it makes no reference to rape or incest), [1] the legal position is that SSA can be considered lawful only if compliant with the grounds outlined in the 1967 Act.[2] Any attempt to explicitly criminalise SSA would likely jeopardise Bangladeshi, Indian and Pakistani women's access to abortion care.[3] Doctors are fearful of prosecution and feel obliged to perform even routine terminations of pregnancy cautiously, [4] which indicates the potential for a sex selection clause to have implications that restrict access to abortion care for Bangladeshi, Indian and Pakistani women. Asian women's groups that support the criminalisation of sex selection in law might revise their position in the light of our findings.[5]

REPRODUCTIVE HEALTH SERVICES: ACCESS AND PROVISIONS

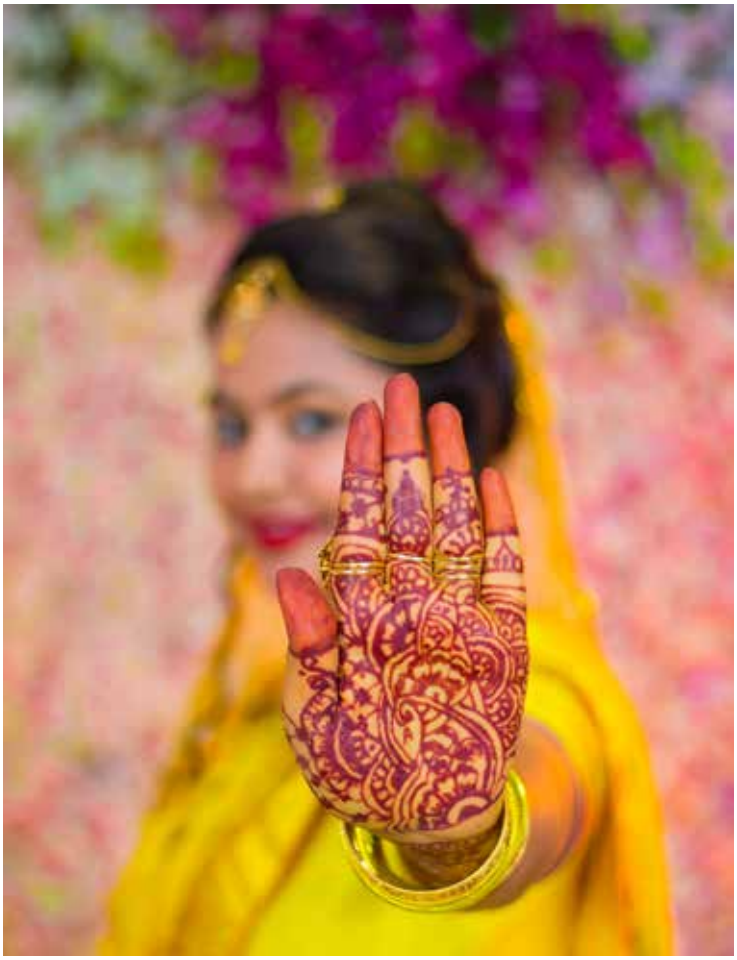
Sonography: Expectations around foetal-sex disclosure during ultrasound (approximately 20 weeks gestation) were diverse among study participants. Women often prefer to know the foetal-sex to prepare for their pregnancy and buy appropriate clothes in advance. Some women prefer not to know the foetal-sex, or to not tell family members they are expecting a daughter, in case of disappointment. Some women are delighted to know they are expecting a daughter. Some community-level representatives have attempted to prevent healthcare providers from disclosing foetal-sex to South Asian women. Non-disclosure policies based on the assumption that all South Asian women would terminate their pregnancies if told they are expecting a daughter were perceived as discriminatory.

Contraception and abortion: Abortion was typically described in negative terms among British South Asian women and men, and seen as an immoral practice. Abortion decision-making was most often influenced by social networks as well as misinformation, which can leave some women believing abortion is not a choice. Parents were strongly opposed to their adolescent children having premarital relationships but claimed that abortion following premarital conception would be against their religious values. This is despite public records which state Asian/Asian British women accounted for 9% of the overall abortions performed for women resident in England and Wales in 2017, but constitute 7.5% of the population of England and Wales.[6,7]

A minority of women described accessing abortion care following contraceptive failure, non-use of contraception, pre- and extra-marital affairs, marital breakdown and due to the care needs of existing children. Recourse to abortion among women of Asian origin therefore raises questions about contraceptive care needs in this diverse minority group. Some abortion care providers expressed an interest in receiving specific information and training to more effectively meet the needs of BAME women. This was particularly the case around religion, which was perceived by some healthcare professionals to play an important part in decision-making.

The ethnic background of the providers may be an important factor in determining women's access to abortion care, and having diverse staff teams in SRH healthcare was perceived as beneficial. Providers experienced foreign language interpreters denying their services because of the interpreter's opposition to abortion. Women of Bangladeshi, Indian and Pakistani origin can also travel greater distances to access care discreetly. These issues demonstrate how women of Bangladeshi, Indian and Pakistani origin can encounter nuanced barriers to care.

Infertility: When the social pressure to reproduce is high, women (rarely men) are stigmatized, blamed and socially ostracized for infertility. The inability to conceive was described by participants, across generations, as a legitimate ground for divorce or for men to marry multiple wives among British Muslims.



RELATIONSHIPS AND SEX EDUCATION (RSE)

Inaccurate knowledge around contraception and abortion was widespread among adolescents and their parents. Analysis of online media targeting youths of South Asian origin also contained inaccurate information around sexual health and portrayed pre-marital sex as well as abortion negatively. Sexually active youths practiced unprotected sex and relied on ineffective contraceptive methods, such as withdrawal or non-use of contraception.

RSE is not considered appropriate to discuss in homes or community settings, and is a topic widely avoided by parents and religious leaders.

RSE was regarded as an appropriate strategy to promote gender equality among youths from families of South Asian origin. Participants described a need for universal RSE education, but tailored programmes for ethnic minority students to prepare them on how to respond to marital and childbearing pressures.

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Suggestions for policy-makers

1. **Abortion law reform:** Abortion should be free from criminal sanctions and sex selection clauses. The UK's SSA controversy has had a profound impact on abortion care providers. Their fear of prosecution could result in ethnic and racial profiling in abortion care. This would have a disproportionate impact on Bangladeshi, Indian and Pakistani women and compound the nuanced challenges to accessing abortion care that they face

2. **Foetal-sex disclosure:** Women should not encounter racial and ethnic judgments when accessing antenatal care services. Standard guidelines on foetal-sex disclosure should be implemented nationwide, across public and private healthcare services

3. **Specialist and supportive training:** Women should have access to appropriately funded support services when a pressure for male children leads to closely-spaced births, unwanted pregnancies or SSA

4. **Sexual and reproductive healthcare:** There is a chronic issue of misinformation and poor knowledge pertaining to contraceptive and abortion care that constrains reproductive wellbeing and decision-making among the communities who participated in our research. In areas with large South Asian communities, healthcare providers should produce community-specific SRH information to address the issues raised in our research

5. **Relationships and sex education:** Schools are the most appropriate place to promote gender equality and equip adolescents with the skills to respond to marital or childbearing pressures. Quality and inclusive relationships and sex education (RSE) must also support parents with the life decisions that young people might make in order to offer continuity between home and school. RSE programmes should be mandatory in all schools, including faith schools, to challenge misinformation and issues perceived as taboo

6. **Sex-selective abortion and the law:** Asian women's groups that support the criminalisation of sex-selective abortion in the law should be encouraged to shift their legal position based on our findings, which demonstrate generational changes in stated gender preferences at birth and daughter valuation

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Note: Resolution 1829 of the Council of Europe calls on member states to: 'collect the sex ratio at birth, monitor its development and take prompt action to tackle possible imbalances; encourage research on sex ratios at birth trends, on the causes of son preference and its social consequences among specific communities; encourage national ethics bodies to elaborate and introduce guidelines for medical staff. The interagency statement 'Preventing gender-biased sex selection' of the OHCHR, UNFPA, UNICEF, UN Women and WHO recommended actions include: the production of more reliable data, the development of indicators tracking change; qualitative studies that explore the contextual realities that underlie sex selection; elaborate and implement policies to address the root causes of son preference.
SCA 2015, Section 84 is here: https://www.legislation.gov.uk/ukpga/2015/9/section/84

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FURTHER INFORMATION AND RESOURCES

Further information about our research project can be found at:
www.sussex.ac.uk/anthropology/research/uksonpref
https://research.reading.ac.uk/son-preference-uk/

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