

Policy Briefing

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Son preference and sex selection against females in the UK: Preliminary Report on Qualitative Findings

EXECUTIVE SUMMARY

Qualitative insight into the dynamics of contemporary family-making, gender values, norms and attitudes among Indian, Bangladeshi and Pakistani families 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 Indian, Bangladeshi and Pakistani communities in the UK and what impact they may have on family-making decisions.

Preliminary findings indicate there are diverse family preferences that vary across, and within, communities and that recourse to female selective abortion is low, with a generational decline in stated gender preferences at birth across communities.

It is hoped the findings and recommendations from this research will aid understanding of the complex and changing nature of gender expectations within Asian communities in the UK and help inform government policy on pre-natal sex selection and reproductive health services for women.

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 broad preference for smaller family sizes among UK-born women and men
3. Daughters are valued, but the absence of a son especially in higher order pregnancies (older children) can lead to son preference and larger family sizes
4. Low contraceptive uptake may result in closely spaced pregnancies and unwanted pregnancies that progress to birth
5. The reproductive pressures that women face can influence recourse to sex selection against females
6. Female selective abortion is stigmatised amongst UK-born couples, with a generational decline in stated gender preferences at birth across communities in the study.
7. Abortion in general is stigmatised across all communities
8. There is a lack of accurate knowledge about contraception and abortion among older, middle-aged and younger women and couples
9. 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
10. Asian women's groups that support the criminalisation of sex selection in the law do so despite generational shifts in stated gender preferences at birth

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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 West 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.

Community interviews grouped by place of birth

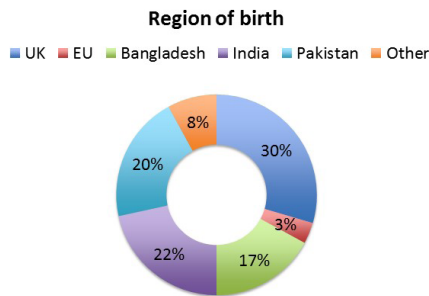


Figure 1

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, honour-based violence, child marriage. Policy makers, including Public Health England, were also engaged.

The qualitative research is part of a broader interdisciplinary study on prenatal sex-selection in the UK, funded by the Economic and Social Science Research Council. As part of the wider study, academics at the University of Reading (Dr Sylvie Dubuc and Dr Bernice Kuang) have undertaken quantitative analysis, using available demographic data and methods, to analyse gender-based childbearing practices, trends and intergenerational changes.



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 and increasingly take on the responsibility to care for their parents in older age, contrasting the stereotypical image of a South Asian daughter-in-law.

While daughters are highly 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. 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

Foetal sex, like rape or incest, is not a lawful ground for abortion itself but must be justified in relation to the 1967 Abortion Act.¹ According to current guidance, any evidence of abortion occurring on the grounds of foetal-sex alone should be reported to the police.

Controversy surrounding SSA has had a profound impact on abortion care in the UK; doctors are fearful of prosecution and feel obliged to perform routine terminations of pregnancy ultra-cautiously.² Such reports indicate the potential for a sex-selection clause to have implications that restrict access to abortion care for Black, Asian and minority ethnic (BAME) women. Any attempt to explicitly criminalise SSA would likely jeopardise BAME women's access to abortion care.³ Asian women's groups that support tighter controls on reproductive technologies and the criminalisation of sex selection in law do so despite generational shifts in stated gender preferences at birth and daughter valuation.⁴

¹Sheldon, S. 2012. Abortion for reason of sex: correcting some basic misunderstandings of the law. *Abortion Review*

²Lee, E., et al. (2018) *The 1967 Abortion Act fifty years on: Abortion, medical authority and the law revisited*. *Social Science & Medicine*

³BPAS. (2014). Abortion "on the grounds of the sex of the unborn child": The threat to women posed by an amendment to the serious crime bill. A Briefing from the British Pregnancy Advisory Service. 5 pp. <https://yfc.org.uk/wp-content/uploads/2015/02/BPAS-Sex-Selective-Abortion-Briefing.pdf>

⁴Unnithan, M., and S. Dubuc. 2017. Re-visioning evidence: Reflections on the recent controversy around gender selective abortion in the UK. *Global Public Health*

REPRODUCTIVE HEALTH SERVICES: ACCESS AND PROVISION

Sonography: Expectations around foetal-sex disclosure during ultrasound are diverse. Foetal sex is usually identified and disclosed during the anomaly scan (approximately 20 weeks gestation). Non-disclosure policies can be perceived as discriminatory and based on the assumption that all South Asian women would terminate their pregnancies if told they are expecting a daughter. Some community-level representatives have attempted to prevent healthcare providers from disclosing foetal-sex to South Asian women.

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. Often women are delighted to know they are expecting a daughter.

Contraception and abortion: A minority of women accessed 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. Abortion was typically described in negative terms among British South Asian women and men and seen as a moral issue. Abortion decision-making was most often influenced by social networks and 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. Abortion care providers across the country regularly meet the sexual and reproductive health needs of young women in pre-marital relationships.

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.

Providers experienced foreign language interpreters denying their services because of the interpreter's opposition to abortion. The ethnic background of the providers may be an important factor in determining women's access to abortion care. BAME women can also travel greater distances to access care discreetly. These issues demonstrate how BAME women can encounter nuanced barriers to care.



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.



Policy recommendations

- 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. Fear of legal and professional discipline would likely lead to ethnic and racial profiling in abortion care, which would have a disproportionate impact on South Asian women and compound the nuanced challenges to accessing abortion care that they face
- 2. 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
- 3. 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
- 4. Sexual and reproductive healthcare:** Access to accurate sexual and reproductive health information is essential to empower women and men to make informed decisions. There is a chronic issue of misinformation and poor knowledge pertaining to contraceptive and abortion care that constrains reproductive wellbeing
- 5. Relationships and sex education:** Schools are the most appropriate place to promote gender equality and equip BAME 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

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REFERENCES

Footnote 1. 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

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