EXPLORING PRECONDITIONS FOR GENDER-BIASED SEX SELECTION

Bangladesh

1 BACKGROUND

Today, around 126 million women are believed to be "missing" around the world – the result of son preference and gender-biased sex selection (GBSS), a form of discrimination that reflects the persistent low status of women and girls. The resulting gender imbalance also has a damaging effect on societies. Instances of increased sexual violence and trafficking have already been linked to the phenomenon. UNFPA is calling for renewed attention to the issue at a global level, and is accelerating efforts to develop programmes and policies that end all forms of discrimination, including son preference and gender-biased sex selection.

> In Bangladesh, son preference is widespread and the preconditions for GBSS are found throughout society. At play are the interactions among some deeply rooted socioeconomic, religious and cultural values, and social norms of the traditional patriarchal society where son preference prevails.
>
> (DPSDU, 2018)[1]

A key sign of GBSS is a skewed sex ratio at birth (SRB), though in Bangladesh this is not yet evident in available data. What can be tracked is a gap between the "desired" and "observed" or actual sex at birth, and data clearly shows that more people want boys than girls, especially around first births and subsequenty if the firstborn is not a boy.

> **Terminology:** The sex ratio at birth is the ratio of male to female births, generally expressed as the number of male babies born for every 100 female babies born. GBSS can be measured using sex ratio at birth, a comparison of the number of boys born versus the number of girls born. The natural sex ratio at birth is often considered to be around 105 males per 100 females (WHO, 2011; Kashyap & Villavicencio, 2017). If the SRB rises above 107, however, it may be a sign of son preference and a sign that sex selection could be taking place (DPSDU, 2018).

Bangladesh – a country at risk of tipping towards gender-biased sex selection

Key numbers

- The total fertility rate has declined dramatically from 6.3 births per woman in 1975 to 2.3 children in 2014.

- Desired sex ratio at birth (DSRB) has been consistently higher than observed sex ratio at birth (OSRB) for at least two decades, suggesting strong son preference.

- Both declined during the same period from a desired SRB of 126.5 in 1993-1994 to 111.0 in 2014 and an observed SRB of 106 in 1993-1994 to 104.8 in 2014.

- Observed SRB is consistently higher in urban than in rural areas.

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1   Surveys and analysis conducted by the Department of Population Studies, University of Dhaka, are the source of findings in this Fact Sheet (DPSUD 2018 and 2019). Another source is the Bangladesh Demographic and Health Survey (BDHS).

- Observed SRB is very high at first birth and after that starts declining with increasing birth orders.

- Knowledge about technology that can be used for sex-determination purposes is nearly absolute among women, and 96 per cent of women know the term "ultrasonography".

- About 80 per cent of women ever used any technology during pregnancy.

- About 35 per cent of women used any sex-determination technology to know the sex of the fetus.

- The prevalence of menstrual regulation (MR) was 10 per 1,000 women aged 15-49 in 2014, while the abortion rate was 29 per 1000 women

Analysis

- There is no conclusive evidence of GBSS in Bangladesh, based on both primary and secondary sources of data.

- Several issues suggest that Bangladesh society as a whole is at a very high risk of being gender-biased and sex-selective at birth, notably the existence of relatively high desired SRB and son preference across the country and other demographic, socioeconomic, cultural, spatial and technological factors.

- GBSS is inhibited or discouraged by several factors: some cultural norms, the illegality of abortion, time limits on MR as a method of family planning, and strong laws against sex selection during ultrasonography.

- Alarming data from neighbouring countries shows skewed sex ratios at birth, and this places Bangladesh at risk of harmful practices, including human trafficking and GBSS.

Action

- More research is needed to improve understanding of the population dynamics, increase the value of the girl child, and reduce risk through better strategies, approaches and interventions.

- The Government can take a holistic approach to tackle the possible future spread of GBSS in Bangladesh, with an awareness situations in neighbouring countries. Legislative and procedural changes to existing laws and policies should be pursued wherever necessary and possible to reduce the demand for sons over daughters.

2 SITUATION AND TRENDS OF SEX RATIO AT BIRTH IN BANGLADESH

- The desired SRB has been consistently higher when compared with the observed SRB suggesting a strong son preference in Bangladesh.

- In 2014, the desired SRB was 111 males per 100 females compared with an observed SRB of 104.8; for both, this was a decline from 1993-94, when desired SRB was 126.5 and observed SRB was 106 (figure 1).

Figure 1. Trends in desired and observed sex ratio at birth in Bangladesh, 1993–94 to 2014
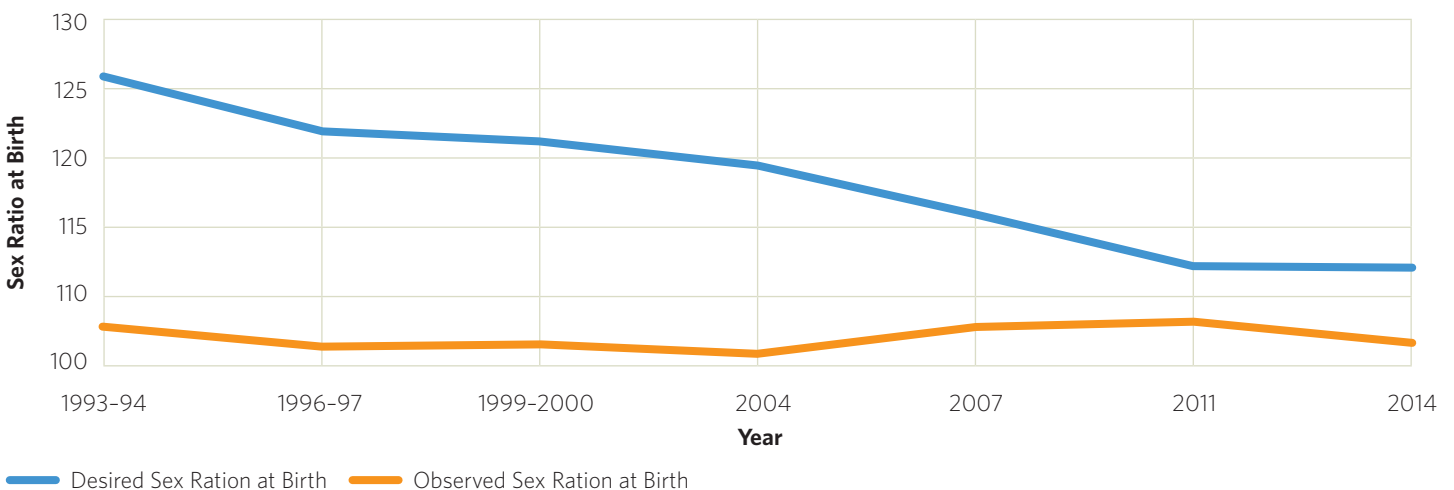
Source: Calculation of desiredSRB and observed SRB from different rounds of Bangladesh Demographic and Health Survey (BDHS) data (available in DPSDU, 2018).

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- Observed SRB is consistently higher in urban than in rural areas. It could be because the urban population has more access to sex-determination technology such as ultrasonography, and terminate pregnancies more than their rural counterparts.

- Observed SRB is very high at first birth and after that starts declining with increasing birth orders. No explanation can be derived from the studies. Qualitative findings, however, suggest that the observed SRB tends to be higher among those who are educated, well-off and urban, probably due to the fewer number of children born.

Photo: © UNFPA Bangladesh

3 THREE PRECONDITIONS OF SEX SELECTION

The practice of sex selection can be seen as the outcome of three preconditions being met: son preference, fertility decline and sex-determination technology (Guilmoto, 2012). Evidence shows that these three preconditions prevail in the society, creating a context that could trigger GBSS in Bangladesh.

1. Son preference

Cultural norms that reinforce the value of a male child can contribute to GBSS when individuals are willing to consider sex selection to ensure their first child is a boy. In the context of Bangladesh:

- Most husbands and wives want their first child to be a son (figure 2).

- Overall son preference was 10 per cent in 2014, while daughter preference was only 2 per cent (BDHS, 2014).

The desire to have a son is driven by patriarchal norms, values and beliefs with perceived advantages and disadvantages of having a son versus a daughter (DPSDU, 2019). In this country context, sons are more desired for several reasons:

- Sons ensure the continuation of the family line

- Sons have a higher wage earning capacity and recieve inheritance

- Sons ensure security for aging parents, whereas daughters leave home after marriage

- Sons bring the dowry to the groom's family

Having a daughter is seen to be considered as less advantageous:

- Daughters bring their parents lower power and status than sons

- Daughters' limited access to earned income and inheritance means less capacity to contribute to family income

- Daughters mean parents must provide a dowry, and if not, girls may be subject to violence

- Daughters are not seen as a good investment when poverty limits health and education resources

- Daughters are more often victimized by eve-easing, abduction, acid throwing and domestic violence

**Figure 2. Percentage of desired sex of first child**
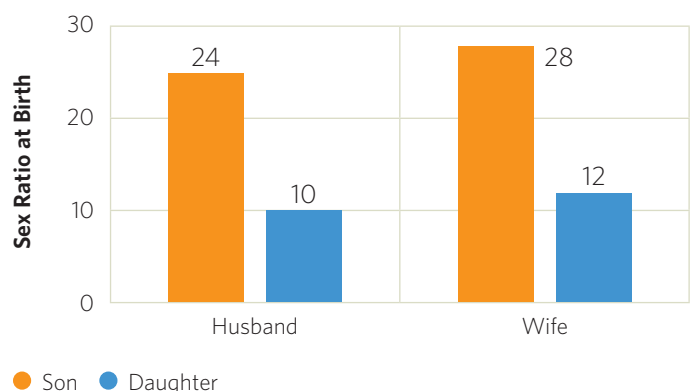
Source: DPSDU, 2019

2. Fertility decline

Low fertility, considered a benefit for countries struggling to meet the needs of a rapidly growing population, may contribute to GBSS (DPSDU, 2018). When people decide to have fewer children, they prefer to have sons instead of daughters.

- The total fertility rate (TFR) in Bangladesh has declined dramatically from a high level of 6.3 births per woman in 1975 to 2.3 children in 2014 (figure 3).

Figure 3. Fertility trends in Bangladesh, 1975 to 2014 (number of births per woman)
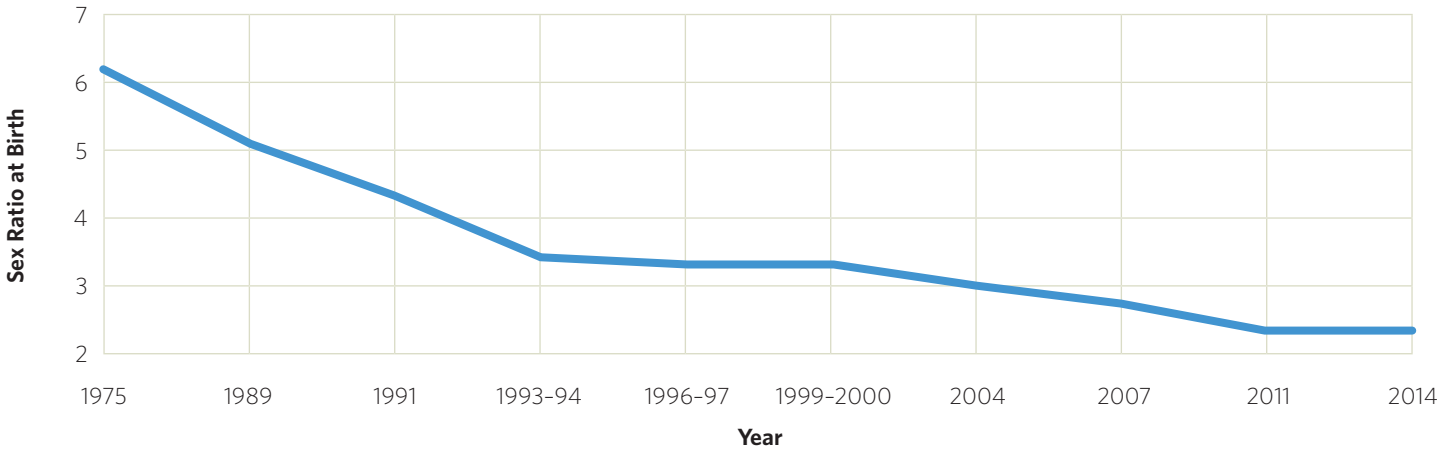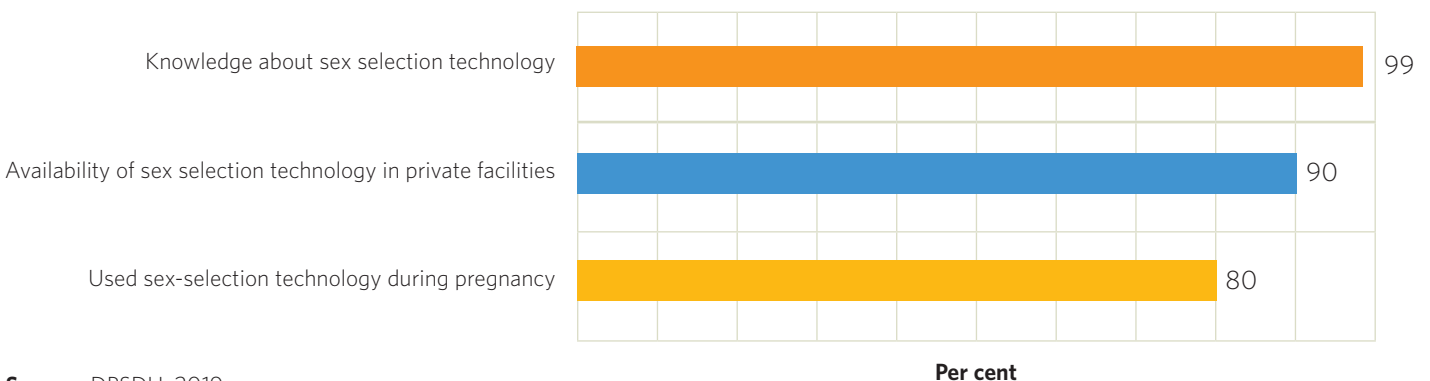

Source: BDHS, 1993-94 to 2014 (available in DPSDU, 2018)

3. Use of technology for sex-selection purposes

To a large extent, the availability of technology that can determine the sex of a fetus has made possible elevated sex ratios at birth (DPSDU, 2019). The technology is not the cause, however, and there is wide agreement that the causes of GBSS lie in gender-based discrimination.

- Knowledge about any sex-determination technology was nearly absolute among women, and 96 per cent of women know the name of ultrasonography (figure 4).

- About 80 per cent of women have ever used any sex-determination technology during pregnancy.

- Couples use sex-determination technology (ultrasonography) for many reasons (figure 5). They do so mostly to know the overall health status and position of the fetus (73 per cent), to avoid complications (51 per cent), for antenatal care (37 per cent), to know the sex of the fetus (35 per cent), due to doctor's advice (32 per cent) and for caesarean delivery (11 per cent).

Figure 4. Knowledge, availability and utilization of sex-determination technology in Bangladesh

Source: DPSDU, 2019

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Figure 5. Reasons for using ultrasonography in Bangladesh

Reason	Per cent
To know the position of child	73
To avoid complications	51
For antenatal care	37
To know the sex of the fetus	35
For doctor´s advice	32
For caesarean delivery	11
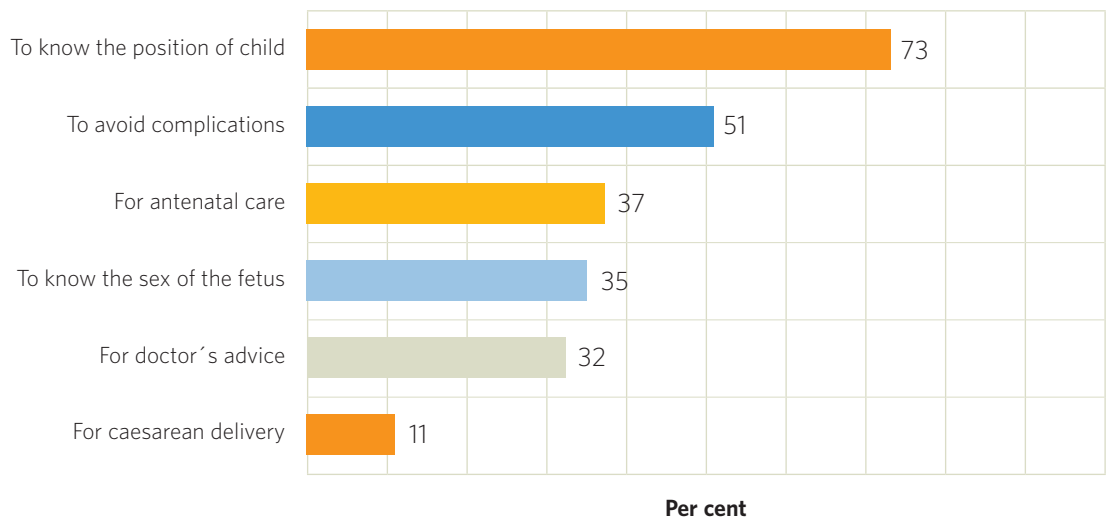
Per cent

Source: DPSDU, 2019

4 PUBLIC AWARENESS AND ADVOCACY

Several factors could play important roles in increasing or decreasing the practice of GBSS in Bangladesh.

- The Population Council (2015) suggests that 40 per cent of women support the strict implementation of the abortion law.

- Menstrual regulation is widely practiced in Bangladesh, but no MR is permissible after 12 weeks of pregnancy, and standard sex-determination is not possible before 16 weeks of pregnancy (DPSDU, 2018 & 2019).

- 36 per cent of survey respondents knows the proper time-period for performing MR in Bangladesh (DPSDU, 2019).

Regarding the incidence of MR and abortion, recent research provides the following statistics (Singh et al. 2017; Hossain et al. 2017):

- An estimated 430,000 MR procedures were performed in health facilities nationwide in 2014, representing a sharp 34 per cent decline since 2010. The annual rate of MR in 2014 was 10 per 1,000 women aged 15–49, down from 17 in 2010.

- An estimated 1,194,000 induced abortions were performed in Bangladesh in 2014, and many of these were likely to be done in unsafe conditions or by untrained providers. The annual abortion rate in 2014 was 29 per 1,000 women aged 15–49.

Photo: © UNFPA Bangladesh

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5 RULE OF LAW AND HUMAN RIGHTS

GBSS is a harmful practice and form of discrimination against girls, and a human rights violation.

National and international commitments

In 1994, the International Conference on Population and Development (ICPD) urged governments to "eliminate all forms of discrimination against the girl childand the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection" (para 4.16). Bangladesh is in accord with the ICPD Programme of Action. The country also upholds the principles of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) to ensure the rights of women and eliminate gender inequality. Within the Bangladesh, there is a wide range of women-friendly and child-friendly laws, policies and programmes, including Constitutional guarantees of equality and participation as well as protective legislation to combat violence. No specific laws, however, deal with the prevention of gender-based sex selection, as in the case of some other countries (Policy Review, December 2018, UNFPA).

National framework

- Abortion is illegal in Bangladesh under the Penal Code of 1860 (Act XLV, Section 312-316, 6 October 1860). This Act allows induced abortion only to save a woman's life. A person who performs an illegal abortion in specific contexts is liable to be punished by imprisonment and/or fines.

- Menstrual regulation services were incorporated into the national family planning programme in 1979. However, no MR is permissible after 12 weeks from the last menstrual period. Standard sex-determination is not possible before 16 weeks of pregnancy (DPSDU, 2018 & 2019).

A policy review led by UNFPA concluded that provisions on GBSS can be incorporated within existing laws, given that, at present, the situation does not warrant the enactment of a separate law addressing the issue of GBSS. Exisiting laws include the Women and Children (Repression Prevention) Act of 2000 and the Penal Code of 1860. Reform of family laws that supportson preference must be considered through the use of legislative and procedural changes wherever necessary and possible. Such provisions must ensure that all potential scenarios be considered (Policy Review, December 2018, UNFPA).

6 CHALLENGES, OPPORTUNITIES AND RECOMMENDATIONS

Challenges

- The problem related to exploring GBSS is in the data. The BDHS, Census and Sample Vital Registration System (SVRS) were analysed to identify any indication of a skewed SRB, but these data sources have problems such as erroneous samples, small sample size, and estimations of the general sex ratio (GSR) instead of the SRB.

- The existence of a relatively high desired SRB at national and regional levels, as well as son preference nationwide across socioeconomic quintiles and groups, present a compelling case that Bangladesh society as a whole is at a very high risk GBSS at birth (DPSDU, 2018).

- Although abortion law in Bangladesh acts as a barrier to GBSS, menstrual regulation is legal and may be used for GBSS in the first trimester.

Opportunities and recommendations

- In Bangladesh, there is no conclusive evidence of GBSS based on both primary and secondary sources of data. However, the two UNFPA-supported studies by the University of Dhaka are the first of their kind in Bangladesh, and there could be issues or strategies that remain untapped. Further research is required.

- A nationally representative in-depth study is required, with a large-scale survey using an appropriate definition and methodology. The results can be used in evidence-based advocacy to sensitize policymakers about the dangers of GBSS and to explore whether MR is used for sex selection. Better understanding of the dynamics will also inform the design of strategies, approaches and research instruments.

- The DPSDU studies recommend that the Government include a separate module in the population census, which would improve the measurement of SRB and provide data for future research.

- Policies, frameworks and initiatives have successfully identified the crux of the problem – gender discrimination – but few processes exist to implement these policies and achieve the established targets. Robust implementation and monitoring in this regard are crucial.

- Incorporation of GBSS within existing laws that support son preference must be considered through the use of legislative and procedural changes wherever necessary and possible.

- The Government should consider developing a holistic approach to address factors that could drive the spread of GBSS in the future, focusing on programmes and policies that end all forms of discrimination, including son preference. This may prevent the worst effects of GBSS as seen in neighbouring countries, where gender imbalance has a damaging effect on societies, and GBSS is linked to increased sexual violence and trafficking of women and girls.

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