

# BANGLADESH

## COUNTRY PROFILE

Global Programme to Prevent Son Preference and the Undervaluing of Girls: Improving the sex ratio at birth in select countries in Asia and the Caucasus

Dhaka 2020





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# Abbreviations

<b>BDHS</b>	Bangladesh Demographic and Health Survey
<b>DPSDU</b>	Department of Population Sciences, University of Dhaka
<b>DSRB</b>	Desired sex ratio at birth
<b>GBSS</b>	Gender-biased sex selection
<b>MR</b>	Menstrual regulation
<b>OSRB</b>	Observed sex ratio at birth
<b>SRB</b>	Sex ratio at birth (males per 100 females)
<b>SVRS</b>	Sample Vital Registration System
<b>UNFPA</b>	United Nations Population Fund

# Contents

<b>Abbreviations</b> .....	<b>2</b>
<b>Executive summary</b> .....	<b>4</b>
<b>Background</b> .....	<b>5</b>
<b>Data sources and limitations</b> .....	<b>8</b>
<b>• CHAPTER 1 Son preference and gender-biased sex selection in Bangladesh</b> .....	<b>10</b>
1.1 Introduction .....	10
1.2 Sex imbalances at birth in Bangladesh .....	10
1.3 Causes of sex selection in Bangladesh .....	13
<b>• CHAPTER 2 Public awareness and advocacy efforts</b> .....	<b>18</b>
<b>• CHAPTER 3 Rule of law and human rights</b> .....	<b>20</b>
3.1 International commitments .....	20
3.2 National framework .....	20
<b>• CHAPTER 4 Conclusion: Challenges, opportunities and limitations</b> .....	<b>22</b>
4.1 Challenges .....	22
4.2 Recommendations .....	24
<b>References</b> .....	<b>26</b>

# Executive summary

## ADDRESSING THE HARMFUL PRACTICE OF SON PREFERENCE AND THE UNDERVALUING OF GIRLS

The total fertility rate in Bangladesh has declined dramatically, from 6.3 children per woman in the mid-1970s to 2.3 children per woman in 2014. Low fertility is occurring alongside the strong son preference observed in Bangladesh, which is attributed to its patriarchal culture. This is evident in skewed sex ratios at birth (SRB) – the number of male births per 100 female births. The desired sex ratio at birth (DSRB) has been consistently higher than the observed sex ratio at birth (OSRB) for at least two decades, suggesting son preference. Substantial differences are also observed in both DSRB and OSRB between divisions or administrative boundaries. Differences in socioeconomic conditions and cultural factors could be important reasons for this; for example, OSRB was consistently higher in urban than in rural areas. Parity-specific analyses showed that OSRB was very high for first births, and declined with subsequent births. In other words, son preference may be higher in urban areas and at first birth. Also, although both ratios declined between 1993 and 2014 (DSRB from 126.5 to 111.0, and OSRB from 106 to 104.8), the discrepancy remains.

Along with son preference and fertility decline, a third factor is at work. Access to, knowledge of and use of prenatal sex detection and sex-detection technology play crucial roles in gender-biased sex selection (GBSS). Knowledge about sex-detection technology is nearly absolute among women in Bangladesh, with 96 per cent familiar with the term “ultrasonography”. According to recent research, 80 per cent of pregnant women have used some form of sex-detection technology during pregnancy, and 82 per cent said that sex-detection technology was available in their communities. About one third of women had used sex-detection technology during pregnancy to discover the sex of the fetus; however, less than 1 per cent of these women had intended to abort the fetus if it was female.

Low fertility, a skewed SRB and use of sex-detection technology are the three preconditions for GBSS, and all are present in Bangladesh. However, there is no conclusive evidence of GBSS at the country level, based on both primary and secondary sources of data. Regional differences shed some light on the possible emergence of GBSS. Differentials based on birth order, education, geographic region, place of residence, use of contraception and communication between husband and wife about the number of children desired significantly affect the SRB. However, cultural norms, the legal restrictions on abortion and strong laws against sex detection using ultrasonography may be the critical factors reducing GBSS in Bangladesh.

# Background

## BANGLADESH AT A GLANCE

Bangladesh is one of the most densely populated countries in the world, with a population of 164.6 million people (BBS, 2019). It is a predominantly Muslim country (more than 88 per cent) (BBS, 2019), and there are 27 ethnic minority groups (BBS, 2015). The state language is Bangla, and English has become the primary second language. The current literacy rate is 64.7 per cent (BBS, 2019). Table 1 shows some relevant demographic and health statistics for Bangladesh.

Gender inequality remains high in Bangladesh. Women are disadvantaged in their political positions, and female political representation in parliamentary elections has historically been low.

In 1996 and 2001, only 4 per cent of seats were occupied by women, rising to 8 per cent in 2008 (Bangladesh Alliance for Women Leadership, 2013). The 2014 parliamentary elections earned women 50 reserved seats and 20 general seats, giving women 70 seats or 20 per cent of the total 350 seats. The reserved and electoral seats system, turbulent electoral processes and financial constraints faced by women create barriers for women seeking to occupy high-level political decision-making positions. The number of women in top-ranking positions at ministry and division levels is increasing (Centre for Research and Information, 2019). Table 2 shows some relevant socioeconomic and political indicators in Bangladesh.

**Table 1 Demographic and health context of Bangladesh**

Demographic and health indicator	Reported figure	Data source
Total population (million)	164.6	BBS 2019
Men (million)	82.4	BBS 2019
Women (million)	82.2	BBS 2019
Average family size	4.2	BBS 2019
Fertility rate (children per woman)	2.3	NIPORT et al. 2016
Average annual population growth rate (%)	1.37	BBS 2015
Contraceptive prevalence rate (%)	63.1	BBS 2019
Modern contraceptive prevalence rate (%)	61.6	BBS 2019
Menstrual regulation rate	5.5	NIPORT et al. 2016
Abortion rate (per 1,000 women aged 15–49)	28.6	Singh et al. 2017
Neonatal mortality rate (per 1,000 live births)	16	BBS 2019
Male	17	BBS 2019
Female	15	BBS 2019
Infant mortality rate (per 1,000 live births)	22	BBS 2019
Male	23	BBS 2019
Female	21	BBS 2019
Under-5 mortality rate (per 1,000 live births)	29	BBS 2019
Male	31	BBS 2019
Female	27	BBS 2019
Maternal mortality rate (per 100,000 live births)	169	BBS 2019
Sex ratio (males per 100 females)	100.2	BBS 2019
Sex ratio at birth (males per 100 females)	104.8	NIPORT et al. 2016
Life expectancy at birth (years)	72.3	BBS 2019
Male	70.8	BBS 2019
Female	73.8	BBS 2019
Healthy life expectancy at birth (years)	63.1	Calculated from BBS 2019
Male	61.5	Calculated from BBS 2019
Female	64.6	Calculated from BBS 2019

BBS, Bangladesh Bureau of Statistics; NIPORT, National Institute of Population Research and Training

**Table 2 Socioeconomic and political indicators in Bangladesh**

Socioeconomic or political indicator	Figure	Data source
Gross domestic product (US\$(2018) billion)	274	World Bank 2018
Gross domestic product per capita (US\$(2018))	1,698	World Bank 2018
Poverty rate: percentage of population in lower poverty line	12.9	BBS 2017
Poverty rate: percentage of population in upper poverty line	23.3	BBS 2017
Human Development Index rank	136	UNDP 2018
Gender Inequality Index rank	134	UNDP 2018
Labour-force participation rate (%)	58.2	BBS 2018
Male	80.5	BBS 2018
Female	36.3	BBS 2018
Women's participation in national parliament (percentage of all seats)	20.0	Bangladesh Parliament 2011
Women's participation in national parliament (percentage of seats reserved)	14.3	Bangladesh Parliament 2011

# Data sources and limitations

This country profile reports on imbalances in sex ratio at birth (SRB) in Bangladesh and has been developed based on primary and secondary sources of data. Secondary sources include the Population and Housing Census, the Sample Vital Registration System (SVRS), Multiple Indicator Cluster Surveys and the Bangladesh Demographic and Health Survey (BDHS). Each of these data sets has its own limitations, however. Data on SRB are available from the population census, for example, but only every 10 years. Likewise, the SVRS provides only the overall sex ratio, not the SRB. Data from the BDHS are comparable with other country profiles prepared by UNFPA, the United Nations Population Fund. However, the BDHS data set is not large enough to provide

accurate estimates of the SRB. Overall, the data currently remain inconclusive regarding the prevalence of gender-biased sex selection (GBSS).

This country profile also draws on data from two reports prepared by the Department of Population Sciences, University of Dhaka (DPSDU) – a long-term partner of UNFPA – to understand the extent to which preconditions for GBSS are present in Bangladesh (DPSDU, 2018, 2019). The profile also includes a comprehensive review and synthesis of existing laws, policies and national and international literature related to GBSS. The available literature may be incomplete, however; data on abortion, for example, could not reliably be found because abortion is illegal in Bangladesh.

CHAPTER

# 1

# SON PREFERENCE AND GENDER-BIASED SEX SELECTION IN BANGLADESH

## 1.1 Introduction

Globally, GBSS has become a serious concern among policymakers, development partners and researchers because of its implications for human rights, as well as its socioeconomic and demographic implications. GBSS is a consequence of interactions between deeply rooted religio-cultural values and socioeconomic status, as well as traditional norms of patriarchy where son preference prevails and manifests through a skewed SRB (DPSDU, 2018). SRB is generally expressed as the number of male babies born for every 100 female babies born. The natural SRB is considered to be around 105 males per 100 females (WHO, 2011; Kashyap and Villavicencio, 2017). An SRB above 107 suggests that son preference exists and GBSS may be taking place (DPSDU, 2018).

Globally, factors that may contribute to son preference include patriarchy, stereotypical attitudes towards traditional gender roles, agrarian economic relations, pervasive poverty, a higher proportion of employment in informal sectors, and lack of adequate social safety nets and protection for the security of older parents. All these factors are currently present in Bangladesh (DPSDU, 2018). Strong son preference in Bangladesh arises from its traditionally patriarchal structure. For example, family membership is derived from the father's lineage. After marriage, a woman typically joins her husband's family, whereas men are expected to stay with their own families and care for their parents in old age. As a result of these family dynamics, sons may be viewed as more valuable than daughters.

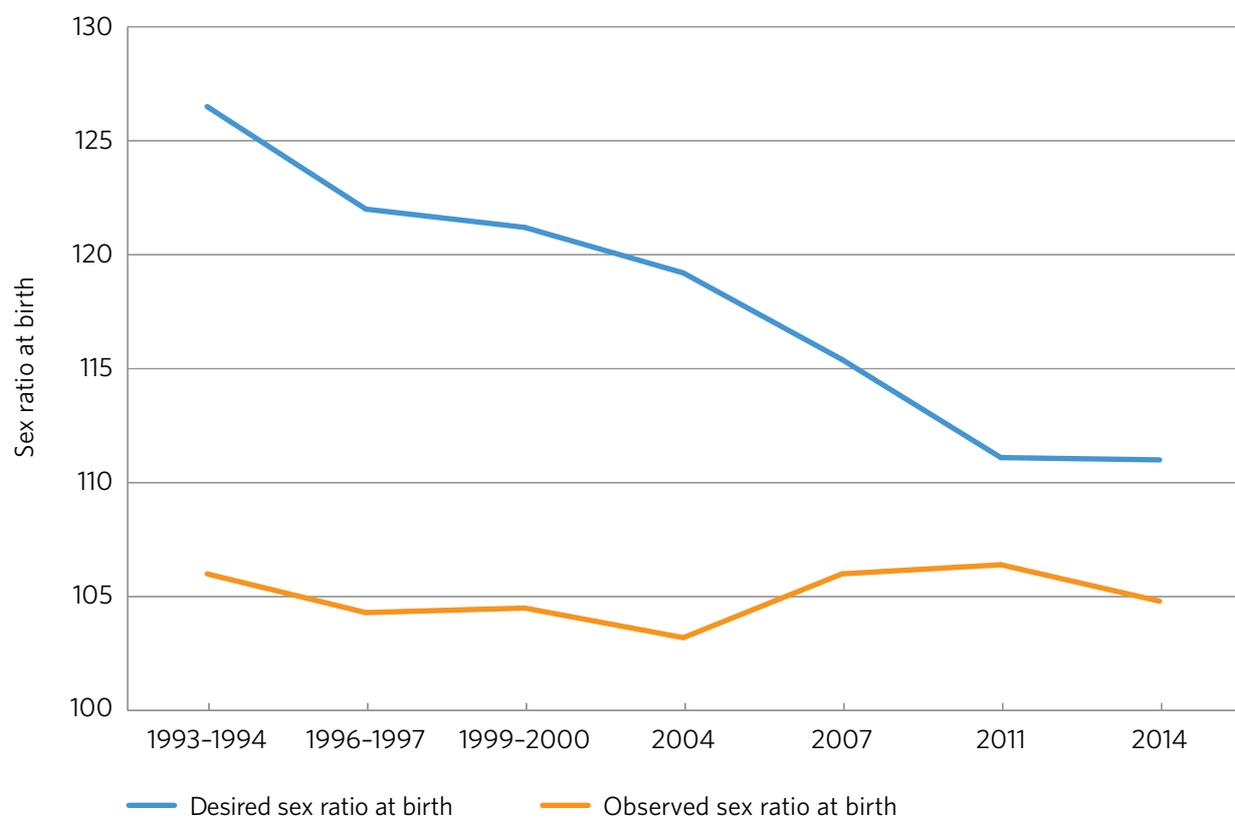
Significant efforts have been made to advance gender equality in Bangladesh in the past several decades. The Constitution of Bangladesh explicitly mentions the right to equality between men and women. However, an extensive review of literature and analyses of secondary data for this country profile suggest that son preference and declining fertility coexist, which may be indicative of GBSS.

This country profile provides an overview of trends in SRB in Bangladesh, including variations by region, social and economic factors and parity. Factors contributing to strong son preference, skewed SRB and possible emergence of GBSS are presented. The profile concludes with a description of the national policy framework and efforts to address the skewed SRB, followed by recommendations for future interventions.

## 1.2 Sex imbalances at birth in Bangladesh

Desired sex ratio at birth (DSRB) and observed sex ratio at birth (OSRB) in Bangladesh have declined between 1993 and 2014, from 126.5 to 111.0 (DSRB) and from 106.0 to 104.8 (OSRB) (Figure 1). Despite declines, the discrepancy between DSRB and OSRB persists, and is greater than these averages in some locations. DSRB has been consistently higher than OSRB for at least two decades, suggesting the existence of strong son preference in Bangladesh.

**Figure 1 Trends in desired and observed sex ratio at birth in Bangladesh, 1993–1994 to 2014**



Source: DPSDU, 2018

### Divisional variations in sex imbalances at birth

Bangladesh is diverse in cultural values, traditions and ethnicity. Therefore, it is not surprising that there is significant regional variation in SRB (Figure 2). In Barisal, Chattogram, Dhaka and Sylhet, SRB was 110 or greater in 2014. Across all divisions, DSRB was greater than 107, above the number range that would occur normally, indicating a strong son preference in all regions of Bangladesh.

### Differentials in sex imbalances at birth

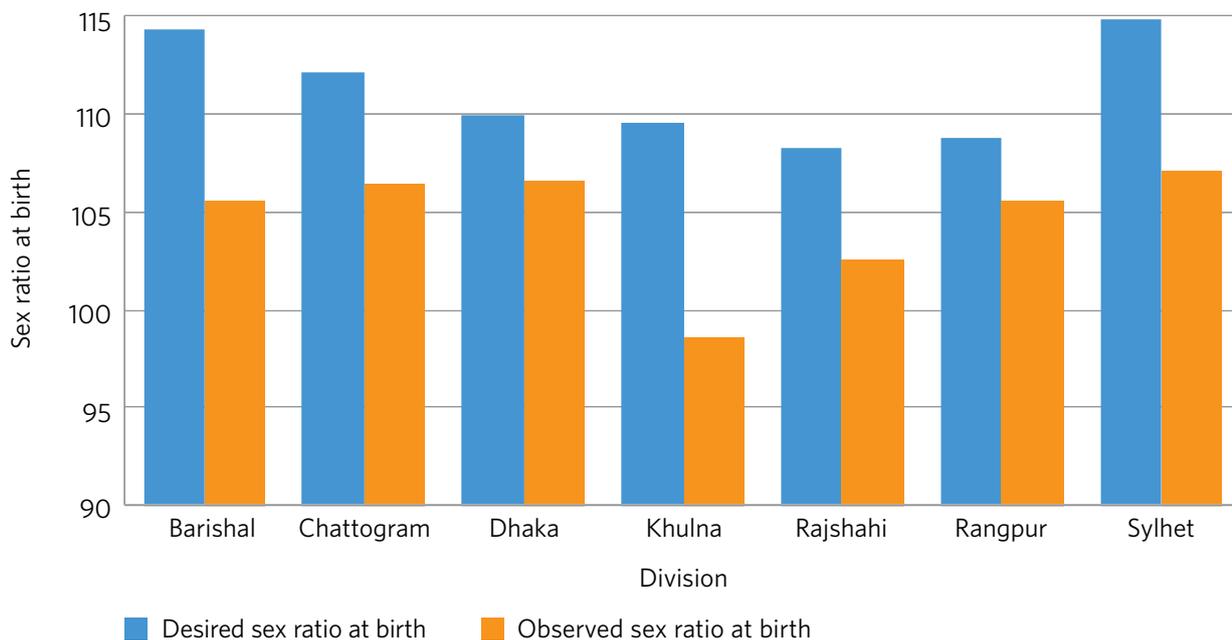
OSRB varies somewhat across individual socioeconomic determinants, such as place

of residence, parents' education, maternal employment and wealth quintiles (Figure 3). OSRB is slightly higher in urban areas than in rural areas (106 versus 104, respectively), higher among mothers who are not employed than among those who are employed (107 versus 101, respectively) and highest among families in the highest wealth quintile (108).

### Sex ratio at birth by birth order

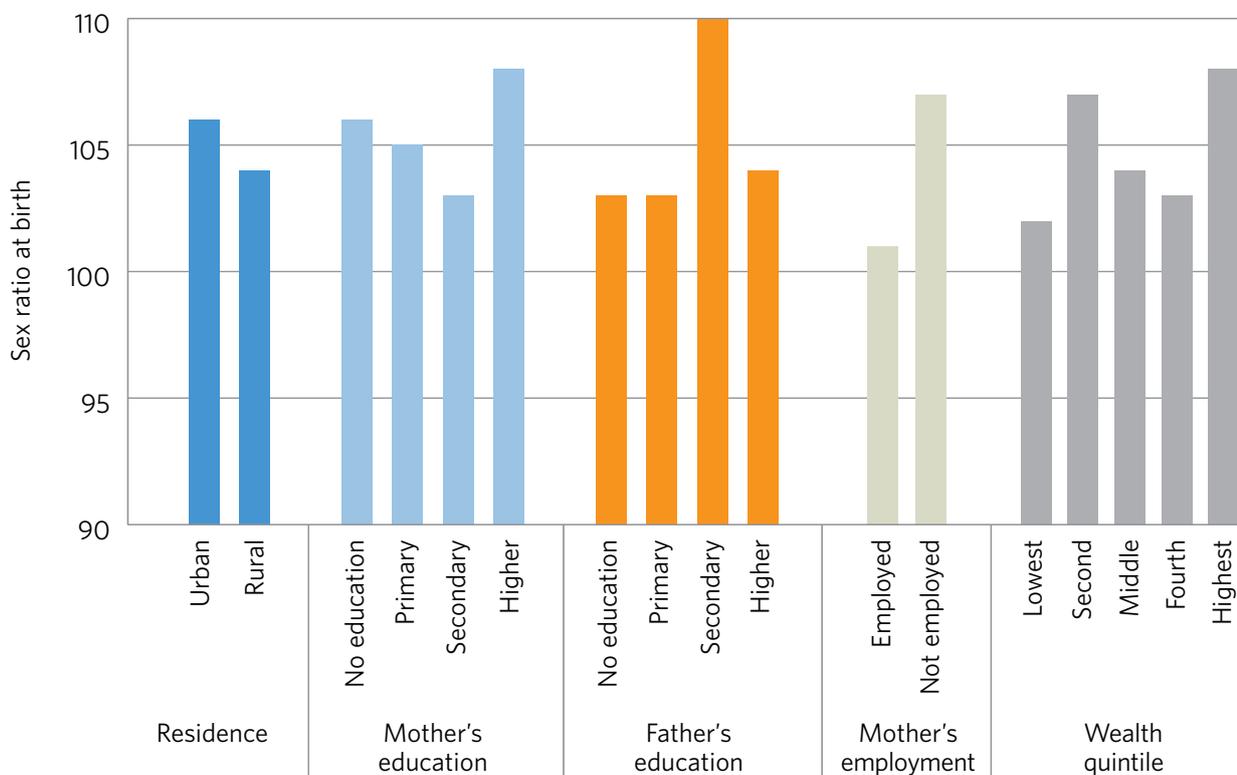
Parity-specific analysis presented in Figure 4 shows that OSRB is, on average, highest at a woman's first birth, and declines with increasing birth number. From 1993 to 2014, all the first and second birth SRBs were greater than 106, while the SRB at third and later births ranged from 103

**Figure 2** Desired and observed sex ratio at birth by division in Bangladesh, 2014



Source: DPSDU, 2018

**Figure 3** Differentials of observed sex ratio at birth in Bangladesh by socioeconomic characteristics, 2014



Source: DPSDU, 2018

to 87. This suggests son preference, particularly for the first two pregnancies.

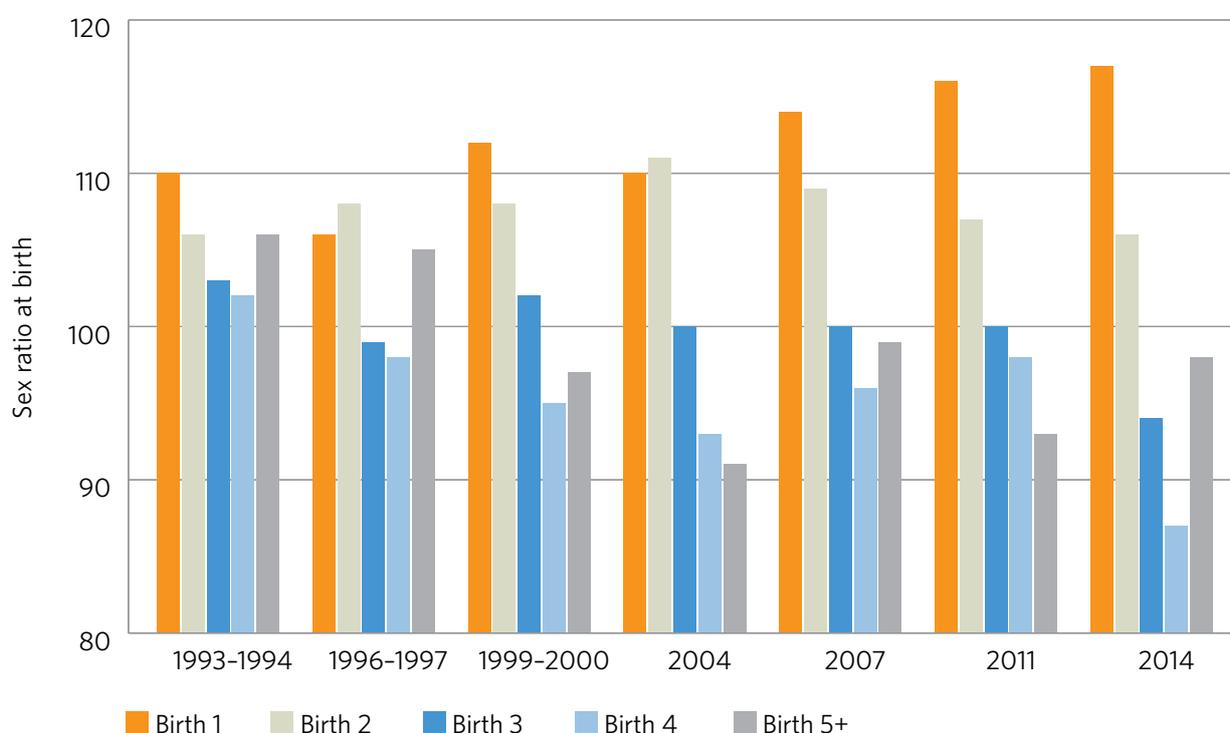
Strong son preference is observed in Bangladesh, across different regions, socioeconomic factors and birth orders. Its impact can be significant. Son preference may drive GBSS and result in sex imbalances at birth. If son preference persists and sex imbalances at birth increase, there may be negative demographic, social and political implications. Pronounced son preference may put pressure on women to have sons. This can affect women’s physical and mental health, because giving birth to an unwanted girl child might lead to shaming, violence and abandonment. Furthermore, fertility is declining across the country; if GBSS is practised, the population of women of childbearing age will decrease in the long term, causing overall population decline and demographic imbalance between women and

men (World Bank, 2018). This might lead to a marriage squeeze, where a shortage of women results in men experiencing a decline in the number of potential marriage partners (World Bank, 2018). Higher pressure may then be put on women to marry at a younger age. Risks of gender-based violence, including forced marriage, abduction and human trafficking of women, may increase (World Bank, 2018).

### 1.3 Causes of sex selection in Bangladesh

The practice of GBSS can be viewed as the outcome of three preconditions (Guilmoto, 2012; Kashyap and Villavicencio, 2017). First, individuals must be willing to consider sex selection because of the cultural norms that reinforce the value of a male child. Second,

**Figure 4 Sex ratio at birth by birth order in Bangladesh, 1993-1994 to 2014**



Source: DPSDU, 2018

individuals must be able to perform sex-selective abortion because of the availability of prenatal sex-detection technology. Third, even in the presence of son preference (“willingness”) and access to technology (“ability”), individuals may not perform sex selection unless they are ready to do so (“readiness”). Along with these three preconditions, gender norms also play an essential role in GBSS.

## Son preference

Son preference is the primary factor driving GBSS in Bangladesh. Son preference is deep-rooted in the traditional culture of patriarchal family systems (Nag, 1991; Bairagi, 2001). More women and men in Bangladesh want their first child to be a son than want it to be a daughter (Figure 5) (DPSDU, 2019). This aligns with previous findings demonstrating that skewed SRB is observed only for the first two births (DPSDU, 2018).

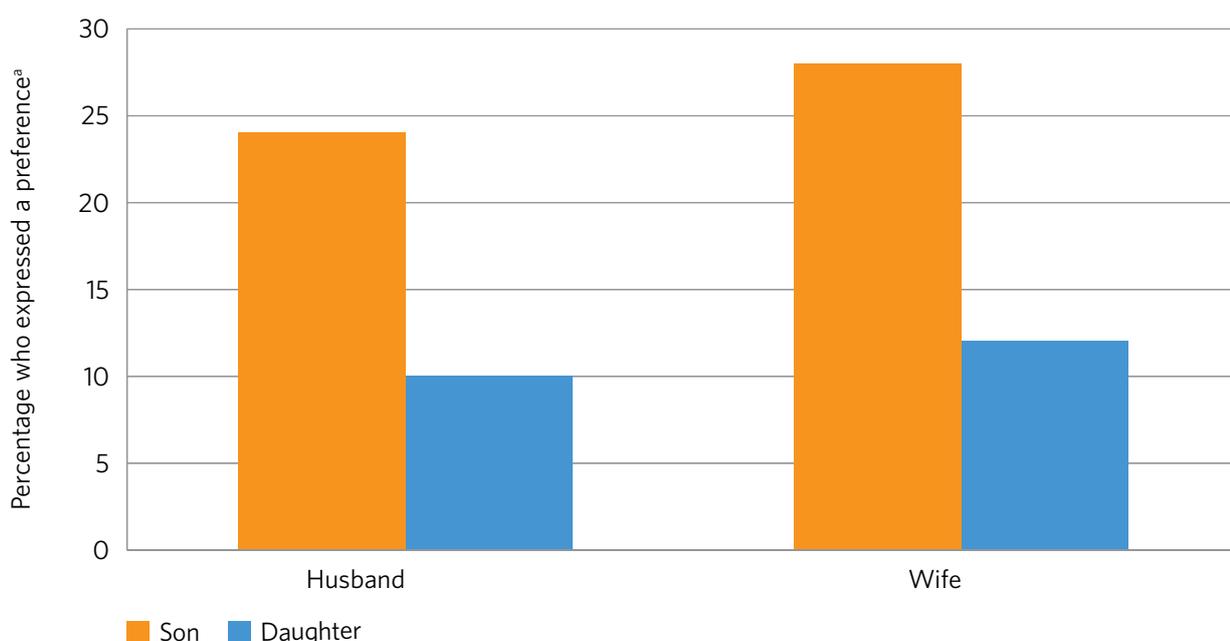
Son preference has decreased over time in Bangladesh. In 1993, 23 per cent of women

expressed a son preference, and only 1 per cent expressed a daughter preference. By 2014, these figures had changed to 10 per cent and 2 per cent, respectively (Figure 6) (DPSDU, 2018), showing that the gap had narrowed but remained large. Sons are preferred over daughters in Bangladesh because sons are responsible for caring for their parents, are a source of a dowry, enhance parents’ status in society, and are favoured for inheritance compared with daughters.

## Fertility decline

In Bangladesh, the total fertility rate declined dramatically between 1975 and 2014, from 6.3 to 2.3 children per woman (Figure 7) (DPSDU, 2018). For the total fertility rate of 2.3 in 2014, 1.6 of the children were “wanted”, while 0.7 were “unwanted”. Among all births in Bangladesh, almost three in four were planned, 15 per cent were mistimed and 11 per cent were unintended (NIPORT et al., 2016). Fertility is a significant factor influencing the practice of GBSS. Fertility decline may encourage families to plan both

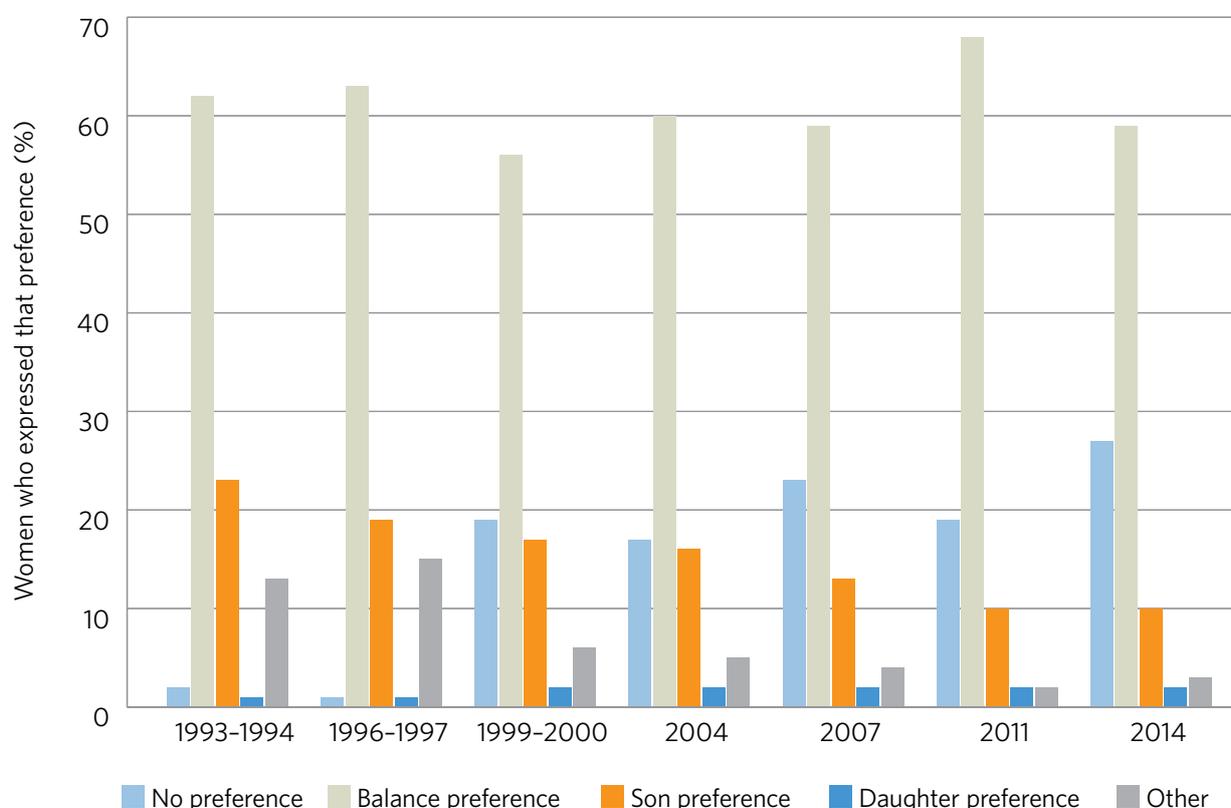
**Figure 5** Desired sex of first child in Bangladesh, 2019



**Source:** DPSDU, 2019

<sup>a</sup> The remainder (66 per cent of men and 60 per cent of women) did not express a preference.

**Figure 6 Preferences for family composition among women in Bangladesh, 1993-1994 to 2014**



Source: DPSDU, 2018

family size and sex of the children before the first pregnancy. Declining fertility and family size in Bangladesh may contribute to strong son preference, particularly in the first pregnancy.

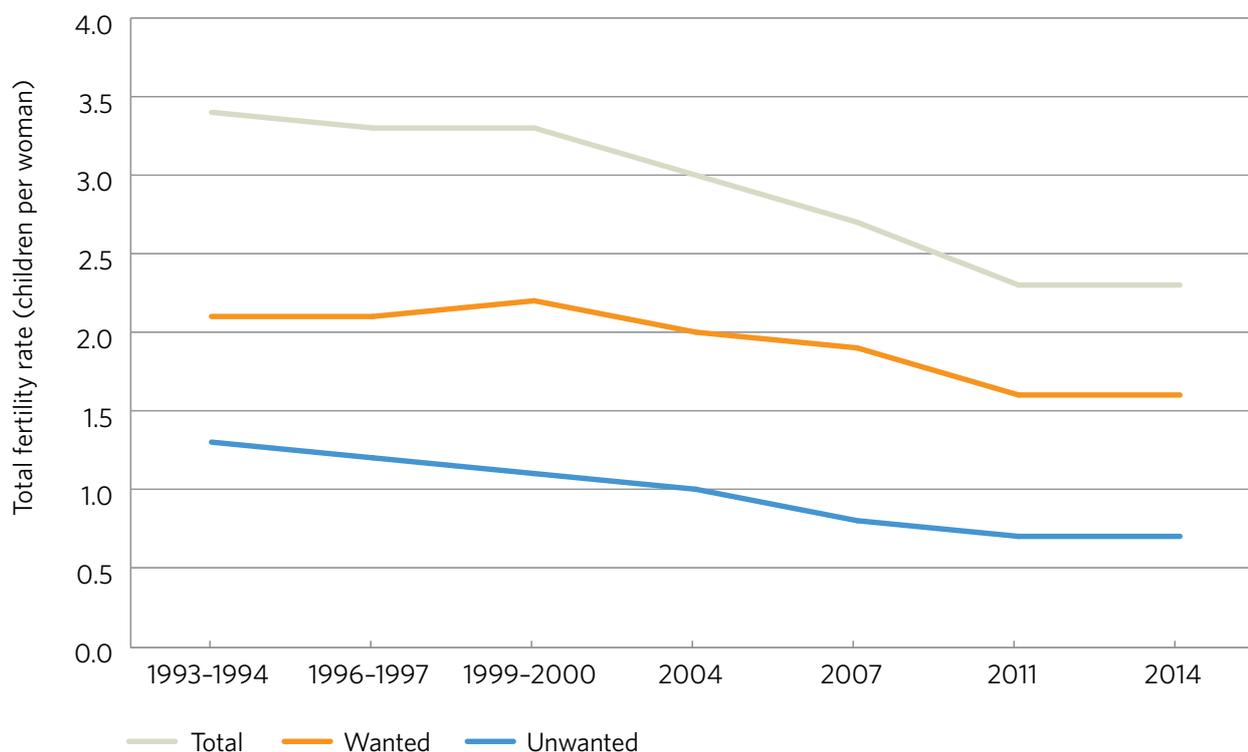
### Gender-based discrimination

In Bangladesh, both popular culture and the legal structure value males over females, as manifested in rates of girls' education, and social traditions and practices such as child marriage. For example, the Muslim Personal Law (Shariat) Application Act of 1937 (XXVI 1937) applies to all matters related to a Muslim family. Under this law, if a deceased person has only female heirs, the property goes to other male relatives

(Law Commission, 2005). Other religious and ethnic groups also have inheritance laws biased in favour of male heirs. All of these laws undermine women's status in society. Against this backdrop, it is not surprising that less than half of currently married women (44 per cent) participate in decision-making about their health, major household purchases, child health care and visits to relatives (NIPORT et al., 2016).

Furthermore, domestic violence is a part of many women's daily lives in Bangladesh; 7 out of 10 married women report violence from their husbands (Ameen, 2005). In one study, more than half (54.7 per cent) of women surveyed reported domestic violence within the preceding 12 months (BBS, 2016). Pervasive gender disparity

**Figure 7 Fertility trends in Bangladesh, 1993-1994 to 2014**



Source: DPSDU, 2018

in society and discrimination against women are reflected in the low value placed on daughters, driving harmful practices such as child marriage.

### Knowledge of, availability of and access to modern sex-detection technology

In combination with son preference, availability of technology to detect the sex of the fetus is a crucial factor in the emergence of GBSS. While sex detection and sex-detection technologies are not the root cause of GBSS, they enable families to practise GBSS. Medical methods capable of detecting sex, such as ultrasonography, are becoming more common and accessible in Bangladesh. A survey conducted by DPSDU in 2019 revealed several important findings:

- Sex-detection technology was available in many facilities (both public and private), and

82 per cent of women had access to it in their neighbourhood areas.

- Knowledge about any sex-detection technology was nearly absolute among women, with 96 per cent aware of ultrasonography.
- Sex-detection technology was commonly used during pregnancy: 80 per cent of all women (ranging from 74 per cent in rural areas to 90 per cent in urban areas) used such technology; 35 per cent used it specifically to discover the sex of the fetus.
- Although sex-detection technology is commonly used during pregnancy, on average only 0.5 per cent of all women intended to abort the pregnancy if the fetus was female. In Dhaka, however, 1.5 per cent of women intended to abort the pregnancy if the fetus was female.

CHAPTER

# 2

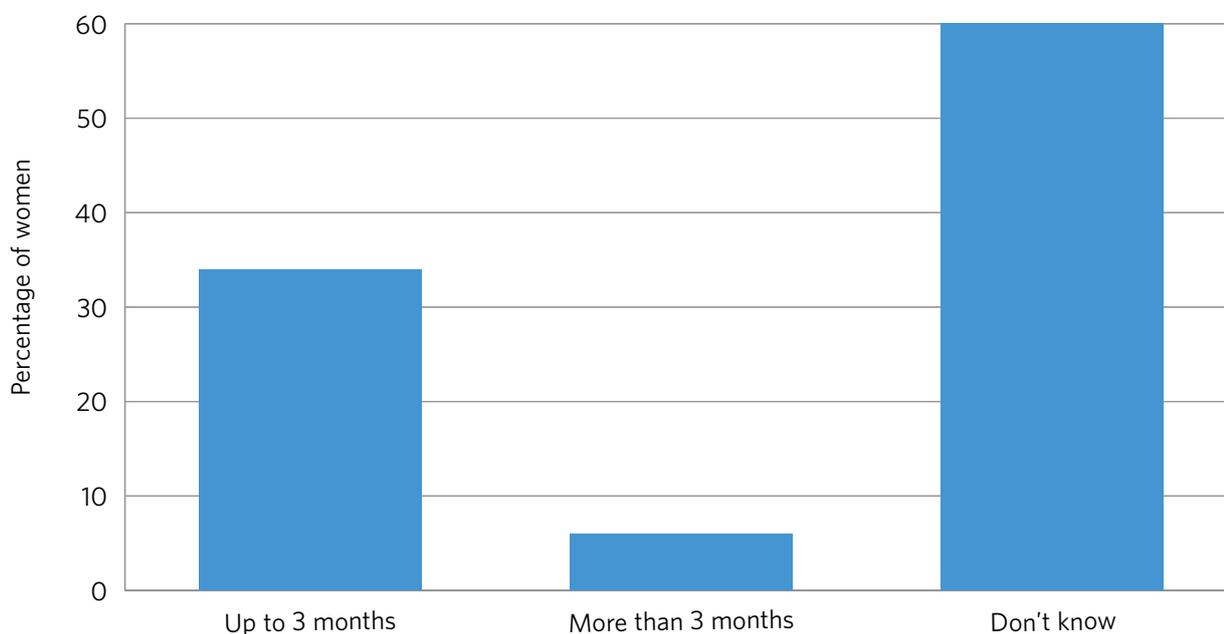
# PUBLIC AWARENESS AND ADVOCACY EFFORTS

Several factors could play important roles in the practice of GBSS in Bangladesh. In 2015, a Population Council study suggested that only 40 per cent of women supported strict implementation of the abortion law. Menstrual regulation (MR) is an alternative to abortion that is widely practised in Bangladesh. The law does not permit MR after 12 weeks of pregnancy (DPSDU, 2018, 2019), but research has shown that only 34 per cent of women in Bangladesh know the designated time to perform MR (Figure 8) (DPSDU, 2019). This implies that two thirds of women are not aware that MR is not allowed after 12 weeks of pregnancy, which may

indicate that sex selection using MR could be taking place in Bangladesh.

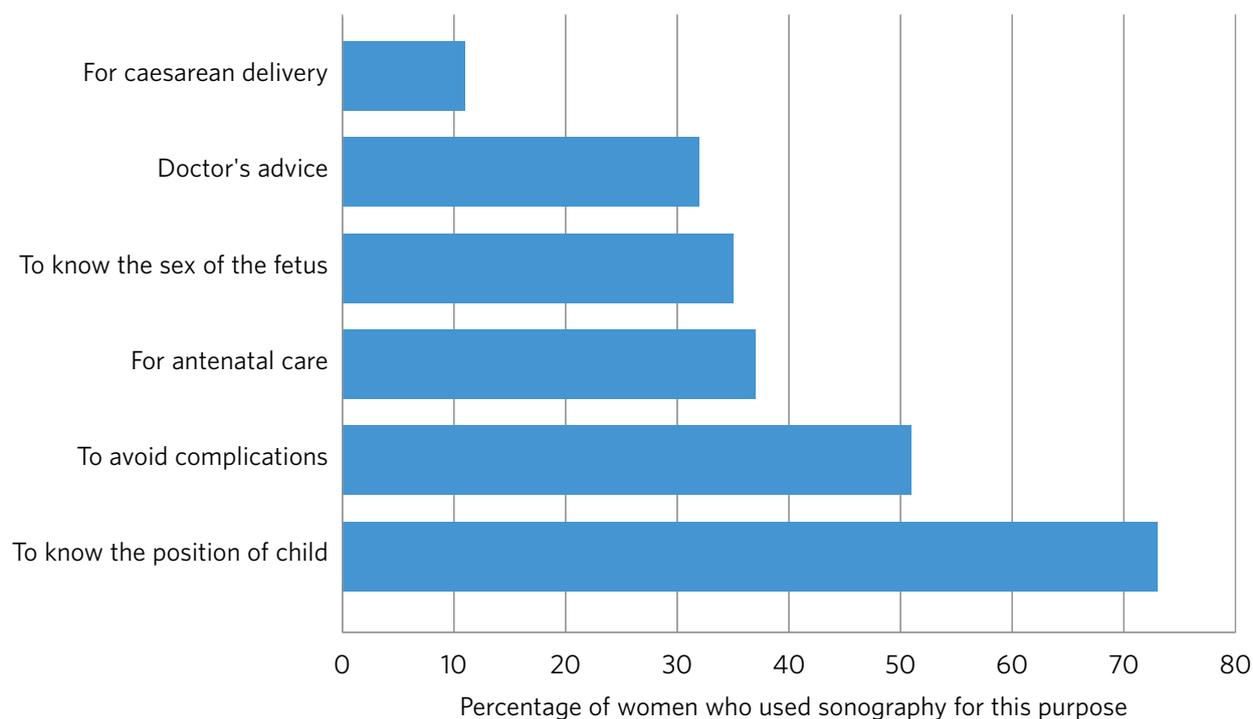
As long as families are able to find out the sex of the fetus, GBSS may be being practised. Figure 9 shows that, of the 80 per cent of women who used ultrasonography during pregnancy, about 35 per cent used it to find out the sex of the fetus (DPSDU, 2019). However, ultrasonography is not the best way to determine the sex of a fetus before 5 months, at which point abortion becomes less socially and legally acceptable (Talukder, Rob and Noor, 2014; DPSDU, 2018, 2019).

**Figure 8 Women’s knowledge about the timing of menstrual regulation in Bangladesh, 2019**



Source: DPSDU, 2019

**Figure 9** Reasons for using ultrasonography in Bangladesh



Source: DPSDU, 2019

Son preference is driven by various cultural values and beliefs (DPSDU, 2019). In Bangladesh, sons are desired because they are believed to:

- ensure the continuation of the family lineage
- be more financially productive
- provide for their parents as they age
- be less likely to be victimized
- be a source of dowry.

Conversely, having a daughter is less desirable because they are considered to be:

- more likely to be harassed and threatened by gender-based crimes such as abduction, acid throwing and public sexual harassment or assault

- more likely to experience domestic violence
- more likely to be victimized by dowry-related violence
- less likely to achieve educational milestones
- less financially productive.

Although the evidence for the practice of sex-selective abortion in Bangladesh remains inconclusive, cultural values, beliefs, and the level of awareness about the advantages and disadvantages associated with having a boy or girl child clearly indicate son preference (DPSDU, 2019). Abortion is a sensitive topic in Bangladesh, so campaigns and initiatives designed to raise awareness about abortion, including its use for sex selection, are limited.

# RULE OF LAW AND HUMAN RIGHTS

## 3.1 International commitments

At the International Conference on Population and Development (ICPD) in 1994, States agreed to “eliminate all forms of discrimination against the girl child and the root causes of son preference, which result in harmful and unethical practices regarding female infanticide and prenatal sex selection” (ICPD Programme of Action, para. 4.16) (UN, 1994). This will reduce female infanticide and other unethical means of reducing female births (WHO, 2011). Bangladesh is in accord with the ICPD declaration. Moreover, Bangladesh holds with several important principles:

- Article 28 of the country’s constitution explicitly prohibits discrimination against anyone based on their religion, race, caste, sex or place of birth (NIPORT et al., 2009).
- Article 11 states that “the Republic shall be a democracy in which fundamental human rights and freedoms and respect for the dignity and worth of the human person shall be guaranteed”.
- Bangladesh has ratified the Convention on the Elimination of All Forms of Discrimination against Women to ensure the rights of women and eliminate gender inequality.

## 3.2 National framework

Abortion was legal on a limited scale in Bangladesh until 1976. The Bangladesh National Population Policy of 1979 stated that abortion for medical and social reasons should be legal for the first 10 weeks of gestation. However, this policy has not been adequately implemented. In contrast, the family planning programme run by the government since 1979 has had a provision for menstruation regulation services within 10 weeks of gestation (Talukder, Rob and Noor, 2014). Other associated national laws,

policies, strategies and initiatives related to women’s empowerment, gender equality and family rights in Bangladesh are outlined in Table 3.

**Table 3 National legislation and national framework in Bangladesh**

<b>National laws</b>
Laws on abortion in Bangladesh under the penal code of 1860
Legality of menstrual regulation in Bangladesh (introduced by the government in 1974, and incorporated in the National Family Planning Programme in 1979)
Dowry Prohibition Act 1980
Child Marriage Restraint Act 2017
Prevention of Oppression against Women and Children Act 2000
Domestic Violence Act (Prevention and Protection) 2010
Prevention and Suppression of Human Trafficking Act 2012
<b>National policies and strategies</b>
National Women Development Policy 2011
National Children Policy 2011
Bangladesh Population Policy 2012
National Health Policy 2011
National Youth Policy 2017
National Education Policy 2010
Strategic Plan for Health, Population and Nutrition Sector Development Programme
Perspective Plan of Bangladesh 2010–2021
Seventh Five Year Plan

CHAPTER



# CONCLUSION: CHALLENGES, OPPORTUNITIES AND LIMITATIONS

GBSS is a key human rights and gender equality issue in many parts of the world. Low fertility, son preference and availability and use of sex-detection technology are the three preconditions for GBSS. All three preconditions are evident in Bangladesh, but the extent to which they influence the practice of sex selection and cause imbalance in the SRB has yet to be fully determined.

The country-level data for Bangladesh do not provide conclusive evidence of the practice of GBSS. Regional variations in SRB are apparent, with the highest SRB in Barisal, Chattogram, Dhaka and Sylhet. SRB varies with birth order, education, geographic region, place of residence, use of contraception and the nature of the communication between husband and wife about the number of desired children – and all of these variations are potentially indicative of GBSS. The existence of high DSRB and son preference across regions, wealth quintiles and socioeconomic status suggests that Bangladesh is at risk of GBSS.

Under these circumstances, three possible scenarios could emerge in Bangladesh. First, GBSS might become common as the society advances economically and socially, fertility continues to decline and sex-detection technology becomes more readily available. Second, given that abortion is illegal, MR (which is legal up to 12 weeks) could be used for sex selection, if advanced technology to detect the sex of the fetus before 12 weeks becomes widely available in the country. Third, with the introduction of proactive policies, programmes and actions by the government to enhance the value and rights of women and girls, Bangladesh may not experience GBSS on a large scale.

Although there may be limited evidence of GBSS in Bangladesh at present, a proactive and holistic approach by the government to address son preference, gender inequality and harmful practices is critical to reduce the risk of GBSS in the future, especially given the decline in fertility.

## 4.1 Challenges

Social norms in Bangladesh are shifting, as marked by the reduction of the overall SRB in recent years and the implementation of gender equality promotion policies, programmes and legislation. However, some challenges must be addressed to curb son preference and prevent GBSS in Bangladesh:

- **Data sources.** The BDHS, SVRS and census were used to analyse SRB. These are all nationally representative surveys; however, SRB is not measured in a consistent manner, and sampling techniques, as well as sample sizes, differ between surveys. Thus, it is not possible to reliably estimate the SRB in Bangladesh, and data on the prevalence of GBSS remain inconclusive (DPSDU, 2018).
- **High DSRB and son preference.** Existence of high DSRB and son preference at national and regional levels suggests that Bangladesh is at risk of GBSS (DPSDU, 2018).
- **Menstrual regulation.** Although restrictive abortion laws in Bangladesh may currently reduce the risk of GBSS, MR might be used as a way to perform GBSS. Therefore, monitoring and critical analysis of the use of MR, and adherence to laws and policies by providers is necessary.

CHAPTER



- **Persistent traditional norms.** Patriarchal stereotypes, social pressure related to son preference, and individual son preference may drive GBSS in the future.
- **National laws and policies.** Although these provide a framework of priorities aligned with international commitments, the challenge of full implementation of legislation and policies still exists.

## 4.2 Recommendations

Although a firm conclusion about the frequency of GBSS is difficult to draw from the existing data in Bangladesh, it is apparent that son preference exists, which may contribute to GBSS in future. Reducing son preference, promoting gender equality and reducing the risk of GBSS in Bangladesh all require addressing the root causes and patriarchal traditions. Therefore, efforts should aim to shift societal norms from undervaluing girls towards gender equality.

To curb son preference and to prevent GBSS in Bangladesh:

- strengthen data and evidence around SRB
- launch advocacy programmes around son preference and GBSS prevention
- improve legal and policy frameworks to promote gender equality.

### Data and evidence

To address the current inadequacy of data:

- strengthen data-collection and monitoring efforts on SRB through vital registration; without good vital statistics on SRB, it is difficult to monitor and evaluate SRB trends and the effectiveness of programmes aiming to curb son preference
- conduct an in-depth study to explore the relationship between birth order, use of contraception and desired family size; this could reveal how a couple can practise GBSS under the guise of other factors

- analyse the underlying factors behind educated women's strong son preference
- explore the influence of the combined effect of DSRB, family size and family sex composition on GBSS
- determine whether GBSS occurs under the guise of MR.

### Advocacy programmes

Advocacy programmes should:

- advocate for ethical use of sex detection and sex-detection technologies by engaging relevant medical professionals and relevant institutions
- employ a multisectoral advocacy approach to promote gender equality in the educational, political and employment spheres, as well as in family decision-making, to curb son preference and prevent future GBSS
- increase public awareness activities about reducing son preference and the undervaluing of girls, and the disadvantages of sex imbalances at birth
- implement a curriculum within the education system on gender equality issues and sexual and reproductive health
- educate medical professionals, social workers and teachers on the importance of gender equality, son preference prevention and the dangers of GBSS
- increase awareness of the time limits on performing MR (under 12 weeks of gestation) to prevent sex-selective abortion under the umbrella of MR.

### Legal and policy frameworks

The legal and policy framework in Bangladesh should be improved to ensure:

- robust implementation and monitoring of policies, frameworks and initiatives to help meet established targets for gender equality

- strengthening of existing laws and policies around women's development and empowerment, gender equality and family
- reform of laws and institutional practices around social security for older people or pension schemes; this could shift social norms, so children are less financially responsible for their parents
- reform of inheritance and property laws to promote equal inheritance rights for women and men.

Existing laws that encourage son preference and therefore possibly GBSS must be examined and modified wherever possible.

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