# **Reproductive Health Research Policy Brief**

Number 19, June 2015

# In the absence of direct interventions, gender-biased sex selection may spread in the future in Nepal: Now is the time to act

# Background

As in many South Asian countries, strong son preference has led to serious discriminatory practices towards girls and women, with negative effects on their status, health and development. These gender disparities have resulted in a skewing of population and child sex ratios. Nepal has begun showing signs of skewed or disturbed sex ratios at birth in some districts of the Terai and hill regions. While the Government of Nepal is committed to ensuring women's legal right to abortion under certain conditions, disclosure of the sex of the foetus and subsequent termination of pregnancies are prohibited by law. Though very limited, a few studies have indicated that the practice of gender biased sex selection is prevalent among relatively rich, educated, urban women and in areas bordering with India (Frost et al., 2013; Lamichhane et al., 2011). However, more research is needed to validate this information.

Recognizing these gaps in understanding, with support from UKAid, and in collaboration with the Population Council, India, the Centre for Research on Environment Health and Population Activities (CREHPA), undertook a study that aimed to shed light on the issue of gender biased sex selection in Nepal and make evidence based recommendations for actions that hold promise for responding to the trend toward adverse sex ratios at birth in Nepal (Puri et. al., 2015).

## **Objectives**

The main objective of this study was to identify programme and sociocultural factors underlying disparities in child sex ratios (CSR) in some parts of Nepal and





inform the design of programmes intended to raise the value of girls in general and counter the practice of gender biased sex selection in particular.

# Methodology

This study adopted a mixed method approach that included a population-based survey of married women with at least two children, one of whom was aged 0-5 years; and key informant interviews with districtbased public and private sector programme implementers/managers and reproductive health care providers. The two districts included, one, Kaski, where the CSR is adverse (113.9 male for 100 female) and a second, Tanahun, where the CSR is normal (101.8 males for 100 females).

For the survey, we used a multi-stagedstage cluster sampling technique to select married women, fulfilling our eligibility criteria described above. For the qualitative component of the study, district-level stakeholders were selected purposively from the government and private facilities and organizations. Data were collected during October - November 2014.

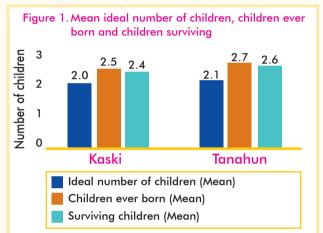
The protocol and research instruments were approved by the Nepal Health Research Council and the Institutional Review Board of the Population Council. Participants involved in the study were fully informed about the nature of the study, research objectives, and confidentiality of the data. Written consent was obtained from each participant.



# **KEY RESULTS**

#### Preference for a small family size is a norm

Women in both Kaski (81%) and Tanahun (87%) expressed a preference for two children, and no more than 11% reported a preference for more than two children. Differences between the mean ideal number of children desired, children ever born and surviving children were slightly more pronounced in Tanahun than in Kaski. Though our sample comprised women with two or more children, the actual family size reported was small. For example, the majority of women reported just two children (57-76%). Comparatively, a lower percentage of women in Kaski than Tanahun reported three or more surviving children (7% vs 13%).



#### Strong son preference persists

Son preference as measured by three indicators (no sex preference on the ideal number of children, desire

to continue child bearing, and family planning practice, respectively, by the sex composition of living children) was evident in both districts, but was slightly stronger among women in Kaski (particularly urban Kaski) than in Tanahun.

About three-quarters of<br/>women (72%) in Kaski and<br/>somewhat fewer -63%- in<br/>Tanahun thought that<br/>having a son is essential<br/>to continue the family<br/>lineage. At the same<br/>time, more rural women<br/>in Kaski than Tanahun<br/>believed that having a son<br/>is tatusOnly a son can help a family g<br/>social status in their commun<br/>A woman with o<br/>daughters is unfortunate"<br/>Women are forced<br/>continue having childr<br/>until a son is bornNumber of women<br/>determines a woman's<br/>status in her family (42%Note: \*, \*\* and \*\*\* indicate the<br/>respectively. ns: not significant

versus 24%) and about as many rural respondents in both districts believed that having a son helps a family to gain social status in their society (14-16%) (Table 1).

A relatively larger percentage of women in Kaski (31%) had experienced family pressure to bear a son than did those in Tanahun (15%). Key informants from both districts reiterated the prevalence of son preference in their district, but confirmed that it was more pronounced in Kaski than in Tanahun. Also, most key informants, particularly health care providers from Tanahun believed that son preference had

been weakening in their district due to extensive awareness programmes on gender equality and the increased stress on girls' education. Both urban and rural women inKaski were significantly more likely than those in Tanahun, moreover, to agree that women are forced to continue to have children until a son is born (85% versus 70%)

"In our society, parental property (Ansha) and family lineage (Bansa) belong to males. In order to secure these two things, birth of a son is important, and it is mandatory to have a son. This is the reason why women have to go for prenatal diagnostic test and abort the foetus if it is a girl." (Female, programme implementer, age 50, Kaski)

# Disclosure of the sex of foetus was not uncommon

Disclosure of the sex of the foetus was reported by more than one in four women who had given birth in the five years preceding the survey, despite laws prohibiting such disclosure. More women in Kaski than in Tanahun reported the use of the ultrasonography

Table 1. Percentage of women reporting various attitudes relating to son preference									
Son preference	Urban		Rural		Total				
% of women agreeing that	Kaski	Tanahun	Kaski	Tanahun	Kaski	Tanahun			
it is important to have sons because only they can continue the family lineage	64.4	58.0	78.8**	68.4	71.6**	63.2			
It is important to have sons because having a son determines a woman's status	27.2	30.4	41.6***	24.4	34.4*	27.4			
Only a son can help a family gain social status in their community	8.8	14.4*	14.0	15.6	11.4	15.0			
A woman with only daughters is unfortunate <sup>ns</sup>	6.4	7.6	10.8	11.2	8.6	9.4			
Women are forced to continue having children until a son is born	82.0***	68.4	87.0***	71.2	84.8***	69.8			
Number of women	250	250	250	250	500	500			
Note: *, ** and *** indicate that difference between two districts are significant at p<.05, p<.01 and p<0.001, respectively. ns: not significant									

(USG) (82% vs 52%). In both the districts, it was found that more women in urban than rural areas reported the use of USG in pregnancy (88% vs. 76% in Kaski; 63% vs. 41% in Tanahun). Among them, a significantly larger percentage of women in Kaski (37%) than in Tanahun (27%) reported that they had been told the sex of their foetus. Besides, proportions reporting so increased systematically with parity, and in Kaski, in particular, disclosure was greater if the previous child was a female.

### Sex-selective abortion is emerging

Thirteen percent of women in Kaski compared to 10% of those in Tanahun reported life time experiences of an induced abortion. Of them, 13% reported sex

selection as the reason for an abortion. Moreover, far more women from Kaski than Tanahun reported that they themselves or someone they knew had experienced a sexselective abortion (31% vs 15%). Key informants strongly agreed that the misuse of technologies -both disclosure of sex of foetus and termination of pregnancies carrying a female foetus- persisted in both districts. They believed that the demand for disclosure of sex of foetus had increased in recent years.

"No difference by ethnic background. Either they are from high class or low class they ask about the sex of their foetuses. But what I have noticed is that Mongolian people generally don't have any problem giving birth either son or daughter because they don't have male dominating culture. Mostly these issues are in Brahmin and Chhetri castes. People following Hinduism generally ask about the sex of their foetuses". (Male, health care provider, age 52, Kaski)

p<0.001, respectively.

# Seeking the sex of the foetus and sex selection is considered acceptable

More than two third of the respondents in both Kaski (76%) and Tanahun (69%) perceived that there was nothing wrong in knowing the sex of the foetus. The majority was also confident that nobody would ever be punished for disclosing the sex of the foetus, although more women from Kaski than Tanahun reported so (87% vs. 66%).

Considerable minorities believed that gender-biased sex selection was acceptable if

a family already has daughters. For example, 14-17% of women from the two districts justified the abortion of a female foetus. Finally, and although women from Tanahun were less likely than those from Kaski to report strong son preference, when asked if it was acceptable for a family with two or more daughters to undergo a sex determination test and abort the female foetus instead of bringing up an additional daughter, two fifths of the respondents in Tanahun (40%) and a guarter of the respondents in Kaski (25%) gave an affirmative response (Table 2).

#### No comprehensive knowledge about abortion law

Although most women had heard of the abortion law (63% in Kaski and 46% in Tanahun), their knowledge about the legal provisions for prohibiting disclosure of the sex of foetus was limited in both districts (43% in Kaski and 35% in Tanahun). Moreover, only slightly more than one in four women in the both districts were aware that a person seeking disclosure of the sex of the foetus as well as the person conducting such a test can be prosecuted.

#### Law of disclosure of the sex of foetus rarely enforced

In terms of adherence to and enforcement of the abortion law, more women in Kaski than in Tanahun (54% VS 39%) reported that providers do reveal the sex of foetus. Moreover, hardly any women just 3-6% - reported that they had heard about any action being taken against a provider, such as a raid on those providers revealing the sex of the foetus, doctors being prosecuted, or a clinic being closed for advertising sex determination services. Key informants from both districts also agreed that the law was rarely enforced, that neither inspections not raids had taken place anywhere, and that corruption was observed in both districts. Even so, programme implementers from Tanahun were somewhat more likely than those

selection (% agreeing)									
Attitude towards gender biased sex-selection	Urban		Rural		Total				
	Kaski	Tanahun	Kaski	Tanahun	Kaski	Tanahun			
There is nothing wrong about seeking services to know the sex of the foetus	72.8	73.2	78.4	65.2	75.6*	69.2			
Abortion of a female foetus is okay if family already has daughter(s)	17.2	16.0	16.4	14.0	16.8*	15.0			
It is better for a women with two or more daughters to have a test and abort a female foetus than bringing up many daughters	26.4***	45.6	23.2***	35.2	24.8	40.4***			
Note: *, ** and *** indicate that difference between two districts are significant at p<.05, p<.01 and									

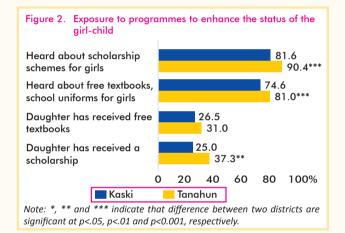
Table 2. Percentage of women reporting various attitudes towards gender-biased sex

in Kaski to report that their district public health office played an active role in law enforcement and monitoring of facilities.

# Poor exposure to communication, advocacy and community mobilization activities

Although the percentages of women in Kaski who had heard messages about non-discrimination of daughters were greater than those from Tanahun, exposure to messages or campaigns about saving the girl child was limited in Kaski. While differences were largely narrow, women from Kaski were more likely to have been exposed to media message, and those from Tanahun to interpersonal communication delivered by frontline health workers, NGO programmes and religious leaders.

Findings suggest that school based entitlements including scholarships were accessed in both districts but significantly more so in Tanahun than Kaski (37% vs 25% of women with eligible daughters) (Figure 2).



#### **Conclusions and way forward**

Our findings suggest that while differences between the two districts were relatively mild, laws appeared to be better implemented, educational entitlements for girls better utilised, and exposure to interpersonal communication was more evident in Tanahun than Kaski. At the same time, the role of structural factors cannot be ignored. For example, key informants raised such issues as differences in the son preference by caste/ethnicity, with those in Kaski maintaining a stronger preference for sons than those in Tanahun. Some key informants also highlighted that the stronger son preference displayed by women from Kaski was linked to parents' aspirations for upward mobility, notably via the employment of sons, including in the British Army. Most evident were differences in such structural factors as poverty levels, availability of ultrasonography facilities, equipment and trained personnel, and distances to available facilities, with Tanahun far more disadvantaged on all

of these aspects than Kaski. Thus, in the absence of direct interventions on this issue, there is a possibility of a worsening situation in Nepal with regard to gender-biased sex selection once access to prenatal diagnostic techniques proliferates to districts beyond Kaski.

With regard to programme initiatives that hold promise, we may draw inferences from interdistrict differences, about the likely effectiveness of communication, advocacy and community mobilization efforts in the short term. In the long term, what is required are programmes which aim to empower girls, promote gender equality and improve girls' overall situation. Programmes must focus on keeping girls in school and ensure that they complete a secondary education, providing girlfriendly education to encourage school retention, and expand the reach of the universal scholarship scheme for girls. Other efforts adopted in neighboring countries, including conditional cash transfer schemes that provide benefits to parents when their daughter achieves immunization, education and other milestones, and remains unmarried until age 18 may also hold promise.

#### Acknowledgements

This policy brief is based on research funded by UKaid and coordinated by the Population Council. We are very grateful to Drs. Shireen Jejeebhoy, Rajiv Acharya and Sharmistha Basu, all from the Population Council, India for their input and technical advice throughout the study. We also extend our heartfelt thanks to the Nepal Health Research Council for ethical approval to this study. Most importantly, we are immensely grateful to the participants of this study including district level government and non-governmental organisations who have given their time and responded to questions on personal matters.

#### References

- Frost WM, Puri M and Hinde PRA. (2013). Falling Sex ratios and Emerging Evidence of sex-selective abortion in Nepal: evidence from nationally representative survey data. BMJ open, 3:e002612.
- Lamichhane P, Harken T, Puri M, Darney P, Blum M, Harper C and Henderson JT. (2011). Sex-Selective Abortion in Nepal: A Qualitative Study of Health Workers' Perspectives. Women's Health Issues, 21-3S (2011) S37–S41.
- Puri M and Tamang A. (2015). Understanding factors influencing adverse sex ratios at birth and exploring what works to achieve balance: The situation in selected districts of Nepal. Kathmandu, Nepal: CREHPA.

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