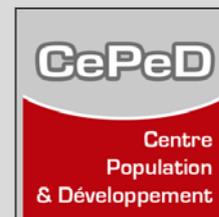


## Sex Selection: from Asia to Europe

A one-day workshop on December 2, 2011

CEPED, Paris

Organization: Christophe Z Guilmoto and Agnès Guillaume, with Valentine Becquet



### Synthesis

Twenty years ago, sex selective abortions in several Asian countries started to appear on the demographers' radar as a growing number of couples resorted to pregnancy termination on learning that their fetus was female. The existence of this phenomenon is now well established in many countries across Asia and the recent censuses conducted in China and India have already confirmed the prevalence and local intensity of prenatal sex selection. This has already generated a great bulk of scientific literature and has also led several Asian governments with support from international agencies to devise and launch various policy initiatives against prenatal gender discrimination.

Yet, sex selection is far from being confined to South and East Asia or to developing countries. It has been demonstrated for instance that the sex ratio at birth (SRB) in countries of the South Caucasus region, at the border of Asia and Europe, rose almost immediately after the break-up of the Soviet Union. Of late, gender imbalances have also been documented for several diasporic communities of Asian origin in various European countries – a trend also observed among Asian immigrants established in North America. More recently, demographers have also drawn the attention towards the sex imbalances of births in several countries of Southeast Europe.

CEPED organized in Paris on 2 December 2011 the first meeting on prenatal sex selection in Europe (see detailed agenda further below). While drawing on the experience of countries in South and East Asia, the focus of the meeting was on Southeast Europe, countries of the South Caucasus region and on immigrant communities in Europe. What follows is a summary of some of the main findings.

#### 1. From Asia to Europe

- A normal sex ratio at birth (SRB) lies usually around 105 male births for 100 female births. When the SRB is significantly higher than 107, it reveals an imbalance due to prenatal sex selection.
- Such an imbalance caused by sex selective abortions exists in Asia, notably in China (118.1 in 2009), in Vietnam (111.2 in 2010), and in India (110.6 in 2006-2008). Yet, important differences exist within the countries at regional level.

- Three factors lead to prenatal sex selection: son preference, low fertility and access to new technologies. In patriarchal systems, sons are more valuable than daughters (patrilineage, dowry, ancestor's worship, material and social support to their parents, etc). Due to birth control policies and social change, fertility is often low, which increases the probability to have no son. The third factor is the emergence of modern prenatal diagnosis in the last decades, which combined with abortion facilities, makes it possible to sex select.
- Prenatal sex selection has also been observed among Asian migrant communities of different industrialized countries: the United Kingdom, Greece, the United States and Canada. For example, in the Indian community living in the UK, the SRB has increased from 104 in the late 1980's to 108.3 for the period 1995-2005. There is a strong decrease in the proportion of girls at birth order 3 and over. We may wonder how this practice will evolve among the younger cohorts, likely to be less exposed to the influence of the extended family and with a better access to education, paid employment, social care and pension.
- In the majority of European countries abortion is permitted on request, but it has been legalized early in former socialist countries, with the exception of Albania, between the 1920s and the 1950s. Abortion has in fact remained one of the key method for regulating fertility. This practice is still common and access to modern contraception rather limited. In 2003, the abortion rate was 28 per 1000 in Europe as a whole, but 44 per 1000 in Eastern Europe.

## **2. The Caucasus**

- Three countries of South Caucasus are characterized by a severely imbalanced sex ratio at birth. In the 2000s, according to official statistics, the SRB was of 116-117 in Azerbaijan, 114 in Armenia and fluctuating in Georgia (111 in 2007 vs. 128 in 2008). It occurs in a context of low fertility.
- Abortion rates in these 3 countries can be significantly higher than the number of children.
- The introduction of modern ultrasonography took place in the early 1990s. In those three countries, women who have one or two girls are more inclined to desire and have another child than those who have already boys. Moreover, among the women who have already two children, the probability to abort is higher if they have at least one son than if they have only daughters.
- In Armenia and Georgia, it appears that the SRB has more recently increased for the first and the second births.
- In Georgia, women can freely perform induced abortion only until 12 weeks of pregnancy but after this delay, abortion can be performed by request of the woman in case of medical complications and specific social environments. It is important to note that there are clinics where tests can easily be performed to determine the sex of the fetus, from 11.4 weeks of pregnancy, officially to avoid gender-related anomalies. Specialists in ultrasound technology are widely known as "baby sex-readers".
- Birth masculinity appears to be normal in most of the Russian Federation. No high SRB level has been detected in the North Caucasus region that borders the three independent South Caucasus countries.

### **3. Southeast Europe**

- A systematic survey of countries in Southeast Europe was conducted. In several countries such as Bulgaria, Romania and Turkey, no significant deviation from the biological standard of SRB could be detected. The situation is more ambiguous for Bosnia Herzegovina, Croatia, Greece and Serbia where the SRB was higher than 108 during very short periods, including during conflict years. But the confirmed cases of skewed sex ratio at birth are Albania (111.5 in 2008), Kosovo (112 in 2010), Macedonia (109 in 2009), and Montenegro (111.6 in 2005-2009).
- Cultural determinants may predominate over other social and economic factors. Adverse SRB levels seem to center around areas with Albanian populations. Interestingly, birth masculinity among Albanian migrants have also been shown to be higher than average – close to 110 – in countries such as Italy and Greece, where Albanian immigration is sizeable.
- Macedonia is a more complicated case due to the relative lack of data. According to a field survey, discrimination and fear of partner discourage women from seeking information and making independent decisions related to the use of contraception, especially among Albanian, Roma and Turkish women.
- There are still unknown aspects, in particular regarding the mechanisms of sex selection (methods used, role of private vs. public facilities), and the variations in discriminatory practices by socioeconomic status, parity, previous births.
- Anthropological research details the evolution of patrilineal or patrilocal kinship systems in Southeast Europe. The rapid transition to capitalism and the withdrawal of the State have fueled new forms of patriarchy.
- Albania has witnessed both a dramatic reduction of fertility between 1950 and 1990 and massive outmigration since the 1990s. There are no significant sex differentials in child mortality and in child health by 2010 in Albania and the situation has in fact improved over the last 70 years.
- In view of the large imbalance in the sex ratio at birth, it may be hypothesized that development has indeed brought down the postnatal sex discrimination, but that traditional norms have left the preference for sons intact.

### **4. The Council of Europe's report**

The Council of Europe has decided in 2011 to address the issue of prenatal sex selection in Europe, in particular in several Member States where this practice was reported. According to different studies, the sex ratio at birth (SRB) is high in countries such as Bosnia and Herzegovina, Luxemburg, Montenegro, Portugal, Slovenia, Macedonia, Kosovo, Georgia, Armenia, Azerbaijan, and Albania. Some immigrant populations from Asian countries living in Europe may also be affected. Yet, sources used to measure birth masculinity appear often heterogeneous and incomplete. The report prepared by the Council of Europe considers gender inequality to be the

root cause of prenatal sex selection: "it coexists and reinforces some forms of violence based on gender, perpetrated towards women and girls" and it reflects the lower social status of women in societies.

The European Convention on Human Rights and Biomedicine (ratified by 28 States) forbids sex-selection in its Article 14: "the use of techniques of medically assisted procreation shall not be allowed for the purpose of choosing a future child's sex except where serious hereditary sex-related disease is to be avoided". On 3 October 2011, the Parliamentary Assembly of the Council of Europe adopted a resolution and a recommendation against prenatal sex selection, because of its potential social consequences and because it perpetuates a culture of gender inequality that is contrary to human rights and the universal values upheld by the Council of Europe.

## **5. Several methodological leads**

The different studies presented in this seminar showed the necessity to approach this issue from both quantitative and qualitative perspectives. Quantitative studies are necessary to measure imbalances of the sex ratio at birth at different scales (national, regional, local, urban/rural...), to highlight differences in behaviours (according to the socioeconomic level, education level, parity, religion, etc.), and to understand some of the factors leading to this prenatal sex selection and its consequences. It is essential to define some indicators to comprehend this issue, in particular son preference. A critical approach of available data is needed to better underline the advantages and limitations of the different sources (census, surveys, birth registrations). It is important to carry out comparative studies at different levels: countries, provinces, etc.

Qualitative studies are necessary to understand the cultural factors underlying prenatal gender bias such as the social preference for boys and the reasons leading to prenatal sex selection. It is important to investigate the role and the attitude of health practitioners in public and private healthcare systems, the different sex selection methods available and their accessibility, and to analyze the role of the family and the couple in determining the size of family. Laws restricting abortion, conditions of prenatal screening and prenatal selection also need to be studied.

The study of prenatal sex selection in Europe has only started. Important efforts are needed in the coming years for better statistical and sociological research on the mechanisms leading to prenatal sex selection and on its actual extent across Europe. Interdisciplinary research combining demographic and gender analysis should very soon shed more light on the distinct features of prenatal gender bias in Europe and provide adequate policy tools to address the different dimensions of issue through advocacy activities, legal changes, or targeted interventions.

C.Z. Guilmoto, V. Becquet, and A. Guillaume (CEPED, Paris)