

Research Briefing

EXECUTIVE SUMMARY

Qualitative insight into the dynamics of contemporary family-making, gender values, norms and attitudes among women and men of Bangladeshi, Indian and Pakistani origin 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 Bangladeshi, Indian and Pakistani communities in England and what impact can be found on family-making decisions. The qualitative research forms part of a broader interdisciplinary study on prenatal sex selection in the UK, funded by the Economic and Social Research Council (ESRC grant code: ES/N01877X/1) and led by Dr Sylvie Dubuc (Principal Investigator: University of Reading) and Professor Maya Unnithan (Co-Investigator: University of Sussex). The broader study involves quantitative analysis, using available demographic data and methods, to analyse sex-based childbearing practices, trends and intergenerational changes.

Our qualitative findings indicate there are diverse family preferences that vary across, and within Bangladeshi, Indian and Pakistani communities. Recourse to female selective abortion was found to be low amongst study participants, with a generational decline in gender preferences at birth across communities. Researching SSA raised broader issues in reproductive health that require sensitive approaches from policy-makers and healthcare professionals.

The findings and recommendations from this research will aid understandings of the complex and changing nature of gender expectations within South Asian communities in the UK, and to inform government policy on prenatal sex selection and women's reproductive health services.

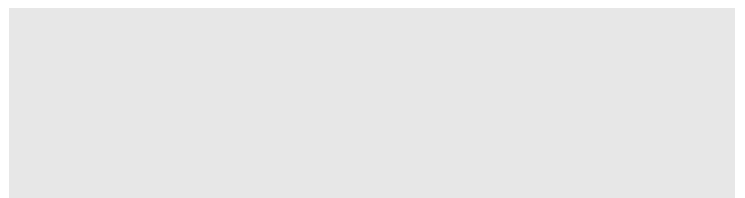
Key findings:

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 generational decline in stated gender preferences at birth across communities in the study
3. There is a broad preference among UK-born women and men for smaller family sizes
4. Daughters are valued, but the absence of a son can lead to son preference in higher order pregnancies (children born later)
5. Low contraceptive uptake may result in closely spaced pregnancies and unwanted pregnancies that progress to birth
6. The reproductive pressures that women face can in some cases lead to recourse to sex selection against females
7. Female selective abortion is stigmatised amongst UK-born couples
8. There is a shame around discussing abortion and contraception in all communities
9. There is a lack of accurate knowledge about contraception and abortion among older, middle-aged and younger women and couples
10. 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

REPRODUCTIVE HEALTH SERVICES: ACCESS AND PROVISIONS

Sonography: Expectations around foetal-sex disclosure during ultrasound (approximately 20 weeks gestation) were diverse among study participants. 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. Some women are delighted to know they are expecting a daughter. Some community-level representatives have attempted to prevent healthcare providers from disclosing foetal-sex to South Asian women. Non-disclosure policies based on the assumption that all South Asian women would terminate their pregnancies if told they are expecting a daughter were perceived as discriminatory.

Contraception and abortion: Abortion was typically described in negative terms among British South Asian women and men, and seen as an immoral practice. Abortion decision-making was most often influenced by social networks as well as 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. This is despite public records which state Asian/Asian British women accounted for 9% of the overall abortions performed for women resident in England and Wales in 2017, but cis and trans women of South Asian descent accounted for 17.5% of the o



Suggestions for policy-makers

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. Their fear of prosecution could result in ethnic and racial profiling in abortion care. This would have a disproportionate impact on Bangladeshi, Indian and Pakistani women and compound the nuanced challenges to accessing abortion care that they face
2. **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
3. **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
4. **Sexual and reproductive healthcare:** There is a chronic issue of misinformation and poor knowledge pertaining to contraceptive and abortion care that constrains reproductive wellbeing and decision-making among the communities who participated in our research. In areas with large South Asian communities, healthcare providers should produce community-specific SRH information to address the issues raised in our research
5. **Relationships and sex education:** Schools are the most appropriate place to promote gender equality and equip 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. RSE programmes should be mandatory in all schools, including faith schools, to challenge misinformation and issues perceived as taboo
6. **Sex-selective abortion and the law:** Asian women's groups that support the criminalisation of sex-selective abortion in the law should be encouraged to shift their legal position based on our findings, which demonstrate generational changes in stated gender preferences at birth and daughter valuation

Further information about our research project can be found at:
www.sussex.ac.uk/anthropology/research/uksonpref