Chapter 6
A Phenomenon Not Unique to China

6.1 Asia, the Most Masculine Continent in the World

6.1.1 A Specific Culture?

The global female deficit was estimated to total 100 million in the 1990s, and by far the largest share of this deficit was in Asia (Sen 1990; Klasen and Wink 2002), currently the only continent with a majority of men (Table 6.1[1]). China is not the only country responsible for this Asian particularity, however. A male surplus also exists in several neighbouring countries, including India, Pakistan and Bangladesh. Together with China, these countries, which are home to around 3 billion of the world's population of 7 billion, reported an estimated female deficit of 89.3 million in the early 2000s: 40.9 million in China, 39.1 million in India, 4.9 million in Pakistan and 3.7 million in Bangladesh (Klasen and Wink 2002). As in China, the female deficit in those Asian countries results from discriminatory practices (the elimination of girls by sex-selective abortion and/or excess female mortality in childhood and adulthood), which can be interpreted as a manifestation of patriarchal societies in a period of economic modernization.[2]

Like China, India (currently the second largest population in the world), Pakistan (sixth), Bangladesh (seventh) and Taiwan have a sex ratio for the total population well above the levels observed elsewhere in the world excluding Asia (Table 6.1). After four decades of a male surplus (1960–2000), the population of Republic of Korea has seen a gradual rebalancing of the sexes and now has a slight female majority. In these countries, including Republic of Korea until very recently, women

[1]The data presented here are extracted from *World Population Prospects, the 2008 Revision*. However, the corresponding interactive website is no longer available at the time of publication. It is now replaced by *World Population Prospects, the 2010 Revision*, available at http://esa.un.org/wpp/unpp/panel_population.htm

[2]For more information on the situation in these countries, see Attané and Véron (2005), Attané and Guilmoto (2007) and Croll (2000).

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Table 6.1 Key demographic indicators and overall sex ratio, in Asian countries and by continent, 2010

	Population in 2010 (million)	Country/continent rank by population size (2010)	% of world population (2010)	Overall sex ratio (men per 100 women) (1950)	Overall sex ratio (men per 100 women) (2010)
China	1,354.1	1	19.6	108.1	107.9
India	1,214.5	2	17.6	108.0	106.8
Indonesia	232.5	4	3.4	98.4	99.7
Pakistan	184.8	6	2.7	124.5	106.1
Bangladesh	164.4	7	2.4	115.9	102.3
Taiwan[a]	22.7	–	0.3	n.d.	103.8
Republic of Korea	48.5	25	0.7	99.2	98.1
Asia	4,166.7	1	60.3	106.0	104.8
Africa	1,033.0	2	15.0	97.9	99.5
Americas	940.4	3	13.6	100.0	97.3
Europe	732.8	4	10.6	87.4	92.9
Oceania	35.8	5	0.5	103.7	99.9
World	6,908.7	–	–	100.2	101.7

Sources: UN-WPP (2008)
[a]For Taiwan (in 2003): SYRC (2004)

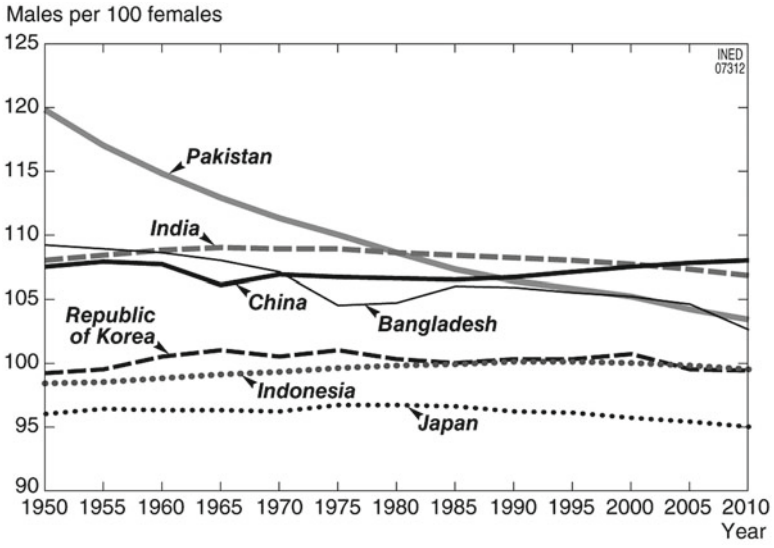

Fig. 6.1 Overall sex ratio in China and other Asian countries, 1950–2010 (Source: UN-WPP 2010)

make up slightly under half of the population rather than slightly over, contrary to the pattern observed in the rest of the world.

However, although this surplus of males is not new in these countries, recent trends diverge (Fig. 6.1). In Pakistan and Bangladesh, where women are still the minority, the relative female deficit has shrunk considerably since the 1950s.

Conversely, in China and India, the overall situation is deteriorating, with sex ratios that have fallen only slightly over the whole of the period under consideration. In both Pakistan and Bangladesh, the gradual rebalancing of the sexes attributable to improvements in women's survival is outweighed by the appearance of new demographic anomalies. China and India have thus become the two countries in the world with the highest proportions of males in their population.

6.1.2 The World's Most Populous Countries Also Have the Highest Male Surplus

Indonesia, the fourth most populous country in the world (with a population of 233 million in 2010), has also seen a gradual increase in the sex ratio in the past 50 years, now further aggravated by a gender imbalance at birth. However, the male surplus in Indonesia is due primarily to a phenomenon that is virtually non-existent or very marginal in China and India, namely that more women than men emigrate, especially to Saudi Arabia. Probable secondary causes are excess female mortality at reproductive ages and increased under-reporting of females in censuses (Siagian and Dasvarma 2005), a factor that has not been demonstrated in either China or India. In Republic of Korea, after a break corresponding to the human lives lost (mainly men) in the civil war (1950–1953) and the few years of rebalancing that followed, the population now has slightly fewer males than females.

China, India, Pakistan and Bangladesh therefore exhibit a male surplus in their populations, a phenomenon observed almost nowhere else in the world. The situation in those countries would thus be atypical, were it not for the fact that they represented 42 % of the world population in 2010. The global impact of this male surplus is even bigger since the sex ratio is highest in the youngest age groups. Currently, the sex ratio among children aged under 10 is around 109 boys per 100 girls in India and Republic of Korea and more than 120 in China. The situation is different in Pakistan and Bangladesh, where, unlike India and China, the decline in excess female mortality, particularly at reproductive ages, is leading to a gradual rebalancing of the sexes, while the percentages of boys in the child population are now relatively close to those observed elsewhere (Fig. 6.2a, b, c, d, e).

6.2 The Shortage of Girls, an Asian Pandemic?

6.2.1 A Situation Encountered in All the Large Asian Countries…

China, India and Republic of Korea share a female deficit in the youngest age groups, on a scale unseen elsewhere in the world. Republic of Korea, which was the forerunner, reported a sex ratio of 108 boys per 100 girls in the population aged

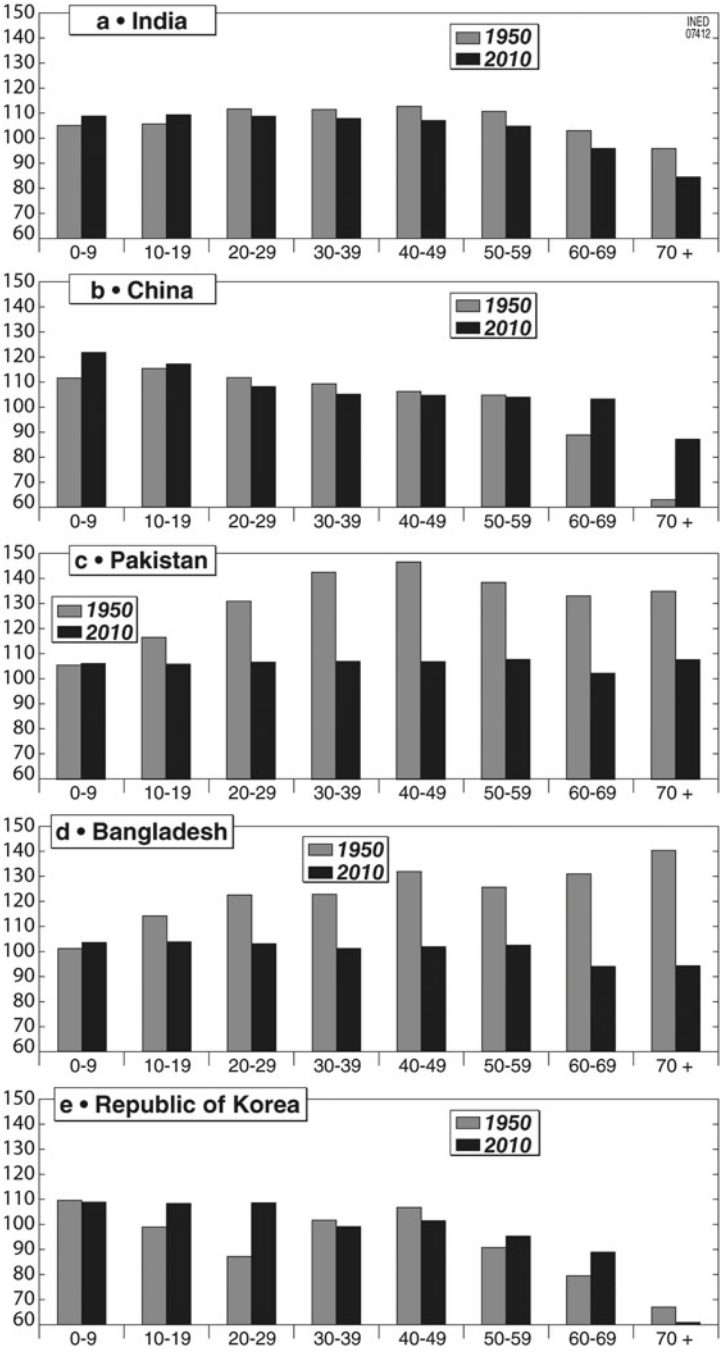

Fig. 6.2 Sex ratio by 10-year age group in China and other Asian countries, 1950 and 2010 (Source: UN-WPP 2010)

Table 6.2 Sex ratio in children aged 0–4 years, in selected Asian countries and by continent, 1985, 1995 and 2005

	1985	1995	2005
Bangladesh[a]	103.0	103.3	103.5
China	107.0[a]	118.4[e]	122.7[f]
Republic of Korea	108.0[b]	113.4[b]	110.0[a]
India[c]	103.9	105.8	107.9
Pakistan[a]	105.8	105.3	105.7
Taiwan[d]	106.5	108.8	109.3
Asia[a]	105.9	108.9	110.0
Africa[a]	101.8	102.0	102.3
Americas[a]	103.9	104.1	104.3
Europe[a]	104.8	105.3	105.5
Oceania[a]	105.6	105.8	106.2

Sources: [a]UN-WPP (2008)
[b]In 1985 and 1994: Kim (2005)
[c]In the population aged 0–6 years in 1981, 1991 and 2001, Choudhury (2005)
[d]In 1985, 1995 and 2003, Statistical Yearbook of the Republic of China SYRC (2004)
[e]NBS (1997)
[f]NBS (2007)

under 5 in 1985 (Table 6.2). By 1995, the ratio had risen to 113.4 (Kim 2005) and was still as high as110.0 in 2005. In India, the sex ratio in the population aged 0–6 years rose from 103.9 boys per 100 girls in 1981, to 105.8 in 1991 and 107.9 in 2001 (Choudhury 2005). Taiwan reported 106.5 boys per 100 girls in the population aged 0–4 in 1985, then 108.8 in 1995 and 109.3 in 2003 (SYRC 2004). Once again, China had the highest sex ratio in the population aged under 5, with more than 120 boys per 100 girls.

In Pakistan and Bangladesh, which stand out with a majority of men in the total population, the sex ratio in the population aged 0–4 is in line with the values observed in the rest of the world excluding Asia, with 104.3 and 104.5 boys per 100 girls, respectively, in 2010 (UN-WPP 2010), despite discrimination against girls in childhood.

As explained above, the gender imbalance at early ages in these countries can be attributed to the cumulative effects of sex-selective abortion causing a female deficit and/or excess female mortality at early ages due to differential treatment of boys and girls. However, the impact of each of these two factors on the deficit of girls varies between countries, and even between regions of the same country.

In the 2005 inter-census survey, China reported 120.5 boys born per 100 girls, the world's highest sex ratio at birth. The pattern was also unusual in India, with 112.1 boys born per 100 girls in 2002 (Bhargava and Hiremath 2005) and in Taiwan, where the sex ratio at birth has oscillated between 108 and 110 boys per 100 girls since 1990 (Yang and Chen 2005). In Republic of Korea,

after peaking in the mid-1990s at more than 115 boys per 100 girls, the sex ratio at birth has been improving gradually, falling to 110 in 2002 (KSY 2003) and then 106.4 in 2009.[3]

6.2.2 … and Spreading to Other Parts of the Continent

More recently, the phenomenon of excess masculinity has spread to other parts of the continent. In Vietnam, an imbalance in the sex ratio at birth became perceptible in the late 1990s (Bélanger et al. 2003; Vo et al. 2005): it is now estimated at 111 boys born per 100 girls for the country as a whole in the 2009 census (MPI 2011). In the Caucasus, the sex ratio at birth began to rise rapidly in the mid-1990s and is now as high as in some regions of China and India. While still very close to normal levels in 1995, it has reached 115 boys per 100 girls in Azerbaijan, 118 in Georgia and 120 in Armenia in the 2000s. The gender imbalance at birth appeared simultaneously in these three countries, whereas the pattern is still normal in the neighbouring countries of Russia, Ukraine, Iran, Turkey and Kazakhstan (Meslé et al. 2007).

Locally, the surplus of males is even higher. In India in 1998–2000, 126 boys were born for every 100 girls in the state of Punjab, and 125 in Haryana (Choudhury 2005); in 2011, these ratios still stood at 125.3 and 122.1 respectively. In China in 2000, the sex ratio at birth was 138 boys per 100 girls in the southern provinces of Jiangxi and Guangdong (PCO 2002), and was still peaking at 131.1 and 129.5 in Anhui and Guangdong, respectively. In Republic of Korea in 1994, the sex ratio was 115.5 nationally but 121.4 in the city of Taegu and 124.3 in the province of Kyongbuk (Kim 2005). In the countries for which excess masculinity is the best documented, namely China, India and Republic of Korea, a link has been established with the decline in fertility. It was in the 1980s, when fertility began or continued to decline in most Asian countries (Fig. 6.3), that some began to report a gender imbalance at early ages.

6.2.3 Families' Choices

China, India and Republic of Korea are among the Asian countries with the most severe distortions in their sex ratios at birth. But while the trends in China and Republic of Korea were both characterized by a sudden rise (followed by a plateau, and then a reversal in Republic of Korea), the trends in India remain more constant over time. However, not all births are affected in the same way. In China, while the sex imbalance has recently spread to first births, most of the gender imbalance at birth still occurs at higher birth orders (second and higher) as some of these subsequent births are not permitted under the population control policy and are therefore

[3] Statistics Korea. Available at http://kostat.go.kr

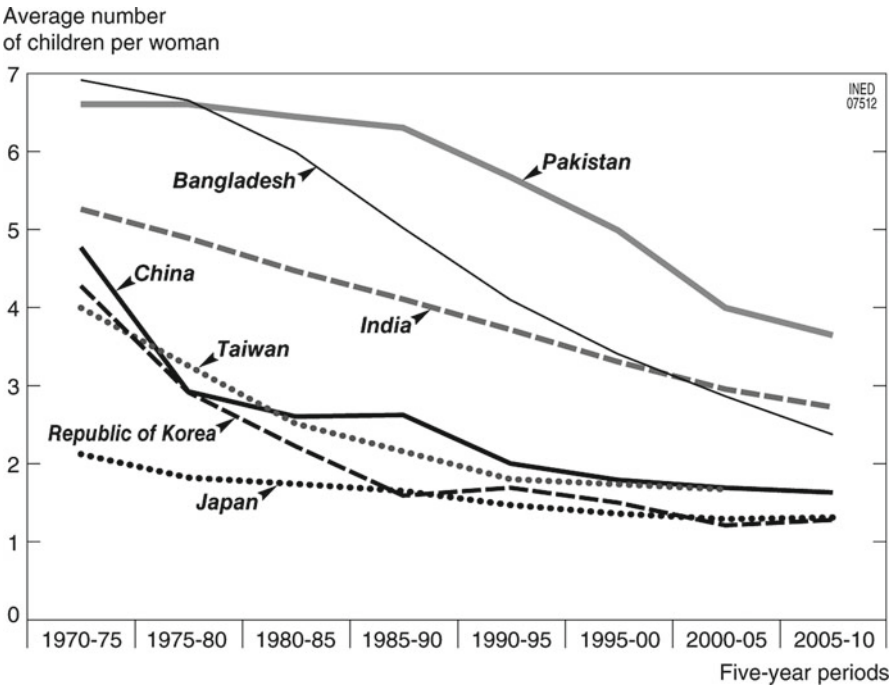

Fig. 6.3 Fertility decline in China and other Asian countries, 1970–2010 (Source: for Taiwan, interpolations from data presented by Yang and Chen (2005). For the other countries: UN-WPP (2010))

sanctioned by fines or even heavier penalties (see above in Chap. 2 p. 21). A comparable trend is observed in India, where births are less strictly controlled than in China, however, and to a lesser extent in Vietnam (Table 6.3). In Republic of Korea, the situation has now returned to normal for first and second births; this reverse trend from the early 2000s can be attributed to the long-term effects of legislation that supports women's rights and gender equality, and to changing livelihoods that have made families less dependent on their sons for old-age support (Kim and Cook 2010).

These societies that report a deficit of girls at early ages all share a preference for sons, exacerbated by the decrease in family size driven, in some cases, by stringent birth control policies.[4] When people can only have or only want a small number of children but are determined to have a son, the only solution is to prevent the birth of a girl or, if a girl is born, to make sure she does not stop her parents from having a son.

[4]For more information on recent trends in population policy in these countries, see in particular Cho Namhoon (2000) and Kim (2000) (on Republic of Korea); Chang (2005) (on Taiwan), Attané and Scornet (2009) (on Vietnam and China) and Guilmoto and Kulkarni (2004) (on India).

Table 6.3 Sex ratio by birth order in Republic of Korea, China, India and Vietnam

	First birth	Second birth	Third birth or Third and higher	Fourth birth or Fourth and higher	Fifth birth and higher
Republic of Korea (1994)	106.0	114.1	204.8	–	–
Republic of Korea (2000)	106.2	107.4	141.9	167.6	–
Republic of Korea (2009)	105.1	105.8	114.4	114.1	–
China (2000)	107.1	151.9	160.3	156.9	–
China (2005)	108.4	143.2	156.4	141.8	132.8
China (2010)	113.7	130.3	161.6	145.9	–
India (2002)	110.7	112.1	116.1	108.7	114.0
India (2005–2006)	118.6	131.2	119.5	–	–
Vietnam (2009)	110.2	109.0	115.5	–	–

Sources: for Republic of Korea in 1994: Kim (2005); in 2000 and 2009: Statistics Korea, available at http://kostat.go.kr; for India in 2002: Sample Registration Survey, 2002, in Bhargava and Hiremath (2005); in 2005–2006: Ramaiah et al. (2011); for China, 2000 and 2010 censuses (PCO 2002, 2012) and 2005 survey (NBS 2007); for Vietnam: MPI (2011)

6.3 Contrasting Situations in Different Countries

As mentioned earlier, male mortality is usually higher than female mortality at every age in life. Moreover, in the first phase of the demographic transition gender gaps in life expectancy at birth tend to increase with gains in life expectancy (Meslé 2004). However, as Vallin (2002) has pointed out, under certain circumstances, the female advantage can be cancelled out by behavioural and socioeconomic characteristics that result in almost equal chances of survival for both males and females or even in excess female mortality. As demonstrated by Perrenoud (2003), this situation can also represent a specific period in the health transition, characterized by the persistence of diseases that claims more girls' lives than boys'. That is particularly the case in China, as we have seen, but also in Pakistan, Bangladesh and India (Table 6.4), whereas Republic of Korea is the exception, with male mortality now in line with levels observed elsewhere.[5]

6.3.1 Excess Female Mortality in Several Asian Countries

In China, the gender gap in life expectancy at birth was around 3 years in the early 2000s (2.9 years according to the statistics adjusted by Banister (2007), and 3.5 years according to United Nations data (UN-WPP 2008)), which is smaller than the gap observed in other

[5] In 2005–2010, life expectancy at birth in Republic of Korea was 75.9 years for men and 82.5 years for women (UN-WPP 2008). Note, however, that excess female child mortality was observed in Republic of Korea in the 1960s and 1970s (Choe 1987).

Table 6.4 Life expectancy at birth and gender gap in selected developing countries, 1980–1985 and 2005–2010 (years)

	Both sexes	Male	Female	Gap (F – M) (years)
1980–1985				
Pakistan	58.3	58.5	58.4	–0.1
India	56.0	56.1	56.0	–0.1
Bangladesh	49.4	48.9	50.2	+1.3
China	66.4	65.3	67.6	+ 2.3
Egypt	58.2	57.0	59.5	+ 2.5
Haiti	51.4	50.0	52.7	+2.7
Mauritania	53.9	52.3	55.5	+ 3.2
Malaysia	68.0	66.0	70.0	+ 4.0
Thailand	67.8	65.2	70.7	+5.5
2005–2010				
Pakistan	66.3	66.0	66.7	+0.7
Bangladesh	65.9	65.0	67.0	+2.0
India	63.5	62.1	65.0	+2.9
China	73.0	71.3	74.8	+ 3.5
Yemen	62.3	61.1	64.4	+3.3
Egypt	70.0	68.3	71.8	+3.5
Brazil	72.3	68.7	76.0	+8.7
Myanmar	61.2	59.0	63.4	+4.4
Malaysia	74.2	72.0	76.7	+4.7
Thailand	68.8	65.7	72.0	+7.3

Sources: UN-WPP (2008)

countries with similar levels of life expectancy at birth, such as Malaysia, Egypt and Brazil. The narrow gap between male and female average life expectancy, which crystallizes gender inequality, is even more striking in India, Pakistan and Bangladesh. In those three countries, the situation has improved since 1980–1985, when the two sexes had almost the same life expectancy, since 25 years later women had a higher life expectancy than men. However, the gap is narrower than in Myanmar, for example, and in India it is comparable to the gender gap in Yemen, where life expectancy at birth is lower.

Alongside some west African countries like Mali, Niger and Burkina Faso, and some central and southern African countries heavily impacted by the AIDS epidemic (like Malawi, Botswana, Swaziland and Zimbabwe), Pakistan and Bangladesh have one of the world's smallest gender gaps in life expectancy: 0.7 and 2 years, respectively, in 2005–2010.[6] But they have better socioeconomic conditions than those three west African countries, ranked last in UNDP's Human Development Index (HDI)[7] in 2008: of the 179 countries in the ranking, Niger

[6] Ibid.

[7] The Human Development Index (HDI) was developed by the United Nations Development Programme (UNDP). It combines the following indicators: life expectancy at birth, adult literacy rate, gross enrollment ratio in primary, secondary and tertiary education, and per capita GNI (PPP US$), to give an overall level of human development in the countries measured. The ranking presented here, for 179 countries, was established in 2008.

Table 6.5 HDI rank in 2008 and gender gap in infant and child mortality in various countries, 2005–2010

		Infant-and-child mortality, 2005–2010 (per 1,000 live births) (b)		
	HDI 2008 rank (a)	Boys (B)	Girls(G)	Difference [(G – B)/B × 100](%)
China[a]	94/179	34	47	+37.9
India	132/179	77	86	+11.7
Pakistan	139/179	85	94	+10.6
Bangladesh	147/179	58	56	–3.4
Egypt	116/179	42	39	–7.1
Tunisia	95/179	24	21	–12.5
Mauritania	140/179	128	112	–12.5

Sources: (a) UNDP (2008); (b) UN-WPP (2008) except for China (in 2000): Banister (2007)
Note: [a]In 2000

came 174th, Mali 168th and Burkina Faso 173th. Pakistan was 139th, and Bangladesh 147th (UNDP 2008).[8]

It is in early childhood, however, that gender inequality in relation to the probability of dying is the most stark. Under ordinary circumstances, i.e. when children of both sexes are treated equally, the male disadvantage in terms of infant and child mortality is around 20 % (Hill and Upchurch 1995). The calculations made on United Nations data show that no Asian country examined here reflects that situation, since they all reported higher infant and child mortality for girls than boys in the late 2000s. Excess female infant and child mortality was 11.7 % in India and 10.6 % in Pakistan , while in Bangladesh, boys and girls had almost the same life expectancy before age 5 (Table 6.5).

None of these countries, however, has a level of excess female child mortality as high as that of China in 2000. By way of comparison, in Muslim countries like Tunisia, Egypt and Mauritania, which have lower human development levels, the rule of higher male mortality before age 5 is observed. Furthermore, excess female mortality is usually not independent of the gender composition of offspring. In Pakistan, and in the region of Matlab in Bangladesh in particular, excess mortality of girls before age 5 is especially acute in families that already have a daughter (Alam et al. 2007; Croll 2000).

6.3.2 Neglect of Daughters: A Recurrent Practice

While infanticide is now only a marginal practice in China, and no longer exists in Republic of Korea and Taiwan, is still rife in Pakistan and in several Indian states (especially Gujarat, Rajasthan, Uttar Pradesh, Bihar, Punjab, Madhya

[8]Human Development Index, UNDP: http://hdr.undp.org/en/statistics/

Pradesh and Tamil Nadu), where the practice is regularly documented (Croll 2000; Vella and Oliveau 2005). In rural parts of Tamil Nadu, in particular, female infanticide was still on the increase in the 2000s: formerly limited to the lowest castes, it gradually spread to all social classes. On the scale of the country as a whole, however, infanticide only contributes marginally to the female deficit at early ages. Excess female mortality before age 5 is therefore attributable chiefly to discriminatory practices, mainly in health and nutrition. In Pakistan and Bangladesh, discriminatory treatment towards girls likely to lead to premature death is not found in access to food, but rather in unequal access to healthcare (Muhuri and Preston 1991). In both those countries, as in China, parents seek medical care less systematically and spend fewer resources on a sick daughter than on a sick son (Alam et al. 2007; Mehtab 2005).

In India, excess female mortality before age 5 can be attributed to differential treatment in terms of food, healthcare and affection (Miller 1981; Das Gupta 1987). Reduced access for girls to preventive and curative healthcare appears to be the main factor in excess mortality, especially in the northern states (Barcellos et al. 2010; Basu 1989). There are major differences between girls and boys, particularly in rates of vaccination against the major childhood diseases, which are significantly lower for girls in several northern states, a pattern that is not as visible in the southern and western states. Moreover, access to preventive and curative healthcare decreases for girls as their birth order increases (Arokiasamy 2007).

6.4 Deeply Patriarchal Asian Societies

6.4.1 Preference to Sons Over Daughters

Sons maintain the family line

Drawing out the social, cultural and economic factors that drive these Asian populations to discriminate against their daughters is complex. Some national and local studies nevertheless shed some light on these issues. It has now been established that sex-selective abortions and neglect of girls leading to excess mortality account for the majority of the deficit of girls observed (Banister 2004; Xie 2002). These practices are directly related to the status of women in Asian societies, which share cultural traditions that maintain women in an inferior position. These traditions have been clearly identified, and extensively explored in many studies (Attané 2005; Croll 2000; Chun and Das Gupta 2011; Guilmoto 2004; Miller 1981): a patriarchal system, patrilineal families, inheritance rules for family assets, a socialization process that encourages women to be submissive to their husbands and in-laws, and arranged marriages are all practices that give social preference to sons over daughters. A son is required to maintain the family, continue its name and ensure its social and biological reproduction. People acquire prestige by raising a son, whereas the birth of a daughter is not always welcome. In Chinese culture, the absence of a male

heir means the extinction of the family line and of ancestor veneration (Pimpaneau 1990). In Korea, men are traditionally under tremendous pressure to bear a son, and this pressure is even higher on the firstborn son, who has a greater responsibility in taking care of elderly parents (Chun and Das Gupta 2011). In Hinduism, not having a son condemns parents to eternal wandering because traditionally it is the son who performs his parents' funeral rites (Das Gupta et al. 2002).

The tragedy of the dowry system

In Bangladesh, where patriarchy and Islam are deeply entrenched in society, male domination is the norm. In that country, as in India, daughters are considered as a burden mainly because of dowries, i.e. the goods that the family gives to their daughter's husband (or his family), while sons are highly valued because of the potential wealth they represent for their families (Alam et al. 2007). In India both in high castes and among the Untouchables (Dalits), thousands of women die every year in "sari fires" – their saris burn "accidentally" – if the dowry they give to their family-in-law is considered insufficient.[9] In Bangladesh, women are also murdered for failing to pay a dowry.[10] In Pakistan, the preference for sons is defended mainly for economic reasons, since a son is considered the only descendant who can take care of his parents in their old age (Mehtab 2005). In China, where dowries represent only a small part of the goods exchanged at a wedding,[11] daughters are disadvantaged by patrilocality. According to tradition, daughters must look after their parents-in-law when they are old; unable to take care of their own parents, they are seen by their own families as a "wasted" investment.

An economic context that aggravates discrimination

Poverty, material and family considerations, attachment to tradition and economic calculations are all factors behind the discrimination against girls. In these different societies, as in China, discrimination against girls ties in with the better economic opportunities available to men in adulthood, which encourages neglect of daughters. Despite a high female workforce participation rate in some cases, as in China for instance, the social and economic role of women is, in social representations, still limited mainly to the domestic sphere. Women's work still enjoys little social recognition, even though women make an increasing contribution to household income.

These societies – Confucian, Muslim and Hindu – which seem very different from each other, nevertheless present some similarities. However, far from concerning all

[9] Brisset (1995).

[10] Concluding Observations Committee on the Elimination of Discrimination against Women: Bangladesh, 12 August 1997, Committee on the Elimination of Discrimination against Women, United Nations <http://www.wfrt.org/humanrts/cedaw/cedaw-bangladesh.htm>.

[11] Prevails a system of "matrimonial compensation" or "bride price", which is the goods transferred from the groom's family to the bride's family on the wedding. With the increase in the cost of living due to economic reform, marriage is becoming increasingly expensive for the groom and his family.

couples independently of their social, economic or religious status, these discriminatory practices are, on the contrary, fairly closely linked to the characteristics of certain sub-populations. In the case of India in particular, prenatal sex determination with a view to sex-selective abortion is much more common among the more affluent and educated classes (Bhat and Zavier 2007). Paradoxically, the mother's level of independence also appears to be a factor determining the probability of being born a girl or a boy, since the most independent women have recourse to sex-selective abortion more than other women (Sutapa 2005). A similar observation is made for China, where the youngest and best educated women, especially in the cities, make more systematic use of prenatal sex determination (Bignami-Van Assche 2004). That does not mean, however, that the rest of the population spares its daughters. On the contrary, in China as in India, the preservation of the family's economic assets or means of production – in most cases, land – has a huge influence on son preference. The system for allocating arable land introduced in China during the agricultural decollectivization of the 1980s, on top of a system of inheritance governed by patrilineal rules, encourages many farmers to prefer a son (Bossen 2007). In India, dowry inflation in recent decades, by increasing the threat to families' economic welfare, is clearly one of the main incentives for eliminating a daughter (Guilmoto 2004). Over the past two decades or so, in India and Bangladesh in particular, there has been an escalation of dowries, which can be financially disastrous for the least well-off families, further accentuating the preference for sons. Even in the more affluent Indian families, a daughter is often seen as bad luck. When she marries, the family will have to part with some of the family fortune and give it to their son-in-law's family as her dowry, whereas the marriage of a son implies a substantial inflow of money.

In India, as in China, Pakistan and Bangladesh, a daughter often spends only a short part of her life with her parents. When she marries, she will leave to devote herself to her husband's family. In India, some little girls are called Ayee Gyee, literally "she who is leaving". In China, girls are called Laidi (literally "a boy will follow"), Pandi ("hoping for a son") or Zhaodi ("give us a son") (Mo 2004). According to a Chinese proverb, to raise a daughter is "to plough someone else's field". For Indians, it is "to water your neighbour's garden", because although paying a dowry means lifelong debt for most of them, they have no way to escape the system.

6.4.2 Religion

Religion, which has strong implications for the propensity of couples to prefer a son over a daughter, plays a decisive role in the frequency of sex-selective abortion. Republic of Korea, which counted 47 % Buddhists, 37 % Protestants and 14 % Catholics among its population reporting a religious faith in the mid-2000s, is an interesting example in this regard. Indeed, Buddhism – not only because it is more compatible with Confucian values, highly favourable to sons, than Catholicism or Protestantism, but also because it is the most tolerant of abortion – seems to be an aggravating factor in discrimination against girls via sex-selective abortion (Kim and Song 2007). In India, Muslims and Christians rarely discriminate against their

Table 6.6 Sex ratio in children aged 0–6 years, by religion, India, 2001

Religion	Sex ratio in children aged 0–6	Religion	Sex ratio in children aged 0–6
Hindu	108.2	Sikh	127.3
Muslim	105.3	Buddhist	106.2
Christian	103.7	Jain	115.0

Source: Bhat and Zavier (2007)

daughters, with sex ratios among children in line with the norm, whereas Hindus and, even more so, Sikhs and Jains, appear to be the most inclined to practice sex-selective abortion (Bhat and Zavier 2007) (Table 6.6).

In China, like Republic of Korea, the practice of Buddhism could increase the propensity of couples to eliminate their daughters by sex-selective abortion. This is confirmed to some extent by a survey conducted by Nie Jingbao (2005). To the question "Should abortion be considered equivalent to child murder?", 58 % of the Buddhists surveyed answered "Yes", compared with 96 % of Catholics. In India, China and Republic of Korea, the practice of Islam[12] or Christianity therefore seems to be less associated with discrimination against girls in demographic terms. We have also shown previously that in China, all forms of discrimination against girls and women, including access to education, are lower among Muslims – in particular among the Uighur – than among the Han, the majority ethnic group (Attané 2005).

A combination of many different socio-cultural characteristics in these countries therefore perpetuates the custom of son preference and, in some cases, encourages active discrimination against daughters, despite the economic development that these countries have enjoyed in recent decades.

[12]Certain interpretations of the Koran consider that an abortion performed after the fourth month of pregnancy (120 days), i.e. after the "ensoulment" of the foetus, is a murder. Given that the sex of a foetus usually cannot be determined before that date, this might explain the lower propensity of Muslims to use this practice. In: L'avortement et l'islam. Available at http://www.muslimfr.com/modules.php?name=News&file=article&sid=158. Accessed 19 June 2009.