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# ATTITUDES TOWARDS AND PREVALENCE OF SON PREFERENCE AND SEX SELECTION IN SOUTH ASIAN AMERICAN COMMUNITIES IN THE UNITED STATES

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In 2008, Rep. Trent Franks (R-Arizona) introduced the “Susan B. Anthony and Fredrick Douglass Prenatal Nondiscrimination Act” in the United States Congress to ban sex selective abortion and what the bill calls “race selective” abortion as a way to undermine access to reproductive health care. The bill would outlaw a doctor from knowingly providing a race or sex selective abortion and would require medical personnel to report cases of women suspected of attempting to obtain abortions for these purposes. Since then, legislators in Florida, Georgia, Kansas, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, Rhode Island, Oklahoma and West Virginia have introduced similar legislation. In 2010 and 2011, both Oklahoma and Arizona banned sex selective abortion; Arizona’s law also bans “race selective” abortion.

Whenever such legislation is debated, the purported attitudes and practices of Asians and South Asians are used as evidence of the seriousness of the issue. Accusations about the prevalence of sex selection are increasingly becoming another tactic in the abortion wars, and Asian American women, who are stereotyped and stigmatized, are collateral damage in this fight. Given this context, it becomes even more important to understand the true parameters of this issue in Asian American communities in order to more effectively advocate for Asian and South Asian American women and girls.

This report is about son preference and sex selection in South Asian American communities in the United States<sup>2</sup>. Although this issue might originate in South Asia, the subsequent politics and practices are different in the United States. In South Asian countries, abortion is legal and relatively uncontested. But given divisive abortion politics and the strength of the anti-choice movement in the United States, the issue of sex selection has become a way for anti-choice hardliners to impede women’s decision-making. It is important to keep these contextual differences in mind when studying this topic.

This report summarizes research conducted by Generations Ahead, a social justice non-profit in the United States, within the South Asian American community. This research examines attitudes towards and prevalence of son preference and sex selective practices through focus groups and interviews with and a survey of South Asian American community advocates in the United States. These leaders’ responses provided an overview of community opinions and experiences, and insight into how this issue might best be addressed more broadly.

Ultimately, this report is a call to our communities to work towards discouraging son preference and sex selective practices while protecting the reproductive autonomy of South Asian women in the United States.

<sup>1</sup> The author would like to thank Susannah Baruch JD for her invaluable work writing and editing this report.

<sup>2</sup> Exact definitions vary, however “South Asia” typically includes Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan, and Sri Lanka. Also sometimes included are Burma (Myanmar) and Tibet.

## GLOBAL PICTURE

A preference for boys that may result in sex selective practices and “missing girls” is a powerful social and cultural force in South Asian communities, both in home countries and in the Diaspora. It has a huge and harmful impact on the lives of women and girls, both during a woman’s pregnancy and after a daughter is born. And it has an equally important impact on family life, demographics, health care and public policy at the regional and national levels.

Sex selection is often assumed to occur primarily in China, India, and South Korea. In reality, data show son preference expressed through sex selective practices are leading to notable sex ratio disparities in other countries including Armenia, Azerbaijan, Georgia, Serbia, Belarus, Bosnia, Cyprus, Hong Kong and Singapore (Economist 2010). In the United States there have been two reports of sex ratio disparities emerging in Chinese, Indian and Korean-American families (Abrevaya 2008; Almond and Edlund 2008). Qualitative research has also revealed son preference among Indian immigrant women seeking sex selective procedures in the United States (Puri, Adams et al. 2011).

Discussions about this issue often conflate three distinct but significant social concerns: son preference, sex selection and sex ratio disparities/missing girls.

**Son preference** is a form of gender discrimination and based on the belief that it is more socially, economically, religiously and politically advantageous to have sons and not daughters. It usually encompasses a variety of ways of treating boys differently from girls and can lead some families to undertake measures to ensure at least one boy is born. Son preference is a common characteristic of most cultures and countries. The strength of the preference varies by culture, class

and point in history, and can be expressed in overt and subtle ways, ranging from more familial support and approbation for boys to less food, education and health care for girls. Son preference includes a range of attitudes that can lead to gender biased beliefs and actions, and that are premised on notions of the existence of only two genders (also known as the gender binary). At its core, son preference depends on stereotypical ideas that boys and girls are limited in what they can do based on their biological sex.

**Sex selection** is an overt manifestation of son preference that involves taking action to ensure the birth of a boy, prevent the birth of a girl, and in some extreme cases, allow or cause the death of a girl child. A chart in the appendix illustrates that sex selective actions can be taken before pregnancy, during pregnancy and after birth. Practices may vary based on the intensity of son preference, public policies and social attitudes related to population control and fertility, the state of economic development, the availability of the technologies, and the access to those technologies. For example, in India and China people were more invested in ensuring they had at least one son when the government was encouraging and/or mandating only one or two children per family. Although sex selection is not caused by the existence of ultrasound or newer technologies such as preimplantation diagnosis or sperm-sorting, these technologies may be used in sex selective practices.

Some primarily non-Asian countries including the United States attempt to distinguish sex selection from what they call “family balancing”: the use of sex selective technologies to ensure a child of the sex other than that of existing children in the family. The assumption is that families are just as likely to be selecting for girls as for boys, and that sexism is not the root cause of these practices.

PRE-PREGNANCY	DURING PREGNANCY	AFTER BIRTH
<p>Keep having children until the family has the desired number of boys (and sometimes, girls).</p>	<p>A doctor or technician will determine the sex of the fetus using ultrasound technology, amniocentesis or chorionic villi sampling . If the fetus is not the child the parents hoped for, the sex determination testing is followed by an abortion, usually in the second trimester of pregnancy. The earliest sex determination tests can be done accurately is usually 12-14 weeks of pregnancy. Sex determination testing followed by an abortion is the most common form of selecting for sex in countries like India and China.</p>	<p>Baby girls and older girls can suffer neglect in families that were hoping for boys. There have been reports of girls being denied food, health care, and education.</p>
<p>Eating certain foods or having sex in certain positions, during specified times of the month, or while in the presence of particular superstitious objects are often believed to (unscientifically) increase one's odds of having a boy.</p>	<p>New techniques of testing fetal cells in maternal blood are in development that promise to reveal fetal sex as early as five weeks of pregnancy. Within a few years, newly pregnant women will be able to test their own blood for fetal DNA to reveal the sex of the fetus in the first trimester.</p>	<p>Female infanticide occurs when families that were hoping for boys don't take the necessary actions to ensure the survival of baby girls, either through killing the baby or through neglect which can lead to death.</p>
<p>Before insemination or fertilization, sperm is separated into X and Y-chromosome sperm and then used in intrauterine insemination or in-vitro fertilization. Currently, MicroSort, a company based in Fairfax, Virginia that is seeking Food and Drug Administration approval for open marketing, does the most effective form of sperm sorting. While this technique does not guarantee a particular sex, it is 91% effective for selecting for females and 76% for males. The cost for sperm sorting can range from \$3,000–\$15,000 per attempt, depending on whether it includes in-vitro fertilization.</p>		
<p>Using preimplantation genetic diagnosis (PGD) to select for sex is one way to guarantee the sex of an embryo before implanting it in a woman's womb. Used in conjunction with in-vitro fertilization, a single cell is extracted from a fertilized egg to test for sex. Initially, like ultrasound, amniocentesis and chorionic villi sampling, PGD was developed to test for disabling genetic conditions in embryos. Once the embryos in the petri dish are tested, only the embryos of the selected sex are implanted for pregnancy. PGD costs between \$25,000 – \$30,000 and is usually the best guarantee for getting pregnant with a boy.</p>		

However, family balancing also implies that the desired norm in families is one child of each sex, reinforcing a heterosexual and gendered concept of an ideal family. Ironically, even in countries like India with notable sex ratio disparities, most families do not exhibit a strong preference in the

sex of their first child—only when the first child is a girl do families become invested in ensuring the second one is a boy. In that sense, most people who use sex selective techniques, in the United States and abroad, are practicing “family balancing.”

**Sex ratio disparities and “missing girls”:** Sex ratios are tabulated at the population level and are used to describe the number of males to females in a population. In several countries in East, South and Central Asia, researchers and statisticians have documented disproportionately male child sex ratios. In certain counties or districts the disparity can be as high as 130 boys to 100 girls at birth. Mara Hvistendahl, in her recent book *Unnatural Selection*, argues that the deficit of missing females in Asia is as high as 160 million at the population level (Hvistendahl 2011).

A natural sex ratio is typically on average 105 boys born for 100 girls. (Hvistendahl 2011). According to the World Health Organization, because boys are biologically more vulnerable than girls, male mortality before 5 years of age is normally 10–20% higher than female mortality. Thus, there is a decline in the sex ratio during childhood and as a cohort ages, often resulting in a sex ratio below 100 (i.e. fewer men than women) later in life.

## SON PREFERENCE AND SEX SELECTION IN THE UNITED STATES

For all the important gender equity victories in the United States, Americans – as a whole and across demographic groups -- maintain a preference for sons across demographic groups. A 2011 Gallup study notes that when asked if they could only have one child, Americans prefer having a boy to having a girl by 40% to 28%, a predilection that has not changed significantly since 1941. Men prefer boys to girls by 49% to 22%; American women do not demonstrate a strong preference. (Gallup 2011).

Whether this son preference translates into a significant use of sex selective technologies among any communities in the United States is unknown. The data are scarce. One study on attitudes towards sons and sex selection technology found that there is a

In India, where ratios are reported differently, 2001 Census revealed a sex ratio of 927 girls to 1000 boys, down from 945 per 1000 in 1991 and 962 in 1981 (Office of the Registrar General and Census Commissioner 2001). The sex ratio disparities in India vary substantially by region and level of urbanization. Sex ratios in Southern India tend to be normal while there are significantly more disparities in northern states. And, contrary to many suppositions, sex ratio disparities are more prevalent in urban areas, in more affluent and educated households.

Not all sex ratio disparities in a population can be attributed to sex selective practices, and not all son preference is expressed in the form of sex selection. However, all three—son preference, sex selection and sex ratio disparities—are intimately related. Sex selective practices and sex ratio disparities are rooted in and expressions of son preference and sexism, and perpetuate the stereotypes and prejudices that lead to increasing gender-based discrimination and disparities.

significant overall preference for firstborn males and a willingness to use sex selective technologies. (Swetkis and Gilroy 2002). Both sperm sorting and sex selection through IVF and preimplantation genetic diagnosis are openly available in the United States.

In the South Asian and Asian American community in the U.S., two studies published in 2008 document the emergence of sex ratio disparities (Abrevaya 2008; Almond and Edlund 2008). Douglas Almond and Lena Edlund, using data from the 2000 US Census, looked at sex ratios in Chinese, Korean and Indian American families. They found that while the sex ratio for first-born children was normal (1.05 males: 1 female) for subsequent children there was a notable bias towards

boys. When the first child was a girl, the sex ratio for the second-order children was 1.17 males: 1 female. And, if the first two children were girls, the sex ratio disparity increased to 1.51 males: 1 female (Almond and Edlund 2008).

Jason Abrevaya also published a report on “missing girls” in the United States in Chinese and Indian American families. Analyzing birth data since 1980, Abrevaya notes more boys than girls in the sex ratios at birth, notably for 3rd and 4th born children, and that Indian American women who already have daughters are more likely to have terminated a pregnancy before giving birth to a boy (Abrevaya 2008).

In another study, 65 immigrant Indian women in the United States were recruited and interviewed

about their use of sex selective techniques not available to them in India. Only women who had pursued sex-selective techniques were included in the study. Author Sunita Puri describes the family pressure and abuse faced by these women when they failed to meet their families’ expectations to have sons. Some pursued pre-pregnancy techniques; while others terminated pregnancies when it was determined they were carrying a female fetus.

Although some anti-choice legislators have attempted to use Puri’s article as evidence of the need for abortion bans, the stories of these women are best understood as illuminating the extraordinary pressure (including verbal and physical abuse) that some women face to have sons, and their relative powerlessness in their own family and social circles (Puri, Adams et al. 2011).

## ROOT CAUSES IN A GLOBAL CONTEXT

Globally, son preference and sex selection due to son preference relate to a range of culturally and historically specific social, political and economic factors that intersect and interact in complex ways. The table below gives some of the factors that, when present together, create an environment ripe for son

preference and/or sex selective practices. And although these factors may be strongest and the practices apparently more common in communities outside the United States, many of the sentiments motivating these practices are the same in the United States, particularly in immigrant communities.

### CONTRIBUTORS TO SON PREFERENCE AND SEX SELECTION IN ASIAN COUNTRIES

SOCIAL	POLITICAL	ECONOMIC
<ul style="list-style-type: none"> <li>• Marriage systems include dowry payments, women joining the husband’s family, only sons carry on the family name and live with extended families</li> <li>• Women’s status in the family and community related to having sons.</li> <li>• Only sons/men able to perform religious and funeral rituals for parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Population control policies and the push for smaller families, such as the one or two-child policy increase investment in having at least one son.</li> <li>• Access to health care and support for abortion rights.</li> <li>• Land and inheritance policies that benefit men and sons, or that require land/inheritance to be divided up equally. Families resist allocating inheritance to daughters because it is seen as transferring the asset to her husband’s family.</li> </ul>	<ul style="list-style-type: none"> <li>• Sons expected to provide for social and economic security for aging parents.</li> <li>• Women’s low labor force participation means they bring less income into the family.</li> <li>• A country’s stage of economic development is linked to family size and social safety net. A more developed country means less dependence on larger family size and sons in particular.</li> </ul>



## GENERATIONS AHEAD RESEARCH: SEX SELECTION IN THE SOUTH ASIAN AMERICAN COMMUNITY

In order to better understand how these issues play out among South Asians in the United States, in 2010 Generations Ahead began doing research to identify and document trends and attitudes about son preference and sex selection. Through a survey, key informant interviews and three focus groups, Generations Ahead sought to gain a better sense of community attitudes towards and prevalence of sex selective practices and beliefs and to engage community members and organizations in discouraging practices that perpetuate gender biases and inequality.

This research project focused primarily on South Asian and Asian community advocates and leaders. A 70-question survey was sent to 136 community advocates and leaders, of whom 56 responded (41% response rate). Nine in-depth phone interviews were conducted with South Asian community advocates working to end domestic violence, advance reproductive justice or civil rights, and produce feminist media. The research was then rounded out with three focus groups of advocates and community members in Oakland, Cerritos, and San Jose, California. Of the three groups, two included a mix of men and women.

Several noteworthy themes emerged through this research:

### **1. Participants voiced multiple concerns about son preference and gender inequality.**

Community members understand sex selection as a symptom of son preference and gender inequity. Son preference is viewed as a deeply rooted cultural desire that often harms women, girls and even boys.

Almost 90% of survey respondents felt that boys and girls are not valued equally in home countries and even in the United States. One interviewee expressed

it by saying, “Overall, I think there is a large disparity in the way in which boys and girls are valued: you can see this in families who have had multiple girls in order to have a boy. As the number of daughters increases in a family, the value of a daughter decreases.”

As another respondent put it, “There is a huge difference in the way boys and girls are treated by parents and the larger society. Girls do not have access to many privileges and opportunities that boys take for granted. For example, education, choosing professions, marrying by choice, etc.”

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Several noted that for many families, having a son brought a feeling of “completion” to the family; that a son made for a “perfect” family.

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Focus group participants described in vivid details ways in which sons and daughters were treated differently with regard to educational expectations, household chores, curfew, respect and support. One described how her parents saved money for their son’s college tuition, but expected their daughters to get scholarships.

Research participants described son preference both as a part of South Asian “old norms and cultural bias” and a deeply rooted, if irrational, desire. One woman said, “This comes from a deep seated notion that having, (sic) if your first child is a boy, it’s kind of fortunate.” Several noted that for many families, having a son brought a feeling of “completion” to the family; that a son made for a “perfect” family.

However, a few participants were suspicious of the justifications for son preference in the United States.

Some noted that life has changed: having a son is no longer a guarantee of the kind of social and economic security for aging parents that people referenced. Sons move away, daughters increasingly take care of aging parents, and daughters tend to be more thoughtful and attentive in parental care. A few women described playing the role of the traditional son in Hindu funeral rites.

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Men in the focus groups talked about the kinds of pressures they grew up with in their families—pressures to succeed economically and to take only certain kinds of jobs, pressures to take care of their parents, and pressures to be the hero or “savior” in the family.

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Many commented that son preference and sex selection made girls and women feel “inferior”, “unwanted”, “insecure”, “dispensable”, and as if parental love and acceptance was conditional. A few speculated that this could make young women more vulnerable to being mistreated, misused and abused later on in life. “When a family doesn’t value girls, they grow to be young women who are craving perhaps acknowledgement and recognition” as well as love and acceptance, a craving that can lead to vulnerability to violence. Son preference was perceived to lead to extreme pressures on some women by husbands, families and in-laws to produce a son, including, in some cases being coerced into having a pregnancy or an abortion a woman does not want.

Some also noted that the practice was also harmful to boys and men. Men in the focus groups talked about the kinds of pressures they grew up with in their families—pressures to succeed economically and to

take only certain kinds of jobs, pressures to take care of their parents, and pressures to be the hero or “savior” in the family.

Son preference sets up a dynamic where sons are revered, both by parents and by sisters. A young woman relayed this description of her cousin who had been born after five sisters, “The youngest son, he can do anything. He’s spoilt. He’s never been hit. He’s only two years old and he’s kinda like the man of the house. He’s ruling over his sisters.” Yet this veneration sets men and boys up to struggle later on. “They are growing up with the wrong notion of who they are and their place in the world. They grow up thinking that they are special. Then they grow up and realize that they are really not. The real world doesn’t recognize them as anything other than normal, ordinary.”

## **2. Respondents are not sure about the prevalence of sex selection.**

The prevalence of sex selective practices in the United States among South Asians is unclear. Asked about sex selection in the United States, most community members and advocates would begin by talking about what they knew of the issue from their home country, often recounting varied and troubling stories about family and friends who had done it. Pressed about their experience in the United States, few had first-hand knowledge, although most were personally familiar with son preference.

In the survey, almost three quarters of the participants responded they “never or rarely” knew community and/or family members in the United States who had practiced sex selection. More than half were personally and professionally unaware of anybody in the United States who had done it. Long-time domestic violence advocates who staff help lines could recount only one or two instances in which they heard about a pregnant women pressured or abandoned by her husband or coerced by her in-laws to have a sex selective abortion.

Most, however, assumed that the practice was going on in the United States, just that nobody was talking about it. As one woman noted, “I am not aware of anyone who has [done sex selection]. I haven’t seen this, but this doesn’t mean that it hasn’t happened. It’s not the type of thing people discuss.”

As one advocate concluded, “There is so much hearsay, so much presumption. It’s not good statistical data, but its certainly the stories [of pressure on women to produce sons] do give you some inkling about daughter disfavor and son preference. There is no doubt about that.”

### **3. Participants voiced mixed feelings about regulating sex selective practices.**

Ninety percent of survey participants and all the focus group participants and interviewees felt strongly that sex selection is unacceptable and harmful. However, some feel that if son preference is so strong within some families, it is better to use sex selective technologies to have a son than to have another daughter and treat her poorly. “I think sex selection is the symptom of the disease rather than the disease; if parents don’t want a girl, better that they should be able to choose a boy than be stuck raising a child they don’t want.”

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“You cannot restrict women’s autonomy—dealing with sex selection issues is through community education not legal restraint.”

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Others emphasized that it is critical to consider the context in which a woman may make a decision about sex selection. For some women it may be that using sex selective technologies is a strategic act to try to raise one’s social status within the family and community or sometimes, simply an effort to keep

herself safe. “Due to the low value placed on girls and women, sometimes bearing a boy is a life and death situation for a woman. Women are almost always blamed for the sex of their child, so there is always pressure on the mother to have birth to a boy. Because of this, I find it difficult to say that this practice is unacceptable.”

While some survey participants showed an interest in explicitly curbing or regulating sex selection, other participants in the interviews and focus groups expressed strong reservations about any questioning of women’s reproductive decision-making and feared legislation would limit their access to abortion. When asked if there should be a ban, one participant answered, “You cannot restrict women’s autonomy—dealing with sex selection issues is through community education not legal restraint.” Another noted, “[P]utting a ban on a practice may leave women without choices.... Again, there are greater issues involved that need to be examined alongside this practice.”

### **4. Respondents demonstrated consensus around addressing son preference in their communities.**

In general, participants viewed son preference, and the resulting sex selection as a social and cultural practice and believed that the way to address the problem was to change norms. The importance of understanding sex selection as expressing and reinforcing son preference was noted throughout the surveys, focus groups and interviews.

Several participants wanted more information before they felt confident about recommending ways to address the issue. Quite a few prefaced much of what they said with “I don’t have the experience or data to answer these questions.”

Some of this perceived lack of information was due to lack of clarity about the prevalence in South Asia and in the United States of sex selection. Others felt that people in the community didn’t talk about sex



selection openly because of shame, stigma, and denial. One advocate compared sex selective practices to other “unspoken problems within our community” like domestic violence and child abuse.

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For many, an important consideration in starting these conversations is to ensure they are community initiated and driven, not by people outside the South Asian American community.

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Given that some of the social and economic factors that drive sex selection in South Asian countries no longer apply in the United States, some participants expressed genuine confusion about the persistence of the practice in the United States. As one woman said, “Give me three good reasons why you would need a boy in this country. Not some reason from home. Things have changed such that a son doesn’t definitely mean social security and having a daughter doesn’t definitely mean not having social security.” As one advocate noted, “I can’t do anything until we’ve immersed ourselves in the community and really understand why is it that people feel compelled to want to do that. What are the reasons why they feel like girls, in this day and age and with all that is available, cannot provide parents with what they are looking for?”

For many, participating in the focus groups and interviews or completing the survey was the first time they had thought about this issue and several participants expressed their appreciation for the opportunity to explore it. Several focus groups participants were so engaged and energized by the discussions that they offered to host additional focus groups in different parts of California or with specific segments of the community.

Community conversations, people believed, would be the best place to increase awareness of son

preference in South Asian American communities and would also help open up spaces for people to admit or notice that it was going on. As one interviewee described it, “First and foremost we should just start having the conversations, and actually just start talking about [it]. A lot of my experiences come from, you know, hearsay, like through my mom or whatnot because the conversations are not being had.”

Participants also felt that it would be important to begin these conversations in non-judgmental ways. These conversations would need to occur in “safe spaces” given how much stigma and potential violence is attached to admitting to seeking or participating in sex selection, and how resisting the pressure of husbands or other family members may also risk a woman’s safety. The way to create this safe space would be to begin the conversation not with sex selection, but with discussions about family dynamics and how girls and boys are treated differently. The goal of the conversations would be both the raise awareness of the issue, but mostly to unpack the desires that lead to sex selection. Only through deepening awareness did people feel the underlying factors would change.

For many, an important consideration in starting these conversations is to ensure they are community initiated and driven, not by people outside the South Asian American community. Four South Asian domestic violence prevention organizations expressed an interest in working on this issue but noted that they lacked the resources to prioritize this in their work. Two organizations mentioned the ways that they were integrating addressing sex selection in some of their outreach and education work in peripheral ways, but they were generally unsatisfied with what they were able to accomplish. The one organization that was able to make a significant commitment to beginning community conversations was able to do so because they received some specific funds for the project.

## CONCLUSION

Although much is still unknown about sex selection and son preference in South Asian American families, this research offers three critical conclusions.

First, sex selection must be understood and addressed within the broader context of son preference. Among research participants, there was almost no first-hand knowledge of sex selection but there was significant concern about son preference and gender inequality. Participants clearly expressed familiarity with son preference and expressed the belief that it is harmful not only to women and girls, but also limiting to boys who grow up with heavy familial obligations or stereotyped expectations of their achievements and interests. Most participants in this research felt that the only way to eliminate sex selective practices was to stop the preferential treatment and valuing of boys and men.

Second, there are clear preferences against any policies or legislation banning sex selective abortions or techniques. The sense was that this approach is not the solution to the problem. Legislation would only attempt, unsuccessfully to curtail a symptom without addressing the root cause and might make the lives of South Asian women and girls more difficult.

Third, many advocates felt that community conversations to unpack the gender and family dynamics, raise awareness and collect more information should be the first and most important steps in addressing both sex selection and son preference. Participants seemed eager to dig in more deeply into how this issue is playing out in the South Asian Diaspora, and to figure out ways to address it in context.

Ultimately, sex selection and son preference in the South Asian diasporic community is a complicated

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Clearly, the first step is to start having conversations about the root causes of son preference and sex selection and what can be done to address each, rather than leaving this topic to state and federal legislatures.

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issue requiring good data and nuanced cultural and political analyses to develop effective responses. Even domestic violence organizations working in South Asian communities do not necessarily address the issues of son preference and gender disparities in their community work. Clearly, the first step is to start having conversations about the root causes of son preference and sex selection and what can be done to address each, rather than leaving this topic to state and federal legislatures. ❌

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