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From South Asia to Diaspora: Missing Women and Migration

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Abstract

The modernisation paradigm is here tested and found wanting in a very particular context; the experience of the migrant. Women in South Asia have a biologically abnormal chance of mortality from conception until their mid-30s. This phenomenon is thought to be related to a range of economic and cultural factors, which include sex-selective abortion and gender-biased allocations of health care and nutrition. There is scant research on the manifestation of this phenomenon after migration to developed countries. The modernisation paradigm suggests that migrants will quickly adopt the norms of the host developed country. Some of the proximate causes that generate the excess mortality of females in South Asia are, indeed, not likely to be operational in a developed country; namely, female infanticide and deprivation of nutrition and health care for girls. However, the cultural preference for sons in South Asia has persisted following migration, while the specific way in which this preference is satisfied has changed: sex-selective abortion is replacing post-natal neglect of, and harm done to, girls and women. In some cases, further empirical work is required if the issue of how South Asian practices of gender discrimination might be manifest in the behaviour of migrants to the UK.

Keywords

Son preference, infanticide, sex-selective abortion, migration, missing women

1. Introduction

Traditionally, sociological and economic theorising has considered the developed (modern) world to constitute the future of the developing (traditional) world. As two noted modernists phrased it:

The bourgeoisie, by the rapid improvement of all instruments of production, by the immensely facilitated means of communication, draws all, even the most barbarian, nations into civilisation.

(Marx and Engels, 1967:84)

Modern societies are said to be dominated by a high degree of social mobility and an egalitarian class system that is based on occupational achievement. Family and other primary groups are supplanted in modern society by consciously organised secondary associations that have more specific functions, such as bowling clubs and trade unions (Huntingdon 1971). Modernisation is also commonly regarded as an homogenising process that involves the convergence of living standards, health, and life expectancy. Empirical research has uncovered a broad negative relationship at the international level between per capita GNP and mortality/fertility levels (Murthi *et al.*, 1996).

This paper examines the notion of modernisation in a very particular context; the experience of the migrant. It is in this context that modernisation has also acquired a political dimension, which is manifest in the teaching of ‘citizenship’ and the debate about the alleged self-imposed isolation of various migrant communities from the British mainstream. We outline three ways in which migrants can react to their new host community. (1) *Convergence*: the migrant community will face the incentives and constraints of a developed economy and quickly adopt the cultural norms of the host. (2) *Cultural freeze*: migrant communities may seek to preserve their cultural identity in a new environment. (3) *Compromise/adaptation*: the cultural practice of migrants will adapt in some way, but not precisely by convergence or cultural freeze.

While the paradigm for modernisation forms our first point of reference, the second is provided by Sen’s (1998) view that ‘mortality is a good indicator of economic success and failure’. Mortality is a rough measure for the sum total of influences, both positive and negative, on an individual’s well-being, morbidity, provision of health care, working conditions, environmental conditions, and so on. Gender-specific mortality and, in particular, the biologically excessive mortality of girls in South Asia, is used here as a rough measure for all the factors that influence the status and well-being of women in society. If we use mortality as the absolute standard by which social progress is to be judged, we can explore how groups that migrate from South Asia to the UK measure up to that standard. This paper concerns principally migrants from India, but also considers migrants from Bangladesh and Pakistan. In addition, information from Nepal and Sri Lanka is drawn upon.

The remainder of the paper is organised as follows. Section 2 illustrates how the ratio of males to females in India has increased steadily throughout the twentieth century. It also presents estimates of the total number of missing women in South Asia and the

rest of the world. Section 3 presents in some detail the three ways in which migrants may react to their new environment. Using the framework of Section 3, Section 4 focuses on how excessive female mortality in South Asia may be relevant for (mainly) the UK. The underlying determinants that have been proposed to explain excessive female mortality are as follows: religion, region, Sanskritisation, poverty, female literacy and fertility, patterns of female labour force participation, and dowry³. Section 5 looks at the proximate causes of excessive female mortality in South Asia and discusses how relevant they may be for the UK. These causes are female infanticide, gender bias in nutrition and health care, and sex-selective abortions. Section 6 discusses some of the wider implications of these findings. Section 7 concludes.

2. Sex ratios in South Asia and missing women

Many factors influence the biological sex ratio. These include race, timing of conception, whether the mother smokes, whether parents are both right-handed, whether pregnancy occurred during a war, hormonal factors, and the incidence of Hepatitis B (Sieff, 1990; Oster 2005; Jha *et al.*, 2006). These factors tend to cancel each other out overall and the biological norm for the male-female ratio at birth is around 0.952. This ratio has remained very stable since the first (non-Indian) statistical measurements were made in 1770 (Hesketh and Zing, 2006). However, since the first all-India census in 1901, there has been a trend towards a greater percentage of males in the population. Between 1901 and 1991, the male-female ratio increased from 1.029 to 1.079 in India as a whole (Dyson, 2001:342). Within the context of this overall trend, the male-female ratio in India varies widely by state: from high figures in Haryana (1.161), Punjab (1.145) and Uttar Pradesh (1.109) in the north to low figures in Kerala (0.945) in the south.

A preference for sons *simpliciter*, in the absence of other factors, cannot explain the discrepancy between the expected male-female ratio and that in India. There is evidence that couples in India who have fewer sons want more children (Clark, 2000; Roy *et al.*, 2003). However, acting on the desire to produce more sons will lead to higher fecundity but not change the gender balance of the population. Some couples will achieve the desired number of sons early and so have small families, while others will have larger families and more girls. Deliberate intervention is needed to alter the gender balance. The trend towards a greater bias of males as measured by the gender ratio in India is the phenomenon of ‘missing women’.

It will be shown below that the phenomenon of missing women is due to the excessive mortality of girls, both pre- and post-natal. Two problems lie in the way of calculating the number of missing women in any society. The first is that for calculation to be possible, it is necessary to estimate the discrimination-free sex ratio to provide the standard against which the number of missing women can be determined. No society has ever been neutral with respect to discrimination regarding sex; hence, it is difficult to establish what the ratio would be in the absence of discrimination. Common sense dictates that the ratio would be 1, but in actuality, this might not be so; after conception, females ordinarily have a lower mortality rate than males. This is due to such factors as the greater propensity of males to experience

heart attacks, smoking-related illnesses, drowning, falls, and vehicular accidents (Nadarajah, 1983; Basu, 1985). Global estimates of missing women range from 60 to 101m for the mid-1990s⁴. There were 40 million missing women in India, 40.9 million in China and 4.9 million in Pakistan. The highest share is in Afghanistan (though the data are extremely unreliable), where 9.3% of women are missing (Klasen and Wink, 2003:8). To illustrate the extent of the phenomenon of missing women, note that the total estimated figures for missing women are larger than the combined death tolls of both world wars (Klasen and Wink, 2003:264).

3. Missing women and the Indian diaspora

How then, are we to explain the phenomenon of 40 million missing women in India and how does this phenomenon transfer in the context of migration to a ‘developed’ country such as the UK? In this section, a rough framework for the discussion, which consists of three ways in which migrants might respond to their new environment, is presented. The relevance of each of these three ways of responding among the South Asian diaspora (mainly in the UK) is then examined.

A number of preliminary remarks are in order regarding the status and scope of the hypotheses. Firstly, they are not mutually exclusive; there is general evidence to support the presence of all three ways of responding among migrant groups to the UK. Certain aspects of cultural practice are strengthened, others are adapted to accommodate the new environment, and others disappear. Further, with respect to each aspect of cultural practice, the particular way in which migrants respond may be present in varying degrees of intensity. Cultural practice in the context of migration is therefore an empirical question. It is not possible to determine *a priori* how the specific cultural practice of missing women is likely to manifest itself after migration from South Asia to the UK. Secondly, there is a danger of falling into a culturally essentialist trap; that of talking about ‘the’ migration experience of ‘those’ from South Asia. In fact, migrants constitute a widely divergent group of individuals who have followed different paths of adaptation following migration. Thirdly, the migration experience varies according to the duration of stay; it ranges from those who relocate temporarily, perhaps on a short-term working visa, to second- and third-generation British Asians who have contact indirectly with South Asia only through older generations. Fourthly, women are not simply the helpless victims of cultural practice. They can be active agents in the cultural subordination of other women, just as they (and men) can be strident voices of protest against discriminatory gender constructions associated with migration. Fifthly, we are using South Asians as a case study and focusing on the problem of missing women. This should be understood as a case study rooted in a historical migration experience particular to the UK. It cannot be inferred that a preference for sons, gender discrimination, and so on are peculiarly South Asian traits; they are manifestations of wider patriarchal household and societal norms (Purewal, 2003). Such norms can, for example, also be observed in the US, where irrespective of ethnicity, parents with sons are less likely to get divorced and single mothers are more likely to marry the biological father if they have a son (Abrevaya, 2005:2).

It is thus evident that while in the abstract, the presentation of three and only three ways in which migrants might respond to their new environment exhausts all the possibilities, in practice, each aspect of migrant culture needs to be examined on a case by case basis.

3.1. The Convergence Hypothesis

When *convergence is operative*, migrants quickly acquire the incentives, and accept the institutional constraints, of a developed economy. This effect may occur as a result of the surrounding environmental conditions (e.g. social and health care monitoring) or the conscious intentions of migrants, or both. Migrants may emulate their neighbours, which may lead to a convergence of cultural norms. There is strong evidence that such a trend has occurred even in India and that the effect has grown over time. For example, neighbourhood norms in India have a strong influence on levels and trends in fertility at the district level (Guilmoto and Rajan, 2001:729).

Despite such converging trends, there is a danger of viewing convergence in too deterministic a fashion. Even though South Asian migrants to the UK came from relatively few areas of the Indian subcontinent, they have followed diverse strategies and trajectories of adaptation (Ballard, 2002). Gujaratis and those arriving via East Africa utilised small retail businesses as a stepping stone into wholesale trade and professions such as law, pharmacy, accountancy and medicine. One-fifth of those at medical schools in the UK have Indian parents. From the 1980s onwards, these groups have moved increasingly from inner cities to the suburbs. By contrast, Mirpuris and Sylhetis are still largely confined to inner cities. They are much less educationally and socio-economically mobile and tend to predominate in their localities. Neighbourhood effects may act to strengthen cultural conservatism, even after migration. Some 60% of Mirpuri marriages in the UK are still between first cousins (Ballard, 2002:13) and strong remittance relations persist with kinfolk in Mirpur.

According to the 2001 UK census, among the 17-64 age group, Pakistani- and Bangladeshi-British have poorer, while Indian-British have better, educational qualifications than the national average (Modood, 2005: 290). There are signs of convergence over the post-1945 period. There is a clear tendency for later generation South Asian migrants to be better qualified. This is true of those from all three of the main south Asian countries: Bangladesh, India and Pakistan (Modood, 2005: 291). There are some interesting patterns. Among Bangladeshi migrants, 75% have no GCSEs and that figure remains unchanged among first-generation British-born Bangladeshis (*op. cit.* p292). It is only with the youngest age group (16-24 years) that the percentage of people with no GCSEs drops substantially (to 50%). Among migrants from India, educational attainments rise consistently as the amount of time since initial migration increases. The share of Indian-British (18-24 years) in higher education (4.7%) is more than double their share of the population (2%). Among the same age cohorts, South Asians tend to be behind in their early school careers, especially when speaking English as a second language, but catch up and surpass Caucasian British children whilst in secondary school (Modood, 2005).

In terms of social mobility, the first generation of migrants from South Asia did noticeably worse than British-born Caucasians. They earned lower salaries and were more likely to be less-skilled manual workers. First-generation migrants (born between 1940 and 1959) from both Pakistan and India experienced substantial net upward mobility, even in the same generation (Heath and McMahon, 2000: 400). There was another shift among second-generation Indian migrants (born between 1960 and 1979) towards greater upward mobility. While British-born Caucasians are almost equally likely to experience upward as downward socio-economic mobility, Indian-born British are more than five times as likely to experience upward mobility (Heath and McMahon, 2000:402). Even if this represents an improvement from low starting levels, it does demonstrate clear socio-economic convergence among certain groups of migrants. Convergence does not occur according to ethnic origins alone. First-generation women migrants (born between 1940 and 1959) from both India and Pakistan were more likely to experience downward socio-economic mobility. This is particularly marked among Indian women, where the ratio was more than 2:1 (Heath and McMahon, 2000:407). Again, the pattern changes sharply for second-generation British-born Indian women, where the proportion experiencing upward mobility exceeds those experiencing downward socio-economic mobility (Heath and McMahon, 2000: 409).

3.2. The Cultural Freeze Hypothesis

When *cultural freeze* is operative, cultural norms of migrant communities may remain static, as individuals and communities seek to preserve their cultural identity in a new environment (Brah, 1996).

Among British Pakistanis, weddings have become marked by extreme prodigality, despite a more general tendency to maintain high savings and frugal consumption patterns. This has been linked to efforts to reproduce the hierarchical caste system through gifts to superiors and dependants and to strengthen interdependence through the exchange of women and food. Weddings constitute the nexus of this gift economy (Werbner, 1990:268). Indian families in the UK have retained a traditional cooperative attitude towards the allocation of family resources and a hierarchical structure that is usually focused on an elderly patriarch (Kandiyoti, 1998; Gill, 2004). Male domination over women and children in the UK is apparent in decisions about (arranged) marriage, education, and employment (Banerjee and Devaki, 2001). A further characteristic of this traditional hierarchical structure is concern for matters of *izzat* (honour) and its counterpart *sharam* (modesty). Women are associated with shame, especially with respect to any issue of chastity. As a result, the honour of the wider group is undermined when women do not behave according the cultural norms (Peristiany, 1965). There is a strong preference for sons in South Asia (Das Gupta, 1987; Levine, 1987) and sociological evidence points to a continued preference for sons among migrant communities. Rituals that celebrate the birth and critical phases of a child's life are much more elaborate and joyous in the case of sons (Purewal, 2003).

During the peak periods of migration, there were extremely adverse male-female ratios in the countries of origin in South Asia. In Pakistan, the ratio was 1.14 in 1972;

in Bangladesh, 1.10 in 1951; and in Sri Lanka, 1.15 in 1951. The bulk of the two million South Asians in the UK are from communities with historically the most abnormal sex ratios in South Asia (Ballard, 2000). There are 750,000 from Gujarat, 500,000 (Indian) Punjabis from Jullunder District, 80% of whom are Sikh, and 500,000 Punjabi Muslims.

3.3. The Compromise/Adaptation Hypothesis

The cultural practise of migrants may adapt to the host community in a way that produces new cultural norms different from those in the host and country of origin.

Among Mirpuris in the UK (Ballard, 2002) and South Asians generally in Canada (Sheel, 2005), there has been an adaptation of marriage norms, from arranging marriages with one party being from the ancestral village to a situation in which increasingly both groom and bride are already part of the diaspora. Adaptation has also implied the strengthening of the public symbolism of and shifts into the public sphere of marriage norms. Among South Asians in Vancouver, there has been a notable increase in the public display of rituals and ceremonies that symbolize cultural heritage. This trend is more noticeable among those who have attained a degree of socio-economic success (Sheel, 2005:340).

4. Underlying determinants of excess female mortality in South Asia; how relevant are they for the UK?

This section looks in more detail at the underlying determinants of excess female mortality. The most important contributors examined here are caste/kinship, Sanskritisation, female labour force participation and dowry, others discussed but of less importance are poverty, and female literacy. Our general finding is that cultural factors generating economic incentives that then induce excess pre and post-natal mortality of women are the most important explanation for the phenomenon of missing women. There are clear differences in the way these determinants operate. Religion and female literacy are purely cultural factors. In the cases of caste/kinship, Sanskritisation, dowry, and female participation in the labour force, cultural factors operate to impose economic burdens. The final two factors, female literacy and poverty (sections 4.5 and 4.6) are a little different and operate against the background of a pre-existing preference for sons. We find that differences in religion do not provide a sufficient basis for explaining excessive female mortality in South Asia. Caste/kinship norms, Sanskritisation, dowry, and female participation in the labour force help to generate a preference for sons. In the case of dowry, a dangerous antipathy towards brides is also generated. In the cases of female literacy and poverty, the pre-existing background of a preference for sons can intensify the relative disadvantages of girl children. However, while poverty can contribute to the phenomenon of missing women, it is insufficient to explain the overall adverse trends in sex ratios in south Asia. We may conclude that those cases in which cultural factors operate to impose economic burdens make the most significant contributions to the problem of missing women.

For each factor, we assess how relevant it may be for migrants in the UK, using the framework outlined in Section 3. Minimal work has been done specifically on missing women in the UK. This paper therefore needs to extrapolate from work done in the South Asian to the UK context, making informed judgements about its likely applicability in a very different context and using data from the UK context where it is available.

4.1. Religion: A sanction for the low status of females?

It has been suggested that differences in religion can explain excessive female mortality in South Asia by lowering the culturally held regard and status of women. Within India, popular discourse has blamed Islam for being a bastion of gender discrimination, this discrimination being manifest in ‘excessive’ fertility and the ‘excessive’ mortality of girls (Jeffrey and Jeffrey, 2002). The example of Pakistan is used by some to buttress these claims. In Muslim-dominated Pakistan, the male to female sex ratio is even higher than the all-India average, with 1105 men for every 1000 women (Klasen and Wink, 2003).

However, a closer examination of the evidence casts doubt on the determining role of religion. The two Indian states with the highest male-female ratios (Haryana, which is predominantly Hindu, and the Punjab, which is predominantly Sikh and Hindu), have a tiny share of Muslims (Dreze and Sen, 1995:Ch7). According to the 1991 Census, only 12.5% of the population of India are Muslim (Jeffrey and Jeffrey, 2002:1809). This is not sufficient to determine the aggregate all-India figures for missing women. There is thus no evidence that adherence to Islam is responsible for the excessive female mortality in South Asia. In fact, there is no unequivocal evidence that Islam in South Asia denies women agency independently of socio-economic factors. Muslim women in India have less freedom of movement than Hindu women, but have greater authority within the household (Balk, 1997). Some researchers have found an independent link from being Muslim to higher fertility and higher child mortality (Bhattacharya, 2006). Others disagree, finding that the link is not independent of socio-economic factors at all, and is best explained by the (lower) socio-economic status of Muslims in India (Jeffrey and Jeffrey, 2002). Predominantly Islamic Bangladesh has witnessed a sharp reduction in fertility levels, a surge in female wage employment outside the household, and improving male-female ratios over the last twenty years (Kabeer and Mahmud 2004). Contrary to the various religion-centred hypotheses, it has been argued more convincingly that gender disparities in education and female autonomy are primarily a north-south phenomenon in India (Jejeebhoy and Sathar, 2001).

Thus, on the basis of the available evidence, we may conclude that differences in religion do not provide a sufficient basis for explaining excessive female mortality in South Asia.

The specific finding that a difference in religion is of little use in explaining adverse sex ratios in South Asia does not have obvious implications for migrants in the UK. Religion may serve as a focal point for migrant communities that wish to preserve or

re-invent their identity in a new cultural context, and religious ideology has always been sufficiently malleable to support a variety of cultural practices.

4.2. Caste and kinship: A burden on the natal household?

The practice of North-Indian marriage and kinship patterns generates a culturally determined burden on the natal household from having daughters, and hence an incentive to hasten female mortality between conception and marriage.

There is a clear north-south pattern in variables related to the status of females in India. These include the ability to participate in important decisions within the household, control over income and assets, access to education and resulting literacy, and importantly a preference for sons. North-south differences in marriage and kinship patterns provide a strong cultural rationale for this pattern (Dyson and Moore, 1983; Karve, 1994). Evident examples are rural (Indian) Punjab, dominated by the land-owning Jat caste (Das Gupta, 1987) and the Rajputs of Rajasthan. These two groups practise the most extreme aspects of the 'north-Indian' marriage system. No assistance is given by women to their natal household after marriage, while her father and brothers are obliged to continue providing financial support for festivals and birthdays celebrated in the brides' marriage-home. The woman's father and brothers traditionally do not accept hospitality in her husband's home and may pay even for a glass of water. Brides are more likely to move a significant distance to their husbands' home. Such marriage and kinship systems provide a strong rationale for son preference. The last census (1931) that collected data on caste found that these two groups had the most imbalanced sex ratios of all castes in India. The southern pattern of marriage within kinship groups acts as a means to bind the family circle closer together. In the south, families may exchange daughters in the same generation. There is less distinction between households, daughters are less separated from their parents' house, and visiting between households is much more frequent (Karve, 1994).

Regional cultural influences are strong indicators of women's status in society and ultimately on the male-female ratio. Most UK migrants from India originate from North India. These arguments, when combined with the available empirical evidence, give us good reason to expect that cultural norms regarding marriage and kinship will remain relevant even after migration.

4.3. Sanskritisation: A rising economic burden on the husband's household?

In general, rising incomes are associated with development, and with development the status of women generally improves (Huntingdon 1971). The cultural phenomenon of Sanskritisation can explain how the economic burden of women to their husbands' household increases even as household income rises and hence why gender-based discrimination increases as incomes rise.

Sanskrit, the ancient language of literature, liturgy, science and philosophy in India, is still the language of ritual of the high-caste communities (often Brahmin). The much greater prevalence of Brahmins in the north of India implies that these rituals are also

a North Indian phenomenon. Sanskritisation refers to the practice of adopting high-caste cultural norms. These cultural norms pertain to such social factors as the remarriage of women, the adoption of a vegetarian diet, *purdah* (the withdrawal of women from paid employment outside the home), and dowry payment at marriage (section 4.5). As household incomes rise with the general level of economic development, households can afford to adopt high-caste cultural norms. This can result in an increase in the culturally determined economic burden of women to the household as they are withdrawn from wage labour *and* require dowry payments. There is good evidence of Sanskritisation in India. During the twentieth century, there was a convergence of male-female ratios among low-caste groups in India to the adverse norms of high-caste groups (Dreze and Sen, 1995). Economic development and improved communications seem to be increasing the speed of diffusion and emulation of Sanskritic norms from the north to the south and from high- to low-caste groups in India (Rajan *et al.*, 2000).

It is not possible to make confident predictions about the relevance of Sanskritisation in the context of migration. If a group migrates, its members are likely to be deprived of the physical proximity of higher-caste reference points. The effects of this are not certain. The migrants might behave according to the convergence hypothesis and emulate dominant British cultural norms, the practices of dowry, son preference, female seclusion, and northern marriage and kinship patterns would then likely become less important over time. This should have the effect of raising the status of females in migrant communities and mitigating those cultural circumstances that in India lead to adverse male-female ratios. However, the opposite is also possible. Migrants might behave in accordance with the cultural freeze hypothesis and Sanskritisation would be strengthened. Migrants may become even keener to adopt 'ideal' high-caste ritual after migration in an effort to hold onto an imagined, rather than directly observed, cultural reference point in a new country. Empirical studies are needed if this issue is to be resolved.

4.4. Female participation in the labour force: A burden on the natal and husbands' households?

The level of female participation in the labour force in South Asia is much lower than that of men (Deshpande and Deshpande 1998). The gap is culturally determined. Even though female educational attainments are lower than those of males, this gap cannot explain divergent patterns of participation in the labour force. Households can increase their cultural status by withdrawing women from wage employment outside the household (Sanskritisation). More generally, wage labour is highly gender-segmented, women typically being crowded into less sanitary, less-skilled, and lower-paid occupations. Finally, regardless of the objective skill requirements of labour/employment, jobs traditionally labelled as 'women's work' have lower status and lower salaries (Neetha 2002). The intra-household allocation of 'life-sustaining' resources, such as food and medical care, has been modelled as an investment decision (Kishor, 1993). Male children are more likely to engage later in life in (better) paid wage labour, to the benefit of the natal household. Brides are less likely than male members to make a monetary contribution to the husbands' household. Allocating such resources to male children will therefore maximise the economic

return on the investment of household resources. This, it is held, goes some way towards explaining the strong preference for sons and hence the imbalance in the sex ratio. The growth of female participation in the labour force may raise both the expectation that girl children will later engage in paid labour outside the household and the expected return from allocating household resources to them in childhood, and so may increase their chances of survival. There is, indeed, evidence of a positive relation between female survival and female participation in the labour force in South Asia (Rosenzweig and Schultz, 1982; Basu, 1995; Koolwal 2007). The north-south divide in the male-female ratio has been explained in such economic terms (Bardhan, 1974). It has been held that North Indian mechanised wheat-based agriculture offers fewer traditional tasks for women than does paddy cultivation in the south. The decline of paddy cultivation in Kerala after 1981 occurred at the same time as gradual increases in the male-female ratio. Some have argued that there may be a causal connection between the two factors (Rajan *et al.*, 2000).

However, such economic rationales do not provide a full explanation of differences in the sex ratio among states. The very high male-female ratio in the (Indian) Punjab among the Jat-Sikhs noted by Das Gupta (1987) cannot be explained by a lack of employment opportunities for women in wheat-based agriculture. Contrary to what is suggested by the Bardhan hypothesis, Jat women do have an important traditional role in sowing, weeding, harvesting, threshing, and the maintenance of irrigation channels in wheat-based agriculture. Further, the Punjab showed adverse sex ratios long before the mechanisation of agriculture in the mid-1960s.

In the UK it has been surmised that the perceived lack of demand for labour from minority communities is the result of racial discrimination. This conjecture has prompted a great deal of research. However, racial discrimination might not be the only explanatory factor at work. It may also be conjectured that South Asian women are forbidden by cultural norms from entering into employment outside the household. Both these conjectures can be supported by the following facts. The more general argument in this paper supports the latter. Pakistani and Bangladeshi women are more likely to be unemployed than Caucasian British women with the same qualifications (EOC, 2006:23). Female Pakistani university graduates are four times more likely to be unemployed as Caucasian female university graduates. While 72% of Caucasian British women are economically active, only 30% of Pakistani women and 27% of Bangladeshi women are. However, there are also signs of gradual convergence to the norms of the host. For first-generation Pakistani and Bangladeshi women the rates for economic activity are 23% and 22%, while for those born in the UK these rates rise to 43% and 44%. As female participation in the labour force continues to increase, there should be less incentive to discriminate against female children.

4.5. Dowry: A burden and a compensation?

Marriage is almost universal for women in South Asia (Miller, 1999; Srinivasan 2005). At the time of marriage, the bride is expected to bring a dowry (Ulrich, 1989). Although dowry demands are illegal in India, the law is seldom enforced (Vaz and

Kanekar, 1990). Dowry has recently spread into southern India, where bride-price used to be the tradition (Heyer, 1992; Rahman and Rao, 2004).

A certain amount of argument is required in order to establish whether dowry should be treated as an economically or culturally determined phenomenon. One common view of the purpose of dowry is that it is a means to compensate the groom's family for the acquisition of a non-productive dependant. Potential discrimination from the husbands' family for being an economic burden would then be ameliorated by the acquisition of money and goods at the time of marriage. Discrimination in the natal family against daughters would be compensated for by raising the status of a dowry-giving bride in her husbands' family.

If this were the case, we would expect to see an inverse relationship between female earnings potential (participation in the labour force or level of education) and dowry levels. Yet no such negative relation is evident. Indeed, the opposite is the case. In field work in Tamil Nadu it was found the spread of canal irrigation increased the prevalence of (rice) paddy cultivation and hence the demand for female labour - paddy irrigation being regarded as 'women's work'. This occurred along with the spread and increase in the level of dowry (Srinivasan 2005:601). In general as the earnings potential of a woman increases, so does the level of her dowry. An educated woman is typically not regarded as a more worthy asset by the husband's family. Instead, she is regarded by the natal household as a suitable match for a better educated and consequently 'more expensive' man. A better educated woman will have to pay a higher dowry; hence, educating a girl child will perversely increase the economic burden she places on her natal household. For example, women with IT degrees do not pay lower dowries. In Andhra Pradesh, a Kamma or Reddy caste US-based IT worker could expect a dowry of \$120,000. Female IT workers in Andhra Pradesh come mainly from the Kamma caste, members of which historically have paid the highest dowries (Biao, 2005). Given the evidence, it would seem that dowry should not be regarded as financial compensation for the acquisition of a non-productive dependant, and hence should not be considered as an economically determined phenomenon. The explanation as to why this is so provides strong support for the contention that dowry places a direct economic burden on the natal household, and hence provides a clear rationale for son preference.

In contrast to the above, dowry should be seen as the product of the culturally determined lower status of women. The practice of dowry is best explained in terms of cultural factors; it favours, and is favoured by, a cultural ethos in which brides are viewed as objects to be passed from one social group to another. They are vehicles for the procreation of children, for aspirations of social prestige, for ensuring a (male) lineage and for the transference of wealth. Dowry is an important symbol of the economic standing of the bride-giving family and can determine the family's future social standing (Srinivasan and Lee, 2004; Srinivasan 2005). The spread of dowry to southern India and to lower caste groups constitutes a facet of the cultural practice of Sanskritisation (section 4.3).

Now that we have established that the phenomenon of dowry is determined by cultural and not economic factors, we may examine how the practice of dowry contributes to the phenomenon of missing women. It does so in two ways: (i) in the

natal household, the economic burden of having to pay a dowry creates a clear rationale for son preference, and (ii) in the husband's household, a failure on the part of the natal household to pay a large enough dowry causes prejudice against the bride, which can place her in danger of her life.

With respect to (i), there has been a sharp increase in the real burden of dowries across India (Rao, 1993; Sharma, 1994; Vindhya, 2000; Srinivasan 2005). Dowries can cause destitution in households with marriageable daughters (Deolalikar and Rao, 1998). With respect to (ii) the bride's family is not always able to provide a dowry large enough to satisfy the groom's family. The spread of dowry is also linked to an increase in demands from the husband's family to the bride's natal family for further financial payments at family life-cycle moments (births/ deaths) (Srinivasan, 2005). Not meeting such demands places the bride at risk of so-called dowry death, a situation in which either the bride is murdered by the groom and his family or the bride commits suicide to escape the constant harassment. An estimated 25,000 brides are harmed, murdered, or commit suicide each year. Many of these are likely to be dowry-related, though data that would enable a precise estimate are not available (Anderson, 1993:271). Rough estimates can be found from the National Crimes Record Bureau who show an estimated 6-7,000 deaths were dowry related a year between 1993 and 2001 (Srinivasan and Bedi, 2007). Caught in this trap young unmarried women in India frequently support dowry as a means to support their status and position in the marital household (Srinivasan, 2005). By supporting a cultural practise so heavily implicated in gender-discrimination the payment of dowry becomes a vicious cycle. In the short-run dowry may raise the status of the bride in her marital home (Srinivasan and Bedi, 2007) even if over the long-run the practise perpetuates discrimination.

The implications of dowry payments among migrant groups and its possible impact on the status of women and by extension to sex-ratios are similar to those of the more general concept of Sanskritisation. It is possible that the practice of paying dowry among migrant communities could fade away as migrant groups converge to more general UK cultural norms. Alternatively, dowry payments could become more common and onerous, as migrant groups seek to preserve an image of a high-caste cultural practice from their country of origin (Purewal, 2003). The available evidence is mixed. In Canada, dowry is found to be increasing in incidence and value and plays a pivotal role in the construction and preservation of culture and tradition in the context of migration (Sheel, 2005). Elsewhere, dowry is becoming inextricably linked with migration. Dowries are sometimes paid to enable a boy to travel and be educated on condition that he return to marry a daughter. The growth of internationally mobile well-paid IT professionals (76% of those entering the US on a skilled visa are male) contributes to an increase in the dowry expected by the family of such grooms.

4.6. The interaction of poverty and son preference

By the late 1990s, 28% of the Indian population still had incomes below that necessary to purchase the sufficient basic needs (including calories, clothing and shelter) necessary for survival and participation in human society (Datt and Ravallion,

2002). Poverty can help to explain the excess mortality of girl children against the background of an existing preference for sons (the reasons for which have been outlined in sections 4.1 to 4.5). At any given time, poverty at the household level may force families to ration survival-related resources, such as health care and nutrition, and to allocate them in accordance with preferences for male children and so raise the mortality of girl children.

However, while poverty may contribute to the phenomenon of missing women, it is insufficient to explain the overall adverse trends in sex ratios in south Asia. There was steady, if slow, economic growth throughout the twentieth century, especially after 1947, and poverty has declined steadily from the 1970s/ 1980s onwards. Yet despite such improvement, the male-female ratio has been steadily rising. Results from village-based field work consistently show a negative relation between wealth/income and chances of survival for females in South Asia (Sen and Sengupta, 1983; Krishnaji, 1987; Vlassoff, 1991; Agnihotri, 2000; Jejeebhoy and Sathar, 2001; Harris-White, 2001). In some of the most exclusive neighbourhoods of Delhi, there are now around 796 girls per 1000 boys (Manhoff, 2005:902). According to the 2001 Census, the Punjab had the most abnormal sex ratios of any state in India while also being among the most developed states (Kurian, 2000), with very low levels of extreme poverty (Shergill and Singh, 1995).

With respect to the situation in the UK, immigrant communities tend to suffer from poverty relative to national averages (Coleman, 1987). Half of all Bangladeshi and Pakistani families have incomes 50% or more below the national average income (ESRC, 2006). However, given the existence of social security, which provides an income above bare subsistence, and the universal access to health and education in the UK, even such relative poverty will not suffice to generate a significant imbalance in the sex ratio. Poverty is not likely to have any aggregate impact on gender-specific mortality in the UK.

4.7. Son preference and the perverse effect of increasing female literacy

Education has a significant effect in reducing the overall incidence of child mortality. Infant mortality is significantly lower for literate mothers in South Asia (Beenstock and Sturdy, 1990; Klasen and Wink, 2002). While a mother's education has a positive and significant effect on the likelihood of a girl attending school, a father's education has no direct effect (Unni, 1998). The level of the mother's education has a positive and significant impact on the likelihood of children receiving treatment of various kinds, such as vaccinations, vitamin-A supplements, and oral rehydration in the case of diarrhoea (Kravdal, 2004). This section shows how rising female literacy in the context of a pre-existing culture of son preference (the reasons for which have been discussed in sections 4.1 to 4.5) can generate an outcome contrary to this optimistic scenario.

While education does have a positive effect in reducing overall child mortality, its effect on the *relative* survival chances of male and female children is ambiguous. Female education raises the likelihood of women being employed in remunerative work outside the household. The inability to combine such work with childbirth/

childrearing increases the financial cost of fertility. With a declining fertility rate, the option to have more children to ensure the birth of a son is removed. Maternal education may also help to achieve the planned number of births through a greater knowledge and command of contraceptive techniques (Das Gupta, 1987). According to recent fieldwork in Haryana abortions were more common among women with education beyond higher secondary education, high living standards and husbands in better paying jobs (Unisa *et al*, 2007). In the context of a cultural preference for sons, educated woman may become more likely to resort to gender-selective abortion, deliberate neglect, or culling of female children to ensure a desired number of sons. This is of striking relevance in India, where over the 1980s, the fertility rate fell by more than the desired number of sons (Das Gupta and Bhat, 1998:76).

Fertility tends to be lower (Coleman 1987) and literacy higher among migrant groups than in their country of origin. Specifically, there is a greater incentive to reduce fertility in the UK among migrants: (i) there is no economic role for children (for example, in subsistence farming) in the UK as there is in many developing countries; (ii) the cost of raising children is relatively high, due to the long years of compulsory schooling; (iii) women are more likely to be, or become, literate, with the impact described above on their likelihood of entering paid employment; and (iv) comprehensive family-planning services are easily available, which enables women to avoid having children if they do not want them. The effects of lower fertility rates in the UK are not clear. On the one hand, cultural freeze may occur. Having fewer children may intensify the need for families to make sure they have the targeted number of sons and so lead to a more skewed male-female sex ratio. On the other hand, convergence may occur. Certain variables associated with a lower fertility rate, for example, female literacy and associated exposure to a culture without any extreme preference for sons may lead to a more balanced sex ratio.

5. Proximate causes of excess female mortality in South Asia; how relevant for the UK?

This section analyses the proximate causes that have been put forward to explain excessive female mortality in South Asia. These are female infanticide, gender bias in nutrition and health care, and sex-selective abortions. These proximate causes constitute the ways in which the underlying, cultural, determinants of the imbalanced sex ratio have their effect. Though all are shown to be of relevance, lack of data prevents us gauging their relative importance. We examine how relevant these may be in the UK context using the framework presented above. Work (though not in the context of missing women) has been done on some of these causal factors, so in these cases we can provide a direct assessment. In other cases, as in the previous section, we continue to extrapolate from the South Asian context.

5.1. Female infanticide

Female infanticide is the deliberate and intentional act of killing a female child within one year of its birth (Kollor, 1990). There is a wide range of fieldwork that shows

that female infanticide is prevalent in India (Gardner, 2003). In the late 1980s, 9.7% of female births in Tamil Nadu resulted in infanticide (George *et al.*, 1992). This practice continued into the 1990s (Chunkath and Athreye, 1997; Sudha and Rajan, 1999). In 2000 in the Salem district of Tamil Nadu 42% of infant deaths were reported to be due to 'social reasons' (Srinivasan and Bedi 2007:859). In the 0-6 age range the sex ratio in the same district had reached 851 girls to every 1,000 boys. Tamil Nadu ranks relatively highly in terms of literacy, infant mortality, education and basic health care. Many areas of India have historically practised a system of hypergamy, according to which a woman must marry into a sub-caste higher than her own. Inevitably, this leaves women of the highest castes stranded without the option of marriage. Among several hundred upper caste households in Gujarat and Rajasthan, no female children survived for many generations in the course of the nineteenth century (Sudha and Rajan, 1999:594). These are the same areas in which the male-female ratio is the highest today (Dyson, 2001:347).

There is evidence that infanticide occurs in developed countries. There were 148 cases of infanticide in Canada between 1961 and 1979 (George *et al.*, 1992). Between 1976 and 1982 in Wolverhampton (UK), there was an increase in mortality of children under five; of particular relevance for this paper was the significant excess of deaths among Asian girls compared with non-Asian girls or Asian boys (Moore, 1986:657). There was a significant correlation between excess deaths and households where the head was born in Pakistan (Moore, 1986:657). National (UK) statistical data shows that mortality among girls whose mothers were born in Pakistan was higher than for boys between 1996 and 1998; no other country of birth was so affected (Dawson, 2003; Moore, 2005).

The practice of female infanticide is unlikely to be a factor of aggregate relevance in modern Britain. Close supervision by health and social workers, institutionalised birthing⁵ and a geographically compact living environment are likely to work against the practice. In Sheffield (UK), preventable deaths declined sharply after the introduction of targeted care for vulnerable infants (Moore, 1986:658). Between 1996 and 2002, after link workers had been appointed to Asian mothers in Wolverhampton, preventable deaths of Asian girls declined to a level the same as that of the rest of the population (Moore, 2005). These limited studies in the UK are strongly suggestive but need to be supplemented by new research on infant mortality by ethnic origin.

5.2. Gender bias in malnutrition and health care

After the neonatal period, excessive female infant mortality can stem from biases in the intra-household allocation of survival-related goods, such as nutrition and medical care. External intervention by social workers that, for example, sought to target food supplements to individual children can, in principle, easily be undone by a matching reduction in allocation within the household (Haddad *et al.*, 1997). In India, there is noticeable discrimination against girls in exclusive breastfeeding at ages 6-9 months for the third child, in breastfeeding 24 months or longer for the fourth or later children, and in receiving milk daily for the fourth or later children. There is evidence that households in the (Indian) Punjab prioritise the access of males to high status foods such as milk and fats (Das Gupta, 1987; Pebley and Amin, 1991). There is also a

significant bias in favour of boys in the provision of medical care. Expenditure on medical care and clothing in the (Indian) Punjab is significantly higher for boys (Alderman and Gerler, 1997). The maximum differentials in the allocation of medical care occur in the first two years of life, the period in which most child deaths take place (Das Gupta, 1987). In South Asia, boys are more likely to be taken to doctors (Chen *et al.*, 1981; Alderman and Gertler, 1997; Filmer *et al.*, 1998) and to be immunised (Arnold *et al.*, 1998; Hazarika, 2000; Mishra *et al.*, 2004; Koolwal, 2007). Section 5.3 shows that is excessive mortality in infancy, rather than gender-selective abortions, that is driving the worsening male-female ratios in South Asia. The gender bias in the allocation of life-sustaining resources shown here will contribute materially to the lower chances of survival of female children and is also symptomatic of a more general culture of both neglect and active efforts to cull female children.

With the array of health and social service monitoring in the UK, it is unlikely that post-natal discrimination in the allocation of nutrition will have a significant effect on the mortality levels of female children. Convergence would seem to be the most likely response. However, we should not be too hasty in concluding that the availability of free and good quality health care by the NHS in the UK would be sufficient to eradicate sex bias in the allocation of health care. In Matlab (Bangladesh) where medical care was of high quality and almost free, male children were far more likely to be taken to treatment centres (Chen *et al.*, 1981). This is because there are deep-rooted prejudices against giving female children access to health care that are independent of the cost of provision. However, even taking this evidence into consideration, it is straightforward to argue that as in the case of infanticide, discrimination that is sufficient to cause significant sex differentials in mortality is unlikely in modern Britain. Close supervision by health and social workers, institutionalised birthing, and a geographically compact living environment will work against the practice. There is, for example, no difference in immunisation rates in Newcastle among different ethnic groups, and even a higher take up of immunisation among South Asians in Glasgow (Martinea *et al.*, 1997). Even limited but targeted intervention in South Asia has a significant impact, which has obvious implications for the more closely monitored post-natal environment in the UK. In the (Indian) Punjab, closely supervised provision of health interventions and food supplements (see section 5.2) by health visitors within the household led to a substantial reduction in excess female mortality (Pebley and Amin, 1991). There is only minimal evidence on the extent to which gender-biases in health/ nutrition have been transplanted to the UK. Given this paucity of evidence we are forced to extrapolate from the evidence in South Asia and make a best guess about its relevance in the institutional context of the UK. Given the striking results in the South Asian context, there is clear need for research on potential gender biases in health/ nutrition allocation.

5.3. Sex-selective abortion

The increasing availability of sex-selection techniques in India has made it easier for people to satisfy a preference for sons. Ultrasound can indicate the sex of a foetus early enough in pregnancy to fall well within the temporal boundaries of legal abortion (Jeffrey *et al.*, 1984). The first newspaper reports of private clinics offering sex selection techniques appeared in 1982/83 in Delhi, Amritsar, and Bombay (Sudha

and Rajan, 1999). Within three years, the availability of such techniques had spread to hundreds of larger cities and dozens of smaller towns in the north and northwest of India. By the early-1990s, the now portable technology had spread to rural areas in the Northwest and urban Central India (Sudha and Rajan, 1999). By 2000, ultrasound treatments were being openly advertised with the slogan 'spend Rs 500 (\$10) now to avoid Rs 500,000 (dowry) later'. Sex-selective abortions and the associated technology have rapidly become an accepted norm in Indian society, especially among the educated (Arora, 1996; Basu, 1999).

The 1998/99 National Family Health Survey in India confirms that sex ratios at birth are abnormally high and exceed 110 males per 100 females in 10 Indian states. In Gujarat, Haryana and the Punjab, the sex ratio at birth for children born in the three years preceding the survey reached 123.1, 183.8 and 116.7, respectively, for mothers who received ultrasound as part of a pre-natal check up (Arnold *et al.*, 2002). Despite a 1996 law that made it illegal for the sex of children to be divulged to parents, and a 2001 Supreme Court order for states to enforce the ban the use of ultrasound to determine the sex of the foetus, estimates of sex-selective abortions range from 100,000 to 500,000 per annum (Arnold *et al.*, 2002; Bhat, 2006; Jha *et al.*, 2006). Ninety-percent of the estimated 5-6m abortions annually are performed in unregistered (illegal) facilities. The exact number which are motivated by sex-selection can at best be only a rough guess. In a recent survey in Haraya 18% women were found to have had abortions from which more than one-third were for the purposes of sex-selection (Unisa *et al.*, 2007).

Sex-selective abortions are only a partial explanation for the imbalance in the sex ratio. Sex ratios at birth are high, but the trend of excess female mortality continues until the age of 35 (Ravindran, 1995).

Excess female mortality after birth continues to be the dominant practice in removing female children in India. The rough estimates for 1981-91 indicate that there were perhaps four times as many excess female deaths taking place after birth than before birth or as unreported infanticides.

(Das Gupta *et al.*, 1998:90)

There has been a continued rise in the male-female ratio among the 0-6 age group (Dyson, 2001). Thus, it is increasing differentials in sex-specific mortality rates among young children that sustained high male-female ratios in India between 1991 and 2001. Except for Kerala in the south, the cohort of young children has become more male in every state. Between 1982/83 and 199/93, the all-India child mortality was 43% higher for girls than for boys; in Haryana and Punjab (in the northwest) it was 135% and 81% higher, respectively (Arnold *et al.*, 2002:304).

There is good reason to suspect that sex-selective abortions may be a factor among migrant communities from South Asia. Widespread practise and acceptance of gender-selective exists in those areas of India that have furnished the bulk of migrants to the UK. The bulk of migrants to the UK are from areas with severely adverse sex ratios at birth. Recent reports in the UK suggest that sex-selective abortions do occur

but in most cases are reported to be taking place in countries of origin (McDougall, 2006). Indian companies offer sex-selective medical interventions advertising in expatriate newspapers (Abrevaya, 2005; Purewal, 2003:147). In the UK, the relevant technology for such abortions is widely available, and information about the sex of the foetus is commonly given to expectant parents at pre-natal check-ups. While there are problems with statistical analysis in the UK, there is evidence that in the case of sex-selective abortion, cultural adaptation among South Asians migrants is occurring. Instead of using mechanisms that cause post-natal mortality, households are turning to sex-selective abortions.

Ethnicity is not routinely collected at birth registration. However, we can address this issue by examining the data on births by the mother's country of birth, which provides a rough proxy for ethnicity. This will yield a large underestimate of the number of births to ethnic minority women (because a large number of such births will be to second- and possibly third-generation mothers). According to data from the 2001 census, 46% of females from an ethnic group other than British Caucasians were born in the UK; this included 60% of Indians and 48% of Bangladeshis. Using this very rough proxy for ethnicity, we find a striking relationship between ethnicity and sex ratio. The male-female ratio for mothers born in India increased from 1.04 in 1983/84 to 1.08 in 1999/01. The UK average has remained unchanged at 1.05 (Bakeo, 2004:27).

Studies of the situation in the US tend to support these findings. More information is available in the US context and it reveals some useful directions for future research into UK demographics. That apart, the US data does have weaknesses. There is a lack of information on the sex of both aborted fetuses and existing children. There is no single data source in the US that records both gender preferences and birth outcomes at an individual (mother or family) level. However, a crucial piece of evidence we do have from the US (but not the UK) is that while there is no aggregate excess of males among Asian-born parents in the US, there is evidence of male bias when we disaggregate male-female ratios by birth order. This is important as discrimination against girls in India is closely related to birth order. The dynamics of sex discrimination relate closely to the desire of a family to achieve a desired number of sons (Das Gupta, 1987; Clark, 2000). In the (Indian) Punjab and Matlab (Bangladesh), there is a sudden jump in the mortality of girls born to mothers with one or more surviving daughters (Das Gupta, 1987; Muhuri and Preston, 1991). Despite the preference for sons, most women in India want at least one daughter. Once a daughter is born, it is subsequent daughters who suffer a sharply increased risk of mortality (Mishra *et al.*, 2004). This is something that will be missed by looking at aggregate figures. The US data are revealing. Indian and Korean families in the US, between 1980 and 1995, were more likely to have a second child if the first was female. The second child was more likely to be a boy for Indian and Chinese mothers. Indian families with two daughters were much more likely to both have an abortion and the third child born is statistically more likely to be male. A similar pattern may be observed for Korean and Chinese families, but not for Caucasian Americans. Other evidence hints at sex-selective abortions. Since 1980, 5% of abortions (which the author argues is significant) in the US have occurred after 16 weeks, when sex testing is possible. Between 1980 and 2000, 55-60% of abortions were carried out on women who had already given birth (Abrevaya, 2005:6). A 1996 survey found that

62% of genetic counsellors in the US had received a request for a sex-selective abortion and a third would either be prepared to carry out such an abortion or make a referral (Abrevaya, 2005:52).

The use of sex-selective abortion, rather than neglect, in order to ensure that a preference for sons is satisfied constitutes evidence that cultural norms among migrants have persisted but their manifestation has adapted to a very different socio-economic context. More research in the UK is necessary to build data sets on sex-ratios at birth, ethnicity of parents and male-female ratios by birth order. The latter is very important, sex-based discrimination may be statistically lost by looking at birth aggregates.

6. Discussion

As noted above, Sen (1998) argued that mortality is a good proxy measure for the success of development. We here extend the argument further. The male-female ratio is also a good measure of the overall level of sexual equality in a given society. The high male-female ratio in India is a single proxy measure for all the different forms of discrimination against women, including sex-selective abortion, 'honour' killings⁶, female infanticide, long-term systematic neglect, and the sex-biased allocation of resources pertaining to health care and nutrition. A focus on missing women can, for example, serve to place 'honour' killings within the broader context of sex discrimination, of which honour killings constitute the most dramatic and horrific examples. The male-female ratio is also preferable (at least in India) as a measure of sex discrimination to, for example, data on female-male wage inequality. This measure would have limited relevance particularly in (developing) countries in which large numbers of women are not engaged in paid employment.

A recent conference on 'honour'-based violence⁷ in the UK showed that there are clearly prevailing patriarchal norms in migrant communities. Migrants have not quickly adopted the cultural norms and practices of the host culture. However, there has, to date, been no work done on the issue of missing women in the UK. Although the 2001 census provides information that can provide a rough indicator of ethnicity by yielding the country of birth, a more accurate measure of the number of second- and third-generation migrants is needed to estimate more accurately the number of births by ethnic groups. A closer investigation of the dynamics of discrimination by birth order is, likewise, research that is much-needed for the UK context. This dynamic has been shown to be important in both South Asia and the US.

There may be a good reason to investigate further pre-natal discrimination in maternal care. It may be the case that after ascertaining the sex of a foetus, less care is given to a mother carrying a female foetus. Babies have a low birth weight if they are born too early or if their growth is restricted in some way. Low birth-weight babies carry a greater risk of death in the first few months, and low birth-weight is linked to chronic disease in adults, such as diabetes and heart disease. Between 1983-86 and 1999-01, the proportion of low birth-weight babies increased significantly for mothers born in India, Pakistan and Bangladesh, while declining significantly for mothers born in East Africa (Bakeo, 2004:28). While the relatively higher *level* of low birth-weight babies

may be related to poverty, the rising *trend* for babies born to South Asian women certainly is not. There has not been a commensurate sharp increase in absolute poverty among South Asian communities since 1983. We need data to determine whether these rising trends are sex-specific. Is it specifically female babies among South Asian communities that are being born with low birth weights?

The research agenda is substantial. Conclusions in this paper has frequently either tried to extrapolate from the better data available in the South Asian context and to gauge likely patterns in the UK or else been based on data gathered for other purposes. Dedicated data sets prepared specifically to study the phenomenon of missing women among migrants to the UK are needed. A preliminary but not exhaustive agenda would be infant mortality by ethnic origin, gender-bias in health/ nutrition allocation, sex-ratios at birth, ethnicity of parents and male-female ratios by birth order.

At the level of policy, one obvious measure would be to strictly outlaw pre-natal sex-selective abortions. This measure is on the agenda of feminist movements in both South Asia and the UK. Legislation is already in place in the UK. The 1967 UK Abortion Act permits sex-selective abortions only for medical reasons. However, instead of the legislation being tightened, there are actually signs of a weakening in resolve. The 2005 House of Commons Science and Technology Committee found no adequate justification for prohibiting the use of sex selection to ensure an equal number of male and female children in families (family balancing). The government declared they had no plans to change the law but opened up the issue to public consultation and discussion during 2005 (Herrissone-Kelly, 2006).

There is good evidence that a number of the underlying determinants of the imbalance in the sex ratio (female participation in the labour force, poverty, and literacy) are converging to the norms of the host (UK) country after migration. Other proximate causes (infanticide, medical and nutritional deprivation) lack clear evidence in the UK context. We are forced to rely on extrapolating data from the South Asian context and making an informed guess of their continued relevance in the UK. The reasons are many and fall into three categories: social, economic, and institutional. The more rigorous manner in which births and deaths are monitored and recorded in developed countries is important. With respect to other factors, migrants are adapting to the host country; the preference for sons and payment of dowries and so ultimately the phenomenon of missing women has survived migration. Given these latter factors, tightening legislation to reduce sex-selective abortions is likely to lead to the birth of unwanted girl children and to an increase in post-natal sex discrimination and 'honour-based' violence (Goodkind, 1996). A possible consequence of unwanted girl children is suicide. Already, the rate of suicide among women from South Asian migrant communities is significantly higher than the UK average (Khan, 2002). It is likely that this would increase if sex-selective abortions were outlawed. In India, there is no suicide bias in favour of females (****, ****:99). After migration, the situation changes dramatically. In various samples (Birmingham 1979-1981 and East London in 1989) young Asian women had a significantly higher likelihood of committing suicide. This was related not to 'psychiatric disorder' but to 'cultural conflict, conflict with parents and social stresses' (****, ****:123). Young Asian women were also significantly more likely to attempt to commit suicide in West London in 1994-1995. Such attempts were related to inter-racial relationships, having

parents who arrived in England at an older age, having fathers born in India, and family conflict about having an arranged marriage (****, ****:133-4).

Some are more sanguine about likely future trends in missing women and believe that the problem will be self-correcting. They argue that as the ratio of men to women continues to increase, women will increasingly become a scarce resource and their status will correspondingly increase. Relying on the tragedy being self-correcting is unlikely. The phenomenon of missing women has been increasing steadily in India for more than a century without signs of such a corrective process at work (Dyson, 2001:342). Relying on the tragedy being self-correcting is also, as the case of China demonstrates, undesirable. In China, the growing shortage of women has been reflected in their being subject to tighter and more degrading restrictions in an effort to control them as a valuable commodity. There been a growth of illegal traffic in women for marriage. In 2000, more than 19,000 perpetrators of woman and child trafficking were arrested (Junhong, 2000:276).

To appreciate where the true solution to the problem of missing women lies, consider the causes of the problem. Firstly, there are underlying determinants of gender discrimination, which manifests itself in a preference for sons and, in the case of dowry, antipathy towards women who do not bring a large enough dowry with them when they marry. This preference for sons and antipathy towards brides is satisfied by sex-selective abortions, honour-based violence, dowry death, and gender selective behaviour regarding nutrition and health care, i.e. the proximate causes discussed above. The result is the phenomenon of missing women. Given this causal story, merely removing the proximate causes will not eradicate the problem completely. There will always be further ways in which underlying determinants may gain expression. Hence, a complete solution requires addressing the underlying determinants as well. These deep-rooted determinants can only be removed by improving the cultural status of women. In Section 4.7, for example, we showed that simply making efforts to improve female literacy without tackling the deep-rooted determinants of son preference can lead to a perverse outcome. For lessons on how to improve the cultural status of women, and hence eradicate the problem of missing women in the UK, we would do well to consider suggestions made in the South Asian context. Agnihotri (2000) calls for the creation of employment and training opportunities for un/semi-skilled women, especially employment outside the household, to give women a better bargaining position and make a more visible economic contribution to the household. The emphasis should not just be on choosing a good employer, but also on reducing patriarchal constraints on women working outside the household. Agnihotri also calls for positive discrimination in favour of women with respect to crucial prestigious occupations that can provide positive role models, such as teaching. In the context of South Asia unpalatable choices are evident. In Nepal greater female child labour is closely associated with diminished son preference at the household level (Koolwal 2007).

Once we think of turning to the developing world for lessons on how to deal with a problem in the developed world, what are we to make of the view that the developed (modern) world is an image that shows the future of the developing (traditional) world? The modernisation paradigm is turned on its head.

7. Conclusion

The investigation conducted herein constitutes an extended test of the modernisation paradigm. In the specific context explored here, a simple prediction may be derived from the modernisation paradigm: the cultural practices of the developed world will converge to the norms of the host after migration. However, the reality is more complex. The cultural preference for sons in South Asia has persisted following migration, while the specific way in which this preference might be satisfied has changed: sex-selective abortion is taking the place of post-natal neglect of, and harm done to, girls and women. In some cases, further empirical work is required if the issue of how South Asian practices of gender discrimination might be manifest in the behaviour of migrants to the UK.

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Endnotes

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³ A system of arranged marriage involving dowry remittances is a prominent feature of marriage markets in many developing countries, especially in Southeast Asia and in India. A dowry is defined to be the net transfer of cash, valuables, consumer durables and land at the time of marriage from the bride's family to the groom's family. A dowry is thus sometimes called the "groom price" with the reverse payment being known as the "bride price". This deep-rooted tradition has broad socio-economic impacts, and has naturally attracted the attention of researchers working in many different disciplines (Rao, 1993).

⁴ The methodologies used in deriving these estimates are discussed variously in Coale (1991) Klasen (1994) and Klasen and Wink (2003). Despite differences in estimates, they all agree that the phenomenon of missing women is a massive problem.

⁵ Seventy-five percent of births in India do not take place in a medical institution (Arnold *et al.*, 1998)

⁶ ‘Honour’ killing is one form of extreme violence perpetrated on women by men. It most commonly is a premeditated killing of a girl or woman, committed by her brother, father, or combination of male agnates, in the name of restoring what they consider to be their family's honour, following its having been tarnished by her behaviour. The origins of honour killing in human societies have deep historical roots, but the practice has been linked by various scholars with ascendant patriarchal structures (Welchman and Hossain, 2005; Gill, 2006). A large number of honour killings are reported from Mediterranean, Latin American, and certain Muslim societies, but research suggests that it would be an error to view it as being peculiar to a certain geographical area or belief system (Welchman and Hossain, 2005; Gill, 2006).

⁷ ‘The International Conference on ‘Honour-Based Violence’, 21st-22nd March 2005, sponsored by the (London) Metropolitan Police.