

Birth spacing in the presence of son preference and sex-selective abortions: India's experience over four decades

Reviewer comments

This study uses four waves of the National Family and Health Surveys to examine the interrelationship between son preference, sex ratios at birth, and birth spacing in India, how this varies between different regions, by parity and the sex composition of the children in the household, by maternal educational level, and over time.

On the one hand this feels like a clear and polished piece of research. On the other hand, I wonder how much we can learn from this study given that there is already an extensive body of research that examines son preference and SRBs in India, including how this varies by parity, sex composition of the children already in the household, maternal educational level, and over time. It seems to me that the question is, what is the net contribution of adding birth spacing as an additional dimension to this whole discussion.

The authors attempt to address this point by offering four motivations for why we should care about spacing as an additional dimension. First, they say that “researchers have made extensive use of birth spacing as a measure of son preference, and it is critical to understand to what extent spacing is still a useful measure of son preference” (page 2). To my mind, the authors do not offer a particularly compelling explanation anywhere in the paper for why it is ‘critical to understand’ whether spacing remains a useful measure of son preference. Understanding son preference and how that is linked to sex-selective abortions and differential stopping behaviour (and gender dynamics more generally), is indeed critical – but I don’t really see that the critical importance of understanding spacing in relation to this.

The second and third motivations offered by the authors are the potential consequences of (short) birth spacing for maternal health, child health, and long-term child development. For example, the authors cite literature showing that short spacing can have severe consequences for child outcomes, particularly in low-income settings. However, understanding the potential consequences of birth interval length is much more confusing when long birth intervals are a consequence of (sex-selective) abortions. One reason why short birth intervals have a negative effect on child outcomes is because of maternal nutrient depletion and insufficient time to recover from the previous pregnancy. Children born after long birth intervals where those intervals have been punctuated by multiple abortions will not see the same benefits as a child born after a long interval that is not punctuated by abortions since the mother would not be fully recovering in that intervening period. Likewise the costs and benefits for mothers themselves of short/long spacing may be overwhelmed by the effects of the abortions and interrupted pregnancies.

The fourth and final motivation offered is that we don’t know what determines spacing behaviour in low- and middle-income countries. However, the arguments that the

authors develop here are more about contraceptive use, declining fertility, and women entering the labor market. Those factors don't seem to be addressed elsewhere in the paper at all.

In the end, this study offers a careful descriptive account of how birth spacing has changed alongside sex ratios at birth, but little more. We should indeed care about sex ratios at birth – and people do – but there are many studies published on that topic, and it is not clear that this one adds something important to that particular debate. If it does, the authors have not articulated that clearly. I think that understanding the consequences of birth spacing for maternal and infant health is also extremely important. But the authors do not study that link empirically. For these reasons, I find the contribution of the study rather marginal and confusing.