Differential Child Care in Three Tibetan Communities: Beyond Son Preference

Nancy E. Levine

In recent years differential child care and survival have been the subject of growing scholarly concern. The great bulk of the research to date has focused on the differential survival of sons and daughters, and the son preference and differential allocation of family resources that underlie this (Cook and Hanslip, 1964; Kimmance, 1972; Ware, 1981). Most of the research has been done among Hindu and Muslim groups in India and Bangladesh. In those groups, researchers have documented substantial excess female mortality among infants and children, and large differentials in the distribution of food, clothing, and medical care between children of different sexes (Chen et al., 1981; Das Gupta, 1987; Wyon and Gordon, 1971).

While the general conclusion of this research is that sex differentials in child care in both countries are high, my research among ethnic Tibetans in Nepal suggests that elsewhere in South Asia levels of infant and child mortality are higher still and implicates not only sex biases in the society, but also many other features of the social and cultural system. Thus the issue is not simply discrimination against daughters, and its causes, but large-scale discrimination against any less desirable child, and its roots.

Demographers have recognized the importance of cultural and social-structural factors underlying differential child care and survival (Mosley and Chen, 1984). They have made less progress, however, in identifying which sociocultural factors are most important and in understanding how elements of social structure and culture operate to shape patterns of child care and survival. My exploration of the cultural and social-structural models underlying differential child care in three Tibetan communities suggests that in addition to sex of child, theorists should also consider such factors as sibling position, marital stability, child legitimacy, and the state of the household economy.
This article examines social and cultural factors underlying reported and observed patterns of differential care of children among three ethnically Tibetan communities of northwest Nepal. The Tibetan sociocultural system differs markedly from that of Hindu and Muslim societies in South Asia, but contains certain of the same supports for son preference: inheritance by males, continued residence by sons in the parental home, beliefs that adult males make greater economic contributions to their households than adult females, and expectations of old-age support from sons. Added to this is the Tibetan custom of polyandry, in which sons stay together and marry jointly. A final factor contributing to son preference is the limited availability of critical resources, notably land.

To anticipate the findings, these three communities exhibit an ethic and rationale of discrimination between more- and less-valued children phrased in terms of local conventions about good and bad child care. This rationale and the behaviors involved are both conscious and openly articulated, and they consequently have a dimension of intent. They are most commonly phrased in terms of preferences for sons, but we find that differential care can proceed against any less desirable child, as moderated by family circumstances and existing family composition. The source and logic of child preferences lie in the local household system and the guiding notion that individual interests should be subordinated to collective household needs. Thus, discriminations made between children are part of a larger complex of ideas about the valuation of individuals according to their current, past, or expected future contributions to the household. The idea that all household members should be treated equally is completely foreign here. Individuals throughout their lives are judged according to a calculus of household value: they expect it for themselves, and they treat children according to it. This makes the value of children a matter of household concern, and more than the parents are involved in decisions about how children are to be treated.

While differential care is prescriptive and supported by the cultural system, outright infanticide is not. Part of the moral acceptability of more passive forms of neglect hinges upon their indirectness and uncertainty of outcome. Infant and child mortality are extremely high under the best of circumstances, and even highly valued children die. At the same time, some children who are given a lower standard of care survive. Child deaths often seem inexplicable, and while standards of care are considered a factor, they are not the only one. Thus the system of differential care enacted here is not a means of achieving family-building goals predictably.  

The focus in this article is the insider’s perspective, the culturally defined logic and rationale of differential care. This approach—the exploration of cultural models—can contribute to understanding how household resources may be allocated to enhance the survival chances of more-valued children and minimize the chances of less-valued children, and which family members are involved in these critical decisions. The findings can make a major contribution toward identifying effective interventions. Further, as we shall see, the mul-
ticipation of factors that can enter into decisions about a given child’s value and the sociocultural variations that condition this make identifying children at risk a complicated matter, and one highly problematic for statistical studies relying upon national sample surveys and data from socioculturally diverse populations.

Setting and sources of data

The discussion here concerns three of the six communities of agriculturalist Tibetan-speaking ethnic groups in Humla, the northwesternmost district of Nepal. Humla is considered a remote and “backward” place; certainly it is one of the poorest and least developed districts in one of the poorest and least developed countries in the world. Although it is sparsely populated, only a fraction of the land is arable, and population growth is forcing expansion onto more and more marginal and unproductive lands. The last several decades have seen a succession of famines, recently mitigated by government airlifts of food. Population growth also has increased pressures on pasturelands, while political upheavals in Tibet and improved communications to the south have decreased traditional profits from trade. The situation overall has been one of economic decline.

Each studied community is territorially discrete; each includes from two to four nucleated village settlements whose houses are tightly clustered because of land scarcity. The villages range in altitude from 2,400 to 3,300 meters, and the fields that surround them extend another 400 meters above and below the village. The different communities are separated by up to 32 kilometers, and travel between them is hindered by difficult mountain paths and major rivers spanned by narrow, rickety bridges. Ecological differences have prompted diverse economic adaptations by these communities. This, together with certain policies sponsored by the high-caste Hindus who long have ruled the area, has reinforced political isolation, which in turn reinforces ethnic and sociocultural variation.

I chose to study these communities, which I call Ladog, Rongphug, and Gyaling, because of their variation on key economic dimensions. Ladog occupies a south-facing valley, well-suited to cereal agriculture, but with little room for expansion. The population, approximately 1,400 individuals in 1983, has increased relatively little since 1868, when the first modern tax rolls were compiled. Rongphug occupies a very narrow valley where agricultural land is limited. Villagers used to supplement cereal production by trade, but political changes in Tibet caused the loss of their special trading privileges a quarter-century ago. This led to severe economic reversals, and many villagers now migrate to seek temporary agricultural work in Humla and the south. The population stood at approximately 350 in 1983, and this was roughly a two-thirds increase since 1868. Gyaling’s population, approximately 650 today, doubled during the same period. This increase was accompanied by major
expansions in agriculture and herding, which now have come to an end because of the lack of new land. Economically, Ladog’s situation is the most stable, Rongphug has experienced a radical decline in its standard of living, while Gyaling’s inhabitants fear that they face serious reversals in the future.

The data discussed here derive from anthropological field research conducted between October 1982 and December 1983, as part of a larger study of interrelations between household, economy, and fertility. The first phase of the research involved a basic ethnographic survey focusing upon economic adaptations, household and marital systems, and patterns of child care. The second phase involved administration of a detailed questionnaire to all households in the smaller villages within each community and a random sample of households in the largest ones. This yielded data on household assets, gains and losses in major assets over the last ten years, sources of household income, a household census, gains and losses in household membership over the last ten years, patterns of migration, the marital and fertility history of one household woman—aged 18 years or older and in a stable marriage—and her reconstruction of household composition at three times: at her marriage, when she was aged 30, and when she was aged 40. The questionnaire was completed for 247 Tibetan households. In order to secure a larger number of observations on fertility and infant and child mortality in the smaller villages, simple fertility histories were sought from additional women in those villages who were stably married, aged 18 and over, and willing to provide them. Fifty-three fertility histories were completed.

The third phase of the research involved in-depth interviews with ten men and ten women in each of the three communities on the value of children and family-building strategies. This is the major source of information on differential child care. I selected as respondents only persons with whom I had established strong rapport, and mostly interviewed husbands and wives (separately) in order to check their answers against each other. Most interviews were scheduled for an afternoon in the respondents’ homes. Only in cases where it seemed likely to facilitate the interview was a local assistant invited along. One of the questions concerned whether the respondent had first-hand knowledge of child neglect or infanticide. These reports were later checked with a local assistant or other friends within the community. Only one interview could not be completed. Significantly this ended when a Gyaling woman broke down upon being asked at what point women gave up hope of having a son—she was aged 40 and had only one daughter. Added to these self-reports are my own observations on child care. Finally I should note that although the survey brought me to each community for only four or five months, I was already well-known to many villagers, having spent 20 months in Humla in the mid-1970s, engaged in ethnographic fieldwork.

It is difficult to judge how representative the three communities in my study are of Tibetan society in general. They appear most similar to the western Tibetan agriculturalists who live across the nearby border. However, centuries-
long contact with Nepali Hindus—whose kinship and household system bears
certain resemblances to North Indian patterns—has had certain effects. Among
these are the inheritance systems of Ladog and Rongphug, in which sons’
shares are reckoned according to their separate paternity; their systems of spirit
mediumship; and the disapproval of illegitimacy in all three communities. We
must see these similarities, however, as selective borrowings, and otherwise
these communities follow Tibetan sociocultural patterns (Goldstein, 1981:
727).

It also should be noted that the question of whether Tibetans generally
discriminate in the allocation of resources to their children is a subject of
debate. Two other researchers who worked in northwest Nepal have not found
such patterns (Goldstein, 1976: 228; 1981: 736n; Ross, 1984: 169). Yet, other
writers on Tibet report infanticide in circumstances of illegitimacy, deformed
or ill infants, or poverty (Duncan, 1964: 85; Peter, 1963: 430). The conflicting
reports may be due to micro-regional variation, or to the subtlety of these
practices.

Social-structural bases for son preference

The people of Ladog, Rongphug, and Gyaling are ethnic Tibetans, exemplars
of the larger Tibetan tradition that has extended into Himalayan regions along
Nepal’s northern borderlands. Although the cultural and social systems of these
communities are comparable in fundamental details, they differ economically
and in other ways. Among the social factors critical for selective investment
in children are patterns of marriage, household residence, and inheritance.

The normative form of marriage in these communities is fraternal poly-
andry. This means that all co-resident brothers take a common wife when they
reach adulthood. The brothers cooperate in the economic management of the
household, and, as Tibetans themselves often note, polyandry has the advantage
of providing a large adult male labor force and the possibility of specialization
in the various economic sectors of agriculture, herding, and trade. This eco-
nomic diversification is especially valuable in areas like Humla, to cushion
against unavoidable fluctuations in one or another source of subsistence.

Polyandry may be idealized in all three communities, but it is not equally
followed. Ladog has the highest incidence and the lowest rate of severance of
polyandrous marriage. Although the incidence of polyandry declines over the
life cycle due to mortality, the average Ladog woman still has 1.6 husbands
by the age of 40, while her counterparts in Rongphug and Gyaling have only
1.3 and 1.2 respectively, due to higher rates of divorce and household partition.6
Among Tibetans generally, polyandry seems to be found among stable land-
holders, as in Ladog, and is less commonly found among wage laborers and
traders, as in Rongphug. The practice of dividing new land equally among
separate households seems to have encouraged partitioning in Gyaling, since
individuals acquired more land apart than they did together. What is of greater
interest here is how polyandry affects sex preferences for offspring. Polyandry rigorously observed means fewer marital places for daughters, and since unmarried women reflect negatively on their parents, this is a disincentive to having daughters. Since polyandry has brothers pooling their incomes, this is a positive incentive to having sons. Not surprisingly, Ladog exhibits the greatest son preference, both in cultural and behavioral measures. Gyaling has the least son preference. There we find fear of having too many sons, due to the threat of land fragmentation. The result seems to be discrimination against later-born sons.

These and other key differences between the three communities are summarized in Table 1. The table shows that the average Ladog household owns approximately the same amount of land as the average Gyaling household and more than twice the land of the average Rongphug household. However, Ladog households generally have a higher standard of living, as Gyaling people acknowledge, because of polyandry and the opportunity for brothers to specialize in alternative sources of subsistence, particularly trade.

Marriage in all three communities almost always entails the woman’s moving to her husband’s household. She gets a very small dowry, which rarely includes more than pots, pans, dishes, and agricultural tools. Sons remain with their parents and eventually inherit all their property. This means that parents rely on sons for old-age support and can expect little from their daughters, beyond occasional visits and small gifts. When households fail to have sons, however, they choose a daughter in place of a male heir. She brings her husband to her parents’ home, and the two work for the wife’s parents. Members of sonless households find that their future lies with daughters and are likely to indulge them, accommodating the ethic of variable child care to their circumstances. Marriage also establishes practical alliances between households, so wealthy households tend to arrange their children’s marriages with those of
similar standing, who have the most to offer. A final feature of social life contributing to son preference is clanship. Descent is traced through men, and the perpetuation of a man’s clan serves as the ultimate rationale for having sons and continuing the ancestral estate in the male line. When a daughter’s husband comes into an estate, his clan replaces that of his father-in-law, and the names of the latter and his ancestors are forgotten.

Differential value of children

Unlike their counterparts in many South Asian societies, Tibetan women have considerable autonomy and are highly valued in their marital homes. The way inheritance, postmarital residence, and old-age support are structured, however, makes daughters of less value to their parents. This is expressed in a general preference for male children and articulated in terms of four characteristic rationales, all future-oriented. The first is that sons will contribute to their parents and natal household, whereas daughters will benefit their husbands and husbands’ households. The second is that sons can provide diversified economic contributions. Younger people add that sons now can obtain paying jobs. Third, sons can be expected to support their parents politically; and fourth, they perpetuate their father’s clan. Issues of old-age support are of equal relevance to both sexes, while that of lineage continuity is of greater concern to men. However, women who fail to have sons may be divorced, or may have to accept a co-wife. The result is that both sexes have strong commitments to having sons.

The perceived disadvantages of daughters further support a generalized son preference. Parents face greater worries with daughters: concerns about their economic dependence upon their husbands, and fears of being shamed by their sexual or marital misadventures. Daughters also are seen as an economic liability. Soon after they become fully productive they marry out, and these marriages impose costs of weddings and dowries, however minimal. Thus, when villagers were asked what reasons they had for wanting a daughter, several flatly replied that there were none. Others could cite only one—the expansion of household kin networks. In the course of later questions, some people noted that women provide considerable labor before they marry and are especially helpful in caring for younger children. Others pointed out that some daughters maintained close ties with their mothers after marriage. Yet the latter is largely a matter of sentiment, and this and occasional assistance from the daughter’s marital household simply cannot compare with the daily and lifelong support a son provides, and which daughters provide to their husbands’ parents instead of their own.

The exception to this is a sonless household. Whereas childlessness positively obliges a man to take a second wife, sonlessness only gives him the justification for doing so. A woman with one or more daughters may successfully argue against this, greatly to her daughters’ advantage.
Most people, however, would prefer more than one son and offer several reasons for this. One involves "insurance" sorts of concerns—with infant and child mortality so high, extra sons make it likelier that at least one will survive to adulthood. A local proverb, common also to North India, states: "One son is no son. One eye is no eye" (Opler, 1964: 208). Nonetheless, the younger generation in Gyaling says that scarcity of land means that two sons may now be too many, and this seems reflected in current family composition in that community, as Table 2 shows.

The data in Table 2 confirm that son preference is strongest in Ladog, followed by Rongphug, and weakest in Gyaling. These patterns are related to the strength of polyandry, which is most common in Ladog, and to concerns about land fragmentation, which are greatest in Gyaling. The data on surviving children also suggest that preferences influence family composition. Thus Ladog men and women, with their greater expressed desire for sons, tend to have the most sons in proportion to daughters. Gyaling men and women prefer a more balanced number of each sex and do, on average, achieve that. These are cultural ideals, not responses given because people saw their own families as ideal. Many of the men and women who answered these questions had families different in composition from their expressed preferences, and, as we can infer from the table, many Ladog and Rongphug households fall far short of the number of sons they want.

Son preference in Ladog is also associated with higher rates of female infant mortality, as Table 3 shows. To provide a larger number of observations, infant mortality data in the table are based on live births from 1967 to the year

**Table 2** Child preferences and family size by community, 1983

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Ladog</th>
<th>Rongphug</th>
<th>Gyaling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of sons preferred</td>
<td>2.4</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Mean number of daughters preferred</td>
<td>1.3</td>
<td>1.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Number of respondents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Women</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Mean number of living sons</td>
<td>1.7</td>
<td>1.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Mean number of living daughters</td>
<td>1.4</td>
<td>1.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Mean number of children born</td>
<td>5.2</td>
<td>4.7</td>
<td>5.8</td>
</tr>
<tr>
<td>Mean age of mothers</td>
<td>43</td>
<td>45</td>
<td>41</td>
</tr>
<tr>
<td>Number of women providing birth histories</td>
<td>142</td>
<td>71</td>
<td>87</td>
</tr>
</tbody>
</table>
TABLE 3  Infant and child mortality rates (deaths per 1,000 live births) by age at death, Ladog, Rongphug, and Gyaling, 1967–82

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age at death (months)</strong></td>
<td><strong>Age at death (months)</strong></td>
</tr>
<tr>
<td><strong>Less than 12</strong></td>
<td><strong>Number of</strong></td>
</tr>
<tr>
<td><strong>Number of births</strong></td>
<td><strong>12–59</strong></td>
</tr>
<tr>
<td><strong>Births</strong></td>
<td><strong>Number of births</strong></td>
</tr>
<tr>
<td><strong>Ladog</strong></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>208.8</td>
</tr>
<tr>
<td>Females</td>
<td>245.4</td>
</tr>
<tr>
<td>Total</td>
<td>226.1</td>
</tr>
<tr>
<td>Male/female</td>
<td>0.85</td>
</tr>
<tr>
<td><strong>Rongphug</strong></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>229.7</td>
</tr>
<tr>
<td>Females</td>
<td>220.1</td>
</tr>
<tr>
<td>Total</td>
<td>225.1</td>
</tr>
<tr>
<td>Male/female</td>
<td>1.04</td>
</tr>
<tr>
<td><strong>Gyaling</strong></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>219.3</td>
</tr>
<tr>
<td>Females</td>
<td>166.7</td>
</tr>
<tr>
<td>Total</td>
<td>191.7</td>
</tr>
<tr>
<td>Male/female</td>
<td>1.32</td>
</tr>
</tbody>
</table>

preceding the survey, while data on child and under-five mortality are based on live births for 1967–77. Despite its moderate expressed son preference, Rongphug experienced higher male infant and childhood mortality during this period. For Gyaling, the data show a higher male mortality in infancy, but higher female than male mortality in childhood.

What is particularly striking about the Rongphug data are the extraordinarily high rates of child and under-five mortality during 1967–77. Two events occurred during this period that may have contributed to the large number of child deaths: a measles epidemic in 1974, when 22 percent of these children died, and a severe famine in 1977, when 18 percent died. Ladog and Gyaling households generally suffer less in bad harvest years, because they have more land and maintain larger reserves of food. Parents from these communities also say they lost few children in the 1974 measles epidemic, and the data show no more of their children dying in 1974 and 1977 than in many other years. Nonetheless, infant and child mortality in these two communities is very high—much higher than the figures reported for Nepal as a whole.14

While son preference seems most pronounced and has the greatest effects in Ladog, men and women in Rongphug and Gyaling are equally preoccupied with having at least one or two sons, and all describe their partiality to sons in similar terms. This preoccupation is reflected in the common custom of going on a pilgrimage to have a son and in the number of rituals designed to give parents a son or keep an existing son healthy. The concern with having sons is also reflected in expressed anxieties during pregnancy and childbirth.
People believe that illness or bad luck can change a male to a female in the womb, or at the moment of birth, and so the first thing they do is to check the sex of a newborn child and grab the penis of a boy, lest he change into a girl.

Emotional commitments tend to follow upon assessed child value. Thus people say they care less about their daughters and grieve less when they die. They remark quite bluntly and in front of children, "It doesn't matter if a girl dies." This same attitude applies to sons in certain circumstances as well. People observe that differences in concern and care mold characteristic personalities. Lone sons often are "spoiled," a concept similar to that in Western European cultures. The daughter in a sonless household chosen to remain with her parents is "treated like a son" and often develops into a woman self-assured enough to act in local political affairs. Parents otherwise try to instill in daughters a sense of their own unimportance. Finally these attitudes set the stage for divergent patterns of child care, according to the value of a given child.

Cultural models: Dimensions of differential care

Differential treatment of more- and less-valued children reportedly begins at birth, with the former receiving better, the latter poorer child care, as these are locally understood. If informants accurately depict what they do, we would expect an impact on children's health and chances of survival.

Diet, work, and child care

After birth, the ideal is for mothers to rest and eat nutritious foods—meat, butter, rice, honey, and barley—for at least a month. This is supposed to help them recover their strength and aid in the production of milk. Throughout infancy, the mother's diet and release from work for child care are stressed. People see full, agricultural labor and child care as incompatible, and say that it is best to stay home to feed an infant on demand and care for a child who is ill. They believe that long gaps between feedings, particularly by mothers who have had to work all day in the hot sun, cause infant diarrhea—which actually may be due to the contaminated cereal mixes the infant is fed in its mother's absence. Mystical beliefs about spirits in the fields, dangers of exposure to sun and rain, concerns about interruptions to work, and the difficulty of negotiating mountain paths keep women from bringing infants and small children to their work sites. Best of all is for the mother to stay home, following which is leaving the child with an adult female relative, or, if that is not possible, with an older sibling. If there is no one at home, the child will be left alone for hours at a time.

Gyaling, in a variation of this, has mothers spending the entire summer with their young children in the high pasture area. This gives nursing mothers access to the sorts of foods they are supposed to eat, releases them from all but light work that is compatible with child care, and provides a good diet for
their children. In the other villages, herd sizes are smaller and do not support an adult woman’s full-time diversion from agriculture.

**Supplementary foods and weaning**

Customs of supplementing breast milk and weaning differ across the three communities. Gyaling women provide supplementary food virtually from the time of birth. This, they explain, helps babies sleep and gain weight, augments insufficient milk, and accustoms the child to supplements, which must be given when mothers are called to agricultural work. In Rongphug and Ladog, there is great individual variation, although Rongphug women tend to introduce the local cereal mashes sooner, similarly to facilitate their return to work. In all three communities boys are given supplementary foods sooner than girls, which accords with the tendency of mothers of boys to voice greater concerns about the adequacy of their milk.19

There is no culturally prescribed time for weaning, and most mothers do not wean a child until they are midway through the next pregnancy. People believe that children benefit from prolonged breastfeeding, both physically and psychologically; and when a baby dies, its older sibling will be breastfed again. Some women, however, feel that breastfeeding interferes with their work and wean a child at age two or three, by putting bitter substances on their breasts, or sending the child to the high pasture with its grandmother. Others continue to breastfeed, so that a last child may be fed for five, six, even seven or eight years. Although women say they tend to breastfeed sons longer, individual retrospective reports fail to demonstrate any consistent relationship between sex of child and duration of breastfeeding.

**Religious protection, medicine, and other aspects of good care**

Traditional religious ceremonies for preventing and curing illness remain important in these communities, and people take their understanding of modern medicine from what they know of traditional cures and practices. They tend to prefer the traditional, because the newly established health posts are several hours' journey away and have limited facilities and unsympathetic personnel. There is also a complex of ideas about food and illness, with certain foods seen as benefitting, others exacerbating particular ailments. Dietary regimens based on these ideas continue to be widely followed. Cleanliness is not considered, nor is warm clothing. In winter I have seen naked toddlers, boys and girls alike, sitting in the snow. Children's everyday clothing consists only of thin cotton or woollen rags cut down from adult clothes. Infants are kept wrapped in old blankets that parents do not mind being soiled. It is true that more-valued boys probably get newer and more attractive clothing, particularly for festive occasions, although this does not necessarily mean warmer clothes. One may see functional effect in this—habituating children to cold—although this is not a conscious goal.
Differential care and neglect

The care given to a less-valued child differs markedly from the care a more-valued child receives. After a less-valued child is born, the mother is denied the customary rest and special diet. Whereas a poor family may go into debt to buy meat, butter, and so on for the benefit of a highly valued son, a rich family will skimp on more expensive foods for the mother of a daughter or a less-valued son. Women say that this reduces the milk they produce. The woman, moreover, is expected to return to work immediately. The result is that the less-valued child is likely to be left alone or with caretakers less able to attend to its needs, given supplementary cereal mashers early or more often, or even left hungry for periods of time. Even when ill, a less-valued child will not have the benefit of its mother’s presence, because it is not considered worth the mother’s lost work time. In contrast, a much-wanted son simply will not be left alone, nor taken to the fields, but will be attended to by its mother for a full year and, thereafter, whenever he is ill.

These are among the more obvious manifestations of selective investment of household resources in children. Less-valued children also reportedly receive less emotional support from family members, and the mother is in effect punished for producing a child of the wrong sex. Imagine a woman who produces one daughter after the next. She is denied nutritious food and rest. The household holds her to blame, her husbands threaten to bring a co-wife and may even beat her. Nor is the community sympathetic. Neighbors bring gifts and celebrate the birth of a son, but do nothing for a daughter. People feel that the woman’s resentment surfaces in her treatment of the child. There is the present-day example of a Gyaling woman who had nine children, two sons and seven daughters. Both of the sons died, while three girls survived. The last child was a girl, and the woman was so furious she at first refused to feed her. But the baby did not die, and relatives and friends finally prevailed upon the mother to feed her. The mother’s bitterness again surfaced in a refusal to interact with the child or even name her. Instead she has called her daughter a succession of abusive terms, one of which was “Ready to Die.” Yet the girl has not died and remains a healthy, if very quiet, child.

More-valued children, especially wanted boys, are fed better foods. This reportedly begins with better supplementary mixes of butter, flour, soy meal, and honey, whereas girls get only mashed rice. When children begin to eat solid foods, valued children get milk, meat, rice, butter, and honey. Others are given the less preferred grains and radish as a sauce. Because mothers are home more with valued children, they are able to feed them more frequently as well.

Finally, religious ceremonies are sponsored solely for boys. No one could recall a single case of an elaborate, Buddhist protective ceremony for a daughter, although various simple folk practices to avert harm may be carried out for valued girls, as well as for boys. These patterns are repeated with medical services. People avoid taking an ill child to the local health post, but
sometimes go there to request medicine, and health workers have on exceptional occasions come to the villages. Such care reportedly is sought mostly for sons.

Children at risk

There are four general categories of children who are at risk of negligent care in these Tibetan communities. These are girls, boys who have healthy older brothers, children whose parents’ marriages are unstable, and illegitimate children. The latter two categories of children in particular may experience more aggressive neglect and even outright infanticide. Other factors also influence the quality of care a child receives, among them the household’s wealth and work force. Finally, there are individual considerations—the health, attractiveness, and disposition of a given child. An attractive girl is likelier to be indulged than an unattractive one, because of the value placed upon women’s appearance and probably because parents anticipate an easier time of marrying her off.

After the factor of sex, position in the sibling group has critical effects upon child care. Child value, one must recall, is calculated in terms of future household needs, and once those needs have been met, children become redundant. This, people say, influences the care of high birth order sons. And a girl following many girls may be treated more negligently than her older sisters. By contrast, the first-born child of either sex initially is treated well—so long as the marriage is stable—because he or she may be the only child to come. Lone daughters continue to be well cared for, as they become the focus of household interests, and daughters selected to stay with their parents receive household resources equal to a son’s. Finally, an older mother who has had a succession of sons may want a daughter for what people see as largely sentimental reasons, to be her confidante and to give jewelry to. Such a daughter may receive better care than later-born sons.22

The sex ratios of surviving children at different birth orders, shown in Table 4, lend support to Gyaling villagers’ accounts of negligence toward sons of high birth order and to Ladog descriptions of strong son preference. Some of the fluctuations seen in these sex ratios certainly can be attributed to the small cell sizes. The overall pattern, however, is consistent with the reports of child value and family composition preferences described above. It also suggests that sex discrimination is exacerbated for higher birth order children—in all three communities.

Although negligence toward sons of high birth order seems to be more prevalent in Gyaling, I have witnessed the most dramatic cases of it in Ladog. Perhaps these cases were observed by chance, or were due to the chance factor that the boys—like the unwanted girl discussed above—actually survived. The first case involved a twelfth child and fifth living son, born to a woman aged 39. This woman had not wanted another child, and she fell into a depression after the birth, refused to eat, and fed the infant irregularly. The second woman,
### TABLE 4  Sex ratios at different birth orders: Numbers of currently surviving sons per 100 surviving daughters at birth orders 1–3, 4–6, and 7 and higher, by community, 1983

<table>
<thead>
<tr>
<th>Birth order</th>
<th>Ladog</th>
<th>Rongphug</th>
<th>Gyaling</th>
</tr>
</thead>
<tbody>
<tr>
<td>(No. of cases)</td>
<td>(No. of cases)</td>
<td>(No. of cases)</td>
<td>(No. of cases)</td>
</tr>
<tr>
<td>1–3</td>
<td>108 (202)</td>
<td>90 (93)</td>
<td>118 (146)</td>
</tr>
<tr>
<td>4–6</td>
<td>114 (148)</td>
<td>141 (65)</td>
<td>79 (104)</td>
</tr>
<tr>
<td>7 and higher</td>
<td>169 (97)</td>
<td>107 (29)</td>
<td>94 (64)</td>
</tr>
<tr>
<td>All currently surviving children</td>
<td>121 (447)</td>
<td>108 (187)</td>
<td>99 (314)</td>
</tr>
</tbody>
</table>

**NOTE:** Births classified by women as “stillbirths” were counted as births in this table, but not elsewhere.

aged 40, was experiencing marital difficulties when she had her fourteenth child and third living son. Carelessness led to a number of accidents, and the boy is now blind in one eye. Negligence in Ladog toward high-parity daughters has been more extreme. A Ladog woman I know gave birth to her twelfth child and third living daughter when she was 41. The birth took place in an isolated hut near village pastures during a blizzard. She simply never fed the baby. In a similar case in Ladog, a neighbor came along several days after the birth, found the infant girl weak and swollen, and persuaded the mother to feed her.

Marital stability also is a prerequisite for good child care. This is relevant during low-parity births and when the mother is uncertain of her future in a given household. The reason is that women divorced after they have children find it very difficult to remarry. As a result, children born in unstable marriages are at great risk, for as a Gyaling man said, “The child is an obstacle in the mother’s life.” This man listed a number of unhappy marriages in which the woman’s child “conveniently” died, freeing her to remarry. In several cases, the woman was “careless” at the time of birth, letting the child lie on the ground, uncovered, until it was chilled, and neglecting to feed it. The husband in an unhappy marriage may encourage aggression against the child too. In one reported case in Gyaling, a man who was extremely angry at his wife threatened publicly to kill their newborn son in a particularly grisly way. He expressed satisfaction when the child died a few days later.

The importance of marital stability may be reflected in the data on child survivorship. In Rongphug, there is the most instability in the early years of marriage, and many women pass through several short-lived unions before they enter a lasting marriage. Thus the average Rongphug woman was aged 22 before she began the marriage she was in at the time of the survey, while Ladog and Gyaling women were aged 20 and 19 respectively when their present marriages began (see note 5 at the end of article). Significantly, only 42 percent
of reported first-born children in Rongphug are alive today, compared with 58 percent in Gyaling and Ladog. By contrast, 57 percent of reported second and higher birth-order children in Rongphug are alive. This is closer to the experiences of Gyaling and Ladog mothers—62 percent and 59 percent of whose second and higher birth-order children still are alive.\textsuperscript{23}

The household figures in child survivorship too. Whereas household members are said to do as much as they can to enhance the survival chances of a child whose mother they want to keep, they will do little and even withhold resources from a child whose mother they hope will leave. The withholding of postpartum food and rest is a way of telling the mother she is not wanted. If the woman chooses to stay on, she then has to entrust her child to in-laws poorly disposed to it. In one recent case, a mother-in-law actually killed a grandchild in her care by hitting it on the head with a rock; the mother left the house immediately. A Gyaling woman at odds with her parents-in-law accused them of endangering her children by keeping her at work all day so she could not feed them properly and by taking them away to the summer pasture when too young to wean. Measurements in arm circumference showed these children, both boys, to be seriously malnourished. Usually after first, certainly after second births, marriages have stabilized—or else they have been dissolved—and the woman has acquired more control over household decisions concerning children.

Illegitimate children are at the greatest risk of all, because of both local morality and economic pressures. Single women lack the means to support a child on their own. The obligations of the father vary in the different communities, but are insufficient in all. Illegitimacy also is disapproved, most vehemently in Ladog, least in Rongphug.\textsuperscript{24} Yet even in the latter, the woman is shamed and her chances of future marriage are compromised. In fear of this, a woman pregnant out of wedlock may attempt to abort the pregnancy, she may kill the child at birth, or she may try to rear it and, faced with difficulties, provide less than optimal care.

Infanticide is uncommon and is considered acceptable only in cases of severe birth defects. If it occurs in other situations—severe marital breakdowns, mothers driven to despair by too many children—these are exceptional and remembered for this reason. Disapproved or not, however, infanticide and aggressive neglect are regularly resorted to in cases of illegitimacy. During the last 20 years, twelve out of twenty reported illegitimate children in Ladog died in the first day of life. Two more died shortly thereafter. The few that survived included three born to heiresses unable to find husbands and wishing heirs, two born to former Buddhist nuns who intended to raise the children on their own, and one born to a woman in a stable relationship that eventually led to marriage. During the last 20 years in Gyaling, eight out of the eleven reported illegitimate children died, two at birth, the other six within a year and a half. Thus, close to three-fourths of illegitimate children in both communities did not live to see their second birthdays. It is uncertain how many
other illegitimate children who were born and quickly died escaped my survey. I may have missed the most in Rongphug, where women proved weakest on the details of their fertility histories. Yet seventeen illegitimacies were reported for the last 20 years, quite a large number in a community one-fourth the size of Ladog. Of these, nine lived less than one year.

In Ladog, most illegitimate newborns die at birth. In the other communities, "accidents" and aggressive neglect take their toll later in life. For example, a Rongphug woman left a child aged 14 months on a bed next to which she placed a large container of water. The inevitable occurred, and the child drowned. Another Rongphug woman smothered her illegitimate child when she fell asleep while feeding it at night. People see these deaths as intentional, in recognition of the extreme difficulties illegitimate children pose for their mothers. Legitimate children who are less-valued also have suffered accidents born of negligence. Added to this is lowered biological and emotional support, irregular feeding, and failure to interact with a child, which I have seen directed at less-valued legitimate and illegitimate children.25

Another factor that people in these communities cite as figuring in differential care is household wealth, which affects attitudes toward children and the resources that can be devoted to them. Members of wealthy households voice wishes for relatively more sons and daughters and experience fewer drawbacks in having them: sons can be employed in managing their more complex economies, partition poses less of a threat, and advantageous marriages for daughters can be arranged. A wealthy household can better afford to support children. It can provide more and better food, more meat and milk for children, and high-quality food for nursing mothers. Such a household also can hire a servant and release the mother to full-time child care.

Finally, cultural models suggest that household size and composition play a role in child care. Additional mature household women are particularly important, either to assume the burden of agricultural labor or to provide competent care for young children left at home. If there are no other women, but sufficient household males, the latter can assume much of the agricultural work. But a household short of both males and females faces a difficult predicament. It cannot generate the surplus necessary to hire servants, so that the married couple must do everything for themselves—and to neglect work is to risk financial disaster. It is in these circumstances that babies are neglected for hours, with no food and no care. A large, extended family provides clear benefits for children.26

Cultural rationalizations

Members of these Tibetan communities draw a moral distinction between differential care, aggressive neglect, and infanticide. The first is normative. It conforms to the calculus of household needs and the idea that people should
be allocated household resources according to their current or anticipated value to that household. People also justify their lesser care of daughters by saying that girls have stronger constitutions and need less than boys. Aggressive neglect and, even more, infanticide are regarded as sinful and are correspondingly rare. Within religious ideology, the more aggressive the act, the more sinful it is. Deliberately killing a child is very sinful, but placing it in a situation where an accident might occur or failing to feed it is less so, because the consequence is left to chance.

Uncertainty is critical in differential care. In this area of Nepal, infant and child mortality is high under the best of circumstances, and even optimum care is no assurance of survival.\textsuperscript{27} There also are cultural beliefs that serve to mask parental responsibility for the death of a child. First, folk concepts of causes of illness and death give equal weight to practical and what we would term mystical or supernatural factors. When a child becomes ill and dies, the outcome is attributed as much to mystical forces beyond human control as to the illness that precipitated the death or parental neglect. A child’s death from influenza is attributed to the current epidemic and malevolent supernatural forces, such as an angry local deity or a jealous village witch, as well as to its mother’s failure to feed it properly. The same sort of logic applies in stillbirths. That the child was born dead may be attributed to a difficult birth, but the fact that the birth was difficult is attributed to the malevolence of one of the many divine beings people believe in. Illness and mortality also are blamed upon karma, redress for actions performed earlier in this or in previous lives of parent or child, or less specifically, upon fate or luck.\textsuperscript{28}

These causes are seen as complementary, rather than competing, frames of explanation and are alternately cited. Thus, people at one time might recall that a woman with the evil eye had visited a child prior to an accident, and a day later might note that the mother was negligent in protecting the child against accidents. Other individuals might criticize the parents-in-law for sending the mother out to work and leaving the child with a less competent caretaker, or the husband for being miserly and denying the child a protective religious ceremony. Also mentioned might be the local belief that some children’s lives are ordained to be brief, that is, that they were living out the extra days or months they had been denied in a previous incarnation.\textsuperscript{29} People do not, however, seem to recognize the synergistic interactions between poor nutrition and disease. Reactions to a measles epidemic in 1983 provide a good illustration of this. Rongphug lost four boys and fifteen girls.\textsuperscript{30} People, however, did not attribute this to the poorer care that girls are subject to. Instead they stressed the lack of logic to the deaths: that some households lost all their children and that some of the most-valued children had died, while less-valued ones survived. People also felt that the epidemic struck too quickly for quality of child care during the illness—which they thought would matter—to make a difference. Again, multiple causes were cited to explain the inexplicable, and differential care was not held to be the direct causal factor.
Conclusions

Differential care has its source in a variety of social-structural and economic factors. At an economic level, it can be traced to resource limitations. These communities face chronic shortages of food and periodic famines. As in other high-altitude regions, agriculture requires tremendous labor inputs, and both the full-time involvement of women in agriculture and men's work outside the community are necessary to sustain the household. Thus, even if they wished to do so, most of these people could not provide high-quality care for all their children. At a social-structural level, differential care follows from the marital and larger social systems. Where polyandry is strictly observed, son preference and discrimination against daughters are intensified. Where polyandry is less common, brothers are more apt to partition and subdivide the property, so that excess sons become a concern. At a cultural level, differential care follows from ideas about the priority of the collective household over individual needs. In many traditional agrarian societies, it is customary to put the welfare of the household first, so that the contribution that household members make determines their rights in the household's resources.

What can make the existence and role of differential care so hard to document is the diversity of factors that enter into differential child value. Among the factors discussed here are gender, position within the sibling set, future of the parents' marriage, whether or not the child is legitimate, and the state of the household economy. The resulting discrimination in household resource allocation sometimes disadvantages girls, sometimes boys, and sometimes children of both sexes. This can confound statistical tests for son preference. Furthermore, the factors most likely to lead to aggressive neglect or infanticide are the least likely to be divulged publicly. Adding to this are individual differences. Some women simply like female children more than others. I can cite the very different attitudes of the two Ladog women with whom I lived. The first preferred boys and was extremely negligent of her daughters. The second liked girls, said she had wanted more herself, and was extremely indulgent toward her granddaughters. Individuals also may differ in their family-building strategies, for example, whether they want extra children to "insure" against child deaths and whether they change their goals over their life cycles. Finally, people in rural peasant societies seem to adopt a more flexible, open-ended approach toward building their families, in recognition of their lack of control over fertility and mortality. Variations like these obscure aggregate patterns, but constitute the reality of reproductive behavior in agrarian societies.

I have stressed that differential care forms a conscious system in these communities. People intentionally allocate fewer resources, principally in food and the mother's time, to less-valued children, because this compromises those children's chances of survival. People say that they treat girls less well because they care less about them and that poorer care can be implicated in children's deaths, but they do not say that they treat girls or less-valued boys badly to
ensure their deaths. This point may be a fine one, but it is critical in the local moral system. Folk analyses of causation and moral culpability in children's deaths reflect this fact—culpability is seldom clear-cut and is further obscured by the blend of material and mystical considerations cited. Understandings of causation in illness, accidents, and death in other traditional societies probably are similarly indeterminate. This indeterminacy can make the conscious nature of and the logic operative in the various systems of differential care difficult to discern.

Another key point I have stressed is that given an ideology of differential care and a rationale for it, lesser care can proceed against any less desirable child. Thus future research should move beyond son preference and sex differentials, to explore the full range of social and cultural factors that may produce differentials in child care and survival. This article has suggested that the sources of variation may be very broad. Patterns of differential care can vary between communities near in space that have different sociocultural systems and experience different economic constraints. Within a community, it can vary between different households that are subject to different domestic and economic circumstances. Finally, it can vary within households over the domestic cycle, as those circumstances change.

The factors involved can be so complex that informant-originated models of child care, differential care, and child value become especially valuable for identifying potential children at risk, the mechanisms likely to be involved in discrimination between children, and the persons involved in assessments of child value and household resource allocations. Such data can contribute greatly to the development of culturally appropriate interventions. Moreover, it need not be especially difficult to elicit folk conventions of child care or data relevant to child value assessments and differential care.

Of particular interest in this study is that the major causes of son preference are social or social-structural: patterns of residence, inheritance, and descent make daughters of less use to their parents' households. These patterns may be susceptible to change without altering traditions of extended families and support of the aged that serve positive social functions. The problem of discrimination against children at high birth orders might be resolved by easier access to modern contraceptives. Notably, Gyaling has shown the greatest contraceptive use, and this has entailed great costs to individuals, including trips to Tibet, Kathmandu, and India. Other problems are not so easily resolved—poverty, resource limitations, and overpopulation of the region affect all children and adults.

**Notes**

The research on which this article is based was funded by the National Science Foundation and the Population Council. The author thanks these institutions, the individuals who "sponsored" her in their communities, and their fellow villagers. To protect their privacy,
pseudonyms have been used for community names. The author also thanks Tahir Ali and Susan Scrimshaw for comments on an earlier draft.

1 For further discussions of sex bias in North India and Bangladesh see Ben-Porath and Welch, 1976; D'Souza and Chen, 1980; Poffenberger, 1981; Simmons et al., 1982; and Welch, 1974. For Nepal these effects seem to be moderated. Gubhaju (1984: 112) reports higher mortality only of females at high birth orders; but, as we shall see, ethnic variation may obscure patterns of sex difference. National censuses show sex ratios of 105 males per 100 females for Nepal (and 109 for Humla). Actual sex ratios may be higher, due to failure to count male emigrants abroad (Nepal, His Majesty's Government, 1984: 11–13; United Nations, 1980: 22–23).

2 Here we must speak of a relatively open-ended, rather than target-oriented family-building strategy (Cain, 1978: 431). This differs radically from the degrees of precision in family planning achieved generally by modern contraceptive populations and rarely in traditional societies—the classic example of the latter being eighteenth and early nineteenth century Japan (see Smith, 1977).


4 This study, “Household dynamics and fertility in Nepal,” examined sociocultural and economic factors affecting fertility and population growth in seven communities representing Humla district’s three ethnic groups: Tibetan speakers, caste Hindus, and Bura. Nepalese graduate students completed field research among the Hindu and Bura communities under the author’s direction; the same research procedures was followed in all communities.

5 Among the women surveyed, 15 percent were less than 30 years old, 30 percent were aged 30–39, and 55 percent were aged 40 or over. A “stable” marriage was defined by regular co-residence of husband and wife and no expectation of divorce.

6 See the discussion in Levine, 1987b on polyandry in these communities, the rights of illegitimate children, and the role played by polyandry in child value.

7 Humla agriculturalists calculate their landholdings in terms of “plow days,” or the number of days they spend plowing their fields. By my calculations, one plow day equals approximately 1,200 square meters when yak-cow crossbreeds are the plow animals.

8 To generalize, Hindu and Muslim South Asian women have far less autonomy and economic independence. See Acharya and Bennett, 1981: 222–236 on differences between Nepalese Hindu and Tibeto-Burman groups; Bennett, 1983 on Nepalese Hindu women; and on regional variations see Cain, 1981: 457; Dickemann, 1979; Dyson and Moore, 1983.

9 This is a new consideration—there were no schools 20 years ago, and local children began going to secondary school less than 10 years ago. Previously, people found literacy advantageous for dealings with government officials; now it enhances opportunities for local employment. Three Ladog households also are providing secondary education for one daughter each and waiting to see what comes of this.

10 Responses to specific items in the questionnaire suggest that in each community the strength of women’s preference for sons is comparable to that of men (compare Williamson, 1978).

11 A local proverb states: “Daughters are no better than crows. Their parents feed them and when they get their wings, they fly away.” The questionnaire also asked whether daughters were a net loss to their parents. Most people replied that they were—because they marry out.

12 Data collected on child labor in Nepal show that girls make considerable contributions to the household economy (Acharya and Bennett, 1981; Nag et al., 1978: 295–296).

13 These answers were in response to a question about whether people took account of child mortality in building their families. While some respondents phrased their answers in terms of “insurance” through extra children, others stated that this was a moot point, since they had little control over how many
children they bore. Still others argued that people do not consciously formulate plans around the deaths of their children. Appropriately, when I asked whether people tried to “replace” a child who died, most said that this depended on whether or not they wanted additional boys or girls to begin with (compare Scrimshaw, 1978: 385). These answers suggest not only diversity, but also flexibility in thinking, which complicates the development of models from statistical data (see, for example, Preston, 1978).

Data from the World Fertility Survey indicate an infant mortality rate of 164 per thousand live births in mountain regions and 140 for Nepal as a whole, and an under-five mortality rate of 235 for Nepal as a whole (Gubbajui et al., 1987; Ruttstein, 1983: 14), although infant deaths may have been underreported (Nepal Fertility Survey, 1979: 49).

Daughters, it is said, are clothed poorly and treated indifferently to prevent them from becoming concieved or overbearing, which would harm their marital chances. This and other aspects of differential child care seem guided by concerns about sex socialization (Cassidy, 1980; and see Poffenberger, 1981: 83 on socialization for subordinancy).

Cassidy and others, however, argue that differential child care is not based on sex, but on the potential of the child for productive labor and child care. The result is that productive labor and child care become competing demands upon hill women’s time, and the response can differ according to the value in which a child is held. Women’s work may not be so critical a factor in differential care for plains households that keep their women home.

The questionnaire (administered to 247 women) included a component on infant feeding for the woman’s last two children. Women who gave precise answers reported introducing supplementary foods at 6.0 months, on average, for boys versus 6.9 months for girls in Ladog; 3.8 months for boys versus 4.2 months for girls in Rongphug; and 0.9 months for boys versus 1.0 months for girls in Gyaling. Forty-two percent of Ladog mothers voiced concerns about inadequate milk for their sons versus 28 percent for daughters. The comparable figures are 28 percent versus 31 percent in Rongphug and 61 percent versus 49 percent in Gyaling (see Levine, n.d. on the effects of women’s work on infant feeding in these communities). The fact is, however, that early supplementation may harm the sons it is supposed to help (see Huffman and Lamphere, 1984: 96).

A chronic complaint of insufficient milk production, and this invariably is attributed to poor diet. This is the reason given for deaths of twins, too, and there are no cases in recent history in which both twins survived past infancy.

Women say that when they have a daughter and wish a son, they wean the child sooner in order to conceive more quickly. As noted above, however, reports of how long women fed individual children do not reveal any differences by sex of child. It may be that girls in certain circumstances—for example, in families lacking sons—are fed less frequently or are weaned sooner (see Ware, 1984: 206), which would contribute to earlier conceptions following female births (Lee, 1980).
These are relationships I intend to examine at a later date.

22 Compare Ware, 1984: 206.

23 The higher mortality among first-born children in Rongphug is due neither to a high proportion of illegitimacy among first-born children nor to younger maternal age. When illegitimate children are excluded from the calculations, we still find no more than 44 percent of Rongphug first-born children alive today. Fertility histories show that the average Rongphug woman had her first child at age 22 while the average Ladog and Gyaling women had their first children at age 21.

24 The shame attached to illegitimacy and the father’s minimal obligations may reflect a Nepalese Hindu influence (compare Goldstein, 1976: 229).


26 See Simmons et al., 1982: 383. The effects of household wealth, size, and composition in these communities will be examined at a later date.

27 And selective neglect of the more passive varieties does not always end in a child’s death (see the examples in Scheper-Hughes, 1985).

28 Theories of multiple causation of this kind are regularly reported cross-culturally. The finest discussion of their logic remains Evans-Pritchard’s classic Witchcraft, Oracles and Magic Among the Azande, published in 1937.

29 This is known as the thag. A local lama, or Tibetan Buddhist priest, suggested to me that this mostly is cited to comfort the parents, and thus it has a role similar to the belief in Latin America that a child’s soul goes directly to heaven (Scrimshaw, 1978). Here it also serves to diminish accountability.

30 These deaths occurred after the field research in Rongphug had been completed, and they were not included in the infant and child mortality data summarized in Table 3.


32 See Ware, 1981: 121–122. This also contributes to the difficulty of establishing how social structure affects fertility (see, for example, Nag, 1975).

33 Local programs have been established, but services are available only sporadically. The locally appointed representatives are male, which makes women reluctant to consult them, as does local political factionalism (see also Tuladhar, 1987 on the relationship between accessibility and contraceptive use in Nepal).

References


