

Senate Finance and Public Administration Committees  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
[fpa.sen@aph.gov.au](mailto:fpa.sen@aph.gov.au)

**Health Insurance Amendment (Medicare Funding for Certain Types of  
Abortion) Bill 2013 and related Inquiry.**

**Submission from;**

The Life, Marriage and Family Office  
Catholic Archdiocese of Melbourne  
383 Albert Street  
East Melbourne VIC 3002

**Background**

The Mission of the Life, Marriage and Family Office is to build a culture of life and love where the dignity of every human person will be upheld and respected at every stage of human life and in every condition.

**Introduction**

The bill should be supported;

- In order to protect the dignity and status of women in Australia.
- To ensure that women living in Australia cannot be forced to endure a gender-selection abortion.
- To ensure that practises that discriminate against women and girls do not gain acceptance in Australia.
- To support the United Nations and others working to protect women and girls from all forms of violence including female infanticide and prenatal sex-selection.

## **Terms of Reference 1**

*The unacceptability to Australians of the use of Medicare funding for the purpose of gender selection abortions.*

Most Australians do not like abortion and would find abortion on the basis of gender particularly distressing and abhorrent.

Abortion for gender selection is a relatively recent phenomenon and few studies are available which have investigated Australian attitudes to sex-selection abortion. However one study by Rebecca Kippen found that 80% of Australians were opposed to sex-selection abortion.<sup>1</sup>

Therefore measures designed to discourage the sex-selection abortion in Australia should be supported including the removal of Medicare funding. While this step alone will not be sufficient to protect women and unborn girls it is a step in the right direction, as it sends a message that sex-selection is a particularly odious form of violence against women and girls. Unchecked sex-selection abortion where ever it occurs has the potential to increase sexual discrimination against women.

## **Terms of Reference 2**

*The prevalence of gender selection—with preference for a male child—among some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children;*

It is difficult to determine the prevalence of gender selection abortion in Australia as no proper records of the numbers of abortions, or the reasons for abortions are kept or made publicly available. Such figures should be kept and made publically available. However it is naïve to think that sex-selection abortions could not, or do not happen in Australia.

While some may claim that there is no evidence of sex-selection abortions, without any accurate figures, no one can be sure. It would be prudent to take steps now to discourage such practises so that they do not become a significant problem in the future.

If future evidence were to show that sex-selection abortion were not a problem in Australia, there would have been no harm in removing Medicare funding, and sending a message that sex-selection abortions would not be tolerated in Australia and that this is not a 'choice' we support.

In a similar way we view female genital mutilation as a violation of the human rights of women and girls and work to eliminate the practise in Australia, especially among those of different ethnic backgrounds where such practises are known to be a problem. This should not involve sanctions against those who are most likely to be its victims but rather against those who coerce, or force women to undergo an abortion because the child is the 'wrong' sex.

---

<sup>1</sup> Rebecca Kippen et al, 'Australian attitudes towards sex-selection technology', *Fertility and Sterility* vol 95, 5, 1824-1826, April 2011.

### Terms of Reference 3

#### *The use of Medicare funded gender-selection abortion for the purpose of ‘family-balancing’;*

Some media reports have claimed that some parents were travelling overseas in order to get around Australian government bans on sex selection abortion or the use of reproductive technology in order to ‘balance’ their family. NH&MRC Health Ethics Committee Chairwoman Sandra Hacker opposes gender selection has said that ‘Australians generally believed that parents should not be allowed to choose their child’s gender to “balance” out their family.’<sup>2</sup>

Societies have a responsibility to ban harmful practises and protect human rights and the common good. The ban on sex selection of IVF embryos should be maintained. Thoughtful consideration should be given to the best ways of protecting women and girls from gender selection abortion and it is important that a number of measures are put in place including the prohibition of Medicare funding for gender-selection abortions.

The development of modern prenatal testing, amniocentesis and ultrasound with the widespread availability of abortion, combining with ancient cultural preferences for sons have confounded the problem in some communities. Medical groups have recommended that information on the gender of the child not be given until 20-30 weeks making it less likely that the woman would undergo an abortion at that stage.<sup>3</sup>

The recent arrival of **DIY-baby-gender tests** is likely to open Pandora’s box. These new tests allow the detection of foetal DNA in the mother’s blood stream, as early as seven week’s gestation. They allow gender to be identified much earlier, making it much easier to seek sex-selective abortion and harder to detect or regulate.<sup>4</sup> A number of Australian companies are already advertising these tests on the internet. (Nimble Diagnostics Australia, and IntelliGender)<sup>5</sup> It is important for those designing policies to be aware of this additional challenge.

It appears that South Korea is the only country as far to make important in roads in returning sex ratios towards normal as a result of wide reaching social policy initiatives. The Korean government banned sex-determination and sex-selective abortion, and strictly enforced these bans, with doctors de-licensed for conducting sex-selective abortions, resulting in a significant deterrent effect. In addition widespread and influential media campaigns were initiated, encouraging couples to change their attitudes.<sup>6</sup>

---

<sup>2</sup> ‘IVF parents travel overseas to pick baby’s sex’ SMH 8/3/2011

<sup>3</sup> Rajendra Kale, “‘It’s a girl!’ –could be a death sentence.’ *Canadian Medical Association Journal* 6/3/2012 Vol 184:4, 387-388.

<sup>4</sup> David Brill, ‘Gender test sparks “family balancing ‘ fears’, *Australian Doctor*, 17/8/2011.

<sup>5</sup> <http://www.nimblediagnostics.com.au/home/gen.html>

<http://www.chemistaustralia.com.au/products/intelligender-boy-or-girl-gender-test.html>

<sup>6</sup> Wendy Rodgers et al, ‘Is sex-selective abortion morally justified and should it be prohibited?’, *Bioethics* 21:9 520-524, 2007,

#### Terms of Reference 4

*Support for campaigns by United Nations agencies to end the discriminatory practise of gender-selection through implementing disincentives for gender-selection abortions;*

As far back as 1995, at the UN Conference on Women, sex-selection abortion was seen as a great evil, and eradicating it seen as a global priority. A platform was established to ‘enact and enforce legislation protecting girls from all forms of violence, including female infanticide and prenatal sex selection.’<sup>7</sup> Since then bans on prenatal sex selection have been enacted in Hong Kong, Singapore, South Korea, Taiwan, India and Vietnam and even China. Even so, it is hard to overturn centuries of discrimination against women.

A United Nations Report *Sex Imbalances at Birth: Current Trends, consequences and policy implications*, published in 2012, documents the spread of sex selection around the world. It is no longer just a problem in China, and India, but is now spreading to Singapore, Hong Kong, Taiwan, Vietnam, Pakistan, Azerbaijan, Armenia, and to Southeast Europe— Georgia, Albania, Montenegro.<sup>8</sup>

The Council of Europe notes that prenatal sex selection is not confined to Asia.<sup>9</sup> In its *Resolution on Prenatal Sex Selection*, it warns that altered sex ratios have been observed in number of member states. It ‘condemns the practise of prenatal sex selection as a phenomenon which finds its roots in a culture of gender inequality and reinforces a climate of violence against women...Social and family pressure placed on women not to pursue their pregnancy because of the sex of the embryo/foetus is to be considered as a form of psychological violence.’ The council recommends that ‘the practise of forced abortions is to be criminalised.’ It warns ‘against the social consequences of prenatal sex selection, namely population imbalances which are likely to create difficulties for men to find spouses, lead to serious human rights violations such as forced prostitution, trafficking for the purposes of marriage or sexual exploitation, and contribute to a rise in criminality and social unrest.’ The Council makes a number of important recommendations including that the collection of sex ratio at birth, in order to monitor its development and take prompt action to tackle possible imbalances.’

---

<sup>7</sup> Tim Stanley, ‘Obama’s Democrats won’t outlaw sex-selection abortions? The voters, China and Hillary Clinton would,’ 1/5/2012, <http://blogs.co.uk/news/tinstanley>

<sup>8</sup> ‘Sex Imbalances at Birth: Current Trends, consequences and policy implications,’ UNFPA p20, August 2012 <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>

<sup>9</sup> Council of Europe, Resolution 1829: Prenatal sex selection, 2011, <http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta11/ERES1829.htm>

## Terms of Reference 5

*Concern from medical associations in first world countries about the practise of gender-selection abortion viz. Canada, USA, UK*

There is some evidence that some ethnic minorities continue to prefer sons to daughters even when settling in Western Countries.

### Canada

Writing for the Canadian Medical Journal, Rajendra Kale explains sex selection in the following way,

*When Asians migrated to Western countries they brought welcome recipes for curries and dim sum. Sadly, a few of them also imported their preference for having sons and aborting daughters. Female feticide happens in India and China by the millions, but it also happens in North America in numbers large enough to distort the male to female ratio in some ethnic groups. Should female feticide in Canada be ignored because it is a small problem localised to minority ethnic groups? No. Small numbers cannot be ignored when the issues is about discrimination against women in its most extreme form. This evil devalues women.<sup>10</sup>*

He further explains that researchers in Canada have found ‘the strongest evidence of sex selection at higher parities if previous children were girls among Asians—that is people from India, China, Korea, Vietnam and Philippines. What this means is that many couples who have two daughters and no son selectively get rid of female foetuses until they can ensure that their third-born child is a boy.’<sup>11</sup>

### United States

Researchers in the United States have similar found evidence of a preference for sons, and distorted male ratios among particular ethnic minorities in the 2000 United States Census.<sup>12</sup> They found, ‘male-biases sex ratios among US-born children of Chinese, Korean, and Asian Indian parents in the 2000 US Census. This male bias is particularly evident for third children. If there was no previous son, sons outnumbered daughters by 50%...We interpret the found deviation in favour of sons to be evidence of sex selection, most likely at the prenatal stage.’ Importantly they found that the distorted sex ratios were a recent occurrence and not as distorted in the 1990 US Census.

Sunita Puri investigated the experiences of Indian women who have immigrated to the United States. She interviewed 65 women who had pursued foetal sex selection on the East and West Coast of the United States. She found that ‘40% of the women interviewed had terminated prior pregnancies with female foetuses and that 89% of women carrying female foetuses in their current pregnancy pursued an abortion. These narratives highlight the interaction between medical technology and the perpetuation of this specific form of violence against women in an immigrant

---

<sup>10</sup> Rajendra Kale, “‘It’s a girl!’ –could be a death sentence.’ *Canadian Medical Association Journal* 6/3/2012 Vol 184:4, 387-388.

<sup>11</sup> *ibid.*

<sup>12</sup> Douglas Almond and Lena Edlund, ‘Son-biases Sex Ratios in the 2000 United States Census’ *Proc Nat Acad* vol 105: 15, 5681-5682

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2311342/pdf/zpq5681.pdf>

context where women are both the assumed beneficiaries of reproductive choice while remaining highly vulnerable to family violence and reproductive coercion.<sup>13</sup>

A number of women reported experiencing pressure from their mother in laws or their husbands to terminate.

*My mother in law always tells me I am useless because I do not have a son. If I do not have a son, she says, they will send me back to India...*

*My husband said he needed to have a son. He said that if I cannot give him a son since we have two daughters, he would need to find another woman...I felt sad and I was scared. If he left me and my daughters, how would I take care of myself? I could not stay here in this country.<sup>14</sup>*

Although many of women reported feeling compelled to go ahead with a termination if they were having a girl, many were still deeply conflicted and torn.

*I have gotten three abortions. Every time, I go and lie, tell (the physicians) that it was an accident or we cannot afford a baby. The truth is that they don't want me to have another girl"*

*"It is not right that women must keep getting pregnant and keep getting abortions. We are women, yet we want no daughters. I cannot sleep for days after I had an abortion because I did not want it...I am ashamed.<sup>15</sup>*

The authors observed that 'sex selection has long been considered a form of violence against women, and this research confirms that women themselves often experience pressure to have sons in abusive family contexts, as the lack of a male child becomes a reason for family members to initiate and continue verbal and physical abuse.' And while, 'reproductive technologies have traditionally been viewed as presenting women with increased reproductive liberty, it has also been noted that technological advances can actually decrease the scope of women's reproductive choice.'

## UK

Researchers in the United Kingdom have similarly found some evidence of distorted sex ratios among mothers born in India and living in Britain and suggest that sex selection abortion is occurring in this ethnic group.<sup>16</sup>

They found that since 1990 there was an increase in the sex ratio at birth for mothers born in India and suggest that sex-selection is indeed occurring among mothers born in India and living in Britain. There have been calls for the government to hold an inquiry into sex selection abortion.<sup>17</sup>

---

<sup>13</sup> Sunita Puri et al, "' There is such a thing as too many daughters, but not too many sons': A qualitative study of son preference and fetal sex selection among Indian immigrants in the United States.' *Social Science and Medicine* 72 (2011) 1169-1176, 15/2/2011

<sup>14</sup> ibid

<sup>15</sup> ibid

<sup>16</sup> Sylvie Dubuc et al, 'An increase in the sex-ratios of births to India-born Mothers in England and Wales: Evidence for Sex-selective abortion.' *Population and Development Review*, 33:2 383-400, June 2007 <http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4457.2007.00173.x/abstract>

## **Norway**

Researchers in Norway have found evidence that a similar problem may be occurring in Norway as a result of a combination of prenatal sex determination and selective abortion of female fetuses among the Indian Diaspora.<sup>18</sup>

Given the evidence that sex selection abortions are indeed occurring in other first world countries it would be very naïve to think that they could not occur in Australia too.

## **Conclusion**

This bill should be enacted to protect all women in Australia from the gender selective abortion which represent a particular dangerous form of violence against women and girls.

Nations which seek to uphold the rights of all its members cannot afford to do nothing and allow gender biased abortion to occur in Australia.

Prohibiting Medicare funding of gender based abortion is a good first step. Additional measures should be introduced as well, such as the collection of sex ratios at birth and positive campaigns designed to change attitudes towards girls among at risk ethnic minorities.

## **Prepared by**

Marcia Riordan  
Executive Officer  
Life, Marriage and Family

April 2013

---

<sup>17</sup> The abortion of unwanted girls taking place in the UK, *Telegraph* 10 Jan 2013

<sup>18</sup> Narpinder Singh, 'Different sex ratios of children born to Indian and Pakistani immigrants in Norway,' *BMC Pregnancy Childbirth*, 10: 40, August 2010.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2919442/>