

Submission

on the

Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013

to the

Senate Finance and Public Administration Committee

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by

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Introduction

I request that this Bill be supported as I am **opposed** to the principle of gender selection abortions and I am **opposed** to the use of Medicare funds to pay for these.

Responses to Terms of Reference

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

I am opposed to abortions on the grounds of gender. It is discriminatory and taxpayers should not have to fund them. In Australia, sex selection is banned for social and cultural reasons in IVF programs (except genetic diseases) and I believe the same should apply to abortions.

In February 2013 a poll was conducted by Galaxy in Tasmania for *Emily's Voice*, and it found that 92% were against abortion based on the sex of the child. In the age bracket of 16-24 year olds, 97% were opposed despite the fact that 61% of these supported abortion.

2. The prevalence of gender selection - with preference for a male child - amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children.

Baby girls are usually the victims in gender selection resulting in gender imbalances where there are more boys than girls. The skewed sex ratio is evident not only in China, India & Asia but there is now evidence that it is arising also in Europe and America particularly in the groups from such ethnic backgrounds.

Based on the statistics available and what is happening in other countries there is no reason why such activities are not also occurring here in Australia. Records are not kept in Australia of Medicare funded abortions based on gender so the numbers are not known. There is however evidence from doctors that gender selection abortions are occurring. For example, a doctor has referred a case to the medical Board of Australia where a couple aborted a girl at 20 weeks because she already had a girl and didn't want another one. When pregnant again she wanted to know the sex of the baby and then proceeded with the pregnancy.

Gender selection reinforces a culture of violence towards women and should not be funded by Medicare or supported in anyway.

3. The use of Medicare funded gender-selection abortion for the purpose of 'family-balancing'.

I am a mother of 4 beautiful boys and while I would dearly love daughters to be part of our family, I don't have the right to make that choice. One day I will undoubtedly have the joy of daughter-in-laws and granddaughters. God in his sovereignty knows what is best and I need to be able to accept that, trust Him and leave the why's with him.

While I am sure there are many cases that are not reported or recorded, there is one case in Melbourne where twin boys were aborted because they already had three sons and wanted a daughter especially since they had a daughter die soon after birth. This couple wanted to select a female embryo in IVF and as it was prohibited they intend to travel to other countries in order to achieve their desired outcome.

4. Support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implement disincentives for gender-selection abortions.

The United Nations has estimated that up to 200 million females are demographically missing worldwide. That number is astronomical. In 2011 the United Nations condemned sex selection abortion and is concerned over the rising trend of prenatal gender selection.

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

In the British Medical Journal "The Indian Medical Association and the Medical Council of India have asked doctors to stop providing sex determination services and participating in selective abortion of female foetuses."

In the Lancet (Volume 378, Issue 9793, Page 742,27 August 2011) in relation to the sex imbalance that has occurred in China it was stated "The beginning of this disturbing trend

coincided with the introduction of the one-child policy in the early 1980's, and ultrasound technology, which made reliable sex-selective abortion possible."

There have been many medical associations around the world that have condemned the practise of gender-selection abortion.

For example:

- American College of Obstetricians and Gynaecologists oppose sex selection for family planning [balancing or choice] purposes.
- American Society of Reproductive Medicine opposes gender selection abortion noting that there is the potential for inherent gender discrimination, the risk of psychological harm to sex-selected offspring (high expectations by parents) and the reinforcement of gender bias in society as a whole.
- In the United Kingdom gender selection abortion is illegal.
- In the Canadian Medical Association concern was expressed in relation to this issue and it was proposed that the sex not be disclosed until 30 weeks to reduce gender selection abortion.
- In the Society of Obstetricians and Gynaecologists of Canada it was recommended that there be a complete ban on 'entertainment ultrasounds' and that all sex selection abortions were not condoned and opposed vehemently.
- In Australia the NHMRC states that "Sex selection (by whatever means) should not be undertaken except to reduce the risk of transmission of a serious genetic condition.

Conclusion

Aborting an unborn child based on the child's gender because of cultural or personal preferences is not a medical procedure and should not be funded by Medicare. It is discriminatory and contributes to significant problems in society as a result of a sex skewed population. Further it encourages violence against women. The law needs to protect the unborn child who is in the most vulnerable state in accordance with the UN Convention on the Rights of the Child.