

Dear Senate Finance and Public Administration Committee,

I wish to make a submission in support of Senator John Madigan's 'Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013.' Please find my address on each of the terms of reference below.

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

A study recently conducted in Australia found that 80% of participants did not support gender-selective technologies. Opposition to these technologies was grounded in three major concerns: the potential for distorted sex ratios; that sex selection can be an expression of gender bias; and a concern about 'designer infants' being created, when parents should be happy with a healthy baby¹. As an Australian citizen, I find it abhorrent that Medicare would fund abortions for the purpose of gender selection for the same reasons given in the study mentioned. Women's rights have come a long way and the government should not be involved in funding the termination of a fetus due to its gender. As a society that is concerned with the wellbeing of women, Australia should prevent sex selective abortion. The government should not be funding medical procedures for cultural reasons, especially when it comes to the termination of a fetus due to something people consider an undesirable aspect, especially considering the affiliation between this and eugenics. Medicare does not fund medical procedures for cosmetic (social) reasons. Sex-selective abortion is very similar, and is not undertaken for a medical need, but for social reasons. Medicare has reasons for not funding social medical procedures, and for the same reason should not fund gender-selective abortion as it is carried out for social reasons.

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; and Concern from medical associations in first world countries about the practice of gender-selection abortion, viz. Canada, USA, UK (Term 2 and 5)

Researchers have stated "son preference is an ancient and often unquestionably accepted social value in many cultures. The persistent selection of male children, and rejection of female children (often by way of sex-selective abortion or infanticide), that is carried out to satisfy this cultural preference attracts both international and national criticism."² Not only does this happen by the millions in China and India, it is also occurring in North America, and Canada.³ If this is occurring in Canada, it can be reasonable to assume it is occurring in Australia. In Canada, the strongest evidence of sex selection has mostly occurred among those of Asian descent, including those from India, China, Korea, Vietnam and Philippines,⁴ it would be reasonable to assume that this would be occurring among the same ethnic groups in Australia. One other study from the US found that among a study of immigrant Indian women, 89% of the women carrying female fetuses in their

¹ Rebecca Kippen, Ann Evans, Edith Gray, Australian attitudes toward sex-selection technology, *Fertility and Sterility*, Volume 95, Issue 5, April 2011, Pages 1824-1826.

² Strange, Heather. "Non-medical sex selection: ethical issues." *British medical bulletin* 94, no. 1 (2010): 17.

³ Kale, Rajendra. "It's a girl! - could be a death sentence." *Canadian Medical Association Journal* 184, no. 4 (2012): 387-388.

⁴ Almond, Douglas, Lena Edlund, and Kevin Milligan. *O sister, where art thou? The role of son preference and sex choice: evidence from immigrants to Canada*. No. w15391. National Bureau of Economic Research, 2009.

current pregnancy pursued an abortion.⁵ These results could be reasonably extrapolated to Australia. As a multicultural society, Australia has a large proportion of Asian ethnic groups. According to the 2011 Census by the ABS, the proportion of migrants born in Asia made up 33% of the overseas born population, with immigrants from China and India making the top 5 countries of birth for people in Australia who immigrated from overseas.⁶ Being from ethnic groups where this is common, it is reasonable to assume that in Australia there are most likely people receiving funding from Medicare to fund sex-selective abortion in order to have more boys than girls for cultural and social reasons. As discussed in the first term, this is not acceptable for Medicare to fund.

The use of Medicare funded gender-selection abortions for the purpose of 'family-balancing' (Term 3).

Abortion for 'family-balancing' should not be funded by Medicare as a medical service, as the reasons for carrying the procedure out is not for medical purposes. It is for a 'want' rather than a 'need'. A child should be welcomed whether it is a male or a female, because both are equal. In fact the College of Physicians and Surgeons of British Columbia have stated that the termination of a pregnancy for an undesired sex is repugnant and that it is unethical for physicians to facilitate such action.⁷ If it has been considered that termination due to gender-selection is unethical for physicians to carry out, the more it is true for a government to fund such practices, and for this reason at least should not be funded by the Australian Government through Medicare. Allowing Medicare funding for 'family-balancing' promotes an idea that a family must have a certain number of boys and girls. It just so happens that some families will have more girls, and others more boys, and it should not matter whether one has more than the other, because both sexes are of equal value to society. Medicare should not fund sex-selective abortion simply because a person wants to have a boy over a girl to 'balance' the family. That is blatant sexism, something the Australian Government should not fund.

Support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortions' (Term 4).

The United Nations condemned gender-selective abortion in a 2011 report as "gender discrimination against girls and women and a violation of their human rights."⁸ Considering the weight of such a statement from the United Nations, Australia should listen, and end Medicare funding for a practice which is considered a violation of human rights by one of the worlds most respected organisations, in which Australia is a member of.

Tyson King.

⁵ Puri, Sunita, Vincanne Adams, Susan Ivey, and Robert D. Nachtigall. "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 & medicine* 72, no. 7 (2011): 1169-1176.

⁶ Australian Bureau of Statistics. *Reflecting a Nation: Stories from the 2011 Census, 2012–2013*. Cat no. 2071.0 (2012) Retrieved from the ABS website on 23/04/2013.

⁷ College of Physicians and Surgeons of British Columbia. *Fetal sex discrimination solely for gender selection*. Vancouver (BC): The College; 2010.

⁸ World Health Organization, *Preventing Gender-biased Sex Selection: An Interagency Statement*. OHCHR, UNFPA, UNICEF, UN Women and WHO (Geneva: WHO, 2011).