Position Paper #24

Sex Selection Abortions

Researchers and media in Canada periodically try to raise the issue of sex selection abortion in Canada. The concern is that female fetuses will more likely be aborted than male fetuses. Studies or media reports have focused on the possibility that certain ethnic groups in Canada may be practicing sex selection abortion in favour of male fetuses (2012\textsuperscript{1}, 2014\textsuperscript{2}, 2016\textsuperscript{3}, 2017\textsuperscript{4}, 2018\textsuperscript{5,6}).

In March 2004, the Assisted Human Reproduction Act was enacted into federal law. Among other things, this law prohibits the identification of the sex of an embryo except for sex-linked disorders or diseases. To this day, it’s the only federal restriction linked to abortion, although other parts of this law were struck down in 2010.\textsuperscript{7} (The law mistakenly criminalizes non-traditional ways to get pregnant and has not been effective because people just go to the U.S.)

The Society of Obstetricians and Gynecologists (SOGC) used to have a policy that did not support the selective abortion of healthy fetuses on the basis of gender, other than for medical reasons (it appears to have been rescinded as it is no longer available).\textsuperscript{8} Other medical associations generally follow a similar principle, but do not support withholding information. For example, the College of Physicians and Surgeons of BC has backtracked on its previous policy of withholding gender information from pregnant people.\textsuperscript{9}

The SOGC published a policy in 2012 against the non-medical use of fetal ultrasound, saying: “…ultrasound should not be used to take a picture of the fetus solely for non-medical reasons, to learn the sex of the fetus solely for non-medical reasons, or for commercial purposes…”\textsuperscript{10} This means that doctors can also provide information on gender in the context of a medical ultrasound. No medical organization explicitly bans or condemns sex selection, or requires practitioners to scrutinize patient motivations or choices.

However, the Canadian Medical Association Journal publishes occasional commentaries against sex selection abortion, in an apparent attempt to stir up debate.\textsuperscript{11} The CMA is known to be quite conservative on the abortion issue.

ARCC suggests that the concern over sex selective abortion is overstated, and is mostly a reflection of abortion stigma, racism, and anti-choice strategy. While sex-selective abortion is practiced with some frequency in certain regions of other countries,\textsuperscript{12} sex selection against female fetuses appears to be a minor phenomenon in Canada, with little or no effect on our overall gender ratios (the sex
ratio at birth for Canada is 105 male births for every 100 female births,\textsuperscript{13} which is consistent with the global average).

The few studies on sex-selective abortions in Canada have shown that the vast majority of people in ethnic communities do not practice sex selection. If they do, the effect is seen usually only in the second or third child when the preceding children were girls.\textsuperscript{2,3,4} Further, in the United States, parents appear to prefer female fetuses over male ones,\textsuperscript{14} but no concern is expressed over whether this might lead to more sex-selective abortions of male fetuses.

**ARCC-CDAC Position**

In Canada, ciswomen and transgender people do not have to provide a reason to obtain an abortion, since abortions are available upon request. Also, being pro-choice means supporting a person’s right to decide whether or not to continue a pregnancy for whatever reason, even if one personally does not agree with their reason. It is important to remember that we cannot restrict the right to abortion just because some people might make decisions we disagree with.

Counselors, nurses, and abortion providers working in both clinics and hospitals are trained to ensure that each person is comfortable and certain about their abortion decision, and that they are not having an abortion under pressure from their family, partner, peers, or culture. If a woman is in a dependent and vulnerable position within her family where she feels obligated to abort a female fetus or suffer serious personal consequences, these complex issues are dealt with in a compassionate and safe way. The patient’s health and life are the primary concern. For example, the patient may face physical or emotional abuse at home if they cannot access an abortion, or face repeated childbearing of girls until a boy is born. Therefore, medical staff should take all necessary steps to ensure that their patients’ well-being is not put in jeopardy, which can mean ensuring their access to a safe abortion.

The issue of sex-selection abortions targeting female fetuses in particular is not so much about the abortion issue. The root issue is the value and respect – or lack thereof – that society and cultures give to girls and women. The answer lies in education and raising the status of girls and women over the long-term, not in restricting abortion. Solutions must be community-led, not dictated by law.

**Political Actions Against Sex Selection Abortion**

In 2012, Motion 408 was introduced by Conservative MP Mark Warawa (Langley—Aldergrove). His motion urged “the House [to] condemn discrimination against females occurring through sex-selective pregnancy termination.”\textsuperscript{15}

MP Warawa and the anti-choice movement were attempting, through M-408, to use the controversial issue of sex-selective abortions as a wedge by which to reduce support for abortion rights and pave the way for restrictions. Warawa (who died in June 2019) had a 100% anti-choice voting record in Parliament. However, attacks on abortion rights are no longer tolerated in Parliament – even former Conservative Prime Minister Stephen Harper committed to not “re-open the abortion debate.” Anti-choice MPs have taken to cloaking their motions and bills so that they claim to protect human rights or women’s rights, rather than attack abortion directly. M-408 was one example of this.
Despite misleading language of advocating for gender equality, the real goal of M-408 was to establish a toehold from which to restrict abortion as far as possible. Mainstream media outlets recognized that while Warawa marketed his motion as a way to “protect girls” (despite his party’s unfavourable record on defending women’s rights), his true aim was to restrict abortions.

M-408 was not successful. The motion was deemed “out of order” in March 2013 by a committee in the House of Commons comprised of Conservatives, Liberals and NDP representatives, and did not proceed to the House of Commons for either a debate or a vote. This prompted an unprecedented revolt in Parliament by Warawa and 20 other Conservative MPs. However, Harper quelled the revolt, and Warawa’s appeal of the decision was denied.

Warawa re-introduced a similar motion in October 2016: M-77, “A Motion to Protect Girls.” The motion called for Parliament to condemn “a violent form of gender-based discrimination, known as sex selection.” The motion failed to proceed.

In February 2020, Conservative MP Cathay Wagantall introduced Bill C-233 under the pretense of fighting gender discrimination. The bill would criminalize sex selective abortion if that is the only reason for an abortion, and sentence providers to up to five years in jail. But since people don’t have to provide reasons for their abortion, doctors should not ask and patients do not need to volunteer the information. The likely consequences of the bill would include racial profiling by some doctors who might only question pregnant people of Asian or Indian descent, and intimidation of patients by silencing them and creating a climate of fear and distrust in the doctor/patient relationship, which is harmful to health. Like Warawa’s motion in 2012, the real motivation of Bill C-233 is to open the door to passing further restrictions on abortion.

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The practice of sex selection abortion, limited as it is in Canada, is not the problem – it is a symptom of deeply-rooted sexism. As Dr. Jen Gunter says:

“Sex selective abortion and multiple pregnancies in search of a male heir are symptoms of misogyny and are proof that women’s lives are undervalued almost everywhere, even Canada. To ignore the women who deliver their eighth girl and will be back for number nine is proof that sex-selective abortion has been twisted to be about abortion and not about sex selection. … When the problem of women being worth less than men goes away the symptoms of sex selective abortions and multiple pregnancies in search of a boy will stop.”

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