



## Oppose Bill C-233 that would ban sex selection abortion

In February 2020, Conservative MP Cathay Wagantall introduced private member's Bill C-233<sup>1</sup> 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.

**ARCC opposes this bill for the following reasons, and has asked members of Parliament to speak against Bill C-233 at Second reading, and to vote against it.**

**Concern over sex selective abortion in Canada has been overstated.** While sex-selective abortion is practiced with some frequency in certain regions of other countries,<sup>2</sup> 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 about 105 male births for every 100 female births,<sup>3</sup> which is consistent with the global average).

The handful of studies on sex-selective abortions in Canada have shown that the vast majority of people in ethnic communities do not practice sex selection (2012<sup>4</sup>, 2014<sup>5</sup>, 2016<sup>6</sup>, 2017<sup>7</sup>, 2018<sup>8,9</sup>). If they do, the effect is primarily seen in the second or third child when the previous children were girls, and mostly among new immigrants, so the practice would likely peter out naturally in one or two generations.

**The bill's passage could have racist consequences.** If Bill C-233 passed, some doctors may engage in racial profiling by only questioning pregnant people of Asian or Indian descent. Canadians do not support any law that would foster racism. (In the United States, parents appear to prefer girls over boys,<sup>10</sup> but no concern is expressed over whether this might lead to more sex-selective abortions of male fetuses.)

**Women's health and safety is at stake.** Abortion providers and counsellors 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 anyone. However, a patient may be at risk of physical abuse at home if they can't access a sex selective abortion. Further, some women may feel pressured to repeatedly bear children until a boy is born. (Full-term pregnancies are much riskier than abortions, especially repeated pregnancies that are closely spaced.<sup>11</sup>)

The patient's health and life need to be the primary concern for health providers, and that could mean ensuring they can have a safe abortion regardless of other circumstances.

People do not have to provide reasons for their abortion in Canada – this means that doctors should not ask, and patients do not need to volunteer information. Bill C-233 could result in intimidation of patients by silencing them and creating a climate of fear and distrust in the doctor/patient relationship, which is harmful to health.

**Restricting abortion violates women's rights.** Our Supreme Court struck down our abortion law in 1988 because it violated women's right to bodily security. Re-criminalizing abortion in any way would be a violation of the Charter rights of ciswomen and transgender people, not just their bodily security, but also life, liberty, and conscience. Bill C-233 itself would be an act of gender discrimination because any law restricting abortion affects only women and some transgender people. Instead of a ban on sex selection abortion, we need full equality for vulnerable groups who would be affected by this bill.

**The bill is motivated by anti-choice and religious views.** The main goal of Bill C-233 is to open the door to passing more restrictions on abortion. Anti-choice MPs would use this law as a springboard to introduce more bans, with the eventual goal of recriminalizing abortion completely. The bill has very limited support – only from religious groups<sup>12, 13, 14</sup> and anti-choice groups.<sup>15, 16, 17, 18, 19</sup> Therefore, the stated goal of fighting gender discrimination is just a pretense.

**Doctors would be criminalized for helping patients.** The bill would sentence providers to up to five years in jail if they do a sex selective abortion. But we should never criminalize private and complex medical decisions. Legislators are not doctors and have no business interfering with the doctor/patient relationship. This law could have a chilling effect on doctors and damage the doctor/patient relationship.

**Public opinion polls are taken out of context or irrelevant.** A Feb 2020 opinion poll by DART & Maru/Blue<sup>20</sup> has been cited to show that 84% of Canadians are against sex selection abortion. But this finding is out of context. The same poll found that 61% of those surveyed want laws to remain the same, 18% want less restrictions, and 71% support abortion for any reason.

What does it mean then, to say that 84% want to ban sex selection abortion? No-one likes sex selection abortion, but that doesn't mean we should ban it. Most people do not have a detailed understanding of abortion-related law and jurisprudence in Canada and why it would be problematic to ban a particular type of abortion. We need to go beyond polls to look at the actual negative impacts of such a law.

Another poll in Sept 2020 found that 52% of Canadians would be more likely to vote for a political party that promised to legally restrict sex-selective abortion. This hardly seems noteworthy, given that the 52% would mostly reflect the views of Conservative voters. Further, it appears the poll was commissioned by the anti-choice group RightNow.<sup>21</sup> The pollster, One Persuasion Inc., is run by an all-male team, former "insiders" from the Conservative Party of Canada.<sup>22</sup>

**A law is the wrong solution:** We know that laws against sex selection abortion don't work because of the example of India, where many women avoid the healthcare system as a result, and risk their health and lives by resorting to unsafe abortion.<sup>23</sup> Further, if such laws result in an unwanted girl, it can result in abuse of the woman, or abandonment or neglect of the child.<sup>24</sup> A 2019 study<sup>25</sup> found that sex selection abortion bans in South Korea, China, and India are difficult to implement and have limited impact. They reduce access to safe abortion services and negatively affect the life chances of women and girls. Significantly:

"By contrast, other studies have shown that other policies – including mass messaging and measures to increase gender equity – show fairly quick impact in reducing son preference and increasing parental investment in girls. Such policies can permanently lower son preference and sex-selection, while also improving girls' life-chances."

The sex-selection abortion of female fetuses is a symptom, not the problem itself. The root issue is misogyny – the devaluing of girls and women. A law banning sex selective abortion only sends the problem underground. The answer lies in raising the status of girls and women over the long-term, by actively preventing discrimination and furthering equality. The symptom of sex selective abortion of female fetuses will stop if families feel confident that their daughters will have equal opportunities in life and bring just as much benefit to their families as sons.

To protect the health, safety, and rights of ciswomen and transgender people, we need to ensure that Bill C-233 does not pass.

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