CATHOLIC WOMEN'S LEAGUE AUSTRALIA INC.

Member Organisation of the World Union of Catholic Women's Organisations (WUCWO)
NGO in consultative (Roster) status with the Economic and Social Council of the United Nations

The Secretary
Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

April 24, 2013

Submission from Catholic Women's League Australia Inc.
regarding the
Health Insurance Amendment
(Medicare Funding for Certain Types of Abortion) Bill 2013

Dear Sir/Madam

Catholic Women's League Australia Inc. (CWLA) is the national peak body representing the League's seven member organisations located throughout Australia.

We are a Non-Government Organisation and have consultative (Roster) status with the Economic and Social Council of the United Nations. We are also a member organisation of the World Union of Catholic Women's Organisations which enables us to work with 5 million women in more than 60 countries to promote the presence, participation and co-responsibility of Catholic women in society and the Church.

Addressing social justice and ethical questions is one of our primary tasks. We seek to influence legislative and administrative bodies at all levels in order to preserve the dignity and rights of the human person, with a particular focus on women and children. The subject matter of the current consultation is of particular interest to our members and we are grateful for the opportunity to contribute to this important inquiry.

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The approach taken by CWLA towards the broader issue of the ethics of abortion is founded upon the recognition of the full humanity, and therefore dignity, of human beings in the embryonic and foetal stages of life. Like other members of the human family, prenatal human beings should never be deliberately killed. Irrespective of whether it occurs as the result of a procedure or a medication, soon after conception or much later in the pregnancy, the deliberate and direct killing of the unborn unjustly deprives a human being of the opportunity to grow and develop and experience all that life on earth has to offer. On this basis, we support do not support gender selection abortions for non-medical or 'medical' indications.

Our contribution to this inquiry however, is restricted to appropriateness of Medicare funding for non-medical gender selective abortions.

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

A recent study found 80 percent of Australians do not approve of abortion for sex-selection purposes.[1] (Kippen, Evans & Gray, 2011). The study, led by Dr Rebecca Kippen from the School of Population Health at the University of Melbourne, analysed responses from more than 2,500 people participating in the Australian Survey of Social Attitudes, combined with a series of in-depth parental interviews. Notably, Kippen explains that:

> 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 baby.[2]

A 2013 Galaxy Poll in Tasmania also showed that 92% of people opposed gender selected abortion.[3]

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[1] Kippen R, Evans A, Gray E. (2011) Australian attitudes toward sex-selection technology. *Fertility Sterility.* 95(5):1824-6.
[2] The Melbourne Newsroom, University of Melbourne. *Boy or Girl: Australians think we shouldn't choose*. 22 Dec 2010. http://newsroom.melbourne.edu/news/n-436
[3] *The Examiner*. 9 February 2013. http://www.examiner.com.au/story/1368072/we-dont-want-more-abortions/

These findings are consistent with other research into public attitudes to abortion which demonstrates that although public opinion polls frequently show majority support for 'abortion on demand' (i.e. unrestricted right of access) only a third of Australians believe abortion should in fact be legal where there is no foetal or maternal risk, and less than a sixth see it as morally acceptable.[4]

The unacceptability of gender selection abortion is also expressed in the National Health and Research Council's (NHMRC) *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research*, which refer to 'sex selection (by whatever means)'.

> 11.1 Do not select sex for nonmedical purposes
> Sex selection is an ethically controversial issue. The Australian Health Ethics Committee believes that admission to life should not be conditional upon a child being a particular sex. Therefore, pending further community discussion, sex selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition. [5]

If the majority of Australians are opposed to gender selection abortions, it is reasonable to assume they are also opposed to the use of Medicare funding for this purpose.

2. The prevalence of gender selection - with preference for a male child - amongst some ethnic groups

Gender selection, with preference for a male child, is clearly occurring overseas amongst some ethnic groups, even if this is not reflected in the overall sex ratio statistics of these countries.

The British Government has undertaken analysis of birth data at the request of the Council of Europe. Earl Howe, a health minister, disclosed the Government's preliminary statistics in answer to a parliamentary question:

[4] John Fleming. (2007). Analysis of new data on Australian attitudes to abortion, pregnancy counsellling and alternative ways to reduce the frequency of abortion in Australia. In *Common Ground?* Edited by John Fleming and Nicholas Tonti-Filippini, St Pauls Publications: Strathfield; Selena Ewing & John Fleming: *Give Women Choice* Phase 2 data release Federal Parliament, 21 June 2005

[5] National Health and Medical Research Council (2007). *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research*. NHMRC: Canberra.

> While the overall United Kingdom birth ratio is within normal limits, analysis of birth data for the calendar years from 2007 to 2011 has found the gender ratios at birth vary by mothers' country of birth.
>
> For the majority of groups, this variation is the result of small numbers of births and does not persist between years. However, for a very small number of countries of birth there are indications that birth ratios may differ from the UK as a whole and potentially fall outside of the range considered possible without intervention.[6]

The UK Department of Health has also launched an inquiry following a newspaper investigation into gender selective terminations in British clinics.[7]

Sex ratio imbalances have been seen among children of Asian origin parents in the United States.[8] In Canada, certain communities in British Columbia and Ontario, with large proportions of immigrants from China and India, are also experiencing the same unusual sex ratios seen in those Asian countries.[9]

There is no obvious reason why this phenomenon would not also be occurring in Australia. Overseas experience demonstrates that sex selection abortions amongst ethnic groups can be compatible with normal overall sex ratios. As a result, there is a pressing need for analysis of sex ratios among children of different ethnic groups, as well as more comprehensive data on reasons for termination of pregnancy, in Australia.

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[6] http://www.telegraph.co.uk/health/9794577/The-abortion-of-unwanted-girls-taking-place-in-the-UK.html#mm_hash

[7] *ibid*

[8] Almond, D. Edlund, L. Son-biased sex ratios in the 2000 United States census. The National Academy of Sciences, available at: http://www.pnas.org/content/105/15/5681.full.pdf

[9] Almond, D. (2011) Son preference and sex choice: evidence from immigrants to Canada, *Research in Public Policy*, Summer 2011, p.9-10.; 6Almond D, Edlund L, Milligan KO. *O sister, where art thou? The role of son preference and sex choice: evidence from immigrants to Canada* [NBER working paper no. 15391]. Cambridge (MA): National Bureau of Economic Research; 2009, revised Oct. 2010.; Joel G. Ray, David A. Henry, Marcelo L. Urquia. Sex ratios among Canadian live born infants of mothers from different countries *CMAJ* 2012. DOI:10.1503/cmaj.120165

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

Parity progression studies strongly suggest that in Australia, parents desire at least one child of each sex, rather than children of a particular sex, and that this differential is growing stronger over time. [10] In some instances preference for a balanced sex composition within families can result in decisions to terminate a pregnancy. Although there is no published data on the incidence of gender selective abortions for the purpose of family balancing in Australia, there is evidence that these abortions are occurring. A Victorian couple's decision to abort twin boys conceived by IVF, because they wanted a girl received extensive media coverage in 2011.[11]

The practice of gender selection abortion in Australia would not necessarily be reflected in the ratio of male to female births in Australia. In general, preferences for sons over daughters, and vice versa, or for a particular family composition (for example, one daughter and two sons) balance out and so are masked in the parity progression ratios.[12] Again, comprehensive data on reasons for termination of pregnancy Australia is required to satisfactorily investigate the phenomenon of gender selection abortion for the purposes of family balancing.

Whatever the reasons for undertaking gender selection abortion, it is worth considering that new methods of prenatal sex determination have the potential to dramatically escalate the practice in Australia. Home test kits are already available in Australia which claim to 'determine the gender of your baby as little as seven weeks after conception using samples collected with a home test kit.' (http://www.nimblediagnostics.com.au/home/gen.html)

As bioethicist Kerry Bowman explains in the *Canadian Medical Association Journal*, the ethical dilemma will be exacerbated as tests become more advanced, and particularly if they are able to determine other foetal characteristics: "What we're seeing with sex-selective abortion is the tip of the iceberg … We really have to think about our values as a society as

[10] Gray, E. and Evans, A. (2005) Parity progression in Australia: What role does sex of existing children play? *Australian Journal of Social Issues*, 40(4), 505-520.
[11] http://www.adelaidenow.com.au/parents-want-right-to-choose-their-childs-gender/story-e6frea6u-1225983877669
[12] Kippen, R., Evans, A. Gray, E. (2007) Parental preference for sons and daughters in a western industrial setting: evidence and implications. *J.Biosoc.Sci*, 39, 583–597.

technology evolves. If we stand back and say these are autonomous choices, we could get to a place where we're highly selective about the kinds of people we want as children and the kinds of people we feel should be born." [13]

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

Preventing gender-biased sex selection, is a 2011 joint interagency statement of the Office of the United Nations High Commissioner for Human Rights, United Nation Population Fund, The United Nations Children's Fund, United Nations Entity for Gender Equality and the Empowerment of Women and the World Health Organisaition.[14] This statement reaffirms the commitment of United Nations agencies to encourage and support efforts by States, international and national organizations, civil society and communities to uphold the rights of girls and women and to address the multiple manifestations of gender discrimination including the problem of imbalanced sex ratios caused by sex selection.

The Statement identifies:

> (1) an urgent need for more-reliable data on both the real magnitude of the problem, on its social and health consequences, and on the impact of interventions;
> (2) the development and promotion through health professional associations of guidelines on the ethical use of the relevant technologies;
> (3) the need to implement supportive measures for girls and women, including measures to ensure improved access to information, health care services, nutrition and education; measures to improve their security; and measures such as the provision of incentives to families with daughters only;
> (4) the need for States to develop and promote enabling legislation and policy frameworks to address the root causes of the inequalities that drive sex selection; and
> (5) the need for States to support advocacy and awareness-raising activities that stimulate discussion and debate within social networks, and more broadly within civil

[13] Vogel, L. (2012) Sex selection migrates to Canada. *Canadian Medical Association Journal*, 184(3).
[14] *Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO*. World Health Organization 2011.
http://www.who.int/reproductivehealth/publications/gender_rights/9789241501460/en/

society, in order to strengthen and expand consensus around the concept of the equal value of girls and boys.

The *Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013* would at least go some way towards meeting points (2) and (5).

The Parliamentary Assembly of the Council of Europe (Oct 2011) has also called on member states to undertake a range of measures against prenatal sex selection including the introduction of 'legislation with a view to prohibiting sex selection in the context of assisted reproduction technologies and legal abortion, except when it is justified to avoid a serious hereditary disease.'[15]

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

The International Federation of Gynaecology and Obstetrics rejects sex selection when it is used as a tool for sex discrimination.[16]

The American College of Obstetricians and Gynecologists' Committee on Ethics supports the practice of offering patients procedures for the purpose of preventing serious sex-linked genetic diseases. However, the committee opposes meeting requests for sex selection for personal and family reasons, including family balancing, because of the concern that such requests may ultimately support sexist practices.[17]

In Canada, Dr Rajendra Kale, Editor-in-Chief (Interim) of the *Canadian Medical Association Journa*l has even recommended delaying the disclosure of the sex of a foetus until about 30

[15] Council of Europe, Parliamentary Assembly. (2011) Prenatal sex selection. Resolution 1829. http://www.assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta11/ERES1829.htm
[16] Ethical guidelines on sex selection for non-medical purposes. FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health. *Int J Gynaecol Obstet* 2006;92:329–30.; http://www.figo.org/projects/sex_selection
[17] American College of Obstetricians and Gynecologists. (2007) Sex Selection. ACOG Committee Opinion No. 360. *Obstet Gynecol*,;109:245–8. (Reaffirmed 2011) Retrieved at http://www.acog.org/Resources%20And%20Publications/Committee%20Opinions/Committee%20on%20Ethics/Sex%20Selection.aspx

weeks of pregnancy, at which time abortion for non-medical purposes would not be possible.[18]

Conclusion

CWLA takes the view that Medicare funds should not be used to fund gender selective abortions and therefore supports the *Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013.* This action would be consistent with public opinion, international campaigns and the concerns of international medical associations.

Thank you again for the opportunity to contribute to this inquiry. We wish the Committee well in its deliberations.

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[18] Kale, R. (2012) "It's a girl!"— could be a death sentence. *CMAJ*, 184(4); See also Thiele AT, Leier B. (2010) Towards an ethical policy for the prevention of fetal sex selection in Canada. *J Obstet Gynaecol Can*. 32 (1):54-7.