Factors Leading to Sex Selective Abortion in Canada: A Preliminary Investigation

by

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B.A. (Political Studies), Trinity Western University, 2010

Research Project Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Public Policy

in the
School of Public Policy
Faculty of Arts and Social Sciences

SIMON FRASER UNIVERSITY

Spring 2013

Approval

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Abstract

This study builds on recent evidence that sex selective abortion—the abortion of female fetuses on the sole basis of sex—is occurring in Canada. Sex selection is an act of discrimination against females that is motivated by son preference, the belief that male children are superior to female children.

Eighty individuals of Asian descent participated in an online survey designed to identify the primary factors leading to female-specific sex selective abortion in Canada. Sixty-six females and 14 males, representing 18 different countries, completed the survey. Both immigrants and the children of immigrants participated. Seventy percent of participants indicated they had immigrated to Canada during their lifetime.

The study finds that ideas traditionally associated with son preference persist within the Canadian context and illuminates some unique aspects of son preference in Canada. The study draws on these findings to recommend next steps for policy responses.

Keywords: son preference; sex selective abortion; sex selection; Canadian immigration; gendercide; feticide

To the further pursuit of equality.

Acknowledgements

This study acknowledges the invaluable support from the following groups and individuals, without whom this undertaking would not have been possible. Lucky Gill of Global Girl Power of Surrey, B.C., for sharing her connections, passion, and insight and the South Asian Women's Community Centre in Montreal, for supporting this study through survey distribution. Olena Hankivsky, for her patience, guidance, support, and remarkable willingness to accommodate. All of my fellow MPP classmates, for making this endeavour an adventure. Deserving an extra special mention are Mallory Crew, Pomme Arros, and Amy Morris for saving both my project and my sanity on multiple occasions. And finally, my family, for their limitless support, patience, and care; I am deeply and forever thankful.

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List of Acronyms

GGP	Global Girl Power
MP	Member of Parliament
NDP	New Democratic Party
SAWCC	South Asian Women's Community Centre
SFU	Simon Fraser University
SOGC	Society of Obstetricians and Gynaecologists
UNFPA	United Nations Population Fund

Executive Summary

This study builds on recent evidence[1] that sex selective abortion—the abortion of female fetuses on the sole basis of sex—is occurring in Canada. The discovery of birth ratios skewed unnaturally in favour of male children born within specific communities has propelled the issue to national significance and given rise to proposed legislative action from both politicians and the medical community.

Son preference is identified in the literature as the primary motivating factor leading to sex selection. Access to adequate technology is identified as an enabling factor. This study is a preliminary investigation seeking to shed light on the motivating factors of son preference in Canada. Eighty individuals of Asian descent participated in an online survey designed to identify the primary factors leading to female-specific sex selective abortion in Canada. Sixty-six females and males, representing 18 different countries, completed the survey. Both immigrants and the children of immigrants participated, with 70% of participants indicating they had immigrated to Canada during their lifetime.

The study finds that ideas traditionally associated with son preference persist within the Canadian context. It further identifies that son preference in Canada retains an aspect of economic motivation, despite common assumptions to the contrary. The existence of resistance was also identified as some participants expressed external pressures of son preference upon them but did not adopt these perspectives as their own. Additionally, a significantly higher amount of participants expressed knowledge of instances of a female being aborted on the basis of sex (25%) than the amount of participants who claimed either they or their partner exhibited son preference (16%).

Based on the findings of this study and the literature, three recommendations are proposed: the banning of advertisements for sex selection services, the introduction of

[1] Douglas Almond, Lena Edlund and Kevin Milligan, "O Sister, Where Art Thou? The Role of Son Preference and Sex Choice: Evidence from Immigrants to Canada" (NBER Working Paper No. 15391, October 2009).

community-based initiatives, and further research. Each option positively contributes to decreasing gender discrimination and inequality by uniquely combatting sex selection. Together these three options attempt to limit the supply of sex selection services in the short term, decrease the demand for sex selection in the long term, and increase the data supply to increase the knowledge base and more effectively inform future policy.

1. Introduction

Recent research out of the University of British Columbia has determined that the third child born in a family with certain demographic characteristics, primarily a family recently immigrated from Asia, is disproportionately more likely to be a male if the first two children are female.[1] These findings have brought the issue of sex selective abortion to the forefront of the nation's consciousness, resulting in a recently proposed motion in Canadian Parliament to condemn sex selective abortion as discrimination against females.[2] While a majority of Canadians agree that aborting a female fetus on the sole basis of sex is a problem,[3] no recent research has been conducted to determine what may be factors leading to such choices in the Canadian context, and therefore, what would be the most effective actionable steps to respond to these factors and the associated practice of sex selection.

The goal of this project is to advance understanding of the factors that influence sex selection in the Canadian context. This research seeks to address the existing gap in understanding of the factors that influence sex selection in the Canadian context through a preliminary investigation into the factors. This is attempted through both a review of the literature on the topic and the collection of responses to a survey designed as a preliminary investigation into the factors that lead immigrants from a variety of countries in Asia to pursue sex selective abortions of female fetuses in Canada. Policy options are drawn from information found in the literature and survey data. They are subsequently analysed using relevant criteria, resulting in recommended next steps to be taken to address this issue in Canada.

1 Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

2 "MP Mark Warawa Introduces Motion to Condemn Discrimination Against Females Via Sex-Selective Pregnancy Termination," last modified September 27, 2012, http://www.markwarawa.com/media_/mark_in_the_news/mp-mark-warawa-introduces-motion-to-condemn-discrimination-against-females-via-sex-selective-pregnancy-termination.

3 Environics Research Group, "Canadians' Attitudes Towards Abortion," October 2011: 11.

2. Background

2.1. Problem Definition

In 1990, Amartya Sen famously claimed there were more than 100 million women missing in the world.[4] Concentrated heavily in Asian and African countries, cultures of son preference had led to what has been termed "gendercide," the widespread practice of eliminating female offspring in favour of male.[5]

The resulting imbalanced sex ratios have created a variety of social problems. The problem is perhaps most acute in China and India, due in part to their vast populations. In China, for example, there are simply too many males and not enough females. This has led to increased incidents of female sex trafficking[6] and a new subsection of society referred to as "guang gun" or bare branches, a large group of males unable to find wives in a society in which one's ability to produce offspring is highly revered.[7] Speculation that a lack of females would increase demand and subsequently raise the worth of women in these countries has so far remained unproven.[8] It is unlikely the skewed birth rate in favour of males will ever become so widespread in Canada as to affect overall birth rates. Sex selection in Canada is a problem primarily because it exists inherently as an act of discrimination, at odds with Canadian values of gender equality and internationally accepted human rights, continuing with no official policy response from government.

4 Amartya Sen, "More Than 100 Million Women Are Missing." *The New York Review of Books*, 37 (1990).

5 Ibid.

6 "The Worldwide War on Baby Girls," *The Economist*, March 4, 2010, accessed September 27, 2012, http://www.economist.com/node/15636231

7 Ibid.

8 Ibid.

Canada currently has no laws on prenatal sex selection or fetal sex determination. As such, doctors and other health care providers in Canada are guided on the issue of abortion and prenatal sex determination for non-medical purposes by professional ethics and guidelines put in place by their professional associations and peripherally related legislation administered by Health Canada.[9] At present, the most common form of determining the sex of a fetus is by ultrasound. The sex of a fetus is generally detectable via ultrasound between 10 and 16 weeks gestation.[10] Prior to 20 weeks gestation, it is possible for a pregnant individual to undergo an abortion in Canada without being required to provide a justification, medical or otherwise. By 30 weeks, the development of a fetus is far enough along that it is difficult to obtain an abortion in Canada without significant medical justification.[11]

Ninety-two percent of Canadians think sex selective abortions should not be legal in Canada.[12] Angus Reid found two-thirds of respondents were in favour of laws prohibiting abortion based on gender.[13] Since sex selective abortion targets female fetuses, it is considered by health organizations, ethicists, politicians and members of the Canadian public to be inherently discriminatory.[14] Internationally, the United Nations Population Fund (UNFPA) states "sex selection and skewed sex ratios are seen both as symptoms of gender inequality and as leading to further aggravation of inequality."[15] The United Nations 1995 Beijing Platform for Action classified prenatal sex selection as

9 Michiel Van den Hof and Nestor Demancziuk, "Fetal Sex Determination and Disclosure," *Society of Obstetricians and Gynaecologists of Canada*, April 2007, accessed February 12, 2013, http://www.sogc.org/guidelines/documents/192E-PS-April2007.pdf

10 Royal Commission on New Reproductive Technologies, "Sex selection for non-medical reasons. Proceed with care: final report of the Royal Commission on New Reproductive Technologies," Ottawa: Canada Communications Group (1993): 886.

11 Rajendra Kale, "'It's a girl!'—could be a death sentence," *Canadian Medical Association Journal* 184 (2012): 387 accessed September 4, 2012, doi: 10.1503/cmaj.109-4091.

12 Environics Research Group, "Canadians' Attitudes Towards Abortion," October 2011: 3.

13 "Battle Looms Over Tory Motion on Sex Selective Abortion," accessed January 7, 2013, http://www.canada.com/Battle+looms+over+Tory+motion+selective+abortion/7656602/story.html

14 "UNFPA Guidance Note on Prenatal Sex Selection," UNFPA, accessed February 12, 2013, http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/guidenote_prenatal_sexselection.pdf.

15 "UNFPA Guidance Note on Prenatal Sex Selection."

'violence against women,' a designation which has since been reiterated by multiple country-specific Rapporteurs on Violence Against Women.[16]

The vast majority of information on son preference, sex selective abortion and responses comes from contexts outside of Canada. A gap of information exists within the Canadian context. The extent of the information shaping what we know about sex selective abortion in Canada has been provided in two ways: via quantitative analysis of census data impersonal census and investigative journalism by news agencies. In addition are the results of public opinion polls and the qualitative research undertaken by the Royal Commission more than twenty years ago, when little was known about the practice of sex selective abortion in Canada. Moving forward, this project will seek to fill some of the gaps of information with qualitative and quantitative data from the affected population.

2.2. Canadian Context

The possibility that abortion for sex selective purposes was being practiced in Canada first captured the attention and concern of the Canadian public in the late 1980's. In October of 1989, Parliament initiated an inquiry into rapidly advancing reproductive technologies and their implications on Canadian society, including social, ethical, health, and legal implications. The Royal Commission on New Reproductive Technologies released its final report encompassing 293 recommendations on a variety of reproductive topics in November 1993, entitled "Proceed with care: The final report of the Royal Commission on New Reproductive Technologies."[17]

Through extensive consultation with Canadians, the Commission found strong and widespread opposition to sex-selective abortion, justified primarily through the belief that sex selective abortion "fosters, reinforces, and legitimizes discrimination on the basis of sex."[18] The Commission found that over 90% of individuals they surveyed felt it

16 "UNFPA Guidance Note on Prenatal Sex Selection."
17 Royal Commission, "Sex selection," 888.
18 Royal Commission, "Sex selection," 887.

was “unacceptable to abort a fetus because the parents wanted a child of the opposite sex.”[19] The Commission agreed with Canadians, rejecting prenatal sex determination as “inconsistent with our guiding principles - respect for human life and dignity, sexual equality, protection of the vulnerable, and the balancing of individual and collective interests.”[20]

The report contained four recommendations pertaining to the future of sex selective abortion in Canada.

1. The SOGC guideline that prenatal sex determination for non-medical purposes not be offered should become a licencing requirement for all prenatal diagnosis services.[21]
2. All clinics and physicians offering fetal sex determination services must be licenced by the National Reproductive Technologies Commission.[22]
3. Fetal sex should only be disclosed upon direct request; patients should be informed in advance that standard practice is to disclose this information only in situations where it is medially relevant.[23]
4. Relevant associations should update guidelines to ensure that ultrasounds are not being performed for purposes of fetal sex identification and/or deliberately examining and volunteering this information prior to a patient’s the third trimester.[24]

The final recommendations of the report were made in light of widespread concerns voiced during consultation that implementing a legal ban on abortions “would require authoritarian measure and place grave restrictions on women’s autonomy and reproductive freedom.”[25] The Commission found that policy responses preferred by those they consulted—an expansive group of organizations and individuals—were to encourage social transformation through the promotion of gender equality and/or to discourage prenatal sex determination for non-medical reasons.

19 Royal Commission, “Sex selection,” 896.
20 Royal Commission, “Sex selection,” 899.
21 Royal Commission, “Sex selection,” 900.
22 Royal Commission, “Sex selection,” 901.
23 Royal Commission, “Sex selection,” 904.
24 Royal Commission, “Sex selection,” 906.
25 Royal Commission, “Sex selection,” 888.

The Commission thus declared that the use of reproductive technology for fetal sex determination for non-medical purposes is unethical. This judgement by the Commission set a precedent for organizations in defining their formal responses. The Society of Obstetricians and Gynecologists of Canada and many of the their provincial counterparts condemned sex determination as discriminatory, stating, "the Society of Obstetricians and Gynecologists of Canada believes that medical technologies and/or testing for the sole purpose of gender identification in pregnancy should not be used to accommodate societal preferences"[26] As recently as May 2010, the College of Physicians and Surgeons of British Columbia strongly advanced this position to its own members, agreeing that prenatal sex determination leading to an abortion is socially repugnant and that "it is unethical for physicians to facilitate such action."[27]

However, legislative hurdles prevented legislation governing reproductive technologies from being passed until March 2004, when the *Assisted Human Reproduction Act* was passed. The Act was a direct response to the Commission's report and put limits on many practices. Referring to prenatal sex determination the Act states:

> **5.** (1) No person shall knowingly
>
> (*e*) for the purpose of creating a human being, perform any procedure or provide, prescribe or administer any thing that would ensure or increase the probability that an embryo will be of a particular sex, or that would identify the sex of an *in vitro* embryo, except to prevent, diagnose or treat a sex-linked disorder or disease.[28]

Canadian law does, therefore, include a precedent for disallowing the active application of choosing the sex of one's child. Interestingly, fewer Canadians are opposed to pre-implantation sex selection than are opposed to sex selective abortion.[29]

[26] Van den Hof and Demancziuk, "Fetal Sex Determination and Disclosure."

[27] The College of Physicians and Surgeons of British Columbia, "Fetal Sex Determination Solely for Gender Selection," May 2010, accessed February 12, 2013, http://www.docstoc.com/docs/73204683/Fetal-Sex-Determination-solely-for-Gender-Selection

[28] *Assisted Human Reproduction Act, Statutes of Canada* 2004, c.2, http://laws-lois.justice.gc.ca/PDF/A-13.4.pdf

[29] Environics Research Group, "Canadians' Attitudes Towards Abortion," October 2011: 3.

This may be because, prior to conception, sex selection is more clearly viewed as an act of discrimination against females. Post-conception, it is reframed as an abortion issue, thereby overshadowing these other elements.

At the time of the release of the Royal Commission's final report, there was no evidence that an unbalanced desire for children of a particular sex existed among the Canadian public.[30] As such, the recommendations of the Commission were based solely on the possibility that son preference could theoretically be expressed through sex determination and subsequent abortion. This was insufficient evidence for critics such as the BC Civil Liberties Association, which claimed that, in absence of evidence that sex selection was taking place to an extent which would result in a skewed gender ratio and subsequent harm to society, freedom of choice should guide policy. They conceded that "should there be evidence that such (fetal sex determination) testing was likely radically to skew the gender ratio of the population, that would be good reason for stopping it."[31]

Until late 2009, no data existed demonstrating that sex selective abortion was occurring in Canada. However, findings published in October of that year[32] quantitatively demonstrated that sex selective abortion was indeed occurring within subsets of the population in Canada. This echoed findings published the previous year in the American context.[33] Dr. Kevin Milligan and co-researchers used Census data to study birth rates in Canada and compare differing rates between ethnic and religious groups of immigrants. They found that sex ratios of children born to first generation immigrant South Asian families, while often at parity in the first two children of a family, become skewed in the third child if the first two children born were female.

30 "On reproductive technologies: A response to 'Proceed With Care: The Final Report of the Royal Commission on New Reproductive Technologies.'" British Columbia Civil Liberties Association, last modified April 12, 1996, accessed February 12, 2013, http://bccla.org/our_work/on-reproductive-technologies-a-response-to-proceed-with-care-the-final-report-of-the-royal-commission-on-new-reproductive-technologies/

31 Ibid.

32 Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

33 Douglas Almond and Lena Edlund, "Son-Biased Sex Rations in the 2000 United States Census," *Proceedings of the National Academy of Sciences of the United States of America* 105 (2008): 5681-5682, accessed October 12, 2012, doi: 10.1073/pnas.0800703105

The birth ratio, naturally balanced, is 105 boys born for every 100 girls for a sex ration of 1.05. Dr. Milligan found that in the non-Christian and non-Muslim South Asian immigrant families sampled, if the first two children in a family were female, the sex ratio for the third child becomes 1.98. These families were twice as likely to have a boy than a girl. He concluded that because such statistics are naturally impossible, they must be caused by human intervention.

Similar impacts were identified by Dr. Milligan in second generation Canadians. Second generation Canadians generally have fewer children than the generation before them, and are slightly less likely to sex select, but still exhibit similar characteristics of sex selection. Skewed birth rates in favour of male children begin to arise in the second child instead of the third. While the generation preceding second generation Canadians appears to be more open to using both increased family size (commonly referred to as the stopping rule) and abortion as means to achieve a male child, second generation Canadians are more likely to use the latter approach.

Dr. Milligan's findings regarding first generation immigrants were confirmed by a report published in 2012 in the Canadian Medical Association Journal (CMAJ). The study examined the male: female ratio of live births in Ontario between 2002 and 2007. Keeping in mind the natural birth ratio of 1.05:1.00, researchers found that the birth rate for the second child born to a woman from South Korea to be 1.20. The birth rate for the third child born to a woman from India was 1:36. The birth rate was found to be normal in women born in Canada.[34] The researchers acknowledge that the effect size of their findings is likely diluted, as the study does not account for the birth order of male and female children in a family with multiple children.[35] Dr. Milligan's study found the likelihood of a male or female child to be affected by birth order and the sex of previous children, thus making this an important factor.[36]

[34] Joel G Ray, David A Henry and Marcelo L Urquia, "Sex Ratios Among Canadian Liveborn Infants of Mothers from Different Countries," *Canadian Medical Association Journal* 184 (2012): E492, accessed October 12, 2012, http://search.proquest.com/docview/1020908546?accountid=13800

[35] Ray, Henry and Urquia, "Sex Ratios," E493.

[36] Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

Arguably, an undercover investigation conducted by the CBC in 2012 brought the issue of sex selection to the fore as it revealed that sex selection practices may be enabled by the spread of privately owned and operated ultrasound clinics, which have become common across Canada.[37] Many private ultrasound clinics operate under the internal policy that they will not test for the sex of a fetus prior to 20 weeks gestation.[38] As no laws exist in Canada regulating the identification of the sex of a fetus via ultrasound, these policies exist on a voluntary basis and it is not clear that all such clinics employ such a policy.

CBC investigative journalists, operating undercover, discovered that 15 of 22 private ultrasound clinics in three cities across Canada were willing to book an appointment for an ultrasound prior to 20 weeks gestation, five of which were willing to conduct an ultrasound as early as 14 weeks gestation. A clinic in Brampton, Ontario, offered to conduct an ultrasound for an undercover journalist at 14 weeks gestation for a fee of $600.[39] At UC Baby, Canada's largest chain of ultrasound clinics,[40] the cost for a gender determination ultrasound procedure, specifically without face or body scanning, is listed at $125.[41] Despite UC Baby's policy to not test for the sex of a fetus prior to 20 weeks gestation, CBC determined eight of 10 contacted were willing to so. Furthermore, a staff member at one clinic offered to conduct an ultrasound prior to 18 weeks gestation while acknowledging the motivation was to avoid having another female child.[42] In response to the findings of the CBC investigation, the Society of Obstetricians and Gynecologists of Canada called for government action to completely ban private ultrasound businesses with the society's spokesman, Dr. Michiel Van den Hof, claiming

37 Timothy Sawa and Annie Burns Pieper, "Fetal gender testing offered at private clinics," *CBC News*, June 12, 2012, accessed April 3, 2013, http://www.cbc.ca/news/canada/story/2012/06/12/ultrasound-gender-testing.html

38 "Fetal Gender Testing Offered at Private Clinics," *CBC News*, June 12, 2012, accessed January 3, 2013, http://www.cbc.ca/m/rich/health/story/2012/06/12/ultrasound-gender-testing.html

39 Sawa and Pieper, "Fetal gender testing offered at private clinics."

40 Ibid.

41 "Packages & Prices," UC Baby, accessed February 13, 2013, http://www.uc-baby.com/en/services/packages-prices.php

42 Sawa and Pieper, "Fetal gender testing offered at private clinics."

"we do not at all condone sex selection by pregnancy termination. And we oppose it vehemently."[43]

This CBC investigation showed that it is possible to pursue prenatal sex determination early enough in a pregnancy to subsequently pursue an abortion in the Canadian public health system. The investigation provides evidence that this is likely occurring. Momentum in relation to the issue continued to build when the medical academic community waded into the public debate surrounding sex selective abortion in Canada in the late summer of 2012 with the publication of an editorial by Dr. Rajendra Kale in the CMAJ.[44] Building on the findings of Dr. Milligan that indicated sex selective abortion was occurring and the CBC's investigation demonstrating ease of access to prenatal sex identification services, Dr. Kale called for a stop in disclosure of fetus sex. He specified that since the disclosure of the sex of a fetus is medically irrelevant, it need not and should not be disclosed until the point at which an unquestioned abortion is "all but impossible,"[45] after 30 weeks gestation.

A similar policy suggestion had previously been put forward in 2010 by Thiele, a doctor, and Leier, a Canadian medical ethicist, advocating for a strictly followed standard-of-care guideline that prevented disclosure of fetal sex until an abortion for non-medical purposes was no longer possible.[46] Thiele and Leier claimed this policy to be "in harmony with the physician's fundamental responsibility to pursue the welfare of their patients and the well-being of society in matters affecting health by refusing to participate in or support practices that violate basic human rights or principles of medical ethics."[47] The Royal Commission on Reproductive Technologies found in 1993 that "despite the existence of clear professional guidelines, the evidence suggests that a determined couple can gain access to the PND system to acquire information about the sex of the fetus, and that some referring physicians and geneticists would be willing to

43 "Ban on 'Entertainment' Ultrasounds Urged," *CBC News*, June 13, 2012, accessed April 3, 2013, http://www.cbc.ca/news/canada/story/2012/06/13/ultrasounds-entertainment-ban.html

44 Kale, "'It's a girl!'" 387.

45 Ibid.

46 Allison T. Thiele and Brendan Leirer, "Towards an Ethical Policy for the Prevention of Fetal Sex Selection in Canada," *Journal of Obstetrics and Gynaecology Canada* (2010): 56, accessed January 12, 2013, http://www.jogc.com/abstracts/full/201001_HealthPolicy_1.pdf

47 Ibid.

help such a couple, or at least would not obstruct them."[48] This suggests that such guidelines are not strictly adhered to.

Following publication of Dr. Kale's editorial in the CMAJ, the College of Physicians and Surgeons of British Columbia replaced their guideline on fetal sex determination solely for gender selection with two new documents: *Disclosure of Fetal Sex*[49] and *Non-medical Use of Ultrasound*.[50] The content of the new documents differ remarkably from their predecessor, *Fetal Sex Determination Solely for Gender Selection*. The earlier document had focused primarily on the ethical responsibility of doctors *not* to release the sex of a fetus if it was suspected that the pregnant woman was interested in sex determination for purposes of gender selection. Dr. Kale's article had identified the lack of guidance provided to physicians for how to practically enact this policy and thus suggested filling this void with stronger direction.[51] The new documents make no mention of this ethical responsibility and instead shift the focus to concisely remind physicians of their ethical responsibility to the patient, including that of full disclosure where requested.

In September of 2012, Mark Warawa, a Conservative backbencher MP from BC, introduced M-408, a *Motion to Condemn Discrimination Against Females Via Sex-Selective Pregnancy Termination*.[52] Warawa describes the intent of the non-binding[53] motion as seeking to present a unified voice of condemnation against the practice of sex

48 Royal Commission, "Sex selection," 895.

49 "Disclosure of Fetal Sex," The College of Physicians and Surgeons of British Columbia, January 2012, accessed February 12, 2013, https://www.cpsbc.ca/files/u6/Disclosure-of-Fetal-Sex.pdf

50 "Non-medical Use of Ultrasound," The College of Physicians and Surgeons of British Columbia, January 2012, accessed February 12, 2013, https://www.cpsbc.ca/files/u6/Non-medical-Use-of-Ultrasound.pdf

51 Kale, "'It's a girl!'" 387.

52 Mark Warawa. "MP Mark Warawa Introduces Motion to Condemn Discrimination Against Females Via Sex-Selective Pregnancy Termination," September 27, 2012, http://www.markwarawa.com/m-408/press-releases/mp-mark-warawa-introduces-motion-to-condemn-discrimination-against-females-via-sex-selective-pregnancy-termination

53 Kady O'Malley, "MPs Set to Debate Sex-Selection Abortion Motion on March 28," *CBC News,* March 4, 2013, accessed March 4, 2013, http://www.cbc.ca/news/politics/inside-politics-blog/2013/03/mps-set-to-debate-sex-selection-abortion-motion-on-march-28.html

selective abortion in Canada and internationally.[54] He framed the motion as an issue of extending human rights and equality.

NDP and Liberal party leaders responded to M-408 by claiming it was a political ploy to reopen the abortion debate and an attempt to criminalize abortion.[55] Both leaders have since expressed their intent to vote against the motion for this reason, though both the NDP and the Liberal Party have previously condemned sex selective abortion. They believe this to be an attempt to limit abortion, not denounce discrimination against females as expressed through sex selective abortion. NDP MPs will not be voting in favour of M-408. The votes of Liberal MPs will not be bound by their party either way.[56] By December of 2012, the Prime Minister's Office issued a statement in regards to M-408, stating "the Government is opposed to opening this debate."[57] An all-party subcommittee subsequently declared in non-votable in the House of Commons.[58]

2.3. Son Preference

The literature points to son preference to explain the motivation behind sex selective abortion.[59] The UN has labelled son preference a human right concern, as it is fundamentally discriminatory towards females.[60] Son preference is identified as being dually motivated by a variety of underlying factors that fall into either sociocultural or economic considerations.[61] Factors include cultural ideas of respect, societal

54 Laura Payton, "MP's Motion on Sex Selection Stirs Abortion Debate," *CBC News*, December 6, 2012, accessed February 14, 2013, http://www.cbc.ca/news/health/story/2012/12/05/pol-sex-selective-abortion-motion.html

55 "Debate Looms Over Tory Motion on Sex Selective Abortion."

56 Ibid.

57 Aaron Wherry,"The Government is Opposed to Opening This Debate," *Macleans*, December 6, 2012, accessed February 19, 2013, http://www2.macleans.ca/2012/12/06/the-government-is-opposed-to-opening-this-debate/

58 Aaron Wherry, "How Mark Warawa's Motion Was Rejected," *Macleans*, March 25, 2013, accessed March 25, 2013, http://www2.macleans.ca/2013/03/25/how-mark-warawas-motion-was-rejected/

59 Royal Commission, "Sex selection."

60 "UNFPA Guidance Note on Prenatal Sex Selection."

61 Ibid.

expectations, and pervasive gender roles. Economic factors contributing to son preference include dowry, inheritance customs, and inequality of earning opportunity.

However, diverging opinions do exist on the nature of son preference in Canada and Western nations more generally. Such voices claim it does not exist in Canada. In absence of the belief that son preference exists in Canada, sex selective abortion thereby becomes a mechanism through which individuals enact arbitrary and non-discriminatory preferences. As such, those arguing for sex selective abortion, or arguing against limitations against it, often point to family balance as a primary motivation for those who pursue it.[62] Inherent in this claim is the belief that sex selective abortion is used an equal amount to terminate both male and female fetuses. These arguments, however, provide no explanation for the skewed birth rates research in Canada has indicated and independently confirmed.

Countries in which sex selection is wide spread enough to lead to skewed sex ratios across the population have had some success in addressing female economic inequality.[63] Internationally, actions to combat sex selective abortion and the underlying mindset of son preference often involve steps to increase the economic standing of females in a society.[64] The UN recommends entrenching gender equality for women by better recognizing the financial rights of women in legislation.[65] These steps have helped to redefine the social status of women while simultaneously raising their economic value.[66] These policies are justified by the assumption that "son preference would be diminished were women provided with economic opportunities."[67] Qualitative interviews

62 S. Matthew Liao S, "The Ethics of Using Genetic Engineering for Sex Selection," *Journal of Medical Ethics 31* (2005): 116, accessed October 12, 2012, doi: 10.1136/jme.2003.005983

63 "Preventing gender-biased sex selection: An interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO," World Health Organization, 2011, accessed February 12, 2013, http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf

64 Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

65 "Preventing gender-biased sex selection: An interagency statement."

66 Chi Zhou, Xiao Lei Wang, Xu Dong Zhou and Therese Hesketh, "Son Preference and Sex-Selective Abortion in China: Informing Policy Options," *International Journal of Public Health* (2011), accessed February 13, 2013, doi: 10.1007/s00038-011-0267-3

67 Anna Winkvist and Humaira Zareen Akhtar, "God Should Give Daughters to Rich Families Only: Attitudes Towards Childbearing Among Low-Income Women in Punjab, Pakistan," *Social Science & Medicine* 51 (2000): 80, accessed February 14, 2013, doi: http://dx.doi.org/10.1016/S0277-9536(99)00440-2

with women in Pakistan found the economic motivation for sons to be strongest in rural areas where "it is too costly to bring up a daughter who will need a dowry to get married and who will not support her parents when they are old."[68] The cost of raising and marrying a daughter is considered to be high. Sons, alternately, can both work for money and will receive a dowry upon marriage and an eventual inheritance, thus making a son a financial benefit to a family and increasing the comparative cost of raising a daughter. However, according to the Royal Commission on New Reproductive Technologies, "many of the social and economic reasons underlying a cultural preference for sons in other countries do not apply in Canada…selective abortion to avoid female offspring cannot be justified by such factors in Canada."[69]

Dr. Milligan's findings on the actions of second generation Canadians in comparison with first generation Canadians is valuable in providing insight into the extent to which forces of assimilation—the acceptance of Canadian norms and values—are successful deterrent factors to preventing son preference. The article suggests that sex selective abortion as an act results from culturally entrenched and perpetuated mindsets. The decrease observed in the children of immigrants using increased fertility as a means to achieve a son can be interpreted as acceptance of a facet of Canadian culture. The increased likelihood to use sex selective abortion in a society which condemns such a practice on moral and ethical grounds shows a general reluctance to assimilate morals. However, while this might point to the fact that cultural assimilation on its own is not a strong enough force to decrease abortions, it is important to remember that instances of son preference, identified in this article as the driving force behind sex selective abortion, does slightly decrease through assimilation.

Interestingly, Dr. Milligan's findings identify a strong correlation with religion. Both Christian and Muslim immigrants from Asian countries showed a complete absence of skewed sex ratios in offspring, a finding which the researcher suggests is a direct result of strongly condemned infanticide in both religions. Members of both groups did not exemplify a perfectly natural birthrate, however, being 5% more likely to have a third

[68] Winkvist and Akhtar, "God Should Give Daughters," 80.

[69] Royal Commission, "Sex selection," 898.

child if the first two were girls. Religion, then, is identified as a deterrent to sex selective abortion, though its impact on son preference is unclear.

No similar research to determine factors has been conducted in the Canadian context. In the North American context, qualitative interviews conducted with South Asian women in the United States led to a list of factors that were identified as contributing to son preference and the termination of female fetuses.[70] The researchers identified that most of the factors were heavily based in social norms similar to those that exist in India, as the case was with this sample. Language used was heavily laden with language of expectation. Some expressed that it was a "woman's duty" to produce a male child, some expressed the belief that a son was needed to carry on a family line. Son preference remains a strong motivator for pursuing sex selective abortion, but would not be possible without access to the required technologies.

2.4. Technologies

Access to technology is a vital enabling factor in the pursuit of sex selective abortion.[71] However, as the United Nations states, "technology is not the root cause of sex selection."[72] Reproductive technologies are utilized as a mechanism through which son preference can be expressed. These technologies are thus classified as an enabling factor, as technologies to assist in the pursuit of a son have enabled the expression of son preference through abortion.

Both the motivating factor of son preference and the enabling factor of access to technology must be present for sex selective abortions to occur. Son preference is

[70] Adams et al., "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 (2011): 1173, accessed October 12, 2012, doi: 10.1016/j.socscimed.2011.01.027

[71] Lauren Vogel, "Sex Selection migrates to Canada," *Canadian Medical Association Journal* 184 (2012): E163, accessed September 4, 2012 doi: 10.1503/cmaj.109-4091

[72] "Preventing gender-biased sex selection: An interagency statement."

therefore a necessary, but insufficient condition for sex selective abortion.[73] The expression of son preference through abortion is equally as dependent upon the appropriate medical technologies. For this reason Amartya Sen terms the use of ultrasound and other technologies for ensuring the birth of a boy "high-tech sexism."[74] Contributing to the choice of expression of son preference through abortion is the low financial cost of accessing the necessary medical technologies to identify the sex of the fetus and perform the subsequent abortion if the fetus is identified as female.[75]

Cost and ease of accessibility are identified as primary determining factors in choosing to pursue prenatal sex determination and abortion. Ultrasound scanning is currently the most popular method used to determine the sex of a fetus because it is the simplest and least expensive method.[76] Alternative methods of prenatal sex screening are available, but less desirable based on these factors. Limiting access to ultrasound scanning would not leave those seeking it without options, but those options would be more costly and invasive.

Fetal sex determination tests, and the technologies developed to conduct these tests, were originally intended for women carrying male-specific genetic disorders.[77] Alternate technologies through which to conduct prenatal sex determination include amniocentesis and chorionic villous sampling.[78] Both technologies are more invasive and therefore less desirable methods of sex determination than ultrasound.[79] Testing the sex of a fetus to determine the likelihood of disease or other abnormality is generally considered to be for a medical purpose,[80] and as such is treated separately within the

73 Doo-Sub Kim "Missing Girls in South Korea: Trends, Levels and Regional Variations," *Population (English Edition)* 59 (2004): 867, accessed March 15, 2013, doi: 10.3917/pope.406.0865

74 Amartya Sen, "The Many Faces of Gender Inequality," *New Republic* 225 (2001), 35, accessed January 12, 2013.

75 Vogel, "Sex Selection migrates to Canada," E163.

76 Ibid.

77 Ibid.

78 Ibid.

79 Adams et al., "There is such a thing," 1175.

80 Vogel, "Sex Selection migrates to Canada," E163.

medical community. These are more often considered appropriate reasons for seeking fetal sex determination.

Despite intent, technologies can come to acquire a markedly different meaning and purpose within specific sociocultural contexts. For example, research in the United States found that South Asian women who were considering sex selective abortion, or had pursued this practice in the past, "uniformly believed that the main purpose of ultrasound technology was to provide information on fetal sex."[81] This is in direct contrast with the declared intent of ultrasound technology in Canada, as put forward in the final report by the Royal Commission on Reproductive Technologies.[82] Understanding how a technology is understood within unique sociocultural contexts is likely to prove helpful in attempts to influence or deter the ways in which a technology is being utilized.

The literature consistently mentions the rapid rate at which technologies are developing,[83] pointing to the fact that the pairing of ultrasound and abortion as the primary means through which sex selection is expressed could be one day eclipsed by another technology. One recent technology developed determines the sex of a fetus through fetal DNA, allowing for early first trimester sex detection.[84] For a singular technology to overtake ultrasound as the preferred method of prenatal sex determination would require it to be less costly and/or invasive while maintaining accuracy. No such method has yet arisen.

Another alternate route of sex selection is pre-conception sex selection. Technologies do exist which allow for individuals to select the sex of their future child prior to conception, most commonly through PGD (Pre-implantation Genetic Diagnosis).[85] However, in 2004, Canada passed a law making this practice illegal.[86]

81 Adams et al., "There is such a thing," 1175.

82 Royal Commission, "Sex selection."

83 Royal Commission, "Sex selection."

84 J. H. Lim, et al., "Effective detection of fetal sex using circulating fetal DNA in first-trimester maternal plasma," *The FASEB Journal* 26 (2012): 251, accessed January 13, 2013, doi: 10.1096/fj.11-191429

85 "Sex Selection and Family Balancing," The Fertility Institutes, accessed February 14, 2013, http://www.fertility-docs.com/fertility_gender.phtml?gclid=CJKJ1piA7bUCFc0-MgodtFcAmg

86 *Assisted Human Reproduction Act, Statutes of Canada.*

Qualitative interviews with South Asian women in the United States who did pursue pre-implantation technologies expressed that it was "a less desirable option both because of the cost and that the actual conception would be physician facilitated ('unnatural') rather than through intercourse ('natural')."[87] It was found that they had already attempted to sex select via ultrasound and abortion an average of two times. Many women expressed that the process of aborting a female fetus was psychologically difficult and they were motivated to pursue alternative technologies to avoid another abortion. This motivating factor, avoidance, was strong enough to overcome the cost and difficulty barriers. Individuals often enlisted the financial assistance of extended family members to overcome the cost barrier.[88]

Further options exist for those determined to overcome barriers to fetal sex determination. Individuals have the option of crossing the border into the United States.[89] In April 2012, the Indo-Canadian Voice, based in Surrey, BC, ran an advertisement offering pre-implantation sex selective services at a clinic in Washington State. Though the advertisement did not mention abortion procedures, its target audience of the Indo-Canadian community in Surrey exhibits one of the highest male-to-female birth ratios in the country.[90] The Indo-Canadian Voice subsequently admitted to having rejected advertising from another clinic in the United States seeking to advertise sex selective abortion procedures.[91]

Five years previous, in 2007, an ad run in two Indo-Canadian publications advertised ultrasound services for the purpose of fetal sex determination.[92] The ads were for Koala Labs, a clinic specializing in prenatal ultrasound services to determine the sex and health of fetuses. Koala Labs continues to operate, claiming 100% accuracy

87 Adams et al., "There is such a thing," 1172.

88 Ibid.

89 Annie Burns-Pieper, "Baby Sex Selection Ad Targets Indo-Canadians," *CBC News*, April 17, 2012, accessed February 14, 2013, http://www.cbc.ca/news/canada/story/2012/04/16/sex-selection-advertisement-child.html

90 Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

91 Annie Burns-Pieper, "Baby Sex Selection Ad Targets Indo-Canadians."

92 "Ultrasound Ads Promote Female Abortion, Immigrant Society Charges," *CBC News*, August 2, 2007, accessed February 14, 2013, http://www.cbc.ca/news/canada/british-columbia/story/2007/08/02/bc-femalefoeticide.html

in determining fetal sex via ultrasound at 12 weeks gestation.[93] The procedure can be conducted as early as 10 weeks gestation, in which case a follow up test is recommended to ensure accuracy.[94] The cost for an ultrasound is in excess of $1000.[95] For those willing to wait further into the pregnancy, such as 16 weeks gestation, the cost of sex determination ultrasounds can be as low as $60 at alternate clinics near the Canada border.[96] Depending on how far into the pregnancy one is willing to wait to discover the sex of the fetus, ultrasounds can still be done earlier and cheaper than what is available at private Canadian ultrasound clinics.

Koala Labs operates two clinics, one of which appears to service a majority of Canadian clients. This location is located less than two kilometres from the Canadian border in Blaine, Washington and can be contacted via telephone at two numbers, both of which are listed with British Columbia area codes. Furthermore, an email address and one of the two numbers listed specify to access services in Punjabi, which is commonly spoken among the Indo-Canadian community.[97]

A 1994 interview with Dr. Stephens conducted by a member of the Indo-Canadian community is linked on Koala lab's website. In it, the interviewer engages Dr. Stephens in a discussion on the Indo-Canadian component of his client base. Dr. Stephens denies specifically targeting the Indo-Canadian community. He frames his choice of advertisement as responding to those who have expressed interest in his services. When pressed on the ethics of his business, he claims, "I can only see social good coming from anything that helps couples have children that they want."[98]

The Royal Commission on Reproductive Technologies also found evidence that, prior to 1993, when the final report was tabled, some genetic testing centres in Canada

93 "Welcome to Koala Labs," Koala Labs, accessed January 13, 2013, http://www.koalalabs.com/default.asp

94 "Services," Koala Labs, accessed January 13, 2013, http://www.koalalabs.com/services.asp

95 "Q & A with Dr. John D. Stephens," Koala Labs, accessed January 13, 2013, http://www.koalalabs.com/pdf/QandAwithDr.StephensArticle.pdf

96 "Packages." Prenatal Universe, accessed January 13, 2013, http://prenataluniverse.com/packages.html

97 "Contact Information," Koala Labs, accessed January 13, 2013, http://www.koalalabs.com/contact.asp

98 "Q & A with Dr. John D. Stephens."

would provide the contact information of programs in the United States if a woman called requesting services for sex-selective abortion. Though dated, this data, collected via survey, indicates some Canadian medical professionals were aware of such options for Canadian women to pursue this procedure in the United States and assisted individuals in their quest to seek such treatment.

The 2012 CBC undercover investigation of private ultrasound clinics found evidence a more informal form of referral to the United States may still be occurring. A staff member at one private BC clinic, after refusing to conduct an ultrasound for the purpose of detecting fetal sex at 14 weeks gestation, suggested the procedure was only available to the woman in the United States. This anecdotal evidence suggests that the practice of informing patients of services in the United States is still occurring.[99]

2.5. International Guidance

In June of 2011, five agencies of the United Nations released an interagency statement[100] calling for an end to son preference and sex selection. In the interest of women's human rights, the statement calls on governments and all segments of society to address sex selective abortion, noting, "long term change can only be achieved when a broad range of actors is engaged in a concerted effort."[101] The statement issues a number of recommendations and directions for future action. It highlights the need for more reliable data, provides areas of caution for policies targeting the use of technology, suggests legislative steps to be taken, advocates further supportive measures for girls and women, and outlines the importance of advocacy and community mobilization.[102] Underlying all recommendations is the objective of increasing gender equality through combatting gender-based discrimination and encouraging steps towards realizing greater gender equality.

[99] Timothy Sawa and Annie Burns-Pieper, "CBC Investigation: Unnatural Selection," *CBC News*, accessed February 14, 2013, http://www.cbc.ca/news/interactives/gender-selection/

[100] "Preventing gender-biased sex selection: An interagency statement."

[101] Ibid.

[102] Ibid.

The statement highlights that steps to limit sex selection should not be undertaken at the cost of restricting access to safe abortion services, which would serve to further reinforce gender inequality.[103] It outlines measures that could be taken to fulfill both requirements—such as banning the advertisement of sex selection services—while highlighting the goal of strengthening gender equality. Most recommendations focus on steps that address this as the underlying cause of sex selection. This is because, as the statement posits, "legal restrictions in isolation from broader social policies and other measures to address deep-seated social norms and effect behaviour change may be ineffective and may even detrimentally impact upon the human and reproductive rights of women."[104] This perspective speaks to the limited effectiveness, and potential negative effects, of addressing sex selection solely through limitations on technology. Limiting the enabling factor without addressing motivations does not seek to address the problem in the long-term, and may, in fact, serve only to shift the expression of discrimination.[105] Effectiveness would be maximized where the enabling and motivating factors are dually addressed, so that as supply of sex selective technologies is limited, demand for such technologies also falls.

To inform the development of sound policy, areas are outlined where more reliable data is needed. Relevant to the Canadian context is the need for research that explores sex selective motivations, practices, and their effects on different populations. Relevant also is the need to monitor and track the magnitude of sex selection, of which no direct data exists in Canada. It is recommended that this data be used to analyze the interplay between the rates of sex selection with various socioeconomic variables.[106]

The call for further research was also highlighted by the UNFPA,[107] which produced a guidance note that lists specific actions to be taken under three strategic pillars. The pillars are data for development; sexual and reproductive health, which calls for increased reproductive health services and suggests limitations for the advocacy

[103] "Preventing gender-biased sex selection: An interagency statement."
[104] Ibid.
[105] Sen, "The Many Faces of Gender Inequality," 37.
[106] "Preventing gender-biased sex selection: An interagency statement."
[107] "UNFPA Guidance Note on Prenatal Sex Selection."

work of health providers; and gender equality and culturally sensitive programming, which highlights the opportunity to "draw attention to skewed sex ratios as a proxy for underlying discrimination."[108] Both the first and third pillars recommend the need for research to be undertaken that identifies culturally rooted values and practices leading to sex selection.[109] The second pillar, sexual and reproductive health, contains recommendations similar to those outlined in the interagency statement. It focuses on steps to protect women's health and equality, particularly that of vulnerable women. It seeks to provide access to quality health care for women while recommending against action that decreases access to and/or availability of abortion, including late-term abortion.[110] As such, the UNFPA advocates a response to sex selective abortion while also advocating for increased access to abortion.

2.6. Government Intervention

Whether or not government intervention is justified in combatting sex selective abortion in Canada generally refers back to the Harm Principle. The Harm Principle is based upon the presumption that government is justified in interfering with the free choice of its citizens through any type of prohibition for the sole purpose of preventing harm to others. The government (or any organization advocating some form of state interference) must satisfy three requirements. First, the government must accept the burden of proving that harm does or will exist. Second, the evidence that harm does or will occur must be clear and persuasive. Third, harm cannot be something that is defined as such by the morality of a singular group.[111]

The debate surrounding sex selective abortion in Canada has long focused on the third requirement. Questions are often asked: is it right or wrong to abort a fetus, at

[108] "UNFPA Guidance Note on Prenatal Sex Selection."

[109] "UNFPA Guidance Note on Prenatal Sex Selection."

[110] "UNFPA Guidance Note on Prenatal Sex Selection."

[111] Edgar Dahl, "Procreative Liberty: The Case For Preconception Sex Selection," *Reproductive BioMedicine Online* 7 (2003): 381, accessed January 13, 2013. www.rbmonline.com/Article/1105

what point is it morally unacceptable and for what reasons?[112] Value-laden language is often used in academic articles on the subject, referencing sex selective abortion with such words as "evil."[113] This approach contributes to the claim that subjective morality is being used to drive the discussion.

Sex selection is motivated by a mindset that does not equally value males and females and therefore does not appropriately acknowledge "the right of all humans to life, dignity, and sexual equality."[114] The United Nations recognizes that the causes of sex selection "are based on gender discrimination - are human rights concerns, and the same is true for the consequences as they can impact on the human rights of women and men."[115] A violation of human rights ought to be considered a harm, as its existence is harmful to those whose rights are violated and the society in which the violation is perpetuated. Furthermore, sex selection, an expression of son preference "reflects and fuels a culture of discrimination and violence."[116] The existence of such a culture can safely be declared harmful.

Prior to the introduction of M-408, all political parties in Canada had denounced sex selective abortion as inherently discriminatory.[117] However, the introduction of the M-408 has seen the official response shift. All parties opposed the motion. One common objection is that the issue of sex selective abortion in Canada ought to be assigned to the same sphere as abortion in general: that of the private. Liberal leader, Bob Rae stated, "we're a country that's against discrimination and everybody understands that as well. That's clear. But I think the way that they're doing it is an attempt to break down this very basic consensus in the country that this is essentially a private matter."[118]

[112] Dahl, "Procreative Liberty," 381.

[113] Kale, "'It's a girl!'" 387.

[114] Royal Commission, "Sex selection," 899.

[115] "UNFPA Guidance Note on Prenatal Sex Selection."

[116] "Joint Statement by OHCHR, UNFPA, UNICEF, UN Women and WHO," Office of the High Commissioner for Human Rights, last modified June 14, 2011, accessed January 8, 2013, http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=11144&LangID=E

[117] "Debate Looms Over Tory Motion on Sex Selective Abortion."

[118] Ibid.

A matter is defined as private where a matter is framed as being moral in nature. A matter in which harm is present goes beyond issues of individual morality and subsequent allocation in the private sphere; it becomes a public issue. By claiming, as Canadian politicians have, that sex selective abortion is a private matter is to take the view that no harm is present in the practice. Those politicians choosing to frame sex selective abortion as a private issue have chosen to frame sex selective abortion as an extension of the abortion debate in Canada, using the same arguments, logic and rhetoric. They neglect to acknowledge it as a separate issue that possesses fundamentally different principles and motivations.

3. Methodology

3.1. Introduction

While much research has been done on the issue of sex selective abortion in an international context, gaps exist in the literature regarding unique features and nuances in the Canadian context. Further information was required on the nature of the problem before an analysis could be conducted to determine policy responses. This gave rise to the primary data collection phase, which was achieved through a method that sought both quantitative and qualitative information.

The research objective was to determine which motivating factors of son preference are relevant in the Canadian context. The purpose of the primary data collection phase was to conduct a preliminary investigation into the motivating factors that encourage immigrants from Asia, and their children, to pursue sex selective abortions of female fetuses in Canada. As such, the research phase focused on the identified motivator of son preference. Immigrants from Asia are the focus of this study as communities of Asian immigrants have been identified as those communities in Canada exhibiting skewed birth ratios.[119]

To best understand motivating factors, the study sought to engage directly with members of this target population. Interviews with service providers within these communities were considered but not pursued. Evidence suggests that in the North American context, members of the target population are reluctant to share their perspectives and experiences regarding son preference and sex selection.[120] It was therefore expected that a significant amount of insight would be lost with each degree of removal from the target population.

[119] Almond, Edlund and Milligan, "O Sister, Where Art Thou?"
[120] Adams et al., “There is such a thing,” 1172.

Case studies drawn from the international community were also considered as a potential methodology. However, preliminary investigation discovered that, with the exception of South Korea, no nation's policies have resulted in a successful decrease in skewed sex ratios.[121]

Furthermore, the nature of these policies to combat sex selective abortion often rely heavily on limiting the supply of abortion services,[122] which this study seeks to avoid as an avenue of response. The international perspective was considered in this report through documents produced by the United Nations that highlight trends of best practices and promising directions drawn from the international context.

3.2. Survey

3.2.1. Design

The primary data-gathering phase took the form of an online survey. Based on factors that have been identified as contributing to sex-selective abortion internationally and in the United States,[123] the primary objective of the survey was to determine which of these factors are relevant in the Canadian context as well as to identify any currently unidentified factors specific to Canada. The survey was designed to collect quantitative and qualitative responses to questions by allowing participants the opportunity to select responses from a list and subsequently elaborate further in open-ended responses. However, fewer qualitative responses were provided than anticipated, thus resulting in a quantitative-heavy dataset.

The survey medium was selected because it was expected to provide the most compelling data while providing an agreeable and minimally invasive experience for participants. Past research has indicated immigrant women who have pursued sex selective abortion are cautious in discussing their experiences for fear of judgement or

[121] "Preventing gender-biased sex selection: An interagency statement."
[122] Ibid.
[123] Adams et al., "There is such a thing," 1173.

potential retribution.[124] The online survey medium ensured they were able to share their experiences anonymously, thereby encouraging honest participation and providing protection for participants from any potential repercussions.

Efforts were taken to ensure the survey content and design was as minimally invasive as possible. The nature of an online survey, being one step removed from a human researcher, was chosen in part to minimize feelings of obligation on the participant to continue if at any point they chose not to. The participant's lack of obligation to complete the survey or an individual question was explicitly stated at the start of the survey. The option to skip a question was evident throughout the survey as each question included a skip button beside the submit button. Additionally, the questions asked were simple and straightforward regarding preferences that might result in future choices and behaviour. All questions and their responses are included in the appendix. Only one question made mention of past experience and it asked about the actions of others as opposed to the individual taking the survey. In the event any potential adverse effects did arise, participants were provided at the start and end of the survey with a support group they could contact via phone or email.

The target population for the survey consisted of first generation immigrants to Canada, and the children of first generation immigrants and individuals of South Asian, South East Asian or other Asian descent.

Participants were screened in a few ways. To ensure the participant fit the target population of being a first generation Asian immigrant to Canada, or the child of an Asian immigrant, participants were asked which country or countries they or their parents had immigrated from and to select the Asian subgroup with which they identify. Additionally, participants were asked to provide the age at which the participant had immigrated to Canada. Participants who did not fit the target criteria were screened out at this point.

[124] Adams et al., "There is such a thing," 1172.

3.2.2. Recruitment

Participants were recruited through two organizations. In the initial stages of the research, considerable efforts were made to locate and partner with organizations in Canada with memberships consisting primarily of immigrants to Canada from countries in Asia. Non-governmental organizations dealing with women and various women's issues were contacted. A preliminary agreement to distribute the survey was reached with two organizations, one in British Columbia and the other in Quebec, whose memberships consisted primarily of, but were not exclusive to, South Asian women in Canada. 154 individuals followed the survey link and began the process of taking the survey with varying degrees of completion. Participants were recruited, and all data collected, between January and March of 2013.

Global Girl Power (GGP), based in Surrey, BC, is an advocacy group with the mission to empower women and girls. It was founded in 2012 and is run by first generation immigrants to Canada with strong ties in the South Asian community. They periodically organize walks, vigils and other activities to raise awareness about violence against women in the South Asian community, in Canada, and in the world. GGP articulates their mission as, in part, "to provide resources and education to support the learning and growth of young girls and to provide women with support and tools to create sustainable means of income and become self sufficient leaders with intelligence and perseverance."[125] During the recruitment period, GGP had over 1000 likes on Facebook and over 500 followers on Twitter.[126][127]

GGP founder, Lucky Gill, was extremely supportive of this research and sought to provide as much assistance as possible. She expressed that sex selection is a problem within the South Asian community and encouraged efforts to raise awareness and combat sex selection, both from within and outside of the community. Ms. Gill proved to be an invaluable partner in providing insight and actively spreading the word about the survey through her vast network.

[125] "Global Girl Power," Facebook, accessed February 19, 2013, https://www.facebook.com/GlobalGirlPower?fref=ts

[126] Ibid.

[127] "Global Girl Power," Twitter,accessed February 19, 2013, https://twitter.com/GlobalGirlPower

GGP used Facebook to spread the word about the survey among its supporters. GGP's efforts at distribution took place from February 19 to 26, 2013. Led Ms. Gill, a Facebook event page was created encouraging invited individuals to complete the survey. The survey link and a brief explanation were provided. GGP members and supporters were invited to the event and the link to the event page was posted on GGP's main Facebook page. Ms. Gill subsequently followed up with multiple reminders on the event page in which she strongly encouraged invitees to take the survey. Additionally, one or more individuals contacted in this way invited others to the Facebook event, resulting in subsequent snowball sampling. 328 individuals in total received an invitation.

This method of distribution had a lower response rate than anticipated. Only 26 individuals contacted via the Facebook event page RSVP'd positively. However, it is likely, based on survey response rates during this time period, that more than 26 individuals contacted through GGP's distribution completed the study. The additional participants may have followed the survey link on GGP's Facebook page. Additionally, delays in communication and a coinciding alternate event organized by GGP during the months of January and February resulted in a late start and subsequent shortened the response collection period. This may also have contributed to the lower than anticipated response rate. It should be noted, however, that the majority of survey participants were likely recruited through GGPs efforts.

The other organization that assisted with participant recruitment was The South Asian Women's Community Centre (SAWCC) in Montreal, which aims to help women become independent and realize their full potential.[128] They provide a variety of services and supports such as language classes, counselling, job search workshops, and settlement programs for new immigrants. The SAWCC has extensive involvement in the local South Asian community. Delays were also encountered in survey distribution through the SAWCC. There were indications this was the result of an internal approvals process, though the exact cause of delays was never completely explained. Ghazala Munawar, Centre Manager, distributed the survey link to staff and contacts in early March.

[128] "About SAWCC," South Asian Women's Community Centre, accessed October 12, 2012, http://www.sawcc-ccfsa.ca/EN/?page_id=2

4. Findings

4.1. Demographics

One hundred and fifty-four individuals followed the link to complete the survey. After filtering out those responses that were terminated, incomplete, or complete with corrupted data, the result was 80 useable responses.

The survey was completed by 14 males (17.5%) and 66 females (82.5%). A total of 18 different countries were represented. The two most commonly represented countries of origin or descent were India with 38 responses (48%) and China/Hong Kong with 15 (19%) responses. Fifty-six (70%) participants immigrated to Canada, 17 (21%) were born in Canada to immigrant parents, and 7 (9%) did not specify if they were first or second generation immigrants. First generation immigrants arrived in Canada aged in the range of 11 months to 48 years old. Regarding religious self-identification, 35 participants identified as Sikh (44%), 12 as no religion (15%), 10 as Hindu (13%), 9 as Christians (11%), 7 as Muslim (9%), and 6 (8%) as Atheist/Agnostic. These demographic data are summarized in Table 4.1.

Four key themes arose from data provided through the survey responses. These are the identified motivating factors, economic motivation, the existence of resistance, and the knowledge of female specific sex selective abortion in relation to self-identified son preference and the factor of family balance.

Table 4.1. Demographics

Characteristic	Category	*n* (%)
Gender	Female	66 (82.5%)
	Male	14 (17.5)
Immigrant Status	Immigrated	56 (70%)
	Born in Canada to immigrant parents	17 (21%)
	Did not specify	7 (9%)
Country of origin	India	38 (48%)
	China/Hong Kong	15 (19%)
	Other	27 (34%)
Religion	Sikh	35 (44%)
	No religion	12 (15%)
	Hindu	10 (13%)
	Christian	9 (11%)
	Muslim	7 (9%)
	Atheist/Agnostic	6 (8%)

4.2. Identified Motivating Factors

Son preference was expressed by a total of 13 participants (16%) through either their personal preference or the preference of their partner. The breakdown of participant v. partner preference is detailed below in Table 4.2.

Table 4.2. Counts of Expressed Son Preference

n	Characteristics
4	Participant expressed a strong preference for a male Participant's partner expressed no preference/has no partner
5	Participant expressed a strong preference for a male Participant's partner expressed a strong preference for a male
4	Participant expressed no preference/strong preference for female Participant's partner expressed a strong preference for a male

From this sample base, the following factors were the most commonly expressed in contributing to a participant's desire for a male child.

Table 4.3. Identified Factors of Participants Expressing Son Preference

Group (*n*)	Factor	*n* (%)
All three groupings in table 4.2 (13)	Personal preference	9 (69%)
	Cultural and/or societal pressure/expectations	9 (69%)
	Family pressure/expectations	8 (61.5%)
Grouping 1 and grouping 2 in table 4.2 (9)	Respect	7 (78%)
	Tradition	6 (67%)
	Status	6 (67%)
	Security in old age	6 (67%)
	Cultural and/or societal pressure/expectations	6 (67%)

The responses collected in this survey provide an adequate amount of data with which to conduct a preliminary investigation into the factors leading to son preference. Though the majority of participants did not express a preference for sons, this low rate of self-expressed son preference is consistent with findings found internationally, such as China, where sex selection is known to occur at rates far greater than in Canada.[129] There was no difference observed in the responses from male and female participants.

The most commonly identified factors, as outlined in Table 4.3, are consistent with factors traditionally identified as leading to son preference in cultures internationally.[130] No new factors were found to exist in the Canadian context that did not appear elsewhere in the literature or other countries. However, the existence of economic factors as contributing to son preference has been previously unidentified in Canada. This finding and its implications are explored further in section 4.3 *Economic Factors*.

[129] Zhou et al., "Son Preference and Sex-Selective Abortion in China."
[130] Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

This study recognizes that factors leading to son preference can be subdivided into factors that are internal, such as personal preference and security in old age, and factors that are external, such as respect, pressure, and expectations from others. These results seem to suggest that both forms of son preference are present as factors, as both personal preference and cultural and societal expectations were ranked with high frequency. Participants who did not express a personal preference for sons, but whose partner did, placed greater emphasis on the social and cultural factors, perhaps indicating that they were aware of the pressures, but did not personally believe them or allow them to impact their personal preferences. The internalization of external pressures is discussed in greater detail in section 4.4 *Resistance*.

4.3. Economic Motivation

The findings of this study suggest that economic motivations appear to be a factor of son preference in Canada. 6 of the 9 participants (67%) who self identified as strongly preferring a male child cited economic reasons as a contributory factor. However, none of these participants acknowledged any economic reasons as being a primary motivating factor or provided any further explanation of the nature of these economic factors. Additionally, none of the participants whose partner preferred a male child, though they did not, acknowledged that economic factors contributed to their choice of preference. This seems to indicate that when economics factors are involved in sex preference, an individual is more likely to prefer a son.

Based on this data which indicates economic factors do play a role in contributing to son preference in Canada, the possibility must be explored that something may exist in the Canadian context, perhaps unique to the immigrant experience, that lends itself to the perception that men benefit from greater economic opportunities in Canada than women. Upon arrival in Canada, immigrants often find themselves “deskilled,” meaning that their foreign attained credentials and experience are not recognized within Canada. Research into the effects of this on skilled female immigrants from China found that attempts to obtain adequate employment in light of deskilling are further exacerbated by

"gendered and racialized institutional processes"[131] that result in labour market discrimination. As a result, skilled Chinese immigrant women are often only able to obtain part-time or low-paying jobs that are beneath their qualifications obtained internationally. This inability to obtain an adequate income is further intensified for women for whom immigration has also resulted in a loss of support. The decreased likelihood of multi-generational households that accompanies immigration may result in more women forgoing or scaling back career involvement—especially if it is low paid—to tend to domestic work.[132]

Preference for a son that is rationalized, at least in part, by economic realities in Canada, may be further supported by notions of traditional gender roles. One participant of this survey, who expressed preference for a son, shared the following opinion when responding to a question about the primary factor motivating her preference. She stated, "In my community boy children provide greater comfort in my old age and will be required to take care of me." In the American context, South Asian immigrant women expressed the belief that the roles of wage earning and care taking, including of their parents in old age, were ultimately the responsibilities of sons.[133] Similar traditional gender roles related to financial caretaking are expressed in other cultures as well.[134] In many cultures, a daughter will marry into another family and it will no longer be her role to care for her parents.[135] South Asian women expressed the belief that sons were more reliable than daughters in terms of providing financial support.[136] Despite these expectations, many women interviewed in this study expressed that this differed in practice and that daughters commonly do take care of their parents in old age. However, these expectations, based on traditional perceptions of gender roles, persist.

131 Guida Man, "Gender, Work and Migration: Deskilling Chinese Immigrant Women in Canada," *Women's Studies International Forum* 27 (2004): 136, accessed April 21, 2013, doi: 10.1016/j.wsif.2004.06.004.

132 Janet W Salaff and Arent Greve, "Can Women's Social Networks Migrate?" *Women's Studies International Forum* 27 (2004): 160, accessed April 21, 2013, doi: 10.1016/j.wsif.2004.06.005.

133 Adams et al., "There is such a thing," 1174.

134 Zhou et al., "Son Preference and Sex-Selective Abortion in China."

135 Adams et al., "There is such a thing," 1174.

136 Winkvist and Akhtar, "God Should Give Daughters," 80.

Assumptions have been made that economic factors should not play a role in motivating son preference in the Canadian context, as the contributory conditions internationally are often not applicable in the Canadian context.[137] In particular, inheritance, dowry,[138] and financing old age[139] play key roles as international contributory factors for desiring a son.[140] No data existed to confirm or deny this assumption. However, based on the findings of this study, it appears that both cultural and traditional perceptions of gender roles and the reality of limited earning power for immigrant women to Canada contribute to a belief that it is better to have a male child for economic reasons in Canada.

These findings do not, suggest that individuals who exhibit son preference place an increased emphasis on economic factors when making family planning decisions when compared with individuals who do not express son preference. Economic factors were the most overall reported factor that participants expressed when asked about important factors when starting a family. 56% of all participants (45) expressed a desire to be financially stable and in a good financial position before starting a family. The difference, is that these participants did not express any belief that current or future financial situations would be affected by the sex of their next child.

4.4. Resistance

Some participants who specified they did not have a preference regarding the sex of their next child appeared to hold this preference despite highlighting factors that encouraged them to favour males. They reported being aware of these external pressures, but did not appear to internalize them as personal preference, in effect resisting those pressures to have, and desire to have, a son.

[137] Royal Commission, "Sex selection."

[138] Edgar Dahl, "Gendercide? A Commentary on The Economist's Report About the Worldwide War on Baby Girls," Journal of Evolution & Technology 21 (2010): 20-22, accessed April 21, 2013, http://jetpress.org/v21/dahl.htm

[139] "Preventing gender-biased sex selection: An interagency statement."

[140] Winkvist and Akhtar, "God Should Give Daughters," 80.

One participant shared, “I might face ridicule of my extended family back in India.” Another participant expressed a similar point of view, stating in response to a question regarding potential consequences of giving birth to a child of the sex not desired, that “extended family – uncles, aunts would show more enthusiasm towards a male child being born.” Multiple participants expressed a similar perspective that having a male child was a “must.”

Despite external expectations, these participants expressed that they held a different personal point of view. They did not internalize these expectations and adopt them as their own. No explanations were offered into why they did not internalize this preference or descriptive details of the process of resistance. Exactly which factors and characteristics must be present for an individual to internalize or not internalize son preference are unclear and could benefit from further research.

Son preference is often so deeply imbedded in a society that women may accept and perpetuate son preference without realizing they have done so. Indeed, son preference is “often so coded in…projections across generations of women that young women can often only understand their complex meanings by the time they themselves have become part of the ‘system.’”[141] Recognition of the existence of son preference and the pressures surrounding it must first take place before a process of resistance can begin.

Additionally, recognizing the existence of alternative frameworks is important. The responses from the survey indicate a rather low degree of son preference as expressed by participants overall, 16%, supporting the notion that “Son preference as an attitude, perspective or cultural expectation is not always the ‘norm.’”[142] However, far more participants reported knowing of a female fetus that had been aborted on the basis of sex than exhibited personal son preference (this disparity is discussed in further detail in the next section). This exhibits that they have some degree of relations with

[141] Navtej K. Purewal, *Son Preference: Sex Selection, Gender and Culture in South Asia* (Oxford: Oxford International Publishers, 2010), xiii.

[142] Ibid.

individuals who embody son preference. Knowledge of such occurrences may contribute to feelings that it is the norm, or at least, generally understood to occur.

One contributing factor of resistance was identified through survey responses. Half of those participants who specified they would prefer a son indicated that they were both of Chinese descent and self described Christians. However, research finds that birth rates among Chinese-Canadian Christians are not abnormal.[143] This is likely due to strong religious condemnation of abortion. Abortion is also strongly prohibited in Islam. Research has similarly found birth rates to be normal among Pakistani immigrants to Canada—Pakistan being a Muslim country—despite neighbouring India, immigrants from which have exhibited the most highly skewed birth rates in Canada.[144] While Christianity has been hypothesized as a strong deterrent to sex selective abortion, a claim the data supports, it may not be as effective a deterrent against son preference. This would indicate that religion, in this case, Christianity, may play a role in providing individuals adequate means of resistance to expressing son preference through abortion. As the data suggests, son preference may exist in communities of Chinese-Christians, but sex selection does not appear to be the norm of expression.

The extent to which a woman is able to—and desires to—resist pressures to embody son preference is likely minimized in situations in which abuse or other disincentives to have a female child exist. If a woman's life will be greatly improved by having a son, she is likely to desire a son to improve her life situation.[145]

Two female participants of this survey, both who described a personal preference that their next child be male, shared that abuse was an expected consequence if their next child was not a male. Evidence out of the United States indicates this is not an uncommon occurrence for sex selecting immigrant women. One study found that 62% of women interviewed had experienced verbal abuse and 33% had experienced physical abuse.[146] Abuse was most commonly reported as having been perpetuated by husbands

[143] Almond, Edlund and Milligan, "O Sister, Where Art Thou?"
[144] Ray, Henry and Urquia, "Sex Ratios," E493.
[145] Ibid.
[146] Adams et al., "There is such a thing," 1173.

or female in-laws. Such abuse could take the form of "culturally specific forms of shaming" leading to fears of divorce or abandonment; physical neglect, such as withholding necessities of life to a woman carrying a female fetus; physical violence intended to harm the fetus or terminate a pregnancy; and being denied prenatal or post-birth care.[147]

This speaks to the fact that some women are willing to sex select, because of the negative repercussions of not having a son on their own lives.[148] They embody this willingness despite being aware of the negative societal impacts of sex selection on broader society. These women place a higher value on their personal situation than the situation confronting society. In situations where such an intense degree of coercion exists, it may not be realistic to expect a woman to resist the pressures upon her, particularly if doing so would put her in a position of harm.

Further narratives of South Asian women in the United States speak to experiences with reproductive coercion impacted by the vast selection of sex selective technologies available in North America. The researchers address "The perpetuation of [a] specific form of violence against women in an immigrant context where women are both the assumed beneficiaries of reproductive choice while remaining highly vulnerable to family violence and reproductive coercion."[149] Specifically, they indicate that the availability of various technological options available to identify and select the sex of a fetus has served to increase pressure that they be utilized and decreased their sense of ability to resist this pressure.[150] These experiences speak to the situation that, "while reproductive technologies have traditionally been viewed as presenting women with increased reproductive liberty, it has also been noted that technological advances can actually decrease the scope of women's reproductive choice."[151]

147 Adams et al., "There is such a thing," 1173.
148 Ibid.
149 Adams et al., "There is such a thing," 1174.
150 Adams et al., "There is such a thing," 1173.
151 Ibid.

4.5. Knowledge of female-specific sex selective abortion in relation to self identified son preference and the factor of family balance

Twenty-five percent (20 participants) of all participants reported knowing of an instance in which a female fetus had been aborted on the sole basis of sex. An additional 2 participants knew of a fetus that had been aborted on the basis of sex but were unsure of the sex, and 2 further cases reported involved a male fetus. This rate at which participants expressed knowledge of female-specific sex selection is much higher than the 13% who expressed son preference. This is a significant gap between expressed knowledge of the behaviours of others and self-identified personal beliefs that contribute to such behaviour.

The majority of those participants who knew of a female fetus being aborted on the basis of sex were first generation immigrants to Canada. Of this group, 84% self declared as first generation immigrants (16 participants immigrated to Canada vs. 3 participants born in Canada to immigrant parents)[152]. The mean age of this group's immigration to Canada was 18 years of age. This number is higher than the overall number of participants who self-described as first generation immigrants, 70% (56 participants) of all survey participants. An additional 9% (7 participants) did not specify if the participant or the participant's parents immigrated to Canada, so this number could theoretically run as high as 79%. There is therefore a 5% to 14% overrepresentation of first generation immigrants in this category.

Of those who reported knowledge of a female fetus being aborted on the basis of sex, India was the most commonly represented country. Sixty-five percent of participants who reported knowing of a female fetus being aborted listed India as their country of origin, though those of Indian descent only represent 48% of overall participants. The second most represented country was China and/or Hong Kong, with 20% of all participants knowing of a female fetus being aborted on the basis of sex claiming China and/or Hong Kong as their country of descent. These results are nearly proportional with

[152] One participant who reported knowing someone who had aborted a female fetus on the basis of sex did not specify if he/she was an immigrant or the child of immigrants.

the 19% of total survey participants who reported China/Hong Kong as their country of origin.

This finding of overrepresentation of sex selective behaviour when compared with admitted rates of son preference is curious, particularly since research internationally has determined women often express it is generally understood that sons are preferred over daughters.[153] Arguably this finding is not unique to the Canadian context, as it has also been noted in the Chinese context. Research participants in China expressed general indifference to the sex of their next child despite a high sex ratio that would indicate otherwise. In this study, the rate of expressed son preference in the Chinese context is consistent with the findings of this study, as only 13% of participants admitted son preference in the Chinese study and 16% in this study.[154] The vast majority of survey participants in this study, 79%, specifically stated having no strong personal preference for either sex. The subsequent question therefore becomes why this data was not captured in the survey, and as such, how this discrepancy can best be explained.

There are a few potential ways in which this discrepancy can be explained. There is the possibility that survey participants underreported their preferences in light of the sensitive nature of the subject matter and expected condemnation. Narratives of South Asian immigrant women in the United States exhibit the lengths to which women will go to keep their choices of sex selection private. This included providing false personal information at ultrasound clinics and having appointments made by close relatives, such as a sister-in-law.[155] These actions were described as being motivated to avoid judgment and possible retribution in light of the recognition of general public opposition to sex selection. These women expressed that they would never publically share their participation in sex selection.[156]

[153] Winkvist and Akhtar, “God Should Give Daughters,” 77.
[154] Zhou et al., “Son Preference and Sex-Selective Abortion in China.”
[155] Adams et al., “There is such a thing,” 1172.
[156] Ibid.

While the data collection medium of a survey was chosen in an attempt to overcome this reluctance to share and encourage honesty, the possibility exists that it may not have been as effective as hoped. The disparity in numbers lends itself to the possibility that some participants may not have disclosed their son preference.

The lengths to which women will go to keep their decisions of sex selection private indicate that, in South Asian immigrant communities, a specific instance in which a female fetus is aborted should not be widely known. There are, however, extreme instances in which this confidentiality is broken. There is evidence that indicates individuals may borrow money from family members to finance more costly procedures to obtain a son if multiple abortions have proven unsuccessful.[157] This may involve admitting to their quest for a son with those from whom they attempt to seek funds. While there is often a common understanding that "everybody does it,"[158] which would make the knowledge widespread that sex selective abortions are occurring within a community, specific instances appear to be usually kept quiet.

A second potential explanation for the discrepancy in reported rates of son preference v. observed rates of sex selection is that, though a couple or an individual may not personally exhibit son preference, pressure from external sources, such as parents, may influence actions otherwise.[159] Research in China found that though the majority of participants expressed indifference towards the gender of their next child, 72% expressed that their parents had exhibited clear son preference. In cultures with close family ties, the strength of the parent's son preference may be enough of a factor to motivate sex selective behaviour in individuals.

This study, similar to the research undertaken in the Chinese context, was designed to capture personal preference and experience, and as such, did not ask in-depth questions about the preferences of relatives beyond that of the participant's partner. Rather, it focused on the potential pressure that family (immediate or extended) may exert upon the participant, thereby providing an indirect measure of the preferences

[157] Adams et al., "There is such a thing," 1172.
[158] Ibid.
[159] Zhou et al., "Son Preference and Sex-Selective Abortion in China."

of family. This study found that 61.5% of participants who expressed either personal or partner son preference indicated that family pressure and expectations was a factor in their desire for a son. Only 2.5% of participants who did not express son preference listed this as a factor. This indicates that where family pressure and expectations exist, and have an effect on an individual's preferences, they overwhelming exert pressure for a son.

The rate at which participants reported knowing of an abortion of a female fetus is notable also in relation to the rate at which participants expressed that family balance is a factor in determining the sex of child they most prefer. Eighteen participants (22.5%), 5 of which expressed son preference, claimed that family balance was a factor in relation to the sex of their next child, making it the second most commonly cited factor overall. Valuing family balance inherently signifies a comparable level of value attached to both male and female children.

Indeed, advocates for sex selective abortion often claim the primary motivation is family balance[160], thereby denying the existence of gender discrimination and advocating a do-nothing approach. If family balance was indeed the primary motivating factor leading to sex selective abortion, the survey results should have indicated a comparable number of female fetuses being aborted on the basis of sex as male fetuses. The survey results instead indicated a 10:1 ratio, skewed heavily towards sex selection targeted at females. This is consistent with the findings of research elsewhere.[161] It appears to indicate that while family balance is frequently valued, it is not likely strong enough to encourage participants to sex select.

4.6. Conclusion of Findings

The findings of this research suggest the perpetuation of traditionally and culturally based understandings of son preference in the Canadian context. They recognize that son preference is uniquely impacted in Canada as the realities of

[160] S. Matthew Liao S, "The Ethics of Using Genetic Engineering for Sex Selection," 116.
[161] Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

immigration and immigrant life in Canada impact aspects and perceptions of gender roles and subsequent desirability. These findings further speak to the need for, and provide direction to, future research on son preference in Canada. They also highlight potential challenges future research will need to overcome.

5. Policy Options

5.1. Introduction

As previously discussed, abortion is simply the most current expression of an underlying problem of son preference. Both sex selective abortion and son preference are problems because of their fundamentally discriminatory natures. But while sex selection is a symptom of son preference, it is an action taken that can be combatted through government response. Son preference, the motivating factor behind sex selective abortion, has been recognized as leading to other discriminatory behaviours beyond, and in some cases, separate from, sex selective abortion.[162] The issue underlying behind sex selective abortion is deeply entrenched cultural beliefs that males are more desirable as children than females.

There are therefore two ways in which sex selection in Canada can be addressed: by targeting the act of sex selective abortion and/or targeting the underlying factors of son preference. The UNFPA guidance note structures the action strategies adopted by governments internationally as falling into three categories: improving the evidence base, limiting the supply, and reducing the demand.[163] Limiting the supply is a short-term, immediate response that targets an enabling step in the process of sex selection by limiting access to a specific technology. Steps to reduce demand are described as "longer-term advocacy and policy changes."[164] They seek to reduce demand by reducing the scope and magnitude of attitudes of son preference. This requires social and individual transformation of deep-rooted assumptions to more equally value females and males.

[162] "UNFPA Guidance Note on Prenatal Sex Selection."
[163] Ibid.
[164] Ibid.

The public and political response to M-804 is just one example of the common public and political framing of sex selective abortion as an extension of the abortion debate, which overshadows the underlying problem of sex selection. M-804, which sought to condemn sex selective abortion as an act of discrimination against females, was believed by some to be a back-door attempt by MP Mark Warawa to limit access to abortion.[165] However, the fundamental problem with sex selection is a discriminatory belief that values males over females and thus motivates abortion. Framing sex selection within the context of the abortion debate is ultimately unhelpful and unnecessarily divisive. Focusing on furthering gender equality and female rights targets the fundamental problem and motivating factors and should be common ground regardless of one's position in the abortion debate.

This report is not interested in targeting or otherwise addressing the abortion aspect of sex selection in its recommendations. This report seeks to target the factors leading to sex selective abortion as identified through the findings, which are those inherent in son preference. As such, the policy options do not mention abortion in any capacity, as this is outside of the scope of this project and considered to be another issue entirely.

The status quo is not considered as a viable option because it fails to take steps to address any aspect of the issue. All options considered contain action of some sort. Effectiveness is the primary criterion all options must meet to be considered in the following evaluation. An option that does not take action will ultimately be ineffective.

5.2. Ultrasound Limitations

This policy option would work with the national and provincial colleges of obstetricians and gynaecologists to disallow physicians from disclosing the sex of a fetus until after 30 weeks gestation unless the patient has a medically necessary reason for requiring disclosure, such as the risk that a fetus may carry a sex-related disease or disorder. After 30 weeks gestation, it becomes extremely difficult for an individual to

[165] Payton, "MP's Motion on Sex Selection Stirs Abortion Debate."

obtain an elective abortion in Canada. Both private and public providers of ultrasounds would be required to comply with these guidelines. This option would require that ultrasound technicians not include the sex of a fetus, if determined, in any written reports, as patients do have a right to the information contained in their personal medical files. This option has existed in various forms since the Royal Commission on New Reproductive Technologies proposed it in 1993, and most recently with Dr. Kale's editorial published in the CMAJ.

Both individual professionals and private employers found in violation of this guideline should be held accountable. Individuals could face suspension or revocation of their professional license and membership in their professional organizations and a potential fine. To ensure this is being following in private clinics, employers should be subject to a fine.

This is a short-term policy response seeking to decrease the supply of technologies available. Research shows that birth rates are most highly skewed in situations where strong son preference exists, combined with easy access to technologies facilitating sex selective abortion, such as ultrasound.[166] Low cost and ease of accessibility are identified as factors that contribute to choice of technology, and ultrasound is the both the most accessible, accurate, free or low in cost, and non-invasive technology when compared with others.

Currently, the process of disclosing fetal sex following ultrasound is inconsistent between provinces,[167] as provinces are guided by policies put forward by their respective Society of Obstetricians and Gynaecologists,[168] where they exist, or other means, such as individual hospital practices.[169] In practice, certain jurisdictions do operate with an

[166] Zhou et al., "Son Preference and Sex-Selective Abortion in China."

[167] "P.E.I. Parents Can Now Find Out Baby's Gender," *CBC News*, June 4, 2012, accessed February 14, 2013, http://www.cbc.ca/news/canada/prince-edward-island/story/2012/06/04/pei-baby-gender.html

[168] The College of Physicians and Surgeons of British Columbia, "Fetal Sex Determination Solely for Gender Selection."

[169] Erin Delory, "Baby's Sex a Surprise for Most N.S. Moms," *Nova News Net*, February 21, 2008, accessed February 14, 2013, http://older.kingsjournalism.com/nnn/nova_news_3588_14071.html

informal ban on releasing the sex of a fetus.[170] However, these bans are applied inconsistently as there are no practical guidelines on steps to comply and they are not enforced.

Until July of 2012, the public health system of Prince Edward Island would not disclose the sex of a fetus following an ultrasound.[171] This policy changed in July, closely following a similar change in Nova Scotia. Previously, Nova Scotia had not offered fetal sex determination services during ultrasound due to a lack of resources. The IWK Children's Hospital in Halifax indicated that it takes an extra two to three minutes to accurately assess the sex of a fetus during an ultrasound procedure, and that there were not adequate resources to spend this amount of time something that is not considered medically necessary. Sex determination would be undertaken if deemed medically necessary, but in the majority of cases, it is not.[172] The recent trend therefore appears to be moves toward increased gender determination disclosure, making this option timely.

The subcommittee on Private Members' Business, which originally declared M-408 non-votable, did so based in part on the criterion that the content of the motion was inherently related to ultrasound technology and therefore healthcare delivery, which one committee member voiced was outside of federal jurisdiction.[173] It is notable that the make-up of this particular subcommittee is all-party,[174] and the decision to declare the

[170] Heather Mallick, "Hiding Toronto Hospital Ultrasound Results to Prevent Sex Selection is Pointless—and Possibly Racist," *The Toronto Star*, April 12, 2012, accessed March 21, 2013, http://www.thestar.com/opinion/editorialopinion/2012/04/17/hiding_toronto_hospital_ultrasound_results_to_prevent_sex_selection_is_pointless_and_possibly_racist.html

[171] "P.E.I. Parents Can Now Find Out Baby's Gender."

[172] Delory, "Baby's Sex a Surprise."

[173] Aaron Wherry, "How Mark Warawa's Motion Was Rejected."

[174] Kady O'Malley, "Tory MP Takes Fight for Right to Vote on Sex-Selective Abortion to Committee," *CBC News*, March 25, 2013, accessed March 25, 2013, http://www.cbc.ca/news/politics/inside-politics-blog/2013/03/tory-mp-takes-fight-for-right-to-vote-on-sex-selective-abortion-to-committee.html

motion non-votable was unanimous.[175] This indicates that support for this line of thinking is represented in all parties.

It was evidenced in undercover investigations conducted by the CBC that ultrasounds for the purpose of sex determination are occurring as early as 14 weeks gestation in some private clinics. This is despite the existence of non-binding policies at some private clinics requiring they not be conducted prior to 20 weeks gestation.[176] It appears that, despite the intentions of some private ultrasound providers, early ultrasounds for the purpose of sex determination are being conducted. Consequently, there have been calls from within the medical community that these private ultrasound clinics be shut down.[177] The recent expansion of these companies appears to indicate a demand for non-medical ultrasounds, sometimes referred to as "entertainment" ultrasounds. If it can be ensured via formalized guidelines with the professional societies that these private clinics must comply with standards requiring they operate in an ethical manner, it is not necessary that such drastic action be taken.

Finally, precedent exists for legislating technologies used for purposes of sex selection. The *Assisted Human Reproduction Act* of 2004 makes it illegal to "identify the sex of an *in vitro* embryo, except to prevent, diagnose or treat a sex-linked disorder or disease.[178] This option would extend the principle of this legislation from beyond pre-conception up to 30 weeks gestation. This would result in greater consistency regarding fetal sex determination.

5.3. Community Initiative

A community-based initiative seeks to decrease sex selection by targeting cultural attitudes of son preference. This option is a long-term strategy aimed at

[175] Kady O'Malley, "Warawa Will Fight for Right to Vote On Sex-Selective Abortion Motion," *CBC News*, March 21, 2013, accessed March 21, 2013, http://www.cbc.ca/news/politics/inside-politics-blog/2013/03/government-opposition-unite-to-rule-sex-selective-abortion-motion-non-votable.html

[176] "Fetal Gender Testing Offered at Private Clinics."

[177] "Ban on 'Entertainment' Ultrasounds Urged."

[178] *Assisted Human Reproduction Act, Statutes of Canada.*

decreasing demand for sex selection services. The findings of this study support the idea that son preference is influenced by a variety of factors that are culturally and traditionally based. Community-based initiatives seek to shift the cultural ideas that value sons over daughters by engaging communities in an active attempt to raise the value of a daughter.

Great public and political support exists for an option such as this. The Abortion Rights Coalition of Canada suggests that the solution to sex selective abortion "lies in education and raising the status of girls and women over the long-term, not in restricting abortion."[179] This call to respond to sex selection with increased education has been voiced recently within the Canadian political community. In June of 2012, NDP MPs Libby Davies and Niki Ashton claimed education and support were appropriate measures to combat sex selective abortion in Canada. Green Party MP Elizabeth May called for education and awareness.[180] These suggestions are indicative of a high level of political support for these measures. This option is politically attractive because it seeks to empower women without threatening limitations on access to health services. Empowering women and providing support is comparatively non-controversial.

The existing data on skewed birth ratios in Canada also points to the fact that sex selective abortion appears to occur primarily within communities with certain demographic characteristics. Community-based initiatives would therefore operate at local levels within these communities.

This option is structured to engage the identified motivating factors of son preference and contributory aspects of the context in which son preference exists. Though this option would ideally be constructed around a set of best practices drawn from other jurisdictions, there is limited publically available information regarding relevant community-based initiatives that have been successfully evaluated. This option puts forward a number of potential options through which to engage the target population that will be ultimately decided upon at the local level.

[179] "Position Paper #24: Sex Selection Abortions," Abortion Rights Coalition of Canada, last modified January 2006, accessed February 12, 2013, http://www.arcc-cdac.ca/postionpapers/24-Sex-Selection-Abortions.pdf

[180] "Ban on 'Entertainment' Ultrasounds Urged."

Community-based initiatives should be guided by the principles of education, advocacy within the community and providing support to empower girls and women. To maximize overall social transformation, they should seek to engage both men and woman. Services should be geared towards empowerment and assistance, thereby allowing participants to understand their situations and empowering them to take advantage of their options. This could take the form of programming that seeks to "bring greater consensus around the concept of the equal value of girls and boys."[181] An initiative should be a safe place with a strong and trusted presence in the community and a reputation as a place where men and women are equally welcomed. As each community initiative will be lead from within the community, no two initiatives will look exactly alike. This allows room for flexibility and approaches targeted at the unique characteristics of each group being engaged.

Successful models of community-based initiatives for female minorities in other jurisdictions demonstrate the need to launch initiatives through a process of collaboration, communication, and consultation. The Latina Rights Initiative, a civil society organization in the United States, was created out of a series of round tables with activists, community representatives, and other leaders that identified its key areas for program development.[182] The initiative was structured around needs as assessed and defined by participants within the community.[183] This structuring is "an empowerment model, seeking to develop leadership and self-reliance within the community."[184] The goals of the community-based initiative can therefore be addressed through the very steps taken to set up individual initiatives.

The programming of these organizations should therefore be lead and developed by local community leaders. Global Girl Power, in Surrey, BC, often holds vigils, walks and other public actions that seek to raise awareness of the issue and combat accepted social norms within their ethnic community and in broader society.[185] The fundamental

[181] "Preventing gender-biased sex selection: An interagency statement."

[182] Jenny Rivera, "Intimate Partner Violence Strategies: Models for Community Participation," *Maine Law Review* 50 (1998): 296.

[183] Rivera, "Intimate Partner Violence Strategies," 295.

[184] Rivera, "Intimate Partner Violence Strategies," 296.

[185] "Global Girl Power."

motivation behind these activities is the promotion of the value of the girl. Within the South Asian community in British Columbia, a number of prominent and educated community leaders have been vocal about their opposition to sex selection and provide a strong basis of social motivation to embrace and acknowledge the value of the girl.[186] Activities that keep these perspectives and personalities at the forefront of the community should continue and be encouraged.

Discussing the issue of sex selection fits well into broader discussions, areas of education and activism surrounding issues of female discrimination and issues of inequality. To combat sex selection, Sen advocates for "freedom of thought—the freedom to question and to scrutinize inherited beliefs and traditional priorities."[187] Community-based initiatives should be a place where the traditionally held beliefs of son preference held by men and women are challenged, encouraging participants to think beyond son preference. A common activity to encourage discussion on this topic is an organized movie viewing on relevant topics and subsequent discussion.[188] Expanding upon such activities can encourage discussion of sensitive topics.

One area community-based initiatives could elaborate upon is educational programming. Successful community initiatives in the United States promote community education as "a viable end in and of itself, and as a basis for developing community support for women's issues."[189] This could take the form of information nights for new immigrants to Canada, at which the rights and options available to women in Canada are clearly articulated. Women should be encouraged to take advantage of these opportunities from other women who also immigrated to Canada and have proven to be successful. This may help to erode some of the economic motivations of son preference by highlighting opportunities for women in Canada and providing subsequent supports. Women and men within the communities could benefit from seeing their traditional cultural beliefs as interpreted within a Canadian framework that equally values children of both sexes.

[186] "Global Girl Power."
[187] Sen, "The Many Faces," 36.
[188] "Global Girl Power."
[189] Rivera, "Intimate Partner Violence Strategies," 297.

This option will not be without its challenges. Research finds that immigrant women exhibit substantially lower levels of social trust than Canadian-born women.[190] This may be, in part, because they are also found to be substantially more likely to have experienced discrimination based on ethnicity, culture, race, or skin colour.[191] Program design should take this lack of trust into account and recognize it may result in initial reluctance to participate in community initiatives. It highlights the need to have community-based initiatives led by trusted members of the community, so as to maximize upon the trust that does exist. To increase effectiveness, community-based initiatives may also want to consider pursuing activities to increase levels of social trust, potentially by offering supports for dealing with issues of discrimination.

Community-based initiatives must also overcome low levels of social participation. Research indicates that female immigrants to Canada exhibit lower levels of social participation, particularly when compared to immigrant men, and specifically regarding parenting.[192] This is often the result of difficulties immigrants experience in navigating the education system in which their children are enrolled. Community-based initiatives may be able to increase social participation by including programming that would addresses needs and subsequently encourages community members to participate. For example, immigrants, particularly female but also male, could benefit from further support in engaging the education system and subsequently increasing their social participation. This also provides an opportunity to further engage community members on the equal value of boys and girls. Community members and leaders who are best able to assess the needs of their communities would determine the exact form these programs take.

The role of the sponsoring organization in this initiative is to provide guidance, support, funds, and other resources to these community initiatives. The provincial or

[190] Janice Du Mont and Tonia Fortem, "An exploratory study on the consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women." *BMAJ OPEN* 2 (2012), accessed April 21, 2013, doi: 10.1136/bmjopen-2012-001728.

[191] Du Mont and Fortem, "An exploratory study of the consequences."

[192] Philippe Couton and Stéphanie Gaudet, "Rethinking Social Participation: The Case of Immigrants in Canada," *Journal of International Migration and Integration* 9 (2008): 38-39, accessed April 21, 2013, doi: 10.1007/s12134-008-0046-z.

municipal government could take the lead on these projects so as to most effectively account for communities at the local level. Local-level leadership will help to decrease the likelihood of overlooking previously excluded minority groups which would be receptive to, and benefit from, assistance. However, it is not inherent that such community initiatives be led by a government agency, and may, in fact be sponsored by any individual, or collaboration of, organizations with the aim to reduce gender inequality. As these initiatives should have a strong emphasis on being led and informed by the communities they seek to support, depending upon the needs of individual initiatives, government involvement may or may not be phased out after an initial period.

A benefit of this option being sponsored by government is the subsequent receipt of information. As a level of government provides support and resources to the community initiatives, the government in turn receives evaluative information about which types of programming and practices are effective. This will allow for the identification of best practices and the subsequent knowledge transfer to other initiatives the government is working with. Close collaboration with the community initiatives will also have the added benefit of granting the government the ability to identify areas for further policy and/or analysis.

Regarding practical immediate action, interested governments or sponsoring organizations should reach out to groups that already exist within communities and are operating with a mandate similar to that laid out above. An example of such a group would be Global Girl Power. The sponsoring organization should consider hosting a roundtable to engage all aspects of these communities in consultation to identify needs and appropriate responses within communities. Community-based organizations often have connections within their communities, such as collaborations with local religious institutions that the government can benefit in bringing to the table to provide insight and direction.[193]

[193] Chopra, "Mitigating Violence Against South Asian Women in Metro Vancouver: A Service Provider Perspective."

5.4. Ban Advertisements

This option proposes that the Government of Canada, likely led by Health Canada, ban the advertisement of sex selection services in Canadian print, radio, TV, and online. This ban would make it illegal for a Canadian company to run any marketing material, at a profit or otherwise, for a private corporation or other organization advertising services of sex selection. This includes, but is not limited to, fetal sex determining products and/or services. This option seeks primarily to minimize the in-Canada impact of private American clinics operating close to the Canadian border that offer sex selection services such as early ultrasounds.[194] Advertisements of the nature targeted have most recently appeared in Canadian print media geared towards the Indo-Canadian population.[195] This would not be allowed under the new rules. Similarly, these advertisements would not be permitted to air on Canadian radio, TV channels or appear on websites hosted in Canada.

Advertisements could still make their way into Canada, most notably via the internet, as the ban would extend only to those organizations based in Canada. The government has thus far been unsuccessful at enforcing limitations on pharmaceutical advertising hosted on American TV channels that are broadcast in Canada.[196] For this reason, the proposed ban limits the scope of the affected hosts to those based in Canada to avoid a policy that would be unenforceable under the current conditions. As such, Canadians could go out of their way to seek information about sex selection services despite the ban. However, research has exhibited a link between direct-to-consumer advertising and uptake of the product advertised.[197]

194 Andrew Weichel, "South Asian Newspaper Runs Ad for Baby Sex Selection," *CTV News,* April 17, 2012, accessed February 14, 2013, http://bc.ctvnews.ca/south-asian-newspaper-runs-ad-for-baby-sex-selection-1.797490

195 Ibid.

196 Erica Johnson, "Direct-to-Consumer Advertising," *CBC Marketplace*, February 27, 2002, accessed April 24, 2013, http://www.cbc.ca/marketplace/pre-2007/files/health/directads/

197 "Ad Ban Likely Saved Canadians $150M in 2006," *CTV News*, March 31, 2008, accessed February 10, 2013, http://www.ctvnews.ca/ad-ban-likely-saved-canadians-150m-in-2006-1.286150

Action limiting the advertisement in Canada of scientifically unproven pharmaceuticals has been shown to be effective in limiting the uptake rate.[198] The findings of this research, when applied to the context of sex selection, suggest that limiting advertising of sex selection services may have an effect on decreasing the uptake rate of the technologies advertised. Additionally, the ban serves to protect a patient from obtaining products and/or services that are not ideal for their situation as direct-to-consumer advertising may not result in the best form of treatment for prospective patients. Research into the effects of direct-to-consumer advertising of prescription drugs has identified a strong correlation between the advertisement of brand name drugs and a consumer subsequently obtaining the drug via physician prescription. A 2003 study out of the University of British Columbia found physicians are 17 times more likely to prescribe a drug to a patient if the patient requested it by name as opposed to a patient who did not request new drug treatment.[199] This finding is regardless of whether or not physicians believed it to be the best form of treatment, as 50% of doctors involved in the study did not necessarily believe it to be the best course of action. This research identifies the strong link between advertisement-influenced consumers and their subsequent ability to ask for and receive the product advertised.

Based on the assumption that advertising can have an effect on eventual consumption of a health-related good or service, this option can be framed as targeting supply by decreasing ease of access to information. This option also includes a strong component of attempting to decrease demand. Limiting advertising of this kind will send a strong message to community members, particularly if community members visibly support the ban, that utilizing these services is unacceptable.

To encourage compliance, those found in violation of the ban will be fined up to $50,000. This amount is modelled after the amount found in *An Act to Amend the Tobacco Act* (2009), which places limitations on allowable advertising of tobacco products. The organization running and/or profiting off of the advertisement would be held responsible and face prosecution. This proposal seeks to impede the ease of accessibility of obtaining information about sex selective procedures. Though information

198 "Ad Ban Likely Saved Canadians $150M in 2006."

199 Ibid.

would undoubtedly still be available, individuals would be required to go looking for it, as opposed to having it offered to them. Additionally, advertisements clearly advertising sex selection, particularly in Indo-Canadian publications, contribute to a perception that the practice is culturally condoned, thereby reinforcing a limitation for those seeking to resist. Banning advertisements would have the practical result of limiting information accessibility and the effect of imposing a barrier to the perpetuation of son preference. This policy option targets the supply side of sex selection services and is therefore an immediate, short-term response.

Precedent exists for limiting the advertisement practices of private corporations marketing health products in Canada. For example, Health Canada currently imposes restrictions on the way in which pharmaceutical companies advertise prescription drugs.[200] Health Canada also limits tobacco advertising. In 2007, the Supreme Court of Canada found that the right of tobacco companies to advertise was constitutionally protected as a right to commercial expression under the *Charter of Rights and Freedoms*.[201] Health Canada was still able to impose restrictions on tobacco advertising in light of this ruling. By working around the decision to restrict advertising where youth are concerned, Health Canada severely limited the tobacco industry's ability to advertise in all but two specific instances. Not following the rule can result in a fine of up to $50,000 and/or a six months prison sentence.[202]

The current government has expressed disapproval of advertisements of this nature. When it became public knowledge in 2012 that American clinics were targeting advertisements for sex selection services at Indo-Canadian communities in British Columbia,[203] Rona Ambrose, Minister for Status of Women, released a statement "condemning the practice of sex selection through the use of in vitro technology for the

[200] Canada, Health Canada, *The Distinction Between Advertising and Other Activities*, [Ottawa, ON], 1996, http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/advert-publicit/actv_promo_vs_info-eng.pdf

[201] "An Act to Amend the Tobacco Act (2009) – Frequently Asked Questions," Health Canada, accessed February 15, 2013, http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/federal/amend_faq-modif-eng.php#q9

[202] *An Act to Amend the Tobacco Act, Statutes of Canada* 2009, c.1, http://www.parl.gc.ca/HousePublications/Publication.aspx?Docid=4141530&file=4

[203] Weichel, "South Asian Newspaper Runs Ad for Baby Sex Selection."

clear intent to perpetuate discrimination against girls."[204] The advertisement to which she was responding specifically advertised pre-conception gender determination, which is illegal under Canadian law. She urged Canadian publications "to reject advertisements from clinics offering these services."[205] The government did not take any further action.

5.5. Further Research

This option proposes action that targets neither the supply nor the demand side of sex selection. Instead, this option falls into the third category of improving data collection regarding this issue. More research and data are required to better understand this problem and to further inform policy. Creating policy that is guided by reliable data—both qualitative and quantitative—will provide the highest degree of effectiveness; create an awareness of, and allow for development of, appropriate mitigation strategies in response to potentially arising negative effects. More knowledge will also provide a strong foundation upon which to best prioritize and maximize effectiveness of further funding.

The findings of this research are preliminary. They shed light on the current status of son preference and sex selection in Canada and give rise to a multitude of further questions that require examination. This research firmly places the issue of sex selection within a broader framework of discrimination and inequality based on gender and its interactions with other socioeconomic factors. As such, these broader themes would be an appropriate starting point for investigation, as they place sex selection within the context in which it occurs. Attempting to study sex selection outside of its context may limit the reliability of research findings and subsequent effectiveness of policy action taken.

Further research should attempt to explore issues of gender inequality and gender based discrimination. Particular attention should be given to how these themes interact with integration and assimilation experiences of immigrants, including

[204] "Statement Issued April 20," Status of Women Canada, accessed April 1, 2013, http://www.swc-cfc.gc.ca/med/sta-dec/2012/0420-eng.html

[205] Ibid.

experiences of reproductive choices for immigrants from various countries to Canada. It should seek to further understanding of cultural norms such as respect, and the different ways in which individuals with various identities and experiences perceive these norms in the Canadian context. Findings from this research will provide a basis for further exploration into the sub-theme of sex selection, as experiences with these broad subjects shape conceptions of gender equality and its subsequent expressions.

This research should attempt to engage both males and females in seeking to understand perspectives and experiences that exist where gender inequality and discrimination is present. This would enable in-depth identification and exploration of themes and factors as well as their frequencies. Additional value could be achieved through also employing quantitative research methods, so as to assess the magnitude of various problem-factors and prioritize themes and issues for qualitative investigation.

However, there is also a need for further research geared specifically towards sex selective abortion. Of particular need is additional investigation assessing the magnitude of female-specific sex selection using data from multiple sources. The use of multiple sources will give a more "complete and consistent picture of the situation and its complexities."[206] Tracking the magnitude of sex selection over time and looking more closely at various characteristics of groups exhibiting skewed birth rates could further inform understandings of what factors are most impactful in the Canadian context.

The United Nations suggests that in addition to census data, this information could be gathered using population surveys, registration systems, and inferred through qualitative studies. One such qualitative study[207] in the United States was successful by interviewing only individuals who self-identified as sex selecting, thereby screening out individuals who may have been reluctant to admit this behaviour. These interviews were often conducted in the language of choice of the participant, creating a more natural interview setting and encouraging honest answers.

[206] "Preventing gender-biased sex selection: An interagency statement."

[207] Adams et al., "There is such a thing," 1172.

Based on needs for further research as identified through this study, potential sex selection subthemes for subsequent exploration could be identifying external pressures to sex select, contributory factors to resistance, economic experiences of immigrants and how they interact with conceptions of gender, and further exploration into the disparity between rates of expressed son preference and sex selective abortion. As all of these topics exist as sub-themes of gender inequality and discrimination, they could be effectively pursued as subthemes within broader research or more focused specific research.

Research could be pursued by any number of potential organizations. Status of Women Canada would be an ideal lead on this issue so as to ensure that the issue of sex selective abortion in Canada retains a focus on the underlying problem of discrimination against females. This would protect research from becoming politically overwhelmed and potentially undermined by the abortion aspect of sex selection. Additionally, discrimination against women, as expressed through son preference and sex selection, affects all three of Status of Women's priority areas: women's economic security and prosperity, as economic factors in Canada are identified in this study as being motivators of son preference; women in leadership and democratic participation, which is impacted by cultural and traditional perceptions of gender roles; and ending violence against women, as discrimination through sex selection has been identified as an act of violence against women.[208][209]

While Status of Women Canada is one ideal candidate, the research option is not inherently tied to any one-type of organization, and therefore operates with a high degree of flexibility in implementation. The call for further research is a flexible option that could be lead—even simultaneously—by a variety of organizations, such as the Canadian Institute of Health Research (CIHR). There are two primary criteria for sponsorship of this option. First, that adequate and consistent funding is provided. Second, that the focus of this research remains committed to addressing sex selection as an issue of female discrimination. Sex selective abortion is a complex and

[208] "UNFPA Guidance Note on Prenatal Sex Selection."

[209] "Who We Are," Status of Women Canada, accessed April 1, 2013, http://www.swc-cfc.gc.ca/abu-ans/index-eng.html#policy

multilayered issue that ventures into territory that is ethically murky and politically charged. To ensure progress is made on the underlying issue of female discrimination, the focus must remain as such.

Additionally, organizations conducting research on violence against women in Canada should consider incorporating sex selection within their range of topics requiring further investigation. This definition of sex selection echoes the United Nations 1995 Beijing Platform for Action, which classified prenatal sex selection as 'violence against women,' a designation which has since been reiterated by multiple country-specific Rapporteurs on Violence Against Women.[210] Highlighting this connection and strengthening the link with communities working on issues of violence against women may open up another avenue through which sex selection can be further investigated.

If this option is pursued by a federal government organization, such as Status of Women Canada, a requirement should be that the research utilize the federal government's Gender-Based Analysis+ framework, known as GBA+, which is the government's tool for advancing gender equality.[211] It is used to "assess the impacts of policies, programs or initiatives on diverse groups of women and men, girls and boys."[212] It does so by taking into account the role of gender and its intersections with other factors such as age, culture, and education, and the differing impacts that policies will have in shaping the lives of those affected by the policy. If further investigation is lead by non-governmental organizations, GBA+ could also be utilized as a good starting point for framing this type of research.

The result of conducting further research should be the development and implementation of well-informed Canadian policy. The GBA+ framework ensures it is an integral part of the process to account for the anticipated effects of these polices on those of different genders who identify with various characteristics. The GBA+ framework can be expanded further beyond the impacts of policies to the research process. By utilizing an intersectional approach to research, successful proposals should

[210] "UNFPA Guidance Note on Prenatal Sex Selection."

[211] "Gender-Based Analysis+," Status of Women Canada, accessed April 1, 2013, http://www.swc-cfc.gc.ca/pol/gba-acs/index-eng.html

[212] Ibid.

recognize and take into account the distinct experiences of research participants created by the various combinations and interactions of identities.[213] This allows for appropriate recognition of unique experiences of oppression and the subsequent multilayered realities of individuals who are impacted by discrimination, in part by exposing different types of discrimination.[214] The result is a more comprehensive research product that will more accurately account for diversity and its complexities and thus more effectively inform policy. Further research should therefore utilize GBA+ and intersectional frameworks to conduct research and assess impact, particularly those aspects of identity that have been recognized as correlating with son preference and/or sex selection.

[213] Chopra, "Mitigating Violence."
[214] Ibid.

6. Criteria and Measures

6.1. Summary

Criterion	Definition	Measure
Effectiveness	The extent to which each option is likely to positively impact the situation of sex selection as it currently exists	High Medium Low
Equity	The extent to which each option targets son preference in Canada	High Medium Low
Cost	The amount of funds required to implement and operate each option.	High Medium Low
Ease of Implementation	The level of ease with which each option can be implemented.	High Medium Low
Acceptability	The likelihood to be accepted by affected stakeholders. This includes governments, politicians, members of the public, targeted communities, health care professionals, and	High Medium Low

	business professionals.	

6.2. Effectiveness

First and foremost, a policy must be effective at accomplishing what it has set out to achieve. Despite the evidence and widespread societal concern [215] that sex selection is occurring in Canada, no action has been taken to combat it in Canada. This criterion will therefore be measured by the extent to which each option is likely to positively impact the situation of sex selection, as it currently exists in Canada. A positive impact should attempt to combat son preference. This may be accomplished through a variety of actions as is evidenced by the diverse range of options presented.

6.3. Equity

This criterion seeks to directly improve levels of gender equity. Equity is defined as action taken to increase the value of women and girls. Based on findings from the survey and what is identified in the literature, this criterion will be measured by the extent to which each policy directly targets son preference in Canada. This includes, but is not limited to, targeting both cultural and economic factors. The rationale is that son preference, which values males over females, manifests itself in a variety of discriminations, including, but not limited to, sex selective abortion.[216]

[215] "Battle Looms Over Tory Motion on Sex Selective Abortion."

[216] Monica Das Gupta, "Selective Discrimination against Female Children in Rural Punjab, India," *Population and Development Review* 13 (1987): 96, accessed October 12, 2012, http://links.jstor.org/sici?sici=0098-7921%28198703%2913%3A1%3C77%3ASDAFCI%3E2.0.CO%3B2-B

6.4. Cost

Cost is measured as the amount of money allocated to pursuing a policy option relative to the amount of money required by alternative options. This money is spent by the sponsoring organization(s). The less money required, the more desirable the option, resulting in a subsequent higher score.

Cost to sponsorship organization(s) is the only form of cost considered since this funding will determine the existence of the program to be implemented and operated. This study does not take into account the economic impacts of policy options on private sector actors. There is a lack of ability to measure the cost to business, as any profit made from sex selective services, or other related services, is not made public. Furthermore, private economic interests should be secondary in light of the joint objectives of improving gender equity and protecting the health and safety of women.

6.5. Ease of implementation

Ease of implementation is measured by the ease with which affected actors can implement each option. This takes into account administrative complexity, structural barriers to implementation, level of opposition, and overall amount of actors to coordinate. This is a valued criterion as the existence of barriers is likely to decrease the early success or complete implementation of a program and thus decrease its effectiveness. Opposition is considered under the criterion of “acceptability.”

6.6. Acceptability

This criterion seeks to measure the acceptability of each option in addressing the issue of sex selective abortion. It is measured by the degree to which each option is likely to be acceptable in the communities outlined below.

Consultation led by the Royal Commission on New Reproductive Technologies in the early 1990's found an overwhelming amount of interest and participation from a wide variety of individuals and organizations across Canada.[217] Every Canadian has the right to be a stakeholder if their interests so lead them. The primary stakeholder areas are outlined as follows.

Public: Users and funders of health care in Canada

Political: Any political actors who may be affected

Health care: Doctors, ultrasound technicians, radiologists, professional societies, and other health care providers

Targeted communities: Individuals and community leaders in those communities with identified skewed sex ratios in favour of males

Business: Any impacted Canadian private sector actors, i.e., clinics, advertising agencies, newspapers, etc.

[217] Royal Commission, "Sex selection."

7. Evaluation

7.1. Summary

	Ultrasound Limitations	**Community Initiative**	**Ban Advertisements**	**Further Research**
Effectiveness	High	Medium	High	Medium
Equity	High	High	High	High
Cost	Medium	Medium	High	Medium
Ease of Implementation	Low	Medium	High	High
Acceptability	Low	High	High	High
TOTAL (out of 15)	10	12	15	13

7.2. Ultrasound Limitations

7.2.1. Effectiveness

This option is expected to make a highly positive impact on sex selective abortion in Canada and therefore scores high on effectiveness. Various versions of this option have been proposed over time, starting with the Royal Commission on New Reproductive Technologies, because it is expected to be extremely effective. By enacting this option, it will ensure that early ultrasounds are not conducted to determine fetal sex, thereby limiting access to the most desirable, reliable, and easily accessible means through which to gain the knowledge to subsequently pursue a female-specific sex selective abortion.

While other options are available for individuals to pursue, it is expected that the high cost, invasiveness, and complexity of other methods will serve as a deterrent to some. Interviews with South Asian women in the United States found that the ease with which these technologies were accessed contributed to external pressures upon them to utilize these technologies for sex selective purposes.[218] Pursuing this option could therefore potentially decrease these pressures.

Furthermore, this option, if implemented in full, should provide nationwide and interprovincial clarity and consistency, which is lacking at this point in time. This would further strengthen the effect of this proposal.

7.2.2. Equity

This option scores high on equity. It attempts to limit son preference by preventing its expression through sex selective abortion and fetal sex determination. Additionally, this option seeks to prevent some of the loss of power expressed by South Asian women to resisting pressure to sex select in due to easy access to the relevant technologies.

[218] Adams et al., “There is such a thing,” 1172.

7.2.3. Cost

This option scores medium in cost. It requires little funding to implement. Drawing on the experience in Nova Scotia, in which fetal sex determination was not conducted due to the extra expense incurred as a result of the additional time taken to properly determine the sex of a fetus,[219] it may indeed save money. Additionally, the possibility of adding a financial penalty to private clinics found to be operating in violation of this guideline, may provide additional financial benefit to the government.

The primary cost of this option would be that of consultation. For this option to be effectively coordinated between the federal and the various provincial societies of Obstetricians and Gynaecologists, representatives from all societies must be brought together to discuss and reach some sort of agreement on the best way to proceed. It is unclear how long this could take as the willingness of all societies to engage on this issue is not immediately known. An indicator that it may take longer, and therefore cost more money, is that some provincial societies currently operate with no guideline on fetal sex determination. They must be convinced of the importance of this issue and the necessity that they take action where they currently have not.

7.2.4. Ease of Implementation

This option scores low because of the lack of current knowledge regarding the willingness of the various provincial and federal societies of Obstetricians and Gynaecologists to reach an agreement of the sort proposed by this option. It would likely require extensive discussion, the process would probably be slow, and there is no guarantee it would result in the anticipated outcome. Full success of the option would subsequently depend on the ability of utilizing other mechanisms for implementation. Some provinces may agree to the proposal while others may not, which would result in a partial implementation.

[219] Delory, “Baby’s Sex a Surprise.”

7.2.5. Acceptability

This option was originally proposed in the Royal Commission on New Reproductive Technology's Final Report in 1993.[220] It was most recently proposed in the CMAJ in 2012, and was proposed with slight variations in details in the interim. Each time it is mentioned, it produces a new wave of opposition[221] and has not been successful despite the number of times it has been proposed. It is unlikely that another call for this action would produce different results.

The immediate response to the most recent proposal was for the BC Society of Obstetricians and Gynaecologists to replace their policy on withholding the sex of a fetus with one reminding professionals of their duty to share such information. This suggests the existence of professional opposition to such moves, though there is no indication that this attitude exists outside of British Columbia. [222]

Additionally, access to ultrasounds is easily co-opted as an extension of the abortion debate. Abortion rights activists argue that ultrasound services are included in the necessary spectrum of abortion services,[223] and as such, access to ultrasound technology should be protected. Those who have been most vocal on this proposal in the past,[224] have expressed their opposition to this proposal. For these reasons it scores low in acceptability.

There is, however, likely to be little negative backlash from private ultrasound clinics, as those who have expressed their positions on the issue have claimed to voluntarily stick to this rule;[225] none have come out in opposition to this rule.

[220] Royal Commission, "Sex selection."
[221] Mallick, "Hiding Toronto Hospital Ultrasound Results to Prevent Sex Selection."
[222] "Non-medical Use of Ultrasound."
[223] "Position Paper #24: Sex Selection Abortions," Abortion Rights Coalition of Canada.
[224] Ibid.
[225] Sawa and Burns-Pieper, "CBC Investigation: Unnatural Selection."

7.3. Community Initiative

7.3.1. Effectiveness

This option scores medium in effectiveness. In theory, this option gets right to the very root of the problem and attempts to address sex selection and son preference within the context in which it is found. It is intended to make long-term, lasting impacts on decreasing the demand through advocacy, supports, and education. It also serves to ensure constant awareness is brought to sex selection. This option is structured to be extremely flexible, accounting for the variety of contexts in which son preference may be present in Canada through community-based leadership that is aware of the individual characteristics of each respective community. This will hopefully serve to maximize the effectiveness of each community initiative.

However, changing deeply entrenched mindsets and perceptions is a difficult task that should not be underestimated. Son preference exists despite its condemnation within Canadian society,[226] indicating its resilience to existent persuasion. External pressures continue to exert their influence on individuals to sex select and the factors that contribute to sex selection are complex and not yet fully understood. How effective this option proves to be will likely rely in large part on the level of trust which community members place in community leaders. This, therefore, remains to be determined.

7.3.2. Equity

This option scores high in equity. Attempting to combat son preference is at the very core of this option. It proposes action that seeks to raise the value of girls and women and change mindsets that would strongly prefer a son to a daughter. This option maintains a high degree of flexibility so as to most effectively target son preference as it exists within its community context.

[226] Almond, Edlund and Milligan, "O Sister, Where Art Thou?"

7.3.3. Cost

This option scores medium in cost. The overall cost of this option is dependent upon the number of community-based initiatives that are formed. However, the cost of preliminary round table consultations will be inherent regardless of whether consensus is reached and further action taken.

7.3.4. Ease of Implementation

While it is not expected that this option would encounter much, if any, opposition, it is likely to prove administratively complex to implement. Due to the local community-based aspect inherent in this option, and the vast number of unique communities that would qualify for this in Canada, there could be a large number of unique actors to coordinate and support with individualized programming. This option therefore scores medium.

7.3.5. Acceptability

This option scores high in acceptability. Of all the options presented, it may be the most commonly referenced in Canada as the best way to tackle sex selective abortion. Increasing education and support is near universally considered to be a positive thing. This option is culturally sensitive, politically attractive, and does not affect groups outside of the targeted communities. Since the community initiatives are designed in such a way as to be led by members of the community, this will ideally prevent or minimize any resistance which may arise within target communities.

7.4. Ban Advertisements

7.4.1. Effectiveness

This option scores high in effectiveness. It should be acknowledged that the effectiveness of this option will face limitations in decreasing supply due to restrictions in its ability to positively affect the situation of sex selection in Canada. The ads target services offered in the United States and individuals intent on accessing these services

will still be able to search for them online or through other mediums. It will also not change the state of the supply in Canada.

However, this option scores high in effectiveness due to the impact it is expected to have on reducing demand. The strength of the measures included in this option send a very strong message that Canada condemns the pursuit of sex selection services. This will be further strengthened if community members publically support the ban and message of condemnation.

7.4.2. Equity

This option scores high on equity as is imposes direct limitations on the perpetuation of son preference. This option attempts to provide a barrier to the perception that son preference and its expression through sex selection are culturally acceptable. Additionally, the UN's interagency statement on sex selective abortion recommends banning advertisements for sex selection services as a good way to target the inherent discrimination of sex selection without limiting access to health care services, which can have a negative impact of female equity.[227]

7.4.3. Cost

The cost of this option scores high, as the injection of funds required would be low. Cost would be incurred in the drafting of the legislation, dissemination of information regarding the new legislation, and subsequent enforcement. Following the initial implementation phase, this option may even produce positive returns to government in the form of fines.

7.4.4. Ease of Implementation

This option scores high in ease of implementation. Legislation would need to be drafted and passed through Parliament. It is expected to be received well by other political parties and would likely be passed easily. The government, having already

[227] "Preventing gender-biased sex selection: An interagency statement."

expressed its disapproval of these advertisements,[228] may be willing to sponsor the bill or include it as part of a larger piece of proposed legislation. There is no consultation or coordination of actors required.

7.4.5. Acceptability

This option scores high in acceptability. The federal government, private interests and community leaders have all expressed their disapproval of advertisements for sex selection services.[229] Limitations on the allowable advertising of tobacco products provide an adequate precedent in the Canadian context for institutionalizing this disapproval through legislation. This option is also advocated for by the United Nations as a highly acceptable way to combat sex selective abortion. [230] There are no easily identifiable Canadian stakeholders who would find this option unacceptable.

7.5. Further Research

7.5.1. Effectiveness

This option scores medium for effectiveness as a stand-alone option. This is justified by the fact that action is not a necessary response to an increased knowledge base. The effectiveness score could be increased should the research conducted take the approach that there is a responsibility to respond in action. This is not, however, an inherent component of further research.

However, this option does make a significant positive contribution. Dedicating funds to the issue of sex selection in this capacity is a positive act in and of itself. It is claimed by the United Nations to be a necessary and positive move. The United Nations interagency statement claims that more reliable data is needed to craft country-specific

[228] "Statement Issued April 20."
[229] Ibid.
[230] "Preventing gender-biased sex selection: An interagency statement."

plans for further action.[231] This option should provide the means through which policies could be crafted and/or improved.

7.5.2. Equity

This option scores high on equity because it seeks to directly address son preference through further research. Conducted effectively, this option will shed light on son preference and provide greater understanding on how best to combat it in the Canadian context. An appropriate response would be policies that promote actions that increase equity.

7.5.3. Cost

This option scores medium on cost because there is no funding suggestion attached to this option. To fund further research does require a minimum investment, so it scores lower (higher cost) in comparison to the other options, some of which require very low cost investment. However, there is really no maximum amount of funds that could be invested in further research. The more research funded, the more funds would be required and the lower score this option would obtain.

7.5.4. Ease of Implementation

This option scores high in ease of implementation. It does involve some administrative work and coordination in connecting researchers with funding agencies, but there are no easily foreseeable obstacles to implementation. It is not likely to encounter any resistance in implementation or structural barriers.

7.5.5. Acceptability

This option scores high for acceptability. Increasing the data set is something that is often called for before effective policy responses can be crafted and justified to the public. Prior to drafting recommendations, the Royal Commission on New

[231] "Preventing gender-biased sex selection: An interagency statement."

Reproductive Technologies conducted extensive research on Canadian attitudes regarding sex selection.[232] However, as this research is now in excess of 20 years old, it is no longer accurately reflective of Canadian attitudes, which have likely shifted in the interim. Conducting research prior to crafting policy is indicative of cautious and responsible policy development. This is an approach that will likely be viewed as positive by all except those who may seek a stronger response of condemnation to sex selective abortion.

The only potential group in which opposition could foreseeably arise could be within target communities, as it may be negatively perceived that outsiders select communities in which to conduct research based primarily on ethnic and cultural demographics. Awareness of this risk may be all that is necessary to implement appropriate mitigating steps and avoid potential opposition.

[232] Royal Commission, "Sex selection."

8. Recommendation

A three-pronged approach is recommended in light of the options presented. This recommendation attempts to limit supply and decrease demand by banning advertisements, further decrease demand by engaging son preference through the community initiatives, and provide knowledge for future targeted policy development through further research. All three options are expected to be effective at targeting different aspects of sex selection in Canada. They are inherently complementary and may serve to mutually reinforce the others.

The three-pronged response targets both the act of sex selective abortion and the mindset of son preference. Limiting advertisements is an appropriate and necessary short-term response that seeks to limit knowledge of access to sex selection services and prevent the perception that such expressions are culturally accepted. However, the underlying motivator that leads to sex selective abortion will continue to exist and could motivate other forms of discriminatory behaviour towards females. A response that seeks solely to reduce the supply side of the problem, admittedly in a manner that is not strong handed, without challenging the notions of son preference is inadequate, short sighted, and lacks sustainability. Banning advertisements is therefore an insufficient stand-alone response and can be strengthened by others. This view is shared by the United Nations Population Fund, which recommends that "the focus should be: a) on accelerating the process of reducing demand via demonstrating the value of girls through various social change, mobilization and advocacy techniques; and, b) on limiting the supply and controlling the use of technology that assists sex selection."[233]

A long-term initiative seeking to address the underlying motivator of son preference—gender inequality and perpetuation of discrimination—is therefore also necessary to challenge the mindset encouraging sex selection. The recommended

[233] "UNFPA Guidance Note on Prenatal Sex Selection."

response to this is the implementation of the community-based initiatives option. Targeting son preference through education, advocacy, and support should yield changes within communities and individuals and decrease the demand for sex selective services.

Further research is recommended to gain greater insight into sex selective abortion and the factors leading to it in Canada. To address this unique form of discrimination more effectively, more data is required. The findings will hopefully lead to greater awareness and future targeted policy developments to ensure that sex selective abortion and the effects of son preference are minimized in Canada.

9. Conclusion

As the title suggests, this study is a preliminary investigation into the factors leading to sex selective abortion in Canada. This research recognizes son preference as the primary motivator leading to sex selection and attempts to shed light on the motivating factors of son preference within the Canadian context. Knowledge remains limited regarding son preference in Canada and the experiences of those who pursue sex selective abortions for the purpose of avoiding a female child in favour of a male.

The findings of this research indicate that cultural and traditional factors identified internationally as contributing to son preference maintain their relevance in Canada. This study further finds that, opposite to common assumptions, son preference also retains an aspect of economic motivation in the Canadian context. This is despite the fact that many defining economic aspects contributing to desire for a son internationally, such as male-only inheritance laws, are not relevant in the Canadian context. Additionally, resistance to internalize son preference was found to exist in Canada, though the causes of this are not clear. This study further found a substantially higher rate of knowledge of instances female-specific sex selective abortion than self-reported cases of son preference.

The subsequent recommendations speak to the complexity of addressing sex selective abortion in Canada. They seek to limit demand in the long-term by working proactively with community organizations to target the motivating factor of son preference. To limit access to supply in the short-term, it is recommended that advertisements for sex selection services be banned in Canada. Additionally, it is acknowledged that there is a limited breadth of data on sex selection in the Canadian context and a subsequent need for further investigation into various aspects of son preference—many of which are addressed in this study—before more prescriptive policies can be promoted.

It is my hope that this study encourages a shift in public discourse that reframes female-specific sex selection as an issue of discrimination and removes it from its current confines within the abortion debate. This reframing should encourage the understanding that steps to combat sex selective abortion are not mutually exclusive with pursuing advanced health and safety objectives for women. The pursuits of advancing women's health and opposing discrimination against females are mutually reinforcing activities, as both are motivated by the primary goal of increasing gender equality. Addressing sex selective abortion in Canada in an effort to decrease discrimination and promote gender equality will have positive effects on individuals, communities, and Canadian society as a whole.

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Appendix.

Survey Questions & Quantitative Responses

Note: percentages are calculated based on the response count indicated in each question and may differ from the numbers cited in the body of the document, which were calculated based on total number of participants (80). Additionally, though only quantitative responses are included in full below, the counts and percentages used in the body of the document were calculated by combining both quantitative and qualitative responses. Care was taken not to double count a factor if a participant listed it in multiple answers.

1. Please specify your sex

Response	Chart	Percentage	Count
Male		18%	14
Female		82%	66
	Total Responses		**80**

2. Are you currently pregnant?

Response	Chart	Percentage	Count
Yes		0%	0
No		100%	65
Unsure		0%	0
	Total Responses		**65**

3. Would you identify as any of the following?

Response	Chart	Percentage	Count
Asian		25%	20
South Asian		42%	33
South East Asian		23%	18
Other:		10%	8
	Total Responses		**79**

4. From which country did you/your parent(s) immigrate to Canada?

Response	Chart	Percentages	Count
China/Hong Kong		19%	15
India		50%	38
Other		27%	21
Taiwan		3%	3

5. How old were you when you immigrated to Canada?

Mean: 18 years

Range: 11 months - 48 years

6. What religion do you adhere to?

Response	Chart	Percentage	Count
Christianity		12%	9
Islam		9%	7
Hinduism		13%	10
Buddhism		1%	1
Sikhism		45%	35
Other:		21%	16
	Total Responses		**78**

Other:

#	Response
1.	[Atheist/Agnostic] Agnostic
2.	[Atheist/Agnostic] Agnosticism
3.	[Atheist/Agnostic] Atheism
4.	[Atheist/Agnostic] Atheist
5.	[Atheist/Agnostic] Atheist
6.	[Atheist/Agnostic] Athiest
7.	[None] NONE
8.	[None] None
9.	[None] None

10. [None] None.
11. [None] n/a
12. [None] none
13. [None] none
14. [None] none

7. How many children do you have? Specify sex.

Mean of all: .92

Mean of those with children: 1.79

Range: 0-3

8. What are important factors in starting a family?

71 unique qualitative responses received

9. Do you have a strong preference about the sex of your next child?

Response	Chart	Percentage	Count
Male		10%	8
Female		6%	5
No preference		84%	67
	Total Responses		**80**

10. Please specify which sex your partner would prefer your next child to be.

Response	Chart	Percentage	Count
Male		11%	9
Female		9%	7
No preference		48%	38
Unsure		9%	7
I have no partner at this time		23%	18
	Total Responses		**79**

11. Which of the following factors outlined below contribute to your desire for a male/female child?

Response	Chart	Percentage	Count
Personal preference		46%	31
My partner's preference		22%	15
Family pressure/expectations		12%	8
Cultural and/or societal pressure/expectations		16%	11
Economic reasons		10%	7
Security in old age		10%	7
Greater support		6%	4
Tradition		12%	8
Status		10%	7
Respect		12%	8
Fear/uneasiness about raising a child of the other sex		10%	7
Family balance		24%	16
Other:		38%	26
	Total Responses		**68**

12. What is your primary reason for desiring a male/female child?

15 unique qualitative responses received

13. What consequences, if any, do you expect if your child is not the sex desired?

52 unique qualitative responses received

14. Do you know anyone who has aborted a fetus due to the fact that it was not the sex desired?

Response	Chart	Percentage	Count
Yes		30%	24
No		70%	55
	Total Responses		**79**

15. What was the sex of the fetus aborted?

Response	Chart	Percentage	Count
Male		8%	2
Female		83%	20
Unsure		8%	2
	Total Responses		**24**