"It's a girl!"— could be a death sentence

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When Asians migrated to Western countries they brought welcome recipes for curries and dim sum. Sadly, a few of them also imported their preference for having sons and aborting daughters. Female feticide happens in India and China by the millions, but it also happens in North America in numbers large enough to distort the male to female ratio in some ethnic groups.[1–4] Should female feticide in Canada be ignored because it is a small problem localized to minority ethnic groups? No. Small numbers cannot be ignored when the issue is about discrimination against women in its most extreme form. This evil devalues women. How can it be curbed? The solution is to postpone the disclosure of medically irrelevant information to women until after about 30 weeks of pregnancy.

A pregnant woman being told the sex of the fetus at ultrasonography at a time when an unquestioned abortion is possible is the starting point of female feticide from a health care perspective. A woman has the right to medical information about herself that is available to a health care professional to provide advice and treatment. The sex of the fetus is medically irrelevant information (except when managing rare sex-linked illnesses) and does not affect care. Moreover, such information could in some instances facilitate female feticide. Therefore, doctors should be allowed to disclose this information only after about 30 weeks of pregnancy — in other words, when an unquestioned abortion is all but impossible. A similar proposal has been made elsewhere.[5] Postponing the time when such information is provided is a reasonable ethical compromise. It would still allow prospective parents enough time to prepare the nursery.

The College of Physicians and Surgeons of British Columbia states that testing to identify sex during pregnancy should not be used to accommodate societal preferences, that the termination of a pregnancy for an undesired sex is repugnant and that it is unethical for physicians to facilitate such action.[6] The college in Ontario states that it is inappropriate and contrary to good medical practice to use ultrasound solely to determine the sex of the fetus.[7] The Society of Obstetricians and Gynaecologists of Canada says that the problem of the small number of pregnant women who may consider abortion when the fetus is of unwanted sex is best addressed by the health professionals who are providing care for these women, but it does not say how this can be done effectively.[8] These statements do little more than provide lip service to tackling female feticide and a band-aid for the souls of those who draft policy. Fortunately, the Canadian Assisted Human Reproduction Act of 2004 prohibits any action that would ensure or increase the probability that an embryo will be of a particular sex or identifies the sex of an in-vitro embryo, except to prevent, diagnose or treat a sex-linked disorder or disease — thus closing this avenue for sex selection.[9]

The colleges need to rule that a health care professional should not reveal the sex of the fetus to any woman before, say, 30 weeks of pregnancy because such information is medically irrelevant and in some instances harmful. Doing so should be deemed contrary to good medical practice. Such clear direction from regulatory bodies would be the most important step toward curbing female feticide in Canada.

Some readers might be skeptical about whether female feticide is in fact taking place in Canada and the United States. Research in Canada has found the strongest evidence of sex selection at higher parities if previous children were girls among Asians — that is people from India, China, Korea, Vietnam and Philippines.[2] What this means is that many couples who have two daughters and no son selectively get rid of female fetuses until they can ensure that their third-born child is a boy. These researchers have also documented male-biased sex ratios among US-born children of Asian parents in the 2000 US census.[3] A small qualitative study in the US involving 65 immigrant Indian women documents the pressure they face to have sons, the process of deciding to use sex selection technologies, and the physical and emotional health implications of both son preference and sex selection. Of these women, 40% had terminated pregnancies with female fetuses and 89% of the women carrying female fetuses in their current pregnancy pursued an abortion.[4] Results from this study could be reasonably extrapolated to Indians in Canada. We should, however, avoid painting all Asians with the same broad brush and doing injustice to those who are against sex selection.

The execution of a "disclose sex only after 30 weeks" policy would require the understanding and willingness of women of all ethnicities to make a temporary compromise. Postponing the transmission of such information is a small price to pay to save thousands of girls in Canada. Compared with the situation in India and China, the problem of female feticide in Canada is small, circumscribed and manageable. If Canada cannot control this repugnant practice, what hope do India and China have of saving millions of women?

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