

## **Submission**

on the

### **Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013**

to the

#### **Senate Finance and Public Administration Committee**

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## Introduction

The *Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013* sponsored by Senator John Madigan was introduced into the Senate on 19 March 2013.

The Senate has asked the Finance and Public Administration Committee to inquire into the Bill and provide the following specific terms of reference:

1. *The unacceptability to Australians of the use of Medicare funding for the purpose of gender selection abortions;*
2. *The prevalence of gender selection - with preference for a male child - amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children;*
3. *The use of Medicare funded gender-selection abortions for the purpose of 'family-balancing';*
4. *Support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortions;*
5. *Concern from medical associations in first world countries about the practice of gender-selection abortion, viz. Canada, USA, UK.*

Submissions on the Bill are due by 24 April 2013. The Committee is to report on 24 June 2013.

The Coalition for the Defence of Human Life is a coalition based in Western Australia with the following sixteen affiliates:

40 Days for Life; Association for Reformed Political Action; Australian Christian Lobby; Australian Christians; Christian Reformed Churches; Endeavour Forum; FamilyVoice Australia; Helpers of God's Precious Infants; Life Ministries Inc.; Pregnancy & Life Education Ministries; Pregnancy Assistance; Pregnancy Problem House; Right to Life Australia; Thornlie Church of Christ; Westminster Presbyterian Church; Women Against Abortion.

Some of these affiliates may also make their own submissions to this inquiry.

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

Medicare is valued by Australians because it supports access by all Australians to adequate health care. Procedures that have no health related purpose are unlikely to be considered by most Australians as suitable procedures for receiving Medicare funding.

The *Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013* is crafted to do one thing only: prohibit the payment of any Medicare benefit for an abortion performed solely because of the gender of the unborn child.

Such abortions clearly have no health related purpose.

While there is no direct evidence on public opinion regarding Medicare benefits for gender selection abortions there is evidence for public opinion on the practice of sex selection abortion itself.

Public opinion is overwhelmingly opposed to such abortions.

Research conducted in Tasmania in February 2013 found that only 6% of respondents supported abortion due to the sex of the child with 92% of respondents opposed. Those aged between 16 and 24 years were most strongly opposed (97%).<sup>1</sup>

This contrasts with position on abortion generally with 61% of respondents being in favour of abortion.<sup>2</sup>

Earlier research from the University of Melbourne found that 80% of Australians were opposed to sex-selective abortions.<sup>3</sup>

**Finding 1:**

***As public opinion in Australia overwhelmingly opposes abortions due to the sex of the child it is most likely that Australians would find the use of Medicare funds for gender selection abortions unacceptable.***

## ***2. The prevalence of gender selection - with preference for a male child - amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children***

The preference for a male child is very deeply rooted in some cultures.

The availability in recent times of ultrasound technology which allows the prenatal determination of the gender of an unborn child has led to the use of abortion to prevent the birth of baby girls in these cultures.

Demographers have reported sex ratios at birth outside the biological norm (102-108 boys for every 100 girls<sup>4</sup>) in the following countries:

*China (118.06); Vietnam (112.3); India (110.4); Azerbaijan (117.6); Georgia (111.9); Armenia (115.8); Montenegro (111.6); Kosovo (111.7); Albania (111.5)*<sup>5</sup>

In 2011 the Council of Europe passed two resolutions addressing prenatal sex selection including sex selection abortion.

Resolution 1829 on Prenatal Sex Selection was adopted by the Parliamentary Assembly of the Council of Europe on 3 October 2011.<sup>6</sup> It reads in part:

*1. A preference for sons and discrimination against women are so widespread in the world that, spontaneously or under pressure, millions of women decide not to give birth to daughters, who are considered as a burden for their family and unable to perpetuate the family lineage.*

*2. Sex selection is a huge problem in some Asian countries, where the selective abortion of females, together with the killing of female newborns has been practised for decades. Prenatal sex selection is indicated by a "skewed sex ratio", meaning a departure from the natural*

average sex ratio at birth of 105 boys for 100 girls. This tends to increase as the number of children goes up in a family, or when there are legal or economic restrictions to the size of the family.

3. There is strong evidence that prenatal sex selection is not limited to Asia. In recent years, a departure from the natural sex ratio at birth has been observed in a number of Council of Europe member states and has reached worrying proportions in Albania, Armenia and Azerbaijan, where the sex ratio at birth is 112 boys for 100 girls and in Georgia where it is 111 boys for 100 girls.

4. The Parliamentary Assembly condemns the practice of prenatal sex selection as a phenomenon which finds its roots in a culture of gender inequality and reinforces a climate of violence against women, contrary to the values upheld by the Council of Europe.

5. Recalling the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (CETS No. 210), the Assembly believes that the social and family pressure placed on women not to pursue their pregnancy because of the sex of the embryo/foetus is to be considered as a form of psychological violence and that the practice of forced abortions is to be criminalised.

6. The Assembly wishes to warn Council of Europe member states against the social consequences of prenatal sex selection, namely population imbalances which are likely to create difficulties for men to find spouses, lead to serious human rights violations such as forced prostitution, trafficking for the purposes of marriage or sexual exploitation, and contribute to a rise in criminality and social unrest.

7. In line with the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164), the Assembly believes that, in the context of assisted reproduction technologies such as preimplantation genetic diagnosis, prenatal sex selection should be resorted to only to avoid serious hereditary diseases linked to one sex.

8. In view of these considerations, the Assembly calls on the member states to:

8.1. collect the sex ratio at birth, monitor its development and take prompt action to tackle possible imbalances;

8.2. **encourage research on sex ratios at birth among specific communities;**

8.3. collect data on sex selection in the context of the use of all techniques of medically assisted procreation;

8.4. promote research on the causes of prenatal sex selection and its social consequences;

8.5. encourage national ethics bodies to elaborate and **introduce guidelines for medical staff, discouraging prenatal sex selection by whatever method, unless justified for the prevention of serious sex-linked genetic diseases;**

8.6. recommend that all relevant public authorities issue guidelines to all medical staff who work in this field so that when information is provided on the sex of the foetus – in line with existing legal regulations – such information is presented positively, irrespective of the sex;

**8.7. introduce legislation with a view to prohibiting sex selection in the context of assisted reproduction technologies and legal abortion, except when it is justified to avoid a serious hereditary disease;**

The second resolution more specifically addressed the situation in member states Albania, Armenia, Azerbaijan and Georgia. Its second paragraph is insightful and pertinent to this inquiry:

*Prenatal sex selection calls into question the core values upheld by the Council of Europe, such as equality and dignity of human beings, non-discrimination and the protection of the individual's dignity and fundamental rights with regard to the applications of biology and medicine. It also touches upon core activities of the Council of Europe such as the promotion and protection of human rights, the promotion of gender equality and the prevention of and fight against gender-based violence.<sup>7</sup>*

These values which are violated by prenatal sex selection are core human values shared by Australians.

The Council of Europe's call for research into the sex ratio at birth among specific communities is noteworthy.

There is research evidence from Canada, the United States and the United Kingdom of sex ratios at birth outside the biological norm for specific migrant communities in those countries.

This evidence points clearly to the use of gender selection abortion to give effect to cultural preference for a male child.

A detailed analysis of Canadian census data (2001, 2006) by Douglas Almond and colleagues found that the sex ratio at birth was 108 boys to 100 girls for Indian and East Asian immigrants compared to 105 to 100 for Canada as a whole for first children. For third children were the first two children were girls the data showed very significant distortions in the sex ratio at birth - 190 boys per 100 girls for Indian families; 139 boys per 100 girls for families from China, Korea and Vietnam – compared to 106 boys per 100 girls for Canada as a whole.<sup>8</sup>

This finding was mirrored in research on singleton live births in Ontario from 2002 to 2007 which found that the male-female ratio for second births was 120 to 100 for women born in South Korea and 111 to 100 for women born in India. For women born in India the ratio for third children was 136 boys to 100 girls; for fourth or subsequent children<sup>9</sup> the ratio was 125 boys for 100 girls.

A corresponding analysis by Jason Adebrea of United States data revealed a sex ratio at birth for Indian and Chinese immigrants having third or fourth children of between 112.7 and 119.2 boys per 100 girls. Adebrea concludes that there are over two thousand girls missing due to gender selection among these communities in the United States between 1991 and 2004.<sup>10</sup>

Additional US research by Douglas Almond and Lena Edlund using census data from 2000 shows that among Chinese, Korean and Indian families the sex ratio of the second child if the first child was girl was 117 boys per 100 girls. If the first two children were girls the sex ratio for the third child was 151 boys per 100 girls.<sup>11</sup>

Research in England and Wales by Sylvie Dubuc and David Coleman shows that among India-born women the sex ratio at birth for all third children was 114.4 boys per 100 girls for births between 2000 and 2005.<sup>12</sup>

No similar studies appear to have been carried out on Australian data.

However, there is no reason to assume that the deeply rooted cultural preference for boys evident in India and East Asian countries, and demonstrated to persist in migrant communities from these countries in Canada, the United States and the United Kingdom, is likely to have simply evaporated among these migrant groups in Australia.

***Finding 2:***

***In the light of detailed research evidence among migrant communities of Indian and East Asian origin in Canada, the United States and the United Kingdom it is reasonable to assume that the strong cultural preference for a male child in these ethnic groups is likely to be manifested by recourse to gender selection abortion. Many of these abortions are likely to qualify for Medicare benefits in the absence of any specific legislative prohibition.***

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

Evidence for the use of gender selection abortions for family-balancing is naturally largely anecdotal.

However, one such case is well documented because the couple involved have taken legal action to try to overturn a decision by the Patient Review Panel in Victoria not to allow an exception for the couple to use pre-implantation diagnosis of gender to select only female embryos for use in an artificial reproductive technology procedure.

During the course of the hearings on their case it was revealed by the couple that the woman had already aborted healthy twin boys simply because they were male and that the couple intended in any further pregnancies to abort any male children.

In this case the couple were motivated by a strong desire to have a girl baby after losing a baby girl during an earlier difficult childbirth.<sup>13</sup>

The use of prenatal genetic diagnosis (PGD) and assisted reproductive technology (ART) for sex selection has been prohibited throughout Australia since 2004 by National Health and Medical Research Guidelines which provide that:

*sex selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition.*<sup>14</sup>

In order to circumvent this ban couples are travelling to places such as Thailand that provide preimplantation genetic diagnosis (PGD) of gender allowing gender selection of embryos for ART procedures. In 2011 some 72 couples travelled to Thailand to have PGD and ART at Thai Superior ART in Bangkok 2012. In 2012 this increased 30% to 106 couples.<sup>15</sup>

***Finding 3:***

***There is evidence for an increasing occurrence of Australians using available technology for prenatal sex selection. This includes travelling overseas to use PGD and ART but also the use of gender selection abortion in Australia.***

***The motivations include "family balancing" or the desire to "replace" a deceased child of a particular gender.***

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

The Senate Foreign Affairs, Defence and Trade Legislation Committee was recently informed by the Australian Agency for International Development (AusAID) in its answer to question on notice 44 asked by Senator Ron Boswell at the Senate Additional Budget Estimates held on 14 February 2013 that:

*Australia prohibits the use of any Australian funding to support sex-selective abortion. Australia's Family Planning and the Aid Program: Guiding Principles reflect the principles of the 1994 Cairo International Conference on Population and Development (ICPD) Programme of Action, which specifically urge governments to take necessary measures to reduce abortion in general and specifically the prevention of pre-natal sex selection.<sup>16</sup>*

The ICPD Programme of Action notes in regard to the girl child that:

*4.15. Since in all societies discrimination on the basis of sex often starts at the earliest stages of life, greater equality for the girl child is a necessary first step in ensuring that women realize their full potential and become equal partners in development. In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls, and lower rates of school enrolment for girls as compared with boys, suggest that "son preference" is curtailing the access of girl children to food, education and health care. This is often compounded by the increasing use of technologies to determine foetal sex, resulting in abortion of female foetuses. Investments made in the girl child's health, nutrition and education, from infancy through adolescence, are critical.*

The Programme of Action set the following objectives in relation to the girl child:

*4.16. The objectives are:*

*(a) To eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection;*

*(b) To increase public awareness of the value of the girl child, and concurrently, to strengthen the girl child's self-image, self-esteem and status;*

*(c) To improve the welfare of the girl child, especially in regard to health, nutrition and education.*

One of the necessary actions to give effect to these objectives was specified as follows:

*4.23. Governments are urged to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and use of girls in prostitution and pornography.<sup>17</sup>*

Australia has appropriately banned sex selection through PGD and ART; it prohibits the use of foreign aid to pay for sex selection abortions overseas but it has taken no steps to prevent the use of Medicare funds to pay for gender selection abortions in Australia.



**Finding 4:**

***Australia is failing to give full effect to its commitment under the 1994 Cairo International Conference on Population and Development (ICPD) Programme of Action to “take the necessary measures to prevent prenatal sex selection”. While prenatal sex selection by PGD and ART is prohibited and the use of foreign aid to fund sex selection abortions overseas not permitted, Australia has taken no steps to stop funding prenatal sex selection by abortion.***

## **5. Conclusion and recommendation**

The *Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013* is a carefully targeted legislative measure that would have the single effect of making abortions performed solely because of the gender of the unborn child ineligible for a Medicare benefit.

The findings above indicate that the Bill should be fully supported because:

1. It is in accordance with Australian public opinion on the unacceptability of gender selection abortion
2. It addresses the use of gender selection abortion by particular ethnic groups with a deeply rooted cultural preference for a male child
3. It addresses the use of gender selection abortion for family balancing or to replace a lost child of a particular gender
4. It would give effect to Australia’s commitment under the ICPD Programme of Action to take all necessary measures to prevent prenatal sex selection for the sake of the girl child and bring the funding gender selection abortions in Australia into line with the ban on the funding of gender selection abortions through foreign aid and the ban on the use of PGD and ART for sex selection.

**Recommendation:**

***The Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013 should be fully supported.***

## **References**

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- 1 Galaxy Research, *Tasmanian Benchmark Study*, February 2013, Tables p. 16. Results are based on a survey of 300 Tasmanians with data then weighted for age, sex and area according to the latest ABS estimates.
  - 2 Ibid., p. 5
  - 3 Rebecca Kippen, Anne Evans and Edith Gray, “Australian attitudes toward sex-selection technology”, *Fertility and Sterility*, 2011, 95:1824-1826, Published online 15 December 2010, [http://www.fertstert.org/article/S0015-0282\(10\)02852-9/](http://www.fertstert.org/article/S0015-0282(10)02852-9/)

- 
- 4 Fabio Parazzini et al, "Trends in male:female ratio among newborn infants in 29 countries from five continents", *Human Reproduction*, 1998, v.13:1394–1396, <http://humrep.oxfordjournals.org/content/13/5/1394.full.pdf>
- 5 Christophe Z Guilmoto, *Sex imbalances at birth in 2010: some theory and a few recent estimates*, [http://www.ceped.org/IMG/pdf/sex\\_imbalance\\_at\\_birth.pdf](http://www.ceped.org/IMG/pdf/sex_imbalance_at_birth.pdf)
- 6 <http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta11/ERES1829.htm>
- 7 Parliamentary Assembly, Council of Europe, Resolution 1979 (2011) Prenatal Sex Selection, Adopted 3 October 2011, <http://www.assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta11/EREC1979.htm>
- 8 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*, National Bureau of Economic Research, October 2009, p. 38, [www.aeaweb.org/aea/2011conference/program/retrieve.php?pdfid=48](http://www.aeaweb.org/aea/2011conference/program/retrieve.php?pdfid=48)
- 9 Joel G. Ray, David A. Henry, Marcelo L. Urquia, "Sex ratios among Canadian liveborn infants of mothers from different countries", *Canadian Medical Association Journal*, 2012, 184:E492-E496, <http://www.cmaj.ca/content/184/9/E492.full.pdf>
- 10 Jason Abreveya, "Are There Missing Girls in the United States?: evidence from birth data", *American Economic Journal: Applied Economics*, 2009,1(2):1–34, Table 4 on p.13 and p.27, <https://www.utexas.edu/cola/files/417316>
- 11 Douglas Almond and Lena Edlund, "Son-biased sex ratios in the 2000 United States Census", *Proceedings of the National Academy of Sciences*, 2008, 105:5681-5682, <http://www.nrlc.org/Sex-SelectionAbortion/ColumbiaUniversityStudySexRatios.pdf>
- 12 Sylvie Dubuc and David Coleman, "An Increase in the Sex Ratio of Births to India-born Mothers in England and Wales: Evidence for Sex-Selective Abortion", *Population and Development Review*, 2007, 33:383–400, Table 4 on p. 389, [http://www.spsw.ox.ac.uk/fileadmin/documents/pdf/WP35\\_Sex-ratio\\_of\\_births\\_to\\_India-born\\_mothers.pdf](http://www.spsw.ox.ac.uk/fileadmin/documents/pdf/WP35_Sex-ratio_of_births_to_India-born_mothers.pdf)
- 13 *JS and LS v Patient Review Panel (Health and Privacy)* [2011] VCAT 856 (8 April 2011)
- 14 *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research*, Paragraph 11.1, [http://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/e78.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/e78.pdf)
- 15 Tanya Westthorp, "Couples go to Asia to select baby gender", *Gold Coast News*, 2 April 2013, [http://www.goldcoast.com.au/article/2013/04/02/449521\\_gold-coast-news.html](http://www.goldcoast.com.au/article/2013/04/02/449521_gold-coast-news.html)
- 16 [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate\\_Committees?url=fadt\\_c/te/estimates/add\\_1213/dfat/ausaidqonanswers.pdf](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=fadt_c/te/estimates/add_1213/dfat/ausaidqonanswers.pdf)

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17 <http://www.iisd.ca/Cairo/program/p00000.html>