Submission

on the

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

to the

Senate Finance and Public Administration Committee

Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Telephone: 02 6277 3530
Facsimile: 02 6277 5809

Email: fpa.sen@aph.gov.au

Website: www.aph.gov.au

by

FamilyVoice Australia

4th Floor, 68 Grenfell St, Adelaide SA 5000

Telephone: 1300 365 965

Facsimile: 08 8223 5850

Email: office@fava.org.au

Website: www.fava.org.au

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1. Introduction

The *Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013* was introduced into the Senate by Senator John Madigan on 19 March 2013. On 21 March 2013 the Bill was referred by the Senate to the Finance and Public Administration Committee for inquiry.

The Bill would prohibit the payment of a Medicare benefit for a procured abortion if the abortion is carried out solely because of the gender (sex) of the unborn child.

The Committee is to consider:

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.*

The Committee has invited written submissions which are due by 24 April 2013. The Committee is due to report on 24 June 2013.

2. Public opinion on gender selection abortion

A survey conducted by Galaxy Research in February 2013 found that 92% of respondents were opposed to abortion due to the sex of the child with only 6% in favour. Opposition was highest among young people (16-24) with 97% opposed.[1]

This high level of opposition to abortion due to the sex of the child is significant given that 61% of respondents stated that they were in favour of abortion.[2]

In December 2010 Rebecca Kippen reported that 80% of Australians were opposed to sex-selective abortions.[3]

Although there is no specific public opinion poll data it is likely that a similar percentage or higher of Australians would be opposed to the use of Medicare funding for this type of abortion — abortion due solely to the gender (sex) of the child.

Medicare exists to ensure all Australians receive adequate health services. Abortions carried out solely for sex selection based on cultural preference for a boy or for "family balancing" cannot properly be considered a health service. Using Medicare benefits to fund these abortions is an improper use of limited Medicare funds.

Recommendation 1:

Public opinion in Australia opposes abortions due to the sex of the child. Such abortions are not a health service. The use of Medicare funds to pay for such abortions is improper and should be prohibited. Therefore the* Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013 *should be supported.

3. Gender selection abortions and the cultural preference for boys

The use of ultrasound technology to determine the gender (sex) of an unborn child combined with the traditional cultural preference for sons and the availability of abortion has led to increasing imbalances in the sex ratio in countries such as India, China, Nepal, Vietnam, the Caucasian republics and parts of the Balkans.

The range in the sex ratio at birth if there is no interference in normal biological processes is between 102 and 108 boys for every 100 girls. [4] Any ratio outside this range points to human intervention.

In 2010 Christophe Z. Guilmoto of the Centre Population et Développement reported on distorted sex ratios at birth in several countries.[5] The table below summarises and updates his data.

Country	**Sex ratio at birth: no of Boys: 100 Girls**	**Year and source of data**
China (PRC)	118.06	2010 Census[6]
Vietnam	112.3	2010 annual demographic survey[7]
India	110.4	2008-10 sample registration[8]
Azerbaijan	117.6	2009 Birth registration
Georgia	111.9	2006 Birth registration
Armenia	115.8	2008 Birth registration
Montenegro	111.6	2005-9 Birth registration
Kosovo	111.7	2010 Birth registration
Albania	111.5	2008 Birth registration

There is evidence that migrant groups from these countries who have settled in Western countries such as Canada, the United States, the United Kingdom and Australia are continuing to use ultrasound technology to determine the gender (sex) of their unborn children and gender selection abortion to achieve their cultural preference for boys.

A detailed analysis of Canadian census data from 2001 and 2006, by Douglas Almond and his colleagues, found that the sex ratio at birth was 108 boys to 100 girls for immigrants from India and East Asia (compared with 105 to 100 for Canada as a whole) for first children. There were even more

significantly distorted sex ratios for third children where the first two children were girls in immigrant families from India (190 boys to 100 girls) and East Asia (China, Korea and Vietnam: 139 boys to 100 girls) compared to 106 boys to 100 girls for Canada as a whole.[9]

Jason Avebreya's analysis of United States data demonstrates that the sex ratio at birth for Indian and Chinese immigrants having third or fourth children is between 112.7 and 119.2 boys per 100 girls. Altogether he concludes that there are over 2,000 "missing girls" in the United States between 1991 and 2004.[10]

Douglas Almond and Lena Edlund report that, according to the United States census data for 2000 among Chinese, Korean and (Asian) Indian families, the sex ratio of the second child if the first child was a girl was 117 boys to 100 girls and if the first two children were girls the sex ratio for the third child was 151 boys to 100 girls.[11]

Sylvie Dubuc and David Coleman report that among India-born women living in England and Wales the sex ratio at birth for all third children was 114 boys per 100 girls for births between 2000 and 2005.[12]

While no comparable studies have been conducted in Australia, it would be naïve to assume that the strong cultural preference for boys and the availability of ultrasound for gender determination, combined with readily available Medicare funded abortion, was not resulting in similar recourse to gender selection abortions among immigrant Indian and Chinese population groups in Australia.

Recommendation 2:

The availability of ultrasound technology able to determine the gender of an unborn child combined with ready access to abortion has resulted in significant recourse to gender selection abortions among Indian, Chinese and some other population groups. This is evident not just in their countries of origin but also in immigrant groups in Western countries. It is highly likely to be occurring in Australia. The* Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013 *would ensure that such gender selection abortions were not eligible for Medicare payments. The Bill should therefore be supported.

4. Gender selection abortions for family balancing and child replacement

A Victorian couple known as JS and LS have disclosed to the Victorian Civil and Administrative Tribunal that JS had aborted healthy twin boys and would continue to abort any subsequent male babies in her attempt to give birth to a girl baby. The couple had earlier lost a girl child due to complications in childbirth.[13]

While this is one of the few cases that has been documented it is clear that there is a growing social phenomenon of Australian couples wishing to use available technology to achieve so-called "family balancing".

Since 2004 the use of prenatal genetic diagnosis (PGD) and assisted reproductive technology (ART) for sex selection has been prohibited throughout Australia – by law in three States and by National Health and Medical Research Guidelines nationally. Paragraph 11.1 of the *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research* provides that:

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

In 2012 alone some 106 Australian couples were sent to Thailand by the medical tourism company Global Health Travel which partners with Thai Superior ART in Bangkok. This ART clinic offers sex selection using PGD.

Given the availability of ultrasound technology for determining the gender of an unborn child, the ready availability of abortion on demand in several Australian states and the known existence of a social phenomenon of Australian couples desperate to have children only of a certain sex either for "family balancing" or, in some sense, to "replace" a deceased child of that sex it would be naïve to assume that sex selection abortions for these reasons were not occurring in Australia.

Medicare funding for gender selection abortions for family balancing or child "replacement" is not appropriate.

Recommendation 3:

The availability of ultrasound technology able to determine the gender of an unborn child combined with ready access to abortion together with the known phenomenon of Australian couples desperate to have a child only of one or other sex in order to achieve "family balancing" or to "replace" a deceased child of that sex makes it highly likely that gender selection abortions for these purposes are occurring in Australia. The* Health Insurance (Medicare Funding for Certain Types of Abortion) Amendment Bill 2013 *would ensure that such gender selection abortions were not eligible for Medicare payments. The Bill should therefore be supported.

5. Endnotes

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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/

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

6 "China's mainland population grows to 1.3397 billion in 2010: census data", *Xinhua English News*, 28 April 2011: http://news.xinhuanet.com/english2010/china/2011-04/28/c_13849795.htm

7 "Gender inequality poses pregnant problem for future", *Vietnam News*, 26 December 2012: http://vietnamnews.vn/social-issues/234558/gender-inequality-poses-pregnant-problem-for-future.html

8 National Advisory Council, *Recommendations for improving the sex ratio at birth*, p 1: http://nac.nic.in/pdf/gsr.pdf

9 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

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

13 *JS and LS v Patient Review Panel (Health and Privacy)* [2011] VCAT 856 (8 April 2011)