

Doctors for Choice UK position statement

Sex Selective Abortion

Sex selective abortion is the practice of terminating a pregnancy based on the predicted or known sex of the fetus for personal or cultural reasons (this does not refer to abortions performed for a sex-linked genetic condition). Although we recognise that this is practised in countries such as India and China, where preference for male babies as well as government schemes such as China's one-child policy have led to widespread selective termination of female fetuses, there is no evidence that sex selective abortion is a significant issue in the UK.

The majority of abortions in the UK are carried out at early gestations (90% under 13 weeks in 2017), at which stage fetal sex cannot be reliably predicted on an ultrasound scan (fetal sex is only discovered at the '20 week' scan as part of standard antenatal care and blood tests for fetal sex are not routinely carried out) therefore the vast majority of women who have abortions do not know the sex of the fetus. Furthermore, in 2013 the Department of Health published the results of an analysis of male to female birth ratios in the UK, including breakdown by country of origin and ethnic group, which showed no statistically significant difference in the male to female ratio. Additionally, in a 2015 survey of consultant gynaecologists, 97% of the 156 abortion providers who responded reported that they had had no requests for a termination on the grounds of fetal sex in the previous five years and none had ever performed an abortion for sex selective reasons.

We also note that the UK law does not specifically prohibit sex selective abortion. The most common clause used in the 1967 Abortion Act requires two doctors to agree in 'good faith' that 'the risk of continuance of the pregnancy is greater than if the pregnancy was terminated'. It can be argued therefore, that there may be situations when a sex selective abortion may be legal – where the birth of a fetus of a certain sex adversely affects the mental health of the woman or, for example, she is threatened with physical violence.

We believe that the root cause of sex selective abortion worldwide is societal gender-based inequalities. Making sex selective abortion an offence would target potentially vulnerable women who may be part of a cultural system that devalues women's rights and autonomy and that criminalising these women for their actions would increase rather than reduce harm. It would also mean that women experiencing pressure from family or community to have an abortion for sex selective reasons would be less likely to disclose this due to fear of judgement or prosecution and therefore not be able to access support, which may have led to the continuation of a wanted pregnancy. We believe that the way to reduce this practice globally is through education and the promotion of gender equality. This approach is encouraged by the United Nations through its committee against discrimination of women (CEDAW) and the World Health Organisation.

Further reading

- Gynaecologists' attitude to abortion provision in 2015. Journal of Obstetrics and Gynaecology, Volume 37, 2017. Wendy Diane Savage & Colin Francome
- Department of Health. Birth ratios in England and Wales.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/313559/Sex_Selection_in_England_and_Wales_analysis_April_2014_NM_comments.pdf
- BPAS, Comment on "Lost Girls" report in today's Independent, January 2014
<https://www.bpas.org/bpasknowledge.php?year=2014&npage=0&page=81&news=621>