

## Resolution 2014.01

### LIMITING DISCLOSURE OF THE SEX OF THE FETUS UNTIL AFTER 30 WEEKS OF PREGNANCY

*Submitted by Alberta Mackenzie Provincial Council*

**Whereas,** The practice of female feticide is known to occur in Canada; and

**Whereas,** All fetuses should be treated equally; and

**Whereas,** Knowing the sex of the fetus allows discrimination against women in female feticide; therefore, be it

**Resolved,** That the Alberta Mackenzie Council of the Catholic Women's League of Canada, through the National Council of the Catholic Women's League of Canada, urge the federal government to enact legislation that will limit the disclosure of fetal sex until after 30 weeks of pregnancy; and be it further

**Resolved,** that this resolution be forwarded to the National Council of the Catholic Women's League for consideration at the 94th Annual Convention.

#### **BRIEF:**

Female Feticide is the practice of terminating a pregnancy based on the sex of the fetus and is made possible by advances in genetic and information technology. A patriarchal society, a dowry prevalent society, globalization and government policies lead to crimes against women as they promote gender discrimination and lead to the belief that women are less valuable than men. This human rights violation impacts the community at all geographic community levels. Disproportionate female to male ratio may cause crimes such as kidnapping young women, forced marriages, sex crimes, wife purchasing, psychological problems, and prostitution.<sup>1</sup>

A recent study at St. Michael's Hospital, Toronto ON analyzed 766,688 births in Ontario and concluded that among infants of new mothers, the male: female ratio was about 1.05 overall. As parity increased, the ratio remained unchanged among infants of Canadian-born women. In contrast, the male: female ratio was significantly higher among infants of new mothers born in South Korea (1.20) and India (1.11). Among multiparous women, those born in India were significantly more likely than Canadian-born women to have a male infant (child 2's ratio = 1.36 and child  $\geq$  3's ratio = 1.25).<sup>2</sup>

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.<sup>3</sup> The Colleges of Physicians and Surgeons of both Ontario and British Columbia have taken the same position. The 2004 Canadian Assisted Human Reproduction Act prohibits any

action that would ensure or increase the probability that an embryo will be of particular sex or identifies the sex of an in-vitro embryo to prevent, diagnose or treat a sex-linked disorder or disease.<sup>4</sup>

A 2011 Parliamentary Assembly of the Council of Europe Resolution condemned the practice of prenatal sex selection which finds its roots in a culture of gender inequality and reinforces a climate of violence against women.<sup>5</sup> A woman has the right to medical information about herself that is available to a health care professional to provide advice and treatment. Fetal gender is medically irrelevant and does not affect care. Therefore, disclosing the sex after 30 weeks of pregnancy is a reasonable and ethical compromise.

36 countries have laws or policies on sex selection: 25 in Europe, 8 in Asia, 2 in Oceania, and 1 in North America.<sup>6</sup> Closing this avenue by regulatory bodies [in Canada] would be the most important step toward stopping this crime against women.

### **ACTION PLAN**

1. Write letters to the Prime Minister and Members of Parliament including the Status of Women and Health Ministers urging the federal government to condemn discrimination against women through sex-selective pregnancy termination.
2. Write letters to the College Of Physicians and Surgeons requesting that they postpone the disclosure of medically irrelevant information to women until after 30 weeks of pregnancy.

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