

Female feticide in Canada requires action

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Canada should prohibit disclosure of the sex of a fetus until after 30 weeks of pregnancy to combat female feticide which is practised by some ethnic groups in Canada and the United States, states an editorial in *CMAJ* (*Canadian Medical Association Journal*).

Female feticide — that is, choosing to abort female fetuses because of a preference for sons — is an issue in several Asian countries including India, China, Korea and Vietnam. However, it is also practised by some immigrants in Canada, contributing to a small but repugnant problem.

"Small numbers cannot be ignored when the issue is about discrimination against women in its most extreme form," writes Dr. Rajendra Kale, interim Editor-in-Chief, [CMAJ](#). "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," writes Dr. Kale. Although a woman has a right to information about herself that relates to her health and medical care, "the sex of the fetus is medically irrelevant information (except when managing rare sex-linked illnesses) and does not affect care."

Research in Canada indicates that in certain ethnic groups, couples who have two daughters and no son choose to abort female fetuses until they

can have a male child. A small US study of 65 immigrant Indian women indicated that 40% ended earlier pregnancies with female fetuses and 89% of women with female fetuses terminated their current pregnancies.

Dr. Kale argues that the provincial colleges governing physicians should adopt policies that limit disclosure of fetal sex by health professionals to after 30 weeks.

"Compared with the situation in India and China, the problem of female feticide in Canada is small, circumscribed and manageable," concludes Dr. Kale. "If Canada cannot control this repugnant practice, what hope do India and China have of saving millions of [women](#)?"

More information: Paper online:
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