

## Position Paper: Sex Selective Abortion in the UK

Marie Stopes UK is a one of 36 country programmes within the Marie Stopes International partnership. As a matter of policy, Marie Stopes International country programmes do not support sex selective abortions. In England, Wales and Scotland, it is illegal to proceed with an abortion for the purpose of sex selection, as this is not one of the grounds for a legal abortion under the 1967 Abortion Act. Current statistics and reported incidents do not point to a prevalence in requesting an abortion based on the sex of the fetus and statistical evidence of sex-birth ratios from the Department of Health and Social Care shows no sign of any unusually imbalanced sex ratio in any ethnic community and found no evidence for sex selective abortions occurring in Great Britain.<sup>1</sup>

Marie Stopes UK does not offer ultrasound services for the purpose of identifying the sex of a fetus. If we suspect that a client wants to access abortion care services due to the identified sex of the fetus, we will not provide the abortion since it will not meet the legal grounds for treatment. Instead, the client is referred to antenatal services through a safeguarding midwife, and a Multi-Agency Safeguarding Hub referral is made to safeguard, where necessary, both mother and future children.

Health Professionals at Marie Stopes UK have a small, but significant window to identify and raise any safeguarding concerns, and to offer support for the adults or children at risk. We take responsibility to make sure that all our teams know how to identify any potential issues, including any form of reproductive coercion.

### Non-Invasive Prenatal Testing

Non-Invasive Prenatal Testing (NIPT) is currently available from many private healthcare providers, and in 2016 the Department of Health made the decision to implement NIPT throughout the NHS in 2018, though this service has yet to be made available.

While NIPT can be used to test for Down's, Edwards' and Patau's syndromes, it can also be used to identify the sex of the fetus. There have been calls to ban the use of NIPT to predict fetal sex, on the grounds that this knowledge enables sex selective abortion.

We firmly oppose any ban on using a healthcare technology, in an attempt to deny women access to information about their pregnancies. Addressing sex selection bias and gender inequality cannot start with a mistrust of women making informed choices about their pregnancies and bodies.

It could also be argued that such a ban would prevent reproductive health services from identifying those women who are at risk of coercion, which may result in abuse, thereby preventing services from making necessary safeguarding referrals to protect women.

### An International Perspective

In countries in which sex-selection is prevalent, abortions for reasons of sex preference contribute to, and perpetuate gender inequality, and contribute to a significant and undesirable imbalance in the ratio of girls and boys being born.

Our position is one supported at an international level. In 1994, over 180 states signed the Programme of Action of the International Conference on Population and Development, agreeing '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.'

Additionally, in 2011, four UN bodies and the World Health Organisation jointly agreed an interagency statement, ‘Preventing gender-based sex selection’<sup>ii</sup>. Important human rights considerations are contained within this, including the importance of ensuring that gender and sex discrimination is addressed, without exposing women to the risk of death or serious injury by limiting access to safe abortion services, a view that Marie Stopes International subscribes to.

## Addressing Sex Selection Bias

Criminalising sex selective abortion does not help to tackle the causes of son preference. It would expose vulnerable women to the risk of further victimisation, potentially placing the pregnancy she is forced to carry to term in danger of neglect or harm once born. It also ignores the needs of those who carry a sex-linked condition or who receive a pre-natal diagnosis of a sex-linked disorder, and would stigmatise the very personal decisions that women and their families make in these circumstances.

Around the world, women from Black and Minority Ethnic groups have experienced abuse arising from son preference. Dowry payments, inheritance practices honour-related issues and religious and cultural attitudes, can all contribute to the pressure that some women face during pregnancy to give birth to a boy rather than a girl. In extreme situations, women may face homelessness, divorce, domestic abuse or honour-based violence if they give birth to a girl.

In countries where sex selection abortion is a concern, Marie Stopes International works closely with governments, agencies and other health providers to eradicate the practice. We strongly support the need for policy, action and high level political commitment to better address the root causes of sex selection, such as:

- Legislating and implementing policies for gender equality
- Mass media, community-based campaigns to change attitudes to value girls
- Education for girls, particularly higher-level education, and accompanying livelihood and employment programmes

### Marie Stopes UK’s Statement:

*“As an abortion care provider, we have a crucial role to play in protecting and empowering women, girls and pregnant people. We do not stand for any form of reproductive coercion, and categorically do not proceed with abortion treatment if the client is unsure, or shows signs of pressure to have an abortion from family members – whether this is due to the identified sex of the fetus, or for any other ideological reason.*”

*“Our safeguarding policies are in place to protect women, girls and pregnant people whatever their backgrounds and ethnicities. We refer our clients to specialist safeguarding teams if we have any concerns about previous or potential gender-based violence and abuse.*”

*“Given our role on the frontline of supporting women in communities across the country, we witness many women who are facing abuse at home or in their community for becoming pregnant, or for having an abortion. They often feel more able to reach out to us about issues of protection.”*

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<sup>i</sup> Sex ratios at Birth in Great Britain, 2013-17: A report on sex ratios at birth in Great Britain. Department of Health and Social Care. Published October 2019. Available online

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/837965/Sex\\_ratios\\_at\\_birth\\_in\\_GB\\_2013-17.pdf?fbclid=IwAR3C\\_IBTHn4Jqcl6i8lyHesescLmU3bEBtbB6xg5\\_YPDobSq\\_2FpYSobFt0](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/837965/Sex_ratios_at_birth_in_GB_2013-17.pdf?fbclid=IwAR3C_IBTHn4Jqcl6i8lyHesescLmU3bEBtbB6xg5_YPDobSq_2FpYSobFt0)

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ii Preventing gender-biased sex selection: an interagency statement. OHCHR, UNFPA, UNICEF, UN Women and WHO. Available online [http://www.who.int/reproductivehealth/publications/gender\\_rights/9789241501460/en/](http://www.who.int/reproductivehealth/publications/gender_rights/9789241501460/en/)