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Reproduction opportunists in the new global sex trade: PGD and non-medical sex selection

Andrea M Whittaker

School of Population Health, Faculty of Health Sciences, University of Queensland, Public Health Building, Herston Rd, Herston, Queensland. 4006, Australia.
E-mail address: a.whittaker2@uq.edu.au



Dr Andrea Whittaker is Associate Professor in Medical Anthropology, School of Population Health, University of Queensland, Australia. Her research interests include gender and reproductive health and the consequences of unplanned pregnancy in Thailand, as well as infertility and cross-border reproductive care. She is currently undertaking research on medical travel in the south-east Asian region. Her major publications include *Intimate Knowledge: Women and their Health in Northeast Thailand* (2000), *Women's Health in Mainland South-east Asia* (2002), *Abortion, Sin and the State in Thailand* (2004) and the edited collection *Abortion in Asia: Local dilemmas, global politics* (2010).

Abstract Regulatory differences between countries are an important driver of the cross-border trade in assisted reproduction as people move to seek services unavailable in their home countries. The development of a lucrative global trade in non-medical sex selection needs to be considered in ethical debates over its availability. I suggest that depictions of non-medical sex selection as a means of 'family balancing' or supportive of reproductive autonomy serve to distance the technologies rhetorically from the gender stereotyping inherent in their use and the commodification upon which they depend. They construct new social categories such as the 'unbalanced' family, the pathologization of 'gender disappointment' and a limited and highly individualized definition of reproductive freedom that permits medical interventions on healthy bodies. Orientalism pervades ethical debate depicting non-medical sex selection in the West as more acceptable to practices in 'Asia'. A case study of the interconnections between Australia and Thailand highlights the global economy sustaining the practice. 

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Introduction

The advent of assisted reproduction technology across the world has raised a number of ethical, social and cultural concerns for the way in which societies think about gender, reproduction and families. This paper explores the growing trade in assisted reproduction technology for sex selection for non-medical purposes that challenges cultural and ethi-

cal frameworks and raises questions as to the extent to which desired characteristics should be purposively selected in children conceived through assisted reproduction. Regulatory differences largely drive the cross-border trade as people move to seek services unavailable in their home countries (Sorenson and Mladovsky, 2006). Technologies such as microsorting spermatozoa and preimplantation genetic diagnosis (PGD) are banned or unavailable in many

countries for the purposes of choosing the sex of a child, but have become a reason why many couples will travel to countries such as Thailand, Cyprus, Jordan or the USA to undergo these procedures. Such 'reproduction opportunism' needs to be considered in the ethical considerations of non-medical sex selection.

Current ethical discussions of non-medical sex selection have largely ignored the movement of patients across borders and the economic context in which this trade occurs. It is important not only to describe this 'sex trade', but to also begin to trace the political economy of the trade and how it is linked to global cross-border reproductive care. Hence this paper is a call for anthropologically informed empirical ethical research on the extent of this trade and the economy supporting it. The fact that there is a cross-border trade in non-medical PGD has implications for ethical debates over its availability.

As an anthropologist I am interested in the relationship between new biotechnologies and society. In describing this trade as a new global sex trade, I wish to draw attention to the commodification of biological sex traits and the foundations of this trade in gendered social constructions and expectations. This paper is not a bioethical treatise, nor is it my intention to demonize patients who travel seeking reproduction technologies. Rather, this paper has two purposes. The first is to briefly examine and critique representations and the language used to describe the practice of non-medical sex selection within the current ethical literature. In doing so I recognize the diversity of frameworks and theories for analysis within bioethics and the potential for a productive dialogue across medical anthropology and bioethics (Turner, 2009a,b). My second purpose is to draw attention to how the global assisted reproduction market sustains the practice of non-medical sex selection as a market advantage for clinics in some countries and the need to consider the implications of this commodification for the ethical debate and depictions of cross-border reproductive care. Hence, at a broad level, this paper calls for more contextualized ethical consideration, informed by considerations of the political economy of the trade. The first part of the paper concentrates on reviewing the debates within ethical literature over non-medical sex selection. In particular, I critique portrayals of reproductive autonomy, 'family balancing' and Orientalism that pervade the arguments in favour of non-medical sex selection. To illustrate the need for a contextualized analysis, I present a case study of the cross-border trade in sex selection concentrating upon the context with which I am most familiar, that of Thailand and Australia. This case study depicts the economy and interests sustaining this trade. It also has implications for the depictions of cross-border reproductive care. I suggest that, in certain circumstances, travel to avoid regulatory differences on ethically contentious treatments might be characterized as calculated reproduction opportunism by the clinics, facilitators and patients involved.

Methods

This paper is informed by work completed for a broader anthropological study of the use of assisted reproduction technology in Thailand across seven months' fieldwork in

2007 and 2008. In this study, interviews and observations were undertaken in three private clinics and two public infertility clinics, interviewing 31 patients and staff. The study sample included six foreign patients/couples who had travelled to Thailand (Whittaker and Speier, 2010). This work has most recently led me to consider the regulatory frameworks for cross-border reproductive care as well as bioethical implications (Whittaker, 2010). The paper also draws upon secondary sources in the media and internet sites concerning sex selection.

Sex-selection technologies

Sex selection technologies may be broadly divided between post-pregnancy techniques and pre-pregnancy techniques and are conducted for medical or social ('non-medical') reasons. Post-pregnancy techniques, such as the use of prenatal screening through ultrasound, amniocentesis or chorionic villi sampling, followed by selective abortion are generally condemned worldwide if undertaken for social reasons. Pre-pregnancy techniques include microsorting or PGD. Because they are not associated with abortion, pre-pregnancy techniques are argued by some to differ from post-pregnancy techniques and be more acceptable ethically (see discussion in Seavilleklein and Sherwin, 2007).

Microsorting involves a patented process using a fluorescent dye to identify spermatozoa bearing the correct sex chromosome. PGD is used to determine the sex of embryos created by IVF and involves the removal of one or two cells (blastomeres) from an embryo at day 3 of development. This is followed by genetic analysis. Selected embryos are transferred to a woman's uterus on day 4 or 5. PGD is currently used to identify serious genetic disorders but may also be used for 'non-medical' sex selection in which only embryos of the desired sex are selected for transfer back to a uterus (IFFS, 2010).

The recent report of the International Federation of Fertility Societies (IFFS, 2010, p. 128) notes that of 105 countries surveyed, sex selection by sperm-sorting techniques or PGD is allowed under legislation in 15 countries, not allowed in 43 countries and not mentioned in law in 15 countries. It is practiced in 26 countries. The IFFS survey does not provide data on whether sex selection is allowed for non-medical reasons. However, in general, most countries specifically ban PGD and other technologies for non-medical sex-selection purposes (see *Genetics and Public Policy Center*, 2010; Knoppers and Isai, 2004) and it is only available for non-medical reasons in those countries that do not mention it in law or are largely self-regulated. These countries include the USA, Cyprus, Jordan and Thailand.

Ethical arguments against pre-pregnancy non-medical sex selection

In the background to any debate over non-medical sex-selective technologies is the empirical reality that in a number of countries with strong son preference, particularly India, South Korea, Taiwan, Turkey and China, sex selection has been used to favour the birth of sons. An estimated 60–100 million women are missing from the world

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