Non-medical sex-selective abortion in China: ethical and public policy issues in the context of 40 million missing females

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Introduction: The rapidly growing imbalance of the sex ratio at birth (SRB) in China since the late 1980s demonstrates that, despite an extensive official prohibition, sex-selective abortion has been widely practised there in the past two or three decades. Given the reality of 30–40 million missing females, China has a more challenging set of ethical and social policy issues to be addressed regarding sex-selective abortion than is the case in Western and many other countries.

Sources of data: This article is based on a search and review of Chinese and English-language literature, including several very recent books in Chinese on the imbalance of the sex ratio at birth in China. It also draws on first-hand information gathered from the author’s extensive fieldwork on Chinese views and experiences of abortion.

Areas of agreement: The current female deficit is a real and serious problem in China—not a ‘false alarm’ as earlier alleged. It is a direct consequence of the widespread practice of sex-selective abortion and is chiefly caused by the strong socio-cultural preference for sons in China. Chinese academics—demographers and medical ethicists—in general agree with the official position that sex-selective abortion is morally wrong and should be legally prohibited.

Areas of controversy: Some critical voices, mainly in the English-language literature, have asked whether coercive state intervention in this area is ethically justifiable. Another controversial question is whether and to what degree China’s ambitious and rigorous population control programme, widely known as the ‘one child’ policy, is a contributing factor to the phenomenon of millions of missing females.

Areas timely for developing research: Much further research on the ethical and social policy issues surrounding sex-selective abortion in the Chinese context needs to be done. Systematic quantitative and in-depth qualitative sociological investigations into Chinese people’s attitudes toward the subject, and the role of medical professionals, are long overdue.
Despite comprehensive official prohibitions, sex-selective abortion has been widely practised in China over the past two or three decades. This has directly resulted in a severe imbalance in the sex ratio at birth (SRB), which constitutes the most significant contributor to the phenomenon referred to as ‘missing girls’, ‘female deficit’ or ‘shortage of girls’. The number of ‘missing’ females in China is very large by any standards, between 30 and 40 million. Numerous challenging demographic, sociological, ethical and public policy questions have arisen from the use of sex-selective abortion and the millions of missing girls that have resulted.

The authors of a recent article in this journal on the ethical issues surrounding non-medical sex selection in the UK have called for critical attention to be paid to ‘all the problems that are highlighted in the international debate on non-medical sex selection’.1 This review focuses on the ethical and social policy issues surrounding non-medical sex-selective abortion in China and demonstrates the urgent need for more systematic and in-depth studies in this area. In most Western and many other countries, the social consequences of a severely imbalanced sex ratio hardly figure in discussions of ethical and public policy issues. Yet, in the Chinese context, any debate on non-medical sex selection, sex-selective abortion in particular, would be seriously lacking if it failed to take seriously the problem of the female deficit.

**Million missing girls: the role of sex-selective abortion and other factors**

‘More than 100 million women are missing’. This was the title of an article written by economist and social philosopher Amartya Sen and published in the *New York Review of Books* more than 20 years ago.2 Since then, the phenomenon of ‘missing’ girls has been widely researched and publicized. It has been characterized by the feminist philosopher Mary Anne Warren as ‘gendercide’3 and by *The Economist* (March 2010) as ‘the worldwide war on baby girls’.4 Sen estimated that about 50 million women were missing in China alone. Later and more sophisticated research by Western scholars indicates that, globally, the number of missing women has increased to over 100 million and that, in China, the figure is 40.9 million, with India having
39.1 million and Pakistan 4.9 million.\textsuperscript{5} A substantial English-language literature has appeared on the problem and its causes.\textsuperscript{5,7}

For quite a long time, there had been a deafening silence on the issue of missing women in the Chinese public domain. Before the mid-1990s, the official (and semi-official) response was to firmly deny any connection between the female deficit and the national population policy, and to treat questions on the subject raised by domestic and foreign commentators as ‘false alarms’, if not unwarranted or even vicious criticism, by explaining away the missing women as the result of under-reporting of female babies.\textsuperscript{8}

However, a radical change in official attitudes has occurred since the late 1990s, and especially in the early 2000s, following the publication of the results of the 2000 national census which showed an alarmingly skewed sex ratio (100:120 nationwide). Today, the fact that 30–40 million girls are missing in China is widely reported in the Chinese mass media. In the academic realm, a plethora of Chinese-language literature on China’s heavily distorted SRB, including several book-length publications, has appeared in the past decade, especially in the last few years.\textsuperscript{9–14}

The most recent Chinese-language studies demonstrate some broad agreements on the phenomenon of missing females and its causes. First, they confirm the genuineness and seriousness of the problem. Secondly, these studies focus on the severely skewed SRB, which is now regarded as the most significant contributing factor to China’s millions of missing females. Third, they agree that the direct cause of the distorted SRB is the widespread practice of illegal sex-selective abortion. Fourth, the long-held preference for male children in China constitutes the major socio-cultural factor underlying the serious female deficit brought about by both postnatal and prenatal discrimination against females. Fifth, the female deficit is likely to cause many social problems, both in the long and short terms.

Normally, in a large population the SRB should be 100 (females):105 (males) ± 2 (i.e. 103–107). Since the 1980s, however, in China this ratio has been diverging at a rapid and constant rate. China now has the highest SRB worldwide, far higher than any other country or region (see Table 1). The results from the most recent national census conducted in 2010 are not yet available.

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<th>Table 1 SRB in China compared with international figures (number of male births per one female birth).\textsuperscript{35}</th>
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A group of Chinese demographers have summarized the situation thus: While China is not the only country in the world with a distorted SRB, the imbalance it exhibits is ‘the longest in time, widest in scale and deepest in degree’.14

The number of missing girls calculated by Chinese demographers is lower than that reported by Western scholars. According to one Chinese study, there were 35.59 million missing females in China in the twentieth century (1900–2000), while the figures for the decades 1980–1989 and 1990–2000 were 2.94 and 6.26 million, respectively, with the numbers increasing rapidly.10

A distorted SRB is not a new problem in China. According to the available historical data, China’s SRB has been persistently much higher than normal. Data cited in a recent study shows that the SRB in China, historically, was 113 in 1381–1391; 116–121 in 1749–1845; 118 in 1875; 120–123 in 1908–1928; 112 in 1932–1936; 110 in 1946–1947 and 108 in 1950.13 Yet, between the 1950s and the early 1980s (after the establishment of People’s Republic and before the introduction and rigorous operation of the ‘one-child’ policy), the sex ratio in China was almost normal, only slightly higher.

A notable feature is significant regional and ethnic differences. Guangdong on the southern coast and Hainan (a large island off the southern coast), two relatively developed provinces, have the highest SRB. In 2000, their SRB were, respectively, 137.0 and 135.0.14 In some areas of Guangdong, the SRB exceeds 150.11 In provinces with large minority ethnic population, such as Tibet, Xinjiang and Qinghai, the SRB remains either normal or only slightly higher than normal.

It used to be widely held and is still assumed by many Chinese that son preference is a serious problem mainly in countryside where people are less educated, not in cities where living standard and education level are much better. However, demographic data does not indicate any significant rural–urban difference in SRB. But, a number of social and economic factors in rural areas, such as the lack of adequate general social security for the elderly rural residents and the laws and policies regarding the use of land against women—have made the need for son to be far stronger in countryside than in cities.15

If the under-registration or under-reporting of girl babies is not the main cause of these millions of missing females, then, we must ask, what is the cause? The female deficit in China is a consequence of two factors: prenatal and postnatal discrimination, which are implicated, respectively, in a seriously distorted SRB and excessive female child mortality (EFCM). EFCM has always been a problem in China. Since 1980, mortality of female infants has been increasing dramatically—far more seriously in the countryside than in urban areas.10
The various factors contributing to China’s millions of missing girls have been classified under three categories: ‘proximal causes’, which include female infanticide, under-reporting of female infants, discrimination against girls in nutritional and medical care and sex-selective abortion of female foetuses; ‘conditional causes’, which include a major drop in fertility brought about through China’s population control policies and ‘fundamental causes’, which include entrenched patriarchy in the private and public spheres, as well as the strong socio-cultural tradition of son preference.\(^\text{16}\)

In terms of a direct cause, China’s distorted SRB has been unanimously attributed in recent studies to illegal sex-selective abortion, a result of the wide availability of B-ultrasound machines to conduct prenatal gender diagnosis—a practice that is illegal in China. According to a 2000 survey of 820 women in central rural China, as well as interviews with them and other interested parties such as family planning cadres and healthcare providers, prenatal sex determination and sex-selective abortions were prevalent in their areas, especially for second and higher-order pregnancies. Thirty-six per cent (109) of the women admitted to having had female sex-selective abortions. Among 753 pregnancies (427 with male foetuses and 279 with female foetuses), 25\% of female foetuses were terminated while only 2\% of male foetuses were aborted.\(^\text{17}\)

Of course, the other side of the same coin is an over-supply of males in China, especially men of marriageable age who will not be able to find wives. These men are identified by a Chinese phrase: ‘bare branches’ (guanggun). Political scientists in the USA and the UK have suggested that the excessive male-to-female ratios in China and India, especially China, may prove to be a source of large-scale domestic and even international unrest.\(^\text{18}\) Studies by Chinese scholars have also drawn attention to the many serious problems that the female deficit may cause for society, communities, families (or rather, the lack of them) and individual men and women.\(^\text{13}\)

The most controversial question regarding the causes of China’s severely distorted SRB is whether the national birth control programme (officially called ‘family planning’ and widely known as ‘one child’ policy) has played any role in it and whether that role is a significant one. The official position, as publicly presented by the primary government body responsible, the National Commission of Population and Family Planning, is that there is no necessary and causal relationship between the birth control policy and the unbalanced sex ratio. Most of the scholarly literature, especially before the late 1990, took this position as well. For instance, in the late 1990s, a group of Chinese population researchers based in Xi’an Jiaotong University and supported by a grant from the Ford Foundation researched what they called ‘the dual
effects’ of the population control programme on Chinese women—a euphemism which referred not only to its positive but also its negative consequences. In their analysis of the unbalanced SRB and higher female infant mortality, they concluded that these phenomena were ‘not fundamentally caused by the family planning program’. The often-cited explanation is that a distorted SRB is found in some countries or areas that lack rigorous national population control policies, such as South Korea, India, Singapore and Taiwan.

However, more recent Chinese studies have emphasized the complex relationship between fertility policies and SRB. In the most authoritative Chinese study that has so far appeared on the subject, the authors, mostly based in the Renmin (People’s) University of China in Beijing, acknowledge that, because the relationship between SRB and the population control programme is a politically sensitive subject, for too long academics have ‘either avoided it, or closely guarded it as a kind of secret, or tried to cover up things, or hesitated to face the matter.’ Through careful analysis of available statistics, their study shows the complex relationship between China’s national population policy and its abnormal SRB. It also shows that, while the SRB for first births is by and large normal, the higher the birth order, the higher the SRB becomes. In particular, the policy that allows a couple a second child if the first is a girl has a direct relationship to SRB.

**Official responses and popular attitudes**

While the official position on the sex ratio issue was to downplay or even deny the seriousness of the problem in the 1980s and 1990s, this stance has been reversed since the early 2000s. In his speech at a major official conference on population, resources and the environment in 2004, the current paramount leader of China, Hu Jintao, instructed that strategic action should be undertaken to bring the increasing sex imbalance under control. He charged the appropriate authorities with solving this problem within 3–5 years.

Even before this, however, some attention was being paid to the issue. Anticipating the possible abuse of ultrasound machines for prenatal sex determination and aborting female foetuses, Chinese authorities have issued a series of prohibitive laws, policies and regulations from the 1980s on. Along with the prenatal diagnosis of sex for non-medical reasons, sex-selective abortion for non-medical reasons has long been proscribed. These two practices have together been called the ‘two illegalities’. In other words, while terminating pregnancies from the early to even the late stage is not only mandated—sometimes even forced upon women in carrying out the national population
policy—the strict prohibition on sex-selective abortion is the striking exception to the general permissibility of abortion in China.

As early as September 1986, the National Commission for Family Planning and the Ministry of Health promulgated a regulation that prohibited prenatal diagnosis at the request of the mother, except when used by authorized hospitals to diagnose certain hereditary diseases. Individuals or clinics violating this ban were made liable to penalties. In May 1989, September 1990, and April 1993, the 1986 decree was reaffirmed in circulars issued by these two national authorities. Sex identification of the foetus using medical techniques (except when necessary on medical grounds) and selective abortion for non-medical reasons are strictly prohibited in the Law on Maternal and Infant Health Care (1994) and the Law on Population and Family Planning (2001). The comprehensive regulation on this subject was issued jointly by the National Committee for Family Planning, the Ministry of Health and the National Administrative and Supervisory Bureau of Drugs in 2002. The 2006 ‘Decision of the Central Committee of the Communist Party and the State Council on Extending the Population and Family Planning Programme and Comprehensively Addressing Population Issues’ restates the strict ban on prenatal sex identification and non-medical sex-selective abortion. One of the major reasons stated for this prohibition is that prenatal gender diagnosis would lead many couples to abort female foetuses, creating an unbalanced sex ratio that would eventually produce serious social problems and endanger the long-term stability of the nation.

At this point it is worthwhile mentioning a nationwide campaign known as ‘Care for Girls’, which has been running since 2005. One of its core strategic actions is to crack down on the ‘two illegalities’. Also, much attention has been given by the authorities to supervising the use of ultrasound machines. At the same time, public education campaigns have sought to change people’s ideas on son preference and practical assistance has been offered to girl-only families.

No systematic data are available about the attitudes of Chinese people toward sex-selective abortion and related issues. Some survey results suggest that the great majority of mainland Chinese do not support sex-selective abortion as a norm. In the study of women in one county in central China cited above, 92% of 820 women respondents disagreed with abortion of female foetuses because this represented unfair treatment of girls; only 3% agreed. In a survey of over 600 people belonging to 13 discrete but convenient sample groups conducted in 1997, only 14% agreed that a woman should terminate her pregnancy if she learns that the foetus is male, but the couple had wanted a girl. Only 12% agreed that a woman should terminate her pregnancy if she learns that the foetus is female when the couple...
wanted a boy. Nevertheless, these survey results do indicate that a significant minority of Chinese consider that abortion for sex selection is acceptable. Interestingly, these results show no obvious preference for males—no doubt reflecting a general acceptance by Chinese of the official and mainstream disapproval of preferential abortion for sons. It is interesting to note that obviously many women have had sex-selective abortions in reality even though they believe this is morally wrong. As cited above, in the 2000 survey 36% of the women admitted to having had female sex-selective abortions.

**Ethical and public policy issues**

In many parts of the world abortion is already extremely controversial, ethically and politically; sex-selective abortion poses even more challenging ethical, legal and social policy issues. These issues are particularly complex and intractable in the Chinese context.

Nevertheless, there have been few Chinese studies on the ethical and social policy issues related to sex-selective abortion. As one Chinese demographic scholar, Liu Shuang, whose main research area is the unbalanced sex ratio has noted, population studies (a very large academic field) in China has so far paid little if any attention to the ethical questions raised by sex selection. Liu argues that it is ‘not merely a matter of academic research but a social responsibility’ to carefully examine the moral dilemmas involved in sex selection. Although offering no answers, she has put forward a series of questions including whether sex-selective abortion is ethically acceptable; whether a unified moral approach to the issue is possible; whether the foetus has a right to life; whether parents have a right choose the sex of their child and whether relevant technologies should be permitted for non-medical reasons such as the socio-cultural preference for males. Liu asks: since there is no legal restriction on abortion in general in China, and since abortion can be utilized by a couple to limit the number of their children, why can they not have the power of reproductive choice over the gender of their children? In addition, she emphasizes the importance of extensive public discussion and debate about the moral issues related to non-medical sex selection.

In China, the academic consensus accords with the official position: non-medical sex-selective abortion, along with non-medical prenatal sex diagnosis, is morally wrong and should be legally prohibited. This view is reflected in an important document, the ‘Action Plan to Reverse the Distorted Sex Ratio of Newborns’, which was issued following a national symposium, ‘The Distorted Sex Ratio of Newborns: Ethical, Legal and Social Issues’, held in 2005. The even was led by
Qiu Renzong, an eminent Chinese bioethicist serving on top governmental committees, with the participation of a group of Chinese scholars from disciplines such as medical ethics, population studies and law. The document emphasizes the severity of China’s distorted SRB as a national problem. It deplores the fact that China’s prohibitive laws and polices have never been rigorously implemented and that the penalties for violation of these codes are not made explicit and are often very lenient in practice. As a result, these policies lack any real ‘deterrent force’ (weisheli). In order to help fulfil the government’s goal of normalizing the sex ratio of newborns by 2010, the ‘Action Plan’ makes 10 policy suggestions. These include formulating specific national legislation to outlaw sex-selective abortion; criminalizing and punishing those who violate the prohibition on the prenatal diagnosis of sex and sex-selective abortion; limiting and controlling the marketing of ultrasonic B machines and other equipment used for prenatal diagnosis and establishing and improving the systems used by medical and family planning organizations to report on the numbers of male and female newborns, and abortions and pregnancies, which have been subject to prenatal diagnosis of sex via various medical technologies.21

The official Chinese position is in fact identical to the consensus of the international community, whereby sex selection in general and sex-selective abortion in particular is morally condemned and often legally restricted. This position is supported by two powerful arguments: sex-selective abortion is intrinsically wrong because it is blatantly sexist and discriminates against women and girls, but it is also consequentially wrong because it has brought about (or will bring about in the future) adverse social outcomes such as a massive distortion of sex ratio at birth.2 Most recently, it has been argued that the application of ‘virtue ethics’ further strengthens the moral arguments against non-medical sex selection and the case for prohibitive legislation.23

Despite these powerful voices, in many Western countries including the UK critical voices are emerging, questioning opposition to sex selection on ethical grounds and the legitimacy of the state in restricting the practice. In the UK, the level of dissent is so strong that it may lead to the current prohibitive legislation against sex selection being modified. Appeals to ‘productive autonomy’ or ‘procreative liberty’ are those most frequently made to ethically justify parents’ choice of the gender of their children and to oppose any legal prohibition.24,25

Many ethicists simply extend this argument, based on the notion of productive liberty and individual rights, to countries such as China and India. For Australian/UK bioethicist Julian Savulescu, the right of parental choice is paramount and ‘should not be sacrificed to correct social inequality’. For him, it is ‘totalitarian’ for parental choice to be ‘dictated by the state’. While Savulescu acknowledges that sex selection
is more likely to be harmful to women in Asia than in the West, he doubts whether it should be banned even there because unbalanced sex ratios may not be such a ‘bad thing’ as it appears and the practice of sex selection for boys is not the cause but the product of ‘a false belief in the inferiority of women’. For American bioethicist Julie Zilberberg, restricting sex-selective abortion and sex determination places serious limitations on women’s autonomy. A more productive approach would be to address the real issue—women’s low status in society—rather than banning the practice.

Ruth Macklin, an American philosopher with extensive expertise in international bioethics, argues from a universalist and anti-relativist (but non-absolutist) ethical stance to affirm fundamental human rights in healthcare and medicine in the context of the enormous diversity of cultural norms and practices. She argues that the language of reproductive rights and women’s rights is applicable to women in non-Western countries such as India and China. She asks whether limiting the reproductive choices of Indian and Chinese women, and women from comparable countries, can be ethically justified in general. She maintains in particular that it is ethically wrong to restrict women’s autonomy in the areas of prenatal diagnosis and sex-selective abortion. For Macklin, although the ethical principle of beneficence may justify placing this limitation on reproductive freedom, it is hard to see ‘how further restricting the options for women who already have limited choices in their lives can benefit them’.

The argument based on productive autonomy has met strong counter arguments. For three feminist bioethicists from Australia, New Zealand and the USA, respectively, Wendy Rogers, Angela Ballantyne and Heather Draper, the decision made by a woman to have a sex-selective abortion in societies with a strong preference for sons cannot be an autonomous one. Furthermore, sex-selective abortion damages the social fabric in many ways including perpetuating discrimination against women; disrupting social and familial networks as a result of the large numbers of men who cannot find wives and raise families and promoting violence against women.

Extending the liberal view of the permissibility of sex selection to non-Western societies such as China has been criticised as demonstrating blindness to cultural differences. For Ole Döring, a German sinologist and bioethicist, to treat sex selection as a matter of productive liberty and the individual’s right to choose in the Chinese context is culturally insensitive and ‘utterly inappropriate’. It is inappropriate not only out of cultural consideration but, in its core, out of sound ethical reasoning.

For many Western scholars, feminists included, sex selection is morally permissible in the West or in countries where the harm done to
women is insignificant, but not in places where the distortion of the sex ratio is both clear and severe. American philosopher Mary Anne Warren offers a discriminating endorsement of sex selection from a feminist standpoint; she asks which outcome poses the ‘greater danger’ in a given society—‘the erosion of reproductive and other civil liberties’ or ‘the reduction in the relative number of girls and women’. She concludes that, ‘where son preference is not overwhelmingly powerful, and where women enjoy a substantial degree of personal and economic autonomy, the first danger is likely to prove greater’ because ‘the threat to existing reproductive freedoms is real and immediate, while the risk of harm resulting from small sex ratio changes is uncertain, and perhaps insignificant’. Therefore, Warren argues, the arguments against criminalizing sex-selective abortion should not be extended to countries such as China where the sex ratio distortion is both clear and severe. A group of Canadian, Egyptian and Chinese scholars have taken a similar position in their appeal to the ethical and legal principle of justice, which requires that only like cases be treated alike. For them, sex-selective abortion is morally acceptable in countries like Canada, but not in countries such as India and China where discrimination against women is more pervasive.

Writing from an international perspective, American demographer Daniel Goodkind has raised a number of important questions regarding the ethical soundness of legally restricting sex selection. First, the effectiveness of legislation in reducing sex-selective abortion, and especially in eroding the underlying cultural preference for males, remains untested. Second, current restrictions beg the question of whether sex-selective abortion is morally wrong under all circumstances, or only preferential abortion for males. Third, even if the ban on sex-selective abortion were effective, the human suffering involved may well be increased because parents could substitute postnatal for prenatal discrimination. Fourth, from the political and moral standpoint, government restrictions on sex-selective abortion undermine the reproductive freedom of individuals, especially women, and might result in an overall decline in abortion services. Fifth, there is no solid evidence that any future sex ratio imbalance will have detrimental effects on women’s overall well-being.

Through integrating sociological studies of the subject with ethical analysis, the present author, a medical ethicist from China now working in New Zealand, has characterized the Chinese approach as state oriented and coercive in practice. There are at least eight serious drawbacks entailed in state intervention in sex-selective abortion in the Chinese context: neglecting reproductive liberty and reproductive rights; overlooking the hidden dangers of state power; inconsistency with existing abortion policies; practical ineffectiveness;
underestimating the costs and resistance involved; simplifying and misrepresenting the key issues; a lack of public discussion; and ignoring the moral and political principles established in traditional Chinese thought. The coercive intervention of the state may well provide a solution that is worse than the problem.\textsuperscript{34} To avoid this outcome, China needs to find alternative approaches which empower people, especially women, as moral agents, help communities to flourish, and are voluntary in nature. Such approaches require better knowledge, greater ethical insights, more effective pragmatic strategies, adequate public deliberation and debate and full social engagements at national and local levels.

\section*{Conclusions}

Although both prenatal sex diagnosis and sex-elective abortion are proscribed by a series of regulations and laws in China, this comprehensive effort at prohibition has been ineffective, as the growing imbalance in the SRB indicates. As a direct consequence of the widespread practice of sex-selective abortion, and fundamentally driven by the strong sociocultural preference for sons, 30–40 million females are missing from Chinese society. While the relationship between China’s population control policies and the phenomenon of a seriously unbalanced SRB is complex and controversial, the latter has demonstrably been exacerbated by the former. While there are many challenging ethical and social policy issues surrounding sex-selective abortion in the Chinese context, there is a dearth of serious Chinese-language literature on these issues. In general, academics in China support the official Chinese as well as international mainstream position—that sex-selective abortion is morally wrong and should be banned by legislation and that the existing comprehensive prohibition should be rigorously implemented to reverse, or at least slow down, China’s seriously adverse SRB. Yet, as we have seen, a couple of English-language works articles are concerned about and critical of coercive state intervention in sex-selective abortion.

Much further research on the ethical and social policy implications of sex-selective abortion in China—in the context of 30–40 million missing females—remains to be done. Other long-neglected areas for research include systematic sociological studies—both quantitative and qualitative—of prenatal sex determination and sex-selective abortion in China, popular attitudes to these issues and the role of medical professionals. The unlawful status of these practices, among other considerations, will make such studies very difficult to conduct.
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