



# **Sex Selection - Policy and Regulatory Review**

A Report on the Key Findings from a Qualitative  
Research Study

**Prepared for : Human Fertilisation & Embryology Authority**

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## 1. Background to the Research

The HFEA was asked by the Under Secretary of State for Public Health to conduct a review of sex selection in the UK, and as part of that review, the HFEA wished to engage a specialist market research organisation to consult with a cross section of the public. The purpose of this research was to map out their perceptions of the issues, and identify the ways in which they resolve potentially conflicting views.

'Sex selection' was defined in the brief as "any practice, technique or intervention intended to increase the likelihood of the conception, gestation and birth of a child of one sex rather than the other". Interestingly, this issue is one which involves highly complex arguments as well as a system of checks and balances. The brief (and its supporting material – the 1993 consultation on sex selection document), describes some of the main reasons why parents would want to have a male child over a female or vice versa, as well as some of the methods used to try and control the sex of their child. They can be summarised, briefly, as follows:

### *Reasons for sex selection*

Social reasons : family balancing, cultural/ economic roles of children of one sex;  
Medical reasons : families with a hereditary disease that affects one sex.

### *Methods of sex selection*

Primary (before fertilisation) : including sperm sorting (with X or Y chromosome bearing sperm used to inseminate a woman or in fertility treatments to increase the likelihood of one sex or another), timing of insemination (a girl being more likely to be conceived if intercourse takes place at the time of ovulation);

Secondary (i.e. after fertilisation): pre-implantation diagnosis where (in vitro fertilised) embryos of the required sex only are replaced in the womb, and prenatal diagnosis and termination of pregnancy is carried out if the embryo is diagnosed as being of the 'wrong' sex. This latter method is outside the jurisdiction of the HFEA.

The research was particularly concerned with sperm sorting and PDG, although the general question of methods of sex selection were considered, alongside the variety of reasons behind couples wanting to select the sex of their child.

A number of issues which were important to the framing of the research were identified. They were as follows:

- Certain sub-sections of the public could be very quick indeed to discount the value of their opinions; and they tend to over-estimate their ignorance on issues which are related to medicine and science. A carefully drawn up topic guide, and time spent in the warm-up of discussions counteracts such concerns, however we recommended concealing the nature of the research before respondents came along to the discussion groups.
- These are complex issues, on first glance seeming to involve 'obvious' answers. However, individual responses to the social, medical, and ethical issues raised by sex selection are very probably multi-layered: on reflection, and thinking about specific examples, individuals are likely to adjust their opinions and views. Thus, we recommended that the research should raise the issue in overall

terms, and probe spontaneous reactions, before feeding in a variety of stimulus to prompt further reflection and a deeper consideration. Whilst such issues will be relevant and interesting to most people, we find that couching arguments in human terms provides a level playing field for all respondents, and provokes a more productive and relevant discussion. Thus, we recommended drawing up a series of scenarios to put forward some of the arguments, to feed into the discussion groups.

- Further, previous research has demonstrated that the 'research laboratory' environment of the discussion group, and the controlling influence of the moderator sometimes makes for a more tolerant opinion than would be the case in the real world. Thus, we recommended conducting an initial discussion, after which respondents were sent out with specific issues to feed into discussion with their friends and family. They were asked to feed back these discussions into the group, which helped ground the research findings in the real world of their own lives. We gave respondents specific tasks or topics to discuss with their friends and family, and a 'format' to note their responses/ the debate they had, which they then brought back to reconvened groups. This more 'expert' session helped provide depth to the analysis, since respondents felt much more confident in each others' company, having spent one session discussion these issues already.

## 1. Research Objectives

The overall objective of the research was to provide information on public attitudes to sex selection, across the range of techniques available, and for the variety of reasons for which people seek sex selection services, focussing on the use of PGD and sperm sorting.

Specifically the research aimed to :

- establish general 'non-informed' reactions to the issue, i.e. top of mind reactions, and the reasons for those reactions
- determine the key criteria in assessing the issues related to sex selection
- explore perceptions of why people might want to select the sex of their child, those which they feel are justifiable, those which might be, and those which are not
- determine which methods of sex selection they are aware of, attitudes to those, and then inform the respondents about the variety of methods, and explore their reactions to each of them
- map methods against reasons : do reasons make a difference to what methods are justified
- make recommendations related to type of method, & type of reason
- track how more complex issues influences respondents' decisions
- feed in any prospective regulation or legislation recommended by previous groups to provide an evolving set of recommendations

### 3. Research Sample

A series of group discussions was held with young people who, as yet, have no children, and with older people whose children have left home:

- Group 1 : Pre-family, 18-30, C1C2, Male
- Group 2 : Pre-family, 18-30, C1C2, Female
- Group 3 : Retired, 60+, C1C2, Male
- Group 4 : Retired, 60+, C1C2, Female

A further series of groups, which were reconvened after a week, was held. These groups comprised the following:

- Reconvening Group 1 : Men whose eldest child is 10 or younger, 25-40, ABC1
- Reconvening Group 2 : Women whose eldest child is 10 or younger, 25-40, C2DE
- Reconvening Group 3 : Men whose eldest child is 11 or older, 41-60, C2DE
- Reconvening Group 4 : Women whose eldest child is 11 or older, 41-60, ABC1

And finally, a series of groups was held with parents from an ethnic minority background, structured as follows:

- Minority Group 1 : Younger (25-40) with family, Male, Indian (Hindu/Sikh)
- Minority Group 2 : Younger with family, Male, Muslim
- Minority Group 3 : Younger with family, female, Indian (Hindu/Sikh)
- Minority Group 4 : Younger with family, female, Muslim

The groups were held between 18<sup>th</sup> June and the 16<sup>th</sup> July 2002. Alison Lyon and Matt Minns moderated most of the discussions. Jag Poonia moderated the ethnic minority groups.

Finally, the groups were held in London, Edinburgh, Belfast, Cardiff and Birmingham.

## 4. Discussion Guide and Stimulus

### 1. Introduction & Warm-up

Respondents to introduce themselves and to tell the rest a little about themselves : what do they do, describe their family, what hobbies do they have.

(Just to raise the issue of parenting and having children) - what's the best and worst thing about having children?

### 2. Issue of Sex Selection

Moderator to introduce the idea in the following way:

"Tonight's topic for discussion is the possibility that exists now for parents to be able to choose the sex of their child. There are various ways this can be achieved, which we'll talk about later, but I'm interested in what you think of the concept of being able to choose the sex of your child. What comes to mind when I say 'sex selection' to you?"

(moderator to write issues/ thoughts/ ideas/ concerns on card to use for probing and sorting later)

- what goes through their minds
- what are the issues
- how would they feel about being able to do such a thing
- first thoughts poll on whether it should a) be allowed, and b) regulated and how

(The next sections systematically go through issues which will probably have been raised above. The moderator will then take the phrase or idea written on the card (in respondents' own language), and probe it amongst the whole group. Once the various issues under each heading have been exhausted, the moderator will ask respondents to group together issues/ reasons etc., to try to identify appropriate groups, which would then be used to probe methods and regulation)

### 3. Justifiable Grounds for Sex Selection

Moderator to focus on the reasons given above for a) where sex selection should be allowed, and b) where it should not.

- what do they think would make people want to do this
- what do they think are good reasons for wanting to be able to do this
- what are NOT good or good enough reasons for wanting to be able to do this
- what sort of monitoring and regulation of the whole process should there be

### 3.1. *Medical Reasons*

- what about medical reasons (brainstorm on what kinds of reasons, how they feel about that) – spontaneous thoughts probed fully, then the following prompted:
  - : where there is a chance that a child of one sex will inherit a genetic disease (such as haemophilia), and a child of the opposite sex will definitely not inherit this disease
  - : other medical reasons which might justify ... for instance, a woman may have been raped, and might find the idea of having a boy child profoundly psychologically disturbing

### 3.2. *Non-medical Reasons*

- what about non-medical reasons – spontaneous thoughts probed fully, then the following prompted :

#### *family balancing*

- : what if a couple have had 3 or 4 children of the same sex and want their next child to be the opposite sex
- : what about where a couple have a child of one sex and want their next child to be the opposite sex
- : what if they want a child of the same sex as they've got

#### *economic reasons*

- : what if a father or mother has a family business, and they require a son or daughter to take over the business (e.g. building, beauty therapy, sewing etc.)

#### *religious/ alternative values*

- : what if a couple subscribe to a religion which puts forward the view that it is very important to have a son, and they want their firstborn to be a son

#### *2<sup>nd</sup>/ replacement families*

- : what about where a couple have had a child of one sex who has died, and they want to ensure they have the same sex as the child who died
- : what if one of a couple already has a child from a previous marriage, and they want their first child to be of the opposite sex to their existing child

#### *Alternative families/ reasons*

- : what about a lesbian couple who want to make sure they have a daughter

Group to produce 2/3 bundles : those issues/ circumstances and reasons where they feel sex selection is justifiable, those where it is not (and possibly a grey area in the middle). All three to be summed up.

#### 4. Prompted Issues (Points 1 – 3 most important)

1. Some people argue that it is our responsibility, as parents to love our children, whatever or whoever they are. They argue that any kind of sex selection imposes conditions on our love for our children, and therefore shouldn't be allowed. What do you think? How can and should that be regulated?
2. Others argue that parents should have a right to do what they like in the privacy of their own home and family, so long as no-one is harmed. Given that sex selection doesn't harm anyone, they feel that it should be allowed. What do you think of their argument? If everyone should be allowed to do this, should it be regulated?
3. If we accept that for some couples, sex selection should be allowed, this gives them the right to determine a feature of their child. Should parents have that right, and to what extent do you think this will lead to parents wanting to control their child's intelligence, or athleticism. What do you think? What point would you want to draw the line? And again, how should that be regulated?
4. Is there an argument that some diseases are serious enough to mean that parents should be allowed to select the sex of their child, whilst others are not serious enough: for instance, colour blindness might not be seen as serious enough, but certain forms of muscular dystrophy might be considered sufficiently life-threatening or distressing to justify sex selection. What do you think of the argument? Where would you draw the line and how do you make that judgement?

(May have to reintroduce this idea after discussion of the techniques)

Is there an argument that the consequences of the remedy can sometimes be more serious than the initial problem? For instance, with some types of treatment, only the sperm of the 'wrong' sex are not used or are thrown away, whereas with others, embryos of the wrong sex are not re-implanted, and yet others require that the foetus of the 'wrong sex' be aborted. What are the issues here, and how can they be regulated?

5. Is there an argument that because the facility is now available, we have a duty to allow parents who want to, to select the sex of their child?
6. Or is the opposite the case, that we should make judgements about who most need such treatments, and concentrate our resources on such parents.

## 5. Techniques vs Reasons

Moderator to introduce PGD as follows:

“The method they use at the minute to allow parents to select the sex of their child works as follows. Eggs are produced, extracted from the ovaries, and then fertilised in the laboratory. The embryos produced are then checked for sex and those of the desired sex are then implanted in the womb. This involves a full IVF treatment, i.e. drug therapy to encourage the growth of eggs in the woman, and sperm treatment to maximise the quality of the sperm, before implanting the embryo(s) in the womb.”

- what do you think the issues are with this kind of treatment
- this treatment is currently only used with couples who want to select the sex of their child for medical reasons: how do you feel about that
- what kind of other (e.g. social) reasons do you think justify this kind of treatment
- who should have access to this kind of treatment for social reasons
- what kind of regulation would you want to see for this kind of treatment for social reasons

Moderator to read out “before this treatment is carried out, the couple always undergo a ‘welfare of the child’ assessment, to safeguard the welfare of any child which might be born as a result of the treatment”. What difference does that make?

- can we produce a list of recommendations we’d take back to the people who will have to produce rules for this method?

IF THIS TECHNIQUE IS BEING USED TO HELP COUPLES AVOID HAVING A MALE CHILD BECAUSE OF INHERITED DISEASES, THEN THERE IS AN ADDITIONAL QUESTION:

Because we can’t yet tell whether an embryo has a genetic disease or not for a lot of sex related diseases, all embryos which turn out to be male are discarded. We presume that one day we will be able to identify those embryos which carry the disease, and those which don’t, allowing couples to give birth to both boys and girls without the disease. However in the meantime, boys are avoided by such couples. How do you feel about that – what are the issues here?

“There is a new technique which is becoming available which allows parents want to select the sex of their child to do so without such intrusive procedures. It involves sorting and separating sperm (into those which will produce a girl and those which will produce a boy), and then inseminating the ‘right’ sperm into the womb.”

- what do you think the issues are with this kind of treatment
- what kind of reasons do you think justify this kind of treatment
- who should have access to this kind of treatment for social or medical reasons
- what kind of regulation would you want to see for this kind of treatment for social or medical reasons
- can we produce a list of recommendations we’d take back to the people who will have to produce rules for this method?

## 6. Issues arising from the Medicine (Point 1 is crucial)

There are a number of issues which we have to think about now.

1. With every type of treatment, there is a risk of failure. This means that some couples will conceive boys when they wanted girls and vice versa.

For medical and then non-medical reasons,

- what do you feel are the issues here
  - how should this be resolved or regulated
  - should it mean that the less reliable method (i.e. sperm-sorting) should be avoided
  - what do you think are reasonable 'chances' of success which would justify using sex selection (95% - so that only 5% of babies are of the 'wrong' sex, which would then mean they might not be as loved as other children, or even be aborted)
2. How should we as a society respond? What do you think the implications of individual couples being allowed to choose the sex of their child are?
  3. There is some evidence that the sex ratios of boys to girls in China and India are becoming unbalanced. What are the issues here, and how can we in Britain resolve those

## 7. Recommendations

We are carrying out this research for the HFEA, the Human Fertilisation and Embryology Authority. They regulate this area of medicine and health. They are particularly interested in what the public think about sex selection becoming much easier and less intrusive. What should we go back to them and say?

Specifically, should sex selection by sperm sorting then insemination be considered desirable in any circumstances, for either medical or social reasons? And why would you say that?

And secondly, should sex selection by identifying the embryo(s) of the desired sex and then implanting them in the womb be considered desirable in any circumstances and for any social reasons? And why would you say that?

For reconvening groups, give out worksheets, thank and close for everyone.

## 5. Summary and Conclusions

Almost no-one was aware of sex selection, for any reason, thus when it was mentioned, respondents immediately imagined sex selection as being for social reasons. The exception to this was the Scottish sample who tended to remember a high profile story of a couple who had lost their only daughter, and who wanted to be given permission to choose to have another daughter.

Once prompted, respondents tended to argue for the current practice of allowing sex selection because of a genetic disease which affects only one sex. However, generally, although they had no idea of how sex selection might be achieved, they all assumed it would involve major intervention.

Their immediate, or 'gut' reactions tended to be fairly strong and usually negative. Typically they argued that it was inappropriately 'messing with nature', which would have unforeseen consequences. Even those not religiously minded argued that it was wrong, because it was "playing God".

They replayed many instances where 'man' had interfered with nature, and where it had led to disastrous consequences. They cited possible mutations, side effects, 'damage' to embryos, and sex imbalance in society as possible unforeseen outcomes.

At one level, many of the respondents felt that it was simply wrong: that if a couple wanted children, you they should want any child, not a 'perfect' child, and certainly not a child with x or y (sex, intelligence, stature, hair colour etc.).

They felt that there was necessarily a difference between parents trying to avoid suffering which was likely to occur in future children, and parents wanting a specific type of child.

Respondents then generated a complex and sophisticated debate, which almost invariably left them a) in the position they'd started in, and b) still feeling they didn't have sufficiently rational support for that position.

A number of criteria emerged very quickly in the discussion. The first of these was whether there were good medical reasons why someone should be allowed to choose the sex of their child (e.g. "some sort of genetic problem that's only passed on to one sex" ), a problem that would be life-threatening to the child)

The second criteria was how invasive the method was. Here the spectrum spanned old wives tales through to IVF.

The third, and very important criteria, was defined as the parents' attitude to sex selection and to their potential future children. That is, should parents be avoiding something dreadful for that child then sex selection would be sanctioned. However, if they were felt to be wanting the child to be something in particular, then a different decision was made.

The next criteria was how guaranteed of success the method might be, and the consequences of failure using that particular method.

The fifth criteria was whether sanctioning such methods would have a negative impact on our society as a whole: for instance on the sex balance of society (as felt to be the case in China and India); or whether it would be seen to be sanctioning 'designer babies'. All other criteria beyond this agreed list were strongly debated within the discussions.

Most within the sample felt that, whatever the method used, non-medical reasons, and insufficiently serious medical reasons were not grounds to justify sex selection. They argued that only those with the potential to have a child of a specific sex who might have a life-threatening disease should be allowed access to sex selection techniques

The idea of sex selection for 'social' reasons caused major discomfort within the groups, particularly when drawn up as case studies. On the one hand, particularly the parents, but also others, had a great deal of sympathy with each case where parents really wanted one sex or another, and they argued it was difficult to imagine how they must feel. However, on the other hand, they felt there was a broader case to decide: that the issue boiled down to whether one was prepared to give people the choice of the type of child they wanted or not. Almost all within the sample rejected this idea.

Most were familiar with 'old wives' tales' and non-medical advice on how to influence the sex of their child. They swapped technique tips, and laughed at some of the suggestions. The specific details of sperm sorting and PGD had to be explained to everyone.

Most felt that IVF was a very invasive procedure, which had major consequences for couples' and families' lives. They argued that most parents would only go through with this if they were really committed to having a child. The intrusiveness therefore acted as a kind of filter, to ensure that only those who were sufficiently serious about wanting children would be prepared to go through, and therefore have access to, such procedures.

Clearly no 'undesired sex' babies would be born using the method, however this did raise the issue of the 'undesired sex' embryos, which most felt was just an unfortunate 'by-product' of the treatment (rather like the disposal of 'unviable' embryos in 'normal' IVF). For a very few, particularly Catholic (and Muslim), respondents, IVF itself was still a controversial treatment they would rather not be available at all. They argued that it was "tampering with what God/ Allah/ fate intended", therefore not an acceptable method, even if this meant a couple not having children of their own.

Thus, in relation to authorising the most invasive methods, most felt that the regulation, as it stood, was both fair and necessary.

As far as the other method of interest was concerned, i.e. sperm sorting, a number of major issues emerged. Most importantly, the failure rate which would mean the chance of 'undesired sex' babies was an issue. They argued that if the grounds for allowing sex selection were serious enough to justify sex selection, then these grounds are so serious that the method should be used which guarantees no 'undesired sex' babies, i.e. IVF.

Perhaps even more controversial was the fact that this method had a 'name'. For respondents this raised suspicions that the method was not 'pure' science/ medicine,

but rather was a brand, a fashion item, rather like designer or 'fashion' babies. Related to this, once respondents found out that the method had been developed in the USA, they expected it to be expensive; promoted for reasons of profit rather than its benefit to individuals and society; and its aim would be maximum coverage or exposure to the market, rather than the safety of the procedure.

However, as a way of avoiding 'undesired sex' embryos for IVF, then respondents judged sperm sorting to be a very useful and helpful method, resolving many issues for those for whom the disposal of 'wrong sex' embryos was very distressful.

To sum up therefore, for the majority of those participating in the research, IVF/ PGD combined with sperm sorting, for serious medical reasons was the only justifiable method and grounds for access to sex selection.

However, just as many respondents were concerned about unscrupulous parents, clinics and 'method' manufacturers, and they felt strongly that this whole area should be regulated.

When working out the conclusions above, respondents brought a large number of other factors into the discussion, discussed below. Specifically, three types of issues emerged in the discussion of sex selection

- a) issues related to being a citizen and/ or a consumer in our society
- b) issues which were more concerned with moral or religious arguments and feelings
- c) and issues which arose from a 'family' viewpoint

Because the different languages, viewpoints and principles were so dramatically different, individuals could find themselves arguing the opposite of what they had argued in an earlier discussion, and they all found it difficult to feel on 'solid' ground as far as their feelings were concerned.

To conclude, one of the key 'requests' respondents wanted us to make was to plead for a reasonable debate to take place; that the debate should have a moral and family dimension, and not simply take place on the simple question of whether people should have a choice or not. They hoped that the debate would be more actively promoted or covered, and pitched at a more sophisticated level than has been the case so far – particularly in the tabloids (who reduce the issues to simplistic, and unreasonable dilemmas), and stopping such media coverage from over-emphasising individual cases. They hoped that a body such as the HFEA (who none spontaneously mentioned) would be proactive in framing the debate in a more sophisticated way. Certainly it needs to be acknowledged that if questions are asked in one 'field' or another (e.g. citizen vs moral) different answers will emerge from the same people.

All hoped that it would be acknowledged that sex selection is a difficult question, involving allowing real people to suffer. However they also felt that this particular boundary is an important one, and should be applied to us all. Part of their reasoning is based on a cynical expectation that "it will happen anyway", and therefore they worry about being seen to be someone who argues against inevitable 'progress'.

There is certainly a strong case for raising the profile of the HFEA, as it would help to make the debate a more 'even' sided debate (i.e., everyone in the press seems to be arguing for couples to be allowed in specific cases, therefore 'it must be right').

This said, opinion is always a continuum, however there was broad consensus across the sample, which split in three in relation to regulation and sex selection. There was a minority who feel any interference is wrong – with no exceptions. They would not allow the use of any sex selection or IVF methods at all, and feel our resources should be put into supporting those with children with disabilities, not preventing them from being born.

The second group comprised a large majority who are uncomfortable with having to make such decisions but who feel status quo should be held, with the exception of allowing sperm sorting for use with IVF/ PGD. Such procedures would only be accessible to those seeking to select the sex of their child to avoid serious medical conditions only, using procedures where the result can be 'guaranteed'. The final requirement for them was that this whole procedure be heavily monitored and regulated.

Finally, there was a third group, also a minority, who feel that this technology exists, it does no harm, therefore people should be given access to it. They admit they don't have answers to all the issues and problems raised, particularly the issues of failure rates, sex balance (or imbalance) in our society, and couples having specific expectations of children. However they just can't see anything too wrong with sex selection for social and non-life-threatening circumstances, particularly when it would make so many parents and children so happy.

However, in conclusion, it must be said that all feel we stand at a crossroads; the current question of whether to authorise sex selection techniques for non-life threatening medical and social reasons it is a very important, and qualitatively different decision. Thus, they hope that the will be made by people other than only scientists, medics or politicians.

## 6. Main Findings from the Research

### 6.1. Factors Influencing Perceptions and Attitudes

#### 6.1.1. Family Considerations

There was something very familiar about the whole issue of 'sex selection', since participants felt that the issue was very relevant to family issues. Being part of a family, they argued, was something everyone is familiar with, almost an 'expert' at, but something which is also complex and they know to be difficult. Further, they expected that the rules in relation to families would constantly be under review and evolving. This was particularly the case when each generation tried to push at the existing boundaries, to assert their own personality and power within the family. Thus, respondents felt that it was very difficult to be dogmatic about anything related to family issues. This said, participants in the research were very sensitive about trying to keep a reasonable balance within the family unit : older generations reported trying to understand the perspective of the younger generation in order to make "reasonable" decisions. (Fathers watching Top of the Pops to try to keep up with the music their children preferred was cited as an example).

In relation to a debate about sex selection, this had the effect of making it very difficult for individuals to comment on what 'should be' the case in a family, or what would be best for an individual family. They found it very difficult to 'interfere' at that level. This set up a contradiction which was evident throughout the research. That is, respondents were on firmest ground when they were discussing the issue in their 'home' territory, using familiar language, i.e. when talking about issues from the perspective of families, of real examples they could relate to. However, this was the very type of circumstance under which they were reluctant to comment or pass judgement. This contradiction will be further discussed later in this report.

For the Asian groups, an additional dimension was added : that is, there was a sense that bringing up children in the UK nowadays involved a tension between their own values, and their cultural values. This issue and its impact on their decision making is explored further in Section 6.7.

When those with children talked about being a parent, they used very strong, almost mystical language, and talked about how having children had provoked an unexpectedly deep and emotional response.

*"I didn't want them to start with, but now they're one of the deepest parts of my life ... it gives you perspective, what life's all about"*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"Something I wouldn't have missed for the world"*

(Reconvening Group 3 : Men, eldest child 11 or older, 41-60, C2DE)

However, they also talked about how it had led to some of the most stressful, negative experiences and emotions too.

The important factor for the research however, was the sense that being part of a family, for them, meant having to be or become more tolerant, accepting and having (and trying to keep to) boundaries.

*“You don’t know what your kids are going to be like, and it’s always completely different; our daughter is just starting to exercise her personality. We’re tending to have stand up arguments in the street, until you realise, this child is 3, you shouldn’t be standing in the street negotiating with her”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

This sense of having to accept not being completely in control, or always having one’s own way, was important to their perception of why parents might want to choose the sex of their child and its importance will be traced throughout the report.

Further, parents in particular, but respondents in general, put forward the view that although being part of a family was everyone’s birthright, being a parent wasn’t. Thus, almost all respondents argued that the ability to have children should never be seen as a universal right; that children, when brought into a family, should be seen as a privilege or a gift; and that having children meant that everyone else in the family has to adapt, and that the family unit itself will evolve because of the new influence. This evolution, they argued, was under no-one’s direct control, and that being a parent meant having to accept change, and change they might be uncomfortable with. This was the context from which many, many comments about not having the right to impose your will on your family emerged.

The perspective of being an ‘expert’ on families was, however, only one of the perspectives relevant to identifying key issues, attitudes and perceptions in relation to sex selection. Three types of perspective emerged as relevant when unpicking issues around sex selection: our rights and responsibilities as citizens and also as consumers; the moral question of what we should allow others to do which will have an impact on other (not yet born) human beings; as well as our view from our experience of being part of a family

However before examining each of those perspectives in detail, we should address the issue of asking the participants to participate in the debate – something they felt confused about and uncomfortable with.

### 6.1.2. Can the Individual Have an Influence Anyway?

One of the problems in asking people to comment on the issue of sex selection was a general disbelief that an individual could have an influence at all. They cited the growing globalisation and the increase in ‘mega-corporations’ as support for this argument. That is, so long as we are now beginning to see economies, policies and regulations merging across national and international boundaries, each individual will have to learn to live with individual decisions that make them uncomfortable. They argue that so long as there are countries with different, i.e. fewer, regulations, people with money will be able to get what they want, whatever the regulations in our country. This led to a fatalism : “they’ll do what they want anyway”, because of the importance of commercial interests to ‘the global’ economy, and increasingly, culture. The need for the UK to comply with European directive was cited as another example of just how ‘big’ government and economies had become, and how unimportant the individual had

become. The internet was given as another example of how the right of an individual to stop someone else doing something they are uncomfortable with was being eroded.

*“Lesbians can get sperm off the internet now. How can you control that”*

(Group 1 : Pre-family, 18-30, C1C2 Male)

Another outcome of increasing commercialisation was what some of the older respondents felt was the inappropriate importance of brands; that is they felt that ‘nowadays’ brands were more valuable than relationships, skills, human interaction and a sense of what’s right and proper.

*“Everything has to be designer for the young ones, when they have babies, they have to come with a Gucci label”*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Thus, for many respondents, the language of ‘choice’ was extremely confusing in this context : it evoked both ‘tolerance’ (which they then argued was not always a good thing) and ‘global consumerism’ (which was rarely a good thing).

Another consequence of these changes was that participants in this research were slightly wary of individuals who want to change things: they felt that such an individual would have to feel very strongly indeed about an issue before they could begin to feel exercised to do something themselves. Thus, there was a perception that you couldn’t trust those who were trying to change things, precisely because they had an abnormally strong view of an issue.

Not only had individuals’ trust of companies eroded, their trust in ‘authorities’ had been eroded too. They cited Enron and other companies suffering similar fates as examples.

*“After Enron and the other Anderson companies, you just think, who the hell is watching what’s going on. It’s every man for himself”*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Changes in pensions legislation and difficulties with companies such as Equitable Life were given as support for this argument, and again contributed to their sense that ‘someone is watching what big companies (such as Microsort) are doing. This tended to mean that they argued quite strongly in favour of monitoring and regulation generally – although they were rather more cynical about whether regulators had real “clout” to be able to stop corporations from behaving illegally and immorally.

They also felt uncomfortable talking about issues which involved scientific matters and scientists in particular. They felt that science itself has become incredibly complex and specialised, and that no ordinary citizen could hope to understand what scientists were doing in their laboratories.

*“I don’t want it to develop to the point where we are being told (this and that), you get a feeling that we have no choice in what’s going on”*

(Group 3 : Retired, 60+, C1C2, Male)

Further, they felt that scientific research had fragmented beyond all possibility of control: that is, they felt that individual scientists worked on their own ‘tiny’ micro-issue

: the question then became ‘where is the big picture?’, or ‘who is responsible for putting these ‘tiny’ pieces of the jigsaw puzzle together, and thus understanding what that big picture means. They even questioned whether scientists themselves understood the consequences of their research, and doubted that anyone could effectively control the whole process – particularly because of the increasing role of the ‘mega’ corporations (drugs companies, genetic research companies, R&D companies etc.) in funding research.

*“Science has been massively beneficial to mankind ... If you start saying ‘we will let you do this but not that’ (it’s a worry). In the end it’s going to happen with increasing frequency and we need to be able to address these problems”*

(Group 3 : Retired, 60+, C1C2, Male)

They felt they could cite instances of when science and scientific discovery had come into their lives when they expected to debate rights and wrongs before these scientific discoveries became everyday reality : for instance, genetically modified food, cloning (in this case, into their newspapers when they thought there was a moral debate to be had before the scientific debate), gene therapy and the ‘commercialisation’ (or near commercialisation) of the human genome.

*“It’s like GM crops, you don’t hear until maybe ten years later about the side effects of it”*

(Group 1 : Pre-family, 18-30, C1C2 Male)

*“Technology is what people do with it, that’s why it’s a problem”*

(Group 1 : Pre-family, 18-30, C1C2 Male)

Respondents were also worried by what they saw as an unhealthy alliance of science (i.e. nowadays this meant commerce) and government. That is they had a strong suspicion that both scientists and government didn’t really know what they’re creating until it’s too late (i.e. until it’s possible). They cited the BSE/ CJD controversy and the ‘U-turn’ over genetic modification as examples.

Thus, all of the above meant that when asked to consider an issue such as sex selection, an enormous number of questions come to mind before they felt able to contribute.

*“Bearing in mind you’ve got the thalidomide cases”*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

### 6.1.3. Feelings About Participating in the Research

For all the reasons outlined above, respondents felt quite uncomfortable at being to participate actively in the debate. They argued ‘we’re not experts’, although in truth the debate they created was very sophisticated. They worried that they’d be unfair to those who did actively want to choose the sex of their child ...

*“Just because I don’t want to select the sex of my child doesn’t mean that I should have the right to stop anybody else from choosing if it doesn’t harm anybody”*

(Reconvening Group 3 : Men, eldest child 11 or older, 41-60, C2DE)

... or they simply felt too ignorant of the issues involved at a general level to feel that they could contribute in a positive and helpful way.

*“My head hurts; it’s too scary to try and talk about in case you say something so deeply and profoundly un-PC”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

Interestingly, they argued that the process of becoming more informed through participation in the research had been a very satisfying process.

*“I’ve found the whole thing amazingly difficult and amazingly interesting.”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

However there was also a feeling that the more informed they became, they more tolerant they should be. That is, if an individual started from the perspective that they disapproved on ‘gut’ feeling and felt that they were only inadequately able to argue why, then knowledge per se would force them into a more accepting view; i.e. if ‘gut’ is negative, then the more educated perspective should be more positive. However, they were equally uncomfortable with that view too, arguing that the assumption that knowledge equals tolerance is not always right.

It was evident that they felt caught between deferring to those with a ‘vested interest’ (i.e. those who do want to select the sex of their child) as they were thought to be the most expert on the issues involved from an individual citizen’s point of view, and worrying that only those with a vested interest will have a say, i.e. that the debate will be unbalanced. Thus, they were uncomfortable about participating or not participating in the research too.

Participants described how these issues used to be relatively straightforward : nature was sometimes cruel, but on the other hand, there was no debate, everyone had to “take what they got”. Further, they argued that scientists didn’t ask ‘the normal citizen’ before going ahead and developing this technology (and others), and thereby put ‘the normal citizen’ in the position of making a decision about something which – they argued – was impossible to resolve. That is, they felt forced to make a decision which they felt was cruel, or sanction something you’re deeply uncomfortable about

*“If you don’t get the sex you want, then pull yourself together”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*“For me, I’ve never really thought about it, if it had been a girl it wouldn’t have mattered ... you just think as long as it’s healthy, you don’t realise how lucky you are”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

On the one hand, some respondents put forward the view that we’ve been interfering with nature for years (The Pill, IVF, abortion), in ways which might make them feel uncomfortable, but which they accept as valid and helpful to the individual.

*“It’s interfering with nature for your own personal purposes, I can’t tell you why, but it doesn’t seem right”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*“We already have choice anyway, with The Pill”*

(Group 1 : Pre-family, 18-30, C1C2 Male)

On the other hand, participants in the research argued, strongly, that there is something fundamental and different about sex selection which meant they were very pleased to take part, and have an input at what they felt was a crucial ‘moment’ in the debate.

*“I keep thinking I’ve got the reason (I feel the way I do) tied down, and then it just disappears”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

Some respondents resorted to trying to resolve these complex issues by setting a very high ‘threshold’ for the number of same-sex children a couple should have before allowing access to sex selection – and the groups ended up dissolving into a bizarre auction.

*“(1<sup>st</sup> respondent): I’d definitely say they should have had 4 of the same sex before they’re allowed to do this.*

*(2<sup>nd</sup> respondent): no, I’d say it has to be at least 5.*

*(3<sup>rd</sup> respondent) : no I think 3 of the same sex is fine. ”*

(Reconvening Group 2 : Women, eldest child 10 or younger, 25-40, C2DE)

*“It could be that maybe if someone had 4 boys, then maybe they could do it, but only if they could have two or more professional opinions”*

(Reconvening Group 2 : Women, eldest child 10 or younger, 25-40, C2DE)

*“In the end you have to say that some things just aren’t right. This is more than choice because you are interfering with things. You’re not saying ‘oh I’ll have that one on the shelf there”*

(Group 1 : Pre-family, 18-30, C1C2 Male)

## **6.2. Issues Related to ‘Citizenship’ / The Consumer**

One of the key questions in discussing whether, and under what circumstances to allow sex selection related to attitudes to choice. The ‘first’ perspective respondents took on tended to be that of pro- or anti-choice. However, we will argue that this perspective is not a comfortable one for the individual citizen in relation to this issue, nor is it one where some of the discomfort they feel can be articulated. The key issue for them was that the importance of choice of the individual (so long as no-one is being hurt) had become such a taken for granted, that they were surprised to find themselves in a complex internal debate. The question was: as a citizen, do we restrict other people’s choice?, how can this be justified and how can that be a good thing?

A few within the sample felt that the argument could be raised and resolved from in this perspective. They argued that if the method was available, and if it wasn’t hurting anyone (including the potential child), then surely everyone should have the choice of sex for their child. Further, they put forward the view that both parent and child would benefit, and thus, within this perspective, questioned anyone not allowing parents the right to choose. The logical consequence of using this perspective for the debate

however, was that this led to the argument that all, not just family balancing couples, should have access to the method : the reason 'why' is irrelevant if the justification is that it is an allowable choice, harming no-one.

*"I'd have it for any of them (i.e. allow it for any reason). It should be up to the individual. A lot of people will choose to get pregnant and take what they get, others will want to choose, even if they haven't got any children so far"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"If it was done in a way that wasn't complicated"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Certainly most respondents struggled with the idea that they were excluding social reasons as justifying sex selection; they felt they intolerant and unfair to other parents to an extent, which made them uncomfortable. Whatever their 'end' position, the impact of couching the debate in terms of citizenship, and thinking about the issue from this standpoint meant that respondents felt they had to produce very robust arguments against sex selection for social reasons. They felt the onus was on them to justify their seeming intolerance, and they struggled to do so. However, at the end of the day, most felt that the key decision-making issues were not those of citizenship, but moral or to do with their definition of a family and parenthood. Within this context, respondents were unusually concerned about being exposed to, and having to make decisions about, individual couples' stories, in that they felt that whilst choice is 'good' in terms of everyone having choice, it was not the appropriate language when talking about sex selection.

*"It's the shopping list, choosing mentality I'm having a big, big problem with"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"It opens up a selective process of what you're having"*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

Respondents tried to compare the arguments about sex selection for social reasons with their arguments in relation to sex selection for medical reasons so that they could use the justifying reasons for the latter to allow them to be tolerant of the former. However, the argument tended to go in the opposite direction, because in the latter case, humans were seen to be trying to 'fix' something which nature had 'broken', whilst in the former case there is nothing 'broken'. It was difficult to legislate for one differently to the other, and they argued that 'in the old days', parents with either reason would simply have had to accept their fate.

*"In my day we were just so knocked out that we were expecting ... In past generations people couldn't have babies, and they had to live with it. They did live without them"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"I think it's good that they can go down this line now, but they need very strong guidelines, to get away from the Frankenstein technology"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Another issue within the 'citizenship' perspective was respondents' fatalism: they expected that "it will happen, we can't do anything to stop it". However they hoped that if it was going to happen, it would be regulated in this country

Economic considerations were also felt to be very relevant. Within each group, they spontaneously asked the question :of whether sex selection for social reasons would be allowed for both private and NHS clinics. The answer provoked them into another contradiction. That is, should it be allowed in both types of clinics, they argued against the use of NHS resources for such procedures. The NHS, they felt, struggled to cure 'normal' diseases, and thus, they argued there should be no money for procedures which were not strictly necessary.

*“There is a finite level of resources for the NHS, and every decision you make takes money away from core medicine”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

If the answer was that it would only be sanctioned in private clinics, then again they felt this to be unfair, since it would mean that people with money would have access to something which was not available via the NHS. This led them to compare plastic surgery and sex selection, which made them uncomfortable, principally because of the potential child involved.

*“Whatever ridiculous things people do to themselves is their own business, if they've got the money to do it. What I find really difficult is that these surgeons who do these operations have trained for years, and could be doing much more valuable things with their time. But the point here is that you're making a baby, you're not buying yourself plumped up lips”*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Like with plastic surgery, most felt that those with serious, medical, grounds for 'needing' sex selection should have access to the procedure on the NHS, but unlike plastic surgery, they felt that those needing sex selection for other reasons should not be allowed access – even within private clinics.

Some felt that if viewed in this frame of consumer or citizen's 'choice', sex selection would have some kind of negative consequence.

*“My worry would be that if I chose the sex then I'd have to give up something else; there'd be a price to pay”*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*“Perhaps it would be more devastating or traumatic if you selected the sex and had a miscarriage?”*

(Group 3 : Retired, 60+, C1C2, Male)

*“You just suspect you can't know what all the repercussions of such subtle procedures would be ... hasn't Dolly the sheep got some problem they didn't foresee, and these are children”*

(Group 4 : Retired, 60+, C1C2, Female)

Likewise, there was a reluctance to consider and make decisions about individual cases (as the discussion guide had been set up to do) precisely because it felt very unfair either to have general, inflexible, 'one size fits all' rules, or to define the rules by individual cases.

*“When the discussion’s general, then you can think about these things in a moral way, but when it comes to individuals, you get greedy”*  
(Reconvening Group 2 : Women, eldest child 10 or younger, 25-40, C2DE)

Within the context of the research discussions, respondents couldn’t resolve this dilemma. That is, it was clearly unfair to argue that legislation and regulation could be devised which will be fair to all, but on the other hand, if regulation was to be defined on a case by case basis, there was deep concern that we will be unable to stop the gradual social acceptance of sex selection for social reasons.

*“They’re all really good exclusions to the rule (prompting from specific examples by moderator) that we already drew to the purely medical grounds reason, and I think that’s what we’re all scared about with any medical advance now. That there’s always an individual ruling which sets a precedent that you then lose control; that before you know it it’ll be designer babies, ‘cos you can just see the court case the ‘if I’m allowed to choose the sex, then why can’t I choose the IQ?’”*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

There was much debate about whether allowing sex selection for social reasons condoned inappropriate values which was a major concern to all respondents. That is, most felt that gender roles were much less stereotyped and proscribed ‘nowadays’ than they used to be, and that wanting a boy for specific employment reasons was no longer necessary.

*“Time are such now that we shouldn’t discriminate by sex, ... what can boys do that girls can’t now. We all have different relationships with mothers and sons nowadays”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Whilst all could cite women who would have been helped by sex selection for social reasons because of peer/ family pressure in the past, almost all felt that this didn’t, and certainly shouldn’t, happen nowadays. Similarly, the mainstream respondents felt that although boys might be preferred within Asian cultures in particular, for the UK based Asian community this should be, and probably was, irrelevant. Thus, whilst they had sympathy with individual parents, they felt that allowing sex selection for social reasons would send out very worrying signals to the population in general, and to women in particular, i.e. boys are ‘better’ .

*“I think nature gets it right on the whole, and I don’t think we would – look at China and places like that”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*“Isn’t there a problem in China – they put baby daughters on the hillside to die”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

To sum up then, most respondents, within this ‘citizenship’ perspective, felt that sex selection for social reasons was difficult to ban – but hoped that first, the debate would take place using more appropriate language, concepts and assumptions, and second, That the regulators could come up with good reasons why it should be banned within this perspective too.

### **6.3. Issues Related to Morality**

The consumer or citizen's choice argument was transformed when sex selection was considered within a moral dimension, and most respondents were happier debating the issue in an context which included a moral element. They put forward the view that to have and want choice is to have expectations, which is wrong and self-destructive in relation to children.

*"How many of your expectations don't pan out with your kids"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Thus, their argument continued, anyone who wants to have a child cannot approach parenthood with expectations, only hopes.

*"If you choose a girl to take her to the ballet, then shoe could be the biggest tomboy in the world and you'd be disappointed. You can't choose"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Therefore to have choice is wrong per se – because of the potential danger to the child, not just to the adult.

*"With choices you make bad decisions"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"If you do give them that choice, it'll bound to come down to designer babies"*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

The only exceptions to the above that they made were on the grounds of avoiding serious suffering, and some even felt even this did not justify 'interfering' with nature.

*"The only justification would be that if you had an illness that's passed on to one sex"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"Life threatening or quality of life situation, but having said that, if you open the door to that then it's just a short step to allowing people to choose the kind of baby they want"*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*"I don't know, you can see why people with hereditary problems might want to"*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

The argument they made, even those who were atheists, was that children were a 'gift' and thus something you should accept and make the most of, rather than complain about it not quite being to 'specification'. The issue here was that one cannot and should not put qualifications and expectations on the children, the 'gift', and that to do so would harm the children themselves in terms of their relationships with their parents.

*"It's the idea of picking it that's abhorrent"*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*"If you're going to have to have three before you're allowed to have the one sex you want, what's your relationship with those three going to be like?"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*“Babies aren’t a choice anyway, they’re a gift. You can’t just buy your baby”*  
(Group 2 : Pre-family, 18-30, C1C2 Female)

Further, most respondents felt that sex selection was ‘interfering’ with nature, an idea which made them feel very uncomfortable indeed, and quite superstitious.

*“It’s tampering with stuff that’s best not tampered with”*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*“It’s interfering. I know we do that with heart transplants and so on, but that’s where there is a problem ”*  
(Group 4 : Retired, 60+, C1C2, Female)

*“It’s about love. Parents should just be happy they can have a child”*  
(Group 4 : Retired, 60+, C1C2, Female)

In this context the argument in relation to choice was easier to deal with, since they felt that sex selection was giving people a choice over something they feel no-one should have choice over.

*“You’re still playing God with a child’s life”*  
(Group 1 : Pre-family, 18-30, C1C2 Male)

*“It brings to mind the whole idea of natural selection – like playing God”*  
(Group 1 : Pre-family, 18-30, C1C2 Male)

*“It opens too many doors, and you can say if you’re supposed to let nature take its course, then the only thing is that it’s healthy”*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

They pointed to man’s past experience and record of interfering with nature, which was cited as grounds for interfering as little as possible.

*“What if further down the line there was something wrong with the child you selected?”*  
(Group 1 : Pre-family, 18-30, C1C2 Male)

Further, children were felt to be such a fundamental element of life, “the future”, that any interference could have catastrophic consequences. Essentially they didn’t want to have the debate, they simply felt ‘choice’ was inappropriate in this context.

Interestingly, most respondents felt that scientists and medicine did not operate in a moral dimension. Scientists and medical research ‘pushes forward’ to see what they can do, and for career reasons, NOT because something is necessarily good. They argued that what tends to happen is that once something is possible, it is made to become socially or morally acceptable, regardless of what the public think.

*“We’re scared of the technology because we’re scared of where it’s going to take us”*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

Further, science was felt to have made assumptions about society which were not necessarily shared by respondents; that is, respondents felt the idea that ‘it is good to

have children who are more perfect than would be the case if there was no medical intervention' was one which should be debated, and not taken for granted, particularly if there is nothing 'wrong' with the children in question. So, whilst they would accept this when the grounds for interfering were serious and fundamental, they argued that it was not necessarily the 'best' solution for any other kinds of non- life-threatening conditions. The majority of respondents still felt uncomfortable with the idea of 'breeding' a more and more perfect human race. Further, because sex selection was felt to be a truly "frivolous" reason, they argued that sex selection for social reasons must have a line drawn beside it, and that line should be held. It was seen as the first possibility of choice in relation to children, and was not, and should not be, justified or justifiable.

*"I can't conceive of it being important"*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Interestingly, those with religious conviction found it easier to argue the case within this framework than others, since they had the language and conceptual framework to justify their discomfort. Those who tried to argue on purely moral grounds found it very difficult to formulate and articulate their argument without reference to religious language.

#### **6.4. Issues Related to Parenthood/ Family**

All respondents expressed great sympathy with any couples who had any kind of fertility difficulty. Most could also see the argument for why some parents would want to select the sex of their child for non-medical reasons. Certainly, in citizenship terms, parents in particular felt that it was very difficult to argue the case against giving one couple their heart's desire when no-one was harmed – however uncomfortable it made them feel personally.

However, there were a number of issues which parents felt were crucial when considering whether to allow others to choose the sex of their child for anything other than life-threatening diseases in the potential future children.

The first issue was their feeling that those who want children should want them unquestioningly. They argued that one can't control everything about one's child, so therefore trying to will only mean disappointment.

*"If you have an abortion, it's because you don't want a baby. With selection you're saying you only want a boy or a girl. I think it's easier to condone an abortion than selection"*

(Group 2 : Pre-family, 18-30, C1C2 Female)

*"I find it really hard when people have expectations of children. I thought I was never going to have children, it's been an adventure, and I wouldn't have any other way".*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

One of the most valuable elements of being a parent for them, was the way that children made them change, and brought out different elements of their personality. Thus, having children, for them, meant having to accept things they wouldn't 'normally'. It meant being flexible, accepting that they can't have their own preference all the time.

Thus, their argument ran, trying to exert control over their child's sex, or looks, or intelligence would be to deny one of the core values of having children.

*"It brings a different level to your life, it gives you whole new communication skills, (at work) the girls who've negotiated with screaming tots, you can tell"*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Many worried that if sex selection for social reasons was allowed, then a fundamentally new and unacceptable principle would have been introduced.

*"You might start with its sex and move on to its sexuality – they could argue where's the difference and they'd be right"*  
(Group 1 : Pre-family, 18-30, C1C2 Male)

*"It's just like you have no right to choose the sexual orientation (of your child), it's not your right to decide"*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

This was the point at which they brought up the 'designer baby' argument; the argument that sex selection was the first step on a very slippery slope, and they found the idea very worrying indeed.

*"It's like lesbian couples buying sperm off the internet, and of course the label's going to say, good looking, tall, intelligent, and 9 months down the line they get a real shock."*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"If you do give them that choice, it'll be bound to come down to designer babies."*  
(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*"People always want more, and if they know they can, they will. And they'll argue 'who wouldn't want to have a more intelligent child, of course that child would have a better life', and if we allow people to choose the sex of their child, we wouldn't have a leg to stand on when they start on that road"*  
(Reconvening Group 3 : Men, eldest child 11 or older, 41-60, C2DE)

Interestingly, most felt very comfortable with methods which were old wives' tales, i.e. they thought that most people taking such actions did not have expectations that the method would work, and thus were something which fitted with the 'take what you get' ethos of having children.

*"That's completely different ... because none of these methods work, and everyone who tries them knows that so they're prepared for either sex"*  
(Reconvening Group 3 : Men, eldest child 11 or older, 41-60, C2DE)

*"With using homespun methods it's very hit and miss. ... Science is like making it legal"*  
(Group 2 : Pre-family, 18-30, C1C2 Female)

#### **6.4. The Question of Methods**

Clearly the method was tremendously important in the debate, and particularly in relation to regulation. The main issue for participants was to balance the intrusiveness of the method with the 'failure' rate.

*I suppose it depends on the degree of intervention and what you expect. If it's just eating lettuce and hoping it'll be a girl then that's one thing. If it starts involving tablets or chemicals, or if it's intrusive"*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

PGD and IVF were clearly invasive, seen to be dangerous and having potentially negative consequences for both mother and baby. This, they felt, should mean that if such procedures were to be allowed, they should be made available only to those couples who had a demonstrable risk of passing on a disease to a child of a specific sex.

*"If they absolutely must have a girl, then they have to have IVF"*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

They felt that clinics, procedures, and the whole process should be actively regulated in order to ensure a) no mix ups in embryos (an issue at the time of the research) or other mishaps due to carelessness in procedures, b) that such couples 'qualify', and c) that no-one is 'buying' their way into this choice. They argued that couples undergoing this procedure should undergo counselling as well as assessment (as with adoption).

*"Counselling would show they're committed. ... Well if you're going to adopt a baby there are social workers and police reports. It would have to be made plain to them at the start that this is a long process, if you really want the child you would be willing to wait"*

(Group 2 : Pre-family, 18-30, C1C2 Female)

They put forward the view that such treatment should be universally available, however for some, the treatment should be restricted to couples.

This method, therefore, was judged to be suitably 'serious', involving tremendous commitment from couples, particularly women, and thus unlikely to be used by couples in search a specific sex for social or non life-threatening reasons. It is clearly not a procedure entered into on 'frivolous' grounds, rather it would be used to avoid a serious condition in a child. It would also involve mothers committing to a major programme of drug therapy and surgery over time, clearly the 'cost' to her would be high as well as clear.

The issue for most in relation to IVF/ PGD was the 'disposal' of embryos of the wrong sex. For most it was compared with the disposal of 'non-viable' embryos, i.e. regrettable but necessary. They also tended to accept that such a procedure has to produce more eggs than would be implanted and so therefore some healthy embryos would have to be disposed of, because they were the wrong sex. However this was more worrying than disposing of embryos because they were 'non viable', and felt that we were discriminating against embryos because of their sex, which made most respondents uncomfortable. Almost none felt that this was a reason to disallow PGD/ IVF, and all were very enthusiastic about the idea of using sperm selection pre-fertilisation, to ensure that 'wrong sex embryos' were not created. So, most felt very comfortable with the idea of licensing this procedure specifically for this reason, however, for a very few, this too was unacceptable; they felt that sperm sorting should not be available at all.

Respondents argued that sperm sorting still involved a significant level of interference with or invasion of the 'natural' procedures for conception. The issue of 'damage' to sperm was raised by some as a concern, and it was also pointed out that the insemination procedure would also involve medical intervention, drawing on the resources of the NHS. However the most serious issue in relation to sperm sorting was the 'failure' rate.

The argument was as follows : for those who really need to avoid the 'wrong' sex, this method clearly is not appropriate, as they should have access to PGD/ IVF with sperm sorting. Further, for those who just 'want' (rather than need) to have the 'right' sex, the impact of 'failure' on parents' attitude to the child was judged to be potentially dangerous.

*“So what do the couple do if they've been allowed to do this just so they can have a girl and it doesn't happen... (2<sup>nd</sup> respondent – they'd sue). Well maybe not, but it's how they'd treat that child”*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

Thus the failure rate of sperm sorting led to its rejection by even some of the “pro-choice” respondents, since if choice is being allowed, it has to be guaranteed in order to avoid unfulfilled expectations in relation to children, and to avoid terminations of the 'wrong' sex.

*“How can any court in the land force a couple to have a baby which they've allowed them to choose to start with, and that brings up a whole load more problems (i.e. how can they stop them aborting)”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*“Can you imagine the advertising – have you had the wrong sex child, phone 0800 12345!”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

This was the point that those respondents who felt that individuals should be able to have a choice were most uncomfortable: that is it represented the point where their 'choice' has an impact on a child, which takes the debate out of the 'consumer' field of debate. Further, it exposed some of the inappropriateness of the language of consumerism as well as its values.

Finally, everyone felt that 'old wives' tales' methods could be tried at will, and certainly shouldn't be regulated. They promise nothing, there are no guarantees, so anyone trying such methods is already prepared for failure.

## **6.6. The Question of Justifying Reasons**

### **6.6.1. Sex Selection for Medical Reasons**

Most respondents within the sample felt that, although it was not a 'simple' issue, and it was a serious procedure, those couples who may pass on a serious genetic condition to a child of a specific sex should have access to the following a) pre-procedure counselling and support; b) PGD/ IVF with sperm sorting; and c) NHS treatment. That is, they argued that if the condition was serious enough to warrant allowing sex

selection, then it was serious enough to need to make sure that the embryo would be of the desired sex.

*“Under those circumstances I think it is very good. I think that should happen”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*“For medical reasons I think it’s brilliant, and then it’s cutting out the risk without the embryos (if sperm sorting is also allowed). I think they’re looking for the good of mankind there”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*“It certainly has health benefits, ensuring you won’t pass on a disease such as sickle cell”*  
(Group 1 : Pre-family, 18-30, C1C2 Male)

However there was a minority of respondents who felt that this too did not justify sex selection, particularly as they were uncomfortable with the idea of ‘breeding out’ imperfections.

*“But if you speak to parents with handicapped child, they might, they ”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

There was a general feeling that individuals get ‘sucked into’ a system which presumes that the individual will prefer to avoid a child with a ‘defect’, and that for instance, taking the risk of amniocentesis in order to avoid a baby with a level of Down’s which it is impossible (they felt) to pre-determine, was a tremendous decision, and one which doctors tended to play down the importance of.

*“Most of us face the issue of Down’s, and I certainly would have terminated, but I have a friend with a Down’s child”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*“We’re talking like Hitler, getting this perfect race, they can’t deviate from this perfect idea of children”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

However whilst all professed to feeling slightly uncomfortable with the idea, those who disapproved outright were a small minority, and tended to be religious.

The arguments brought to bear in relation to non life-threatening conditions (from minor heart conditions, minor Down’s syndrome etc. through to colour blindness) were the same as those which applied to sex selection for social reasons

*“Haemophilia, that’s different, that’s a serious problem, colour blindness isn’t a serious problem”*  
(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

### 6.6.2. Sex Selection for Social Reasons

There were two issues important here for most respondents. The first was the issue of allowing individual parents to have expectations, and therefore preferences, as far as their children were concerned. Couples should hope to have ‘a baby’, and at most ‘a

healthy baby', however any further hopes or preferences were judged to be unacceptable.

*"It sounds like it's manufacturing children, it's manufacturing life, it's becoming an industry. It's like watching my children being born was a miracle, and I don't think you should be able to produce that artificially"*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*"1<sup>st</sup> respondent : don't you think IVF is ordering a child? (i.e. what's the difference between IVF and sex selection)*

*2<sup>nd</sup> respondent : no, you're ordering a child, not a girl or a boy"*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

The second issue was the perception that the existence of any failure rate, and particularly one in double figures, meant that respondents saw it more as a gamble than a choice. Thus, they argued, those wanting to try for one sex over another would want that sex so much, since they're willing to go through medical intervention, that they'll build up their expectations and hopes in relation to their child, that 'guarantees' have to be provided to parents in order to avoid rejection of the child.

*"(Scottish couple who lost their only daughter and wanted to choose the sex of their next child). I just felt it was almost like somebody whose cocker spaniel has died and they go out and buy an identical dog, it doesn't seem emotionally correct"*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

*"If someone wants a nose job and it goes wrong, then they just have to live with it. If someone's been allowed to do this so that they can have a boy and it goes wrong the consequences for that child are horrendous"*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

*"(In the context of the discussion of the Scottish couple wanting a girl) There are no guarantees in life, you set yourself up for so many disappointments if you set expectations for your kids like that"*

(Group 1 : Pre-family, 18-30, C1C2 Male)

*"It's a shopping list, as soon as they start making choices about whether it's a boy or a girl, the whole thing's wrong."*

(Reconvening Group 3 : Men, eldest child 11 or older, 41-60, C2DE)

For a very few, the 'citizen'/ consumer argument prevailed, and they did feel that if you can have a choice, then that choice should be made available to those who want to have that choice.

*"People should have the freedom of choice. I don't want that done, but people should have the freedom of choice"*

(Reconvening Group 4 : Women, eldest child 11 or older, 41-60, BC1)

However, they were unwilling to talk about the details of how that would work (payment, failure, boundaries) and admitted the logistics would be complex and open to abuse.

## **6.7. Regulating Sex Selection**

Clearly regulation was something respondents felt strongly about. They felt that a) those undergoing PGD/ IVF should be given access to sperm sorting; that b) this procedure should be available to couples who are avoiding having a child of a specific sex for serious, medical genetic conditions only; c) that it should be available on the NHS; and d) that it should be visibly regulated. Further, they wanted to ensure that couples undergoing such treatment be given access to a counselling and 'selection' procedure (similar to the kind of procedure accompanying adoption procedures). They wanted to see all clinics (private and NHS, should private exist for this purpose), monitored and any issues fed into a public debate about sex selection.

Respondents also felt that there was a definite role for a regulatory body at a 'higher' level than ruling on individual cases. They wanted to see a body which would actively assess the impact of any sex selection allowed on the sex balance of the UK, and perhaps even more importantly, wanted that body to promote and moderate a public debate about sex selection.

Finally, their nervousness about the use of individual cases to push back the barriers and increase the social acceptance of sex selection for social or non-life-threatening medical reasons was underlined in their call for individual cases to be of importance only in clearly and demonstrable 'different' (i.e. 'true' exceptions) cases.

*"It should be monitored by ... a specialist organisation, I don't want to be too hard on the medical profession, but doctors ... may be quite lackadaisical about regulating"*  
(Group 2 : Pre-family, 18-30, C1C2 Female)

*"At the end of the day there have to be standards. They should be drawn up after soliciting all shapes and shades of opinion : medical, community, lawyers etc."*  
(Group 3 : Retired, 60+, C1C2, Male)

As mentioned above, most felt that neither PGD nor sperm sorting should be available for less serious medical reasons, or for social reasons.

*"It should happen only if there's a need. It's not a lifestyle choice"*  
(Group 1 : Pre-family, 18-30, C1C2 Male)

*"With disease the problem is rooted in the child, but with this it's the parents' problem"*  
(Group 2 : Pre-family, 18-30, C1C2 Female)

Regulation was something everyone felt strongly about.

*"If that's what they're allowing at the minute, then fine, I agree with that, but they just have to careful about bending those rules"*  
(Reconvening Group 3 : Men, eldest child 11 or older, 41-60, C2DE)

*"I didn't know that was the case at the minute, but that sounds fair to me"*  
(Group 4 : Retired, 60+, C1C2, Female)

*"Medical reasons are the only ones, because ... no-one wants an ill child"*  
(Reconvening Group 2 : Women, eldest child 10 or younger, 25-40, C2DE)

*“Someone should be watching what they’re doing”*

(Group 3 : Retired, 60+, C1C2, Male)

*“The whole thing, and treatment, needs to be policed properly”*

(Reconvening Group 2 : Women, eldest child 10 or younger, 25-40, C2DE)

They felt that because scientists, medical researchers and politicians can’t be trusted, particularly when ‘business’ is involved, as is the case with Microsoft, there must be a constant watch put on methods, clinics, reasons and individual cases.

*“It’s the commercial ethics that I’m worried about; that American company will get on the bandwagons of those exceptions to try and get them approved. It’ll be nothing to do with medicine, it’ll be to make money”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

They argued that such regulation should happen sooner rather than later, i.e. that the debate should take place before resources are committed to R&D not once something can be done. It would be interesting to see what difference a more visible and general public debate would make to individual opinions about, and cynicism in relation to sex selection and its techniques.

*“That’s what scares me, we’re doing things because it’s a scientific challenge to create it, and scientists will always find a reason to allow us to implement it”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

If regulation was to take place, respondents felt that such regulation must have generally applicable rules, whatever one felt about individual cases.

*“You would definitely want all these decisions regulated”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

Such regulation, they argued, should apply to all types of sex selection, available from all types of ‘outlets’ or clinics.

*“Sperm sorting doesn’t change the ethics, it just changes the plumbing”*

(Reconvening Group 1 : Men, eldest child 10 or younger, 25-40, ABC1)

Further, they declared that the ideal would be for such regulation to be as apolitical as possible. Thus, it should involve a ‘panel’ of experts and ‘independent’ people, including the public, or regularly consulting the public. They also felt that those who would be affected by the legislation should have a say in such a body, but only ‘just a say’, they should not be the majority or the deciding vote.

*“You need panels of people, a broad section of society, scientific community, religious community, across the board. If you leave it to just one set ....”*

(Group 1 : Pre-family, 18-30, C1C2 Male)

Certainly they felt strongly that whatever decisions were made at the end of the day, there was insufficient public debate at the minute, and that the issues needed to be put to the public for ‘reasoned’ debate. Such a debate should avoid over-stressing

individual cases (although this is the form in which information about the issues is most 'consumable'), and avoid tabloid or even broadsheet reductionism.

*"There should probably be some kind of debate, but national debates are not prone to reasonableness"*

(Group 3 : Retired, 60+, C1C2, Male)

Where they were all agreed, was on the question that whatever regulation is put in place it apply equally to private clinics as NHS. However, perhaps most importantly from the general public's point of view, they want the regulator to put the debate in intelligent terms, not just in the rational language of rights of individuals. They felt it was important to recognise the many facets of the debate, and particularly, to put pressure on the media to raise the level of the debate so that individual cases can be put in the context of the more general debate.

## **6.8. Demographic Differences**

Interestingly, there was widespread agreement amongst all elements of the sample : from working to middle class, mainstream population to ethnic minorities, older to younger, north to south. It was remarkable that an issue with so many different facets should engender such agreement. Part of the reason for this, we feel, was the strong sense they had that although they might have been prepared to be more flexible, less 'draconian' should this be a debate about something which involved 'further' relaxation, they all felt that this was a qualitatively different decision, even those who actually felt that the consumer argument could not be denied. Thus, those most of those who were against sex selection for anything other than life-threatening medical conditions admitted that "once it was available", they wouldn't object to it. They felt that the 'line' sperm sorting authorisation for social reasons was trying to cross was an important, 'one off' chance to have a say. Thus they wanted to say "I'd rather not", for once, rather than having to find a way of reconciling something they were unhappy about (sex selection for social reasons).

However, the differences, such as they were, are described below.

### **6.8.1. Geographical Differences**

The debate in Scotland was slightly more sophisticated, partly because of the well publicised case there, and the sense the respondents had of already having confronted some of the issues. Interestingly thought, they tended to be very pleased indeed to be given the chance to talk through the wider issue, and to talk it through without having to refer to a specific couple, which threw into relief the issue of individual cases vs regulation generally.

The geo-political context of Northern Ireland also led to some differences. Not surprisingly, given its proximity to Eire, the abortion debate was still very much a live one there.

*"In Northern Ireland we are still trying to get to grips with the abortion law, so I think that it's too early to introduce that sort of thing here"*

(Group 2 : Pre-family, 18-30, C1C2 Female)

This heightened their sensitivity to any pre-birth interventions at all, and younger women in Northern Ireland argued against any form of sex selection at all right from the beginning of the group.

Whilst there was an acknowledgement that religion does play a bigger role in Northern Ireland than elsewhere (particularly in relation to issues such as abortion, IVF etc.), there was a resistance to the idea that religion still played a role in their 'core' values, particularly if they were middle class.

*"That's not where I get my views from (religion). My views are broader than that"*  
(Group 2 : Pre-family, 18-30, C1C2 Female)

There was a feeling amongst some of the older men that boy preference was strong in Northern Ireland, but they were certainly very uncomfortable with the idea: they associated the idea with eugenics, and even Hitler was mentioned in this context.

### 6.8.2. Men vs Women

Stereotypically men tended to view the issues in a more abstract manner . Women did personalise the argument into their experience and that of their friends and relatives, and so they tended to have a much more compassionate and live and let live approach to the whole issue. They were the ones who struggled most with the 'case by case' decision, having a great deal of sympathy, if not empathy, with women who had strong feelings about the sex of their children. This tempered their top of mind positions, which was particularly the case during the more involved discussion of various procedures and in particular the different scenarios presented.

Even the younger respondents, who generally tended to be more dogmatic, and NI respondents (who tended to be slightly more reactionary) women were willing to let their first stated position be adjusted in the light of complex personal situations. Whereas there was a tendency amongst the males to hang on to their initial stance.

### 6.8.3. Age

Older men and women tended to be more informed, and approach the issue from a more considered perspective. They had more of an expectation that change is inevitable and has to be dealt with (they had witnessed so much). They cited other 'big' issues which they had felt uncomfortable about, but which had been resolved (to their satisfaction or not) as examples of how "you just have to get on with your own life and do the best you can". Such issues included abortion, the Pill, IVF, gay marriages, mixed marriages and even genetically modified food, cloning and gene therapy.

Compared to the general low awareness of sex selection methods, the older women were relatively more up to date on topical events that related to sex selection issues. Thus they were the most likely to be able to talk about cases such as the couple wanting to use the stem cells from IVF baby to save the life of a sibling, as well as there being some awareness of the 'Scottish case'.

*"There was a child who needed a transplant. It depended on the sex of their sibling. But then you are using that new child as a means to an end, I don't think that's right – where do you draw the line?"*  
(Group 2 : Pre-family, 18-30, C1C2 Female)

This experience and knowledge led to an increased awareness of possible repercussions, but interestingly they were not as fearful about repercussions as the younger respondents, arguing they've seen so many changes and at least 50% of them have been for the good of mankind. Therefore the older groups were both more resigned to change and generally more tolerant than the younger groups.

Amongst the younger respondents there was a marked absence of, or at least much less, self-doubt or critical analysis. They displayed a reluctance to explore their own motives or the precepts that informed their opinions, and they tended to be unquestioning in their rote repetition of received opinions. When challenged, they had more difficulty backing up their position with any reflective argument.

## **6.9. The Asian View**

Overall, the views expressed amongst Asian groups very similar to other groups. That is, from a personal, moral perspective, they felt serious medical conditions only justifiable reason for sex selection. They grappled with the issue of choice in the same way as others and struggled with the dilemma of their own personal abhorrence to sex selection for social reasons and the question of whether they had a right to prevent others having a choice. They also got embroiled in the moral debate of how right is it to tamper with nature, especially in relation to children, and they voiced concerns in relation to 'the slippery slope' to 'designer babies'

However, there was greater respect for those in authority generally, and these groups were less demanding in terms of regulation and control. That is they assumed that someone representing the Government exercised regulation in this area in relation to sex selection through the NHS, arguing 'someone must be making sure things don't do wrong'. There was little awareness of how the private sector was regulated and most were not sure how this sector was controlled, by whom it was regulated, and indeed whether it could be regulated at all. They suspected that if someone was desperate enough to have a child of a specific sex, then there will always be a way to find someone who can provide what they want.

The real difference between the Asian groups and the mainstream groups was that they were operating in a different cultural context. That is, most understood that there was an historical preference for male children amongst the Asian community. Reasons 'justifying' this preference included the financial burden of providing dowries for girls, economic labour provided by boys, and the hope that boys would 'take care of' their parents after marriage. These reasons still prevailed in this day and age amongst more traditional families, and indeed one or two women themselves had felt pressure to continue producing children until a son was born. Interestingly too, almost all believed, or were aware that technology 'back home' (India, Pakistan) was being used to sex select, and that clinics were aborting 'wrong sex' fetuses after a pregnancy scan.

Most felt that for themselves and their families personally, that there was no more desire for male children beyond family balancing, and that it was discriminatory to argue that girls were less desired or valued than boys. In contrast, they felt that girls were as likely, if not more likely, to become economically successful and want to look after elderly parents. Thus, they concluded, girls were no more of a burden on their parents than boys.

Sex selection for cultural reasons, therefore were no more justifiable than other social reasons. However, many understood that other women may experience mental 'torture' from in-laws; may have feelings of inadequacy, depression etc.; and that if sex selection could prevent this than, perhaps, individual choice should prevail.

For some Muslims there was further conflict between their cultural and religious perspective. That is, they struggled with their religious 'take' on childbirth and families, i.e. that all children are a gift from Allah, whether male or female, or 'damaged' by some hereditary condition, therefore, any tampering is to 'reject what Allah wants for you'. Trying to understand the pressure on some women to give birth to males in these instances was difficult, and religious convictions tended to win. Thus they would return to the religiously acceptable position that sex selection for any other than medical reasons cannot be justified or acceptable.

*"I really felt pressure when I had my children to have a boy, it really affected me."*

( Minority Group 3 : Women, 25-40, with family, Indian (Hindu/ Sikh))

*"It's wrong to deprive a couple a kid if this (sex selection) can give them a healthy kids of a particular sex."*

(Minority Group 2 : Men, 25-40, with family, Muslim)

*"Having a boy is like magic gold but it feeds discrimination."*

(Minority Group 2 : Men, 25-40, with family, Muslim)

*"If an Indian woman is going to suffer from bad depression because she didn't give her in-laws a boy then, this could help with her suffering."*

(Minority Group 3 : Women, 25-40, with family, Indian (Hindu/ Sikh))

*"It's wrong for any reason. It's saying you know better than what Allah wanted for you."*

(Minority Group 2 : Men, 25-40, with family, Muslim)