Australians use of overseas providers for sex selective reproductive technology

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Background

Like other Western-industrialized countries, Australians who wish to have reproductive treatment for sex selection purposes must travel overseas to access them, as there are legal barriers prohibiting the treatment in Australia. In Australia, sex selection technology is only allowed for medical reasons to reduce the risk of transmission of disorders. It cannot be used for ‘family balancing’ i.e. individuals cannot use technologies to choose the sex of their child for reasons other than ‘to reduce the risk of transmission of a serious genetic condition’ (NHMRC 2007). A recent paper by Inhorn and Patrizio (2009), noted that in the scholarly research there are seven reasons for travelling abroad for reproductive care services. In the case of Australia, it is almost all because of factor 1 – that the service is prohibited in Australia for religious or ethical reasons. The findings of this paper show that this factor has an effect on potential users and the way that they approach accessing cross-border reproductive care.

Data and method

Analysis is based on information from Australian medical providers, overseas clinic websites, and Australian internet forums and discussion boards. We use the grounded theory method (GTM, La Rossa 2005) to evaluate the text available from these sources. Using internet data as a source of information is growing in many fields, and we note that many previous studies have highlighted the importance of internet forums as a source of information and support for a wide variety of topics including childbirth and infertility (Epstein et al 2002; Malik and Coulson 2010), as well as information about travel for reproductive care (Blyth 2010; Bergmann 2011; Culley et al 2011; Speier 2011). As a source of data these websites have very strong appeal. Information gathered from internet forums has many advantages as a source of observational material. Internet exchanges gathered from forums contains current experiences and detailed accounts, information and support is provided in an anonymous context allowing people to discuss things that they would not discuss in face to face research settings, and participants are from geographically diverse groups who are ‘interested, affiliated and connected to the topic’ (Rodham and Gavin 2006).

Results

We find that some Australian clinics advise their clients to go overseas for procedures which are illegal in Australia. In turn, overseas fertility specialists actively market their services for residents in countries such as Australia where the procedures are not allowed. The analysis of the forum and discussion boards provides considerable detail on the reasons and approach that people take. The following outlines the themes which come out of this analysis.

1. Forums as a safe environment
Individuals who posted to internet forums that discussed gender preference expressed how pleased they were to find a ‘safe environment’ to discuss selecting the sex of their next child. Many had experienced very aggressive replies when they had asked for advice about overseas travel for sex-selection on general baby forums. For example posters would be accused of being selfish, of ‘playing god’, and trying to create ‘designer babies’, and they turned to specific forums for parents wanting a particular gender.

When they found these websites, the posters described the feeling of being ‘safe’ at these websites, being able to talk openly, not being censored, and being able to have a voice about topics such as gender disappointment.

(2) Telling others

Sharp et al (2010) noted that a source of moral ambivalence of those undertaking sex selection, was whether or not to disclose this information to their friends and relatives. In their study many couples planned to avoid conflicts with their families by not telling them about their use of PGD. We found a similar sentiment among many of the women and couples posting online. Those who felt that they were going to be judged often did not inform anyone close to them about their plans to travel abroad to select the gender of their next child, instead telling people that they were going on a holiday. The posters presented a general feeling of being judged by those close to them about wanting to select the sex of a child, and so were actively trying to keep their plans from other people.

(3) Interactions with medical providers

A third theme involved the posters experiences with medical providers. The experience with doctors in Australia was a common discussion theme. For those who chose to go to Thailand by using Superior ART (a company with links to a provider in Australia), the process was relatively straightforward because pretesting and medical treatment could be done before travelling to Bangkok. But for those who chose another clinic or PGD in the US, finding a doctor and clinic to do the necessary pretesting was often a challenge. Women shared their frustration at trying to find a ‘sympathetic’ doctor, and shared tips about what to tell their doctors.

(4) Quality of services, success rates

Women also discussed quality of service and success rates on these forums. For Thailand, many posts specifically mentioned the Superior ART clinic. For some women this connection with an Australian clinic made them feel more comfortable. However some women were concerned about the success rates in Thailand, and believed that the success rates were higher in the United States. It was also apparent that many women were swayed by advice from other posters, even though no evidence about success rates were available.

(5) Travel logistics

Travel logistics was particularly interesting for this group, and that is because these were families that already had a number of small children. There were many discussions about the
challenges that they had, and as discussed previously, some would take the whole family on a ‘holiday’ to Thailand in order to keep from telling others the purpose of their trip. Others discussed the difficulty of leaving children at home when travelling for treatment.

(6) Cost

Cost was of course, a common theme. Thailand was seen as an attractive option for PGD because compared to the United States the fees were considerably cheaper. Many women mentioned that they could afford to try two cycles in Thailand, but only one cycle in the United States.

Conclusion

Australians who want to use PGD have no option than to travel overseas to clinics that provide them. The internet is a place for those who want to use sex-selective reproductive technologies to gain information, find support and discuss options, and these posts provide rich observational data for research.

The main topics that arise on the internet forums are being able to speak freely and safely, anonymity, telling others, interactions with doctors, travel logistics, quality of service and cost.

We note that people feel the need to be covert in approaching the topic of using sex selection technologies. These technologies are not legal in Australia, and it is clear that there are strong feelings against their use in the community. Forums focussing on gender selection provide a place for individuals to openly discuss these issues.

References


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