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*Constructing Gender from the
Inside Out: Sex Selection
Practices in the United States*

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IN THE JULY 2010 issue of the *Atlantic*, Hanna Rosin published a provocative article proclaiming “the end of men.” Among the evidence provided—increased rates of female employment and their higher levels of education—Rosin highlights girl preference data stemming from U.S. sex-selection practices. Her “unambiguous proof” of a significant cultural transformation, which she purports has left boys and men in the dust, is that a majority (75 percent) of those participating in a clinical trial of one new sex-selection method known as MicroSort sought girls.¹ Rosin neglects to mention that MicroSort is technologically more effective at raising a couple’s chances of producing a girl rather than a boy, because its sperm-sorting technique produces purer samples of X- rather than Y-chromosome-bearing sperm. It would follow, then, that couples preferring boys would less likely utilize this method, but would turn instead to a second, also new, sex-selection method—preimplantation genetic diagnosis (PGD)—that, unlike MicroSort, does not carry a technical bias toward the production of girls over boys. Rosin, however, provides no data from clinics offering PGD. And yet, in spite of these oversights, I will be arguing in this article that recent sex-selection practices involving new technologies in the United States do mark a significant socio-cultural-technical shift that feminists should be paying attention to—even if not the supposed “end of men.”

Feminist Studies 36, no. 2 (Summer 2010). © 2010 by Feminist Studies, Inc.

For more than a decade now, mass print and television media have been heralding the development and marketing of new technologies as the answer to a long quest for scientifically proven methods for selecting the sex of a child. MicroSort and preimplantation genetic diagnosis (PGD) are new methods of sex selection used in conjunction with assisted reproduction such as in vitro fertilization (IVF) or intrauterine insemination (IUI). MicroSort involves sorting sperm based on the chromosomes determinative of sex. PGD is a diagnostic technology that involves testing embryos produced through IVF for the characteristic of sex and then preselecting embryos for implantation based on sex preference. MicroSort and PGD both circumvent the politically contentious abortion issue because they are applied before pregnancy (although PGD may involve the discarding of viable embryos). The importance of this feature in the U.S. context cannot be overstated, and it is precisely what makes these technologies so marketable. At the same time, prospective customers of sex selection increasingly have found each other on the Internet, developing a collective identity based on their desire for a child of a particular sex. Patient/consumer activism via the Internet provides sympathetic, self-help spaces that allow individuals to express their intention to preselect their offspring's sex or their disappointment at birthing a child of the "wrong sex." Taken together, these developments signal a new era in which there is a potential for the practice of sex selection in the United States to become increasingly normalized.

In the late 1970s, the development of prenatal diagnostic technologies announced a first generation of medicalized sex-selective methods. Ultrasound scanning and amniocentesis to detect sex, if followed by sex-selective abortion, however, remains highly controversial and presents a dilemma for prochoice feminists, who are wary of endorsing any restrictions on abortion. Now, much has changed in the move from first- to second-generation sex-selection technologies such as MicroSort and PGD. Whereas the use of prenatal diagnostic technologies for sex selection was a perhaps unforeseen consequence of the increased medical surveillance of pregnancy, second-generation sex-selection technologies became possible because of the medicalization of infertility since the 1970s. First-generation sex-selection technologies afforded a "de-selection" of sex, which through

its active negation or choice against a particular sex via abortion carries negative connotations; second-generation technologies allow for sex “preselection,” which seems to imply choice in a more positive sense, that is, choice “for” rather than “against.” Such positive choice is illusory, as a choice “for” a boy necessarily involves a choice “against” a girl. Nevertheless, second-generation technologies benefit from association with assisted reproduction as opposed to abortion. Fertility clinics can use demand for sex selection to attract a wider range of customers who are not infertile.

This article is a critique of the practice of sex selection and an argument for the significance of that critique for feminist theory. Through a rhetorical analysis of sex-selection discourses by marketers, the medical establishment, and private consumers, I contribute to theorizing the social relations of technology and resist the mass media representation of sex selection as an inevitable consequence of “freedom of choice.” I hope to persuade U.S.-based feminists of the growing relevance of the issue to feminist concerns. My entrée into the issue of sex selection came from listening to first-hand accounts of women’s health activists in Mumbai who had since 1985 organized a campaign against sex-selective abortion. I thus came to view sex selection as a form of gender-based violence. Sex selection is now a transnational feminist issue, but I hope to make clear why new technologies and practices of sex selection should be of grave concern to U.S. feminists and why we also have a stake in how new technologies are introduced, marketed, and used. In the United States, it is presumed, sex selection does not constitute a gender discriminatory practice because of the lack of perceptible son preference. Libertarian feminist perspectives that critique government intrusions into matters considered private reduce the issue to a question of “freedom of choice.” Yet we need to look beyond the individual level of consumer choices to grasp more fully the implications of sex selection in the United States.

My approach to this issue combines several bodies of feminist inquiry: sex and gender; reproductive rights; cultural difference; and gender, health, and illness. My analysis puts these discursive fields into conversation in order to arrive at a broader framing that highlights the issues at stake for U.S. feminists and their allies. While focusing on sex selection in the United States, I intentionally hold in view the context of sex selection

in India for two reasons. First, my refusal to separate the Indian and U.S. contexts contrasts with popular, medical, and bioethical discourses that situate sex selection in India (or, more generally, Asia) as a polar opposite to U.S. practices. Viewing Eastern and Western contexts as oppositional and unequal immunizes U.S. sex selection from interrogation on cultural grounds. Second, by merging U.S. and Indian contexts, I aim to seek new directions for a feminist politics of reproduction that can bridge a number of increasingly untenable binaries: (over)fertility/(in)fertility, contraception/conception, developing/developed, irrational/rational, modern/post-modern, and population control/individual control. The discussion begins with a short background of the factors that drive the gradual normalization of sex selection in the United States. The article then explores five main issues: constructing gender *from the inside out*, that is, engaging U.S. sex-selection practices in the meanings of sex and gender; the right to have versus the “right” to choose children; making parents; cultural double standards concerning sex selection; and sex selection as a potential case study of new forms of medicalization. Ultimately, I argue that the normalization of U.S.-based sex-selection practices comes with high stakes. These include the reinforcement of sex and gender binaries, the undermining of the very meaning of reproductive rights, and the construction of “Third World women” as the site of irrational practices of sex selection.

FACTORS DRIVING THE NORMALIZATION OF SEX SELECTION IN THE UNITED STATES

Three main coinciding factors drive the trend toward sex selection in the United States. They are the emergence of a second generation of medicalized sex-selection technologies performed prior to pregnancy, the increasing publicity about these technologies in the popular media, and the formation of active Internet support groups for individuals who desire to preselect the sex of their children.

New Prepregnancy Technologies. Two forms of sex-selection technologies were developed in the 1990s: MicroSort, a sperm-sorting method, and PGD, a genetic test performed on embryos prior to their transfer into the uterus of a woman during IVF. MicroSort operates by sorting and separating a man’s sperm into X-bearing sperm that produce girls and Y-bearing sperm that

produce boys. Developed originally by the U.S. Department of Agriculture to sort bull sperm, the method underwent a trial in humans between June 1994 and March 2010. The Genetics and In Vitro Fertilization (GIVF) Institute in Virginia, which holds an exclusive license to apply the technique in humans, has applied to the Food and Drug Administration (FDA) for approval of the technique and currently awaits determination by the FDA of its application.² During the trial, the GIVF Institute used two laboratories for sorting sperm, one in Virginia and the other in California. A number of collaborating assisted reproductive technology (ART) centers around the country provided the method, using frozen, sorted sperm samples obtained from the two laboratory sites. The MicroSort process involves first applying a dye to sperm and then sending it through a flow cytometer device that causes the dyed sperm to fluoresce. The device then detects and quantifies the amount of fluorescence (more dye binds to X-bearing sperm). Subsequently, the device deflects X- from Y-bearing sperm to produce the sorted samples.³ A trial participant who would like a girl, for example, used the X-bearing sorted sample of sperm in conjunction with ART methods such as IUI or IVF to become pregnant. Among those who did get pregnant, GIVF claimed increasing the chances for a girl to 91 percent and for a boy to 76 percent.⁴ In the trial, MicroSort cost \$3,400 for the sperm-sorting procedure, which did not include the additional necessary costs of ART.⁵ Most women attempted MicroSort on average three times before either getting pregnant or dropping out of the trial. Recruitment ads for the trial appeared in the *New York Times*' Sunday Styles section and in airline in-flight magazines.⁶

First tested on humans in 1990, PGD came into more routine use by the end of that decade among infertile couples undergoing IVF in order to screen for disease-causing chromosomal arrangements or genetic sequences. The test involves extracting a single cell from each embryo in a batch created via IVF. Thus, if using PGD to select a girl, only embryos with XX chromosomes would be implanted in a woman's body. Combined PGD and IVF cost around \$20,000. PGD is highly accurate in determining the sex of tested embryos, although pregnancy rates using IVF are variable. Many ART clinics openly advertise sex selection services for nonmedical reasons.⁷

Functioning as a trade association for the ART industry, the American Society of Reproductive Medicine (ASRM) issues policy recommendations on the ethical use of technologies, but clinics are not required to follow them. In 1999, the ASRM Ethics Committee issued a report stating that PGD solely for sex preference (a.k.a. “nonmedical” sex selection) should be discouraged because of “risk of unwarranted gender bias, social harm, and the diversion of medical resources from genuine medical need.” Sex selection is sometimes practiced on medical grounds to detect sex-linked diseases such as hemophilia and Duchenne muscular dystrophy. In spite of the ASRM opinion and because of lack of regulation of the ART industry, clinics have in growing numbers begun to cash in on the lucrative sex selection market by offering PGD for sex selection. A feature article on sex selection in *Spirit*, Southwest Airlines’ in-flight magazine, reported that fertility doctor Jeffrey Steinberg quadrupled his business after offering PGD for sex selection. In fall 2006, the Genetics and Public Policy Center concluded that 42 percent of 415 clinics surveyed offered PGD for nonmedical sex selection.⁸

Popular Media and Marketing. Since 1998, articles on the new sex selection technologies have appeared widely in popular media, including the *New York Times Magazine*, the *Washington Post*, *Newsweek*, *Vogue*, *Fortune*, *Time*, an *Oprah* show, and a CBS News program. I examine the ways in which mass media abet normalization of sex selection with a critical reading of two texts: a *Newsweek* magazine cover story and a CBS News *60 Minutes* report. I argue that the main effect of this coverage is a decontextualized “freedom of choice” narrative that evades relevant social issues.

Titles such as “Brave New Babies” (*Newsweek*) and “Choose the Sex of Your Baby” (*60 Minutes*) introduce the issue of sex selection to popular audiences. Popular media dramatize a fundamental transformation in reproduction signaled by the new sex selection technologies. They sensationalize the transformative possibilities of the technologies at the individual level. Claudia Kalb writes in the *Newsweek* story, “The brave new world is definitely here. After 25 years of staggering advances in reproductive medicine . . . technology is changing baby-making in a whole new way. No longer can science simply help couples have babies, it can help them have the kind of babies they want.” In a similar vein, *60 Minutes* reports, “Want

to design the perfect baby? It's not as farfetched as you may think. . . . A new technology is helping couples manipulate Mother Nature in their favor."⁹ Sex selection technologies are posed as an "enhancement" of personal liberty and a win for science in a struggle to control nature. Both *Newsweek* and *60 Minutes* begin and end with case studies of couples who used the technologies to fulfill personal "dreams." We hear of Sharla and Shane Miller, who used PGD, and of Mary and Sam Toedtman and Lizette Frielingsdorf, who were enrolled in the MicroSort trial. The Miller, Toedtman, and Frielingsdorf families each had three boys before attempting sex selection for a girl.¹⁰ The desire to select sex after three children of the same sex is represented as rational rather than frivolous or indulgent.

By highlighting these stories, popular discourses support medical discourses that define sex selection technologies as socially acceptable. According to Marcy Darnovsky, feminist science scholar and associate executive director of the Center for Genetics and Society, the GIVF Institute in Virginia, which ran the clinical trial on MicroSort, appears to have played a large role in popularizing the concept of "family balancing." This notion presupposes that families without children of both sexes are "incomplete" or "unbalanced." Recruitment ads for the MicroSort trial marketed the sex-selection technology for aiding in "family balancing" or "gender variety." In order to participate in the MicroSort trial, a couple must already have children of a sex opposite to that desired. Initially Dr. Jeffrey Steinberg's fertility clinics also restricted access to PGD for sex selection to those who used it for "family balancing" but gave this up because of high demand among couples without children.¹¹ Popular media does not mention, let alone scrutinize, the preferences of families who clearly desire to select sex apart from "family balancing" reasons.

The popular media also obscures the fact that the majority of individuals who attempt these technologies do not achieve a pregnancy, let alone the birth of a child of the desired sex. Both *Newsweek* and *60 Minutes* end by recounting the happiness and joy of the parents in the successful cases, using melodramatic narratives of individual healing and the overcoming of obstacles in order to achieve a happy ending. Rather than present the cases as oddities, *Newsweek* and *60 Minutes* bolster the notion that these individual stories are common, with suggestions of high demand for the technologies.

Popular media representations of sex selection do include conflicting opinions about the practice but downplay the concerns of medical professionals or medical ethicists in comparison with the narratives of scientific and personal or family success. There are no personal stories of individuals adversely affected by pressures to select the sex of their children nor are there contrary opinions from members of civil society.

Mass media discourses treat sex selection as similar to other kinds of new medical enhancement drugs or treatments for behavior, cognition, athleticism, and so forth. Presumably, as long as no harm is done to anyone else, individuals have the right to alter or enhance themselves or their lifestyles. In the case of sex selection, popular media assumes that the right to have a particular kind of child simply extends from the right to have children, at least for those who can afford the technologies. *Newsweek* and *60 Minutes* do not question the implications of stratified use. They do not ask how the treatment of nonmedical preferences of a few affects access to the medical treatment needs of many. They do not ask whether assisted reproduction clinics, as they increasingly vie to attract wealthy, fertile consumers, will only deepen racial and socioeconomic disparities in access to fertility technologies for those who are infertile.

Although they mention the high price tag for the technologies and the lengthy, cumbersome procedures involving assisted reproduction, the articles neglect to mention health risks posed by PGD or discuss how the risk/benefit profile of undergoing sex selection and assisted reproduction technologies might change for nonmedical uses by fertile couples. Presumably, acceptable levels of risk should be lower for “healthy” (that is, fertile) users of the technologies, wishing to select nonmedical traits in their offspring. Yet popular media depictions do not scrutinize safety and related regulatory issues.

In sum, mass media celebrates the arrival of new sex selection technologies as a revolution in the way people have children. The theme of scientific “technological breakthrough” surfaces prominently in these mass media depictions of current and future practices and prospects of sex selection. Replete with personal stories of those who have used the new technologies successfully, media representations stress the individual benefits of the technologies. Media stories do highlight controversy. Yet, in

spite of the inclusion of critical voices on nonmedical sex selection, the media does not investigate the issues raised. It portrays sex selection practices, for better or worse, as a *fait accompli*. In these ways, the mass media drives the momentum behind the increasing normalization of sex selection in the United States.

Internet Support Groups. The development of Internet support groups has also increased public awareness of sex selection. Jennifer Merrill Thompson prefaces her book, *Chasing the Gender Dream: The Complete Guide to Conceiving Pink or Blue with the Latest Sex Selection Technology and Tips from Someone Who Has Been There*, with a description of her interaction with an online virtual community and friends “who had a similar obsession.”¹² Several Internet Web sites provide forums where those who desire sex-specific children can meet and support each other. These include the “Determining Sex” and “Disappointed about Gender” bulletin boards at babycenter.com; “Gender Determination” board at ivillage.com, and various forums at In-gender.com including one on “Gender Disappointment” that stipulates, “This is a support forum, not a debate forum. Any comments along the lines of ‘you should just be glad you can have children when others can’t’ or ‘you ought to be happy with what you have’ will be swiftly deleted without apology.”¹³ The self-help and support provided by these Internet communities do much to bolster the social legitimacy of sex selection practices. In an article in the *New York Times* on sex selection, Lisa Belkin comments on Internet support forums:

These women do not question whether the sex of a child should matter. They take it as a given. Just as it is different being a boy than a girl, they say, it is equally different being a parent to a boy than to a girl. Yes, they understand that the health of a child is most important, but that does not mean that everything else is unimportant. They talk about sex selection as if it were the norm, their right. And all their talk goes a long way toward making it so.¹⁴

In these ways, Internet support forums do much not only to popularize and spread information on second-generation sex selection technologies but also to demonstrate demand for them.

The advent of second-generation technologies alongside the increased presence of sex selection in popular media and Internet support communi-

ties signal the increasing normalization of sex selection in the United States. The advent of second-generation technologies alongside the increased presence of sex selection in popular media and Internet support communities signal the increasing normalization of sex selection in the United States. That two separate methods of pre-pregnancy sex selection appeared at more or less the same moment may have been a factor in the normalization process. Although different in design and function, both MicroSort and PGD have been able to make claims of ethical acceptability, compared to first-generation sex-selection methods utilizing abortion. Also, competitive assertions of superiority undoubtedly increased the visibility of both. (PGD wins on relative efficacy, because MicroSort merely raises one's chances of achieving a child of desired sex while PGD virtually guarantees it, if one can get pregnant and carry to term. MicroSort, however, wins for limiting intrusiveness and the production of ethically problematic objects such as undesired embryos.) The push and pull of such assertions against one another has not only shaped the direction of ethical debate, but seems to have emboldened the development of both. While the FDA has a hand in the outcome of MicroSort use in the United States, PGD use for nonmedical sex selection continues to expand. Outside of the minimal reporting requirements of the Centers for Disease Control and Prevention for IVF success rates, no federal regulatory mechanisms have extended their reach over the primarily self-regulating U.S.-based ART clinics.

Moreover, regardless of the still-pending FDA determination on MicroSort, GIVF seems to have extended the commercial life of its experimental sperm-sorting method through the "outsourcing" of MicroSort laboratories to Mexico. Even though a recently appearing MicroSort statement posted on its international Web site (microsort.com as opposed to microsort.net) carefully explains that "MicroSort is not for sale in the United States" and "In the United States, MicroSort is available only to qualified participants through a clinical trial," U.S. clients can now easily access the method outside the jurisdiction of the FDA in Mexico for a sort fee significantly less (nearly one-third) than in the United States.¹⁵ This news created a buzz of activity on In-gender.com after someone using the site name "Diego" first posted this information on May 18, 2009. Among the responses, "I Luv My Kids~~~" posted on September 28, 2009:

really wow!!!where is it in mexico again and what are hotel costs down there . . . maybe there is [sic] resorts where you can get a package to stay down there awhhh it would be a nice get away hubby,sand,beach my dream of dd [darling daughter]coming true. . .¹⁶

And while sex-selection practices via MicroSort may move across the border to Mexico where they can circumvent FDA restrictions, some U.S.-based clinics using PGD technologies increasingly cater to an international clientele. Touting itself as “the world’s largest and most successful gender selection program,” the Fertility Institutes in Encino, California, utilize a number of advertising techniques to offer PGD to reproductive “tourists” from outside the United States, thereby establishing itself as another new node amid circuits of travel in the transnational reproductive economy. Clearly, the transnational implications of U.S. sex-selection practices need further study.

I turn now to a more theoretically rooted discussion for scholars and activists who take into account social justice frameworks at least as much as they do individual liberties and whose work can benefit from an increased attention to sex selection.

CONSTRUCTING GENDER *FROM THE INSIDE OUT*:
REINFORCEMENT OF SEX AND GENDER BINARIES

Controversy around sex selection stems partly from public discomfort with human intervention into nature or “divine will.” For example, an article by Tanya Wenman Steel on MicroSort in *Child*, a magazine for parents, reports on the case of a Catholic couple who successfully conceived a girl after three tries using the sperm-sorting method. In answer to the moral dilemma of whether sex selection represents a form of “playing God,” the mother replied, “God has made this technology available and he’d want us to use it.”¹⁷ While second-generation methods of sex selection might defy notions of sex as a preordained trait, they do not challenge the dominant construction of sex and gender as dualistic categories. This section argues that although sex has increasingly become biomedically alterable (at least within the confines of the female/male binary), gender becomes more determined by body geography. Even consumers with feminist impulses, who desire to rear empowered girls and women,

base conceptions and the possibility of girlhood within a rigidly defined, unambiguous female body. In this way, sex selection practices represent a kind of body politics in which girlhood becomes geneticized, and sex and gender binaries are reinforced.

Sex selection, along with many other social and cultural practices, reinforces the gender binary. Popular media on the subject and Internet support Web sites reveal that the motivations of those who desire to choose the sex of their children hinge on common gender stereotypes. The *CBS News Early Show* quoted Monique Collins, a participant in the MicroSort trial: "I wanted to have someone to play Barbies with and to go shopping with; I wanted the little girl with long hair and pink and doing fingernails."¹⁸ Contemplating sex selection, Steel writes:

I knew I was in trouble when I bought the pink tutu. This piece of flowery femininity had caught my eye as it hung in the window of a children's clothing store. I thought about it for weeks before buying it for a friend's daughter. But for whom was I really buying it? For my friend's little girl or for myself, to feed an unspoken hunger within? Four years ago, I conceived (naturally) twin sons. Now that they're "big boys," my house has become a shrine to Power Rangers. We have enough Matchbox cars to fill a real garage. When I watch the boys interacting with female playmates, I fantasize about raising a daughter myself.¹⁹

After achieving her "gender dream" of having a girl through MicroSort, Jennifer Thompson concludes her guide to sex selection, "The first time I went to purchase a little dress and hairbows for my daughter, I almost welled up with tears."²⁰ *New York Times* reporter Lisa Belkin sums up postings to Internet sites by those desiring girls, "They speak of Barbies and ballet and butterfly barrettes. They also describe the desire to rear strong young women."²¹ These examples raise a number of questions related to how one "does" gender through sex selection, even understandings of gender apparently motivated by feminist ideas of strong girls and women. Although the use of sex selection does not necessarily foreclose raising children in nonnormative gendered ways, anecdotes in popular media suggest that gender expectations and desires of parents are fueled by normative stereotypes of gender.

Furthermore, discourses around sex selection reinforce the idea of sex as a foundational category of gender, because the choice between blue and pink ultimately translates to the chromosomal options of either XX or XY. Consumers of second-generation sex-selection technologies not only seek to choose the sex of embryos, but they also do so on the basis of an imagined already gendered child. In effect, consumers choose the sex of babies as a guarantee of child gender, thereby re-affixing gender to sex. Sex selection seems to lock in or fuse societal or parental gender expectations and desires at the site of the sexed infant body, fetus, embryo, or sex chromosome of sorted sperm.

How should current sex-selection practices in the United States affect the way theorists have conceptualized sex and gender? Early feminist theories constructed a liberatory version of a sex/gender binary in order to oppose arguments that related women's oppression to a fixed biological destiny of females and to highlight the social construction of gender. New forms of activism and theory since the 1990s have extended construction arguments to the category of sex and in the process have reconceptualized sex as socially constructed. Anne Fausto-Sterling and Judith Butler are among the more influential theorists who have questioned the sex/gender binary. Illuminating the highly integrated social constructions of sex, gender, and sexuality, their analysis is closely connected with queer and lesbian/gay/bisexual/transsexual/intersex (LGBTI) activism and movements. Fausto-Sterling explains, "Our bodies are too complex to provide clear-cut answers about sexual difference. The more we look for a simple physical basis for 'sex,' the more it becomes clear that 'sex' is not a pure physical category. What bodily signals and functions we define as male or female come already entangled in our ideas about gender."²² Similarly, Butler contends,

And what is "sex" anyway? Is it natural, anatomical, chromosomal, or hormonal, and how is a feminist critic to assess the scientific discourses which purport to establish such "facts" for us? . . . If the immutable character of sex is contested, perhaps this construct called "sex" is as culturally constructed as gender; indeed, perhaps it was always already gender, with the consequence that the distinction between sex and gender turns out to be no distinction at all.²³

These ideas radically altered former feminist theorizations that posited gender as a social construct against the “biologically determined” category of sex. Patient-rights based activism by Suzanne Kessler and the Intersex Society of North America provides an additional basis for theoretical explorations into the social construction of sex. Just as LGBTI activism required feminists to rethink the distinction between sex and gender, it might now be the time to engage practices of sex selection in our theoretical explorations into sex and gender. At its best, sex selection in the gene age promises a denaturalization of sex, the ultimate ability of humans to self-determine biologies and thereby identities, subjectivities, and destinies. Yet, we know that the real world makes this possibility contingent upon social and cultural power dynamics and inequalities. The use of PGD for sex selection in the United States and the possibility that MicroSort may become widely available appear more likely to represent a renaturalization of gender in sex that undermines decades of feminist theoretical work insisting on the social construction of gender. Moreover, the potential to abuse these technologies in gender discriminatory ways warrants scrutiny by feminists.

THE RIGHT TO HAVE VERSUS THE RIGHT TO CHOOSE BABIES

Feminist inquiry has long addressed issues related to reproduction, such as pregnancy, abortion, adoption, fertility, sexuality, contraceptive or contraceptive technologies, and pronatal or antinatal population policies. Many positions characterize the debate. Feminists have both celebrated and denigrated motherhood, both embraced and repudiated technologies in their visions and movements for self-determination, liberation, and/or justice. Here I consider how feminists concerned about reproductive rights and justice might think about sex selection. In spite of real differences, feminist scholars and activists have to a large extent reached consensus in support of a reproductive right for individuals to have or not have children. The International Conference on Population and Development (Cairo, 1994), in which feminist advocates from all over the world participated in unprecedented levels, produced a concluding document that codifies “the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to

have the information and means to do so" (Article 7.3).²⁴ It makes no reference to an individual's right to choose *characteristics* of children, nor is this anywhere implied. Yet, the availability of sex selection in the United States and elsewhere bolsters extreme libertarian perspectives on reproductive rights that stray a long way from this meaning.

For example, bioethicist John Robertson views the selection of genetic characteristics in offspring as an extension of an individual's right to procreate:

Some right to engage in genetic selection would also seem to follow from the right to decide whether or not to procreate. People make decisions to reproduce or not because of the package of experiences that they think reproduction or its absence would bring. In many cases, they would not reproduce if it would lead to a packet of experiences X, but they would if it would produce packet Y. Since the makeup of the packet will determine whether or not they reproduce, a right to make reproductive decisions based on that packet should follow. Some right to choose characteristics either by negative exclusions or positive selection, should follow as well, for the decision to reproduce may often depend upon whether the child will have the characteristics of concern.²⁵

Significantly, Robertson supports selection of nonmedical genetic characteristics in children as well as human reproductive cloning, basing his positions on a liberal and individualist view of reproduction. Although Robertson presents the right to choose characteristics of children as a logical extension of the right to decide whether to have children, his "freedom of choice" paradigm, like media portrayals, masks a number of social issues related to reproduction.

First, Robertson's notion of procreative liberty ignores the ways in which power relations stratify the reproduction of different groups of people. In *Conceiving the New World Order: The Global Politics of Reproduction*, Faye D. Ginsburg and Rayna Rapp put forth a definition of stratified reproduction as "power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered."²⁶ Given that second-generation practices of sex selection require assisted reproduction, sex selection is an expensive practice accessible only to wealthy women. However, the practice of sex-selective abortion continues as the

low-income option. In this way, we see a growing trend of stratified practices of sex selection within overall stratified practices of reproduction. The possibility or indeed likelihood that moral distinctions may be made according to type of technology used, that is, assisted reproduction (read: good sex selection) versus abortion (read: bad sex selection), may unwittingly grant antichoice activists another opportunity to gain the upper hand in questions of morality that permeate the U.S. abortion debate. Indeed, U.S. Representative Trent Franks (R-AZ) proposed antichoice laws in 2008 and 2009 at the federal level that would prohibit sex-selective abortions on the grounds that such a law would deter sex discrimination.²⁷

Second, Robertson promotes a market approach in which “freedom of choice” is seen to be the ultimate good regardless of the context of the “choices” or the differential way in which women can participate in this “choosing” depending on their social location. Gail Weiss, who provides one of the few feminist perspectives on sex-selective abortion stemming from the United States, argues that “the decision to perform SSA [sex-selective abortion] is . . . almost never made by the pregnant woman alone.” Weiss analyzes sex-selective abortion from the standpoint of family and community practices that “make it appear to be a desirable (and, for many, the only viable) option.”²⁸ Correspondingly, an awareness of the ways in which context determines women’s choices has led advocates against widespread sex-selective abortion of female fetuses in India to insist that any regulatory measure designed to curb the practice must not punish the woman who undergoes the technology.

Not only does context matter for those groups of relatively disadvantaged women facing multiple constraints on their decision-making power, but also feminist sociologists and disability scholars increasingly point out that the commercialization of reproduction can circumscribe choice even for those who have financial access to expensive technologies. Sociologists Anne Kerr and Sarah Cunningham-Burley note that as new technologies become operationalized in service of existing social conventions that confine and restrain the abnormal, they represent a limitation rather than an expansion of real choice for individuals: “Bodies remain docile when the options for their reinvention follow the conventions of beauty and health; and reproduction remains a fateful process because of the very ability to

eliminate the undesirable in favor of a norm.” Disability scholar Shelley Tremain elaborates on this theme through the now widely practiced use of prenatal screening technologies. Tremain argues that “the government of impairment in utero is inextricably intertwined with the government of the maternal body.” Rather than simply expanding choice, Tremain interprets prenatal screening technologies as effectively limiting “the field of possible conduct in response to pregnancy.” Silja Samerski similarly critiques prenatal genetic counseling as a form of “professionally imposed self-determination” that “does not empower patients” but rather presents them with a “fiction of choice.”²⁹ These perspectives provide a counterpoint to the simplistic “technology as progress and expansion of choice” messages expressed in both popular media and libertarian statements about reproductive technologies.

Some critics of reprogenetic technologies find the prospect of choosing characteristics through negative or positive selections disturbingly reminiscent of eugenics and tending toward the commodification of children. In a commentary on sex selection published in 2002 in the *Atlantic Monthly*, Margaret Talbot writes,

It might sound harmless enough, maybe even kind of cute—this impulse to pick and choose, pink or blue. But if we allow people to select a child’s sex, then there really is no barrier to picking embryos—or, ultimately, genetically programming children—based on any whim, any faddish notion. . . . A world in which people (wealthy people, anyway) can custom-design human beings unhampered by law or social sanction is not a dystopian sci-fi fantasy any longer.³⁰

Feminist critics of population control, women of color advocates of reproductive justice, and disability scholars, in particular, have drawn parallels between past and present forms of eugenics in order to emphasize the recurrent devaluation of the reproduction of marginalized groups in dominant popular discourses.³¹ In contrast to Robertson’s notion of reproductive rights, feminist theorizations on reproduction have a long tradition of analysis of social (rather than exclusively individual) aspects of reproduction voiced in critiques of stratification, choice, and eugenics. Applying these perspectives to a discussion thus far dominated by medicine, professional bioethics, and popular media can productively ground limited and

erroneous notions of rights and choice that accompany the conversation about U.S. sex selection.

CHOOSING BABIES, MAKING PARENTS

Feminist theories of reproduction increasingly have moved from the limited notion of individual agency in “reproductive choice” to a broader view of reproduction as a complex social process involving what women’s health and science studies sociologist Adele E. Clarke calls “messy, ‘sticky’ and ‘distributed’” agencies among different human and nonhuman actors.³² Given that the second generation of sex-selection technologies can be viewed as one outcome of ARTs, an analysis of the current trends in sex selection can derive much from Charis Thompson’s *Making Parents: The Ontological Choreography of Reproductive Technologies*. Thompson uses ethnographic research involving patients both inside and outside of the fertility clinic setting to interrogate what she names the “ontological choreography” of assisted reproduction and the biomedical mode of reproduction.³³ Thompson emphasizes the messiness of the clinical experience, including the scheduling of intensive monitoring tests through regular ultrasounds and blood work, the timing of ovulation, the drug regimens, the egg retrieval, and embryo transfer processes. She analyzes the relational work among many parties, including reproductive partners, egg and sperm donors, surrogates, and physicians. Like other feminist theorists of reproductive technologies emerging in the 1990s, she highlights agency through a methodological emphasis on the multiplicity of women’s experiences with technologies.

Charis Thompson focuses on “making parents” rather than making babies partly to stress how ARTs since the 1990s have increasingly become accessible to single adults and lesbian and gay couples, that is, those groups for whom it is important to assert “reproductive privacy” in undergoing ARTs and for whom infertility issues are not the primary reason for seeking them out.³⁴ Similarly, many consumers of second-generation sex-selection technologies avail themselves of ART services as a means to select the sex of their offspring, not because they face infertility. Like single adults and lesbian and gay parents, they may perceive a climate of public disapproval for their reproductive “choices.” In her sex-selection guide, for

example, Jennifer Thompson writes that she does not reveal her participation in the MicroSort trial while attending an IVF class with other patients, nor does she tell her regular obstetrician to whom she is transferred once her pregnancy via IVF is established.³⁵

“Making parents” further suggests a kind of identity politics. Jennifer Thompson, in a description of her “obsession” to have a girl child, writes, “I didn’t want to be just a ‘boy mom.’”³⁶ This comment suggests that the flip side of “making particular babies” is the “making of particular parents.” In the case of sex selection, new identities may include “girl mom,” as in Thompson’s case, or family identities such as “complete” or “balanced.” The notion that sex selection may have something to do with the identity construction of parents opens up many new questions about the practice that extend far beyond individual “procreative liberty” alone. How is gender constructed relationally within families (both the normative heterosexual family and other types)? How does the sex of children have a bearing upon the gendered identity of parents? Sex-selective choices relate not merely to the embodiment of a desired gender in the resulting child but to the gendered identities and practices of parents/families as well.

Few studies exist on the influence of a child’s sex or gender on family process in the United States. In a literature review on this subject, sociologists Sara Raley and Suzanne Bianchi conclude that a son preference exists in the United States in spite of relatively even child sex ratios and presumed gender egalitarianism:

As a whole, the literature suggests that gender of children has implications for the ways in which parents treat, spend time with, invest in, and ultimately receive care from their children later in life. Although some of the evidence is inconclusive, boys, on average, do less housework than girls, have more engaged and perhaps committed fathers, have higher paternal earnings, and have parents with greater marital happiness. In short, boys are more likely than girls to reap the financial and emotional benefits associated with two-parent families.³⁷

There is also a dearth of studies on sex preferences of individuals who would use sex selection technologies. According to one study done by Roberta Steinbacher and Faith Gilroy, birth order may be another factor influencing sex preferences. Of 179 young adults they surveyed who indi-

cated a sex preference for their firstborn child, 72 percent wanted boys.³⁸ Although data on child sex preferences in the United States remain scant, the idea that these preferences link in complex ways to parental identity and family processes seems probable.

Double Standards—Sex Selection and Cultural Determinism. This section looks at feminist theories on cultural difference as I explore the transnational dimensions of sex selection. The defense of sex selection in the United States has depended on the alterity of sex-selection practices in other nations and cultures, primarily India and China. The social legitimacy of sex selection in the United States is based on the claim that Western societies respect genders equally, lacking any sex- or gender-based discrimination that would negatively influence sex-selection practices. The discursive use of “sex selection” to denote practices in India and China and “gender selection” to denote practices in the United States is one such practice of “othering.” For example, Jennifer Thompson contrasts a brief mention of son preference in “underdeveloped areas” with the U.S. experience: “In the United States . . . there appears to be more interest in trying to conceive a girl—maybe because of American women’s increased roles and rights, their ability to say what they want and to ‘go for it,’ and they often want daughters.”³⁹ Throughout this personal narrative, Thompson uses “gender” in place of “sex” (for example, gender selection, gender dream, gender determination, gender balance). U.S. popular media and Micro-Sort recruitment ads also almost exclusively refer to “gender selection” in place of “sex selection,” a word usage that exploits associations of “gender” with empowerment and development.

Professional bioethics discourse has ascribed son preference as the moral basis for condemning sex-selection practices in China and India and “family balancing” as the basis for allowing sex-selection practices in the West. Bernard Dickens et al. invert “the principle of justice that like cases be treated alike” and suggest that similar approaches to sex selection in different settings around the world amount to an ethical injustice. The authors argue that “sex selection for family balancing of subsequent births is not based on cultural discrimination against either sex, and tends to maintain rather than upset a population’s overall birth ratio.” They then argue against son preference as an incentive, which they see as illegitimate,

unlike “family balancing.” Prohibitions on sex selection in countries like Canada, the authors insist, do not serve to eliminate sex discrimination and are “both unjust and oppressive.”⁴⁰

Without denying the importance of cultural specificity, “cultural difference” arguments related to the issue of sex selection assert Western superiority while creating an undifferentiated Other in their representation of Eastern sex-selection practices. They assume the existence of singular and coherent “cultural worlds.” “Cultural difference,” as maintained by Dickens et al., justifies the use of double standards that exacerbate inequalities between women across cultures. They rule out the possibility of a common alternative ethical basis beyond son preference or family balancing for evaluating sex-selection practices that does not limit our understanding of the technology’s meaning to two neatly polarized contexts. Rather than deny the importance of context to understanding sex selection practices, we need to move beyond simple either/or descriptions that obscure multiscalar (local to global) social, political, economic, and cultural processes at work.

Elisabeth Bumiller’s *May You Be the Mother of a Hundred Sons* from the 1980s exemplifies a quintessential Western gaze that condemns Indian practices of sex selection, representing them as primarily culturally determined. During her travels in India she spoke about sex selection with physicians, feminists, and women desiring to abort female fetuses. Invited by one physician to observe a chorionic villus sampling test for sex determination, Bumiller writes:

As I watched the wire’s journey on the screen of the ultrasound machine, I slowly became disgusted. It had been building all week, but I think seeing this woman with her legs spread on the examination table, so exposed, and in a sense, so violated by the forces of her society, caused something to snap in me. What right did India have, I thought, to take the newest technology from the West and use it for something as reprehensible as the slaughter of female babies?

Although she recognizes the irony of her own use of “slaughter,” given her support of women’s abortion rights, she reprimands as “more emotional than rational” Indian feminists who use similar language (as, for example, “female feticide”) in their campaigns against sex-selective abor-

tions. Bumiller decides that she cannot reconcile the differences between the United States and India. Like the aforementioned professional bioethicists, she would not ban sex-selective abortions in the United States but finds state regulation to prevent these in India warranted. Likening female infanticide stories from a small, impoverished village in India to accounts of sex-selective abortions in wealthy parts of Mumbai, she blames static Indian culture. “Ultimately,” writes Bumiller, “the ‘sex test’ was proof that education and material progress alone cannot alter traditional attitudes.”⁴¹ A number of feminist postcolonial theorists have pointed out similar traps like the one laid here by Bumiller that condemn, in this case, “Indian culture” for sexist practices at the same time as they exonerate Western practices from criticisms related to culture.

Bumiller’s argument resembles the “death by culture” rhetoric of “othering” that Uma Narayan illuminates in her analysis of contrasting perceptions of dowry murders in India and domestic violence murders in the United States. Similarly, Nira Yuval-Davis underlines that “essentialized constructions of ‘cultural difference’ constitute one of the major modes of contemporary popular racisms.” Cultural difference gets marked through discursive objects such as “Third World Women,” which can assist the boundary construction of sex selection practices along “cultural world” lines. Chandra Mohanty has contrasted portrayals of Western women in scholarship “as educated, as modern, as having control over their own bodies and sexualities, and the freedom to make their own decisions” with that of the Third World woman as “an essentially truncated life based on her feminine gender (read: sexually constrained) and her being ‘third world’ (read: ignorant, poor, uneducated, tradition-bound, family-orientated, victimized).”⁴² The construct, “Third World women,” then, flexibly fits notions of “bad” sex-selection practices in faraway cultures, whether that Third World woman is viewed as an ignorant perpetrator or as oppressed victim of violence against women. Similar to (mis)understandings of other issues of violence against women in India represented across borders, sex selection has become strongly decontextualized in the U.S. popular imagination. Media, professional bioethics, and some academic discourses in the United States reinforce simplistic cultural explanations for what has gone wrong with sex selection in the East.

Applying a singular standard to evaluate sex selection in countries of Asia obscures the varied factors that drive sex selection practices in those regions beyond son preference alone. For example, sex selection is often practiced among the Indian middle and upper classes, which desire smaller families and face neoliberal consumerist pressures. Rupsa Mallik adds to son preference a host of other factors that drive sex-selective abortions in India, such as state population policies that impose a two-child norm; prosperity in states like Punjab and Haryana, which as a result of rapid upward mobility have seen a decrease in female labor participation and an increase in dowry payments; and even high levels of female education, combined with access to information and technology in Delhi and Chandigarh, which Mallik argues have led to greater autonomy among women seeking sex selection. Jennifer Thompson generalizes discriminatory forms of sex selection as all stemming from “underdeveloped areas,” but Mallik provides an alternative understanding that implicates the very forces of “development” in India’s rising sex-selective abortions:

Modernization, defined as increased access to education and communication technology, has also contributed in the diffusion of SD [sex determination] and SSA [sex-selective abortion]. This is notable in the role that mass media plays in the spread of upper caste values and the accompanying anti-female bias. Adoption of these norms by communities that have traditionally been more egalitarian towards women has also served to intensify discrimination against women.⁴³

Mallik’s insight troubles depictions proffered by Jennifer Thompson and Bumiller that underdetermine individual agency just as they overdetermine notions of ahistorical cultural forces in defining Eastern sex-selection practices. Just as we cannot deny that individuals in India may seek sons in an effort to balance their families, we cannot overlook that sex preferences in the United States may be tied to larger familial and cultural pressures. On the other hand, media accounts in the United States portray science (not culture) as compelling Western sex-selection practices undertaken by technologically enabled, autonomous individuals.

Emerging U.S. sex selection calls for new feminist analysis that can dislodge widely held assumptions about agency, access, and constraints

related to technology use, which are bound to particular geopolitical contexts. For example, India too has become a site where transnational consumers (not to mention its own growing middle class) can access state-of-the-art ARTs relatively inexpensively. Shree Mulay and Emily Gibson, in their research on Indian marketing of assisted reproductive services to foreigners, uncover evidence of this trend, including a marked rise in Web sites soliciting medical tourism (these sites quadrupled in just two years, from 2004 to 2006); the advent of the twelve-month “medical visa” (unlike the six-month tourist visa); presence of a strong private sector with “up-market tertiary hospitals”; and state, federal, and international (World Trade Organization) economic policies that promote medical tourism.⁴⁴ Second-generation sex-selection technologies and a burgeoning market for assisted reproduction services led the Indian government to expand its regulation of prenatal diagnostic technologies to include pre-pregnancy sex selection. Yet imperialist “othering” perceptions obscure an understanding of high-tech pre-pregnancy methods in India as well as use of sex-selective abortion in the United States.

The practices of “othering” sex selection also obscure the fact that cultural differences rarely coincide neatly with geopolitical boundaries. The targeted marketing of sex selection to U.S.-based immigrant communities with known son preference⁴⁵ and the phenomenon of “reproductive tourism” to the United States by persons who wish to bypass regulatory restrictions to these technologies in their own countries provide evidence to the contrary. For example, National Public Radio (NPR) reported on December 20, 2006, that 90 percent of foreign-born patients from Korea, India, or China who access the Huntington Reproductive Center in Southern California for sex selection ask for a boy. Moreover, the NPR report interviewed an Indian-born couple now residing in British Columbia, Canada. After having two girls conceived naturally, the couple traveled to California to access PGD for selecting a male embryo.⁴⁶

Political-economic factors that implicate the United States in India’s rising sex selective abortions debunk the widespread perception of sex-selection problems there as solely culturally determined. The American company, General Electric (GE), for example, captured the largest market share for ultrasound scanners in India. GE sold a disproportionate number

of these machines in northwest India, where the female-to-male child sex ratio is now among the lowest in the country.⁴⁷ In an effort to enforce implementation of the 1994 act that banned sex selection, the Indian Supreme Court in 2001 ordered, among other measures, that companies such as Wipro GE, Philips Medical Systems, and Siemens provide information on the individuals or groups to whom they sold ultrasound machines in the previous five years. Another American company, Gen-Select, recently marketed dubious sex-selection kits in the *Times of India*.⁴⁸

Furthermore, the United States has a long history of supporting population control measures in India, and some proponents of sex selection view it as an ideal form of family planning and population control. The U.S. Agency for International Development (USAID) has influenced the formation of population policies that promote a two-child norm in states such as Uttar Pradesh and Andhra Pradesh. These have led to intensification in sex-selection use. USAID has notably remained silent on the issue of increased sex selection practices in India.⁴⁹

Although the defense of “gender” selection in the United States has depended on contrasting and flattening perceptions of “sex” selection in India, the political and economic factors affecting sex selection often occur transnationally, as do practices of sex selection. The factors that drive sex selection practices around the world are increasingly complex, defying explanation through cultural or economic difference alone. They necessitate moving away from double standards in evaluating the social and ethical implications of these technologies. We need broader frames that can encompass all of the messiness and contradictions associated with transnational sex-selection practices. In the next section, I explore one possible alternative framework that stems from new feminist theorizations in the sociology of health and illness.

TOWARD AN ALTERNATIVE FRAMEWORK:

SEX SELECTION AS A CASE STUDY OF BIOMEDICALIZATION

To suggest a potentially productive, theoretical site for analyzing sex selection, I draw on theories of “biomedicalization” by feminist sociologists Adele E. Clarke, Janet K. Shim, Laura Mamo, Jennifer Ruth Fosket, and Jennifer R. Fishman. Clarke et al. illuminate five politico-economic, tech-

noscientific, and sociocultural processes that together constitute biomedicalization, expanding on Irving Zola's approach to medicine as an institution of social control. According to Clarke and her co-authors, medicalization refers to "the extension of medical jurisdiction, authority, and practices into increasingly broader areas of people's lives." Medicalization is the process by which previously social issues come under the medical gaze. The authors claim that technoscientific innovations in biomedicine since around 1985 have led to "a second 'transformation' of American medicine" revealed through new social forms and major changes in the organization and practices of contemporary medicine.

In the current technoscientific revolution, "big science" and "big technology" can sit on your desk, in a pillbox, and inside your body. That is, the shift to biomedicalization is from enhanced control over external nature (i.e., the world around us) to the harnessing and transformation of internal nature (i.e., biological process of human and nonhuman life forms), often transforming "life itself."⁵⁰

"From the inside out" is a repeated metaphor in the paper on biomedicalization which captures the basic idea of "harnessing and transformation of internal nature." I have borrowed it here to highlight how new forms of sex selection represent a social and cultural construction of gender from within bodies.

Central to the definition of biomedicalization is a notion of power far more flexible, contingent, and less essentialized than in former social critiques of biomedicine. Given the privileged social locations of patients/consumers of sex selection in the United States, who do not readily fit the model of a socially controlled group imposed upon by an all-powerful medical establishment, I find this framework particularly useful in analyzing second-generation sex-selection practices. Clarke et al. define biomedicalization as "the increasingly complex, multisited, multidirectional processes of medicalization, both extended and reconstituted through the new social forms of highly technoscientific biomedicine."⁵¹ I argue that sex selection constitutes a case study of biomedicalization. I briefly return to some points made in prior sections to highlight how they pertain to biomedicalization processes.

PGD and MicroSort were developed in a new era of medical science and technology that increasingly focuses on genes, proteins, and genomes. They represent a trend that some scholars call “geneticization,” which refers to the study of differences in humans at chromosomal and DNA levels. Clarke et al. refer to the merging of geneticization with computer and information technology as the technoscientization of biomedicine. In PGD, social differences in human gender are constructed at the level of chromosomes extracted from day-old embryos.

The development and spread of new knowledges on second-generation sex selection technologies by consumers via the Internet and popular media represent the changing faces of information production and distribution indicative of biomedicalization. No longer does medical knowledge simply emanate from scientific literature and medical professionals. Popular media, Internet support forums, and other literature stemming from nonmedical professionals, along with medical discourses, have paved the way for the growing social legitimacy of sex selection. Concurrent with the rise of second-generation sex-selection technologies came advancements in information technology and its rapid accessibility across national boundaries. By serving as the foundation for the development of chat rooms and medical tourism enterprises, information technology propelled the transnationalization of sex selection.

One outcome of a gene age beginning in the 1990s is that genetics (and a kind of genetic determinism) has attained cultural primacy over environmental, social, cultural, political, and economic determinants of human subjectivity. The construction of identity through technoscientific means represents another process that signals biomedicalization. Clarke et al. explain that “biomedicalization enacts its regulation of bodies through offering not just ‘control over’ one’s body through medical intervention (such as contraception) but also ‘transformation of’ one’s body, selves, health” that can create “new selves and identities (mother, father, walker, hearer, beautiful, sexually potent person).”⁵² As discussed above, consumers of sex selection often seek new individual (“girl mom”) or family (“balanced”) identities. In this way, sex selection represents a customization of children’s sex to fit individual adult preferences and to create technoscientifically based parental or family identity.

In a discussion on the economics of biomedicalization, Clarke et al. stress the growing privatization and corporatization of medical research and practice as well as other globalization trends. They coin the term “Biomedical TechnoService Complex, Inc.” to describe the current manifestations of a medical industrial complex in order to stress the multinational and globalizing “*corporatized* and *privatized* (rather than state-funded) research, products and services made possible by technoscientific innovations that further biomedicalization.”⁵³ These developments ring especially true for assisted reproduction industries. Research on PGD, for example, has taken place without the oversight of U.S. federal regulatory and data collection authorities.⁵⁴

Recent developments in sex selection precipitated by the advent of second-generation technologies require a broader framework of analysis in order to accommodate the multiplicity of social, cultural, economic, political, and ethical implications. Biomedicalization describes many new transformations since 1985 that mark the confluence of medicine and the larger U.S. society. Conversely, the applicability of these processes to sex selection may help validate the emerging concept of biomedicalization itself.

Since the late 1990s several factors have led to an increased acceptance of sex selection in the United States, including the development of new marketable forms of pre-pregnancy technologies that do not require an abortion. Receiving much attention in popular media, these methods have also been publicized through Internet consumer activist and support sites for those who desire to select the sex of their children. In spite of these trends, the issue of sex selection remains undertheorized among U.S. feminists. In the past, the reluctance to engage the issue of sex selection came about because of its close association with abortion and because it was viewed as irrelevant to U.S. concerns and contexts. I argue that now it is time for U.S. feminists to investigate and weigh in on this issue. We should not allow medical, bioethical, and popular discourses, which currently present a simplistic “West is best” picture, to monopolize this discussion. Instead, we should realize that in comparison to other postindustrial countries such as the United Kingdom and Canada, regulation of sex selection marketing and practices in the United States is inadequate. Minimally, U.S.

feminists should demand that fertility clinics adhere to ASRM ethical guidelines that discourage the use of PGD for nonmedical sex selection and stop advertising sex-selection services. They should also question the promotion of “family balancing” as an ideal.

The increasing availability of U.S.-based sex-selection practices comes with high stakes. These include the very meaning of reproductive rights, the deployment of sex and gender binaries, and the application of double standards in the way sex-selection practices are evaluated transnationally. In this article, I have argued that feminist sociologists who view U.S. sex-selection practices in the frame of biomedicalization may provide a more varied and complex picture of the dimensions of power and difference effaced by libertarian views on sex selection. Sex selection has the potential to complicate notions of stratified reproduction and undo singular notions of stratified reproductive identity (whether valued or despised). Viewing sex selection as a transcultural issue helps us to move beyond long-standing binary ways of thinking about reproductive technology across global divides. We need a more complex picture of reproductive stratification that does not pigeonhole particular categories of women into particular strata, associating sex-selective abortion exclusively with population subjects in the global South and “gender preselection” with individual subjects in the United States. In an age of globalization and medical tourism, it is clear that U.S. feminisms must engage sex selection in a way that accounts for the multiple and varied social, cultural, and medical worlds that increasingly overlap, here and abroad. In this way, U.S. feminists have something to gain from an incorporation of sex selection into our understandings of reproductive politics, long centered here on the issue of abortion. Attention to this issue may help build solidarities for a renewed transnational feminist politics of reproduction.

NOTES

For support and inspiration I am grateful to Deborah Rosenfelt, Laura Mamo, Katie King, Marcy Darnovsky, Rupsa Mallik, Shamita Das Dasgupta, Sujatha Jesudason, Yin Ling Leung, Chayanika Shah, Swatija Manorama, and Manisha Gupte. I also thank the *Feminist Studies* editorial collective and two anonymous reviewers for editorial insights.

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