

Female Foeticide Among Vancouver Sikhs: Recontextualising Sex Selection in the North American Diaspora

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This paper examines the recent controversy concerning sex selection among Vancouver Sikhs. The investigation is framed by economic considerations. It locates the alliance of patriarchy, technology and capitalism as the machinery behind sex selective practices in the diaspora. In this view, the service of sex selection becomes a commodity which is marketed in an economy of women. Within this frame, the practice of sex selection in the diaspora has become a site where numerous individuals and organisations have tried to define aspects of Punjabi/Sikh community. The individuals involved in this struggle to speak for the community are varied: Punjabi/Sikh feminists, Punjabi newspaper editors, and the doctor who has motivated this practice with his massive advertisement campaign. This site is constantly impinged upon by representations of the mainstream media which seeks to assert the ubiquity of misogyny of South Asian culture. These bombarding images have affected greatly the positions taken by those within the community. This paper discusses the views espoused by these different agents and attempts to extricate the imagined economy of women that underlies the various positions.

This paper examines the recent controversy about sex selection among Punjabis, and in particular Sikhs, in the Vancouver area. This controversy was ignited by the advertisements for sex determination, which were placed in Vancouver Indo-Canadian newspapers by Dr Stephens of San Jose, California. A Vancouver women's group, Mahila, organised a coalition—Coalition of Women's Organizations Against Sex Selection—to boycott those papers carrying his ads. In turn, members of the community and newspaper editors launched their own campaigns, aimed not at Dr Stephens, but at the women of Mahila and the Coalition.

This is a compelling subject for investigation for three reasons. First, this is an important occasion when Sikh/Punjabi women have extensively

organised and have endeavoured to engage not only the Sikh/Punjabi communities, but the Canadian and North American public, to reflect upon the needs of Indo-Canadian women. Furthermore, the goal of the Coalition goes beyond pressuring the papers to remove advertisements; it sought to bring the state to recognise the needs of Indo-Canadian women. Previously Sikhs in North America have mobilised to engage the state in other issues such as the wearing of turbans in various vocations and the Khalistan movements. However, these issues, particularly the wearing of turbans, have most critically affected men and the prominent organisers of the movements have been men. Women have not had a public presence in these endeavours.

Second, this issue possesses two major diasporic dimensions: the tensions between the Sikh/Punjabi community and the non-Indo-Canadian community, and the particular ethical space in which this occurrence of sex selection exists. That is to say, this is not a simple translocation of the practice of sex selection from the Punjab to Vancouver. Rather, this discord demonstrates the difficulty that a migrant community has when some practices are criticised by both the host community and vocal proponents from within the community. Hence this issue is a site of tension between the Indo-Canadian community and the Canadian (and American) public. As we will see later, the primary criticism of the Coalition, as articulated in the Indo-Canadian press, is that it confronts aspects of sex selection in a public space that is widely accessible to other Canadians. Hence the Coalition women attract the judgmental gaze of other Canadians to their community, corroborating those images and stereotypes that non-Indo-Canadians are presumed to have. Furthermore, it is clear from statements that Coalition members have made to papers such as the *Vancouver Sun*, that they also wish to avoid substantiating racist stereotypes of Indo-Canadians. This tension reveals the peculiarly diasporic nature of the conflict in that this preoccupation has no antecedent in Punjab. It also reveals the tenuous relationship between the Coalition and the community in which it operates.

Furthermore, this controversy has also become a site upon which assertions about the community are made and challenged by the Coalition members, individuals given voice by the Indo-Canadian press, and Dr Stephens himself. This site is constantly impinged upon by representations in the mainstream media, which regularly asserts that Indians typically seek to destroy their daughters. As alluded to above, many individuals in the community who are responding to the issue of sex selection must also respond to sensationalism or factuality of these mainstream media representations. Furthermore, these representations often shape the arguments

that different people pose. Individuals deploy various labels inconsistently when describing their community: Sikh, Punjabi, South Asian, Indo-Canadian. This reflects the fact that individuals align themselves differently in various contexts. When a person speaks of her/his community, it is hard to discern which community s/he is nominating.

The second diasporic feature is the particular ethical space that sex selection occupies. Unlike in India, where access to abortion is assumed because it is part of the government's population control scheme (and therefore problematic), access to abortion in North America—and in the United States in particular—is a fiercely contested terrain. Since Dr Stephens operates his clinics in the US, very near the Canadian border, the importance placed upon the freedom to choose is central to justifying and defending his practice. Stephens takes advantage of the fact that limits on the freedom to choose abortion have not been consistently determined and/or applied. He relies upon the rhetoric of multiculturalism, specifically moral and cultural relativism, to justify accommodating Sikhs who desire to use his service to sex select. In deploying the multicultural agenda, he professes to be the value-neutral health care provider, which he is expected to be by his professional peers.² The ethical space that exists within the conjuncture of these discourses is further framed by the free-market ethic and the control-oriented medicalisation of the conception and birth process in North America. The valence assigned to ultrasound in the US as a means of mediating the relationship between the pregnant woman, her foetus and her physician is an important feature of this ethical terrain.

Third, investigating this issue provides an opportunity to interrogate those structures that support sex selection in this particular community. Some of its consequences are global, others most acutely affect women in North America, or more parochially women of the US. New sex selection technologies are being developed to make the process faster, more accurate and affordable. Furthermore, the globalisation of such technology may have as yet untold consequences. By interrogating the ethical space in which Dr Stephens practices, we also examine the limits of the freedom to choose and who will set those limits, and some of the intentions and consequences of the multicultural agenda. We can also query the role that medicine has come to play in the childbearing process: a role which has increasingly rendered the expectant mother thoroughly dependent upon a battery of doctors which endeavours to orchestrate the perfect birth.

Therefore, this paper possesses simultaneous intentions. It seeks to elucidate and examine the diasporic aspects of this issue. Specifically it will examine the mutually constitutive tensions between the Sikh/Punjabi community and the non-Indo-Canadian community, and the tensions

between the Coalition and the Sikh/Punjabi community. Central to these tensions are the attempts of individuals to connect/sever sex selection to/from the Sikh/Punjabi community. It also questions that ethical space in which sex selection in this community exists. Finally, it seeks to recontextualise sex selection in the diaspora whilst examining the background of sex selection in the Punjab. It firmly demonstrates that sex selection among Vancouver Sikhs is rooted to a panoply of institutions and sentiments that are not specifically South Asian.

To these ends, a brief history of the sex selection controversy is provided in the first section of this paper. The period from May to December 1993 forms the main focus. Sources are newspaper articles, pamphlets produced by the Coalition and advertisements. In essence, these cultural productions provide texts which are read both discursively and non-discursively. Their silence is as illuminating as their articulations. In the second section, the contentious claims made about the Sikh/Punjabi community with respect to sex selection are unpacked. There is a treatment of the arguments put forth by Dr Stephens, the Coalition and the Punjabi press. The arguments made by the Coalition and the editors of the Indo-Canadian press take place in a spectrum of venues, ranging from some highly visible to others virtually hidden from the non-Indo-Canadian public. Within the latter spectrum of privacy there exists a differential willingness on behalf of the speakers to broach aspects of the practice of sex selection. What will emerge from these multifarious articulations are glimpses of a social economy in which women are both commodities and consumers, central to reproducing community and the maintaining of a distinct Sikh community identity. The final part of the paper, contextualises sex selection in Vancouver with respect to the Punjab and North America and draws out the parameters of female sexuality reproducing community that emerged from the material presented.

BACKGROUND³

Dr John Stephens is an Australian who received his degree of MB from the University of Sydney in 1967.⁴ He currently resides in San Jose, California and operates several sex determination ultrasound clinics. His clinics are located in areas of high Punjabi or Sikh populations: Blaine, Washington; Buffalo, New York; and San Jose, California. His Blaine and Buffalo clinics target Punjabi/Sikhs in Vancouver and Toronto respectively. (Punjabi/Sikhs are a small minority of his San Jose clientele). He is fully licenced in those states in which he practices and he performs no abortions, though he advertises that abortion information is available. His

advertisements are in Punjabi and English and he operates an answering service in Punjabi. The advertisements are placed almost exclusively in the Punjabi community papers such as the *Indo-Canadian Times*, *The Link*, *Hem Jyoti* and the *Star of India*. These papers are distributed in various places in Vancouver such as the Punjabi Market and the gurdwaras. He has obtained a mailing list of Punjabi/Sikh residents and mails flyers directly to their homes. He also leaflets cars and stores in the market, particularly at festivals such as Baisakhi.

According to Stephens, he was originally based exclusively in San Jose where he opened a clinic in 1985. He claims that Sikhs began referring themselves and word spread throughout California, Toronto, Vancouver and even England. Then in 1989, he claims that he was approached by several Canadian doctors, some of whom were South Asian or of South Asian extraction. These doctors apparently had been referring Punjabi/Sikh clients to him from various cities. It was their suggestion that all could profit if he established clinics in Canada. He tried to open a clinic in Vancouver but was not allowed to do so by the Canadian medical authorities. The reasons for this refusal seem to vary depending upon the source. In any case, his type of practice is impossible in Canada because advertisements posted by physicians are strictly regulated and his advertisement scheme would fall into the purview of these restrictions. He then obtained a licence from Washington state and opened his clinic in Blaine which services the Punjabi/Sikhs of the Vancouver area. His Buffalo clinic followed, servicing Punjabis in the Toronto area.

It was the advertisement campaign that prompted the community, initially Punjabi/Sikh feminists groups, to respond. The first group to respond and endeavour to organise pressure to end it was the Indian Mahila Association.⁵ Mahila is a volunteer organisation which has never been funded by any granting agency. Mahila has operated for 25 years and has addressed a number of women's issues, particularly those of South Asian women. Given the demographics of the South Asian community in Vancouver, this usually means Punjabi/Sikh women's issues. The first protest against Dr Stephens took place in 1990 after he heavily leafleted the Punjabi Market during Baisakhi. As a result the first advertisement was refused in 1990. The success, however, was short-lived and the notices soon reappeared.

In June of 1993, Mahila initiated the Coalition of Women's Organisations Against Sex Selection. This coalition comprises several grassroots and community organisations such as: South Asian Women's Action Network (a nascent organisation), Punjabi Women's Association, Indo-Canadian Women's Association, Vancouver SATH Literary and Cultural

Group. However the Coalition effectively crystallised in the fall of 1993. On 13 September 1993, the Coalition launched a boycott against four Indo-Canadian publications that carried Dr Stephen's advertisements. They were the *Indo-Canadian*, *Sangharsh*, *The Link* and *Hem Jyoti*. The boycott was strategic as it requested that election candidates avoid placing campaign notices in the newspapers. On 3 October 1993, a demonstration was held in the Punjabi Market to protest sex selection and acceptance of Dr Stephens advertisements by Indo-Canadian papers. Approximately 250 to 300 people, representing 18 organisations, were present.

In this paper, I generally examine that literature propagated by organisations during this period when the conflict had peaked, paying particular attention to those materials produced by the Coalition/Mahila and the editorials that appeared in the Punjabi press. Where appropriate, I will contrast the narratives found in the Punjabi press with those found in the mainstream press. Dr Stephens has articulated his position in a variety of sources: medical journals, talk shows, articles in mainstream newspapers and magazines, and his advertisements. This paper relies on the printed resources.

Oppositional Voices and Strategic Silences

Because much of this controversy responds to the advertisement crusade of Dr Stephens and the authority with which he claims to explain Punjabi/Sikh culture, the paper initially presents his ideological position. It then analyses productions of the feminist opposition such as statements made in newspaper, pamphlets and Coalition literature. Next it examines the editorials and letters in the Punjabi press, which were reacting to both Dr Stephens and the feminist opposition. Both the feminist organisations and the Indo-Canadian press found themselves responding to the characterisation of sex selection promulgated in the public sphere, by non-South Asians. Examining these productions will throw into relief the anxiety of the Indo-Canadian community regarding its relationship with other Canadians. Subsequently both the literature of the Coalition and the editorials in the Indo-Canadian press anticipate and counter the prevalent stereotypes of their community prefigured to exist in the non-Indo-Canadian population.

Dr Stephens: Villain, Victim or Advocate?

Few people admit to using Dr Stephens' services. This limits the data available to researchers. As will become apparent, he is strangely enough

the only advocate for the decisions of those women who use his service. In the endeavours of the feminist opposition, the needs of those women who do sex select upon seeing Dr Stephens are somehow left out of the picture. Or are they? Because Dr Stephens holds clinic in his Blaine office only once or twice a month—and he has enough patients to sustain this practice profitably—we can safely assume that there is a non-trivial number of women who use his service. Dr Stephens maintains that in his Blaine office, his customers are, with few exception, Sikh/Punjabi. It is impossible however to say what percentage of the women in the Sikh/Punjabi community use his sex determination clinic. However, Sikh/Punjabis are overall a minority in Dr Stephens total practice as Blaine is not his main clinic, but rather a satellite of his San Jose clinic.

The position and function that Dr Stephens has staked out raises several thorny questions. First, What is his authority to speak on behalf of the Punjabi/Sikh community in Vancouver? Why is he less qualified to speak of Punjabi/Sikh values than the editors of a Punjabi paper or women of the opposition? Does being a woman and/or Sikh/Punjabi necessarily give an individual the purchase to speak for any other Sikh/Punjabi woman? Is it not possible that Dr Stephens can and does represent the needs of a segment of Sikh/Punjabi women better than some people in the community? These questions are important because the stakes are high. In the current legal and ethical climate, the Canadian Parliament (as are several states in the US) is trying to limit the use of certain reproductive technologies.⁶ Who will come to represent the various needs of women? Can doctors, community leaders, academic experts or feminist organisations speak to all needs of all women? What about those women whose needs are marginalised because their needs are embarrassing, such as the women who choose to sex select? What does this 'choice' mean? As we will see later, Dr Stephens has several tools at his disposal for bolstering his authority in this arena: the pro-choice discourse of North America, rhetoric of cultural and moral relativism and the presumed benign meanings of ultrasound in North America. What emerges is a strange breed of misogyny, anchored to the pro-choice position and cultural and moral relativism, rendered harmless by the social value of ultrasound in North America.

Dr Stephens counters charges of unethical behaviour by asserting what he calls a 'pro-patient' advocacy. In an editorial to the *American Journal of Obstetrics and Gynecology*, Dr Stephens wrote that

[Sex selective abortion] is an important issue not only from a patients' rights advocacy situation, but also from a genetic counselling standpoint. Until the US Supreme Court changes the patient's/couple's

First Amendment right to exercise the reproductive option as indicated in the *Wade v Roe* landmark decision in 1974, we as obstetricians and gynecologists should not make distinctions.⁷

Dr Stephens claims that gender of the foetus is simply another contributing factor that may inform a woman's exercising her right to choose. He argues that since the Supreme Court has not considered sex selection distinctly from *Wade v Roe*, sex selection is legal. He then makes the move of equating that which is legal with that which is ethical. In the *Sydney Morning Herald*, Dr Stephens explains his sex determination service, offered to Punjabi/Sikhs, is no different from those screening services offered to women over 35 who seek to have their foetuses checked for Down's Syndrome.⁸ In this article and in my interviews with him, he suggests that sex selection is ethical because it is considered ethical to abort foetuses with sex-linked genetic abnormalities. Since sex selection for disease traits is permissible, so should sex selection for other reasons. Having said all of this, he explains that these are not his personal ethics as he is anti-abortion, but those prevalent in the legal and medical discourses. His job is to follow their dictates.

It is difficult to dismiss his claims that sex selection is part of the right to choose. Although he does allude to a prevalent legal and medical climate which authorises the freedom to choose, he resists personally locating his practice in this discourse. He circumvents the issue by maintaining that he is 'pro-patient.' What does 'pro-patient' mean? He explained to me in an interview in February 1994, that 'pro-patient' means informing the patient to the best of his ability, granting her the autonomy to use this information according to her own ethical standards and supporting her in her decisions. He claims to value and respect the agency of women, even when it reproduces misogyny. He uses the legal and medical ethics of patient agency to justify his practice. Yet he readily acknowledges that his service often translates into sex selection, or more accurately male selection. He accepts no onus for breach of ethics because he does not perform sex selective abortions. Hence he remains immune from prosecution under such laws as those that have congealed in Pennsylvania. Yet, as his own advertisements attest, abortion information is provided. The line in the advertisement that makes this clear is sometimes in English and sometimes in Punjabi. But it is usually (and perhaps always) there.

The courts, the US Congress, and the Canadian Parliament are not the only venues in which the limits of the freedom to choose are being negotiated. In fact, even noted pro-choice organisations such as NOW (the National Organisation for Women), NARRAL (National Abortion and

Reproductive Rights Action League—formerly NARAL), and Planned Parenthood (and numerous others) are having difficulty concurring on the boundaries. In the Illinois NARRAL office a few lesbian women were discussing their unwillingness to have male children and their willingness to undergo female selective abortion. In fact *Ms.* devoted an entire issue to raising sons because of some women's discomfort with the idea of raising sons.⁹ Although Dr Stephens indicates that sex selective abortions against sex-linked genetic abnormalities or other disabilities are entirely ethical, various feminist groups are not so comfortable with that position. For instance Illinois NARRAL works with grassroots organisations that deal with the rights of disabled adults. Illinois NARRAL can hardly advocate aborting foetuses diagnosed with disabilities while networking for organisations that support the rights of the disabled. Furthermore, the fracturing of various abortion rights groups in the congressional discussions of the Freedom of Choice Act attests to the polyphonous debate on the limits of choice.

These organisations have frequently been criticised for representing the white middle-class woman, while claiming to represent all women, constituted as a class based upon our 'sisterhood of oppression'. One array of this criticism is the assumed centrality of abortion rights to all women, ignoring class, race, religion, etc. When in fact this is not the case. AWIDOO (African Women in Defense of Ourselves) has expressed that in the African American community, abortion rights are problematic. On the one hand, there is the question of access. It is felt that black women have too much access to technologies to reduce the number of births including sterilisation, abortion, Depo-Provera and Norplant. In this context abortion assumes genocidal overtones. Women of All Red Nations (an organisation for Native American Women) has articulated similar experiences at health care clinics on reservations.¹⁰ At the other extreme, poor women (of all backgrounds) are frequently denied the same coverage for abortion services that women with private insurance enjoy.

Dr Stephens has been able to demarcate an interesting ethical space for himself by exploiting ambiguity and difference. He exploits the fact that while what he does is not inscribed in legal code, it is not illegal. He exploits national boundaries: he cannot operate his type of business in Canada, so he operates across the border. He exploits the ambiguous limits of the freedom to choose: he draws a line within which he circumscribes his own practice. He exploits, maximises, creates perceived cultural difference: he 'outreaches' only to Punjabi/Sikhs who are his exclusive customers in Blaine and Buffalo. Finally, he exploits the general trend to medicalise reproduction and the cultural acceptance of this trend: pregnant

women are patients, sex determination is prognosis, and aborting the unwanted daughter is treatment. Dr Stephens explains that his service provides early diagnosis to facilitate safer and effective treatment. He thereby sanitises this process of sex selection as not dissimilar from any other medical commodity, and nests the procedure within convoluted appropriations of the pro-choice discourse and trends toward cultural and moral relativism.

Dr Stephens also insists that prohibiting his service is not only sexist, as it denies female autonomy in reproductive decisions, but also racist. Dr Stephens writes in a letter to the *Lancet* (medical journal):

Sir, I have experienced severe censure for providing prenatal diagnosis to a culture that had learned of foetal sex determination of 12-14 weeks by ultrasonic inspection of external genitalia...Indians of Sikh origin—with no encouragement from me since I am pro-life and anti-abortion and all patients are told that—wish to use this technique for their own specific family planning needs. Among these Sikhs, at least one male child is of paramount importance for social, religious, and other cultural reasons. The only value that appears to have an impact on this culture is the economic pressure to have fewer children, who have to be clothed, educated, and raised in a western society that is imposing socioeconomic pressure on families with two or more children.¹¹

In the same letter he further explains that 'If young [Sikh] families are given the option of using this technology early in their reproductive careers, they are more likely to have smaller families and families that are appropriately and traditionally balanced, thereby avoiding the tragedy of having many unwanted children while trying for a "wished for gender".' Dr Stephens takes great liberty in making claims about the Sikh community when he says that state interference in the practice of sex selection is 'viewed by the Indian Sikh community as unacceptable'.

In this letter Dr Stephens does several things. First, he displaces the practice of sex selection from the particular patriarchal structures that support it and the modes of reproducing those structures. According to Stephens, sex selection in the diaspora is propelled primarily by economics. (This is certainly the opinion expressed in the numerous conversations that I had with him.) The economic factors are apparently gender-neutral, dependent upon clothing, food, education, etc. No distinction is made between the cost of female and male children. Even when he locates sex selection as a Sikh cultural value, sex selection is a way of procuring that necessary son rather than dispensing with daughters. In the letter, sex selection is the practice of 'traditional cultures' which are not dissuaded

from the practice by living in the West. The implication (however wrong) is that the 'West' does not have such propensities.

Of course, debate on the ethics of sex selection took place within the editorials of the various medical journals, but none of the letters (at least that I found by an intensive MedLine search) questioned the authority of Dr Stephens to make statements about Sikh culture. I feel that he has successfully promoted himself as a spokesperson for 'Sikh culture' because he raises the flags of racism and cultural relativism when he encounters opposition. Dr Stephens demanded of Pamela Fayerman of *The Vancouver Sun*: 'How dare anyone target or discriminate against the preferences of a particular ethnic group. If it was white Canadians who wanted to terminate their pregnancies for the same reason, there would be no questions asked.'¹² He repeatedly states that it is 'cultural arrogance for us to moralise over their customs. Why not oppose people who do pregnancy tests for that matter?'¹³ He tries to disarm his opponents by creating for himself the role of the compassionate and understanding doctor who seeks not to impose moral evaluation on another culture's values. But is this not how a doctor is supposed to act towards a client? Surely a doctor is *supposed* to be value-neutral? Taking this perspective, Dr Stephens is not a villain, but an ethical, medical professional. His opponents from the medical and ethical establishment seem unable to challenge his rationale, because they largely seem to accept his authority as an expert on Sikh culture. This is nourished by the prevalent portrayal of South Asians, in the public sphere, as archetypal sex selection users. What has been inadequately addressed are the constructions of sex selection as a practice unique to the 'exotic other' that requires cross-cultural sympathy. His only opposition on these counts comes from the South Asian community.

In the *Buffalo News*, Anil Bansal, who is the president of the Hindu Cultural Society of Western New York, said of Dr Stephens' cultural claims and advertisement campaign that 'It's ridiculous and insulting.... It perpetuates an idea that the modern Indian doesn't subscribe to. He is cashing in on the backward beliefs of the poor and illiterate.... These are not the values one would find in urban India. Unfortunately, they still exist elsewhere in the country.'¹⁴ It seems that Mr Bansal is not only responding to Dr Stephens, but also to other representations that perpetuate this image of India. On the other hand, the 'Indian values' that Mr Bansal seeks to suggest are no less mythological than those of Dr Stephens. The practice of sex selection in India was and remains an urban and rural, cross-class phenomenon. (This will be discussed more fully in the on 'Tangential Economies'.) As we will see later, Mr Bansal's type of reproach to Dr

Stephens is typical of South Asian community leaders response in that they fail to address the issue of sex selection in their community, but rather seek to dispel the image of female-killing Indians.

While Dr Stephens promotes himself as sympathetic to the autonomous female patient who acts with deference to both her own best interest and, what Stephens calls, the values of 'traditional societies', his motives are never uncoupled from his primary motivation, which is running a profitable business. (This sounds crass, but he has stated this clearly both in interviews with me and with various journalists.) He describes himself as a physician and a businessman who is not to judge or attempt to change different cultural or moral values. While he acknowledges the significant profit to be made from the Punjabi/Sikh community to whom he exclusively advertises, he also portrays himself as the victim of enterprising South Asians. In an interview in the *Buffalo News* he stated 'Some say I target Indians. It's the reverse. They target me for my skills'.¹⁵ In another interview he explains: 'What I have found with the Sikh people is that they use me to diagnose sex,...If it is discovered that it is a female, it is always the girl that they want to select to undergo foeticide.'¹⁶ Dr Stephens therefore becomes the victim of exploitation! He also deploys the trope of the ruthless Asian who struggles to the top of the pile.

Dr Stephens deploys two arguments with which he supports his position: patient (women's) agency vis-a-vis the pro-choice discourse and cultural (and moral) relativism. (These are framed by the ethics of the free market and the involvement of the medical establishment in the baby-producing business). Decisions made to restrict sex selective abortions will certainly problematise other reproductive-rights questions. For instance, can one deny women the right to this type of knowledge without invalidating women's autonomy? Does restricting the reasons for abortion inveigh against the current legal climate that supports women's right to choose motherhood? The wholesale acceptance of the cultural/moral relativism argument is problematic. Frequently this argument is used to justify practices that some persons would label human rights abuses.¹⁷ An example of this name-game is genital mutilation, wherein an action is perpetrated on females by other females. Because the practice is constructed as a cultural value, it is uneasily accepted by some, while others remain rigid in their claims that it is a human rights violation. Of course cultural and moral relativism is frequently invoked to justify practices that affect women and men differently. Insufficient attention is paid to the persons stating that these types of practices are cultural values. On the other hand, will disregarding the 'cultural' consideration in sex selection affect other aspects of a multi-cultural agenda, such as the right of Sikhs

to wear turbans in certain professions? In this debate, there seems to be an unqualified agreement in the medical establishment that sex selection is predominantly a cultural value of the 'other'.

There is yet another problem associated with Dr Stephens' deployment of cultural and moral relativism. It has the flavour of colonising the practice of the other. Mohanty writes that 'such reductive cross-cultural comparisons result in the colonization of the specifics of daily existence and the complexities of political interests which women of different social classes and cultures represent and mobilize'.¹⁸ When Stephens claims to represent Sikh interests to the medical field, is he not really incorporating, domesticating and possessing the Sikh voice and agency, constituting Sikhs as the 'other'. Stephens thereby both obtains expert status among his own peers and transforms the Sikh community in the eyes of the medical establishment. In this transformation, it becomes possessed of a static changeless culture whose values and needs are articulated by Stephens. The next section of the paper demonstrates that there is in fact vocal opposition to the construction of sex selection as a necessary cultural value among Vancouver Sikhs and to Dr Stephens' expertise to speak on behalf of Sikhs.

Mahila and the Coalition: A Case of Ambivalent Feminism?

This section examines the Coalition's arguments against Dr Stephens and sex selection. These are in most cases articulated by Raminder Dosanjh. Three areas in which Mahila operates are looked at closely: the mainstream press and news, community outreach and less often the Indo-Canadian press. The claims made in these different arenas are subtly different. Elucidating these differences is a main concern in this section. However, as we examine the arguments promoted by the Coalition, we must constantly ask ourselves whom it claims to represent and how well it succeeds in this mission. What emerges is an ambivalence towards the issue of sex selection, the source of which can be located in the function of the Coalition (particularly Mahila) in the Indo-Canadian community and the different obligations that it must negotiate.

Mahila and the Coalition in the (Very) Public Sphere

In the mainstream press, the Coalition/Mahila engages in both defensive and offensive manoeuvring. It must attempt to dislodge and discredit Dr Stephens' assertions about Sikh/Punjabi/Indian culture *and* it must also fend off sensational accounts in papers and in television documentaries

and exposés that consistently portray South Asians as rabid female foetus aborters. Yet sex selection does occur, so Mahila must contextualise and dislocate the practice from the exclusive purview of South Asians. Presumably, they also want the practice to cease.

Raminder Dosanjh maintains that Dr Stephens' calculated assumption that his potential customers are predominantly from the Indo-Canadian community constitutes a reinforcement of society's negative stereotypes of her community. Furthermore, she stresses the ubiquitous and cross-cultural nature of misogyny and asserts that if there is a higher tendency to male select in the Indo-Canadian community, 'it doesn't make it right'.¹⁹ In *The Vancouver Sun* (in October 1993), she said that Stephens is 'offering a service that caters to society's sex attitudes'.²⁰ In another interview with the *The Vancouver Sun*, Dosanjh explained that 'the fact is that the devaluation, oppression and violence against women all around the world leads to the sad fact that it is usually female fetuses which are aborted'. Furthermore, 'until Dr Stevens set up his practice we never heard of women aborting female fetuses. We're not saying it's now a widespread problem, we're saying if we don't put an end to the publicity of his services, then the problem will get worse'.²¹ In a letter to candidates in September 1993, who might place election advertisements in the papers, she wrote: 'Stephens does NOT advertise in the mainstream press but has confined his "outreach" to South Asian Canadian communities via the select Indo-Canadian press.... Such advertisements tend to create a need where none might have existed'.²²

In these accounts Dosanjh, as spokesperson for Mahila and the Coalition, makes several moves. First, she attempts to extend conceptions of patriarchy, misogyny, male preference and violence against women from the narrow view that they are specific or more common to Sikh/Punjabi/South Asian communities to a view that these institutions are prevalent throughout all strata of society. In fact, when she does speak of these institutions, she does not refer specifically to the Punjabi community unless she is responding to Dr Stephens' claims. Thus Dr Stephens does not cater to Punjab/Sikh/South Asian sexism but 'society's sexist attitudes'. The actual *practice* of sex selection is not the preoccupation of Mahila, as articulated by Dosanjh, in this particular public space. Rather, they target Dr Stephens' advertising for it. They contend that Dr Stephens does not exploit a facet of Sikh/Punjabi culture, but rather creates this value in the Sikh community vis-a-vis mainstream stereotypes of South Asians through his extensive advertising campaigns. Dosanjh, in this venue, does not readily admit that there are significant numbers of women that use his service when she speaks of Dr Stephens' assumptions that his

theoretical clientele will be from the Indo-Canadian community. Yet she does know of his thriving business and must explain that if there is a greater tendency to male select in her community, it is nonetheless wrong and a byproduct of Dr Stephens' market-creating acumen. What Dosanjh fails to discuss is sex selection in practice. This silence is not disrupted in the general newspaper accounts. One reason for this becomes apparent when we turn to the press coverage in the community papers.

As the Coalition's efforts were covered in the mainstream press, debate on the issues of sex selection and the boycott proceeded in the pages of the Punjabi/Indo-Canadian press. The editors responded specifically to the boycott against their papers and the revenue lost when electoral candidates refused to advertise. The role of the Indo-Canadian press will be discussed more fully later, but a few remarks are appropriate here as well. In *The Link*, the editor Promod Puri wrote that

This latest 'campaign' has done more damage to the image of Indo-Canadian women than making any dent on the business of *The Link*, which has taken up women's causes many a time.

By its foolish one-action stop-ad campaigns, the 'coalition' is labelling Indo-Canadian women as uneducated, backward, not respected by their husbands and in-laws and unable to make their own decisions.

On our part we strongly believe that the Indo-Canadian community, and women in particular, is a very rationale and progressive group, who can't be coerced by mere newspaper advertising.²³

Mahila is placed in a situation from which it is difficult to escape. On the one hand, sex selection is a concern for Mahila and the Coalition, as reflected by the grassroots initiative that it launched to discourage sex selective abortions. (This will be discussed later.) However, it is already perceived that the Coalition has tarnished the image of the community by taking the issue to the non-Indo-Canadian community as reflected in Promod Puri's editorial. The conclusion that Promod Puri reaches is that their campaign reflects badly upon Indo-Canadian *women*, not men. This is a tactical accusation perhaps gauged to disrupt any unity or solidarity among women in the community and to disrupt Mahila's (and Raminder Dosanjh's) place in the community. Mahila and therefore Raminder Dosanjh is not a free agent, free of responsibility to its/her community. Any claim that Dosanjh makes on behalf of Mahila and the Coalition reflects upon her community, to which she is responsible. This tends to explain their silence on the question of patriarchal structures that are specific to the Vancouver Indo-Canadian community. They cannot do so without condemning aspects of their community, for which they are

already accused. The only tenable object of their actions is Dr Stephens and his advertising schemes. Nor can they in the mainstream arena address the needs of the women who do use his services. The consequences of going beyond these limits are substantial. If the community rejects their location within the community, Mahila and the Coalition lose all of their power as advocates within the community.

Mahila and the Coalition in the (Less) Public Sphere: The Grassroots Perspective

In their outreach materials that are more or less restricted to the private audience of the Sikh/Punjabi community, Mahila does broach subjects on which it is absolutely silent in the mainstream publications. As we will see, however, their publications reveal a deep ambivalence on the issue of specific patriarchal formations within the Sikh/Punjabi community. In the pamphlets that Mahila and the Coalition have distributed through outreach, there is a picture which depicts a pregnant woman. In her womb is a female child with braided hair, and the womb is being penetrated with a huge hypodermic needle, guided by an enormous spider/tick-like monster. The pamphlets are in both Punjabi (Gurmukhi) and English. What is absolutely striking is that this image does not reflect this controversy which is centred around ultrasound sex determination. Rather, it harks back to the amniocentesis-mediated sex-selection that has only recently been supplanted by the ultrasound method. The use of this graphic suggests that Mahila does not want to lose connection with this previous issue, and relates the two technologies with this graphic.

In this pamphlet it is written that:

Sex selection means son selection in our male dominated society where women continue to be devalued. The preference for male children is a universal phenomena. Son selection is a direct result of patriarchy. Patriarchy creates the environment in which the raising of daughters is a 'less profitable investment' than the raising of sons.²⁴

This pamphlet goes on to reassure the reader that son selection is a 'result of the social and economic disparity between males and females. We must eliminate the economic, social, and cultural bases of son selection'.²⁵ There is a profound ambivalence in this document. On the one hand, the Coalition possibly alludes to patriarchy with a specific reference to 'our male dominated society'. But to what society does 'our society' refer? This pamphlet does not in anyway condemn the Indo-Canadian community for son-selecting. While it calls for normalising power relations between

males and females, it does not divulge any particular facets of the inequalities other than those that are generic.

This pamphlet further assures the community that the Coalition is trying to *protect* the image of Indo-Canadians, countering Promod Puri's allegations, when it states that:

Although gender prejudices and feudal values still exist in some sectors of the South Asian community, as in many communities, this racist stereotype of sex selection being attributed to the Indian culture further perpetuates the western image of our culture as backward and primitive.

The pamphlet equates users of Dr Stephens' services as promoters and participants in the propagation of the West's conception of Indians. This pamphlet is not an explicit exhortation against sex selection. Rather by refusing to sex select, one promotes the 'status of South Asian Women'. What remains absent in this outreach pamphlet, however, is a discussion of specific economic structures, such as dowry, that promote the option of sex selection.

In a flyer entitled 'Stop Sex Selection', Mahila specifically addressed some of Dr Stephens' assertions. However, the specifics of sex selection remain ambivalent. This pamphlet is in the form of questions, which are then answered. The first claim that is countered is Dr Stephens 100 per cent accuracy claim. This is an interesting way to begin the pamphlet. Rather than initially appealing to some ethical rationale, the author appeals to the imperfections of the product. What this first claim amounts to is the possibility that a male foetus will be aborted, or that an unwanted daughter will be born. The third question addresses the claim that son selection is limited to certain communities. The flyer explains that son selection is pan-cultural, but that sex selection techniques have been marketed specifically to 'the third world countries in the form of racist family planning programs'.²⁶ Hence sex selection is a result of the West's racism. In this flyer, the female clients of Dr Stephens are addressed. It maintains that since the advertisement campaign, son selection has become a problem and that enough women are using it that he has doubled his fees and opened a second clinic. Still, son selection is a reactionary artefact of his campaign.

This flyer maintains that by discontinuing the advertisements the practice will spread at a much slower rate. It also defends its discussion of this matter in the mainstream media and fends off allegations that Mahila is defaming the South Asian community. It does so by stating that sex selection is not a South Asian women's issue, but rather of all women. Mahila and the Coalition maintain that they are creating a platform for change and therefore empowering women in their community. This flyer

also seeks to uncouple sex selective abortions from the freedom of choice. The pamphlet asks in a patriarchal society, what choice can women really have?

The Coalition is very much aware that mainstream representations of Indo-Canadians have exerted a profound effect on the stances taken by various individuals at different times and in different arenas. Sunera Thobani, in an article distributed by Raminder Dosanjh, seeks to deconstruct the assertions of South Asian proclivity to son select. She does so by citing several studies that demonstrate the prevalence of son preference in 'white' society. She maintains that racist stereotypes of the Indian culture

[have] regained credibility through this incident, and hatred of women is considered to be rooted in the 'backwardness' of the culture. This racist stereotype perpetuated both in the mainstream media and in the larger Canadian society, has served to hinder an open discussion over this issue within the Indo-Canadian community. The use that can be made of this stereotyping as a stick with which to beat the whole community has put many of us on the defensive.

What is more to the point in this case is that the use that can be made of such racist stereotyping to the detriment of the whole Indo-Canadian community by intensifying the hostility against immigrant communities that already exists in Canadian society.²⁷

What is admittedly at stake is perpetuation of negative opinions about Indo-Canadians. Therefore raising the problematic of sex selection in the mainstream (read non-Indo-Canadian) media, has put the community on the defensive. Perhaps the Coalition should have initiated this controversy solely within the community, it is suggested in the above passage. Yet in this article comes a rare discussion (rare in Coalition literature that Mahila provided me with) of motivations of the community to son select. Thobani explains that some argue that it is best to sex select at birth than to 'give birth to daughters, struggle to bring them up and end by not only losing them in marriage, but often having to pay a substantial dowry in the process'.²⁸

However, dowry is not the only consideration. She also alludes to the facts that women are raped, abused, battered and violated. She points to the global poverty of women and severe pay inequity and concludes that 'everybody wants sons'. Thobani's sleight of hand obfuscates the fact that these types of woman-targeted violence are not coterminous with sex selection. Thobani also grapples with questions of women's agency in sex selection. She does not assume simply that women sex select because they see the advertisement and feel pressured. She also seeks to extricate this issue from the freedom of choice discourse. She writes that

We have also been told that sex selection is essentially a women's 'choice', and that women should be free to 'choose' which sex they will bear. It is interesting that in a world where women have few choices and so little power, we are suddenly told that we have so much 'choice'.

She says that in the coopting of the 'choice' discourse, this 'choice' often means the mother 'chooses' to select a foetus who is her own sex. She writes 'Can anything demonstrate better than this the internalization by women of our devaluation and degradation? I think not'.²⁹

Mahila and the Coalition claim to represent the best interests of women in the community and seek to promote solidarity on this issue. Neither Mahila nor the Coalition publicly addresses the needs of the women that use son selection. They are considered victims of coercion, not agents of their own decisions. According to the narrative, Dr Stephens lures them in. Of course, an alternative narrative could suggest that women seek out Dr Stephens. While asserting female agency, we must recall that these decisions are made in a particular context that renders male-selection necessary to mother's well-being. Thus we arrive at Thobani's problem with the freedom to choose to sex select. Mahila and the Coalition seek to homogenise the voices of women in this issue. For instance, in none of the materials that I have procured, have we heard an argument for sex selection or autonomy of the woman electing to abort female foetuses. Yet we know that there is a sizable number of dissenting voices because Dr Stephens' business is thriving. One could make the argument, and in fact several have, that Raminder Dosanjh has only three sons. Her opponents state that since she will not have to experience the expense and agony of raising daughters, they question her ability to sympathise with those distressed women who are not in her situation. In this light, Dr Stephens becomes the only advocate for those women who empower themselves by sex selecting, even as they reproduce this misogynist practice. This tension between different women and Dr Stephens' relationship to this tension reveals how difficult it is to think about agency and resistance meaningfully in the context of this problematic.

Furthermore, the community of women is fractured along other lines as well. Some women have been born in North America, some are long-time residents, others have migrated recently. The women differ in class and perhaps caste background. They have different fluency levels in English, Punjabi and Hindi. Most live in nuclear families, others in joint families.³⁰ The composition of their families may vary in terms of their residence in Vancouver and their ties to their originating village.

Crucial to Mahila's operation is the vision that the organisation and its

volunteers are firmly situated within the diverse community. Dosanjh explains that she participates in community functions and considers herself held accountable for her utterances and actions. Most of the members of Mahila are married and their families are also participants in the community. It is within the context of 'community' that Mahila operates. They work with women's shelters to maintain facilities and to enhance understanding of particular situations that women of the Indo-Canadian community may experience. As we have seen, Mahila must make compromises on how far it will push an issue. It can only go so far before it begins to be cast as a trouble-maker. Once cast as such, it loses its legitimacy and therefore its advocacy within the community.

Another women's advocacy group for South Asian women, called South Asian Women's Action Network (SAWAN) has already emerged. According to one confidential Mahila source, this group does not locate itself within the community as Mahila does. It comprises women who are away from their families, such as students. My informant seemed sceptical that it would have the same longevity as Mahila or that women would readily use its services. I think that Catrin Lynch's analysis of two South Asian women's shelters is germane.³¹ In this analysis Lynch, compares and contrasts the acceptance of two South Asian women's shelters in New York and in Chicago. What she has found is that the acceptance of the shelter by the community, indicated by both the willingness of clients to seek out their services and the social acceptance of women that use the shelter, correlates well with the degree to which the shelter locates itself within the South Asian communities it serves. It will be fascinating to discover which direction SAWAN will take in addressing the issues surrounding sex selection and how their activist trajectories will deviate or conform to that of Mahila.

The Punjabi Press: The Private Sphere

Before examining articles from the *Indo-Canadian* and *The Link* (these are the papers that received the most criticism from the Coalition), I read a series of editorials that appeared in *Watan*, a literary journal in Punjabi.³² Sadhu Binning, of Vancouver SATH Literary and Cultural Society was one such author, who was a participant in the Coalition. In his editorial entitled 'Sex-Selection and Canada's Indian Community' he was very critical of the community press. He writes of their response to the Coalition's request to cease carrying Dr Stephens advertisements that

these people consider themselves being something apart from the community, and free from all responsibility. The community in which they are living and earning their living from doesn't get their attention when it comes to responsibility.... [The editors, like the women's organisations] could have asked writers to write articles on the subject.... But they have put the whole responsibility of abortion on the women's organisations.³³

Mr. Binning further claims that because the papers do not initiate a discussion of Dr Stephens' authority to shape misconceptions of Punjabi culture and his exploitation of these misconceptions, that the papers are themselves collaborators in this process. Furthermore, he affirms the Coalition's stand that the advertisements do promote sex selection in the community and therefore, the papers have a responsibility to refuse them.

In this article, Binning is also critical of the Indo-Canadian press' attempts to divert attention from sex selection to other issues such as the coalition's obtaining and misuse of grants. He is also critical of the papers' attempts to create hostility in the community towards the women's groups. Although much of this article is highly reminiscent of those claims made by the coalition in *The Vancouver Sun*, he does speak specifically of Punjabi culture. He stresses the global nature of patriarchy and son preference, but he also suggests that the editors are possibly motivated by their desires to maintain the status quo in the community. He too seeks to decouple sex selection from 'the right to choose'. In doing so he maintains that women 'choose' to son select because of family pressures stemming from social and economic pressures. He also maintains that Punjabi and Indian societies have had more than a thousand years of son preference, motivated by the view that daughters are someone else's wealth and sons are the means by which a family obtains the wealth of another. He is also critical of those institutions which do not permit Punjabi women to live an independent life, without being defined as mother, sister, wife or widow.³⁴ It is striking that these topics come up in the Indo-Canadian printed press but not the more general printed media. This reflects, of course, the sensitivity to the non-Indo-Canadian scrutiny informed by the mainstream media and subsequently the diasporic dimension of this controversy.

Binning's criticism does not however prepare the reader for what is found in the Indo-Canadian press. While there is evidence for his assertion that it was trying to divert attention from the issue of their advertising for Dr Stephens by their depictions of the Coalition's 'unscrupulous' behaviour, there were also several editorial attempts at discussing 'sex selection'.

There is no doubt that such Indo-Canadian publications as the *Indo-Canadian Times* and *The Link* attempted to confuse the issues by confabulating insinuations that the Coalition created this controversy to obtain grants and subsequently misused them.³⁵ But within the editorials and letters to the editors some attempts were made to nominate social institutions that promoted sex selection and son preference while simultaneously asserting the value of women as producers of children and culture. These editorials and letters revealed considerable conflicts of interest. On the one hand, many letters and editorials brought up dowry and sex inequality, but maintained that women were valuable because of their roles as mothers and educators. In some of the letters, the women's groups were accused of maligning the community as all of Vancouver watched, but still charged them with the duty of educating women away from sex selection. Some of these confusing contentions are examined below.

*Women's Groups as Defamers of the Community versus
Women's Groups as Educators and Reproducers of
the Community*

As we have already seen in Promod Puri's editorial, some authors felt that the women's groups have shamed not just the community, but Punjabi/Sikh women specifically by their vocal stance against Dr Stephens' advertisements in the non-Indo-Canadian press. It should be observed that in the Indo-Canadian press, the Coalition is called a women's organisation. There seems to be a perception that sex selection and abortion are issues that concern only women, rather than the entire community. Hence, this campaign is labelled the campaign of women. Furthermore, men that participated in the demonstrations were ridiculed. In an anonymous editorial it was written: 'People were laughing at these men.'³⁶ But it is not clear whether these men were really laughed at or if the editorialist wanted to feminise the male participants—or perhaps both are true.

The efforts and the legitimacy of the Coalition were undermined in several ways in addition to the allegations that members misused grants and the accusations of damaging the standing of Indo-Canadian women. A popular tactic was to assail Raminder Dosanjh's character and motives. In Tara Singh Hayer's editorial of 23-29 September he wrote that: 'Those who do not have daughters, they [*sic*] should they demonstrate in favor of daughters? God Forbid!!' This is in reference to the fact that Raminder Dosanjh has three sons and no daughters. In another letter to the *Indo-Canadian Times*, it is insinuated that Raminder Dosanjh has acquired her position in the Coalition and grant money through the efforts of her

husband, who is an MP.³⁷ Promod Puri says that 'The 'Coalition' group of Raminder Dosanjh has surfaced again like the seasonal frogs, who in our Punjabi language are called the 'Barsati Daddu'.³⁸ He thereby reduces the Coalition to a hobby of Raminder Dosanjh, who apparently has too much time on her hands, resulting, it is insinuated, from her economic privilege. Men that spoke against the papers, like Sadhu Binning, apparently escape the wrath of the editorials. It is women, it seems, who must be put into their proper place.

In addition to character assassination, the editorialists ridiculed the Coalition for its meddling nature. In an anonymous letter to *The Indo-Canadian Times* of 15 September the writer suggests that the 'women's organisations' exacerbate family conflict and force the women to divorce their husbands as a result. The writer then asks: 'If divorce occurs, then what help will the organisations give to the divorced women and their child [*sic*]? Will they get this women [*sic*] married again, make her worthy of a job or leave such a woman to be left in utter confusion?' The author thereby insinuates that the Coalition can only be relied upon to start trouble, but long-term solutions can only be found within the boundaries of the community. This constitutes a warning to those who are engaging in actions that may exclude themselves from the community that there may be no return, and specifically places (or threatens to place) the Coalition outside of the community.

The Coalition was accused of not taking proper initiatives in tackling sex selection in the community. Promod Puri wrote

We ask this big mouth 'Coalition' if it has ever written, printed and distributed any pamphlet or literature addressing the problem?.... Has it ever visited any of our Gurdwaras, temples or other such gathering places to speak out on the issue and educate the women?³⁹

In this passage, it is insinuated that the Coalition is already beyond the pale of the community, a theoretical ensemble of outsiders to the community's gurdwaras. In *The Indo-Canadian Times*, it is asked 'Have there been demonstrations against dowry on the Gurudwara stages?'⁴⁰ And in another editorial it is stated, perhaps facetiously, that they should boycott people who celebrate the birth of sons and not the birth of daughters.⁴¹ It is also insinuated that some of the women in the Coalition have aborted their female foetuses. In these editorials, the Coalition comes off as ineffectual, hypocritical and damaging to the community for no clear benefit.

While undermining Dosanjh's and Mahila's legitimacy in the community, the editorials simultaneously assert a more palatable role for the women. (It should be noted that all of these editorials were penned in the

names of men.) That role is educating women. In numerous editorials it is suggested that the Coalition go to the market or the gurdwaras and educate women. This is far more productive, in this line of reasoning, than calling public (non-Punjabi) attention to the Punjabi community. As we will see later, even though some of the writers admit that there are contributing patriarchal structures that promote male selection, women are seen as the only route of questioning the practice. It is not suggested that the Coalition go and educate men in the gurdwaras and market. By accepting the roles prescribed for them, by men, the women of the organisations may be received back into the community have assumed the roles of educators of women and children. Community values, of course, become recreated and transmitted through the efforts of women. The role of women as producers of community are now elaborated.

Patriarchal Formations and the Producers of Community

Another move made by the various editorial writers is the framing of community. In the discussion of the Punjabi community, particular social institutions such as dowry and gender roles assume prominence. The culmination of these discussions is the value of women, ultimately inscribed within a particular patriarchal structure, as producers of offspring and community.

In a letter to *The Indo-Canadian Times* (7-13 October 1993), Jogi wrote that the marriage of a girl has become a prestige issue. This is a very confusing letter, due in part to poor sentence structure with which my translator grappled, and in part due to strained logic. Jogi seems very concerned that girls are meeting and dating boys prior to marriage. He suggests that if the mother teaches the children that this is not proper according to their customs and maintain the custom of an arranged marriage, then the dowry system can be stopped.⁴² While he does not say so, one must wonder if perhaps by prestige he implies the intact virginity of daughters prior to marriage. The perpetuation of dowry, according to Jogi, therefore is the result of young girls dating boys and mothers not properly transmitting Punjabi traditions to her children. This letter almost suggests that a family must buy a husband for their, potentially tainted, daughter. It is nonetheless interesting that for this man, continuation of dowry and misogyny in the diaspora are linked to increased likelihood of female promiscuity.

In an article entitled 'Boys, Girls—Beauty of the Courtyard', Sikhpal Singh Kamb writes 'It is a well known truth that behind every successful

man is the helping hand of a woman'.⁴³ Later he tells an anecdote to dispel the ignorance of those who call woman impure or unclean.

It was summer season [in Patiala at his friend's house]. In the living room of his house, apart from other things there was kept a radio, which had ample dust on it. I said to him, friend do you clean the dust off the radio? Immediately his cook-book answer came, 'When Raminder is with me, what do I need from the radio? If I am alone then only can I touch this'. On hearing this Rajinder's face lit up with smiles and laughing, shying, happily she left to make tea.⁴⁴

What is remarkable about this anecdote is that his friend was not asserting the domestic role of his wife, but rather the author did. In another section of the same article, the writer hails women as producers of great men. It seems that this author supports the virtue of women only as a mother or wife, who do not have parity with their spouses. The virtue of women therefore is defined through her heterosexual (productive) relationship with a male, her husband.

This sentiment is even more explicit in an article by Gurcharan Singh Dodhar in *The Indo-Canadian Times* (12-18 August 1993). Dodhar quotes the famous *shloka* of Guru Nanak 'why condemn those who have given birth to kings'. Elsewhere he asks '[if] we keep on killing the source of child producing woman, how can we think of growth of a good society?.... Are we not snubbing the aspirations of our son by killing his sister? Are we not the butchers of our supreme producer?' Again, although he tries to assert the equality of women to men, he can do so only by maintaining that women are producers of society, future wives for their sons.

It is thus clear that the range of issues discussed depends on the venue for discussion. In the more mainstream press, a space in which the Coalition operates, the practice of sex selection seems to be a non-topic. Rather, in this public space, Dr Stephens himself, the racism and sexism of his advertisement campaign, and those papers that run them are the topics of concern. We have seen that Mahila is generally non-critical of the Punjabi/Sikh community, except the newspaper editors. Even in their grassroots literature, which is not generally available to outsiders, they maintain the general features of the stance that they adopt in the more mainstream press. This is tactical. Mahila and the Coalition can only go so far before it begins to risk alienating male and female members of the community, in which Mahila operates and in which the various members live.

Moving away from the public space, into one that is more private from the perspective of the Punjabi/Sikh community members, sex selection is

discussed within the pages of the Indo-Canadian papers. While these papers do appear critical of cultural formations that may support and propel male selection in the community, their support for women's parity is farcical. In the end, they support women in their palatable roles as teachers of children and other women, producers of great kings, supporters of husbands, and reproducers of children and community. The bottom line is that deconstructing patriarchal structures is not to be the preoccupation of women. But then again, the women of the coalition do not publicly advocate this either.

Taking a panoramic view of this discursive geography, the diasporic features assume prominence. First, there is the protection of the image of the Indo-Canadians as a successful migrant community. This fear implies the dreaded judgment by other Canadians who are perceived to have racist or ethnocentric inclinations. As we have said elsewhere, this type of concern does not arise in the Punjab in the same way—if at all. We also see the ways in which discourses on the freedom of choice, cultural and moral relativism, and the relationship that has developed between the pregnant woman, a cadre of doctors, and the technology which mediates this relationship, have informed the views expressed by individuals and organisations of the Indo-Canadian community.

TANGENTIAL ECONOMIES

This section of the paper attempts to elaborate some of the interlocking problematics that underlie and promote sex selection in the Vancouver Sikh/Punjabi community. A major concern for diasporic Sikhs is maintaining a Sikh identity. It seems that controlling the sexuality of Sikh women is pivotal in this endeavour. The *izzat* (roughly honour) of the family is crucially dependent upon the chastity of its daughters. This sexuality is a form of capital, the control of which is central to the *izzat* of the family as well as preservation of Sikhness in the diaspora. Women are literally the producers of community.

Sikhs in North America, and elsewhere, are transnational and maintain ties with their originating village.⁴⁵ Furthermore, chain migrations and the taking of Indian spouses translate to a continual flux of Sikhs from India. For this reason, we need to relate sex selection in Vancouver to sex selection in the Punjab. It is also useful to examine non-Punjabi/Sikh sentiment toward sex selection because this is not a specifically South Asian phenomenon. Furthermore, Dr Stephens' enterprise is profitable because of the synergistic interactions of patriarchal control of sexual capital and the commodification of motherhood and the perfect child,

providing further impetus to contextualise diasporic sex selection in the West. By exploring the contexts of sex selection in both the Punjab and in North America, we can elucidate the features of sex selection among Vancouver Sikhs that are diasporic in nature. Finally, it is important to examine some of the mechanisms by which the diasporic Sikhs maintain their Sikh identities. What we will find is the central role in which female sexuality is apprehended and controlled by Sikh patriarchal formations. But we will also see that women alter 'traditions' and 'customs' as they reproduce them.

Sex Selection in the Punjab

It is a chilling coincidence—if it is only a coincidence—that the Punjab was and remains notorious for its skewed secondary male to female ratio.⁴⁶ This is not to suggest that the sex selection practices in Vancouver are mere transplants of those carried over from the Punjab because the circumstances in which sex selection is embedded differ in substantial ways which are elaborated below.

Prior to the introduction of amniocentesis, the Punjab possessed the lowest female to male ratio (879 females per 1,000 males), while having the highest per capital income among the Indian states. Monica Das Gupta cites this as evidence that poverty is not necessarily an index for discrimination against females. Her paper demonstrates that the low male to female ratio in Punjab is due to selective partitioning of resources, such as, food, clothing and medical care, between male and female children. Despite the fact that in the neonatal period, male mortality is higher than female mortality; female post-neonatal mortality is much higher than male. Between 0 and 29 months, the female mortality rate is nearly twice that of male infants. This data may indicate that behavioural, not biological, factors are operating.⁴⁷ She also found that mortality rates differ depending upon birth order. Males born to mothers with surviving sons have a slightly higher mortality than those who are born to mothers with no sons. Females born to mothers with no surviving daughters have mortality rates that are roughly between those for the two situations for male offspring. However, Das Gupta reports a startling increase in mortality for daughters that are born into families where there is one or more surviving daughter. This subset of daughters has a 53 per cent higher mortality rate than the offspring born in the other configuration.⁴⁸ Das Gupta also discovered that higher education did not translate into lower mortality for daughters, in fact the opposite effect operated.

Das Gupta maintained that there was little correlation between poverty and discrimination against females. She also disagreed with Bardan's contention that neglect of females is configured by low participation of females in agriculture and income-generation.⁴⁹ Female participation in labour in fact coexists with female infanticide. Alienation of women from agricultural labour by the Green Revolution does not imply that their work load has lessened, but rather, has been repartitioned into other labour domains.

Das Gupta argued that structures in Jat (and Rajput) kinship support the practice of sex selection. In these kinship formations, females are considered part of their husband's household upon marriage. Since dowry is the marital practice, females take away financial resources of the family for which there is no reciprocity. Women have no inheritance rights in practice. Furthermore, it is the son that will take care of his parents in their old age and bring in the dowry of his wife. Indeed, to secure her position in the family, a woman must produce a son.

Barbara Miller has disagreed with Das Gupta's analysis. She postulated that the disincentive for Jat farmers to have many daughters is not linked with their role in economic activity but rather to marriage costs.⁵⁰ Miller also is struck by the lack of reciprocity between the families of the wife and husband in North India: the wife's family gives and the husband's family receives. (She does recognise that all of North India is not monolithic in its marital practices.) She contrasts this situation with some in the South that are marked by reciprocity between the families. She notes further that in the North, dowry is a means to procure a husband from a good family. Dowry in the South of India is perceived as primarily a gift to the bride for her own welfare and protection.⁵¹ Miller then correlates the different marital practices between North and South India to the differential tendencies to use selection between the two. The former marked by masculine sex ratios and the later either feminine or less masculine ratios.

Most of the above research was written before the introduction and expansion of commercial sex determination and sex selection of the 1980s. Punjab figured prominently in the deployment of this technology. In 1979, in Amritsar, amniocentesis was first used commercially.⁵² Punjab continues to have one of the lowest female to male ratios. Recent work done on sex selection reports the same ratio of 879 females per 1,000 males that Das Gupta cited. There do not appear to be more recent figures since the widespread commercial introduction of amniocentesis, chorionic villus sample, and now ultrasound, which has become the first step in sex selection. In the Punjab, as elsewhere, female foeticide has generally replaced female infanticide.⁵³ It is also necessary to ask about the effects

that the less invasive technique of ultrasound (as compared to CVS and amniocentesis which has substantial risks of harming the foetus) have had upon facilitating female foeticide.

As is the case with the sex selection practices in Vancouver, it is impossible to say who has sex selected, or more appropriately, male selected. In India, it can be said with confidence that sex selection is a practice that spans both rural and urban populations. Similarly, it is not only the 'poor and backward' masses that male select, but also 'educated and middle class' masses as well.⁵⁴ Advertisements for sex selection are ubiquitous. Information on sex determination is frequently followed by that on pregnancy termination.

In India, as in Vancouver, women were not unified in their response to sex selection. Much of this debate occurred in *Economic and Political Weekly (EPW)*. Strangely enough, this debate is absent in *Manushi*, the feminist publication which has carried much debate on the dowry boycott, sati and bride-burning. Writers in *EPW* produced a variety of views. Dharma Kumar, for example, maintained that sex determination was simply another factor that contributed to the mother making an informed decision to carry her child to term and therefore was a manifestation of the right to choose. Dharma Kumar felt that if sex selection was made illegal, then female children would suffer mercilessly. Hence killing the female foetus is more humane than the sustained ill-treatment that a female child will experience. She posed the question: 'Does the birth of lakhs, or even millions, of unwanted girls improve the status of women?'⁵⁵

Leela Dube, however took her to task for this economic analysis of the benefits of sex selection.⁵⁶ One can quickly argue, as has been the case in both India and Vancouver, that a woman does not really have the freedom to choose. How is it that if she cannot choose her own husband or how far she will follow her education she suddenly has so much choice to choose the gender of her foetus. It is apparent that there are numerous factors through which a woman must navigate in deciding to keep and give birth to a girl. Dowry, her dependence upon a son, potential marital problems or even violence are some of the factors that women must keep in mind. These considerations will be revisited when we reflect upon sex selection in Vancouver.

Sex Selection: Contexts in the West

This section demonstrates that sex selection and male preferences are not as foreign to the West as is usually thought. Perceived differentials in gender of offspring preference has prompted much of the sex pre-selection

techniques that have been developed in the West. Since Dr Stephens is a participant in this, as are several of his colleagues, and since his service is a product of these perceived sex preferences, we need to examine these preferences and technologies.

First, I will discuss gender preferences in the generic American population. Because, there does not appear to be similar work done in Canada, the American data will have to suffice. This is not entirely unjustified because Dr Stephens' practices are situated in the US, although his Punjabi clientele are largely Canadian. Second, I will examine some of the sex pre-selection techniques that are being popularised and how this phenomenon dovetails with what Wertz and Wertz call the American desire for better, brighter babies.

Wertz and Fletcher report in the *American Journal of Medical Genetics* that geneticists in the US (62 per cent) differed from geneticists of 18 other nations in their willingness to perform prenatal diagnosis for sex selection or refer them to a doctor that would. In that same study, women were more likely than men to say that they would perform prenatal screenings for maternal anxiety or sex selection.⁵⁷ This data substantially differs from previous studies that reported in 1976 only 1 per cent of 448, and in 1977, only 21 per cent of 149 geneticists were willing to perform prenatal diagnosis for sex selection.⁵⁸ Furthermore, the American data compares interestingly with data on Indian, Canadian and British geneticists which found in 1989 that 34 per cent of American medical geneticists would perform sex determination for sex selection or refer to someone who would. Thirty-four per cent in India, 30 per cent in Canada and 9 per cent in the UK were willing to do the same.⁵⁹ Another survey illuminated the American ambivalence towards sex determination and sex selection. Burke reports, after interviewing 34 prenatal genetic counsels in seven American cities, that although they support the woman's fundamental right to choose abortion, they overwhelmingly condemned the use of that knowledge for sex selective purposes. This ideological stance problematised their interaction with their clients who wished to sex select. They dealt with this conflict of interest by out-referring or evoking female autonomy. However their ethical stance was complicated by the fact that 60 per cent of the counsellors would prefer to know the foetal sex during their own pregnancies.⁶⁰

Studies conducted in the United States reveal a gender preference. A survey of 242 undergraduates, for example, assessed the attitudes toward the use of sex-selection technology and their gender preferences for first- and second-born offspring. Of this sample, 31 per cent of the respondents endorsed the use of sex selection technologies. A small subsection of

non-whites were more accepting of these technologies than were the whites. (In this survey, non-white meant Blacks and Hispanics.) There was a significant preference for first-born males among all respondents, with the non-white subset expressing a stronger preference. Students from rural areas had a stronger male preference than did those students from urban areas. The gender preference of the second-born was independent of the first-born, with 54 per cent of the potential users desiring sons as both first and second children.⁶¹

Another study in the *Journal of Psychology* reported that 22.8 per cent of predominantly rural, conservative American students showed acceptance for the hypothetical scenario of sex determination performed by amniocentesis followed by abortion in the twelfth week of pregnancy. (In reality, amniocentesis cannot be done at this point in gestation.) Still, 17.9 per cent indicated acceptance for methods that were current as of 1984. Male respondents indicated a greater and more consistent approval than did females. Females showed an increasing tendency to support sex selection as the hypothetical situation grew more complicated.⁶²

While the numbers of individuals who prefer sons seems small, it is important to remember that sex selection in India is done by the minority as well. At first sight the figure of 8,000 sex-selective abortions in Bombay looks dramatic. But what does that total represent when we do not know the total number of births, total number of abortions and an approximation of the proportion of sex-selective abortion, especially in a city whose population is over 10 million? It is extremely likely that only a small segment of the population is evoking sex selection in India. This is not intended to trivialise the occurrence, as even a low-probability event occurring in a large population produces a significant absolute figure.

At this point, it is possible to offer some conjectures. Sikhs in Vancouver seek to have families with a small number of children, responding to the particular economic environment in which they are situated. As we will see below, sex selection among Vancouver Sikhs is not necessarily aimed at eliminating daughters, but rather at limiting the number of daughters for whom dowries must be paid. We must really challenge the notions that are put forth by individuals like Stephens who actively construct these types of prejudices as those of the exotic other while questioning the conjunction of male preference and sex-selective technologies globally.

The medical establishment is manufacturing conceptual possibilities that capitalise on the preferences and prejudices of all parents who can afford the technology. Sex preferences are catered for by numerous medical options that roughly fall into two categories: post-conception sex

selection and pre-conception sex selection. Dr Stephens' business is representative of the first. But the latter is a blossoming business as well. Couples can have their sperm separated by centrifugation techniques. Another technique boasts that because female sperm run slower than male sperm in one separation technique, the male sperm, having reached the finish line first, can be collected for insemination. Fertilisation can occur in-vitro and the zygote of preferred gender can be selected for implantation. Of course, gender is not the only preference being catered for. Down's syndrome can be checked for with amniocentesis as can gross abnormalities be visualised by ultrasound. In short, the foetus is becoming a product rolling off an assembly line with quality control checks being performed at different points along the gestation period. More and more, doctors portray that they can maximise the potential for a perfect child and parents are increasingly expecting that they can deliver on their guarantees.⁶³

Ultrasound is a very important instrument that has come to mediate the relationship between the doctor and the expectant parent. As stated earlier, the utilisation of ultrasound in the doctor-client relationship in North America has a very different trajectory from the utilisation of ultrasound in India.⁶⁴ An examination of the different kinds of advertisements produced by Dr Stephens for Punjabi/Sikh and other clients clearly illustrates the social meanings of ultrasound.

In an advertisement intended for non-Asians the main idea is the facilitation of mother-child bonding and relieving maternal anxiety. There is also the presence of the warmly smiling and reassuring face of Dr Stephens overseeing letters from satisfied mothers. One of the letters details the sorrow of one woman whose foetus was improperly diagnosed as a male and died twelve hours after birth. She laments that if she had gone to Stephens, she would have known that she was carrying a girl and could have come to know her better before her early death. She writes of her current pregnancy that she has been relieved to know that it is developing normally and that it is a girl. She can now maximise precious bonding time with her foetus. Another letter expresses relief that this procedure is non-invasive unlike amniocentesis and rejoices in the fact that her girls will call her foetus 'little brother' instead of the 'new baby'. In another letter, Sharlene reassures Dr Stephens that his business is absolutely moral. Apparently, he diagnosed her twin male foetuses with some abnormality, which she then terminated.

The focus of this advertisement is clearly upon the role of ultrasound (and to some extent amniocentesis) to facilitate the developing relationship between the mother and her foetus. Dr Stephens becomes the in-

dividual necessary for fostering this early relationship. In Sharlene's letter, it is boys that are aborted. Stephens conflates abortion for abnormalities and abortion for femaleness. This notice, of course, obfuscates the fact that his services are used explicitly by Punjabis to male select. Sharlene writes 'No one can say what is right or wrong until they have been there!' The reader is invited to either forget the real issue of this controversy, or equate having an abnormal child with having a female child. One is not invited to criticise abortion motivated by the desire to bear only perfect products of conception. In fact, if one were to challenge this supposition, the ballast of Stephens' legitimacy could begin to disintegrate. Of course, the consequences of this query upon other dimensions of the choice debate could be disastrous for the autonomy of the female patient vis-a-vis her reproductive freedom.

In another advertisement targeted at Western clients entitled 'It's a Girl' a picture of a healthy foetus is provided. Again, Stephens invites a client to come to his office and be assured 'that her baby is "normal"'.

In the advertisements for the Indo-Canadian press, there is however no picture of the beaming Dr Stephens, no sonogram of an allegedly female foetus, no mention of mother-child bonding, no mention of the take-home video. In fact, I wonder if Punjabi/Sikh women take the video home with them, and if they do, what that video means to them. Rather, the consumer is guaranteed privacy, that no referral is necessary, that there will be no doctor's report, immediate availability of test results, and 100 per cent accuracy. Stephens prefigures the Punjabi/Sikh client who does not need to see a picture of her developing, normal, perfect little girl in the advertisement. Why is it important that there is no doctor's report, that privacy is guaranteed, and that the results are 100 per cent accurate and available immediately? The lack of a paper trail certainly makes it hard to uncover what percentage of female diagnosis result in female abortions. Is it to be hidden from family members who can later rejoice in the birth of a son, not knowing that it took three abortions to get that son? Is it to be a secret from other community members? Accuracy and expediency translates to the ability to abort only females if desired within the twelve-week limit on abortion in Canada. The line in the advertisement that insures the availability of abortion services is either in Punjabi or in English with the Punjabi translation below it. Furthermore, the relevant information 'What is the child to be born? Boy or Girl?' and 'Information is also given about Abortion Clinic' are rendered in Punjabi along with information on relevant phone numbers to call. With his differential deployment of English and Punjabi, is Dr Stephens anticipating that fewer people will understand this information if it is written in English only?

These advertisements graphically illustrate the ways in which ultrasound is used. The San Jose clinic advertisements utilise the benign meanings of ultrasound that are assigned by most North Americans. Ultrasound is a diagnostic technique that responsible pregnant women are told they should use. It checks for potential malformations of the foetus, which may or may not be corrected in utero, or it reassures the mother of the normal course of development of her foetus. It has the advantage of providing information about the gender of the foetus such that she can go out and buy pink yarn for its blanket. In the notices in the Indo-Canadian press, Dr Stephens taps into the social meanings of ultrasound to the Indo-Canadian community which has the memory of sex determination in India, where sex determination and sex selection are collapsible. It is not coincidental that his notices in the Indo-Canadian press more closely resemble those in such Indian papers as *The Hindustan Times* than they do the advertisements for the San Jose clinic.

What is occurring in Vancouver is the result of the interaction between the expansionist role of medicine in the process of conceiving, gestating and delivering the 'perfect, wanted baby' and permuted gender preferences in the Sikh/Vancouver community. But it should not be forgotten that the medical birth-controlling establishment is not simply responding to 'ethnic communities' but to societies in general. Dr Ericsson's sex-preselection franchise attests to this. He has opened franchised clinics in 46 countries in Europe, America, Asia and Latin America. He announced in a bulletin that of 263 couples, 248 of them wanted sons and 15 wanted girls.⁶⁵

Controlling Sexual Capital and the Maintenance of Sikh Identity

The numerous articles in the Indo-Canadian press attest to the concern about maintaining the Sikh community's status. The women of the Coalition are defamed not so much for broaching the issue of sex selection, but doing so in a space that is accessible to non-Indo-Canadians. By going to the public and asking for state intervention, Mahila corroborates the numerous claims that Asian women are hapless victims in the hands of the Indian patriarch. It is specifically the behaviour of women that solicits criticism from the Indo-Canadian press. We have also seen, particularly in the Indo-Canadian press, that women are constituted as the reproducers of Punjabi culture. However, women are not simply reproducing cultural

institutions, they are also modifying them as well. This may be a source of tension that underlies the practice of sex selection in the diaspora.

Maintaining the system of arranged marriage is a central concern for diasporic Sikh communities as it is intimately bound up with the upholding of *izzat* (family honour). *Izzat* is heavily dependent upon the intact chastity of daughters upon being delivered into their husbands' households.⁶⁶ Any tendencies to 'liberalise' are countered by continued arrival of new immigrants into a community that seeks to assert the 'traditional' ways. This continued influx of new immigrants is a powerful way to maintain a Sikh identity.⁶⁷

However, this pattern of recent migrations and maintenance of ties with originating village not only helps to oversee the regulation of female sexuality, but it also allows women to assert surveillance mechanism over male behaviour. The behaviour of men (including his ability to regulate their daughters' sexuality) affects the *izzat* of their families in India. Failure of a father to regulate his daughters' sexuality, in addition to other actions that may disgrace his family, may have dire consequences for future arranged marriages within his family. Hence maintaining *izzat* is central to the structure of the arranged marriage.

Problems arise when Sikh girls attend public schools, where females and males are encouraged to work together. There undoubtedly appears to be greater anxiety about the coming and goings of girls than boys. Margaret Gibson found, for example, in a Northern California Sikh community that boys were encouraged to engage in extracurricular activities, go out with friends after school or see films in the evenings. Girls on the other hand could only rarely meet with girl friends after school. Instead, their social activities revolved around the immediate and/or extended family that lived nearby. This overprotection stems from parental/familial concern for the female child's reputation. One of her informants said of his daughters that 'all our respect is in their hands.'⁶⁸ James Chadney has produced similar findings for Vancouver Sikhs. He concludes that because female sexuality is stringently guarded, they marry later than their counterparts in India. Their average age of marriage is very similar to that of non-Sikh Canadians. Thus a family does not necessarily have to sacrifice their daughters' education to ensure her virginity in marriage.⁶⁹ Additionally, there is a strong preference that at least one of the marital partners should be from India. Chadney found that of 194 marriages performed under the auspices of the Vancouver Gurdwara from 1951-1972, only 24 took place wherein both spouses were born in Canada. Ninety-nine cases involved both spouses from India. Not all marriages of course take place in gurdwaras. Some families have the ceremony

elsewhere so that alcohol can be consumed. Inevitably, families do not uniformly succeed in handing over a virginal daughter in marriage. Women should not be viewed simply as passive participants in a structure that is imposed upon them from above. Instead, many young women accept the structure, to varying degrees, and alter it as they move within it. Dowry is an excellent example of female reproduction of a cultural practice.

Women as 'Cultural Entrepreneurs': Dowry Transformation in the Diaspora

This paper has assiduously tried to avoid the trap that Mohanty has laid for Western feminists.⁷⁰ She admonishes Western feminists who constitute Women as a coherent group on the solitary basis that they have two X chromosomes. By positing such a notion of Woman, a paradigm is set up in which women are exploited and men are the exploiters. She writes: 'Western feminist discourse, by assuming women as a coherent, already constituted group which is placed in kinship, legal, and other structures, define Third World women as subjects outside social relations, instead of looking at the way women are constituted through these very social structures.' We have seen that simply being a woman does not imply a certain alignment ideologically with respect to sex selection. Furthermore it has been suggested that 'patriarchy' is not simply imposed upon the woman-victim from above, based upon the male/female, oppressor/oppressed duality. Dowry in the diaspora provides an opportunity to examine female agency in constituting the social structures through which women are also constituted.

The practice of the arranged marriage in Vancouver is accompanied by dowry. In fact, since the early 1980s the practice of giving dowry has been gaining momentum in Vancouver. Ragh Singh Bains of the Immigrant Services Society alleges that some families are paying as much as \$60,000 for their daughter's dowry and that the less fortunate are resorting to taking out loans.⁷¹ Similarly, harassment of new brides for insufficient dowry is also increasing in the Vancouver area as demands for dowry are unprecedented in their exorbitance. Bains attributes this increase toward outrageous dowry demands (cars or house down payments) to the increased ties with families in India.

Dowry has a diasporic aspect in that the brides are helping to pay for their dowries. Margaret Gibson reported of a Northern California Sikh community, that while both boys and girls worked while in high school, their earnings were used differently. While the boys' earnings may be used

for recreation or be applied toward family expenditures, the girls' earnings were saved for their dowry.⁷² Parminder Bhachu observed women in Great Britain actively participating in their own dowries.⁷³ She attributes women's increasing ability to renegotiate 'tradition' to their increasing involvement with the labour market which has allowed them to become resource producers rather than resource managers.⁷⁴

Bhachu writes that the Sikh women are 'cultural entrepreneurs who are actively engaging with their cultural frameworks, whilst continuously transforming them.'⁷⁵ In this study, she found that brides that did not have their own earning base invariably had a basic 21-item *daajs* (dowry), while earning brides had very elaborate and voluminous *daajs*. The latter dowries were inclusive of higher quality garments than those in the former, personal accessories, and household items (china sets, silver cutlery, electronic entertainment devices). Furthermore, these items were purchased by the brides themselves for their use in the marriage.⁷⁶

Unfortunately, this type of study has not been conducted in the Vancouver Sikh community. It does not seem unreasonable however to suspect that the women in Vancouver are also participating in financing their dowries.

Sex Selection in the Diaspora Revisited

At first sight, it may appear surprising that sex selection has taken root in the Vancouver Sikh community. Sikh women are working, and have been given similar educational opportunities to their brothers. But these 'advances' have their own costs. Throughout their education, girls must interact with boys. Thus extensive surveillance is required to ensure their chastity, which is of paramount importance to numerous other familial structures. Dowry has become a prestige issue in North America. Rather than being abandoned it is apparently flourishing. Even though women are participating in their own dowries, it is clear that they lack the resources to participate fully in revenue-raising. In fact, one could suggest that from a parent's viewpoint it is more stressful to have daughters in the diaspora than in India.

Interestingly enough, Dr Stephens explained to me in an interview that very rarely have patients come to him during their first pregnancy. Having one daughter may not be problematic, if we can take Dr Stephens' authority on this matter. Families, though they do not necessarily want many daughters on whom their family honour is dependent, do require wives for their sons. Additionally, older daughters can assist with childcare and other domestic work. However while people may not think

about it explicitly, it is the trend, according to Chadney's data, that Canada-born children take India-born spouses. Hence if there are imagined shortages of Canada-born women for their sons, there is the potential (and preferred) option of taking a wife from India. Additionally, the wife's family will pay a substantial dowry to obtain a husband in Canada. Hence there is an imagined source of wives for their sons and furthermore, women and their sexuality vis-a-vis their reproductive potential constitute a sexual capital in an economy of culture. Again, while one should not minimize the potential harm of sex selection, one cannot view the practice as an irrational attempt to completely eliminate daughters, but rather as an attempt to limit the number of daughters that can be afforded. But why is it that sex selection persists in the diaspora? Why is the practice of dowry and bride harassment becoming more prevalent than it was in the recent past in the Vancouver community? To what extent are women coopting, altering, or subverting dowry and/or the pressures to limit the number of daughters? What is the potential harm of these practices? These questions require answers desperately.

CONCLUSIONS

As a subject for diasporic studies, this controversy has illuminated some of the types of conflict between an immigrant community and its social environment. In turn, the conflict with its host environment is mutually constitutive of internal conflicts as well. In this case, we have seen the tension between the Sikh community and the Canadian public because this controversy over male selection was divulged in the mainstream media, thereby 'corroborating' its stereotypical representations. Since the Coalition was responsible for directing the judgmental gaze of the Canadian (and American) public to the Sikh community, the community and the Coalition assumed adversarial roles. These mutually constitutive tensions are revealing in several senses. On the one hand, they uncover the diasporic nature of the controversy of sex selection in Vancouver compared to the same controversy in India or the Punjab. The fear of having a 'favoured, model minority' status challenged by a presumed racist and unsympathetic host community, which is so prominent in this debate, has no comparable structure in India. These tensions also reveal that the safe space in which the community can deal with its conflict is really rather limited.

As we have seen, these tensions and conflicts assume prominence when we examine the ways in which the public sphere was used by different individuals involved in this controversy. In the non-Indo-Canadian press and in their own outreach materials, we saw the unavoidable ambivalence

of Mahila and the Coalition. They had to negotiate their desired end, which is the abolition of sex selection, with their obligations to the community in which they live and participate. Furthermore, they had to be cautious, keeping a constant eye on what others were saying about their community in the public sphere. Their silence on such issues as dowry and selective celebrations of the birth of boys is interesting. Are they ambivalent about these practices as well? Are they opposed to these practices but feel incapable of bringing these issues to the scrutiny of the public. The response of the Indo-Canadian press revealed ambivalence of its own. While it made attempts at discussing women's issues and greater autonomy for women, it also lambasted Mahila for striking out an autonomous territory. It managed on several occasions to speak to women's autonomy without discussing the patriarchal structures that seek to keep women in their place.

By examining the practice of sex selection in Vancouver, we are also provided with an opportunity to see the synergism between patriarchal formations among this community, patriarchal and misogynist formations in the host community, capitalism, and the contexts of child-bearing, particularly in the US where child-bearing has become heavily commodified and mediated by a capitalistic medical infrastructure. Perhaps by looking closely at these interlocking structures, we can come closer to asking why it is that dowry, bride harassment and sex selection have developed among Vancouver Sikhs. Similarly, by examining the interaction of the Sikh community and its host community, we can also see the opportunity for resistance and cooptation, as the dowry transformation illustrates.

This controversy is an important moment in the history of the Punjabi community because it is a historic occasion when women have been active and public in endeavouring to bring the state into involvement with the concerns articulated by Sikh women. Women are not however responding in unison. The activities of the Coalition not only reveal the tensions between the Coalition and the community, but also tensions among different women. For some women, whose choices are defended by Dr Stephens, the Coalition is not addressing the real problems which are the pressures that compel women to sex select. This complicates thinking about meaningful resistance and agency. Mahila's representation of women in the public sphere is problematic because it reduces women to easily-swayed objects of patriarchies via Dr Stephens' advertisements. But what is freedom to choose to sex select if it is done to subvert or avoid potential harm to the expectant mother? Mahila's statements tend to portray women as victims of an imposed structure from above, neglecting the ways in which women cultivate and transform culture even as they

reproduce it, as the dowry issue illustrates. For other women, such as those of the nascent SAWAN, Mahila and the Coalition may not be doing enough to criticise the patriarchal structures that uphold and support sex selection. However, will abandoning Mahila's strategy of straining to work within the community so push SAWAN to the ineffectual margins that women will avoid it?

Aside from the location of this controversy as a diasporic topic, it is also significant because it exists in a particular ethical space that needs to be interrogated. Such a query demonstrates the ambivalence and confusion of the American and Canadian publics on the issue of abortion that extends far beyond the simple question of whether or not abortion should be legal, since the prevalent legal atmosphere provides for this right. Rather, it illustrates that there is no homogeneous opinion upon what is an ethical boundary for abortion rights. If we refute Stephens' claim that aborting imperfect foetuses is ethical, can we also refute the claim that sex selective abortions are ethical? Can limiting these types of abortions be situated such that it does not condemn women as incapable of making important decisions. Who should decide what is 'ethical'? This conflict over sex-selective abortions throws into relief how arbitrary our current application of bounding abortion rights really is.

Interrogating the ethical space of this occurrence of sex selection also provides an opportunity to question the multicultural agenda. Is Stephens' professed acceptance of 'another's culture' merely a colonising move? What are the consequences of accepting wholesale the arguments put forth by moral and cultural relativism that justify practices that affect men and women differently. Are some practices such as sex-selective abortions or genital mutilation the practice of 'traditional societies' or human rights violations? Why is it that when similar practices occur in the generic American (or Canadian) publics they are coded differently? Where is the outcry at sperm selection that achieves the same effect as sex-selective abortions? Why was the cutting of Mr Bobbit more appalling and criminal than the genital mutilation of hundreds of thousands of women? While this is a somewhat flippant question, it is not entirely without merit. On the other hand, will rejecting the arguments of cultural and moral relativism in these cases inveigh against other claims put forth in the multicultural agenda, such as the wearing of turbans?

Of course, questioning the ethical space that Dr Stephens has cultivated allows us to draw out some of the features of the mother-foetus-doctor relationship that are really quite recent. Who does this type of relationship benefit? What happens when a technology like ultrasound, that has different cultural and social meanings, is used in two very different ways

depending upon the community to which it is marketed? By recontextualising sex selection in the West, we can see again the ways in which this type of medicalisation of the birth process locks onto prejudices and preferences of not only the Sikh community, but other communities as well. By critically questioning the expansion of this form of medical control into our lives, we can also begin questioning the globalisation of medical technology as well. In short, we realise that sex selection in the Punjab and Vancouver, though very different in some respects, are very similar. And furthermore, sex selection among Sikhs is not so dissimilar from the types of reproductive technology that are utilised by non-Sikhs.

Notes

1. I am greatly indebted to a number of people: J.S. Taylor, Professor Ronald Inden, Raminder Dosanjh, Harji Sangram and Dr. John. D. Stephens. Without their help, this paper would not have been possible. I am also grateful to *Ms.* magazine which ran a small article on this issue in the Winter of 1994. Moreover, the editorial staff of *Ms.* provided me with the initial contacts for this research.
2. See Chapter Two of C.L. Bosk, *All God's Mistakes: Genetic Counselling in a Pediatric Hospital* (Chicago: University of Chicago Press, 1992). I would like to thank J.S. Taylor who provided me with this reference.
3. Unless noted elsewhere, all information in this section is derived from interviews with Dr Stephens, Raminder Dosanjh and Harji Sangram in January, February and March 1994.
4. *Official ABMS Directory of Board Certified Medical Specialists* (New Providence, NJ: Marquis Who's Who, 1994), 3211.
5. Raminder Dosanjh is a prominent spokeswoman and organiser for Mahila.
6. In 1992 the Supreme Court upheld Pennsylvania's extensive restrictions on abortion access. Thus outlawing sex selective abortions.
7. J.D. Stephens, 'Morality of Induced Abortion and Freedom of Choice.' *American Journal of Obstetrics and Gynecology*, 158, 1 (1988), 218.
8. D. Smith, 'Congratulations, You're Going to Have a Boy', *Sydney Morning Herald*, 27 August 1991.
9. Audre Lourde et al., 'Raising Sons: We know our Dreams for our Daughters. What about our Sons?', *Ms.*, 4, 3 (1993), 43-50.
10. AWIDOO representatives spoke at an Illinois NARRAL conference on 26 March 1993.
11. J.D. Stephens, *Lancet*, 337, 8736 (1991), 739.
12. Pamela Fayerman, 'Ads. for Telling Fetal Gender Spark Boycott', *The Vancouver Sun*, 14 September 1993.
13. H.L. Davis, 'Doctor Defends Tests to Determine Unborn Baby's Sex; Denies He Targets East Indians Who May Have Preference for Boys', *The Buffalo News*, 15 August 1993.
14. *Ibid.*
15. *Ibid.*
16. Fayerman, 'Ads. for Telling Fetal Gender Spark Boycott'.

17. Ruth Rosen, 'Women's Rights are the Same as Human Rights; Abuse; We Must Stop Trivializing Sex Crimes by Calling Them Customs', Editorial, *The Los Angeles Times*, 8 April 1991.
18. C.T. Mohanty, 'Under Western Eyes' in C.T. Mohanty, A. Russo, L. Torres (eds), *Third World Women and the Politics of Feminism* (Ithaca: Cornell University Press, 1991), 63.
19. Fayerman, 'Ads. for Telling Fetal Gender Spark Boycott'.
20. K. Gram, 'Indo-Canadian Newspapers to Pull Controversial Ads. but Boycott Continues', *The Vancouver Sun*, 12 October 1993.
21. P. Fayerman, 'Boycott of Ultrasound Clinic Assailed', *The Vancouver Sun*, 22 September 1993.
22. The Coalition of South Asian Women's Organisation Against Sex Selection. Letter sent to electoral candidates, 27 September 1993.
23. Promod Puri, 'Gender Determination—A Personal Choice', *The Link*, 15 September 1993.
24. Mahila and the Coalition pamphlet.
25. Ibid.
26. Mahila and the Coalition pamphlet.
27. S. Tobani, 'From Reproduction to Mal(e) production: The Promise of Sex Selection', reprinted by Raminder Dosanjh from *Ankur* (1993), 11-12.
28. Ibid.
29. Ibid.
30. J. Chadney, *The Sikhs of Vancouver* (New York: AMS Press, 1984), 69.
31. Catrin Lynch, 'Nation, Woman and the Indian Immigrant Bourgeoisie: An Alternative Formulation', *Public Culture*, 6, 2 (1993), 425-37.
32. This series of articles, like those in *The Indo-Canadian* were translated by various individuals who are appropriately cited. Page citations for *Watan* refer to the page of translation rather than the original text.
33. Sadhu Binning, 'Sex Selection and Canada's Indian Community', translated by Harbinder Singh. *Watan* October/November/December (1993), 14.
34. Ibid.
35. Tara Singh Hayer. Editorial translation by Mrs Manjit Kochhar, *The Indo-Canadian Times*, 23-29 September 1993. See also 'Visit of Women to Punjabi Market', anonymous letter same issue.
36. Ibid.
37. Sarabjit Hundal, 'Farid! If You are a Wise Man', letter translated by Mrs Manjit Kochhar. *The Indo-Canadian Times*, 7-13 October 1993.
38. Puri, 'Gender Determination'.
39. Ibid.
40. Tara Singh Heyer 'Editorial'.
41. Hundal, 'Farid!'
42. Letter translated by Mrs Manjit Kochhar. *The Indo-Canadian Times*, 7-13 October 1993.
43. S.S. Kamb, 'Boys, Girls—Beauty of the Courtyard', translated by Tarunjit Butalia. *The Indo-Canadian Times*, 22-28 July 1993.
44. Ibid.
45. See for example, N.G. Barrier and V. Dusenbery, *The Sikh Diaspora: Migration and Experience Beyond Punjab* (New Delhi: Chankya Publications, 1989).
46. For a general study on this see: B.D. Miller, *The Endangered Sex: Neglect of Female Children in Rural North India* (Ithaca, NY: Cornell University Press, 1981).
47. Monica Das Gupta, 'Selective Discrimination Against Female Children in Rural Punjab, India', *Population and Development Review*, 13, 1 (1987), 77-100.
48. Ibid., 82.
49. See the following works: P.K. Bardan, 'On Life and Death Question', *Economic and Political Weekly*, 9, 32-34 (1974), 1293-1304; 'Little Girls and death in India', *Economic and Political Weekly*, 17, 36 (1982), 1448-50; *Land, Labour and Rural Poverty* (New Delhi: Oxford University Press, 1984).
50. Miller, *The Endangered Sex*, 133.
51. Ibid., 147-48.
52. Vibhuti Patel, 'Sex-Determination and Sex-Pre-selection Tests in India: Modern Techniques for Femicide', *Bulletin for Concerned Asian Scholars*, 21, 1 (1989), 2-11.
53. R.K. Sachar, 'Sex Selective Fertility Control. An Outrage', *Journal of Family Welfare*, 36, 2 (1990), 30.
54. L.S. Vishwanath, 'Misadventures in Amniocentesis', *Economic and Political Weekly*, 18, 11 (1983), 406-407.
55. D. Kumar, 'Amniocentesis Again', *Economic and Political Weekly*, 18, 24 (1984), 1075.
56. L. Dube, 'Misadventure in Amniocentesis', *Economic and Political Weekly*, 18, 8 (1983), 279.
57. D.C. Wertz and J.C. Fletcher, 'Ethics and Medical Genetics in the United States: A National Survey', *American Journal of Medical Genetics*, 29, 4 (1988), 815.
58. Ibid., 826.
59. D.C. Wertz and J.C. Fletcher, 'Ethical Problems in Prenatal Diagnosis: A Cross-Cultural Survey of Medical Geneticists in 18 Nations', *Prenatal Diagnosis*, 9, 3 (1989), 148.
60. B.M. Burke, 'Genetic Counselor Attitudes towards Fetal Sex Identification and Selective Abortion', *Social Science and Medicine*, 34, 11 (1992), 1263-9.
61. F.D. Gilroy and R. Steinbacher, 'Sex Selection Technology Utilization: Further Implications for Sex Ratio Imbalance', *Social Biology*, 38, 3-4 (1991), 285-8.
62. R.N. Feil et al., 'Attitudes Towards Abortion as a Means of Sex Selection', *Journal of Psychology*, 116, 2 (1984), 271.
63. See J.S. Taylor, 'The Public Foetus and the Family Car: From Abortion Politics to a Volvo Advertisement', *Science as Culture*, 3, 4 (1993), 601-18; D.C. Wertz and R.W. Wertz, *Lying-In: A History of Childbirth in America* (Yale: Yale University Press, 1989).
64. Again I am greatly indebted to J.S. Taylor who drew my attention to the different social meanings of ultrasound in the USA and India.
65. Vibhuti Patel, 'Sex-Determination', 8.
66. A. Helweg, 'The Sikh Diaspora' in J.S. Hawley and G.S. Mann (eds), *Studying the Sikhs: Issues for North America* (New York: State University of New York Press, 1993), 69, 75.
67. Ibid., 75.
68. M.A. Gibson, *Accommodation without Assimilation* (Ithaca, NY: Cornell University Press, 1988), 119.

69. Chadney, *The Sikhs of Vancouver*, 101.
70. The point here is not so much the distinction between Western versus Third World feminisms, because Mohanty has a problem with such labels herself, although she uses them. But rather to question the ways in which the tradition of Western feminism posits Woman as an analytical category.
71. Gobinder Gill, editorial, *The Vancouver Sun*, 10 September 1991.
72. Gibson, *Accommodation with Assimilation*, 58.
73. P. Bhachu, 'Culture, Ethnicity and Class among Punjabi Sikh Women in 1990s' Britain', *New Community*, 17, 3 (1991), 401-12.
74. *Ibid.*, 401.
75. *Ibid.*, 403.
76. *Ibid.*, 406.