Chasing the gender dream

Having a child today as compared to having children 20 years ago is quite different. These days we can make a conscious choice about whether or not to have children, and we can also choose the preferred sex of prospective offspring.

— Dr Bách, public hospital, Hà Nội

When I was conducting fieldwork in Hà Nội in 2009, many people asked me whether there was any way to increase a woman’s chances of conceiving a boy. Although a number of research and media reports describe the practice of sex selection, what is less well-known is how and why it occurs. The aim of this chapter is to contribute to a conceptualisation of how people experience and make sense of technology and other sex-selection methods to have a child of the desired sex, and how reproductive technologies affect women’s lives, bodies and identities. Dealing with two phases of sex selection—preconception sex determination and sex diagnosis during pregnancy—this chapter explores the traditional and modern methods used to determine the sex of a foetus. It investigates the expectations women bring to these methods and discusses the socioeconomic context in which the market for such sex-determination services flourishes.

1 This phrase is borrowed from Jennifer Thompson’s Chasing the Gender Dream (2004). The concept of ‘gender’ was introduced by feminists in the 1970s. The distinction between ‘gender’ and ‘sex’ is very important. Sex has a biological meaning, while gender is psychological, cultural and historical. According to Jyotsna Gupta (1996), gender theories result from imposing social, cultural and psychological meanings on biological sexual identities.

2 Bách is a pseudonym. The names of all the informants in this book have been changed to ensure their anonymity. In addition, because of the sensitivity of the topic, the location and date of the interviews are not always included.
Preconceptions of sex selection

Attempting to choose the sex of one’s offspring is not a new concept. For centuries, a variety of ‘home remedies’ have been recommended for sex selection, such as the timing of intercourse in relation to ovulation, the position used during intercourse, the alteration of vaginal acidity and the mother’s and father’s diets. Not until the 1970s, however, did more sophisticated sex-selection techniques become commercially available. In this section, I explore the methods people use for preconception sex selection in Hà Nội today. As Tâm, a 41-year-old mother of two daughters, explained: ‘I have combined both traditional and scientific methods to ensure I had a boy, but in the end, I found out I am carrying another girl.’

In contrast with the bustle usually associated with working hours, the corridor of the Department of Family Planning was quiet during this particular summer lunchtime. After a long time waiting in the heat and humidity, most patients had gone to find somewhere to have lunch and refresh. Tâm’s husband was going out to buy her lunch, so, in the quiet of noon, Tâm and I sat outside the counselling room and she spoke to me sadly while holding a bottle of water.

Tâm was an accountant for a supermarket and her husband a teacher in a Hà Nội university. They had two daughters, one aged 13 and the other seven. When their youngest daughter was four years old, Tâm’s husband decided he wanted to have a son, even though having a third child would violate the one-or-two–child policy and would affect her husband’s career. ‘My husband has a patriarchal nature. I have always followed his directives,’ Tâm told me. She became pregnant soon after removing her IUD. ‘At that time, I let it be natural, did not make any interventions. When I was 14 weeks pregnant, I had an ultrasound scan and the doctor said I was carrying a boy.’ Needless to say, Tâm and her family were delighted to be having a boy. To guarantee her husband’s promotion at work, Tâm had to move away and give birth to her son in secret. She left her son with her parents-in-law when he was only six months old. She and her husband sometimes visited the boy at weekends. Unfortunately, her son drowned in a pool when he was only 18 months old. It was very hard for Tâm to cope with this serious loss; she cried day and night and lost 5 kilograms in a month.
She tried to continue her story, but could not hold back tears, which she wiped away with her hands. I consoled her and gave her a paper napkin to dry her eyes. She clutched the water bottle tightly, and then sipped from it to calm her emotions. There was a short silence before she continued. ‘I was not young, so I did not want to have more children. But my family-in-law, all they want is a boy. Being a good wife, I have tried to conform to the desires of my husband and my parents-in-law,’ she said, her voice choking with emotion.

Tâm spoke louder when she told me of her plan to ensure she conceived another son. At the beginning of the lunar year, she went to the Hương pagoda and prayed for a son. The fortune teller there told her if she had a boy in the Year of the Tiger, he would bring good luck to her family. Tâm and her husband decided to have a child that year, but it had to be a boy, not a girl. Tâm went to healers for herbal decoctions, detected her ovulation over three months and followed the strict regimen and lunar calendar from Đỗ Kính Tùng’s *Sinh con theo ý muốn* [Having Babies of Desired Gender] (2002). She tried everything she could to ensure she would have a boy. ‘I have combined both traditional and scientific methods to ensure I had a boy, but, in the end, I found out I am carrying another girl,’ she said hopelessly. Our conversation was interrupted when her husband returned with a cup of rice soup for her. I knew she needed a quiet space to have lunch, so I left her there.

Like Tâm, many Vietnamese women are using sex-selection services combining both traditional and scientific methods to try to meet the demand to have at least one son. The following are some methods of preconception sex selection women in Hà Nội are practising.

**Ultrasonography**

It was a Sunday afternoon in a very cold winter. My colleague, who was in the 22nd week of pregnancy, called me and asked whether I could accompany her to a private clinic to have an ultrasound scan. She told me she had found an obstetrics and gynaecology clinic whose owner was a ‘famous’ doctor.

The clinic was in the doctor’s house in a small tortuous alley. The prenatal check room was also the ultrasound room. The room was about 15 metres square, tidy and contained a new three-dimensional ultrasound machine, which was connected to a large screen on the wall, on which patients
could see their foetus during scanning. The ultrasound machine was next
to a small examination bed and, to the left of the door, was a bench for
those who were waiting. A small medicine cabinet and a patient care bed
were separated from the rest of the room by a white curtain. On the wall
there were some documents advertising the obstetrics and gynaecology
services provided by the clinic and their price. One of the services
available was ‘detecting ovulation’ (canh trứng), which cost VND100,000
(about US$6).

When we entered, the doctor was absorbed in scanning, while a
nurse was writing the results in a medical book. Both ignored the other
people in the room. A young woman was lying on the bed, having a
vaginal ultrasonography. The doctor read the results out in a loud voice:
‘The diameter of the left follicle is 3 mm; the diameter of the right follicle
is 4 mm.’ He then asked the woman to move to the patient care bed for
a vaginal check. The doctor put on a glove and used his forefinger to
to check her cervix. He said to the nurse: ‘Cervix opening size is 4.1.’ After
the examination, the young woman sat next to me while the doctor wrote
in the medical book. I was curious and asked the young woman, ‘Why
did you have the vaginal check? How long have you been pregnant?’
The young woman whispered:

I came here to detect my ovulation. I just got married last week. My
husband and my husband’s family want to have a boy, so my husband
told me to come here to detect my ovulation.

Our conversation was interrupted by the summons from the doctor. He
gave the young woman some tablets and reminded her to follow the
guidelines he had noted in her medical record. Before leaving, the woman
asked the doctor diffidently: ‘What are the implications of detecting
ovulation? I do not as yet know what the reasons for detecting ovulation
are.’ The doctor laughed and replied:

By detecting ovulation, we can determine when you are most fertile and
when you should have intercourse in order to ensure a high probability of
having a son. If you want to have a son, you should have more ultrasound
scans. Today is Sunday, so you should come back on Wednesday. You
may have to have ultrasound scans for several menstrual cycles before
you conceive.

The term canh trứng (‘detecting ovulation’) appears on clinics’
advertising signage and in the daily conversations of women in Hà Nội.
Detecting ovulation has become a new ‘reproductive fashion,’ and is
used not only by women who already have daughter(s) and want to conceive a son, but also by women who want their first child to be a boy. Twenty-one of the 35 women in my case studies told me they had spent some months detecting their ovulation to find the ideal time to conceive a son. Thảo, the mother of two daughters, told me about her efforts:

I met a woman in a private clinic when I was waiting to have a gynaecological check-up. She said she had ultrasound scans to detect her ovulation and had then conceived a boy. I asked her where had the ultrasound scans. She could not remember at that time, but she sent me the address by [text message] later. I had several ultrasonography investigations per month. Having determined my ovulation time, the doctor told me the appropriate method for intercourse to ensure I conceived a boy. I paid VND100,000 [US$5] for each ultrasound scan to detect the ovulation. I began to have … ultrasound scans every day from the 12th day to the 18th day of my menstrual cycle. When the doctor detected my ovulation day, she suggested the appropriate method of intercourse. The doctor told me what kind of food I should have. She said I should have vegetables and milk. She guided me on how to have intercourse, and she advised me to lie down with my legs crossed after intercourse. I had to follow the doctor’s guidance. For example, the doctor [told me when it] was my ovulation time, and [that] I should have intercourse at 8 pm, [and] must do so punctually.

The amount of money the women spent on ovulation detection was considerable. On average, Thảo had to pay VND500,000 (US$25) for each visit and about VND1.5 million (US$75) during the three months she wanted to detect her ovulation. For women who had ultrasonography for more than 12 months, the cost was about VND5–6 million (US$250–300).

Using ultrasonography to detect ovulation has become popular in Hà Nội’s obstetrics and gynaecology clinics, especially private ones. As one doctor told me: ‘At the beginning, this method was used solely for infertility treatment, and then it has been misused for predicting ovulation to determine the sex of the child.’ Some doctors in private clinics predict ovulation using a combination of ultrasonography, examination of the vagina and cervix and prescription medicine. The ‘reputable’ private clinics attract women with the doctor’s success in diagnosing foetal malformation, detecting ovulation and determining the sex of the foetus. The situation described below was observed at a private clinic.
My sister-in-law and I attended a private clinic at 6.30 am on a Sunday. She was excited to inform me:

I booked an appointment to have an ultrasound a week ago. This clinic is crowded because it is run by a famous doctor who is working for one of the biggest obstetrics and gynaecology hospitals in Hà Nội.

When we arrived, many people were already waiting outside the clinic. The husbands were drinking tea or coffee or eating breakfast in a nearby roadside shop while their wives waited. At 7.30 am, when the door opened, the women rushed to the reception desk where the nurse opened a notebook containing a long booking list. Some women were sent away because they had not made a booking. Only one woman, from Bác Giang province, about 60 km from Hà Nội, was accepted for a scan without a booking. However, the nurse reminded her: ‘Next time, you must book before coming here.’ The nurse read out the names of the women on the booking list and gave them tickets. Most of these women sat in the waiting room, which was about 10 metres square. Some of those at the top of the list sat at the front of the ultrasound room, which was about 8 metres square and was equipped with a three-dimensional ultrasound machine. At 8 am, the tedium of waiting was relieved by the appearance of a doctor. He was clearly in a hurry and did not greet the waiting women. He turned on the ultrasound machine and urged the woman with the first appointment ticket to lie on the small bed so he could begin the scan.

I sat by the door, where four women chatted while waiting. Three were pregnant—14 weeks, 23 weeks and 35 weeks—and a fourth had no children and was trying to conceive a boy. She said:

My husband is the only child in his family. My husband’s family wants [me] to have a son, but I want to have a limited number of children. I have used this service to ensure that I have at least a son. If I have had a son, I need have only one child or I will not need to care about the sex of the next baby.

The woman who was 14 weeks pregnant already had a daughter. She had already had an ultrasound at another clinic two weeks earlier, where the doctor told her the sex of her baby was unclear because of its position. Now she was worried this new scan might also fail in determining the sex of her baby. The woman who was 23 weeks pregnant consoled the 35-week pregnant woman, saying:
If the doctors in this clinic do not tell you the sex of your baby, you should go to another clinic. But the doctors in this clinic usually tell me the sex of my baby when I ask. They sometimes tell me the sex of my baby when I do not ask.

While waiting for their scans, these women enthusiastically discussed the ways to conceive a boy and to determine the sex of a foetus. Talking about and knowing the sex of the foetus is a popular conversational topic at ultrasound clinics as well as in day-to-day life in Hà Nội.

Talking about detecting ovulation by ultrasonography, Dr Bách, a 58-year-old male doctor, told me:

Normally, the proportion of fertilisation of Y and X sperms is 50:50. With intervention, this proportion is higher, around 60–70 per cent, or even higher. Therefore, the rate of having a son is higher. At the beginning, this method was used in infertility treatment. But now, it is known that the rate of having a son is higher if conception occurs soon after ovulation. This principle helps people to determine the sex of the child before conception.

There is no large repository of evidence to which any doctor can point to to say that timing sexual intercourse around ovulation increases the chances of conceiving a son, although it does, of course, increase the chances of conception. Like Dr Bách, many practitioners use the magisterial language of doctors to convince clients the idea is true. One has to wonder how much practitioners’ adherence to this idea is related to the fact it is a good earner. The best-known technique for influencing gender without the use of medical procedures is the Shettles method, described by David Rorvik and Landrum Shettles in Your Baby's Sex: Now You Can Choose (1980). The book was first published in 1971 and has been in print ever since. The method is based on the premise that Y sperms are smaller and more delicate but faster than X sperms, which are bigger, tougher and slower. Y sperms have more motility in the ovulatory mucus of the mid-cycle near ovulation; therefore, boys are more likely to be conceived. However, Ronald Gray (1991) performed the first meta-analysis of this method and showed that it did not work. In fact, he found there were more girls than boys conceived if intercourse was practised at this time. C. R. Weinberg et al. (1995) suggest the length of the follicular phase (the time between menstruation and ovulation) is related to the sex of the baby, and that cycles with shorter follicular phases are slightly more likely to result in male babies, while cycles with longer phases are more likely to result
in females. This theory, however, has also been disputed. Gray and his colleagues (1998) then undertook a large prospective multicentre study that completely disproved the idea that the sex of the foetus can be selected through the timing of sexual intercourse. Even if doctors can detect ovulation, which they probably can, this will not increase the likelihood of conceiving a boy. But some research has been taken up selectively and forms the basis of a scientised consensus among the medical profession in Việt Nam. This may be in part because in Vietnamese culture the medical profession is organised hierarchically.

Interestingly, using the ovulatory mucus to determine ovulation is not encouraged in Việt Nam, although it is probably as effective as episodic ultrasonography and much more effective than ‘counting days’. In contrast, in Australia, teaching women to detect changes in the ovulatory mucus is one of the first things doctors do when their patients want to conceive. Recognising changes in the consistency of the mucus is a method that can be entirely managed by women themselves, without technology. This raises questions about whether doctors and sonographers in Việt Nam are mainly interested in increasing their profits by encouraging the use of new reproductive technologies.

**Ovulation prediction kit**

As well as ultrasonography to detect ovulation, women have been advised to use ovulation prediction kits, the most popular variety of which is a urine-based kit.

The kits detect the luteinising hormone (LH) surge that occurs in the body before ovulation begins to help women work out the best time for intercourse. Ovulation generally occurs 24 to 48 hours after the LH surge. Most kits are relatively inexpensive and can be purchased at pharmacies or doctors’ offices. There are many brands available—Acon, Wonfo, Clear-Blue and so on—and they vary in price from VND7,000 (US$0.35) to VND20,000 (US$1) per kit.

Lụa told me her story.

I used the ovulation prediction kit. I started to use the kit after menstruation. I tested every day. I bought 10 kits, which cost VND70,000. On the 12th day of my menstrual cycle, I saw two lines on the kit, and then we had intercourse. I heard about this method from a colleague. If I use ultrasound to detect ovulation, it costs VND70,000 each time and I would need several ultrasound scans a month.
The ovulation prediction kit is considered a ‘scientific’ method of detecting ovulation. Women want to use this method because it is cheaper than ultrasonography and the kits can be used in the privacy of their own home.

Following the Chinese birth chart and the advice of fortune tellers

Some people believe that the position of the Moon at the moment of conception determines the sex of the foetus: a positive sign indicates the child will be a boy and a negative sign indicates a girl. Calculating this sign is difficult as it is based on the angular relationship between the Sun and the Moon. The Chinese birth chart is based on this theory and is related closely to lunar cycles. The chart predicts the sex of a child based on the mother’s age and the month of its conception. Figure 1 shows a ‘speculative calendar’ book. The columns show the mother’s age at conception and the rows show the month of conception—the two factors used to predict the sex of a child.

Figure 1. A speculative calendar for predicting the sex of a child based on the mother’s age and the month of conception. Such calendars are published annually in Việt Nam

Note: The explanatory text reads: ‘This table is the document from feudal court records. When using this table, please remember the mother’s age at conception and the months are calculated by the lunar calendar: (+) = boy; (0) = girl.’

According to ancient cosmology, a full lunar cycle lasts 12 years, with each year named after one of the 12 animals of the zodiac or Chi (Mouse [Tý], Buffalo [Sửu], Tiger [Dần], Cat/Rabbit [Mão], Dragon [Thìn], Snake [Tỵ], Horse [Ngo], Goat [Mùi], Monkey [Thân], Chicken [Dậu], Dog [Tuất] and Pig [Hợi]). Many people still believe that year in which they are born will affect their personal characteristics and future. Most of the women I met in this study were due to give birth in 2010—that is, Canh Dần (Year of the Tiger). The Year of the Tiger is a good birth year for boys because they will be as strong as a tiger, while girls born in this year will face problems, such as finding it difficult to marry or becoming part of a broken family. Therefore, parents do not want to have a daughter in the Year of the Tiger. Each lunar year is also identified by the element-based Can system: 1. Giáp; 2. Ất; 3. Bính; 4. Đinh; 5. Mậu; 6. Kỷ; 7. Canh; 8. Tân; 9. Nhâm; 10. Quy. Women born in the Can year Canh will feel lonely. Mậu year babies will become widows. The year 2010, Canh Dần, was not a good one for having a female baby according to either the Can or the Chi systems. This system also requires both parents and their children to have compatible birth years. Incompatible ages include Mouse–Horse, Buffalo–Goat, Tiger–Monkey, Cat/Rabbit–Chicken, Dragon–Dog and Snake–Pig. The compatible years are Mouse–Buffalo, Cat/Rabbit–Dog, Snake–Monkey, Tiger–Pig, Dragon–Chicken and Horse–Goat.

Relying on a fortune teller to decide whether to have more children or to terminate a pregnancy was common among the women I met. Some followed the advice of fortune tellers who claimed to have the ability to predict the year in which a couple could conceive a son. Vân, a mother of three daughters, believed a fortune teller’s advice that she and her husband could have a boy if she became pregnant in 2009, the year I met her. Her brother told me: ‘My sister had her fortune told at the beginning of the year. She was told that she would have a boy in this year, so she tried to get pregnant.’ Vân, who lived in a rural area and was educated to secondary school level, was not the only person to believe in the prognostications of fortune tellers. Lê, Cúc and Thương—all of whom lived in urban areas and held bachelor’s degrees—had similar beliefs. Lê told me her story:

The fortune teller said to my husband that we would have a boy this year, and then my husband persuaded me to get pregnant. I did not want to have more children, but I had to indulge him. (Lê, 31 years old, abortion at 12 weeks)
Other women wanted a son because they believed this would relieve their misfortune. Lưu told me:

The fortune teller said my husband and my daughter were of incompatible birth years. If we had a boy in a Tiger year, the father and boy would be of compatible age, and it could reduce the incompatibility between the father and the daughter. (Lưu, 28 years old, 13 weeks pregnant)

**Following a strict dietary regimen**

Knowledge about the dietary requisites for conceiving a son has become increasingly widespread throughout Hà Nội. Following a strict diet is one of the most popular sex-determination methods—one women have learnt from anecdotes, published books, healers or even doctors. Lưu told me about her eating strategies aimed at conceiving a son:

After having ultrasound scanning to check my ovulation, the doctor recommended that we [she and her husband] should eat more protein and have tonics. She advised us to eat potato and sapodilla. I did not eat eggs, but I ate a lot of potato and sapodilla during the course of one month. I also ate more meat and bean sprouts than usual. I did not drink milk at that time.

There are many anecdotes about diets and sexual positions that help people conceive a child of the desired sex. Books on these topics are widely available in bookshops—including in that of the obstetrics and gynaecology hospital where I conducted my research. These books include chapters on sex selection; some provide information about special diets, how to calculate ovulation and even ways to weaken the X sperms. All are bestsellers. The owner of one bookshop told me: ‘We sell tens of these books a day. These books sell much better than anything else on our shelves.’

The following information is from a book offering guidance to conceive a child of the desired sex:
Having a son

For male

- Abstain from sex in the days prior to the conception attempt.
- Have intercourse only once during ovulation.
- Eat food high in potassium and sodium. Do not eat fermented food such as yoghurt.
- Sex position: The male partner should penetrate the female partner from above, thus ensuring that sperms have the appropriate conditions to go quickly to the uterus, then to the uterine tubes where the fertilisation occurs.

For female

- Soak the vagina in sodium bicarbonate solution before having intercourse. This solution helps to produce the appropriate alkaline environment in the vagina.
- Continue to lie down after having intercourse to keep the sperm in action. (Đỗ Kính Tùng 2002)

Thương, a woman hoping to have a son, read many of these books. She said:

"I have changed my regimen over several months. I need to eat salted food and supplementary nutrition such as sodium and potassium that are contained in banana, potato … Food that is rich in calcium should not be in the diet because it helps to have a girl baby. (Thương, 36 years old, two daughters, 15 weeks pregnant)

Eating is just the first step. The next step is detecting ovulation (canh trứng), which is not easy. Thương explained:

"I have had to go to a private clinic to have an ultrasound scan on the 12th day of the menstrual cycle every month. The doctor inserts a device into my vagina to check the ovisac size and to predict the ovulation around the middle of the menstrual cycle.

Thương had an ultrasound scan eight months after she began the regime, but had not yet managed to conceive—her ‘project’ was not yet finished. Sometimes her husband was not home during her ovulation; sometimes they ‘met’ too early. She also went to a private clinic in Hoan Kiem district that is famous for providing services to aid conception of ‘a child of the desired gender’. The provider was the former head of a hospital department
in Hà Nội. The doctor calculated Thưong’s ovulation for her and guided her through the regimen to follow. The doctor also pumped natri-bicarbonate solution into Thưong’s vagina to ‘improve’ the environment for the sperm.

The acid–alkali method of sex determination was developed between 1932 and 1942. In 1932, Felix Unterberger of Konigsberg, Germany, suggested that alkaline semen produced boys; therefore, a weak douche of bicarb soda (sodium bicarbonate) should aid in the conception of boys (cited in Quisenberry and Chandiramani 1940: 503). In the 1940s, repeated tests and experiments could not replicate the earlier results and the idea was disproven as a way of determining foetal sex (Quisenberry and Chandiramani 1940). Interest in the acid–alkali method faded; however, it has now flared up again in countries such as Việt Nam, along with the development of new sex-selection techniques.

In some cases, women who followed the directions in books on sex selection succeeded in having a boy. There is no scientific evidence that such techniques are guaranteed to produce boys; however, the information from these books has been circulated widely via photocopies or word of mouth. Thư told me:

My neighbour has two daughters. She followed the directions in the book Having Babies of Desired Gender and she now has a boy. She gave me this book and advised me to follow the directions. She said that I would have a boy if I followed the directions in this book.

(Thu, 23 years old, two daughters, 13 weeks pregnant)

Traditional medicine

One day, three months after having an abortion, Tâm called me, sounding excited. Her colleague had given her the address of a healer who could help couples conceive a son. Her colleague had used the herbs provided by this healer and consequently gave birth to a boy. Tâm and her husband wanted to try this herbal remedy. She asked me whether I wanted to accompany her on her visit to the healer. It was an opportunity for which I had been waiting a long time, so I was happy to accept her invitation. We went early the next morning to the healer’s house, in a small town about 30 kilometres from Hà Nội.

It was not difficult to find the house as locals were used to providing directions. The healer’s house was spacious, with a wide corridor with two long benches on which people could wait. A man wearing a large
gold necklace welcomed us when we arrived, and we followed him to the guest room. He introduced himself as the healer’s husband. The healer was sitting on a bed next to a table and writing something in a book. After an exchange of greetings, she asked Tâm and her husband about their children. When Tâm told her about their desire to have a son, the healer laughed loudly and said: ‘No worries. You have found the right place. I can help you achieve your dream. My clients are from many areas, like Quảng Ninh, Thái Bình and Nam Định provinces, even from Korea.’ The healer took Tâm’s pulse and then her husband’s and said:

If you want to have a son, your left follicles should be stimulated. If your left follicles rupture, you will have a better chance of having a son. You should use my herbs to stimulate your left follicles. These herbs should be used for 20 days. It helps to improve your health, to stimulate your left follicles, and increase alkali in your womb. If you are lucky, you can get pregnant in the first month after using these herbal decoctions. If not, you should continue to use these herbs for another month. In the next month, you only need to use the herbal decoction for 10 days. You can come here and I will detect the ovulation day for you by feeling your pulse. But if you live far from here, you can detect the ovulation day with an ultrasound or ovulation test kit. In addition, you should boil dried perilla leaves and soak your vagina in this solution before having intercourse. You must eat and drink following these guidelines [she handed Tâm a printed sheet; see below]. From now on, you should abstain from sex until your ovulation day. If you have intercourse before the ovulation day, the chances of having a girl will be higher. These herbs cost VND600,000. (Herbal healer, Sơn Tây, Hà Nội, 2009)

Tâm paid the money for two big bags of herbs. When we left, two other couples were outside waiting for their turn. Tâm and her husband returned home, full of hope.
Guidelines for using herbal medicines

For wives

- The medicinal herb package is divided into 20 sachets.
- Boil the contents of each sachet with 1.5 litres of water and 1 teaspoon of sugar until the decoction has been reduced to 1 litre. Divide this decoction into three parts and drink before meals.

For husbands

- Have a full breakfast with rice and an aromatic banana.
- Have lunch with two uncooked chicken eggs.
- Have dinner with orange juice and 200 grams of bean sprouts every two days.
- Increase the quantity of food with high folic acid like animal viscera, protein like beef, chicken, fish, pork … and vegetables like potatoes, pumpkins, green beans, seaweed, tomatoes, carrots, and water spinach …

Abstaining

- Do not use antibiotic medicine while using the herbs.
- Do not have sexual intercourse between the days of menstruation and the ovulation day and have intercourse only once on the ovulation day.
- Husbands: do not drink alcohol.
- The couple: do not eat food high in calcium like shrimp, crab, bone, milk, boiled egg.

How to detect ovulation

- If the menstruation cycle is 28 days, the ovulation date is the 14th day after menstruation.
- If the menstruation cycle is 30 days, the ovulation date is the 15th day or the 16th day after menstruation.
- If the menstruation cycle is 32 days, the ovulation date is the 17th day or the 18th day after menstruation.
- If the menstruation cycle is 35 days, the ovulation date is the 19th day or the 20th day after menstruation.
- If the menstruation cycle is 40 days, the ovulation date is the 22nd day or the 23rd day after menstruation.

Healers in Hà Nội and surrounding areas have been profiting in recent times from the 'thirst for boys'. When women use their herbs and then give birth to a boy, rumours circulate that the healers possess 'having-boy herbs' and they quickly gain a reputation for the efficacy of their treatment. To illustrate the nature of the market for 'having-boy herbs', I relate the following observation.

A healer in Ba Đình district (Hà Nội) has become famous for providing herbs that help couples conceive a child of the desired sex. One day, my colleague and I went to his home. When we expressed our concern about having a child of the desired sex, the healer gave us a long lecture, which was similar to the contents of the various sex-selection books that have been selling like hotcakes in many bookshops. He said if we wanted a son, we should eat salted food, meat, fish, potato, and so on, and should not eat food high in calcium. He gave us a list of guidelines about the dietary regimen and how to calculate ovulation. My colleague bought two herbal remedies for VND500,000. When I asked the healer about how to ensure conception of a daughter, he expressed surprised because his customers only ever want to have sons. After thinking for a while, he said the way to conceive a girl was the opposite of that for a son, so I should eat food containing calcium.

Eleven of my 35 core women used 'having-boy herbs', following advice from neighbours, friends or relatives familiar with the procedure. Phi told me her preconception plan of action with the aim of having a son:

My friend guided me. She had three daughters and then she had a son. I accompanied her to meet a healer. He gave me some herbs and the steps to follow in order to have a son. Afterwards, my friend took me to a doctor to detect ovulation. The doctor said she saw a mature follicle. I had an ultrasound scan on the following day. The doctor said this follicle had been released and advised me to have intercourse that night. Her advice coincided with the healer's advice. I used both ultrasound and herbs. (Phi, 38 years old, two daughters, 15 weeks pregnant)
Going to the pagoda to pray for a son

Praying to conceive a child is a custom in Việt Nam. In spring, after the Tết holiday, many people go to the Hương pagoda in Hà Tuyên province, which has a reputation for the occurrence of miracles after the performance of a prayer for a child, called cầu tự. In Hướng pagoda, there is a cave with stalactites that are known as Son Mountain and Girl Mountain. I visited the pagoda in the spring of 2009, where crowds filled the main cave, praying to the Son Mountain (Núi Cậu) altar for a son. Two altars, one for Son Mountain and one for Girl Mountain (Núi Cô), sit opposite one another. The Son Mountain altar was crowded, while the Girl Mountain altar was deserted. People from the northern, southern and central provinces had made the pilgrimage to the pagoda to pray for a son. In the pagoda precincts, there was a booming trade in services facilitating prayers and writing petitions for a boy. Shops lining the various paths to the main cave displayed boy dolls; I had seen such dolls in the houses of some of the women I met during my research. Lụa had two of these dolls in a glass cabinet in her home. She and her husband went to Hướng pagoda to pray for a boy during Lunar New Year. 'I prayed for luck to be bestowed on my family. If the god feels pity for me, he will give me a boy,' Lụa told me.

Plate 1. Services offering prayers and petition writing
Plate 2. A crowd of people face Son Mountain, while a solitary woman approaches Girl Mountain

Plate 3. Boy dolls in a shop at Hương pagoda
The majority of the women in this study who did not have a son were earnestly craving for one. Their recourse to the preconception sex-determination methods described above gives expression to the intensity of that desire, which was itself a manifestation of the intense expectations to which they were subject and which they internalised as a strong subjective preference. In such a context, I contend, these women wanted to feel that they had done everything they could, within the range of technical and moral possibilities, to have a son and that they had made use of the full spectrum of modern and traditional resources in the Vietnamese cultural repertoire. Their active, serial consultation of medical specialists, healers and fortune tellers conformed to a traditional reliance in Việt Nam on an array of esoteric techniques, authorities and powers believed to be efficacious and responsive. In this tradition, Vietnamese people have demonstrated an orientation towards not only accepting fate, but also actively attempting to alter it and align it with their desires.

Moreover, even the women who used these methods and did not conceive a son found peace with themselves, their family and other consociates because they knew they had tried. As such, sex determination could also be seen as a woman’s conformity to the demands of her social and cultural contexts. By publicly and at great effort endeavouring to determine the sex of her child, she has demonstrated her conformity to the social ideal of a good mother and member of her lineage and society. That she may fail to meet the social expectation to produce a son is demonstrably not for want of desire or effort on her part. Such strenuous efforts to meet expectations are, in turn, themselves determinate, giving rise to sex-determination services, techniques and theories, in the process benefiting a retinue of practitioners and providers of such services.

Sex determination during pregnancy

Is it a boy or a girl? This is a question all expectant parents are curious about. Women who intend to have a sex-selective abortion are particularly keen to know the sex of their foetus in the early stages of pregnancy and they use a variety of methods that they hope will predict this correctly. Examining contemporary methods of sex-selection in Hà Nội helps us understand how women engage with the healthcare
system and how the decision to engage to do so is influenced by a variety of socioeconomic variables, including women's social status, their access to and the perceived quality of services and the distribution of knowledge about effective methods within and between healthcare professionals.

Folk techniques

As well as consulting specialist practitioners to determine the sex of their baby, people turn to a large number of folk techniques. Some of the more common of these include the spinning or swaying of wedding rings, the size or shape of a pregnant woman's belly and various theories related to food cravings, foetal movements and so on.

*The wedding ring over the belly*: Attach a wedding ring to a strand of the pregnant woman's hair or a piece of string. Have the woman lie down and dangle the ring over her belly. If the ring starts moving in circles, the baby is a boy; if it moves from side to side like a pendulum, the baby is a girl.

*Pregnancy cravings*: If a pregnant woman is craving sweet foods such as fruit juice, chocolate or cakes, she is having a girl, but if she is craving sour or salty foods, she is having a boy.

*Pregnant belly*: The shape of the pregnant belly is well-known for determining whether the baby is a boy or a girl. If a pregnant woman is carrying low, it is a girl. If she is carrying high, it is a boy.

*Foetal movements*: If the foetus usually moves on the left side, it is a boy; on the right, a girl is in sight.

*Pregnant woman's appearance*: If a pregnant woman looks better than ever during pregnancy, she is carrying a boy. If she does not look well, she is carrying a girl.

*Left or right*: During pregnancy, if a woman favours sleeping on her left side, she is carrying a boy, but if she favours her right side, she is carrying a girl. Similarly, if, when someone calls from behind her, she turns around to the left, the baby is a boy; otherwise it is a girl.
Feeling the pulse

Feeling the pulse is a traditional method of diagnosing the sex of a foetus, which originated in ancient Chinese medicine. The accuracy of this method has not been evaluated, but people are likely to believe its efficacy if the healer correctly predicts the sex of the baby. The question is why women continue to use this method even if they think ultrasonography is more accurate in diagnosing the sex of their baby.

One of my friends was very excited to inform me soon after her wedding that she was six weeks pregnant. She said she was very curious about the sex of her baby and her husband would be happy if it was a boy. At this point in gestation, an ultrasound cannot identify the sex of a foetus, so she decided to have a healer take her pulse to determine the sex of the baby, and she invited me to go with her.

We went to meet the healer in the afternoon, but had to wait a long time to be seen. After a few minutes of feeling my friend’s pulse, the healer said: ‘You are not healthy. Do you feel a dull pain in your belly and waist? Are you usually tired and hungry in the late afternoon?’ (I think most pregnant women have these symptoms!) He added: ‘You are carrying a boy, but it is in foetal derangement. I will write a prescription for you.’ My friend was worried and bought 10 packs of herbal medicine from him, costing VND300,000. In an effort to impress us, he explained:

A male has pure Yang Qi, while a female has pure Yin Qi. Once a woman is carrying a male foetus, the Yang Qi will show in her pulse, which is totally different from the pure Yin Qi in her original pulse. If Yang Qi is cached in a pregnant woman’s pulse, that indicates the foetus is male. Conversely, the Yin Qi displays in a female foetus and the pregnant woman’s pulse will remain Yin Qi. (Traditional healer in Hà Nội)

Nineteen women in my sample of 35 had their pulse taken to diagnose the sex of their foetus. Cúc told me about having her pulse felt:

My neighbour and I had our pulses felt when I was four weeks pregnant. I went to three different places for the procedure. Two healers said the foetus was a boy, with 80 per cent accuracy, and one healer affirmed it was a girl. I was curious about the sex of the foetus. The healers could tell me the sex of the foetus at an early stage. (Cúc, 30 years old, one daughter, 13 weeks pregnant)

Although most of the women supposed the ultrasound result was the more accurate one, they still used the pulse method to set their minds at ease.
Why do women make recourse to these medically unproven methods to learn the sex of their foetus? Again, a woman's reliance on such methods is a response to the intensity of the hope felt by herself and her family that she is carrying a son. Women's answers to my questions suggest that recourse to these practices gives voice to the anxiety women feel in the early stage of pregnancy. The strength of their desire to know the sex of their foetus reflects both the personal importance to them of having a son and the high emotional stakes of the venture. Consultation with specialists provided some degree of consolation and the opportunity to air their hope and anxiety. It also suggests that the desire for efficacious knowledge in Việt Nam is particularly strong. As we have seen, women use the pulse-feeling method in early gestation when no other available methods can provide answers about the sex of the foetus. Furthermore, this method of foetal sex determination is very simple. Even if the diagnosis eventually proves incorrect, it satisfies a woman's thirst for knowledge about a matter of high importance to her at a critical juncture of her pregnancy. It is this thirst for knowledge that the arrival of prenatal ultrasound-scanning technology has answered.

Ultrasonography

According to sonographers, prenatal determination of foetal sex by ultrasonography during the second and third trimesters of pregnancy is based on the demonstration and size of the penis in the male or the labial folds in the female; however, there is no appreciable difference in the size of the penis and the clitoris until after 14 weeks of gestation (Feldman and Smith 1975; Efrat et al. 1999). One study of the determination of foetal sex by ultrasonography showed that ‘the accuracy of sex determination increased with gestation from 70.3% at 11 weeks, to 98.7% at 12 weeks and 100% at 13 weeks’ (Efrat et al. 1999: 13).

Assessing the use of ultrasonography in Hà Nội, a doctor told me:

Nowadays, using ultrasound to determine the sex of foetuses is popular. Most pregnant women want to know the sex of their foetus … it is just natural curiosity. People with a feudal mindset or male chauvinists have used ultrasound to determine the foetal sex followed by sex-selective abortion. That is a deviation in the use of reproductive technologies. The original aim of using ultrasound in reproductive health care was to check the development of the foetus and to diagnose foetal malformation. Providers have used ultrasound to determine the sex of foetuses with a monetary aim. (Dr Toàn, male, 54 years old)
Most of the private obstetrics and gynaecology clinics in Hà Nội are equipped with ultrasound-scanning machines. To attract clients, many private clinics have also invested in ‘colour’ three-dimensional or ‘four-dimensional’ ultrasound machines made by brands such as Toshiba, Medison and Volusion. Most ultrasound machines in Việt Nam are imported from Japan or the United States. The price of a new machine ranges from VND1.2 billion to VND1.5 billion (US$60,000–90,000). Originally, most imported machines were second hand; they had been in use for 10 years and were sold on to private clinics in remote provinces at 10–20 per cent of the price of new ones. The sale of cheap ultrasound machines is comparable with the sale of motorbikes from the 1980s–1990s from Hà Nội to other provinces, especially rural areas. At present, many private clinics in Hà Nội have new ultrasound machines, which are more modern than those in the public hospitals. The acquisition of a new and modern ultrasound machine is a marketing tool for private clinics. With the fee for each ultrasound scan being VND200,000–250,000, the capital investment can be recouped in one or two years.

Plate 4. Ultrasound machine advertisement in a hospital
Plate 5. Ultrasound machine advertisement in a private clinic
Commenting on sex determination, a doctor told me:

Diagnosing the sex of foetuses in early gestation is one of the marketing methods of private clinics and it brings a great reputation to the sonographers. Most women are curious to know the sex of their babies, but a number of them want to know the sex of the foetus for sex selection. Determining the baby’s sex by ultrasound is about 70 per cent accurate at 12 weeks of pregnancy, and nearly 99 per cent accurate in the 14th to 16th week of pregnancy if the technicians are experienced. At this gestational age, abortion is still safe according to medical standards. (Dr Bách, male, 58 years old)

Indeed, the technical ability and reputation of a doctor/sonographer are evaluated by the accurate diagnosis of the sex of the foetus in early gestation. Doctors are in competition to diagnose the sex of a foetus as soon as possible after conception. Some private clinics print colour images of the foetus in which the genital area is prominent to prove their abilities to potential customers and the quality of their ultrasound machine (see Plate 5).

Since the Ministry of Health outlawed prebirth sex selection by ultrasonography, public hospitals are no longer allowed to inform women of the sex of their foetus. However, if pregnant women are well acquainted with a staff member, they may be able to find out. The sex of the foetus is not noted in medical records, but the patient may be informed indirectly through comments such as, ‘It looks like its father’, ‘It looks like its mother’, ‘It’s wearing a dress’ or ‘It’s wearing pants’.

In contrast, while doctors in public hospitals rarely inform the patient of the sex of their foetus, doctors in private clinics readily pass on this information to pregnant women. Why do they do this? In the public hospital system, a doctor’s income is not determined by the number of patients they see, whereas in private clinics the number of patients seen directly influences a doctor’s income. Providing information about foetal sex together with a colour picture of the foetus can be considered an effective marketing method for private clinics. Private clinics in cities and towns compete for patients by acquiring modern ultrasound machines and informing patients of the sex of their foetus. The fame of a doctor spreads quickly if they are known to provide accurate diagnoses. If a doctor did not inform patients of the sex of their foetus at the 12–13-week stage, those patients would be unlikely to return to that clinic.
It is generally the case that ultrasound identification of sex is accurate for a male foetus from 12 weeks, and from 13 weeks for a female. However, ultrasound operators may not be called to account if they make a misdiagnosis. With so many terminations, the sex of each aborted baby is not always known. If a male baby has been inadvertently aborted, in many cases, no one would ever know. The scope for abuse is obvious. Women want to conceive boys and seek as much help as they can to achieve this. Once women conceive, ultrasound scans can identify sex, but if a mistake is made and the baby is aborted, very often the mother may not know.

A doctor who owns a private clinic admitted:

> If we do not reveal the sex of the foetus, clients will go to other clinics. Nobody waits until after giving birth to know if the baby is a boy or a girl. If we do not inform the clients about the sex of their foetus, we will lose our clientele. (Doctor, female, 46 years old)

Knowing the sex of the foetus is a demand not only of the prospective parents, but also of society. Instead of the mother’s and baby’s health being the primary topics of inquiry, pregnant women are often confronted with questions about the sex of their foetus. One woman, 15 weeks pregnant, confided:

> At the beginning, I did not care about the sex of my baby because I am carrying my first child. But I have been asked the sex of the baby every day. When I answered that I did not know, people did not believe me. Some people teased me that I did not dare to tell the sex of my baby because I was carrying a girl. Their behaviour made me annoyed. I am now very anxious to know the sex of my foetus, so I have been to three different clinics to have ultrasound scans. (24 years old, first pregnancy)

Ultrasoundography is one scientific option for women contemplating sex selection and, compared with other methods, it is considered one of the most accurate. Lê told me:

> It is scientific. I believe 80–90 per cent accurate in ultrasound, and 60–70 per cent in feeling the pulse. But I wanted to have my pulse felt to satisfy my curiosity until I could have an ultrasound. At that time, ultrasound could not yet tell me the sex of my baby. I was very happy when the healer said it was a boy when I was six weeks pregnant. (31 years old, two daughters, 12 weeks pregnant)
Interestingly, the women who had a sex-selective abortion had several ultrasound scans because they wanted to be sure they were not aborting a male foetus. The number of ultrasound scans a woman has is closely linked with sex-selective abortion. Cúc told me her story:

When I was 12 weeks pregnant, I had ultrasound scans in two clinics in Hà Nội, and I had another ultrasound scan in this town. I had three ultrasound scans in one day. The doctor in this town said the scan
was not clear enough to see the sex of my foetus, but the doctors in Hà Nội said it was a boy, with 80 per cent accuracy. I was very happy. The images of the foetus have been burnt on a DVD. I played the DVD at home to see the images. I tried to look with hope in my heart. I had other ultrasound scans in the following week in this town, and then the doctors said it was a girl. I went to the clinic in Hà Nội again, and that doctor also said it was a girl. I took the DVD to the doctor in a private clinic in this town and asked him to look at the images for me. After watching, he confirmed it was a girl. I was so disappointed, but I still did not believe it was a girl. I waited one more week and had three ultrasound scans, in private clinics and at a district health centre. All the doctors said it was a girl. I had eight ultrasound scans in total, seven times by colour ultrasound machine and one time by black-and-white ultrasound machine. It cost me about VND2 million for the ultrasound scans. (Cúc, 30 years old, two daughters, 13 weeks pregnant)

Among my 35 core cases, most of the women (21) had four or five ultrasound scans per pregnancy. Two women had eight scans. There were only four cases recording just three ultrasound scans.

Amniocentesis and chorionic villus sampling (CVS)

Foetal sex determination is usually done with ultrasonography, but it can also be done with amniocentesis and CVS. The sex of the foetus can be accurately determined if a pregnant woman undergoes CVS at 10–11 weeks or an amniocentesis test at 15–16 weeks. Amniocentesis and CVS are genetic tests and are more accurate than ultrasonography; however, CVS carries the risk of harming the foetus and inducing a miscarriage. Amniocentesis is usually quoted as having a 1–2 per cent loss rate and an additional 1–2 per cent infection and/or problem rate (leaking membranes, preterm labour, and so on). CVS reports about a 2 per cent loss rate. There have also been reports linking CVS with disorders such as amniotic banding syndrome (Alfirevic et al. 2017).

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3 Amniocentesis is a procedure performed at 16–18 weeks of pregnancy, in which a needle is inserted through the woman’s abdomen into her uterus to draw out a small sample of the amniotic fluid around the baby. Either the fluid itself or cells from the fluid can be used for a variety of tests to obtain information about genetic disorders and other medical conditions of the foetus.

4 Chorionic villus sampling (CVS) is the removal of a small piece of placental tissue (chorionic villi) from the uterus during early pregnancy to screen the baby for genetic defects. CVS can be done through the cervix (transcervical) or through the abdomen (transabdominal).
Although amniocentesis and CVS are considered the most accurate methods to diagnose foetal sex, they are not used as commonly as ultrasonography. They carry a risk to the baby and the pregnancy and are managed closely in the laboratories of public obstetrics and gynaecology hospitals. Three women among my 35-woman sample used this method to check the sex of their foetus. They wanted confirmation for fear of aborting a male foetus and, if it was a female, to have the abortion before it was 'too late'. Yến's story helps us understand why and how she had genetic testing to determine the sex of her foetus.

Yến is from a village in a rural area about 40 kilometres from the centre of Hà Nội. Her family's economic circumstances are not as difficult as most villagers whose sole income comes from farming, because she has a sideline making curtains. She usually goes to Hà Nội to obtain orders from clients. She had a son, but, unfortunately, he died by drowning two years before I met her. 'I have cried every day since his death,' she said. Yến and her husband wished to have another boy, but it was not easy, as they were both in their mid-40s. Yến's cousin felt sorry for the couple and advised them to have ovulation detection in a private clinic run by a famous doctor in Hà Nội. Yến 'followed' a doctor to detect the course of her ovulation for a year. The couple was very happy when Yến became pregnant. They consulted three healers and all said her foetus was a boy. The couple waited nervously until Yến was 12 weeks pregnant. At this stage, the doctor said the foetus might be a girl, but he could not be sure. Yến saw the doctor again the next week. The couple's hopes collapsed when the doctor said her foetus was a girl with 90 per cent accuracy. Yến had two more ultrasound scans in two other clinics, but received the same result. The couple decided to have an abortion because they wanted to have a boy. 'I have two daughters already. I do not want to have another daughter. If I keep this foetus, I won't have the opportunity to have a boy,' Yến explained. The couple wanted to confirm the sex of the foetus at this stage of gestation so they could abort it before it was 'too big'. The doctor whom Yến had 'followed' suggested that amniocentesis was the only way they could determine the foetal sex with 100 per cent accuracy; however, Yến would be at risk of miscarriage following the procedure. The hospital could do this test, but it would only do so to test for chromosomal abnormalities or other specific genetic disorders on a doctor's advice. The doctor gave Yến the address of a private clinic whose doctors could provide the same procedure. This clinic did not have the equipment to test the resulting sample; however, its doctors also worked for the laboratory of a hospital, so they could have
the sample tested there and provide the result to their clients. Because such activities are illegal, they are conducted in secret. After much soul-searching, the couple decided to have amniocentesis. They accepted the risk of miscarriage to ensure that they would not abort a male foetus. They paid VND500,000 for the test. After one day of waiting, they were given the result of ‘female’.

Such screenings have led to frequent instances of clinical uncertainty. Cúc, Yến and other women believed in the new reproductive technologies and spent a lot of money to detect ovulation and determine the sex of their foetus, after which they had a sex-selective abortion. These new technologies may help some women achieve their aim of having a son and making their lives happier. Meanwhile, women who do not have a son can lose respect or face divorce or banishment.

Conclusion

‘Chasing the gender dream’ makes us consider the reproductive trends enabled by new reproductive technologies, which both facilitate the birth of sons and put more pressure on women to have sons. These days, the pressure to have at least one son is also felt by women who are having their first child. To meet this desire, women have combined different methods to determine the sex of their foetus, such as ultrasonography and fortune-telling, feeling the pulse and herbal remedies. Traditional and modern preconception sex-selection methods and foetal sex diagnosis during pregnancy are responses to the uncertainties women feel and to their hopes and desires. Ultrasoundography has assumed a central position in sex determination during pregnancy. With its advantages of a high accuracy rate, comparatively low cost and ease of access, ultrasound scanning has become increasingly popular. The market for new reproductive technologies addresses the desires and anxieties pregnant women face and transforms couples without sons into eager consumers.

The complexity of women’s relationship with this technology is such that it cannot be assumed that women are passive vessels, simply acting in culturally determined ways with little reflection on their own condition. Indeed, the findings here suggest women’s relationship with new technology is grounded in existing pragmatism. If the benefits are apparent, and if the technology serves their aims, most women will
avail themselves of what is being offered. ‘Pragmatic women’ (Lock and Kaufert 1998) are willing to use whatever technology can provide to protect themselves.

One could contend, however, that the use of ultrasonography for nonmedical purposes and for profit is enhancing patriarchal and technological control over women. Feminists support this view, arguing that new reproductive technologies have put women in the hands of medical engineers (Gupta 1996). The natural process of reproduction can now be technologically engineered and the meaning of fertility has changed. One woman said to me:

If I want to have a son, I must follow the doctor's guidelines. We only have intercourse when the doctor says 'it is time'. Our intercourse depends on the doctor, not on our love. (Nhung, a patient in an obstetrics and gynaecology clinic)

With the intervention of new technologies such as ultrasonography, many couples no longer have ‘normal’ sexual relations and ‘produce’ their sons in ‘unnatural’ ways. Sarah Franklin (1993) believes such technologies are changing not only our lives, but also the concept of life itself. Women’s bodies have come to be seen as ‘cyborgs’ for the production of the desired kind of child.

When ultrasonography is used for sex determination and is followed by sex-selective abortion, the question is who benefits from the technological intervention? In Việt Nam’s contemporary commercialised healthcare system, where new reproductive technologies are easy to access, there is considerable risk of their overuse. This study also shows that the number of ultrasound scans taken has a direct relationship with seeking a sex-selective abortion. The overuse of new reproductive technologies driven by market mechanisms rather than policy guidelines leads to sex selection. Providers diagnose the sex of the foetus because they want to attract clients to their clinics. Individual private practitioners have a direct profit motive in offering technological services. As one doctor said, ‘ultrasound has been disguised’ and ‘it is a deviation’ from the intended use for reproductive technologies (Dr Bách, male, 58 years old).
This study shows that women in Hà Nội today are concerned about the sex of their babies and seeking knowledge about their own bodies. They are using the new reproductive technologies as well as ‘traditional’ methods to achieve their aim of having a son. However, in so doing, they become victims of these new technologies.

Michelle Stanworth (1987) believes reproductive technologies can be a double-edged sword: they offer women greater reproductive choice and agency, but they also make it possible for the medical profession, the state and society to exert control over women’s lives. When such new technologies create competencies in sex selection, they also create a huge human dilemma. The ability to select the sex of one’s child helps women build the kind of family they desire—giving them acknowledgement, status, pride and happiness. But the new technologies also clearly become key tools in systematic gender discrimination. From a pragmatic, short-term and individual perspective, these technologies can be seen as ‘good’, whereas in a long-term, collective perspective, their effects may be adverse, such as men being unable to find wives and women facing greater exposure to sexual violence. Margaret Lock and Vinh-Kim Nguyen (2010: 141) write:

> More than any other kind of biomedical technology, those that affect reproduction bring to the fore an inherent tension among individual desire, perceived family interests, and that which is deemed appropriate for the nation, and indeed the world as a whole. These tensions are rife today because, as individuals and families are pressured to reduce their family size to conform to efforts to standardise the ‘population problem’, a global circulation of ultrasound technology has permitted families to take a certain amount of control with respect to the sex of their off-spring.

The development of reproductive technologies and their routine use increase moral dilemmas—vivid evidence of the interface between prenatal testing and human experience. The implementation of new technologies has placed women in an arena where medicine, social values and culturally determined meanings of motherhood are closely intertwined.
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