WOMEN'S REPRODUCTIVE HEALTH, 2(2), 111–123, 2015
Published with license by Taylor & Francis Group, LLC
ISSN: 2329-3691 print / 2329-3713 online
DOI: 10.1080/23293691.2015.1089150

Routledge
Taylor & Francis Group

Milk for a Girl and Bananas for a Boy: Recipes and Reasons for Sex-Preference Practices in a British Internet Forum

Pam Lowe
Aston University, Birmingham, UK

Postings from an Internet forum were used to explore the ways in which some women try to influence the sex of a future child. The extensive reproductive work involved gives an indication of the women's commitment to try to choose a particular sex; in this case a preference for a girl rather than a boy. The findings revealed stereotypical views of masculinity and femininity at the heart of the preference. The presumption of fixed gendered identities helped frame this desire as "natural," lessen the threat to maternal identities, reinforce the logic of "choice," and support the women's reproductive work practices.

Keywords *sex-preference, reproductive work, reproductive choice, gender, motherhood, Internet forum discussions*

Attempts to choose the sex of a child have a long history and have often been linked to discrimination against women (Kane, 1987; Purewal, 2010; Renteln, 1992). There are two main approaches in this area: Western philosophical debates about reproductive freedom, and empirically based accounts of son preference in particular societies (e.g., Moazam, 2004; Purewal, 2010). Few studies have examined motivations and reproductive work beyond a preference for sons. This study focuses on accounts of sex preferences in a British Internet forum, where a preference for girls or "balanced" families was expressed, in order to see what new light could be shed on wider debates about reproductive "choice," gender, and reproductive work.

A preference for boys is a global phenomenon that can be traced back throughout history and across cultures (Kane, 1987; Purewal, 2010; Renteln, 1992). Although Europeans might like to assume that boy preference is a problem of "other" cultures, some studies of sex preference within European societies have revealed a continuing desire for boys (van Balen, 2006). There is more pronounced evidence, however, that families in Europe would prefer children of both sexes within a "balanced family" (Mills & Begall, 2010). Whether sons are preferred or "balanced families" are wanted, the evidence suggests that preference for the sex of a child remains a significant issue. For some, being able to enact this desire would be considered reproductive freedom.

Correspondence should be sent to Pam Lowe, PhD, Department of Sociology, Aston University, Aston Triangle, Birmingham B4 7ET, UK. E-mail: p.k.lowe@aston.ac.uk

The concept of reproductive freedom can be understood as emerging from "liberty" as a central concept within Western bioethics (Scully, Banks, & Shakespeare, 2006). Following this line of reasoning, scholars (e.g., Dahl, 2003, 2004; Harris, 2005; Warren, 1985) have argued that legal constraints on reproductive liberty, including sex selection, should take place only if there is a considerable risk of harm. Warren (1985, p. 191) argued that, although sex selection is objectionable and a "symptom of sexism," legal prohibition and moral condemnation are unlikely to be productive. Both Warren (1985) and Zilberberg (2004) argued that feminists need to support the principle of reproductive freedom, even if we would be uncomfortable with some of the "choices" that women make. In contrast, Moazam (2004) questioned the presumption of autonomous individuals on which much of the Western philosophical approach rests. Within communities where the bearing of a son is a central part of women's status, it may be impossible to argue that women have a "choice" about sex selection (Moazam, 2004).

The question of whether sex selection is inherently discriminatory is closely related to the debate over the selection of able-bodied fetuses. The two are interlinked in UK law by the Human Fertilisation and Embryology Act 1990 [as amended], which legitimates sex selection only on "medical" grounds, which are defined as when gender-related medical condition (e.g., Duchenne muscular dystrophy) exists. This suggests that, although gender discrimination should not be tolerated, it is acceptable to discriminate on the grounds of disability. Yet, "medical" reasons are in many respects "social" because they are based on the notion that being able bodied is always preferable to having a disability (e.g., Shakespeare, 1998). Hence, preferences for any particular sort of child are based on specific attitudes that arise from normative ideas.

Warren (1985) argued that the question of whether sex selection is wrong hinges on the definition of sexism. If sexism is defined as valuing one sex and discriminating against the other, then sex selection is discriminatory only if it is done to reinforce a hierarchal position (Warren, 1985). On the other hand, if sexism is the maintenance of norms of behavior based on gendered assumptions, then sex selection is always discriminatory because it is choosing a child on the basis of these socially constructed norms (Berkowitz & Snyder, 1998; Powledge, 1981). It is beyond the scope of this article to address the substantial literature that documents the ways in which social norms of gender limit the lives of both sexes. Here, my focus is on extending understandings of these debates beyond that of a preference for boys and situating it within the broader context of women's reproductive lives.

A number of reproductive technologies can be utilized to support sex selection. Prenatal tests such as amniocentesis allow the possibility of undergoing a pregnancy termination if the fetus is the "wrong" sex, and in-vitro fertilization (IVF) methods make it possible to select specific embryo(s) for transfer into the womb. In the 1990s, a small number of private sperm-sorting "gender clinics" opened in the UK because, at that time, only donor or frozen sperm was covered by legislation. In July 2007, the European Union Tissues and Cells Directive became part of UK law and brought all "processing" of human tissues and cells for human application within the legislative framework, effectively closing this route to sex selection. However, sperm sorting and other medicalized gender selection techniques are available in other countries, which leaves open the possibility for reproductive tourism (Hudson et al., 2011). Although

this is now the only medicalized route for sex selection, there are a number of traditional beliefs and home remedies that women could use to try to conceive a child of the preferred sex.

There is little evidence that sex selection is widely practiced in the UK, and attitude surveys show that it is not widely supported for nonmedical reasons (Hall, Reid, & Marteau, 2006). During the period that sperm-sorting clinics were legal, only a few opened in the United Kingdom.[1] The London Gender Clinic reported having seen 809 couples in its first 18 months of operation, of whom only 303 went on to have treatment (Liu & Rose, 1995).[2] Ultrasound scanning is almost universally available in the UK to pregnant women, through the public healthcare system, and private scans are also increasingly available. Consequently, ascertaining the sex of the fetus is relatively easy and leaves open the possibility of termination.[3]

Nevertheless, the absence of statistical evidence at a population level does not necessarily mean that sex selection is not practiced, only that a marked preference for one particular sex is not visible.

Many anxieties about sex selection are based on a possible threat to the parent/child relationship (Baldwin, 2005). Indeed, as Scully, Banks, and Shakespeare (2006) have shown, public anxiety about sex selection often focuses on the potential to undermine the acceptance of children as individuals, which is deemed to be an essential part of "good" parenting. Judgments about being a "good" parent are extremely important to women because motherhood is linked to feminine identity, even if women are not mothers (Letherby, 1999). Even women who occupy a potentially stigmatized mothering identity (e.g., an adolescent) often compare themselves with examples of "bad mothers" in order to position themselves as meeting the criteria of a "good mother" (Yardley, 2008).

Expectations of motherhood have changed (Miller, 2005; Nelson, 2010; Smyth, 2012); what "good" motherhood entails is increasingly politicized, and women have to justify their approach to themselves and others (Smyth, 2012). Gatrell (2008) argued that pregnancy should be understood as reproductive work that needs specific management practices. It is not enough to focus just on caring practices after birth; the performance requirements of "good motherhood" now begin during pregnancy. Following Gatrell (2008), trying to conceive a child could also be conceptualized as reproductive work, especially when it encompasses extensive planning and specific bodily practices. For middle-class families in particular, motherhood is increasingly being seen as a project whereby children need constant attention to ensure successful outcomes (Nelson,

[1]Because they did not have to be licensed, it is difficult to be certain of the exact number of clinics that operated in the United Kingdom. Because they were considered controversial, their opening was often covered in the media. Searches of local and national newspapers revealed that clinics opened in London, Birmingham, and Glasgow.

[2]Liu and Rose (1995) stated that, before attending the clinic, potential patients were sent a leaflet stating that the clinic would treat only those couples who already had one child, that they could only request to balance their family, and that they had to promise not to terminate the pregnancy if a wrong baby was conceived (p. 968). Consequently, some people who would have opted for sex selection might not have met these criteria.

[3]Under English law, abortion is permitted in certain circumstances, including up to 24 weeks if there is a greater risk to a woman's physical or mental health if she continues with the pregnancy than if she ends it. The criteria for this are decided by the doctors who authorize the abortion. If someone wanted an abortion for sex-selective reason, she could describe her pregnancy as generally unwanted and argue that to continue it would have a detrimental impact on her mental health.

2010). Moreover, decisions about motherhood are always also moral decisions that are located against the prevailing norms of "good motherhood" (Sevón, 2007). "Good motherhood" now entails knowing the gender of the developing fetus before it is born (Larkin, 2006) because good motherhood includes being prepared through acts of consumption, which entail the necessity of gender-encoded products for both nursery and baby. To fail to match gender and commodity would threaten the gendered identity of women as mothers (Larkin, 2006). Moreover, as Larkin (2006) pointed out, this cultural necessity has emerged at the same time as ideas (although not necessarily practice) about gender equality have largely been normalized in the United States. If the project of good motherhood requires the gendering of the fetus, then sex selection could be a potential logical extension for some women.

The context of reproductive decision-making has also changed. Reproductive technologies, such as contraception and infertility treatments, have expanded "choices" but have inevitably made decision-making more complex (Hayden & Hallstein, 2010). Moreover, as Craven (2007) argued, the neoliberal emphasis on individuals as self-governing agents has implications for how women understand their reproductive capacity. The idea of reproductive choice fits into wider discourses of healthcare consumption and self-governance, even if the outcome of that choice is contested (Craven, 2007). The present study was designed to explore the extent of women's commitment to attempting to conceive a particular sex and the rationale that they use to explain their desire. Posts in a UK Internet forum that supports women engaged in sex-preference practices were analyzed to investigate how women explained their motives and the impact of their practices on their position as mothers.

METHOD

Research Design

A qualitative analysis was conducted of postings to an Internet forum in which women discuss attempts to influence the gender of a future child. The forum was selected because it appeared to be the most active UK forum discussing sex selection at the time of the study. This was determined by checking the number of posts to forums that appeared in the first four pages of a Google search. It was one of many forums on a general parenting website that also contained pages of general advice and advertisements for pregnancy- and child-related products. The study covered a 3-month period during which the sex-selection forum had 140 active threads and just over 1000 messages, which formed the data for the study. During the research period, 34 users participated in the forum, 10 of whom left more than one message per week. There were at least four messages posted every day, and the most prolific participants often posted two or three messages per day. There was little evidence of a temporal pattern to the postings, but the discussion of particular events or stories, such as ultrasound scans or unsympathetic doctors, often generated additional responses.

During the research period, 18 of the women who posted messages identified themselves as actively trying to conceive a specific sex and/or had become pregnant after having tried to conceive a child of a particular sex. All of these women had at least one child already. Thirteen of the women had a child or children of one sex and were trying to conceive a child of the other sex. In two of these cases, the women were trying to conceive a child of the same sex as one they had

lost through miscarriage or stillbirth. The other five already had children of both sexes. Fifteen of the 18 women were trying for a girl, and three were trying for a boy. Although there were some differences of opinion in the messages during the study period, all of the posters supported the broad legitimacy of preference for a particular sex, and there was no clear divide in attitudes between women who were actively trying to achieve their preference and those who were not.

No personal data were collected from participants. All of the participants appeared to be women from their names or other details given. Those who gave their first names in their posts had traditional British women's names (e.g., Elizabeth, Clare). Some of the participants had photographs of themselves and/or their children attached to their postings, and all of these appeared to be of White women and children. Given the frequency and varied times of the day that posts were made, it is likely that the regular participants all had constant Internet access. Those in the lowest socioeconomic groups are less likely to have Internet access (National Statistics, 2011), and this, combined with the topics frequently discussed in the forum (e.g., family trips, holidays) suggests that most of the participants were likely to be middle class. The lack of reliable data on the participants means that it is not possible to consider issues of class and ethnicity in any detail within the present study. Pseudonyms are used throughout this article.

Internet research studies pose particular ethical issues (for a complete discussion, see Buchanan, 2004). Traditionally, documents in the public domain (e.g., newspapers) are considered differently from private diaries in relation to consent. Materials on the Internet are viewed as potentially both public and private; they are in the public domain, however, users of chatrooms or web forums may consider them to be private spaces (King, 1996). Eysenbach and Till (2001) have suggested that, in any decision about whether individual consent is needed for studies of a chatroom or forum, three factors need to be considered: (a) whether the access is restricted, such as through the use of passwords; (b) the number of posters in the "community"; and (c) the group norms and values as described and enacted on the website. In regard to the present study's relation to the first indicator, individuals who wanted to post messages were required to register, whereas "lurkers" were free to read all the messages without registering. Hence, access to the messages was not restricted. Second, the site has hundreds of registered users across a range of forums, which indicates that it is not an intimate community. Finally, the site had the facility for registered members to send personal messages (PM) to each other, and it was clear that the members of the sex-selection forum did this on a regular basis. Evidence includes messages such as "I've sent you an PM"[4] (Clare) and "I'm going public now" (Virginia). These examples suggest that the group norm was to treat the website as a public space with personal correspondence taking place out of general sight. Consequently, in line with the Ethics Committee's requirements, consent for the project was primarily gained through the forum moderator. Although messages were posted to inform the participants about the research and let them know how to remove their comments from the project (which happened in one case), it cannot be guaranteed that all the participants read the messages. On the site, message threads disappear if they are inactive for over 1 month, which ensures that participants cannot easily be traced.

[4]All quotations are reproduced verbatim; punctuation corrected for publication.

Data Analysis

The messages posted in the forum were downloaded into Nvivo for qualitative thematic analysis following the six stages set by Braun and Clarke (2006). This is an inductive method whereby the themes are identified from the data rather than being imposed from the beginning. The first stage involved the author repeatedly reading the data to gain familiarity. In the second stage, an initial coding framework was developed from the data. Codes were generated for each item that seemed to be significant and that captured the richness of the data. Segments of data could be coded under different themes, and codes were also used to identify each participant for ease of tracking what each informant had said during the study period. The third stage of analysis organized the codes into a framework of potential themes, and, in the fourth stage, the themes were reviewed to ensure that they appeared to represent the issues arising in the data as fully as possible. The fifth stage required refining and naming the themes. This involved considering whether the themes adequately described the issues that arose in the data. In the present study, two major themes emerged during the analysis (reproductive work; presumption of gendered identities), and these are reported here. The final stage was writing about the analysis. During that stage, quotations were chosen that best illustrated the themes that emerged. As Braun and Clarke (2006, p. 86) noted, thematic analysis is a "recursive" rather than a "linear" process, and thus, the analysis moved backward and forward through the stages. As a small qualitative study of one Internet forum, this research does not lend itself to generalizations, but it does reveal interesting information about an under-researched phenomena.

RESULTS

Two major themes were identified in the data. The first theme is reproductive work, Gatrell's (2008) concept, which highlights the embodied practices enacted by the women in order to try to influence the conception of a particular sex. The second theme is the presumptions of gendered identities and how the women's motives for using sex-preference strategies were rooted in their ideas that gendered behavior is determined by biological sex.

Reproductive Work

To understand the reproductive work involved in these sex-preference practices, it is necessary first to explain the scientific rationale promoted through the forum. Within online communities, participants generally have similar ideas about the issues they are discussing, and that was also the case this forum (for a discussion about the creation and maintenance of group norms, see Burnett & Bonnici, 2003). In the forum, women's ideas and practices of sex selection were based on one "scientific" principle: "Girl" sperm swim slower but live longer; whereas "boy" sperm swim faster but die sooner. Women, therefore, believed that they needed to adjust their bodies and/or their sex lives to try to ensure that the "right" sperm fertilized their eggs. The reason that this forum advocated this rationale was not explained in any depth, but this was believed by most women to be the "best" practice.

In order to increase their chances of having a baby of their desired sex, the 18 women tried to adjust their bodies to make them more receptive to the "right" sort of sperm, and they also made changes to their sexual activity. One of their primary activities was to try to alter the acidity of their cervical mucus. "Girl" sperm were thought to be "stronger," and thus would be more likely to survive a heightened acidic environment. The women recommended a combination of three methods to adjust the acidity: special diets, the use of dietary supplements, and vaginal douching before intercourse. The ingredients for each of these actions varied depending on whether a girl or boy was desired.

Women who were trying to conceive a girl followed a diet that included lots of dairy but limited meat or fish. Salt was restricted, and yeast was prohibited. No coffee, tea, fizzy drinks, alcohol, chocolate, or other sweets were allowed. A limited range of fruit and vegetables were recommended, including carrots, green beans, onions, leeks, apples, pears, and strawberries. The use of supplements was also widespread; cranberry tablets, calcium, magnesium, and agnus castus[5] were the main ones used. The women also took Sudafed, a common UK nonprescription medicine for colds, coughs, and sinus problems. The decongestion element of this medicine was believed to dry the vagina, which would make it harder for the less strong "boy" sperm to swim. The recommended vaginal douche for a girl was a solution of vinegar (1/10 with water) just before sexual intercourse. Although this was considered worthwhile, it was also reported to have an undesirable outcome. Karen described it as smelling slightly like a "Harry Ramsden's" (a chain of restaurants that serves traditional British fish and chips with the usual malt vinegar added as a condiment to the meal).

As part of the reproductive work, the women subjected their bodies to constant surveillance. They monitored their menstrual cycles daily using both temperature and mucus changes to indicate ovulation and the success, or otherwise, of their attempts to change the acidity of their vaginas. Some of the women completed online ovulation charts, and, if they did not understand the readings, they asked others to help interpret their results. If they were trying for a girl, then the women aimed to have sexual intercourse daily until 3 days before ovulation. This would give the longer-lasting "girl" sperm more chances to fertilize an egg. It was also recommended that the penis not fully enter the vagina. Shallow penetration means that the distance the sperm has to swim is further, again increasing the chances for a girl. In particular, sex in the missionary position plus partial withdrawal during the man's orgasm was recommended. The woman's orgasm was to be avoided.

Women who wanted a boy followed similar dietary and douching regimens, although the ingredients were different. Bananas, pineapple, and salty foods were particularly recommended for boys. Women trying for boys were permitted to orgasm and to use alternative sexual positions, but they aimed to abstain from sex for most of their menstrual cycle. Sexual intercourse should occur only in the 48 hours surrounding ovulation. This was said to give the fast-swimming "boy" sperm a much greater chance of reaching an egg.

Not all of the women followed the directions at all times, but those who were most determined to produce a child of the preferred gender put a considerable amount of work into their attempts as the following extract makes clear:

---

[5]These are all health supplements. Cranberry tablets and agnus castus are herbal remedies that are claimed to assist women's reproductive systems. Calcium and magnesium are minerals needed by the body, and thus, supplements are claimed to assist bodily functioning.

> Took agnus castus (vitex) twice a day. Not sure what the dose was in mg because it was the liquid version by bioforce from Holland and Barrett. Went for this version 'cos it was the most pure kind I could find—the tablets had loads of other crap in them. Cal/mag tablets from Holland and Barrett three times a day (took maximum dose I was allowed). Cranberry tablets from AF to O [*Aunty Flo/menstruation to ovulation*] three times a day (max dose- H&B brand again). Sudafed when I remembered (. . .) DTD [*Do the dance/sex*] as often as we could CD7,8,10,11,13 and 16. Missed CD14 and 15 [*days of her cycle*] cos DP [*dear partner*] was away with business (boo hiss!). I got my 1st +opk [*positive ovulation sign on predictor kit]* on CD16 so stopped the bding! [*baby dancing/sex*] (Paula).

The extensive reproductive work undertaken was acknowledged by the women in the forum in discussions about the difficulty of maintaining such a complex and difficult regimen. In particular, women who admitted having failed to follow all the instructions for diet, supplements, and rules for sexual activity were reassured by others that taking short breaks should still result in a baby of the "right" sex. The women also gave advice about how to find inexpensive but reliable products for their attempts. In addition to the various supplements, products used regularly include litmus paper to check the acidity of their vaginas, ovulation predictors, and pregnancy testing kits. This extensive list indicates that consumption is an integral part of these women's reproductive lives and illustrates the commodification of this area of reproduction.

The women's dedication to reproductive work can be illustrated through one particular case. Virginia had four children under 10 years old, including a 9-month old baby, and was trying to conceive her fifth child. She posted a message to the forum complaining about being caught up in a local emergency:

> Our Housing Estate is (. . .) evacuated . . . . Anyway I had to emergency buy baby stuf & my supps & I had to buy another fertility thermometer too as I still haven't any answers yet re: ovulation—I had another flat temp this am—grrrr! & it would be so typical to miss a temp when it really mattered.

Virginia was able to stay with nearby relatives during the evacuation. Although she was not in a temporary shelter, having to leave home for an unknown period with little time to organize essentials for herself and her children must have been a major upheaval in her life. Yet, her essential item list contained the supplies necessary to continue trying for a girl. Like the previous example, this shows a high level of dedication to the strategies being undertaken; the practices of conception discussed here involve considerable project management.

All of the women recognized that their methods were no guarantee of the right sex baby, but they wanted to "sway the odds" (Rachel) and to "give it the best shot" (Helen). The women often discussed their feelings about having the "wrong" sort of baby. In general terms, the women all asserted that that they loved their children and would always do so despite the sex of each one. Yet, they also discussed how feelings of disappointment were normal too. The women usually learned the sex of the fetus during scans or other prenatal tests, so it was in the middle of the pregnancy rather than the end that the women were most anxious. At these times they often turned to the forum for support, and the other women posted messages in reply:

> Huge hugs & hope all goes well tomorrow. Hope your little bundle is healthy & hopefully a pink one too. This is a "contingency plan" because you did everything right for a girl & hopefully it worked, but If the baby is a boy then don't panic too much, you WILL love him honest—I don't think anyone could have felt worse or more petrified about having another boy (. . .) I did feel very upset &

> depressed over it! BUT I love my little son to pieces & he is just as loved as all the rest of mine now. If you do cry, then it's ok & normal & it's ok to feel a little disappointed (Emma).

To admit disappointment because of the wrong sex might have been perceived as incompatible with "good motherhood," which has the potential to stigmatize the role of the group as well as of individual women. In the previous quote, we can see how the poster both asserted that being disappointed is a "normal" response and did not undermine the ideals of good motherhood. Hence, the women who opt in to these potentially "deviant" practices remain "good" mothers, as they will unconditionally love any child that is conceived. The overt rejection of sperm-sorting clinics by some of the posters in favor of methods that tried to influence, rather than to determine, the child's sex could also fit more easily with this image of good motherhood.

Presumption of Gendered Identity

There was a considerable amount of discussion in the forum about the reasons for wanting a particular sex. They were almost always based on stereotypical ideas of hegemonic masculinity (Connell & Messerschmidt, 2005) and emphasized femininity (Cockburn & Clarke, 2002). Girls were described as "wanted" because they were "quiet," "pretty," and "special." The women imagined a future of girly chats and shopping trips within a special mother/daughter relationship as the following quotations make clear:

> I would so love another dd . . . (. . .) I adore doing the pink thing with all those gorgeous clothes (I love girly, things myself too LOL!) – (. . .) I just love doing girly things with dd—she got her ears pierced on Saturday & she was so excited to have earrings "just like mummy." I adore taking her out as she is so calm, sensible & easy (unlike the boys!) & I'm hoping that she will be able to relate to me & have a good relationship (. . .) I'm looking forward to girly chats over coffee etc & going out shopping when she's older. (Virginia)

> I really want to do the pink & pretty again & have a little sister as a playmate for Emily (. . .) boys are just so OTT & rowdy. Emily is a calm, very girly child & would really benefit from having a sister to play with. Not to mention the fact that having another female in the house to relate to would be absolutely ace! (Helen)

> I was so certain that this one was a boy till I started reading this—now I feel a bit gutted that I've actually increased my chances of a girl. I won't be devastated with another girl, but our DD is so special we didn't want another to "compete" if that makes sense!!!! We also both feel our son would benefit immensely from a brother which is why we particularly wanted another son. (Clare)

In contrast, in the postings boys were considered to be "noisy," "boisterous," and "rough." They described boys as needing physical space to run around in and other boys for rough-and-tumble games. The distinctions between boys and girls were given not just in their descriptions of their future children, but in descriptions of the children they already had. Their current and imagined future children consisted of girls who could be dressed up and trusted in their sensible quiet games. In contrast, boys needed outdoor spaces, and it was difficult to keep them clean. Although individual children were recognized to be outside of these stereotypes (e.g., a "quiet boy"), at no point were the stereotypes questioned.

DISCUSSION

Much of the debate about sex selection has centered on the question of discrimination against women. As shown, those against this reproductive choice have often pointed out that sex selection perpetuates discrimination and can lead to population imbalances, whereas those in favor have argued that that is not a risk in European countries where it is more likely to be used for family-balancing purposes. Indeed, the preference for girls shown in this forum could be used by some to dismiss the feminist arguments that presume that a desire for boys outweighs a desire for girls (see Moazam, 2004). Consequently, it is useful to consider whether the preference for girls in this forum perpetuates or challenges gender inequality.

The women in the present study recounted attitudes and practices that illustrated a strong desire for a particular gender based on stereotypical ideas of fixed gendered identities and an expectation of gender differences. Consequently, for these women, fixed gendered identities were an organizing principle in the lives of any potential children (Messner, 2000, p. 780). The women presumed that gendered behaviors are an outcome of biological sex, and they wanted a child who would exhibit specific gendered traits. Strong investment in gender stereotypes remains widespread (Martin, 2005). Indeed, as Martin's (2005) study of childcare advice in the United States has shown, although advisors projected an acceptance of gender-neutral parenting, in practice there has been relatively little change to the gendered socialization of children.

The women's desire for a particular-sexed child were legitimized by the others in the group. They supported each other emotionally by affirming the desire for a particular sex as natural and possible through the reproductive work involved. Part of the motivation was based on normative presumptions of the different values that girls and boys bring to family life. None of the postings suggested that one particular sex was better than the other (although girls were said to be calmer, so potentially less troublesome). Yet despite this overt lack of hierarchy in preferred sex, I argue that the promotion of specific gendered expectations should be seen as problematic because it is based on ideas about biologically determined gendered lives.

Ideas about good mothering often stress that women should have unconditional love for their children (Lupton, 2000). This is expected across social groups, although how the love is demonstrated depends on factors such as class and ethnicity (Gillies, 2006). Consequently, the idea that a child is not really wanted just because of its sex would be the antithesis of unconditional love. As Yardley (2008) found, one way to manage a potentially stigmatized mothering identity is to construct a *deviant other* from whom to distinguish oneself. In this case, women thought that other ways to choose the child's sex (e.g., sperm sorting) were questionable; their own actions were reasonable in comparison.

Scully, Shakespeare, and Banks (2006) have argued that, in the United Kingdom, part of the public concern that sex selection is incompatible with good parenting is because good parenting involves declining or relinquishing certain individual rights to allow the (potential) child to become an individual. This idea varies among social groups (Gillies, 2006). For example, middle-class parents often emphasize educational or other external success, whereas working-class women are more likely to see their role as ensuring that their children grow successfully into their personalities (Gillies, 2006). Consequently, enacting practices of sex preference, with an emphasis on women's own desires, entails the risk of losing status as a good mother. The constant reassurance from each other that wanting a particular sex is a natural desire and that motherhood would be successful

even with a child of the unpreferred gender illustrates that the women were aware that their actions could threaten their maternal identities. The preferences for a particular sex were built on, and reproduced, expectations of gendered behaviors. Although these particular women were sufficiently motivated by the ideas that they were trying in order to influence the conception of a particular sex, the investment in normative gendered identities needs to be understood as an intrinsic part of wider society (Larkin, 2006).

The results of the present study illustrate how some women in the UK went to considerable lengths to try to influence the sex of their future child. The regimen of ovulation charting, consumption of numerous supplements, and management of sexual activity all indicate that this is reproductive work (Gatrell, 2008). The role of technologies in the constant monitoring of their bodies has interesting parallels to Nelson's (2010) finding that technologies (e.g., mobile phones) were utilized to monitor older children within project-management forms of intensive motherhood. The use of a similar technology-based project style to influence conception demonstrates how these sex-preference practices can be framed within broader understandings of intensive motherhood in which women invest physically, emotionally, and financially in children to try to maximize their potential (Hays, 1996).

It is within this context of reproductive work and project management that the actions of the women in the present study need to be situated. The intensive reproductive work undertaken indicates that, at least for a small number of women, having the right child can become a preoccupation. The right child in this case was, for the majority, a girl. The women expressed this preference because they valued the gendered traits that they associated with girls; they expected their daughters to be calm, quiet, pretty, and interested in sharing girly activities with their mothers. This must be understood as part of a continuum of the reproduction of gendered identities, and stereotypical views of masculinity and femininity were at the heart of their preferences. The presumption of fixed gendered identities helped to frame this desire as natural, lessened the threat to maternal identities, reinforced the logic of choice, and supported their reproductive work practices.

This exploratory research has identified a number of areas in which additional research would be informative. It would be useful to know the prevalence of the sex-preference activities described here. A larger study could also seek to identify more information about the women's lives that might have influenced their desires and understanding of gender. It would also be interesting to know the broader impact on family lives and relationships of following these regimens and what happens after the birth of a child of either a right or wrong gender. Finally, it would be valuable to learn about the source of these ideas about girl and boy sperm. Healthcare professionals might ask their patients about these and other types of reproductive work and use the conversation as an opportunity for health education.

REFERENCES

Baldwin, T. (2005). Reproductive liberty and elitist contempt: Reply to John Harris. *Journal of Medical Ethics*, *31*, 288–290.

Berkowitz, J., & Snyder, J. (1998). Racism and sexism in medically assisted conception. *Bioethics*, *12*, 25–44.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101.

Buchanan, E. (2004). *Readings in virtual research ethics: Issues and controversies* London, UK: Information Science.

Burnett, G., & Bonnici, L. (2003). Beyond the FAQ: Explicit and implicit norms in usenet newsgroups. *Library & Information Science Research*, *25*, 333–351.

Cockburn, C., & Clarke, G. (2002). "Everybody's looking at you!": Girls negotiating the "femininity deficit" they incur in physical education. *Women's Studies International Forum*, *25*, 651–665.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, *19*, 829–859.

Craven, C. (2007). "Consumer's right" to choose a midwife: Shifting meanings for reproductive rights under neoliberalism. *American Anthropologist*, *109*, 701–712.

Dahl, E. (2003). Procreative liberty: The case for preconception sex-selection. *Reproductive Biomedicine Online*, *7*, 380–384.

Dahl, E. (2004). The presumption in favour of liberty: A comment on the HFEA's public consultation on sex-selection. *Reproductive Biomedicine Online*, *8*, 266–267.

Eysenbach, G., & Till, J. (2001). Ethical issues in qualitative research on Internet communities. *British Medical Journal*, *323*, 1103–1105.

Gatrell, C. (2008). *Embodying women's work*. Maidenhead, UK: Open University Press.

Gillies, V. (2006). *Marginalised mothers: Exploring working-class experiences of parenting.* London, UK: Routledge.

Hall, S., Reid, E., & Marteau, T. (2006). Attitudes towards sex-selection for non-medical reasons: A review. *Prenatal Diagnosis*, *26*, 619–626.

Harris, J. (2005). No sex please, we're British. *Journal of Medical Ethics*, *31*, 286–288.

Hayden, S., & Hallstein D. L. O. (2010). Introduction. In S. Hayden & D. L. O. Hallstein (Eds.), *Contemplating maternity in an era of choice: Explorations into discourses of reproduction* (pp. xiii–xxxix). Lanham, MD: Lexington Books.

Hays, S. (1996). *The cultural contradictions of motherhood.* New Haven, CT: Yale University Press.

Hudson, N., Culley, L., Blyth, E., Norton, W., Rapport, F., & Pacey, A. (2011). Cross-border reproductive care: A review of the literature. *Reproductive BioMedicine Online*, *22*, 673–685.

Kane, P. (1987). *Second billion: Population and family planning in China.* London, UK: Penguin.

King, S. (1996). Researching Internet communities: Proposed ethical guidelines for the reporting of results. *Information Society*, *12*, 119–128.

Larkin, L. (2006). Authentic mothers, authentic daughters and sons: Ultrasound imaging and the construction of fetal sex and gender. *Canadian Review of American Studies*, *36*, 273–291.

Letherby, G. (1999). Other than mother and mothers as others: The experience of motherhood and non-motherhood in relation to 'infertility' and 'involuntary' childlessness. *Women's Studies International Forum*, *22*, 359–372.

Liu, P., & Rose, G. A. (1995). Social aspects of > 800 couples coming forward for gender selection of their children. *Human Reproduction*, *10*, 968–971.

Lupton, D. (2000). A love/hate relationship: The ideals and experiences of first-time mothers. *Journal of Sociology*, *36*, 50–63.

Martin, K. (2005). William wants a doll. Can he have one? Feminists, child-care advisors, and gender-neutral child rearing. *Gender & Society*, *19*, 456–479.

Messner, M. A. (2000). Barbie girls versus sea monsters: Children constructing gender. *Gender & Society*, *14*, 765–784.

Miller, T. (2005). *Making sense of motherhood: A narrative approach*. Cambridge, UK: Cambridge University Press.

Mills, M., & Begall, K. (2010). Preferences for the sex-composition of children in Europe: A multilevel examination of its effect on progression to a third child. *Population Studies*, *64*, 77–95.

Moazam, F. (2004). Feminist discourse on sex screening and selective abortion of female foetuses. *Bioethics*, *18*, 205–220.

National Statistics (2011). *Internet access quarterly update 2011 Q2*. Retrieved 5/23/2013 from http://www.ons.gov.uk/ons/dcp171766_229469.pdf

Nelson, M. (2010). *Parenting out of control: Anxious parents in uncertain times.* London, UK: New York University Press.

Powledge, T. (1981). Unnatural selection: On choosing children's sex. In H. Holmes, B. Hoskins, & M. Gross (Eds.), *The custom-made child? Woman centered perspectives* (pp. 193–200). Totowa, NJ: Humana Press.

Purewal, N. K. (2010). *Son preference: Sex selection, gender, and culture in South Asia*. Oxford, UK: Berg.

Renteln, A. D. (1992). Sex-selection and reproductive freedom. *Women's Studies International Forum*, *15*, 405–426.

Scully, J. L., Banks, S., & Shakespeare, T. (2006). Chance, choice, and control: Lay debate on prenatal social sex-selection. *Social Science & Medicine*, *63*, 21–31.

Scully, J. L., Shakespeare, T., & Banks, S. (2006). Gift not commodity? Lay people deliberating social sex-selection. *Sociology of Health and Illness*, *28*, 749–757.

Sevón. E. (2007). Narrating ambivalence of maternal responsibility. *Sociological Research Online*, *12*. Retrieved from http://www.socresonline.org.uk/12/2/sevon.html. Accessed 9 November 2014.

Shakespeare, T. (1998). Choices and rights: Eugenics, genetics, and disability equality. *Disability & Society*, *13*, 665–681.

Smyth, L. (2012). *The demands of motherhood: Agents, roles, and recognition.* Basingstoke, UK: Palgrave Macmillan.

van Balen, F. (2006). Attitudes towards sex-selection in the western world. *Prenatal Diagnosis*, *26*, 614–618.

Warren, M. A. (1985). *Gendercide*. Totowa, NJ: Rowman & Allenheld.

Yardley, E. (2008). Teenage mothers' experiences of stigma. *Journal of Youth Studies*, *11*, 671–684.

Zilberberg, J. (2004). A boy or a girl: Is any choice moral? The ethics of sex selection and sex preselection in context. In R. Tong, A. Donchin, & S. Dodds (Eds.), *Linking visions: Feminist bioethics, human rights, and the developing world* (pp. 147–155). Oxford, UK: Rowman and Littlefield.