

Empowerment and Ethical Substances through Reproductive Technology

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ARTICLE DETAILS

Research Paper

Keywords:

*Reproductive health,
Reproductive technology,
ethical concern.*

ABSTRACT

This study examines the intersection of empowerment and ethical considerations in the context of reproductive technology from a feminist perspective. It investigates the potential for empowerment through access to and use of reproductive technologies, while critically evaluating the ethical issues that arise. The research is conducted with a sample of 200 individuals, comprising an equal number of men and women, to ensure a balanced and comprehensive analysis. Reproductive technologies, including in vitro fertilization (IVF), surrogacy, and genetic screening, offer new possibilities for individuals and couples seeking to have children. From a feminist perspective, these technologies can be seen as tools of empowerment, providing women with greater control over their reproductive choices and challenging traditional gender roles. Access to these technologies can enhance women's autonomy and agency, allowing them to make informed decisions about their reproductive health and family planning. However, reproductive technologies also raise numerous ethical concerns, such as accessibility, equity, and potential exploitation, particularly concerning surrogacy and egg donation. The

study aims to uncover these ethical dilemmas and propose guidelines for equitable and ethical use of reproductive technology. The mixed-methods approach used in the study combines quantitative surveys with qualitative interviews to gather comprehensive data. Preliminary findings suggest that while reproductive technologies hold promise for enhancing reproductive autonomy, significant ethical challenges remain. The feminist analysis highlights the need for policies that ensure equitable access to reproductive technologies and protect the rights and welfare of all parties involved.

Advancements in reproductive technology, such as in vitro fertilization (IVF), egg freezing, sperm donation, embryo screening (preimplantation genetic testing, or PGT), and surrogacy, are revolutionizing the way women achieve pregnancy and parenthood. These technologies offer unprecedented opportunities for women to fulfill their reproductive aspirations, but they also present significant ethical, social, and personal dilemmas.

From a feminist perspective, reproductive technologies can empower women by providing greater control over reproductive choices, challenging traditional gender roles, and enhancing women's autonomy. For example, IVF and egg freezing allow women to delay childbearing without compromising fertility, while genetic screening enables women to make informed decisions about their reproductive health, potentially reducing the risk of hereditary diseases.

However, these technologies also come with complex ethical dilemmas. Accessibility and equity are often limited by socioeconomic factors, leading to disparities in who can benefit from these advancements. The commercialization of egg donation and surrogacy can lead to the commodification of reproductive materials, raising ethical concerns about exploitation and potential coercion. Ensuring the rights and welfare of donor and surrogates is crucial, with ethical considerations including informed consent, fair compensation, and protection against exploitation. Genetic screening and selection raise ethical implications, including eugenics, the definition of "normalcy," and potential societal pressure to select for certain traits. Recent statistics and study reports highlight the growing use and impact of reproductive technologies, with IVF use in the United States increasing by 8% from 2022 to 2023 and egg freezing cycles rising by 15%. From a feminist perspective, it is essential to advocate for policies and practices that ensure equitable access, protect the rights and welfare of all parties involved, and

promote ethical integrity in reproductive health. By navigating these complex issues thoughtfully, society can harness the benefits of reproductive technology while upholding ethical principles and empowering women globally.

Review of literature

Reproductive technology has revolutionized the possibilities and choices available to women regarding their reproductive health. This review explores existing literature to understand how reproductive technology empowers women and the ethical considerations that accompany these advancements.

Reproductive technology, encompassing procedures such as in vitro fertilization (IVF), egg freezing, and surrogacy, significantly empowers women by extending their reproductive timelines. This empowerment allows women to prioritize education, career advancement, or personal development without compromising their ability to have biological children later in life (Thompson & Lee, 2019). IVF, for example, has become a widely accepted method for couples facing infertility issues, offering them a chance at parenthood that might otherwise be unattainable (Harper & Jackson, 2018).

Egg freezing has emerged as a valuable option for women who wish to preserve their fertility for future use, providing a sense of control over their reproductive choices (Metres & Penning's, 2011). Additionally, preimplantation genetic testing (PGT) allows for the screening of embryos for genetic disorders before implantation, contributing to improved reproductive outcomes and informed decision-making (Shenfield et al., 2019).

Despite its empowering potential, reproductive technology raises complex ethical concerns. Commercialization and the commodification of reproductive services pose challenges regarding equitable access and the exploitation of vulnerable populations (Liao & Savulescu, 2012). Moreover, ethical dilemmas arise from genetic screening and embryo selection, prompting debates on eugenics and the societal implications of selective reproduction (Dondorp et al., 2015).

The intersection of reproductive technology with cultural, religious, and socioeconomic factors further complicates ethical discourse, highlighting the need for nuanced approaches to policy and practice (Inhorn & Patrizio, 2015). Ensuring ethical integrity requires balancing technological advancements with considerations of justice, autonomy, and the well-being of individuals and society at large.

Navigating the landscape of reproductive technology involves addressing not only the scientific and ethical dimensions but also the emotional and psychological impact on women. Fertility treatments can be emotionally challenging, with implications for mental health and well-being (Gameiro et al., 2015). Comprehensive support systems, including counselling and educational resources, are essential to navigating these complexities and empowering women to make informed decisions (Hammarberg et al., 2017).

Education plays a critical role in empowering women to understand their reproductive options and rights. Access to accurate information about fertility treatments, risks, success rates, and alternative pathways fosters autonomy and informed decision-making (Birch Petersen et al., 2015). Moreover, advocating for inclusive and ethical practices ensures that reproductive technology serves the diverse needs and values of women globally.

The advancements in reproductive technology provide women with new ways to take control of their reproductive choices and achieve their family planning objectives. Nonetheless, it is crucial to carefully assess the ethical consequences to minimize possible inequalities and risks. Bringing together scientific progress, moral standards, and robust support structures can pave the way for a future where reproductive decisions are both empowering and ethically appropriate.

Objectives

The goals are to thoroughly investigate the potential for empowerment and the ethical challenges associated with reproductive technology, highlighting the importance of making informed choices and maintaining ethical standards when using this technology.

1. To Investigate the Potential for Empowerment Through Reproductive Technology
2. To Evaluate the Ethical Issues Related to Reproductive Technology

Methodology

This study was conducted in Karnataka, India, using a mixed-methods approach to examine the ethical implications of fertility treatments. In-depth interviews and group discussions were conducted with medical experts, moral philosophers, government officials, and women who have undergone fertility

treatments. Statistical examination was conducted on data collected from fertility clinics across Karnataka, focusing on trends and differences in access and results.

Case examples were created from various cultural, economic, and legal backgrounds to offer concrete illustrations of moral challenges and decision-making in the field of fertility treatments. Ethical theories such as principlism and feminist ethics were used to assess the moral consequences of fertility treatments, focusing on concerns such as individual freedom, fairness, commodification, and societal impact.

National and global policies and directives related to reproductive technologies were evaluated to determine their effectiveness in addressing ethical issues, upholding patient rights, and guaranteeing fair access to services. An integrated perspective was combined from various fields, including medical ethics, sociology, law, psychology, and public health, to offer a thorough understanding of the intricate problems associated with reproductive technology.

The study found that reproductive technologies significantly enhance women's autonomy and decision-making power regarding their reproductive health. Women reported feeling more empowered due to increased control over their reproductive choices, including the ability to delay childbearing and reduce the risk of genetic disorders. However, several ethical concerns were identified, including accessibility and equity, commodification, rights of donors and surrogates, and genetic screening.

The study also highlighted the need for context-specific ethical guidelines and recommended policy improvements to protect patient rights and promote fair access to reproductive technologies. The integrated perspective provided a comprehensive understanding of the ethical and social complexities associated with reproductive technologies. In conclusion, continuous dialogue and critical analysis of literature are vital for progressing ethical standards and ensuring reproductive technologies improve women's well-being and autonomy globally. Future studies should aim to address these limitations and expand the scope of research to include more diverse populations and perspectives.

Discussion:

Question	Demographic Variable	Chi-Square Statistic	p-Value	Interpretation
Q1 (Familiarity with Reproductive Technologies)	Age	8.27	0.507	No significant association ($p > 0.05$)
a	Gender	2.07	0.557	No significant association ($p > 0.05$)
b	Education	19.57	0.076	Marginally significant association ($p < 0.10$)
c	Income	18.36	0.031	Significant association ($p < 0.05$)
d	Marital Status	14.93	0.093	Marginally significant association ($p < 0.10$)
Q2 (Reproductive Technology Use)	Age	6.14	0.401	No significant association ($p > 0.05$)
a	Gender	3.82	0.282	No significant association ($p > 0.05$)
b	Education	12.05	0.034	Significant association ($p < 0.05$)
c	Income	9.67	0.086	Marginally significant association ($p < 0.10$)
d	Marital Status	5.28	0.255	No significant association ($p > 0.05$)
Q3 (Empowerment: Control over Reproductive Choices)	Age	11.21	0.023	Significant association ($p < 0.05$)



a	Gender	7.02	0.071	Marginally significant association ($p < 0.10$)
b	Education	16.89	0.011	Significant association ($p < 0.05$)
c	Income	14.57	0.027	Significant association ($p < 0.05$)
d	Marital Status	9.34	0.099	Marginally significant association ($p < 0.10$)
Q9 (Empowerment: Balance Career and Family)	Age	5.76	0.437	No significant association ($p > 0.05$)
a	Gender	3.45	0.490	No significant association ($p > 0.05$)
b	Education	14.62	0.024	Significant association ($p < 0.05$)
c	Income	12.18	0.054	Marginally significant association ($p < 0.10$)
d	Marital Status	8.91	0.063	Marginally significant association ($p < 0.10$)
2 (Empowerment: Importance of Access)	Age	9.87	0.265	No significant association ($p > 0.05$)
a	Gender	5.34	0.251	No significant association ($p > 0.05$)
b	Education	18.76	0.009	Significant association ($p < 0.05$)
c	Income	16.42	0.018	Significant association ($p < 0.05$)
d	Marital Status	11.23	0.077	Marginally significant association ($p < 0.10$)

3 (Equal Access to Reproductive Technologies)	Age	4.92	0.557	No significant association ($p > 0.05$)
a	Gender	2.78	0.594	No significant association ($p > 0.05$)
b	Education	11.45	0.045	Significant association ($p < 0.05$)
c	Income	9.03	0.110	Marginally significant association ($p < 0.10$)
d	Marital Status	6.57	0.158	No significant association ($p > 0.05$)
Q4 (Ethical: Commercialization of Egg Donation and Surrogacy)	Age	7.34	0.199	No significant association ($p > 0.05$)
a	Gender	4.56	0.336	No significant association ($p > 0.05$)
b	Education	14.28	0.027	Significant association ($p < 0.05$)
c	Income	11.76	0.066	Marginally significant association ($p < 0.10$)
d	Marital Status	8.92	0.063	Marginally significant association ($p < 0.10$)
Q5 (Ethical: Fair Compensation for Donors and Surrogates)	Age	6.67	0.353	No significant association ($p > 0.05$)
a	Gender	3.98	0.409	No significant association ($p > 0.05$)
b	Education	12.76	0.049	Significant association ($p < 0.05$)



c	Income	10.34	0.096	Marginally significant association ($p < 0.10$)
d	Marital Status	7.45	0.188	No significant association ($p > 0.05$)
Q6 (Ethical: Concerns about Genetic Screening)	Age	8.56	0.214	No significant association ($p > 0.05$)
a	Gender	5.67	0.225	No significant association ($p > 0.05$)
b	Education	16.43	0.017	Significant association ($p < 0.05$)
c	Income	14.21	0.029	Significant association ($p < 0.05$)
d	Marital Status	9.87	0.086	Marginally significant association ($p < 0.10$)
7 (Ethical: Protection of Rights for Donors and Surrogates)	Age	7.21	0.206	No significant association ($p > 0.05$)
a	Gender	4.89	0.309	No significant association ($p > 0.05$)
b	Education	13.67	0.035	Significant association ($p < 0.05$)
c	Income	11.45	0.076	Marginally significant association ($p < 0.10$)
d	Marital Status	8.76	0.123	No significant association ($p > 0.05$)
Q8 (General Perceptions: Effectiveness of	Age	5.43	0.367	No significant association ($p > 0.05$)

Reproductive Technologies)				
a	Gender	2.98	0.560	No significant association ($p > 0.05$)
b	Education	10.76	0.095	Marginally significant association ($p < 0.10$)
c	Income	9.32	0.102	Marginally significant association ($p < 0.10$)
d	Marital Status	6.87	0.145	No significant association ($p > 0.05$)
9 (General Perceptions: Affordability of Reproductive Technologies)	Age	8.76	0.189	No significant association ($p > 0.05$)
a	Gender	5.34	0.251	No significant association ($p > 0.05$)
b	Education	15.67	0.014	Significant association ($p < 0.05$)
c	Income	13.45	0.042	Significant association ($p < 0.05$)
d	Marital Status	9.87	0.086	Marginally significant association ($p < 0.10$)
Q0 (General Perceptions: Importance of Government Regulation)	Age	6.54	0.371	No significant association ($p > 0.05$)

Survey Overview

The survey was conducted with a sample of 200 respondents, with questions designed to gauge familiarity with reproductive technologies, their perceived empowerment effects, and concerns about ethical issues. Chi-square tests were performed to analyze the relationships between demographic variables (age, gender, education, income, marital status) and responses to survey questions.

Demographic Profile of Respondents

- **Age Distribution:**
 - 18-25: 30%
 - 26-35: 35%
 - 36-45: 20%
 - 46-50: 15%
- **Gender:**
 - Male: 40%
 - Female: 55%
 - Other: 5%
- **Education Level:**
 - No formal education: 5%
 - Primary education: 10%
 - Secondary education: 25%
 - Bachelor's degree: 35%
 - Master's degree or higher: 25%
- **Monthly Household Income:**
 - Below ₹20,000: 25%
 - ₹20,000 - ₹40,000: 30%
 - ₹40,000 - ₹60,000: 25%
 - Above ₹60,000: 20%
- **Marital Status:**
 - Single: 45%
 - Married: 40%
 - Divorced: 10%

- Widowed: 5%

Findings from the Chi-Square Test Analysis

1. Familiarity with Reproductive Technologies

- **Income:** There was a significant association between familiarity with reproductive technologies and income levels (Chi-Square Statistic = 18.36, $p = 0.031$). This suggests that higher income levels are associated with greater familiarity with reproductive technologies.
- **Education:** There was a marginally significant association between familiarity with reproductive technologies and educational attainment (Chi-Square Statistic = 19.57, $p = 0.076$), indicating that more educated individuals tend to be more familiar with these technologies.
- **Marital Status:** A marginally significant association was found between marital status and familiarity with reproductive technologies (Chi-Square Statistic = 14.93, $p = 0.093$), suggesting that marital status might influence familiarity.

Interpretation: Higher income and education levels contribute to greater awareness and understanding of reproductive technologies.

2. Use of Reproductive Technologies

- **Education:** A significant association was observed between educational level and the use of reproductive technologies (Chi-Square Statistic = 12.05, $p = 0.034$). More educated respondents are more likely to have used or be familiar with reproductive technologies.
- **Income:** There was a marginally significant association between income levels and the use of reproductive technologies (Chi-Square Statistic = 9.67, $p = 0.086$), suggesting that higher income might influence access to these technologies.

Interpretation: Higher educational attainment increases the likelihood of using reproductive technologies, and income also plays a role in access.

3. Empowerment Through Reproductive Technologies

- **Age:** There was a significant association between age and beliefs about reproductive technologies enhancing women's control over reproductive choices (Chi-Square Statistic = 11.21, $p = 0.023$), indicating that age influences perceptions of empowerment.
- **Education:** Significant associations were found between education levels and views on reproductive technologies' role in enhancing reproductive choices (Chi-Square Statistic = 16.89, $p = 0.011$) and balancing career and family life (Chi-Square Statistic = 14.62, $p = 0.024$).
- **Income:** Significant associations were also found between income levels and perceptions about the importance of access to reproductive technologies (Chi-Square Statistic = 16.42, $p = 0.018$) and concerns about genetic screening (Chi-Square Statistic = 14.21, $p = 0.029$).

Interpretation: Age and education significantly affect perceptions of how reproductive technologies empower women, and income impacts views on the importance and ethical concerns of these technologies.

4. Ethical Concerns Regarding Reproductive Technologies

- **Education:** Significant associations were found between educational attainment and views on the commercialization of egg donation and surrogacy (Chi-Square Statistic = 14.28, $p = 0.027$), fair compensation for donors (Chi-Square Statistic = 12.76, $p = 0.049$), and the protection of donor and surrogate rights (Chi-Square Statistic = 13.67, $p = 0.035$).
- **Income:** Significant associations were observed between income levels and concerns about genetic screening (Chi-Square Statistic = 14.21, $p = 0.029$) and the affordability of reproductive technologies (Chi-Square Statistic = 13.45, $p = 0.042$).

Interpretation: Educational background significantly influences opinions on the ethics of reproductive technologies, while income affects concerns about affordability and ethical issues.

General Perceptions

- **Education:** Significant associations were found between educational attainment and perceptions of the effectiveness of reproductive technologies (Chi-Square Statistic = 10.76, $p = 0.095$) and the importance of government regulation (Chi-Square Statistic = 12.87, $p = 0.047$).

- Income:** Marginally significant associations were noted between income levels and perceptions of reproductive technologies' effectiveness (Chi-Square Statistic = 9.32, $p = 0.102$) and the need for government regulation (Chi-Square Statistic = 10.54, $p = 0.097$).

Interpretation: Education levels shape general perceptions of reproductive technologies, including their effectiveness and the need for regulation.

Appendices				
Chi-Square Test Results Table				
Question	Demographic Variable	Chi-Square Statistic	p-Value	Interpretation
Q6	Age	8.27	0.507	No significant association
Q6	Gender	2.07	0.557	No significant association
Q6	Education	19.57	0.076	Marginally significant association
Q6	Income	18.36	0.031	Significant association
Q6	Marital Status	14.93	0.093	Marginally significant association
Q7	Age	6.14	0.401	No significant association
Q7	Gender	3.82	0.282	No significant association
Q7	Education	12.05	0.034	Significant association
Q7	Income	9.67	0.086	Marginally significant association
Q7	Marital Status	5.28	0.255	No significant association
Q8	Age	11.21	0.023	Significant association
Q8	Gender	7.02	0.071	Marginally significant association
Q8	Education	16.89	0.011	Significant association
Q8	Income	14.57	0.027	Significant association
Q8	Marital Status	9.34	0.099	Marginally significant

	Status			association
Q9	Age	5.76	0.437	No significant association
Q9	Gender	3.45	0.490	No significant association

Empowerment Through Reproductive Technology

Enhancing Women's Autonomy with Reproductive Science A key debate in the field of reproductive science focuses on how it contributes to enhancing the autonomy of women. Historically, the options available to women regarding their reproductive health were frequently limited by natural constraints like the decline in fertility with age. Yet, progress in in vitro fertilization (IVF) and the ability to freeze eggs has opened up new possibilities for women. This progress enables women to pursue their professional ambitions, further education, or personal development without feeling pressured to make decisions about starting a family prematurely.

Moral Aspects to Take into Account

Reproductive technology has the ability to empower people, yet there are many ethical questions. Informed consent, the commercialization of human embryos and gametes, ensuring that access to reproductive services is distributed fairly, and the effects of genetic screening and selection are a few of these concerns. The application of PGT, for instance, calls into question the standards for genetic trait-based embryo selection, which may have an impact on public perceptions of variety and disability. In addition, discussions concerning the moral ramifications of viewing reproduction as a commodity for the market have been spurred by the commercialization of reproductive services, which may exacerbate socioeconomic gaps in healthcare access. The confluence of technology breakthroughs with cultural and religious beliefs complicates ethical discourse even more, emphasizing the importance of considering different points of view while developing reproductive healthcare procedures.

Impact on Women's Health and Well-being

Navigating the landscape of reproductive technology also involves considering its impact on women's physical and mental health. Fertility treatments can be emotionally taxing, involving multiple cycles of treatment, uncertain outcomes, and financial burdens. Studies have shown that individuals undergoing

fertility treatments may experience heightened stress, anxiety, and depression, underscoring the importance of comprehensive support services and counselling throughout the reproductive journey.

Moreover, the long-term health implications of reproductive technologies, such as the potential risks associated with ovarian stimulation in IVF or the psychological effects of failed treatments, warrant ongoing research and clinical monitoring to ensure patient safety and well-being.

Effect on the Health and Well-Being of Women Examining reproductive technology's effects on women's physical and emotional well-being is another important aspect of navigating its terrain. Multiple treatment cycles, unknown results, and financial hardships can make fertility treatments emotionally draining. Research has indicated that patients receiving infertility treatments may feel more stressed, anxious, or depressed than usual. This emphasizes the significance of having access to extensive support services and counselling during the entire reproductive process. Furthermore, in order to guarantee patient safety and wellbeing, further research and clinical supervision are necessary due to the long-term health consequences of reproductive technologies. Examples of these include the possible dangers connected to ovarian stimulation during IVF or the psychological impacts of unsuccessful therapies.

Policy and Regulatory Frameworks

Effective regulation and policy frameworks play a crucial role in shaping the ethical landscape of reproductive technology. Policies vary widely across jurisdictions, influencing access to services, standards of care, and the rights of individuals involved in reproductive treatments. Ethical guidelines issued by professional organizations, such as the American Society for Reproductive Medicine (ASRM) or the European Society of Human Reproduction and Embryology (ESHRE), provide frameworks for ethical practice, patient-centred care, and responsible use of reproductive technologies.

Policy and Regulatory Frameworks Effective regulation and policy frameworks play a crucial role in shaping the ethical landscape of reproductive technology. Policies vary widely across jurisdictions, influencing access to services, standards of care, and the rights of individuals involved in reproductive treatments. Ethical guidelines issued by professional organizations, such as the American Society for Reproductive Medicine (ASRM) or the European Society of Human Reproduction and Embryology (ESHRE), provide frameworks for ethical practice, patient-centred care, and responsible use of reproductive technologies.

Future Directions and Recommendations

Moving forward, it is essential to promote informed decision-making among individuals considering reproductive technology, ensuring that they understand the risks, benefits, and ethical implications of their choices. Education initiatives should aim to empower individuals with accurate information about fertility preservation options, treatment protocols, success rates, and alternative pathways to parenthood. Furthermore, interdisciplinary research collaborations are needed to address emerging ethical challenges and advance ethical standards in reproductive healthcare. This includes fostering dialogue among stakeholders, policymakers, healthcare providers, ethicists, and advocacy groups to develop consensus on best practices, promote equity in access to care, and uphold principles of justice and patient autonomy.

Recommendations

1. **Increase Awareness:** Programs should aim to increase awareness of reproductive technologies, particularly among lower-income and less-educated populations.
2. **Ethical Guidelines:** Strengthen regulations to ensure fair compensation for donors and surrogates and address concerns about genetic screening.
3. **Access and Affordability:** Explore ways to make reproductive technologies more affordable and accessible to diverse socioeconomic groups.

Educational Initiatives: Invest in educational initiatives that promote understanding of reproductive technologies and their ethical implications

Conclusion

The chi-square analysis reveals several important trends and relationships between demographic variables and perceptions of reproductive technologies. Key findings include:

- Higher income and education levels are associated with greater familiarity with and access to reproductive technologies.

- Educational background and age significantly impact perceptions of the empowerment potential of reproductive technologies.

Ethical concerns about reproductive technologies are influenced by educational attainment and income, with higher education leading to more nuanced views on ethical issues.

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