SUSAN A. MCDANIEL*

A New Stork Rising? Women's Roles and Reproductive Changes†

ANYONE who has not been living in a remote cave will know that reproduction in the past decade has been changing rather dramatically. These changes have occurred on several fronts. Writing as a sociologist, I shall emphasize the social aspects of these changes, looking first at some of the changes in and challenges to reproduction today, and then at some of the social implications of the advent of "high tech" reproduction, including the questions of who controls and who benefits from the new reproductive technologies. Finally, I shall speculate on what the future might hold, in terms of the social implications of changed reproduction.

CHANGES AND CHALLENGES TO REPRODUCTION TODAY

The birth rate in Canada, as in most parts of the Western world, is at an all time low. The Province of Quebec is one of four or five places with the lowest birth rates in the world. Family size has declined precipitately. Large families are now almost extinct, two children being the norm. Recent speculation by the Vanier Institute of the Family holds that Canadians might be moving toward a one-child family as normative (Lodh, 1987). In short, replacement of the Canadian population is no longer guaranteed.

Accompanying declining birth rates have been lower rates of marriage, slight declines in the likelihood of remarrying after divorce (particularly for women), and increased rates of cohabitation. Births outside of marriage have also increased, most dramatically for women aged 30–39 (Dumas, 1987). Child-

* Department of Sociology, University of Waterloo; Visiting Professor, University of Alberta, 1988–89.

† Presented at the symposium, "Why Are Canadians Dying Out?" University of Windsor, 8 June, 1988.

lessness within marriage also seems to be increasing, although whether or not couples are postponing children permanently is not certain.

In the political and policy realm, a number of changes are occurring which could have implications for reproduction in Canada. For example, the Free Trade agreement, according to some studies in Ontario, might have important implications for women's jobs. If two incomes are necessary to maintain children, then there could also be birthrate implications in the agreement. Some feminists in anglophone Canada have been concerned because the Meech Lake Accord does not explicitly protect women's rights, in that access to reproductive control techniques, including abortion, might not be guaranteed. Daycare has been said to be necessary if two-career families are to have children. An initiative toward subsidizing daycare has recently been taken by the federal government. The abortion law struck down by the Supreme Court in early 1988 has not been rewritten. As well, Canada has been undergoing in 1986–89 a Demographic Review, the ultimate consequences of which remain to be seen.

HIGH TECH REPRODUCTION

In Margaret Atwood's *The Handmaid's Tale*, women in the repressive theocracy of Gilead have become reproductive robots as part of the attempt to quell social unrest and women's growing demands for equality, and to raise the declining birth rate. This vision is frightening not because it is so far-fetched, but precisely because it may *not* be. In many ways, Gilead may involve a rather small extension of tendencies and realities well entrenched in Canadian society in the late 1980s, although little known and even less well understood by most Canadians.

Average Canadians, when they think of the new reproductive technologies such as surrogate motherhood, artificial insemination, or *in vitro* (or test-tube) fertilization, tend to think of the happiness brought to childless couples by being able to have their own children. In fact, some *in vitro* couples are not childless, but *have* children of their own (Williams, 1988). The new reproductive technologies seem like a miracle, a baby from science and technology, what might earlier have been called a gift from heaven. Few Canadians think beyond these happy images to what the implications of the new reproductive technologies might be for society, for social relations between women and men, and among women.

Already in the late 1980s doctors can produce test-tube babies, conceived through artificial insemination or carried by surrogate mothers. These techniques are now being franchised in the United States under the venture capital scheme called "Baby U." Sperm from Nobel laureates and Mensa-ranked men can be bought from banks. Embryos can be transferred or frozen, and sex selection techniques can be used in laboratory conception to guarantee that the sex of our offspring is what we wish. Artificial wombs are being

developed, and procedures by which men can be pregnant through the implantation of an embryo in the male abdomen are being researched.

As recently as 1971 Shulamith Firestone argued in a landmark book that women might be set free by reproductive technology. The thinking at that time was that women's reproductive roles, socially defined, tended to limit their opportunities in other realms. Firestone speculated that if reproduction could take place without women's direct involvement, then possibly equality could be attained. Now in the few short years that the new reproductive technologies have become real and available, it is far from clear that they will indeed free women. Growing numbers of critics are expressing grave concerns about what the techniques might mean for women's roles and rights.

What is specifically included in the new reproductive technologies are sex-selection techniques (both pre- and post-conception), various types of artificial insemination (by donor, known as AID; by husband, known as AIH; and by combined semen from donor and husband, known as AIC, and the whole range of "test-tube" techniques including *in vitro* fertilization, embryo replacement, transfer and "flushing," and embryo freezing (Arditti, Klein, and Minden, 1984). Sometimes surrogate motherhood involving artificial insemination by the man who intends to become the legal father is included as well. All these techniques are available and in use now, with varying degrees of accessibility and success. None is governed by law in any clear way in Canada. Looming on the horizon are cloning, artificial placentas (or "glass wombs"), genetic engineering, and the somewhat silly, but perhaps symbolic, prospect of implanting and presumably gestating a fertilized egg in the abdomen of a man.

All these techniques are medical practices that, in varying degrees, are invasive of the female body. All place the control of reproduction somewhere other than with women or couples. All involve the medicalization of reproduction, and the subsequent redefinition of women who cannot reproduce as medically deficient in some way, even if the "problem" is their husbands' and not their own. All, particularly taken together, tend to centre women's roles on reproduction, which we may now be expected to go to great lengths and expense to attain. Perhaps most importantly, all tend to open the possibility that women as childbearers will become obsolete.

There is little doubt that these technologies point to a "brave new world" and yet, when examined more closely, they are not so new, and perhaps not so brave either. For example, it is not new to have the control of reproduction lie elsewhere than with women. What is new in the "new" reproductive technologies is that *parts* rather than the *whole* of women's bodies are used and controlled. As Klein (1985) suggests, women now may be seen as uteruses, ovaries, eggs, and embryos which can all be separated and reassembled so that the parts can work in union (Klein in Corea *et al.*, 1985a:66). Medicalization of reproduction is also not new. Childbirth, for example, was taken out of the hands of the traditional experts—midwives and women themselves—and placed firmly under the control of obstetricians who are highly trained medical

specialists, usually male (Oakley, 1980). Contraception, under the control of women for millenia, has now become mainly a medical procedure, with distinctly mixed consequences, as is well known (Overall, 1987). The "new" reproductive technologies clearly have much in common with some long-established trends and practices.

Many of the seemingly new approaches date back rather a long way. For example, surrogate motherhood is found in the Book of Genesis where Rachel, Jacob's infertile wife, had her maid Hagar bear two children for them. Similarly, the longstanding system of adoption, both public and private, has served as a kind of surrogate motherhood: poor and young women bear children for those who are better off and older (Brodribb, 1984:2; Ferguson, 1984). The first recorded artificial insemination occurred in 1884 at Jefferson Medical College in Philadelphia, but this technique has been practised since the eighteenth century (Brodribb, 1984:3). A patient of a Dr. Pancoast was discovered to be infertile because of her husband's lack of sperm. Without the woman's knowledge, the doctor injected sperm provided by one of his medical students into her uterus under anaesthesia, while a group of male medical students watched. She gave birth to a son nine months later. Her husband was apparently informed and was happy about the procedure; the woman herself was never told (Corea, 1985b:12; Achilles, 1986:6).

WHO CONTROLS AND BENEFITS FROM THE NEW REPRODUCTIVE TECHNOLOGIES

The new reproductive technologies are brought to us by medical researchers like those who brought us the old anti-reproductive technologies such as the birth control pill, D.E.S., and the Dalkon shield (McDaniel, 1985a). This fact alone is cause for concern, since our experience shows that the best interests of women are not always part of the motivation to develop reproductive control techniques.

More significant and perhaps more terrifying for women than the vested interests of doctors in the new reproductive technologies is the interest of society generally. The new reproductive technologies have not been tested thoroughly with primates (Williams, 1986b), thus it could be argued that women who use them, often at *their* own expense, are "living laboratories, or 'test-tube women'" (Klein, 1985:65). In the case of *in vitro* fertilization, the process is often painful, extremely expensive, and time consuming. The failure rate of *in vitro* fertilization is around 80 per cent (Achilles, 1987:13), a figure not publicized sufficiently. Images of happy couples leaving hospitals with healthy babies fade quickly when one becomes aware of the potential physical and psychological damage to countless women, of experiments with fertility drugs and the repeated use of highly invasive surgery techniques.

What used to be called begetting, siring, procreation, or even genesis of new life has now taken on the terminology of the factory—reproduction is seen as

similar to production (Achilles, 1985:10). The profoundly mysterious and wondrous process of conception, which many philosophers have seen as women's greatest source of creativity, and which has been the source of male envy in many parts of the world, has now been turned into a medical technological riddle solvable by modern science.

A woman submitting to artificial insemination by donor in a medical clinic must relinquish more often than not her right to choose, or even know, who is the biological father of her child. This practice certainly marks a profound shift in reproductive relations between women and men. Similarly, a woman using *in vitro* fertilization must admit that her own or her husband's infertility is a medical problem, to be solved by medical science. New reproductive techniques are seen as "cures" for infertility, thus giving infertility a new status as a medical disorder. This new label perhaps stigmatizes as much as if not more, than the old label of "barren." Royal barren women were sometimes beheaded for their incapacities. One can easily imagine a situation not far removed from that in Atwood's Gilead in which modern infertile women cannot easily choose to remain childless when technology exists to help them "cure" their supposed deviance.

Access to the new reproductive technologies is controlled by doctors, hospital and clinic committees, and, perhaps most importantly in the long run, by legislators. Research by Williams (1986a; 1986b; 1986c) on the admittance criteria of the Ontario *in vitro* fertilization clinics reveals this clearly. For example, doctors deciding what medical conditions make patients appropriate for their technologies, allow only those who have been referred by other doctors, those with certain prespecified medical conditions (women with any fertility problems but malfunctioning fallopian tubes are barred initially from many *in vitro* programs, and women whose husbands have no sperm count are excluded), and, importantly, those under age 37–40, depending on the hospital (Williams, 1986b). Significantly, social criteria are also included in the admittance criteria. For example, only married or stable cohabiting couples are eligible, and so doctors or other professionals must assess the stability of such relations. In some clinics, couples are screened as to how many children they have at home, with priority being given to couples with no naturally-born children. That adopted children, apparently, count less suggests that primacy is given to biological parenthood over social parenthood by the clinics (Williams, 1988).

Recommendations of the 1985 Ontario Law Reform Commission on the control of the new reproductive technologies may reinforce male and medical dominance. The OLRC, for example, emphasized the importance that all forms of artificial insemination be seen as medical procedures controlled and administered by doctors. No means of grievance or appeal should be open to women who are denied "treatment" by the new reproductive technology clinics, according to the OLRC recommendations (OLRC, 1985:275). Artificial insemination and other technological "treatments" are to be confined to married

women or to heterosexual women *with* partners. This recommendation bars access to single women, both heterosexual or lesbian, who are deemed by the Commission to be less suitable for parenthood. Even the term "artificial insemination" or "reproduction," as used by the OLRC, is male-oriented, as is the term "illegitimate child." A child who is born cannot be illegitimate, unless viewed through the lens of male control over reproduction—an illegitimate child is one whose father is not legally married to its mother, the implication being that the woman is not under legally sanctioned male control of her reproduction. Similarly, the term "artificial" insemination suggests that what is natural is what males do, i.e., have intercourse with females, and that if reproduction occurs without such intercourse, it is somehow unnatural or artificial. To the woman experiencing pregnancy and childbirth, it is no less "natural" or "real."

Behind the new reproductive technologies lurks the belief that biological parenthood takes precedence over social parenthood. Basic to the talk of gamete banks in the OLRC report and to the processes by which technology lets us have our *own* children, is an emphasis on the importance of genetic links between parents and children. Women become the means by which genes are given life, as evidenced by legal precedents on surrogate motherhood, the medical practices surrounding the new reproductive technologies, and the emerging legal recommendations about its control. Emphasis is placed not on the joy of parenting, which could be done by childless couples and childless women and men through adoption, fostering, informal care of relatives and friends' children, or even shared parenthood, but rather on *biological* parenting. Infertility, which many experts suggest is on the rise because of environmental pollution, workplace hazards, diet, and way of life (Achilles, 1985:11), is now seen as a medically curable biological deficiency. Consequently infertile women may come to see their infertility as a source of anguish, a life crisis or even an illness. Previously when this occurred, the solution was found in social parenting rather than in a quest for a biological parental role, paramount over all else.

The opening of possibilities for genetic engineering, for "harvesting" only perfect babies out of the many that could be conceived in petri dishes, the selection of only "correct" sperm or ova, or "correct" women as breeders, looms large on the immediate horizon. Clearly, biology and genetics are now being given priority, which will likely increase, while people in "unacceptable" categories such as the handicapped, the single, the poor, the gay or lesbian, or ethnic minorities, may be denied the opportunity to reproduce by these expensive and inaccessible "brave new world" techniques. The prospects are nightmarish indeed.

Questions of male consent underlie the discussion of both artificial insemination and surrogate motherhood. For example, the OLRC recommends that the consent of husbands/partners be obtained for artificial insemination

procedures for fear they be seen as adultery. Fears run high that women might be able to use the new reproductive technologies to procreate without males or to engage in sexual relations not under male control. For example, the Dean of the University of Manitoba Law School has remarked:

> if artificial insemination becomes common, it may cause wives to deceive their husbands. A childless wife, after obtaining her husband's consent to resort to artificial insemination, would be able to carry on with impunity sexual intercourse with her lover, secure in the knowledge that she could attribute any pregnancy which might result to artificial insemination. (Quoted in Brodribb, 1984:19.)

In the case of surrogate motherhood, it is generally husbands who contract with the surrogate, not wives. One way to interpret this pattern is that the husband has two wives, like Jacob in Genesis; one can also compare it to the system of concubinage, where one "wife" reproduces and the other is for social purposes. Fathers' rights tend to take precedence over mothers'. The term "surrogate," like the term "artificial" when used in relation to reproduction, is in fact father-oriented, based on male consciousness of reproduction and birth. In fact, any women who gestates and gives birth to a baby is its mother, no matter how it is conceived.

Another important aspect of women's roles as reproducers that is affected by the new reproductive technologies is the increased perception of women as reproducers and children as commodities. Women's reproduction has always had market value. In some African societies women's reproductive potential must be tested before her marriage market value can be assessed. There was also a value placed on women in slavery producing slave children. In our own society, rich men can "buy" fertility by marrying young fertile women. The new reproductive technologies mean that fertile women can sell their reproductive capacity. The going rate for a surrogate mother in Canada is around $10,000 (1986 dollars). Similarly, women might be able to sell ova, or even uteruses, fallopian tubes, or ovaries for transplants in the future. Frozen embryos may come to have a market value, as light-skinned Latin American babies have come to have for those willing to pay high prices to adopt them in the United States, Canada, and Israel.

The prohibitive cost of using the new technologies, in combination with the required screening process, tend to create divisions among women. Poor women who cannot afford access to the new reproductive technologies, or the expense involved in foreign adoptions, or who may be deemed unworthy to adopt a child by the Canadian authorities, may become reconciled to life without children, no matter how strong their desires. Meanwhile poor women might observe other poor women facing sanctions, either formal or informal, against childbearing. A boost might be given to a two-tiered system of childbearing where the rich get every encouragement in their quest for children,

while the poor are not only denied access to reproductive technologies, but are discouraged from having children, generally by welfare systems and social attitudes.

One can imagine a sperm bank of the future in which vials are marked with IQs and the costs increase as the IQs increase. If this seems like science fiction, it should be noted that in California in 1982 the first baby was born from a sperm bank set up for Nobel prize winners, called "The Repository for Germinal Choice."[1] This story took an unexpected turn when it was discovered that the mother of the baby, previously reported to be of high intelligence, was in fact an ex-convict who had lost custody of two children after her husband was accused of child abuse.[2]

A variation on the theme of quality sperm banks might be a ranking system for aspiring surrogate mothers in which those with higher intelligence, better family backgrounds, better looks, and very likely white skin, were given higher priority as surrogates than other women. Issues of surrogate motherhood as economic opportunity aside, this tendency could result in an increase in the birth rate among certain types of people, with a decrease among others. It is not much of a jump to project a situation where poor women with the socially defined "right" attributes might be coerced economically into becoming virtual reproduction machines for another class.

A very contentious political and social issue emanating from the new reproductive technologies is the identity of the parents of infants born as a result. It is possible to have genetic mothers, birth or "womb" mothers, and social mothers, all different. For example, one woman could supply the ova which when fertilized are implanted in the uterus of a second woman for gestation. A third woman who contracted for the baby then could become the social and legal mother. Similar complexities of course exist for fathers. Given the serious social and legal issues being raised now about adopted children's rights to know about their birth parents, one can foresee social and legal wrangles. On the negative side, women could become splintered into specialty reproductive groups—gene providers, breeders or baby processors, and social mothers—each representing a particular class and political position. There is, however, paradoxically, a positive side. An aspect of the new reproductive technology involves the quest for biological parenthood, for a child of one's own. Yet, the possibilities inherent in the new technologies may force the realization, long important in adoption, that social parenting is ultimately much more important than biological parenting to the child, and also the parents.

A final political issue involved in the new technologies relates to sex-selection techniques. Many ways are being explored and perfected for selecting or detecting the sex of a fetus. Among these are separation of X from Y sperm

1 "Sperm Bank Has First Birth," *Kitchener-Waterloo Record*, 25 May, 1982, p. 19.

2 "Sperm Bank Mom Ex-Con, Spouse Cited in Child Abuse," *ibid.*, 18 July, 1982, p. 47.

prior to conception, diet control, and timing (the latter two once thought to be old wives' tales, now written about in the authoritative *New England Journal of Medicine*), selective abortion after amiocentesis, and implanting only one-sex fetuses after IVF, to name only a few of the many possibilities (Holmes and Hoskins in Corea, *et al.* 1985a:15–20). There are strong motives to predetermine the sex's of one's child. It seem to be a growing part of the process of birth planning, but there is a more insidious aspect. Several prominent people, among them the publisher Clare Booth Luce, have argued that preferential birth of boys will lower the birth rate ultimately since it is females who give birth (cited by Holmes and Hoskins, in Corea, *et al.*, 1985a:21).

Across the world, most people prefer sons to daughters. Sometimes this preference is so strong that females are subject to infanticide. We also know from many studies that the first-born of either sex have distinct advantages. In Third World countries, sons may have access to more and better food. In countries like Canada, sons may be given more parental attention. Further, and this is important for women's future achievements, girls from single-child families or all-girl families tend, on average, to be higher achievers than girls from other kinds of family. Sex-selection techniques and the strong preference for sons may mean that girls will be born far less often than boys and when born, will be born second to the preferred first-born male. Cultural views about women can literally become manifest at birth. Sex-selection techniques make it possible that women would never be born except as needed to continue reproducing the species. These prospects are all the more frightening because they are so real and so close to the present.

IMPLICATIONS FOR THE FUTURE

As we have seen, the new reproductive technologies have broad implications for women, for families, and for society. Motherhood, that seemingly unassailable image often linked with apple pie, is changing in many ways.

The new technologies, particularly when considered together with the old ones, tend to make reproduction and motherhood increasingly public. Standards of acceptable motherhood are agreed upon, as admittance criteria for application of the new technologies are established. These standards differ substantially from those of yore which simply required mating and the desire to have children.

Associated with the establishment of clear standards of acceptable parenthood is a homogenization of motherhood images. All mothers may be expected to have a decent income before they consider motherhood, or no genetic problems, or to be married legally, or not to be lesbians, etc., etc. Whatever the standards become, they are excluding from motherhood many women whose lives do not fit the rules but who, in fact, might be wonderful mothers.

Motherhood, with the new technologies, takes on a mandate. It can become

the reason for women's existence, as women engage in years-long quests for babies of their own. Doctors, legislators, and society generally may interpret such quests (and have done so already) as resulting from a reproductive urge built into women's biologies. Women without children in future may appear, by contrast, to be even stranger than they appear today. As well, women's quests for motherhood may usurp their quests for opportunities in the work place, as energies that might be used to develop careers, or to strive for justice for women, become channelled into the long-term "project" of becoming mothers.

The new reproductive technologies are being marketed to women as a means to increase their choices about childbearing. The irony here is that such choices may actually decrease as more women are pressured into seeing themselves primarily as mothers. The choice of voluntary childlessness, at least for well-off women, is already difficult to make, given the strength of social pressure on women to reproduce. With the new technologies, families, spouses, the media, and society may encourage women even more to fulfil themselves as mothers by "choosing" reproductive technology.

Given the technological desire in western society to push back the frontiers of nature so that it can be controlled, it might be predicted with some certainty that interfering with reproduction and making ever-greater interventions in women's bodies, are not likely to stop, barring social revolution or a massive change in orientation. The potential profits to be reaped through development and marketing of these technologies contributes further to the incentive to pursue them. With cloning, development of glass wombs, possibly reproductive brothels or baby factories, medical control over and usurping of women's reproduction will likely become more complete.

Women's quest for control over their bodies may become an even larger political issue than it is today. As the centre of attention for women shifts from reproductive control to reproductive rights, one can imagine the rallying cry of women shifting from women's rights to access to abortion or contraception, to a woman's right to bear a child on her own terms.

On the bright side, the reproductive technologies, if controlled by women, may have the potential of making women's range of reproductive choices wider. One can imagine an underworld of women who pre-select females babies and encourage all women who wish to have children to have them and to raise them with love and caring. Ultimately, this could make an interesting experiment to see whether social environment or genes prevail in adults' lives, achievements, and happiness. When the evidence is in, it will likely show that a wanted child who grows up in a loving environment does better than all the gene-spliced and Nobel-sperm-banked babies produced by technological "advances." At that juncture, all this technological reproduction may be rejected, as we return to old-fashioned coupling, motherhood, and non-scientific child-bearing.

REFERENCES

Achilles, Rona. "New Age Procreation," *Healthsharing* 6(4):10–14, 1985.

– "The Social Meanings of Biological Ties: A Study of Participants in Artificial Insemination by Donor," Unpublished Ph.D. thesis, University of Toronto, 1986.

– "Women and Reproductive Technology" in S. Burt, L. Dorney, and L. Code, eds., *Changing Patterns: Women in Canada*. Toronto: McClelland & Stewart, 1988.

Arditti Ri, Renate Duelli Klein, and Shelley Minden, eds. *Test-Tube Women: What Future Motherhood?* London: Pandora Press, 1984.

Atwood, Margaret. *The Handmaid's Tale*. Toronto: McClelland and Stewart, 1985.

Brodribb, Somer. "Reproductive Technologies, Masculine Dominance and the Canadian State," *Occasional Papers in Social Policy Analysis*, No. 4. Toronto, OISE Press, 1984.

Corea, Gena, ed. *Man-Made Women: How New Reproductive Technologies Affect Women*. London: Hutchinson, 1985a.

Corea, Gena. *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs*. Toronto: Fitzhenry and Whiteside, 1985b.

Dumas, Jean. *Report on the Demographic Situation in Canada, 1986*. Current Demographic Analysis (Cata No. 91-209E Annual). Ottawa: Statistics Canada, 1987.

Ferguson, Evelyn E. "The Real Cabbage Patch Kids: An Examination of the Canadian Private Adoption System," *Occasional Papers in Social Policy Analysis*, No. 2. Toronto, OISE Press, 1984.

Firestone, Shulamith. *The Dialectic of Sex: The Case for Feminist Revolution*. London; Jonathan Cape, 1971.

Holmes, Helen B. and Betty B. Hoskins. "Prenatal and Reconception Sex Choice Technologies: a Path to Femicide?" in Gena Corea, *et al.*, eds. *Man-Made Women: How New Reproductive Technologies Affect Women*, pp. 15–29.,

Klein, Renate Duelli. "What's 'New' about the 'New' Reproductive Technologies?" in *ibid.*, pp. 64–73.

Lodh, Françoise. *Explaining Fertility Decline in the West (with special reference to Canada): A Critique of Research Result from Social Sciences*. Ottawa: The Vanier Institute of the Family, 1987.

Matthews, Anne Martin and Ralph Matthews. "Beyond the Mechanics of Infertility: Perspectives on the Social Psychology of Infertility and Involuntary Childlessness," *Family Relations* 53:479–87, 1986.

Matthews, Ralph and Anne Martin Matthews. "Infertility and Involuntary Childlessness: The Transition to Non-Parenthood," *Journal of Marriage and the Family* 48:641–49, 1986.

McDaniel, Susan, A., "Abortion, Reproductive Technology and Women's Roles as the Barter of the New Right." Paper presented at the Ontario Association of Sociology and Anthropology, Waterloo, Ontario, 1985.

– "Women's Roles and Reproduction: The Changing Picture in Canada in the 1980's," *Atlantis*, 1988.

– "Women's Roles, Reproduction and the New Reproductive Technologies: A New Stork Rising," in A. Duffy and N. Mandell, eds. *The Canadian Family: Feminist Perspectives*. Toronto: Butterworths, 1988.

Oakley, Ann. *Women Confined: Towards a Sociology of Childbirth*. London: Martin-Robertson, 1980.

Overall, Christine. *Ethics and Human Reproduction: A Feminist Analysis*. Boston: Allen and Unwin, 1987.

Sandelowski, Margarete. "Sophie's Choice: A Metaphor for Infertility," *Health Care for Women International* 7(6):439–53, 1986.

Veevers, Jean E. *Childless by Choice*. Toronto: Butterworths, 1980,.

Williams, Linda S., "But What Will They Mean for Women? Feminist Concerns about the New Reproductive Technologies," *Feminist Perspectives*, No. 6. Canadian Research Institute for the Advancement of Women, 1986a.

– "Who Qualifies for In-Vitro Fertilization? A Sociological Examination of the Stated Admittance Criteria of Three Ontario IVF Programs." Paper presented at the Canadian Sociology and Anthropology Association meetings, Winnipeg, June 1986b.

– "Wanting Children Badly: The Social Construction of Parenthood Motivation in Women Seeking In Vitro Fertilization." Paper presented at the Second International Congress of Women's Health Issues, Halifax, Nova Scotia, Nov. 1986c.

– "Wanting Children Badly: the Social Constuction of Parenthood Motivation in Women Seeking In Vitro Fertilization." Ph.D. thesis, University of Toronto (Ontario Institute for Studies in Education), 1988.