

## NEW REPRODUCTIVE TECHNOLOGIES IN INDIA: A PRINT MEDIA ANALYSIS

LAKSHMI LINGAM

Women's Studies Unit, Tata Institute of Social Sciences, Post  
Box 8313, Deonar, Bombay, 400 088, India

**Synopsis** – Based on newspaper and magazine articles, the present paper explores the status of the New Reproductive Technologies in India. The important aspect that is observed is the remarkable difference in the coverage that is given to “test-tube babies” versus sex-determination tests. While on the one hand the arrival of “test-tube babies” receives a lot of fanfare and glorification in the media, on the other hand, due to the widespread debate and campaigning against amniocentesis, the media coverage provides divided opinions on sex-determination tests. To view these technologies as links in the same chain, based on uniform ideologies, is crucial. This paper makes a contribution towards this end.

**Synopsis-**

**संक्षेप :** प्रस्तुत आलेख में, अखबारों और पत्रिकाओं में छपी सामग्री के आधार पर, भारत में प्रजनन की नई तकनीकों के वर्तमान स्तर का विश्लेषण किया गया है। इस संबंध में जो महत्वपूर्ण तथ्य सामने आता है, वह है : “टेस्ट ट्यूब बच्चा” और लिंग निश्चित करने के परीक्षणों की चर्चा में उभरनेवाला “अंतर”। जहाँ एक ओर, टेस्ट ट्यूब बच्चा की तकनीक की बड़े जोर-शोर से सराहना की गई है, वहीं दूसरी ओर, प्रचार माध्यमों द्वारा लिंग निश्चित करने के परीक्षणों की आलोचना करने से, इन परीक्षणों के बारे में जन-मत एक नहीं है। प्रस्तुत आलेख में यह दिखाने का प्रयत्न किया गया है कि अग्र उल्लिखित दोनों तकनीकें वस्तुतः “एक ही चिन्ता धारा” की कड़ी हैं।

### INTRODUCTION

Along with sustained protests against unsafe oral contraceptives, the IUD (Intra-Uterine Device), injectables, and sex-determination tests, a new issue on the agenda of the women's movement in India is to debate and take a stand on the new reproductive technologies (NRTs) and genetic engineering. Though seemingly “new,” these technologies have the same underlying ideology of abusing, disrespecting, manipulating, and exploiting women as “objects.” While the

former reproductive technologies were anti-natal – primarily used as measures of population control – the latter function in a pro-natalist context where NRTs are introduced as “therapeutic cure” for infertile women. However, this technology too is anti-woman for it is set within the ideological structure of “marriage,” “children within wedlock,” “the supremacy of biological motherhood,” and it reinforces fertility as an important indicator of women's status. NRTs have great-er scope than indicated

by their limited introduction in our country, and are likely to have serious implications for all women in the future when their use will be linked to population control.

The NRTs, with the “Made in India” stamp and the indigenous 12 “test-tube babies” to date to its credit, are indicative of the host of other technologies that may well make their way into our country. One of the important means to organize resistance to these technologies is through sharing of the relevant information which is often concealed, and setting the debate in the print media. This paper, based on a dossier on magazines and newspaper articles, (Lingam, 1989) is an attempt to examine the coverage that IVF (In-Vitro Fertilization), IVF-ET (In-Vitro Fertilization and Embryo Transfer), AID (Artificial Insemination by Donor or Husband, AIH), GIFT (Gamete Intrafallopian Transfer) etc., have received in the Indian Press.

With the exception of a few articles, the press carries articles glorifying the success stories of these technologies. Journalists frequently raise only two queries while reporting the birth of a “test-tube” baby: (a) Regarding adoption; (b) Regarding the effect of IVF techniques in a country with an already large population. The doctors “championing the cause” of infertile couples have tailor-made answers to these questions. Public opposition to NRTs from a feminist perspective is only just gaining ground. In contrast, the coverage that amniocentesis and “female foeticide” have received is overwhelming, largely because of the campaign against these tests by women’s groups, health activists, and some political leaders. The debate is still on, considering the fact that only Maharashtra State has passed the Bill viz., Maharashtra Regulation of Prenatal Diagnostic Techniques Act, 1988. *The Forum Against Sex Determination and Sex Preselection* (FASDSP), an umbrella organization and an all-India body, is continuing the struggle for central

legislation.

## I. IS IVF THE LAST BASTION OF HOPE’ FOR INFERTILE PEOPLE?

The IVF technique is considered to represent the last bastion of hope for many childless women. In a society where a woman’s status in the family and in society is determined largely in terms of her procreative role, a barren woman is dubbed as a “witch,” and her participation in any auspicious rituals is seen as a bad omen. By producing a child, the credentials of the man, and more so of the woman, are established in society. It is in this context that IVF and other reproductive technologies, which are often referred to as “treatment” for sterility by the doctors and a “God-sent” boon in the form of technology by the childless couple, receive patriarchal sanction and respectability. IVF-ET, AID, AIH, and a host of other technologies are claimed to salvage broken marriages by providing a ray of hope to the couple who could now have their “own” children. Though adoption of a child could be a logical solution for involuntary childless couples, it is not appreciated by the family and the couple, who suspect the possibility that the child might carry the genes of a rapist, for example making the child tainted in their eyes. In patrilineal systems, blood bond is extremely important for rituals and property transfer. With the introduction of the NRTs, the acceptance of adoption takes a further back seat. An article (Seshu, 1987) laments that:

the Indian ethos is certainly not geared towards encouraging adoption. Almost all the major religions in this country are clear that the one basic reason for marriage is procreation. Procreation at all costs. Hence, if a man can discard one wife to marry another because the first wife was unable to bear children, the scene is set for in-vitro fertilisation, donor artificial insemination and surrogate motherhood.

When asked the question why, since there are so many children in adoption homes crying for foster care, should NRTs be promoted. An IVF doctor, Dr. Indira Hinduja, Professor of Gynaecology and Obstetrics at Seth G.S. Medical College and KEM Hospital replies (Chowdhury, 1988):

People who say this do not realise the choice should be the couple's. If you cannot adopt a child you have no business to tell another to do so. It is, no doubt, a noble act to adopt somebody else's baby. But why should we expect only childless couples to shoulder the responsibility of adopting? It is the combined duty of all of us and the nation to look after parentless children. Procreation is everybody's right and, *as a medical person, I am offering my patients a treatment.* They must have the *option to have a baby* of their own if they desire to have one. (Emphasis added)

This statement shows a confusion of arguments: (a) stating that adoption need not be only the responsibility of childless couples – which is logical; and (b) viewing sterility as an illness or medical problem which requires treatment – which is questionable. The basic premise is that there is a demand for the NRTs and, therefore, they have to be supplied to the “needy.” This argument basically disguises the fact that (a) public funding is diverted from far more vital and important areas of medical research towards biomedical research; (b) research (“supply”) in these areas precedes the “demand,” and consequently a “demand” is created where the “consumers” (women) are also the “raw material” for the experimentation; (c) the constant state of anxiety, the serious pain and imbalance that injections and other parts of the IVF procedure create, and the trauma of failure, fail to get highlighted. Therefore, the terms “option” or “choice” are debatable.

## **ADOPTION AND STRINGENT PERSONAL LAWS**

The laws of adoption in India are different according to independent personal laws which discourage the adoption of a child. Adoption of a child is not alien to the Hindu religion, and the Hindu Adoptions and Maintenance Act of 1956, secures equally the interests of the parent and child. Adopting under the Wards and Guardianship Act, 1890, which is open to all communities, does not ensure rights of inheritance or succession to the child, nor security of parental status for the adoptive parents. On three separate occasions, attempts were made to pass the Indian Adoption Act, but failed due to the objections from the minority communities on the basis of their personal laws (Anklesaria, 1983; Nair, 1988). The personal laws reinforce biological motherhood and do not support adoption. At present, many parentless Indian children are being sent to foreign couples for adoption. Women's groups have not begun to support the demand for a uniform adoption act. So far little has been reported in the print media about the position of various religious groups regarding IVF, AID, and other technologies. This is of considerable interest, because most of the religious communities consider masturbation immoral. However, for the purposes of IVF, it seems indispensable to procure the husband's (man's) semen through “self-stimulation,” that is outside of the normal sexual act. This is an interesting dead lock.

## **IVF AND THE “POPULATION PROBLEM”**

The other apprehension often voiced by newspapers is about the “population problem” to which the “test-tube babies” would add. As a counter argument, it is frequently said that the success rate of these technologies is not significant enough to make much difference to

statistics. Though this argument might seem simple and straightforward, the fact is that IVF is one among a host of technologies which are geared to provide clues to population control, thereby appealing to official patronage.

In one of the interviews with Dr. Anand Kumar, the Director of the Institute for Research in Reproduction (IRR), Bombay, he is reported to have stated in one of the interviews (Sheth, 1987) that:

The IVF-ER (sic) technique has now provided a major and justifiable reason to investigate infertile couples thoroughly and thus has offered many opportunities to identify and study factors contributing to infertility. And, *an understanding of these factors may provide clues as to how to induce infertility in fertile couples as a means of family planning*. There are a number of reasons to be learnt from Nature's Workshop which has created the infertile couple. (Emphasis added)

Further, in Dr. Anand Kumar's words (Sheth, 1987):

Medical research in India is, to a large extent supported by the public exchequer and the fruits of such a public-fund supported research must be available to all segments of the population including those who are extremely fertile as well as those who are infertile.

Similarly, Dr. Indira Hinduja affirms (Sheth, 1987):

Why stop the birth process, why not let people die, instead of saving them by performing coronary bypass or kidney transplants or removing cancer tumours? *Infertile couples have all the right to decide for themselves, to decide to undergo treatment as long as they want*. (Emphasis added)

These statements further point to the complex hidden politics of reproduction which assert that the state has an

obligation to provide IVF services because involuntarily childless couples have a "right" to bear children. The right to childbirth as a demand makes sense only against a government which has outlawed childbirth, not as a call to reverse physical infertility. Rights and needs are used to attack and defend technical intervention in the biological process of reproduction. The demands of women for abortion are labelled selfish or even antisocial (in some pronatalist countries), while the IVF technologies are justified as recognition of couples' "need" to have children. The basic truth is research priorities are set according to the "needs" of the scientists to pursue exciting "frontier" research, and the infertile couple's "right" is an excuse. Further, feminist phrases like "choice" and "control" are subverted to restructure control of women's bodies.

An article (Ranganathan & Bahl, 1986) written on the birth of the third test-tube baby in India focussed on these issues and asked the following:

Even the simpler of the reproductive techniques such as fetal monitoring have served to distance women from their bodies and increasingly hand over an entire area of their lives to professionals who "know it all."

Looking further ahead, do we really want a test-tube culture in which the reproductive process becomes so distant and commercialised that babies are "selected" in the same way as clothes and furniture, with law-suits being fought over "defective" products, as in the west, where such technology is already in use?

In an article to commemorate the International Women's Day, which focusses on the reproduction revolution. Saroj Iyer writes (1989):

Unfortunately, the discussion on the implications of reproductive and genetic engineering has been centred more round its potential abuse for

eugenic breeding and scarcely on its deleterious effects on women and their “objectification” for development of these new technologies. Though the NRT is projected as a therapy and “new hope for infertile women,” in reality, they remain powerful means of social control of women and their procreative capacities .... So whom do these new technologies really serve?

### **SUBSIDISED IVF-WHO BENEFITS?**

The provision of IVF facilities in government-run hospitals amounts to providing these “facilities” at subsidised rates. One must ask who benefits from this? It is interesting to observe how medical scientists make a case for the need to provide a technique like IVF in public hospitals by, on the one hand highlighting the stigma attached to infertility, and, on the other hand, by making references to the costs that infertile couples incur by going to private clinics or abroad. It is obvious that these couples belong to the higher economic groups. Dr. Hinduja (1989) writes:

Right now private clinics charge about Rs.35,000 per cycle of treatment. If at the end of the treatment the woman fails to conceive, the money is as good as lost. *It takes on an average four to five cycles for a successful conception.* Besides those seeking treatment at private clinics there are a few hundred couples that go abroad every year for IVF and spend \$7,000 to \$10,000 on the treatment alone. If the same were done at a public hospital the cost per cycle works out to Rs. 10,000. (Emphasis added)

Considering that, on an average, four to five cycles are required for a successful conception, even a subsidised rate would work out to Rs.40,000 (approximately \$2,500) to Rs.50,000 (approximately \$3,125) excluding the costs the couple incurs for travel, stay, etc. Is it not

necessary to question who benefits by this subsidisation of IVF, by public hospitals? While, for the purpose of experimentation, couples from a lower economic background may be preferred, the profile of the “beneficiaries” might soon change.

### **IS IT SCIENTIFIC PROGRESS OR PROGRESSIVE CONTROL?**

In a recent newspaper article (Hinduja, 1989), Dr. Hinduja elaborates on the benefits of IVF. She notes:

Looking far into the future we might boldly predict that with IVF, it will even be possible to treat faulty DNA in embryos that would lead to malformation. Maybe you could even have babies to order if that is desirable!

She makes a case for IVF within a patriarchal society and social milieu where motherhood is esteemed and childlessness is a tormenting experience. In her words (Hinduja, 1989):

The family is worried that there will be no one to continue the family name or to perform obsequies for them. These are all very real fears, until such fears are dispelled, and that will not come about soon or easily, IVF offers hope and relief to the affected persons. IVF should be looked upon as a medical treatment. *And besides IVF is part of development of science; whether one wants it or not science will progress.* (Emphasis added)

Yet investigative journalist, Vimal Balasubrahmanyam had argued already in 1987 (Balasubrahmanyam, 1987) that:

Today in our society there is a strong belief in science for science’s sake and the myth of value – free technology. Even the media which has generally taken a principled stand on female foeticide has published reports on the

newer technologies in a “neutral” manner, without analysing the implications of such methods being introduced in a country like ours ... [F]emicide cannot be fought adequately unless we also raise questions about the priorities in science and technology and the areas of research for which scarce funds should be allocated.

Another article (Seshu, 1987) provides a similar viewpoint and suggests the need to eliminate secrecy in further research on these techniques and to create a greater understanding of the role of the three protagonists in the reproductive drama – the doctor, the male, and the female partners. She points out:

It is but natural for researchers to adhere closely to the credo of “Science for Science’s sake” and shrug off all responsibility for their discoveries (it’s the old argument: with nuclear physics came the atom bomb, with electricity came the electric chair, with aviation came bombers ... with genetic engineering comes human cloning).

One article (Chowdhury, 1988) concludes by saying:

ASLV rockets in a country where millions die of starvation and test tube babies for people who believe a barren woman is a witch.

In response to articles by Dr. Hinduja (1989) and Dr. Anuja Dokras, (an IVF researcher at Oxford; Dokras, 1989), Dr. Malini Karkal, Professor of Public Health has calculated the percent of couples who are infertile as 0.6% of the total couples (not just infertile couples) in whose cases IVF can be thought of as a “cure” for their infertility. However, she questions the experts on where they should invest their energies (Karkal, 1989):

In promoting a value that sees childlessness not as a deficiency or something to be ashamed of, or in

promoting expensive and sophisticated technology to those who are affected by tuberculosis and other infections since the prevailing patriarchal values assign mothering as the most important and perhaps the only role for women?

While another newsreader in a letter to *The Times of India* challenged her stand, the important aspect about this letter which subscribes to the “technology, a panacea” bandwagon, runs as follows (Pandya, 1989):

A lot of effort is being put in by IVF technologists abroad. Why then should India lag behind? Perhaps tomorrow India could make a breakthrough in these fields. *In such a large population could we not have even one noble laureate?* But unfortunately it has been a tradition in our country to criticise anybody who achieves success in a creative field through hard-work, persistence and dedication. (Emphasis added)

A noble laureate! At whose expense? Predominantly, the inherent assumption in supporting NRTs is that it is part and parcel of scientific “progress” and “development” which should not be opposed. This argument disregards the fact that, particularly in unequal structural contexts, technology is not value-neutral. It becomes a powerful symbol which furthers the oppression and deprivation of the poor and women.

Reproductive technology is heralded as having a capacity to give choice. Though we support women’s rights to choose in all areas of life, it is rightly asked by feminist groups: “Where does the question of choice arise in a choiceless world?” Where women are taught to subordinate their interests to those of men, where women attain a status only by marriage and by giving birth to children (preferably sons), where they largely bear the burden of cooking, collecting firewood, fetching water, bearing and rearing children, tending cattle, eat last and the least, have lesser access to health

services, but are “targets” of population control? The new reproductive technologies reinforce the maternal role and undermine the role of women as producer/worker. New “treatments” for infertility create a heavy burden for those who are infertile. Further, why should “biological” motherhood, a patriarchal value, be reinforced by modern technologies?

An article by Ranganathan and Bahl (1986) succinctly questions these cultural values reinforced by NRTs:

It is bad enough that our notions of what and who is “complete” should be dictated by stagnant cultural norms, but even more disturbing is the fact that the desperation of infertile women, unable to meet the cultural definition of womanhood, is unquestionably accepted by our medical researchers and lawmakers – and perhaps even used to get funds for research not necessarily meant to help the infertile person.

## II. SEX-DETERMINATION TESTS: DEBATES AND ISSUES

The detection of the sex of the foetus with the aid of amniocentesis, and aborting the foetus selectively if it is declared to be ‘female’ by misusing the Medical Termination of Pregnancy Act, 1971, is the clandestine procedure that is followed in India. Doctors and private clinics blatantly advertised that ‘you could choose the sex of your child’ (Desai, 1988). The first to capitalise on the technique of womb-tapping was Dr. P.S. Bhandari who advertised his first sex-determination clinic in Amritsar: “Invest Rs.500 now and save Rs.50,000 later” (Sarin, Tellis, Chatterjee, & Sarkar, 1988). A blatant message that abortion of a female child could save parents the expenditure on dowry. A ready market in dowry-prone societies! These medical practitioners conceal the fact that these

tests “detect” but do not “determine” the sex of the foetus, therefore leading to multiple abortions and putting the women’s health at stake.

Researcher and activist Vibuthi Patel asks (in Chowdhury, 1987b):

How many abortions can a woman go through (between the 16th and 18th week) without jeopardising her health? . . . Since the test of just determining the gender is a very simple one, ill-qualified people can also set up clinics. The dangers to the woman’s and the baby’s health in doing this are many. If the conditions are unhygienic, as they are likely to be, permanent harm can be done to the mother and the baby. If done unhygienically, it can cause sepsis in the reproductive tract.

The deaths of women due to amniocentesis and hasty abortion in the fourth month of pregnancy and cases of faulty sex detections (usually, when a male foetus was detected as a female foetus, this is considered faulty) and the subsequent trauma for the parents to be are occasionally reported (Natarajan, 1986-87; Staff reporter, 1989c).

Five years of consistent campaigning by women’s groups, health activists and FASDSP has brought about the Maharashtra Regulation of Use of Pre-Natal Diagnostic Techniques Act, 1988, which restricts the use of amniocentesis in the State of Maharashtra. But the campaign for a central government legislation banning prenatal sex-determination tests is still current (FASDSP, 1989).

An uncalled-for statement made by Mr. Vasant Sathe, Union Minister for Energy, ridiculing the Maharashtra legislation in a public meeting, has rekindled public attention on this issue. He is quoted as saying (Staff Reporter 1989a):

What is the justification for banning sex tests when abortions are allowed?

According to him, implementation of the law against amniocentesis test was impractical. "If men outnumbered women, the latter would be in much demand," he remarked.

The demand and supply theory with respect to the number of women and their status has been discussed in several articles, based on the findings of research studies of tribal societies and present realities. Leela Dube observed that societies with adverse female sex ratios have indicated the presence of customs like polyandry, abduction, and the purchase of women. It is strongly felt, that contrary to raising the status of women, adverse sex ratios would increase the incidence of rape, prostitution, and violence against women (Dube, 1983).

Several objections are raised to a legal ban of sex tests, for example by Dharma Kumar in her articles. In one of her articles (Kumar, 1988) she states:

One cannot cure social prejudices merely by legislation especially in countries like India where the governmental machinery is weak and corruption rampant . . . Is female infanticide preferable to female foeticide . . . The females of a poor family receive less food than their husbands and brothers and, when they fall ill, they are less likely to be taken to a doctor or hospital, or given medicines ... Instead of bringing more unwanted girls into the world, surely it would be better to improve the lives and status of those who are born . . . Banning amniocentesis clinics will be ineffective . . . It will choke off a powerful method of lowering the birth rate without coercion.

In response to Dharma Kumar's views, the Forum Against Sex Determination and Sex Pre-Selection (FASDSP) argued (Patel, 1989):

Yes, we are aware of this. But, at the same time, legislation banning S.D. [sex detection] Tests would definitely

take away respectability attached to this scientific advancements aggressively advocated by our doctors with crude, anti-women advertisements . . . Because Indian women are ill-treated or are forced to commit *sati*, why not kill them before they are born? By this logic she can also recommend that to get rid of poverty, malnutrition, famines, just throw bombs on shanty towns and get rid of the poor! ... for Dharma Kumar female foeticide is a powerful method of lowering the birth-rate without coercion. But the Forum asks: "Is not female foeticide a coercion?"

Another response to Dharma Kumar's proaminocentesis argument is an article (Taneja, 1988) which offers the following argument:

Following her central argument that those who have no bright future to look forward to may as well not be allowed to be born, will she permit a logical extension of her arguments to advocate mass sterilization of all the poor of the world? Will she advocate genetic engineering and selective breeding in the name of procreation of only what is considered best and most wanted and the elimination of those unwanted? ... She further asks very morally, is female infanticide preferable to female foeticide, as if at least one of these we are bound to sanction and accept! By her logic not only are women to bear the brunt of the country's family planning programmes, but the women among the poor must doubly bear it so, because they have even less to offer their female child. How is that different from the Jews having had to bear the weight of Nazi Germany's social and political crisis?

Another tricky nexus is that amniocentesis is viewed as an important instrument for population control by government representatives and some "intellectuals." The need to achieve a Net



Reproductive Rate of one (i.e., one female child should replace one woman), in order to bring down the birth rate to 2.3, has been emphasised in the Sixth and Seventh Five Year Plan documents (Karkal, 1986). Therefore, there seems to be a contradiction between popular reformist rhetoric of championing women's cause and meeting official targets of population control by the state. In one of the interviews, subsequent to the controversy that Mr. Vasant Sathe had raised, he is reported as stating (Saksena, 1989):

There is the family planning aspect. Family planning presupposes planned parenthood. That in turn means the right, and now even a duty, of each parent to restrict the number of children they would bring to life. It also logically implies that the mother in particular and the parents in general should have a right to have a balance of sexes in their limited number of children ... "Will it be reasonable to say that they must not wish to have one girl and one boy even if it is medically possible to have one girl and one boy? If the answer is that a planned parenthood does not include choice of sex of the child, then, I am afraid family planning itself will lose its meaning.

This exposes the illogical length to which the debate is extended, by supporting these technologies for purposes of population control, by promoting notions of what constitutes a "balanced family," and by equating planned parenthood with the choice of the sex of the child.

Thus the debate for and against a central government ban on sex-determination tests is still on-going, with the major arguments touching on some of the following points:

- Is the test a "choice" for women?
- Should the elimination of female fetuses be considered a "choice" to be exercised?
- Is the availability of the test an

instrument to enable couples to plan their family size, considering the fact that the government actively promotes a two-child family as norm?

- How can legislations function in a society where the cultural values are promale and antifemale?
- Can feminists be "proabortion" and "anti-selective abortion"?

## CONCLUSION

The present paper is an exploratory investigation into the status of the new reproductive technologies in India. The exposition in the two parts of this paper brings to the fore that the issues of resistance to sex-determination tests have crystallized in the women's movement in India, but gaps still exist in taking stands on IVF and a host of related technologies. The unmasking of the classist, racist, eugenic, and patriarchal values inherent in these technologies, identifying the interconnections, defining our stand within the context of our realities, and evolving countervailing resistance are the challenges ahead.

## REFERENCES

- Anklesaria, Shahnaz (1983, July 26). Storm over adoption-I: Who interprets religious precepts? *The Statesman*.
- Balasubrahmanyam, Vimal (1987, May 17). Blue bottles or pink? *Sunday Observer*.
- Chowdhury, Alpana (1987a, November). Female foeticide. *Gentleman*, pp. 57-59.
- Chowdhury, Alpana (1987b, November). Amniocentesis: For and against. *Gentleman*, pp. 61-62.
- Chowdhury, Alpana (1988, October 9). Residue of hope. *The Illustrated Weekly of India*, pp. 44-45.
- Desai, Nachiketa (1988, October 7). Born to die. *The Indian Post*.
- Dokras, Anuja (1989, January 22). Beyond test-tube babies. *The Times of India*.
- Dube, Leela (1983, February 19). Misadventures in amniocentesis. *Economic and Political Weekly*, pp. 279-280.
- Forum Against Sex Determination and Sex Pre-Selection (1989). *Campaign against sex pre-selection in India: Our experience*.

- Hinduja, Indira (1989, February 7). Test-tube babies: What next? *Indian Express*.
- Iyer, Saroj (1989, March 5). Whose life is it anyway? *The Times of India, Sunday Review*.
- Karkal, Malini (1986, September). Planning for female foeticide. *Science Age*, pp. 13–15.
- Karkal, Malini (1989, February 26). Values or technology? *The Times of India, Sunday Review*.
- Kumar, Dharma (1988, December 9). Ban on sex-test clinics unwise. *The Times of India*.
- Lingam, Lakshmi (1989). *Made in India: A dossier on the new reproductive technologies*. Women's Studies Unit, TISS, Bombay.
- Nair, Hema (1988, June 19). The adoption option. *The Indian Post, Postscript*.
- Natarajan, Saroj (1986-1987). Ban female foeticide. *Femina*. 23 December-7 January.
- Pandya, Alka (1989, March 12). Technology for India. *The Times of India*.
- Patel, Vibhuti (1989, January 14). Sex tests endanger women's rights. *The Times of India*.
- Ranganathan, Uma & Bahl (1986, December 7). They make babies for a price. *Indian Express, Sunday Edition*.
- Saksena, Rashmi (1989, March). I would leave it to the mothers. Vasant Salhe on why sex test shouldn't be banned. *The Week*.
- Sarin, Ritu, Tellis, Olga, Chatterjee, Patralekha, & Sarkar, Mitali (1988, January). Boy or girl? *Sunday*, pp.12-18.
- Seshu, Geeta (1987, June 30). GIFT-wrapped babies arrive. *Indian Express*.
- Sheth, Parul (1987, August 13). To Harsha: Best wishes for a normal life. *The Times of India*.
- Staff Reporter. (1989a, February 12). Sathe supports amniocentesis. *The Times of India*.
- Staff Reporter. (1989b, February 17). Centre urged to act on sex test issue. *The Times of India*.
- Staff Reporter. (1989c, May 22) Foetus sex test, a sad experience. *The Times of India*.
- Taneja, Nalini. (1988, December 26). Female foeticide no democratic right. *The Times of India*.