

‘Mother’s Market’: An Exploratory Study on the Surrogacy Industry in India

For pronatalist countries, like India where children are highly desired, parenthood is culturally compulsory and childlessness is socially unacceptable, the Assisted Reproductive Technologies (ARTs) are rapidly globalising. Factors such as growth of infertility in modern society coupled with the rising demand for having one’s own child, adoption restrictions, the development of surrogacy contract and commercial surrogacy agencies has resulted in the increasing publicity and public interest in the formation of such agreements between infertile couples and surrogate mothers.

A ‘surrogate mother’ is a woman who conceives, gestates and delivers the baby on behalf of another woman who subsequently is to be seen as the ‘real’ mother of the child and to whom the custody of the child is transferred immediately after birth.

Need for Study

‘Wombs for rent’ is growing in India. There is no record for tracking the number of such pregnancies but doctors work with surrogates in almost all major cities. India has been regarded by many as the ‘surrogacy capital of the world’. According to a report (Hindustan Times, 2011), the ‘industry of reproductive outsourcing’ referring particular to commercial gestational surrogacy in India, is estimated to be worth over Rs 2000 crore.

Commercial surrogacy became legal in India since 2002. Here the total cost of having a baby through surrogacy is one-third of what it is in USA and other western countries. Moreover, the lack of regulation, Indian women being less prone to having smoking and drinking habits, the provision of enjoying the biological parent’s name in the birth certificate of the baby born, and the younger age of the surrogate mother holding a better chance of getting a successful pregnancy makes India a favoured destination for the intended parents. Surrogacy has risen from a position of shame to acceptance, need and means to survive.

Methodology

I conducted an exploratory study in Kolkata in some of the infertility clinics where surrogacy is provided. The information collected includes in-depth interviews of 9 surrogate mothers, 2 biological parents, and 3 agents/ brokers who help the clinics by bringing the surrogates there. Each of them was personally interviewed through many sittings. Along with this, the family members of the surrogates like their husbands and mothers were also interviewed to understand their attitudes and perceptions towards the process and their willingness to be part of it. Gynaecologists, doctors, infertility specialists, communication executives, patient co-ordinators, IVF co-ordinators, were also interviewed as part of this study.

Face to face interviews, maintaining privacy as far as possible was made. The interviews were conducted in the clinics and centre. I have used pseudonyms (see Table 1) in the paper since none wanted their names to be used.

Few observations from the Case Studies

Commercial gestational surrogacy is found to be more common in Kolkata. The surrogate mothers belong to very low socio-economic status and are mostly illiterate. All of these women had decided to be a surrogate for money. All of them reported that they were in extreme need of money. The various reasons given were to buy land, build a proper house, open a small shop, to send children to school, to repay the loans, to support family and save for daughter's marriage.

"If my children do not get food to eat, will the people from the society come and feed them every day? I cannot see my children die out of hunger. I need money, not another child. I cannot dare to be weak." said Geeta, a surrogate mother.

Surrogates are mostly brought by agents and relatives who are somehow connected to the infertility clinics. These agents also sound very confident about their job. According to Rohini (agent), *"we make these women understand that it is like renting a room and good amount is paid for the rent. In my area and village many know about surrogacy. It is becoming very common!"*

Most of the surrogates have the fear of leaving their home town during pregnancy. They fear they will be sold out or never be able to come back to the family. Another fear is to having a Caesarean section. The concept of *'cutting open the stomach and taking out the baby'* as described by many surrogates, dreads them. The huge number of injections and medicines are described to be *'extremely painful'* too. One of the surrogates was worried about her breast milk and the consequences if she is not able to breast feed. Surprisingly, none of them had a serious problem with their husbands or with other family members regarding being a surrogate.

Payment of the surrogate is done in instalments. The total money paid to the surrogate varied from Rs. 1.4 lakhs to Rs. 2.5 lakhs. At the time of recruitment, the biological parents pay a small amount. Later, after a period of 9 months when the baby is safely delivered, the rest of the money agreed in the contract is paid. Besides this the commissioning couple also bear the expenses of transport, proper food and even living costs. When it comes to the agents of surrogate, they get Rs. 15000 to 25000 per case.

The biological parents interviewed belonged to a higher socio-economic status and were in their early 50s. They were desperate to have their own baby and had been trying for since many years. It could be understood from the conversation with them that they perceived infertility as a curse and only a baby could bring back all the happiness in their life.

"Be it my family members or the society, they look at me in a very different way. They do not understand my sufferings, but instead they blame me. However my husband has always been supportive. But sometimes I feel that I have disappointed him. Sometimes I have even felt like committing suicide," said one biological mother who had surrogacy as the last option for her.

Anita, an intending mother said in tears, *“No one will ever understand how much a woman goes through when she is unable to gift a child to the family. My husband did not even want to see my face. I want my baby, I want to be complete; I want to have my support in my old age. I will give my child everything I have.”*

Conclusions

Though the stigma associated with surrogacy has lessened considerably, the pregnancy of the surrogate women still has to be kept secret. Moreover, there are considerable possibilities for legal, financial, emotional and health complications, but still there is no proper legislation. This sector is loosely governed by the ICMR guidelines that are not under legal bindings. The ART Bill of 2010 is still in the draft form. A proper legislation is very important to have control over this “surrogacy industry” and for the safety of the people involved. Many infertility clinics in India are catering to the service of surrogacy and this sector also involves a network of many law firms, travel agencies and agents. However there is no proper monitoring, which is a very important need.

India, with an alarmingly high maternal death rate, surrogacy might lead to exploitation of poor women by rich couples. Not only them, the fact that their husbands too do not prevent their wives from doing it only because of money also reflects exploitation. According to the draft bill, women cannot give more than five live births including her own children and no surrogate shall undergo embryo transfer more than three times for the same couple. But, this number is quite big and might have an adverse effect on their health, as they belong to a low socio economic status with poor health! Also the mental pressure on the surrogates to deliver a healthy baby also affects them. They are unable to give time to their own children to keep someone else’s baby safe. Clinics and doctors dictating the terms, and the commissioning couples having the power of money, the surrogates are in a vulnerable position.

This study provides insights into the surrogacy arrangements, which are more of clandestine in nature now. It clearly, brings out the fact that monetary gain is the only reason for poor women willing to be surrogates. Clinics and their agents try to make quick money out of this business. All these findings strongly suggest the need to have proper monitoring of clinics/ hospitals involved in providing this “service”, as well as specific guidelines and laws to regulate this practise.

Table 1: Characteristics of Surrogate mothers interviewed

Pseudonyms of Surrogate mothers	Age	Marital Status	Occupation	Education	Husband's Age	Husband's Occupation	Husband's Education	Number of children	Amount being paid /Amount offered	Heard about surrogacy from whom?	Reason for to be a surrogate mother
Rita	27	Married	Beggar	Illiterate	29	Unemployed	Illiterate	2	2 lakhs	Relative	Money
Rina	28	Married	Unemployed, housewife	Illiterate	40	Rickshaw Puller	Only signature	2	2.5 lakhs	Another Surrogate mother	Money
Jyoti	25	Separated	Unemployed, housewife	4 th Standard	29	Unemployed	Illiterate	1	2 lakhs	Agent	Money
Sapna	35	Separated	House Maid	6 th Standard	50	Factory worker	Illiterate	1	2 lakhs	Land lady	Money
Naina	28	Married	Agent in infertility clinic	5 th Standard	36	Unemployed	Illiterate	2	1 lakhs 40 thousand	Doctor	Money
Sangeeta	25	Married	Unemployed, housewife	Illiterate	31	Farmer	Only Signature	3	2 lakhs	Cousin who was a surrogate	Money
Nisha	22	Married	Unemployed, housewife	Illiterate	25	Farmer	Illiterate	2	2 lakhs	Agent	Money
Geeta	25	Married	Cook in a SHG	5 th standard	30	Unemployed	Only signature	2	2 lakhs	Agent	Money
Shanta	26	Separated	Unemployed, housewife	Illiterate	31	Unemployed	Illiterate	2	2 lakhs	Agent	Money