

“Vulnerable” Bodies: Surrogate Mothers in India

OBJECTIVES

- Document the experiences of surrogates and locate them within global debates
- Examine the processes followed and the terms set in surrogacy arrangement
- Generate evidence to advocate for a comprehensive legal framework to regulate the ART industry

METHODOLOGY

- Designed as a multi-site qualitative research.
- Delhi and Punjab were purposively selected research sites: Delhi as an established centre for medical services including for surrogacy. Punjab as a growing industry, significant international diasporic links.
- Interviews with surrogates (Punjab=6;Delhi=6), healthcare providers (Punjab=3; Delhi=2), few third party agencies; individual surrogacy agents (1 each in Delhi and Punjab).
- Literature Review



KEY FINDINGS

Profile and Recruitment criteria

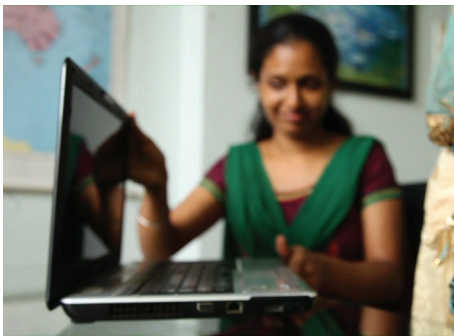
- Fitness to carry the pregnancy- medical tests
- Looks “healthy”
- Demands for a specific religion/ caste (‘Upper’ caste- increased payment)
- Fair, good looking, tall
- “Hygiene”, conditions at home
- “Respectable”

Recruitment Patterns

- Multiple actors: Providers, Commissioning Parents, Medical Tourism Agency, Surrogacy Agents, Surrogates.
- Spread of information regarding IVF techniques and centers that offer these services: local cable TV programs, news coverage, word of mouth.
- Agents contact and convince women in neighborhoods, extended family and friends
- Agents recruited for their good social skills and network in the community; otherwise employed as lab technicians, nurse, marketing for clinics.
- Egg donors considered potential surrogates by hospital staff.
- Commission offered to surrogates/ egg donors for bringing other potential surrogates to agents.
- Medical Tourism agencies also approach independent agents or smaller agencies for the needs of their clients.
- Links between particular hospitals and agents.

Motivations in becoming a Surrogate

- Conditions of unemployment and struggle to run a household.
- No other work option enables earning such a large sum of money
- Responsibility of paying off debts, buying a house, creating savings for children



- Better option than domestic work or factory work; “Not immoral”
- Creating a life for children that they couldn’t have
- Persistence of commissioning couples and agents

Information to Surrogates

- No details given about the medical tests they are expected to clear.
- Explained as conceiving the child through “machines” and “injections”.
- Emphasis on no sexual relations required.
- Surrogates often ensured that there are no risks, like any other pregnancy.

Medical Decisions: Rationale and Consent

- Overriding concern for the birth of a healthy child and satisfaction of the commissioning parents
- over risks and implications on surrogates’ health
- No Process of Informed Consent – told it is necessary for the health of the child; no discussion at the time of entering the arrangement.
- Embryo selection- against disability, sex-selection
- Multiple embryo transfer- for high success rate
- Foetal reduction
- Controlling labour/ time of delivery- in the presence of CPs
- Caesarean delivery
- Denying breast feeding
- Post-delivery care: whose responsibility?

Behavioral Regulation

- No sexual relations preferably for all nine months
- Healthy diet - home cooked food only, increased intake of fruits and nuts
- Minimal physical exertion-demands of not doing house work, or work outside home and not to step out often in the last three month
- Ways of monitoring- surprise visits, phone calls, check-ups, affidavit, surveillance through other members of family, other surrogates in neighbourhood
- Surrogates and agents stated many of the demands and prescriptions can be unreasonable
- Requires a lifestyle change contrary to their needs and daily life

Effects on the Body

- Painful regimen of Injections
- Tightening of the skin around the area injected, leaving discoloration of skin and often reducing their mobility for some time
- Nausea and lack of appetite Swelling in legs and feet
- Heavy dosage of medication-which many find hard to consume on a daily basis
- Heavy weight gain after the pregnancy (unlike any of their previous pregnancies with their own children)

- In cases of caesarean operation surrogates stated that the stitches were extremely painful for months
- Consequently had to slow down their pace of work in and outside the house

Contract

- All surrogates stated they had “signed papers”
- The contract is drawn up by lawyers hired by couples or doctor
- The document, being in English, is not read by the surrogate; nor is it read out to them
- Content conveyed orally- that they agree to give up the child after birth
- Contract important for the process of acquiring citizenship for the child, of the nationality of the commissioning parents
- Not a negotiation between two equal parties

Remuneration

- Surrogates mostly accept the amount decided by agent or the commissioning couple
- Some surrogates were not aware of the exact amount promised by the couple, with the agent paying on their behalf
- Agents have a fixed commission rate for couples - Delhi agent deducts commission fee from surrogates as well
- Payment through installments – a large proportion of the amount after birth and relinquishment
- Increased amount in case of multiple births-Delhi
- Surrogates unaware of fee charged by agents or providers, but observe it to be a higher amount

Relinquishing the child

- Attempts to create ‘distance’ and easy separation from child- ‘not their child’
- No control over the terms, dictated by the commissioning parents
- Surrogates not permitted to breastfeed
- Not permitted to be with the child for long and kept in separate rooms to avoid forming any attachment with the child
- Communication with commissioning parents decreased over time or completely severed

Environment of Stigma

- Defying the norms- exchange of money in child-bearing, pregnancy outside of marriage / not with their husband
- Fear of being seen as someone who sells baby or sold herself, or engaging in sex work
- Unable to tell anyone in their community
- Hiding the pregnancy- shifting residence, wearing sarees, travelling in car

POLICY CONCERNS AND RECOMMENDATIONS

- Surrogacy (Regulation) Bill, 2016 not in the public domain. Government announced Cabinet Approval in August 2016, at press conference by Group of Ministers: Some key points –
 - Ban on commercial surrogacy for all; (on ‘unmarried’ foreigners since 2013 and all foreigners since 2016).
 - Only altruistic surrogacy allowed among “close relatives”.
 - Only for childless Indian heterosexual couple married for 5 years.
 Discriminatory towards foreigners, NRIs, unmarried, single and queer community from accessing surrogacy.
- Regulation of the Surrogacy and Assisted Reproductive Technology (ART) Industry is critical:** Stringent regulation of the booming ART industry; not just surrogacy – IVF cycles, embryo transfers, egg and sperm donation must be ensured.
- Rights of the surrogates:** compensation, insurance, informed consent must be protected and fulfilled
- Rights of children born through surrogacy**
- Medical negligence**
- Regulation of third party agents**



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