

Silence, Trauma and an Agreement on Becoming a Mother: A Study of Surrogacy

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Abstract: *Surrogacy is a biomedical as well as a social practice as it involves either artificial insemination or embryo transfer to pregnancy and childbirth. Surrogacy arrangements have been condemned by many people of different religious groups and some accept it openly as they find there is nothing wrong with surrogate motherhood. Some feminists say that women should have control over their own bodies to become a surrogate mother, as it is just a reproductive choice of a woman, who wanted to become a surrogate mother. The present study was conducted in the Lucknow city of Uttar Pradesh. Lucknow is also the capital of Uttar Pradesh. There are many IVF and fertility centers in Lucknow such as – Indira IVF and fertility, Javitri IVF and fertility, Crysta IVF and fertility, Genix fertility, Nova IVF fertility, Sahara fertility and IVF, Vashundara IVF and fertility etc. The study is done as a case study collecting the samples by snowball sampling method. The met three women personally, who became surrogate mothers (durg 2007 – 2012) and conducted an informal interviews in order to know their views on surrogacy.*

Keywords: IVF, Fertility, Surrogacy, Mental, Physical, Health, Motherhood, Childbirth, Pregnancy.

INTRODUCTION

Surrogacy in India has been one of the popular practices to have a child through a surrogate mothers. Surrogate mother acted as a procreator in providing an ovum to be fertilized by the sperm of a man who wished to have the child. Therefore, a surrogate mother acted as host to the fetus, providing all the necessary physical needs to the newly conceived individual. So, we see that a surrogate mother becomes a host for the fetus when the biological mother cannot bear the child. So, partial surrogacy was carried out with the surrogate mother's egg to fertilize with the sperm of the commissioning father. Similarly, gestational surrogacy was conducted by supplying the egg and semen and implanted them into the embryo of the surrogate mother. The concept of surrogacy is widely recognized all over the world, and it has become an attractive alternative for couples and individuals who wish to have a child biologically related to them. Surrogate motherhood hence considered as a boon by infertile couples (Parkher, 1983). Some scholars consider that surrogacy liberates working – class women and improves their life – style. In an interview Dr. Gunasheela (IVF specialist in Bangalore) says that commercial surrogacy removes exploitative relationships because a surrogate mother receives a salary for her work by producing a baby. The intended parents also believe that surrogate mothers could earn a huge amount which can change their life significantly (Ruddrappa & Caitlyn, 2015)

Another social problem, which arises out of the first, is the fear that surrogate mother arrangements will fall prey to eugenic concerns. Surrogate mother arrangements are designed to separate in the mind of the surrogate mother the decision to create a child from the decision to have and raise that child. The cause of this dissociation is some other benefit she will receive, most often money (Parkher, 1983). Ninety-nine percent of the surrogate mother arrangements may work out just fine; the child will be born normal, and the adopting parents will want it. But, what happens when, unforeseeably, the child is born deformed? Since many defects cannot be discovered prenatally by amniocentesis or other means, the situation is bound to arise (Los Angeles Times, January 22, 1983, p. I -17 ;)

METHOD AND MATERIAL

Descriptive survey method is applied in this research work. Samples have been collected in and around Lucknow city, Uttar Pradesh, India. The snow ball sampling method is applied in this research. Structural direct interview method was conducted for the data collection.

LITERATURE REVIEW

Amrita Pande(2011) in her work “Transnational commercial surrogacy in India: gifts for global sisters?” tells that transnational surrogacy often reify the inequalities based on class, race and nationality between the clients and suppliers of reproductive tourism in India. She further tells

that some surrogate mothers feel that they get less money for the entire process.

Mukherjee, S. (2011) in his writings “Legal and Ethical issues in commercial surrogacy in India: An Overview mentions that it is the only way to reduce the biological and social infertility. It provides recognition in the society for the infertile couples, those can't bear the child. Therefore commercial surrogacy is the process where a woman carries a child in her womb for the intended parents and for that she is paid a huge sum of money. Couples with infertility, same sex couples and single people are the common people to hire a surrogate mother to have a child. Hence, legalization of gestational surrogacy will protect rights of surrogate mother and commissioning parents who need the child.

Islam, Nordin, Shamsuddin, Mohd Nor, AlMahmood et al (2013) in their writings “Ethics of Surrogacy: A Comparative Study of Western Secular and Islamic Bioethics” mention that Islamic bioethics is straightforward in prohibiting surrogacy by highlighting the lineage problem and also other social chaos and anarchy. Western secular bioethics is relative and mostly follows a utilitarian approach. Therefore, both look for the welfare of the mother, child and the society as a whole but the approaches differ.

S. Ruddrappa & C. Caitlyn (2015) on their research work “Altruistic Agencies and compassionate consumers: Moral Framing of Transnational Surrogacy.” focuses on surrogate mothers' engagement, they explored more about the moral situation and providing detailed information and examples about the change in economic status, filling the knowledge gaps from an economic perspective.”

V. Madge (2014) in his article “Gestational Surrogacy in India: Globalization in India.”

In the edited book Transnational Surrogacy in India: Outsourcing Life, it is argued that Globalization and Transnational Surrogacy in India fill this lacuna by illuminating the lives of Indian surrogates, their foreign clients, and other stakeholders.

J. Chaudhary (2019) in her research work “Consequences of Surrogacy on Surrogates in India.” tells that cesarean can cause numerous health consequences such as the most common problems with their breasts, weakness, body ache, bleeding, and fever. Sleep deprivation, pain or fear of pain during urination and defecation, and changes in body colour. She also noticed the reasons why they prefer caesarean over a normal birth without dangers. One reason is that they believe that the child is the most precious and no risk should be taken during the process of childbirth.

H. Jacobson (2016) in his book “Labour of Love: Gestational Surrogacy and the Work of Making Babies.” writes that the practice of surrogacy has existed for millennia, new fertility technologies have allowed women to act as gestational surrogates, carrying children that are not genetically their own. While some women volunteer to act as gestational surrogates for friends or family members, others get paid for performing this service. The first ethnographic study of gestational surrogacy in the United States, Labour of Love examines the conflicted attitudes that emerge when the ostensibly priceless act of bringing a child into the world becomes a paid occupation.

A DANGEROUS AGENDA

Exploitation of the Surrogate mothers

The word exploitation may contradict here because

women can rationalize the things that are right or what is wrong for them. They know their bodies they have the reproductive freedom to have a child or not. It may be seen that the rich women of the well to do family may exploit the women of less advantages, poor, uneducated and economically weaker. This problem may not be accepted by the opponents of surrogate mothers yet may be realized by the surrogate mothers, those who are financially weak. Therefore, these poor women are unemployed and mostly remain at home caring for their children. To become a surrogate mother in these circumstances is probably an undue inducement. When a woman provides womb services, the feminist issue surpasses. When objecting to being baby factories or sex objects because it offends their human dignity. (Callahan, 1985). One of the major concerns about surrogacy is the potential harm that may be inflicted upon the surrogate mother and the child after relinquishment. Even if one were to take the liberal view that surrogacy should be presumptively allowed on the basis of autonomy and/or compassion, evidence of harm must be taken seriously (Tieu, 2009)

Negative Connotation

The different connotations given by the people such as “baby selling”, “renting a womb” is the contention that surrogate motherhood is formed. People who label surrogate motherhood as a baby selling or renting a womb have a strong negative emotional impact on surrogate motherhood. The term baby selling or renting a womb has such negative connotations and the practice is so universally disapproved, it is categorized as a new way of renting a womb or baby selling. In this case payment of huge amount for the surrogate mother may feel inconvenience and discomfort, and give rise to any complications of pregnancy. This is going to end up as the final exploitation of women. It is always going to be poor women who have the babies and rich women who get them. (Callahan, 1987). They become slaves for the nine months, it is dehumanizing by considering them as baby selling.

Surrogacy Agreement

Contracts made by the couples or biological fathers with the surrogate mothers impose obligations and restrictions on the surrogate mothers during pregnancy. A surrogate mother has to undergo the inconvenience of pregnancy, fear of miscarriage, some possible discomforts, and pre-natal visits to the obstetrician and risks of childbirth. Most of the surrogacy contracts include prohibitions of smoking, drinking, use of illegal drugs, non-prescribed medicines or use of prescribed medicine without the consent of her physician etc. therefore, a woman does not feel free to do anything according to her will. There is no way to protect her from psychological upsets of daily life. She had to agree to follow certain medical examinations from time to time during the pregnancy. These contractual provisions create a different sort of psychological problems for surrogate mothers. Therefore, most Indian surrogate mothers are confined in houses provided by the agents (Madge, 2014). Money gained from surrogacy can help a surrogate mother to reduce her poverty for time being but it doesn't change the economic status of the surrogate mother. It also affects the physical and mental health of the surrogate mother due to medical procedure during the pregnancy to forced caesareans. Surrogate mothers also suffer psychological harm due to emotional controls, social stigma and false hopes (Zhao, 2022). Moreover, the money gained through surrogacy will quickly disappear in a short

term. Like in other industries which deal with body parts, such as kidneys, most of the surrogate mothers in the interviews initially believe that their market engagements would save them from economic precarity (Goyal, Mehta, Schneiderman, & Sehgal 2002).

RESULT AND DISCUSSION

Case Study 1

Mrs. Malti Devi (Name changed) aged 70 at present, lives in the posh area Alambag, her son aged 46 (present age) and her daughter - in - law aged 44 (present age) decided to have the surrogate mother to have their child. They hired a surrogate mother and supplied the egg and semen and implanted them into the embryo of the surrogate mother. They say that they provided all the facilities such as medical and residential to the surrogate mother to have the good and healthy child. After the ninth month of carrying the child, the surrogate mother delivered a baby boy through the cesarean method. Now the couple and their family members are very happy to have their son through a surrogate mother. The reason behind this they say that wife could not want to carry the child for the nine months due to pain and many different medical tests, which should be carried out during the pregnancy. The couple paid a good amount of money (Amount not revealed by the surrogate mother) to the surrogate mother.

Case Study 2

Anita Devi (Name changed) aged 45 at present lives in Purani Lucknow. Anita is having two girls' children with her husband. Her husband, a daily wageer died in 2009 due to dengue. At that time, she didn't have any one to look after her and her children. In 2010, a couple approached her to become a surrogate mother and promised to take care of her two children and provide her with some money, for this she has to sign an agreement. She says that during the pregnancy she got all the basic requirements and medical facilities but during the last month of delivery i.e. ninth month of pregnancy she felt mental and psychological problems because she has to hand over the child to biological parents. She had been forced to go for the cesarean because they wanted the child to come out as soon as possible from her womb. She felt that she was psychologically attached to the new born and during the cesarean; she went through a lot of physical pain. While handing over the child (boy baby) to the couple she went through a mental trauma. She was paid a good amount to be a surrogate mother and she is quite happy with her two children.

Case Study 3

Vimla Devi (Name changed) aged 45 at present; she lives near PGI, Utrathia, Lucknow. Vimla also has two children, one girl and one boy child with her husband. Her husband is an auto driver and he lives with another woman. He had abandoned Vimla and both children because of his illegal relationship with another woman in the same locality. In 2009, Vimla was introduced to a couple by her close friend. A couple lived in the South city, Lucknow and they said that they need a woman to conceive their baby because wife doesn't want to go through the pain and suffering during the pregnancy. Vimla's friend was looking for surrogate mother arrangements and she suggested Vimla to become a surrogate mother. The egg and sperm are collected from the commissioning couple and the resultant embryo is implanted into Vimla. Vimla became pregnant with a biological parent. During the fourth month of

pregnancy one fine morning she fell down in the toilet and she got a miscarriage. Due to the miscarriage, she had to go through a lot of physical and mental pain. After the recovery she received only 10 percent money from the agreement she had made with the adopting parent. She looked very pathetic, when I met her.

CONCLUSION

It is how much difficult for a woman to create a human life by giving up totally selflessly. She had to give assurance to their biological parents for whom the child was going to be created. It was a clear understanding that after the birth of the child, she was not responsible for the child, she had created. So, surrogate arrangements were made in such a way that a surrogate mother could decide to bear a child but could not decide to have and raise the child. The surrogate mother can desire to bear a child for some other benefit such as huge amounts but cannot desire to become a parent. Therefore, a surrogate mother could conceive a child not to have but to give away. For a mother carrying a child for nine months may develop some mental and psychological bonding between mother and the child. The dissociation between surrogate mother and the child always affected the mental and psychological status of surrogate mothers.

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