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Surrogacy in India: a new biomedical way to overcome gender constraints? Virginie Rozée, Sayeed Unisa and Elise de La Rochebrochard

Context

Controversies are raised when a woman bears a child as a surrogate on behalf of someone else by the use of new reproductive technology. On one side, this medicalized practice is approached as a women's exploitation and a commercialization of the female reproductive body; on the other hand, it is considered as a new reproductive freedom. Controversies are even more blatant when surrogacy involves women and parents from different origins and social classes, when for instance it happens on the transnational scene, between rich people from developed countries and poorer women from less developed countries, therefore considered as vulnerable. Until 2015, India was one of the main international destinations for surrogacy and therefore the main focus of media attention (Rozée and Unisa, 2014). However, compared to the magnitude of the debates, surrogacy in general and particularly in India remains a marginal practice and an undocumented reality. Further researches were needed to understand the practice, especially concerning the commitment of the Indian surrogates.

Based on our qualitative research and observations from other empirical research works, the objective of the communication is to examine the profiles, histories and experiences of the surrogates in India before the legal changes¹. Our study shows that surrogacy in India was a very complex issue that deals with the specific Indian social context.

Materials and methods

In 2013-2014, we ran a sociological field study in Mumbai (Maharashtra), Chennai (Tamil Nadu) and New Delhi². In all, we interviewed 32 experts (medical doctors, lawyers, politicians, agency and association managers), eight intended parents (Australian, Indian and French) and 33 Indian surrogates (who were at different surrogacy process stages, i.e. before surrogacy agreement, during pregnancy and after delivery). Interviews with surrogates were organized by the doctors of the clinic or agency. We were not allowed to contact and meet the surrogates outside the clinic or in the absence of the clinic or agency representative. Interviews with surrogates were held in Marathi, Hindi or Tamil and were simultaneously translated by a translator recruited and trained for the study or by a representative of the clinic or agency who attended the interview. The barrier of language and the presence of a third party may have limited the spontaneity and transparency of the exchange. Nevertheless, the translation was checked *a posteriori* from the recordings by an external translator recruited for the study.

This communication is mainly based on analysis based on this field study, but it also refers to four other field studies that have been carried out in India in 2009-2013 to complete observations from our limited sample size. Two studies were held in Anand (Gujarat) with 42

¹ Since 2015, new guidelines have been proposed to regulate surrogacy in India, limiting surrogacy to Nationals and authorizing altruistic surrogacy only. These new guidelines, if approved by Parliament, may impact on surrogates profiles and experiences.

² The study has been supported by the People programme (Marie Curie Actions) of the European Commission's 7th framework for research (FP7/2007-2013)

surrogates (Pande, 2014) and 13 surrogates (Saravanan, 2013). The third study was conducted in Bangalore (Karnataka) with 70 surrogates (Rudrappa, 2015) and the last study includes 12 surrogates interviewed in Punjab and Delhi (Sama-Resource Group for Women and Health, 2012). The analysis also relies on the exploitation of a documentary background constituted over the years research, in particular *Google Baby* (2009), *Made in India* (2010), *Ma Na Sapna* (2013), and *Can we see the baby bump Please?* (2013) which gather testimonies of surrogates in Indian clinics and agencies.

Results³

Profiles of surrogates

In all studies, the surrogates meet the criteria set by the Indian government recommendations (unchanged in 2015 regarding surrogates profiles), i.e. that they should be mothers, aged between 21 and 35 and married, have obtained the explicit agreement of their husband, and have had fewer than five live births already. In the event of separation, divorce or widowhood, the surrogate must be accompanied by a guarantor. Most Indian surrogates interviewed in the various studies were in paid employment before becoming surrogates. Compared to the Indian population as a whole, surrogates are neither the least educated nor the poorest. Few are illiterate. Half have a monthly income of at least 10,000 rupees, placing them in the top 25% of the Indian population regarding income in 2011-2012.

Motivations of surrogates

Their motivations to become surrogates are nevertheless financial. For the entire process, they are paid between 200,000 and 500,000 rupees (approx. €2,800 to €7,000). It is often equivalent to several years' wages. Surrogates have clear ideas of what they will do with the money. They say it will improve their living conditions, and above all those of their children. For many of them, this pregnancy is a way of providing a better future for her children, whether by investing in a long-term education or by providing dowries so that her daughters can marry. So carrying a child for someone else can be seen as a "maternal strategy". It might also fit into a broader family strategy, with the money going to pay off debts, buy a lodgment, or purchase a rickshaw so that the husband can provide for the family. Financial motivations hide in reality gender constraints on women as mothers and wives, responsible for the home and the education of children. Some of them declared that surrogacy allowed them to be "a good/better mother". There is the idea of a personal sacrifice for collective well-being and their children. Apart from this economic motivation, the women believe that by helping a childless couple they are performing a good deed. It is an important aspect of Hinduism, the religion of 80% of the Indian population. Here, surrogates discourses joined the representations of intended parents and medical doctors considering surrogacy as a "win-win" situation.

Experiences of surrogates

The surrogates speak of surrogacy as a relatively positive experience. They emphasize that in their lives for the first time they are free of daily drudgery and are well looked after by the medical staff. During the surrogacy process, their body are constantly controlled and supervised to optimize the performance of their reproductive body, but they do not seem to feel weighed down by the medical supervision and pressure. Their accepting attitude should be seen against the background of women's general situation in India, where they live under

³ The results presented here are mainly based on a paper published in *Population&Societies* (Rozée et al., 2016).

the authority of their father, husband, and parents-in-law, with little freedom of movement or decision-making power (Chasles, 2009; Phadke *et al.*, 2011). The women often present surrogacy as an occupation with favorable conditions in the Indian context where they emphasize the difficulty of entering the job market. They mention poor working conditions in previous jobs (such as unpaid overtime), sexual harassment in the workplace and on the journey to work, and being the target of neighbourhood gossip for working outside the home.

Surrogates, however, admit some fears and difficulties. The medical examinations and the demanding treatments are a source of anxiety. They dread the prospect of a Caesarean section. Concerning the child they are carrying, they emphasize the happy future that awaits it with loving, well-to-do parents, but express regret that they will not be allowed to see it after the birth. The main difficulty mentioned by the surrogates concerns stigmatization. They describe social attitudes to surrogacy in India as extremely disapproving. Some explain that their social circle knew nothing about *in vitro* fertilization, associating surrogacy with the extramarital relationship, which in India is strongly stigmatized and punishable by law. However, surrogates see themselves as educated women who understand a complex medical procedure that dissociates the conception of a child from sexual activity and gestation from genetics. Surrogates hide their surrogacy and sometimes prefer to be away from home during their pregnancy to protect themselves from their neighbours even though it is hard for them to be far from their family.

Conclusion

Surrogates tend to view surrogacy as an assumed choice, as a way to complete their social role as a woman, mother, and spouse. Compared to their peers, they see themselves as modern and educated women and develop strategies to resist to the stigmatization attached to the practice. However, interviews sometimes reveal cracks in the façade. Many surrogates say they do not want to repeat the experience in the future. Some women respond with emotion when asked about the possibility that a daughter of theirs might one day become a surrogate. They believe that if that happened, their surrogacy would have failed to change their family's life.

Surrogacy in India may, therefore, reinforce gender constraints, but it may be, at the same time, a way for women to improve their social and even gender conditions. Economic studies show that more money women earn outside the home, higher becomes her decision-making power. However, at the same time, earning an enormous amount of money, especially in using the body, goes against Indian gender representations.

This study stopped at the doors of the medical centres; it remains for future research to explore what happens to these women, their children and their families, to find out whether their dreams of a better future are fulfilled.

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