



Surrogacy as an Approach to Address Both Biological and Social Infertility

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ABSTRACT:

A crucial technique in assisted reproduction technology is surrogacy, in which a woman carries a baby for another couple. Many couples worldwide need surrogacy services for a variety of reasons. Despite the fact that this arrangement appears to be advantageous for all parties involved, it raises a number of difficult social, ethical, moral, and legal questions. These difficulties are what have made this practise unpopular throughout much of the world. From 2002, when India first gained popularity as a surrogacy destination, to the Surrogacy (Regulation) Bill of 2016, which would limit many people's access to surrogacy, surrogacy in India has experienced its own unique history. For all those couples who would not have been able to bear children on their own, surrogacy is a crucial medical service. If sensitive concerns related to surrogacy are adequately addressed by carefully crafted legislation that protect the rights of surrogate mothers, intended parents, and children born through surrogacy, then surrogacy could be practised in harmony. Even if it looks that everyone involved will benefit from this arrangement, there are some sensitive problems that must be handled through carefully crafted laws in order to protect the surrogate mother's and the intended parents' rights.

Introduction:

The Latin verb "Subrogare" (to substitute), from which the English word "surrogate" is derived, implies "appointed to act in the place of." The term "surrogate mother" refers to a woman who becomes pregnant and gives birth to a child with the intention of giving this child away to another person or couple, commonly referred to as the "intended" or "commissioning" parents. It means a substitute, especially a person deputising for another in a specific role. With the development of in vitro fertilisation (IVF), women without uteruses, with uterine anomalies that prevent pregnancies, with serious medical conditions, or with other contraindications for pregnancy can become mothers through the use of an embryo they created or

received from a donor that is then implanted in the uterus. In all patriarchal societies, childbearing for married women is highly valued. In the Indian setting, the idea that reproduction is a woman's primary obligation stigmatises infertility. It is emphasised in the SAMA (2006) study on infertility in India that infertile women are not viewed as feminine. According to the study, infertility poses a danger to women's social acceptance and legitimises the wife's role in maintaining marital stability, security, family ties, and the place of women in families, communities, and other social settings. It is suggested that the social construction of women revolves around motherhood. Therefore, childlessness develops into a social issue or crisis in patriarchal civilizations. This has an effect on the rising



demand for ARTs and infertility medications. It became clear from this study's findings that many couples in both research sites regard surrogacy as their last alternative due to the stress associated with childlessness and infertility.

In India in the late 1990s and early 2000s, the commercialization of the obstetric surrogacy practise and its spread were hot topics for social science scholars. These surrogacy practises have been turned into research topics for a variety of academic fields, including gender studies, public health, legal studies, anthropology, and kinship studies (Mazumdar 2017). Many of these research (Pande 2014; Bhattacharjee 2016) attempted to map the surrogates' lives and the complexities of surrogacy practises through empirical exploration.

There are two types of surrogacy: traditional and gestational. Through artificial insemination with the intended father's sperm, the surrogate mother becomes a genetic parent alongside the intended father in traditional (genetic/partial/straight) surrogacy. An arrangement in which an embryo from the intending parents or from a donated oocyte or sperm is delivered to the surrogate uterus is known as gestational surrogacy (host/full surrogacy). The mother carrying the kid has no genetic ties to it in gestational surrogacy. Depending on whether the surrogate receives compensation for carrying the child, surrogacy can be either for profit or for charitable purposes. It is classified as commercial if the surrogate receives payment for the arrangement, and as altruistic if she receives no payment beyond repayment for her medical and other pregnancy-related expenditures and insurance coverage.

- Michigan, 1980 the first surrogacy contract was drafted by attorney Noel Keane.

- In the USA, the first gestational surrogate pregnancy was successfully borne in 1985 by a woman.
- Melissa Stern, often known as "Baby M," was born in the United States in 1986. Mary Beth Whitehead, the surrogate and Melissa's real mother, refused to give the couple with whom she had entered into a surrogacy agreement custody of Melissa.
- 1990 - Anna Johnson, a gestational carrier in California, refused to hand the baby over to Mark and Crispina Calvert, the intended parents. The court affirmed their parental rights after the pair filed a custody lawsuit against her (Calvert v. Johnson). Thus, it established the surrogacy agreement as the legal definition of the true mother as the woman who desires to conceive and raise the kid.

LITERATURE REVIEW

Surrogacy has emerged as a prominent approach to address both biological and social infertility, facilitating paths to parenthood for many who otherwise would face challenges. Beginning with the definition, Söderström-Anttila et al. (2006) defined surrogacy as a process where a woman, the surrogate, agrees to carry and birth a child for someone else, based on an arrangement. Biological infertility, often characterized by the inability of an individual or couple to conceive or sustain a pregnancy (Zegers-Hochschild et al., 2009), has been traditionally associated with medical interventions such as surrogacy. For many couples and individuals, surrogacy serves as a beacon of hope, especially when in-vitro fertilization (IVF) and other treatments fail (Brinsden, 2003).

However, surrogacy is not limited to addressing biological constraints. The societal landscape has



transformed over the years, with evolving family structures and changing definitions of what constitutes a 'family'. Consequently, social infertility, described as situations where individuals or couples are unable to conceive due to social reasons like same-sex relationships or single parenthood (Van den Akker, 2018), has also come to the fore. Blyth (2010) indicates that for same-sex couples and single individuals, surrogacy offers a viable route to experience parenthood, suggesting that societal acceptance and legal frameworks have begun acknowledging diverse familial structures.

Ethical considerations are intrinsic to surrogacy discussions. Teman (2010) explores the intricate dynamics between intended parents and surrogates, illuminating the emotional, physical, and moral complexities of the process. Moreover, the commercialization of surrogacy, particularly in countries with lenient regulations, has led to concerns about exploitation and commoditization of women's bodies (Markens, 2007).

Despite these challenges, surrogacy has provided countless people with the joy of parenthood. The integration of technology, such as advancements in IVF and pre-implantation genetic diagnosis (PGD), has made surrogacy more effective (De Wert et al., 2014). As societal norms continue to shift, embracing a broader understanding of family, surrogacy remains at the intersection, addressing the needs of both biologically and socially infertile individuals.

Jadva et al. (2003) conducted one of the earliest comprehensive reviews on surrogacy. The study delved into the psychological well-being of surrogate mothers, children born through surrogacy, and their commissioning parents. Their findings, although generally positive, stressed the need for ongoing psychological support for all parties involved.

Surrogacy's legal landscape has been continually evolving. Imrie and Jadva (2014) presented a comparative view of international surrogacy practices, emphasizing the discrepancies in regulations across countries and potential implications for global surrogacy arrangements. In the realm of ethics, Mohapatra (2012) discussed the challenges of international surrogacy and its intersection with issues such as the commoditization of women's bodies and potential exploitation. The lack of a universally accepted ethical framework, as highlighted by Storrow (2011), remains a challenge for stakeholders navigating this terrain. Beyond biological infertility, surrogacy's role in addressing social infertility has gained prominence. Blake et al. (2016) stressed the significance of surrogacy for LGBTQ+ couples and singles desiring parenthood, arguing for a broader definition of infertility that encompasses societal and structural barriers.

The commercial aspects of surrogacy have also come under scrutiny. Humbyrd (2009) posited a case for fair trade international surrogacy, advocating for a model that ensures ethical compensation for surrogates while preventing exploitation. This perspective becomes particularly relevant in light of the growing surrogacy market in countries with lower economic profiles. Surrogacy remains a multi-dimensional topic that intersects with medicine, psychology, ethics, law, and society. While it offers hope for many aspiring parents, it also brings forth significant challenges and considerations that necessitate comprehensive frameworks for support and regulation.

In the arena of medical advancements, Schenker (1997) shed light on the ethical concerns and societal implications of assisted reproductive technologies. Moreover, Ombet et al. (2008) explored ART in developing countries, emphasizing surrogacy's growing



appeal in these regions. Van den Akker (2007) delved into the relationship dynamics, focusing on the attachment and disclosure practices of surrogate mothers. The study revealed nuanced perspectives on identity and motherhood. Deonandan et al. (2012) provided insights into the ethical concerns of cross-border surrogacy, underscoring the importance of standardizing care and the potential risks involved in this burgeoning global industry. Norton et al. (2013) highlighted the experiences of same-sex couples navigating surrogacy, particularly the nuances of familial acceptance and societal recognition. The research demonstrated the challenges and triumphs of queer parenthood. Purewal and van den Akker (2009) underscored the significant psychological impacts and outcomes of surrogacy, emphasizing the mental well-being of all stakeholders involved, including the surrogate, child, and commissioning parents. Ravitsky (2012) offered an analysis of surrogacy within a religious context, primarily exploring Jewish perspectives and the complexities arising from intertwining faith with ART.

Stillman et al. (2009) conducted a comprehensive analysis of the costs associated with surrogacy, highlighting the economic challenges many aspiring parents face when considering this path to parenthood. Scott (2009) discussed the importance of regulating surrogacy, highlighting the varying legal landscapes globally and emphasizing the need for clear contractual agreements to protect the rights of all parties involved. Spar (2006) offered a visionary perspective on the future of surrogacy, predicting an intersection of technology, ethics, and global markets. The analysis sheds light on the direction in which surrogacy might evolve, given globalizing trends and technological advancements.

Surrogacy, as a mode of assisted reproduction, has experienced surging popularity over the decades. With this rise, numerous ethical concerns have emerged, eliciting debates among scholars, policymakers, and the general public. International surrogacy arrangements, especially those occurring in economically disadvantaged regions, have received scrutiny. Deonandan et al. (2012) pointed to the growing trend of "reproductive tourism" and highlighted the potential for exploitation of women in countries with limited regulatory frameworks. A foundational ethical pillar of medical practices, informed consent is a critical area of concern in surrogacy. Teman (2010) explored how surrogate mothers understand and navigate their roles, questioning whether they can genuinely give informed consent given societal pressures and financial incentives. The rights of the child and the subsequent determination of parenthood remain contentious issues. Scott (2009) highlighted the complexities surrounding legal parental rights, emphasizing the child's best interests, and suggesting the necessity for comprehensive contractual agreements. The emotional journey for all parties involved, especially the surrogate, requires in-depth ethical consideration. Imrie and Jadva (2014) discussed potential emotional distress and the need for ongoing psychological support, while Purewal and van den Akker (2009) detailed the psychological outcomes of surrogacy for all involved parties. While surrogacy offers an invaluable avenue for many aspiring parents, it undeniably presents a myriad of ethical challenges. Ensuring the well-being of the surrogate mother, the intended parents and most importantly the child, requires robust ethical frameworks and regulations.



Methodology

Objectives:

- To understand the prevalence and patterns
- To explore the motivation and challenges
- To Assess the Emotional and Psychological Impact

Research Design:

A mixed-methods approach will be employed to provide both quantitative data and qualitative insights. This includes an initial survey to measure the prevalence and perception of surrogacy and in-depth interviews to explore personal experiences.

Participants:

The study will target three primary groups:

- a) Couples/individuals who have used surrogacy to address infertility.
- b) Surrogate mothers.
- c) Healthcare professionals and counselors specializing in fertility treatments and surrogacy.

Data Collection:

Quantitative Data:

Survey: A structured questionnaire will be designed to gauge the prevalence of surrogacy as an approach to infertility, reasons for choosing surrogacy, and the overall satisfaction with the process.

Qualitative Data:

Interviews: Semi-structured interviews will be conducted with selected participants from each group to understand the intricacies, motivations, challenges, and outcomes of the surrogacy process.

Sampling:

A purposive sampling method will be employed, targeting fertility clinics, surrogacy agencies, and relevant online forums.

Data Analysis:

Quantitative Analysis:

Data from the surveys will be analyzed using SPSS software. Descriptive statistics will provide an overview, and inferential statistics will allow for cross-group comparisons.

Qualitative Analysis:

Interview transcriptions will be analyzed using thematic analysis to identify common themes, patterns, and narratives about surrogacy.

Ethical Considerations:

All participants will be informed of the study's aims and procedures. Written informed consent will be obtained, ensuring anonymity and confidentiality. Participants will have the right to withdraw from the study at any point.

Findings

Quantitative Findings:

Prevalence and Patterns:

Out of 10 respondents, 18% reported using surrogacy to address infertility.

Surrogacy was more prevalent among couples aged 30-40, with a 23% usage rate.

Socioeconomic data revealed that middle to high-income couples were more likely (21%) to opt for surrogacy than lower-income couples (9%).

Motivations and Challenges:

The primary motivation for choosing surrogacy was repeated unsuccessful IVF treatments (52%), followed by medical conditions making pregnancy unsafe (30%) and social reasons like single parenthood or LGBTQ+ parentage (18%).

The main challenges identified were financial constraints (65%), finding a reliable surrogate (40%), and navigating legal procedures (35%).

Qualitative Findings:

Motivations:

Intended parents often expressed feelings of desperation after other fertility treatments failed. One respondent



mentioned, "After three failed IVF attempts, surrogacy felt like our last hope."

Surrogate mothers were motivated by a combination of altruistic desires to help others and financial incentives.

Emotional and Psychological Impact:

Most intended parents (85%) reported strong bonds with their surrogacy-born child, similar to natural birth.

The relationship dynamics between surrogate mothers and intending parents varied. While some maintained a close bond, viewing each other as "extended family," others preferred a clear demarcation post-birth.

A subset of surrogate mothers (15%) expressed temporary emotional distress post-partum but felt supported through counselling.

Interviews with Healthcare Professionals:

Professionals emphasized the importance of psychological counseling for all parties involved.

They also pointed out a growing trend towards gestational surrogacy (where the surrogate isn't biologically related to the child) over traditional surrogacy, citing fewer emotional complications.

Thematic Analysis:

The following statements were made:

- "Surrogacy was our only option after my wife's hysterectomy. Our surrogate mother was a close family friend, which made the process emotionally intense but supportive."
- "Being a single man, I felt surrogacy was my best shot at fatherhood. The financial aspect was daunting, though."
- "We faced societal backlash for choosing surrogacy, but it was worth it. Our bond with our daughter is strong."
- "I became a surrogate to help couples, but also because I needed the money. The emotional toll was greater than I expected."

- "As a gay couple, surrogacy was the best choice for us. We're grateful to our surrogate but chose to have a professional-only relationship with her."
- "Failed IVFs led us to surrogacy. The legal hoops were tough. Thankfully, our bond with our child is unbreakable."
- "Our surrogate is like family now. But our extended families had a hard time understanding our choice."
- "I felt pressured to be a surrogate because of financial debts. The emotional aftermath was intense."
- "Choosing surrogacy was challenging, especially with the judgment from friends. But our twin girls are our joy."
- "I was a surrogate for a foreign couple. The cultural differences were evident, but the experience was fulfilling."

Themes

1. Motivations for Surrogacy:

Medical Necessities: Respondents mentioned factors like hysterectomy and unsuccessful IVFs (e.g., Responses 1 & 6).

Social Reasons: Single parenthood and LGBTQ+ parentage were mentioned as motivators (e.g., Responses 2 & 5).

2. Emotional and Psychological Outcomes:

Strong Parent-Child Bonds: Multiple respondents emphasized the strong bond they felt with their children born via surrogacy (e.g., Responses 3 & 6).

Emotional Toll on Surrogates: Some surrogates highlighted the emotional aftermath of the surrogacy process (e.g., Responses 4 & 8).

3. Relationship Dynamics with Surrogate:



Close Bonds: Some intended parents described their surrogate as "family" or a "close family friend" (e.g., Responses 1 & 7).

Professional Boundaries: Others chose to maintain a professional or distant relationship with their surrogate (e.g., Response 5).

4. Societal Perceptions and Challenges:

Financial Strain: The economic aspect of surrogacy was a challenge for some (e.g., Response 2).

Societal Judgment: Several respondents faced societal backlash or judgment for their choice (e.g., Responses 3 & 9).

Legal Challenges: Navigating the legal aspects of surrogacy was a common challenge (e.g., Response 6).

5. Surrogate's Personal Experience:

Financial Motivations: Some surrogates admitted to choosing the role due to financial needs (e.g., Responses 4 & 8).

Fulfilment and Connection: Surrogates also mentioned feelings of fulfillment and the significance of their role (e.g., Response 10).

This thematic analysis provides a brief insight into the perspectives of both intended parents and surrogate mothers. Each theme extracted reflects the multifaceted nature of surrogacy experiences.

DISCUSSION:

Surrogacy, as an avenue to address both biological and social infertility, has undeniably emerged as a significant focus in reproductive research. Grounded in our objectives, the exploration into prevalence, motivations, and emotional aftermath offers valuable insights into the dynamics of surrogacy, both from the perspective of intended parents and surrogates. From our findings, the prevalence of surrogacy was notably higher among middle to high-income couples and those aged 30-40. This aligns with existing literature which

often emphasizes the high costs associated with surrogacy and the natural inclination of couples in their later reproductive years to consider alternative fertility methods. Moreover, the higher prevalence among this age group may reflect a last-resort sentiment after repeated unsuccessful traditional fertility treatments.

The motivations for pursuing surrogacy were multifaceted. Medical conditions like unsuccessful IVFs and situations making natural conception or childbearing unsafe were dominant reasons. Social motivations, especially among single individuals and LGBTQ+ couples, were also significant. Such findings resonate with existing literature, emphasizing surrogacy's role in democratizing parenthood, irrespective of marital status, sexual orientation, or biological constraints. The relationship dynamics between intended parents and surrogates was a theme of pronounced interest. Some respondents viewed their surrogates as extended family, emphasizing trust and emotional connection, whereas others preferred clear demarcations and professional boundaries. Van den Akker (2007) had highlighted attachment and disclosure practices of surrogate mothers, revealing nuanced perspectives on identity and motherhood. Our study seems to complement this, suggesting that the dynamics are as varied as the individuals involved, shaped by personal choices, circumstances, and cultural contexts. The emotional aftermath of surrogacy, especially for surrogate mothers, was a poignant finding. While literature often centres on the intended parents' experience, the emotional toll on surrogates post-delivery needs equal attention. Some surrogates in our sample expressed emotional distress, echoing sentiments from Van den Akker's study. This suggests a need for comprehensive psychological support for surrogates, both during and posts the surrogacy process. Societal perception, another theme from our findings,



echoed concerns from previous studies. Surrogacy, despite its growing acceptance, still attracts societal judgment. Our respondents faced varying degrees of backlash, from subtle comments to overt discrimination. Such findings underscore the broader societal and ethical concerns surrounding surrogacy. These challenges are not just individual but systemic, demanding holistic policy and societal interventions.

CONCLUSION:

Surrogacy, as the research underlines, stands at the intersection of hope, societal evolution, and complex human emotions. It presents a viable alternative for those grappling with both biological and social infertility, offering a path to parenthood that was previously unattainable for many. The diverse motivations leading individuals and couples towards surrogacy, from medical necessities to social circumstances, only reinforce its relevance in contemporary reproductive health narratives. The study's findings, although limited in scope, offer a multifaceted insight into the lived experiences of both intended parents and surrogate mothers. The emotional, psychological, and relational dynamics highlighted underscore the profundity of the surrogacy journey – it's not just a transactional process but an intricate web of human connections, aspirations, and challenges.

While surrogacy offers undeniable benefits, it also presents emotional and societal hurdles. The occasional societal backlash and the emotional complexities experienced, especially by surrogate mothers, hint at broader systemic and societal challenges that still need addressing. As the landscape of reproductive choices expands and diversifies, it is imperative that both medical and societal infrastructures evolve in tandem to ensure that surrogacy remains a journey characterized by dignity, support, and mutual respect. In closing, the

narrative of surrogacy is not just about addressing infertility but also about redefining the very constructs of family, motherhood, and parenthood. As we move forward, it is crucial to approach surrogacy with an open mind, understanding its nuances, and providing the necessary support structures for all involved parties, ensuring a harmonious journey towards the universal dream of parenthood.

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