

# Surrogacy—the impossible dream of a fair trade baby

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A new PhD shows that it is impossible to defend surrogacy in India as an arrangement between equals. Credit: Philippe Put/Flickr.

While western couples get their longed-for child, Indian surrogate mothers are left with a feeling of having sacrificed more than they have gained. Surrogacy can never become a win-win situation, according to anthropologist Kristin Engh Førde.

"Can we really do this, can we defend it?" the desperate couple asks in their hotel room in Mumbai.

They have done a lot of research before coming to India, but are still not convinced whether it is possible to find an ethically justifiable way to go through with [surrogacy](#).

"The room quivered when I interviewed them," says Kristin Engh Førde.

"So much was at stake. They feared having to choose between two extremely strong desires. Between being the type of people they wanted to be – the people their entire social universe presupposes that they are – or having this baby that they so deeply desire."

But the couple that introduces chapter four of Førde's PhD thesis on surrogacy in India is atypical for the selection of [parents](#) she has interviewed.

"The last time I spoke to them they had concluded that this isn't ethically justifiable," says the anthropologist.

The rest of the parents reach the opposite conclusion. Following ethical considerations, they conclude that it is a win-win situation for them and the Indian woman who will be carrying forth the baby on their behalf. They believe that they have stayed clear of dishonest actors and found ethically responsible clinics.

One of Førde's findings is precisely this: When you are privileged, you also have the privilege to define the world according to your own standpoint. With support from the way in which surrogacy has been organised in India, it is perfectly possible to see the exchange as a pure win-win situation.

Another of Førde's findings is, on the other hand, that it is impossible to defend surrogacy in India as an arrangement between equals. It gives highly unequal results for the involved parties. The western parents can bring a baby home with them. The Indian woman who has given birth to their baby, earn a sum of money that isn't sufficient to get her out of poverty. The women are often left with a sense of loss: they have given someone a huge gift, but aren't even close to be receiving the equivalent in return.

## **Just have to have a child**

India's golden days as surrogacy destination was over in 2015, when a new legislation made surrogacy for foreigners illegal. When Førde did her fieldwork in 2012 and 2013, India was still the place to go. The clinics preferred by Scandinavians were located in the city Mumbai.

Women in India's surrogacy industry have been subject to a good deal of research. The parents-to-be have received much less scholarly attention, however. Førde has spoken to thirty-two of them – seven heterosexual couples, seven gay couples, two men whose partners were not available for interviews, and two single men.

And they just have to have a [child](#).

"For instance, I'm talking to single fathers who have had a child on their own. It is more important for them to have a child than a partner," says Førde.

"The fact that you have a good marriage or a good relation to your nieces and nephews doesn't mean that you don't feel a need for having your own children. Having your own child, who is just yours, can't be replaced by anything. Many of the people I spoke with thought that a life without a child was a poor one."

## **Would have adopted**

One common objection in surrogacy debates is that it is better to adopt. However, this is practically impossible for the gay men in the material. The heterosexual couples have often tried but failed for various reasons.

"The majority of the people I spoke to would have preferred adoption. It would have been cheaper, and it would have required less research, concern, and criticism."

The myth that those who make use of surrogacy are so obsessed with continuing their own genes that adoption is not an alternative finds no support in Førde's study.

"Many of them seem less obsessed with reproducing their own genes than most people are," says Førde.

"What's important is to have a child that is just yours. This contrasts with constellations where a gay couple and a lesbian couple have a child together, or a gay couple has a child with a single woman. In such cases, there are three or more parents, but this is not what they want. It's the nuclear family they're after."

## **Don't get to meet the surrogate**

Before they decide to try surrogacy, the so-called intended parents have worked their way through what most of them perceive as moral dilemmas. One couple choose not to go through with it, the rest conclude that this is justifiable. It is good for them and good for the surrogate – the woman who will be giving birth to the baby on their behalf.

"How can they not know that the surrogates are left with relatively little

after this major undertaking, as you've also found in your own research?"

"I personally spent several months trying to find out how the surrogates felt about this. It cost me a lot of effort," Førde begins.

"This is one of my most important findings. Who gets to define the reality is closely connected to power. As privileged you also have the privilege to perceive the world as it appears from your own point of view as the truth. At the same time, other truths remain invisible to you."

Førde has called her thesis Intimate distance. A woman will be giving birth for you, but you don't get to meet her during her pregnancy and just barely after. Intimate, yet with major distance.

The way in which the clinics operated strengthened the structural distance between the white western childless couples or individuals and the non-white, poor Indian women.

"Many of the parents-to-be also have an understanding that it is better for the surrogates if they don't get too close to them. They imagine that entering her sphere would be a violation of her privacy," says Førde.

"This is their paradoxical project: to find out how she experiences it without talking to her."

Keeping a certain distance is a prerequisite for the process to be legitimate, according to both the future parents and the clinics.

"But not according to the surrogates," Førde emphasises.

"I never heard any such concern from them. Rather, they perceive the distance as a disadvantage, it weakened their negotiating position."

## Like buying fair trade coffee

But what about available research and not least news reports concerning surrogacy and exploitation of women?

The parents-to-be had put a lot of work into investigations, according to Førde.

"Some thought that research from the US was transferable to India. But according to Førde, the surrogates are in a much stronger position in the US. The surrogate often chooses who she wants to give birth for, and there is often frequent contact between surrogate and parents both before and after birth if this is something the surrogate wants. "

One man had seen a documentary from Gujarat in India during the period when he and his husband were considering surrogacy in India. He said that he was shocked and had nightmares afterwards, thinking, "We are not that kind of people".

"But then he met someone who had been to a clinic in Mumbai," says Førde.

"This clinic has promoted itself as an ethical alternative specifically directed at the Scandinavian market."

According to the anthropologist, the clinic has accommodated the western customers' wishes. They knew how to talk about and represent things in a way that appealed to Scandinavians. For instance, they had hired a psychologist for the surrogates. This was something that the parents liked, but according to Førde, it was neither useful for nor appreciated by the surrogates.

"Benefiting from conversations with a psychologist requires a

competence which is strongly connected to a western mind-set and way of living."

But the western adjustment worked; the clinic had many Scandinavian customers.

"Many ended up thinking that the ethical problems were related to internal Indian circumstances rather than to surrogacy itself, or to the global relations that facilitate this."

Førde compares it to buying fair trade coffee.

"We're looking for ways to compensate for structural inequality. We're all trying to do things on micro level to make up for what is structured on the macro level."

"Some had seen or heard gross descriptions of bad conditions and unethical practice, and had reacted to that. But they strongly believed that it was possible to create ethical enclaves within a 'dirty' market. A part of their ethical project was to steer away from the bad actors and find those who sold in ethics as part of their package."

## **When desperation becomes profit**

According to Førde, we can't place too much responsibility on individuals.

"These parents often face a banal moralism which takes for granted that they are highly self-centred and unscrupulous people, but they are not," she claims.

"They are marginalised people in a society that strongly emphasises the importance of having children."

"It's a mistake to assume that those who choose surrogacy are less morally reflective or that they have less integrity than others. The problem is not the individuals' weak morals, but the dilemmas that arise when peoples' emotions and inner desperate desires become profit. When the market enters these areas of human life, moral integrity and our ability to make assessments are seriously tested," according to the researcher.

"But aren't these individual acts the basis for the structures on the macro level?"

"This touches upon a classic debate within the social sciences. I belong to the academic tradition that is interested in how power relations structure our choices and experiences. Our scope of action – both our alternatives for action and our repertoire for thinking about the world in which we live are structured by the social relations we're born into."

"I don't mean to deprive people of their free will, but I don't think transnational surrogacy exists simply because some western individuals have low morals."

## **Moralising is no solution**

According to Førde, it is not only the underprivileged that lack insight into the power relations restricting their lives. The privileged also have difficulties seeing that their experiences and opportunities are shaped by structures they benefit from.

"I also went on fieldwork with privileges. I can do my fieldwork because I'm an educated white western woman. It was an enormous realisation for me to understand that there is nothing I can do to disclaim my postcolonial privileged position as white. It is written in my body, it is what I am."



"But you've become aware of these privileges?"

"It helps. You can compensate to some extent. The parents were also aware of their privilege. But you can't disclaim privileges as an individual choice, it is impossible."

According to Førde, the moralism dominating the debates on issues such as surrogacy does not bring us any step further.

"I've experienced that people use their energy on moralising rather than looking for causes and solutions on the structural level. But it doesn't help to judge your overworked neighbours because they have an au pair or congratulate yourself because you don't. Again: it reduces phenomena that are founded on global and gendered inequality to questions of individuals' moral character. People's reproductive marginalisation is also a dilemma that we have to take into consideration."

"Perhaps the reality is that some people can't have children, and they just have to accept that?"

"It is, but who should be excluded from reproduction is a political question and no longer a 'natural' consequence of biological variation, if that has ever been the case. Society already helps people who can't have children on their own through reproductive technology and adoption. As of today, infertile heterosexual and lesbian couples are offered help, whereas homosexual male couples are excluded. This is problematic and should be discussed."

## **Gay men major part of the market**

In Førde's material, just over half of the intended parents are gay men.

While the heterosexual couples had been through several attempts to

have a baby – IVF treatment, adoption – surrogacy was often the gay couples' first attempt.

"To the heterosexuals, surrogacy was often regarded as a sad final stop; they had tried everything and ended up with something far different from what they had first imagined. The gay men had not tried everything and failed at each and every attempt, they did not to the same extent carry the stories of disappointment as part of their baggage," says Førde.

"To them it was more like, 'Wow, we can do this, finally we can also have a child'."

Gay men represented a major part of the group who left Scandinavia to go to India for surrogacy until 2015.

"The number of couples who are infertile because of the woman is limited, and this is a solution for them. But there are many gay couples who want to become parents, and the fact that commercial surrogacy became a possibility for them contributed to a growing desire for children," says Førde.

## **Surrogate, not mother**

The thesis is also based on in-depth interviews with twenty-seven surrogates.

Six of the women were in the process of surrogacy, whereas the rest had finished between four weeks and three years ago. A major part of the women considered becoming surrogates again. Approximately half of them had also donated eggs.

In western debates there have been much discussion concerning the terms we use to talk about surrogates. The Indian women didn't seem to

have any strong opinions about this, according to Førde.

"American surrogates often have a policy when it comes to the use of terminology, but the Indian women didn't. This may have to do with the fact that their experiences with surrogacy were less articulated. Many of them had barely spoken about their experience with anyone before I interviewed them. They had to a very little degree made use of their language in order to sort out their experiences the way western surrogates seem to have done."

The researcher has deliberately chosen to use the term 'surrogate' instead of 'surrogate mother'.

"I think it works, because it leaves open what kind of experience this is, and that it varies between individuals and over time. The term 'surrogate mother' connects the experience to certain connotations in our culture, and does not capture the complex and disparate experience conveyed by the Indian women."

It's not that surrogacy doesn't have anything to do with motherhood, but this was about something completely different from being pregnant with and giving birth to one's own children. Additionally, many experienced that the way in which they perceived their own relation to the child changed through the various phases of the process.

## **Desperation, class, and patriarchy**

A commonly used argument in favour of surrogacy is that this is a win-win situation. A childless couple gets a baby. A woman, who is often portrayed as independent and capable of making her own choices, chooses to carry and give birth to this child for a sum of money that will put an end to her poverty.

"The story about an autonomous woman who chooses to use her body as she pleases and makes money on it does not go down well in the Mumbai slum," Førde emphasises.

"These women's stories are about desperation produced by the class society and the Indian patriarchy. They are financially and socially marginalised, and this background is the reason why they become surrogates."

The women that Førde has spoken with are not just poor; they are often poor women who have lost direction in life. Something has gone wrong – a sort of social fall, often related to marriage. Their husband has died, they've gone through a divorce, or their husband is not able to provide for them.

"They are forced to make money for their family and their chances for succeeding are extremely low. They have no education and very little experience on the job market. Some have a major debt to pay, such as a hospital bill."

Working as a house cleaner, which was the alternative for many of the women, would only be a drop in the ocean.

"Many feel that surrogacy is a chance they have to take. And it's important for them to distance themselves from the choice. It was not something they wanted; it was something they had to do."

## **A medical baby**

Just like the so-called intended parents, the surrogates also have to work with ethical dilemmas. They have to make it morally acceptable for themselves to be pregnant with someone else's baby and to give the baby away after birth.

"The fact that they are paid for it doesn't make it justifiable," says Førde.

"On the contrary, they have to distance it from prostitution and from giving away their child."

The surrogates' way of doing this is known from other research. The relation to the pregnancy and the baby must be made into something different from what it normally is. The way in which the child was conceived was central here. The child was a 'medical baby'.

"The story they make about the surrogate child is that it is a baby created outside their own body, from medications, which was nourished from medications during pregnancy, and in a way belonged to the medicinal more than to themselves."

And it's important for the women to emphasise that they're not doing it for the sake of the money – they're doing it for the sake of their own children.

"Their stories are often quite far from the neoliberal story of reproductive workers in a global market," says Førde.

"They go far in making it about a gift economy. The money is not the final station; it's a means in order to do good. Being a surrogate becomes equivalent to being a good mother – they do this because they are good mothers to their own children."

"The women do not present themselves – and probably do not think of themselves – as modern, liberated women who choose to do what they please with their body, but rather as desperate, powerless mothers who are willing to sacrifice their own health and respectability for their children."

And it is preferable that her surroundings don't know what she's done. There is no acceptance for surrogacy in the local community, and it has been very tough for some of those whose story has been revealed.

## **The money doesn't change lives**

The win-win arguments ultimately fail, however, because the money that the women make from being surrogates – approximately 30.000 to 35.000 Norwegian kroner when Førde did her field work – does not suffice. At least it is not enough to permanently put an end to their poverty.

"That is probably the most depressing of all my findings," says Førde.

"There are many reasons why the money doesn't suffice," according to the anthropologist. "First of all, it is not a huge sum of money in the first place. If the goal is to buy a house, the money from a surrogate pregnancy is not enough to buy property in Mumbai, not even a very humble one. Additionally, many of the women have major debts to pay. Handling large sums of money and making them last are also a skills which might not be within reach for someone who can't read or write," Førde emphasises.

The researcher got particularly close to one of the women whom she has chosen to call Lata in her thesis. Since Lata could speak some English, she and Førde could talk without the use of an interpreter. This led to a different type of contact than with the rest of the women. Lata spent her money on renovating her 12 m<sup>2</sup> house. She tiled the floor, bought a fridge, installed a WC and put in a window. Through egg donation, she could later afford to put in a flush button on her WC.

"She was proud of it. She said, 'my children have better lives than before.' And her marriage became better as a result," says Førde.

But she didn't have money to implement her original plan, which was to invest in social mobility by sending her children to a better school where they could learn English and qualify for middle class jobs.

"She could perhaps have sent one of them to such a school for one or two years instead of renovating the house. That's how little money it is."

## **Dream about a life-long relation to the parents**

Førde met women who grieved the loss of the baby they had given away for a long time, but this was not the most common experience.

Many described a sense of loss that had more to do with the feeling that they had given something big and received very little in return.

"They had helped a child to life with their own bodies; they had given their pain, love, care, and sacrifice. It was like, 'I have made her a mother, and I am left behind with a life that hasn't changed at all.' This was the loss."

In the beginning, they had entered surrogacy as if it were 'only a job'. During the process, what they gave was often redefined as a gift.

"The Indian women seemed to have a different understanding of money and close relations than the western parents. The same applies to close relations and people who are socially unequal. For the western parents, and perhaps especially the Scandinavians, this was perceived as very demanding and full of dilemmas. It was uncomfortable for the parents to enter relations with a debt of gratitude, and have a relation with someone that they had an unsettled moral obligation towards," says Førde.

"The surrogates often dreamt about such an undefined obligation, a little like, 'if everything goes to hell, there is someone who can save me. Like

I saved them.' This would have been perceived as unmanageable for many of the parents."

Lata's dream was to be able to negotiate her own contract and thus add a gift element to it. Instead of getting a one-time payment, she wanted the clients to take responsibility for her own children's education.

## **Regulating and fighting inequalities**

"Given your findings, that surrogacy is not a win-win situation but is rather based on and imbued with unequal relations that are reproduced – can you imagine ways to do this that would make it more equal? That would involve less exploitation and more fairness?"

"I'm not sure. There would have to be an explicit ambition that the inequality should be taken into consideration, and an explicit goal to compensate for it rather than strengthen it," Førde begins.

"Such efforts are not made in the global surrogacy market today. The scope of the inequality is not recognised, which is necessary for this to happen. It is global inequality that structures the world; it also applies to those who manufacture our t-shirts."

"Lata's dream was to negotiate her own contract, could this not have been something?"

"Yes, I think having direct contact with the people you are being a surrogate for would be beneficial. The surrogates' position should also be strengthened in all possible ways, for instance by paying for their doctor and lawyer, and an interpreter that is not paid by an intermediary. But this would also have made it less attractive for many intended parents. It would be more expensive, but the inequality - both social and cultural - would be much more importunate. The distance is probably part of what



is attractive for those who choose India."

The transnational surrogacy industry in India seems to be a finished chapter. But Førde is quite certain that new low-cost destinations are due to appear soon.

"I find it difficult to imagine that this will be an unproblematic exchange of respective goods, when it is founded on structural inequality. At the same time, I find it difficult to decide that this shouldn't be legal. Moreover, a global prohibition is hardly realistic. It is the same dilemma as we see in the prostitution debate and the debate concerning au pairs."

The [surrogates](#), the prostitutes, the au pairs. Cheap t-shirts and fair trade coffee.

## **"Should we just give up, then?"**

"I don't believe in letting the principles butt against each other so intensely that we fail to help the women who are in the middle of this. The demand must be as much regulation as possible, which compensates for the inequality in the best possible way. This is the preliminary solution."

"The real solution is of course to liberate the world's [women](#) and fight to neutralise the inequality between people."

Provided by KILDEN

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