MOTION:

“COMMERCIAL SURROGACY IN POORER COUNTRIES IS EXPLOITATIVE”
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It is estimated that 9% of couples worldwide are infertile [Ref: Human Reproduction]. Although it remains difficult, women unable to conceive naturally, or who are past their reproductive prime, are still able to have a child. To do so, many seek high-tech, low cost help from developing countries like India or relatively poor Eastern European countries like Russia or Hungary. Long waiting times related to a shortage of eggs and sperm in the UK and elsewhere, the lack of donor anonymity, over-regulation [Ref: Mother Jones], high costs and poor experiences of treatment are cited as reasons for going abroad for help [Ref: Scotsman]. In India, which leads the world in fertility tourism, ‘commissioning couples’ can expect high-quality care, cost effective treatment, a high success rate and few legal hurdles. Donor eggs, sperm, and embryos are available, and women can become pregnant through IVF or can hire a surrogate - a woman who bears a child, genetically unrelated to herself whom she will give up on delivery. But while demand for such services keeps growing, so too do the legal, moral and ethical concerns related to its practice. Dubbed the ‘wild, wild west of medicine’ by bioethicist Arthur Caplan, many argue that the unregulated, global nature of commercial surrogacy and egg and sperm donation is highly vulnerable to exploitative practices. In India the Assisted Reproductive Technologies (Regulation) Bill - 2010, is just the latest attempt to regulate fertility services that some fear are spinning out of control [Ref: PRS]. Should we celebrate the material and emotional gains brought about by fertility tourism, for surrogates, donors and commissioning parents alike? Or do we need to be more circumspect about the thriving ‘rent-a-womb’ market and the ‘outsourcing of pregnancy’? There are growing calls for regulation, with particular concerns that current arrangements may unfairly exploit surrogate mothers [Ref: Reuters].
What’s on offer?
Egg donation and surrogacy remain the most controversial and talked about practices within the fertility tourism debate, both because of the potential health risks posed to the donor and surrogate, and because of the moral ambivalence involved. Both involve highly technical and complicated clinical procedures: egg donation is the process by which a woman provides one or several eggs for the purpose of assisted reproduction. Donors are injected with a follicle-stimulating hormone, which increases ovarian activity, producing more eggs than during a normal cycle - often between 10 and 15. Surrogacy refers to the process in which a woman carries the baby in her womb ‘for’ another couple. Through in vitro fertilisation (IVF), an embryo created from the sperm or egg of donors or from the couple wanting a baby is implanted in the surrogate’s womb. In India, surrogate’s own eggs are not used, to ensure there is no biological link between her and the baby. Rules stipulate that a surrogate must already have a child of her own to minimise the potential negative emotional consequences of giving up the baby at birth.

A win-win situation?
Surrogacy affords many infertile, often desperate, couples the possibility of having a child [Ref: Medindia]. For many couples in the West, the procedure is forbiddingly expensive, affordable only to professionals like doctors and lawyers [Ref: New York Times]. Moreover, in most other countries legal issues and red tape deter couples from availing of surrogacy [Ref: Wall Street Journal]. Commercial surrogacy can be seen as having benefits for both parties. For the surrogates, choosing to carry a child [Ref: Cubically Challenged] for contracting couples is an opportunity for financial empowerment [Ref: Rediff India], enabling them to secure a ‘better life’ for themselves and their families [Ref: India Today]. Others point to an altruistic dimension: in a country where childbirth is almost sacred, Indian surrogates may feel happy to help infertile couples [Ref: Medindia]. While there are always health risks involved in fertility treatment, pregnancy and childbirth, India has highly trained doctors and sound medical facilities that provide good healthcare for both the surrogate and the baby [Ref: Today]. Some worry that surrogates may suffer psychological damage after giving up the baby, but most women receive counselling to help them cope with the situation. Also, most clinics stipulate that surrogates already have children of their own so they will be aware of the physical and emotional tolls of pregnancy.

Dehumanising and exploitative?
Commercial surrogacy is big business. Legalised in India in 2002, it is now a $2 billion-a-year industry, with an estimated 1,000 clinics. Indeed, many of these clinics advertise ‘healthy young women – superovulated exclusively for you’ [Ref: Guardian]. Critics argue that placing a profit motive at the heart of fertility treatments can be dangerous, however, pointing to the risks posed to egg donors and surrogates inherent in IVF fertilisation, such as ovarian hyper-stimulation. The growing number of Western couples seeking donors and surrogates in India has prompted many to view this as the exploitation of women [Ref: MightyLaws.in] based on reproductive health inequalities [Ref: Expert Reviews]. The charge of exploitation finds the use of bodies or the ‘renting of wombs’ of poor women in developing countries in exchange for money disconcerting.
and dehumanising [Ref: Nature]. Terms such as ‘outsourced pregnancy’ suggest the practice of egg donation and commercial surrogacy is akin to other outsourced business operation exploiting cheap labour in countries like India [Ref: Slate]. In commercial surrogacy, it is argued, women are viewed primarily as an instrument of childbearing, and their wombs treated as commodities; all of which has implications for how society views women, and the emotional relationship between mother and child. The discussion has also become inextricable from concerns about poverty, with many questioning whether poor women, sometimes in financially desperate situations, really do have a choice [Ref: Dr. Malpani’s Blog]. Others have also expressed concern that women may be coerced by their husbands or in-laws into becoming surrogates, and many argue that uneducated poor women are forced into surrogacy by middlemen, some of whom have been accused of cheating the surrogates out of their compensation [Ref: wscpedia.org]. Others, however, make the point that poor women are still capable of making choices [Ref: Stanford University]. They argue that commercial surrogacy should be viewed as a welcome and effective means of assisting infertile couples, whilst at the same time providing reasonable financial compensation to those women prepared to help them.
ESSENTIAL READING

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The Real Deal on India’s Gestational Surrogates
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Foreign couples turn to India for surrogate mothers

FERTILITY TOURISM:
“Commercial surrogacy in poorer countries is exploitative”
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“Commercial surrogacy in poorer countries is exploitative”

ORGANISATIONS

Global Surrogate Mother’s Advancing Rights Trust
Sama: Resource Group for Women and Health
Surrogacy India
Surrogacy UK

SURROGACY OVERSEAS

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Sheela Bhatt Rediff India 1 November 2007

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Israeli sex offender taps India’s booming surrogacy trade for baby girl
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Govt set to allow visas to singles too for surrogacy
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