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# Transnational Cross-Racial Surrogacy: Issues and Concerns

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**Abstract**

The Indian movie *Mala Aai Vhhaychy* ("I Want to Be a Mother" in the Marathi language), in juxtaposition with the article in this issue of *Affilia* by Rotabi and Bromfield entitled "Intercountry Adoption Declines and New Practices of Global Surrogacy: Global Exploitation and Human Rights Concerns," bring to the surface several cultural, social, ethical, economic, and professional social work issues that I address in this editorial. The movie asks a challenging question in relation to mothering: Does the poor, rural, Gujarati (Indian) mother, who would benefit financially from surrogacy, have any claim to the child she is bearing for an American fertility-touring couple? More questions are raised with the possibility that the child may be born with a handicap, with the response of the commissioning couple, and additional more positive and negative twists in the story. Rotabi and Bromfield's article raises the ethical dilemma as well as human rights concerns arising from international surrogacy, using India as a case example. Both the movie and the article focus on gestational surrogacy by Indian women, for predominantly western couples.

A surrogate mother is a woman who carries a fetus conceived by assisted reproductive processes using the sperms and/or eggs of the commissioning person or couple, where the expectation is to give up the child to the commissioning person or couple when the child is born. Two types of surrogacy are practiced. The first type is traditional surrogacy in which the birth mother is also the genetic mother, and donor sperms are used to impregnate the woman. Most surrogate mothers in the United States, prior to the late 1980s, were genetic mothers. The second type, which has increased substantially since the early 1990s, is gestational surrogacy. As of 2003, it accounted for an estimated 95% of surrogacy births (Hamilton, 2003). Gestational surrogacy involves the implantation of an embryo that has usually been created from the sperm and eggs of the commissioning parents. It also involves medical procedures and hormone injections to the surrogate mother to prepare the womb for the pregnancy. As a woman of Gujarati Indian background, I felt culturally offended by the surrogacy scenario portrayed in the film, especially with the gestational surrogacy being part of a financial transaction organized by brokers and the medical tourist industry. We Gujaratis place great significance on motherhood, and motherhood is socially venerated. The human body is sacred, and a

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child is a gift from God that cannot be bought, sold, or given away. The sale of a child is a moral outrage, and there are social sanctions against the act.

In "Brown Bodies, White Eggs," Harrison (2010) described gestational surrogacy as "an increasingly normalized and culturally accepted component of family formation in the twenty-first-century United States" (p. 261). She further asserted that surrogacy "is a repository for cultural unease surrounding race, reproduction, and the family, and is thus a vital arena for feminist critique" (p. 261). Busby and Vun (2010), in their review of surrogate motherhood in Canada, the United States, and Great Britain, raised concerns about "the inherently exploitative nature of the [surrogacy] arrangements and dangers of commodification" (p. 13). Several feminists have opposed surrogacy and supported surrogate mothers in cases of controversy about custody of the child. In the highly publicized 1987–1988 case of Baby M in the United States, in which the surrogate mother wanted custody of her child after the birth, psychiatric social worker Dr. Phyllis Silverman testified in her favor, and she was supported by feminists Andrea Dworkin, Nora Ephron, Marilyn French, Betty Friedan, Carly Simon, Susan Sontag, Gloria Steinem, Meryl Streep, Vera B. Williams, and others (http://www.gale.cengage.com/free_resources/whm/trials/babym.htm).

The ethics and morality of surrogacy are debated internationally, and policies differ from country to country. Australia, China, Denmark, France, Germany, Mexico, Spain, Switzerland, and Turkey have banned surrogacy. The United States, Great Britain, and Canada have policies governing surrogacy in the interests of both the surrogate mother and the commissioning couple, with clear guidelines related to payment for surrogacy. However, the legality of surrogacy in the United States differs from state to state. Belgium, Finland, Guatemala, India, and other countries have few regulations regarding surrogacy. Comparative costs to the commissioning parents range from about $80,000 in the United States to $12,000 in India.

Opportunities for surrogacy in India are advertised by medical tourism agencies that make arrangements and handle payments (Wadekar, 2010). Such commercial surrogacy raises moral and ethical concerns because—unlike the United States, Canada, and Great Britain—India has few regulations governing the rights and protection of surrogate mothers, and the agreements drawn by medical tourism agencies and clinics protect the interests of the commissioning parents, the agencies, and the clinics over the interests of the surrogate mothers. The agreements typically stipulate that the surrogate mother will be confined to the clinic under heavy supervision and that the child will be taken from the mother immediately after the delivery (Pande, 2010). The practice of gestational surrogacy started in 2003 in India at Akankshan, a medical clinic in Gujarat that specialized in in-vitro fertilization. By 2010—in just seven years—international surrogacy had become an industry valued in India at $450 million (Wadekar, 2010).

Feminists have criticized gestational surrogacy as it is being organized and implemented "as the ultimate form of medicalization, commodification and technological colonialization of the female body, and as a form of prostitution and slavery resulting from the economic and patriarchal exploitation of women" (Pande, 2010, p. 293). Christine Overall (1993), a Canadian feminist ethicist, argued that the informed consent signed by the surrogate mother is not truly a free choice and that it is not possible for the surrogate mother to understand fully the trauma of giving up her child. She also contended that surrogate mothers have limited income and personal security, as well as low levels of education. The relationship is not one of equals but, rather, one of the exploitation of poor marginalized women. In addition, Overall considers surrogacy as "reproductive prostitution," more or less comparable to slavery. American feminists, Shanley (1993), Fields (1988), and Raymond (1993) expressed similar positions regarding the practices of surrogacy.

Some empirical qualitative research on the experiences of surrogate mothers and surrogacy arrangements in the United States and Great Britain with predominantly Caucasian, Christian mothers indicated some contrary findings. Ciccarelli (1997) and Ragone (1994) found that American surrogate mothers had different levels of education and were in their late 20s and early 30s. They

entered into the surrogacy by choice. The commissioning parents were generally older than the surrogate mothers and were more highly educated and had high incomes. Another study (Appleton, 2004) found that the majority of surrogate mothers were married or had partners. Some surrogate mothers in these studies justified their decisions on altruistic grounds.

Researchers using standardized psychological tests found that traditional (not gestational) surrogate mothers in Great Britain and the United States were self-sufficient, nonconformist, and independent thinkers who scored highly on an extroversion scale (Hohman & Hagan, 2001; Kleinpeter & Hohman, 2000). Hohman and Hagan (2001), contrary to the arguments of feminists, found that the 17 surrogate mothers in their study participated in the surrogacy arrangements by choice.

Writers in the United States and Canada have argued that Asian women get coerced into surrogacy by relatives (Ruparelia, 2007). The surrogacy seems motivated by the needs of the relatives and seems not to be a real choice for these ethnic minority women in North America. This situation seems likely to be occurring with immigrant women who are financially dependent and whose cultural norms call for self-sacrifice, passivity, and compliance with authority figures in their extended families.

Unlike feminist anthropologists, ethicists, and lawyers among other professionals, social workers have not been in the forefront of the debate or writing on surrogacy. Both social work professional organizations, the National Association of Social Workers and the Council on Social Work Education, clearly call for and endorse practice, research, and advocacy for human rights and social justice. Should our professional work include advocacy and research on the ethics of commercialization of the human body, including women's bodies and surrogacy? Should social work professionals—especially feminists—involve and extend themselves in transcultural interdisciplinary issues of science and medical technology and take an activist and, if necessary, a radical stance on related ethical issues? How about bioethics? What role should we play in the debate on medical use of the human body? I call on the readers of *Affilia* to develop an ethical stance on the issues arising from our ever-increasing technological options, transnational opportunities, and cultural contexts that have ramifications for rights and responsibilities for ourselves and our sisters around the world. If that ethical stance leads us to advocacy for radical change in practices, we should not shrink from that challenge.


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## Bio

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