A Summary of the Research Titled

Psychosocial Experiences of Surrogate Mothers in Gujarat, India: An Ethnographic Exploration

A Doctoral Dissertation submitted to the Department of Human Development and Family Studies, Faculty of Family and Community Sciences

The Maharaja Sayajirao University of Baroda

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Research Guide

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Introduction

The rise of surrogacy in India over the last decade helped individuals across the world to realise their parenting aspirations. Scholars, however, have critiqued surrogacy as a form of neo-colonial exploitation in a globalised world. Surrogacy is a rapidly increasing phenomenon in the contemporary Indian society with culture specific implications for the individual and family that need to be unravelled.

Theoretical Framework

The cultural psychology perspective to individual development by Shweder (1998) forms the theoretical framework for the present study. Such an approach is especially suitable to study the experiences of surrogate mothers as:

- it gives scope to recognise surrogate mothers as 'agents' who 'intentionally' participate in surrogacy and thus moves away from the 'victim' discourse
- it allows framing of agency in a relational context wherein surrogate mothers in the context of their family relations could be conceived as agents

Conceptual Framework

The conceptual framework views surrogacy as an intentional action that takes place in the macro context of poverty, global economy, and incongruent ART laws that promote trade in reproductive health services at the national and transnational levels. The surrogate mother in the context of her family relations is construed as a primary 'relational agent'. Participation in surrogacy is conceived to be an intentional activity which comes into being after much deliberation and is oriented towards the attainment of some specific goal in the future. Surrogate mothers actively construct their experiences representing varying degrees of agency in the process of surrogacy.

The predictive model of a 'customs complex' of agency in the Indian context represents the underlying mental foundations that may guide the practice of agency.

Significance of the Study

- The study documents the experiences of surrogate mothers in the Indian context, which remain relatively unexplored.
- It contributes to the understanding of the exercise of agency by surrogate mothers and generates a 'custom complex' of agency in the context of surrogacy in India
- The findings inform surrogacy policy and practice in India

Research Questions

- What are the experiences of surrogate mothers participating in surrogacy in Gujarat?
- How is the maternal identity of surrogate mothers constructed in the context of surrogacy?
- How do surrogate mothers negotiate 'agency' in the process of surrogacy?
- How does participation in surrogacy influence the lives of surrogate mothers
 and their families?

Method

Research Design

A qualitative ethnographic research design was used for this study.

'Participant-as-Observer' role was adopted wherein; the researcher was completely immersed in the field to observe daily routines of surrogate mothers and was known to them as conducting research with prior permission and their consent. Thematic analysis was used to interpret the data generated.

Sampling

The study was conducted at a surrogacy clinic in Anand, Gujarat, India.

Stratified purposive sampling was used as a primary rubric for data collection to cover 41 women at different stages of surrogacy along with a combination of other techniques including maximum variation, snowball, negative case, and opportunistic sampling.

Tools

The study used participant observation and in-depth interviews with surrogate mothers, and interactions with medical practitioners and surrogacy agents to explore the experiences of the surrogate mothers.

Main Findings and Discussion

Experiences of Surrogate Mothers

Systemic failures in the form of macro-context of poverty, poor educational attainments and limited livelihood opportunities promoted women's participation in surrogacy. Women reported their aspirations for their children and a strong desire to bring stability to their lives as primary motivations. Women hoped for an elevated status and respect through sacrifices made and money earned through surrogacy.

The surrogacy process geared towards enhancing success rates systematically objectified women entering surrogacy and marginalised their rights. One time counselling session for the intake of women in surrogacy had an authoritative ethos. The study indicated lack of preparedness of women when they embraked on the surrogacy journey. Knowledge of women regarding procedural details was glairingly limited and women failed to anticipate impact of institutionalisation on mental health.

The primary barriers women experienced included alternative childcare arrangements for own children during institutionalisation, conflicts with spouse and

family over the decision to participate in surrogacy, stigma, alienation from the family, medical regimen and health challenges, extensive care work, limiting experiences with commissioning parents, and fear of loss of pregnancy. Need for professional counselling and guidance was evident for addressing varied issues.

Supportive clinic environment, social support, personal satisfactions, and financial gains contributed to a positive surrogacy experience for women. It appeared that micro-context of women especially; stability of their marital relationship was a crucial determinant of a positive surrogacy outcome.

Maternal Identity of Surrogate Mothers

The theme 'Dava Goli Nu Balak' (a child conceived through medication) played a central role in the successful organisation and management of the surrogacy arrangement. 'Dava Goli nu Balak' was construed as 'artificial' (conceived through technology - asexual) and 'fragile' (prone to miscarriage). Surrogacy agents and medical practitioners anchored on this theme to legitimise surrogacy as a 'moral' form of work and to highlight absence of a genetic link between surrogate mother and the foetus thereby negating her maternal identity. Medical practitioners emphasised 'fragile' nature of the foetus to propagate a fear of miscarriage and associated financial loss amongst surrogate mothers. This encouraged women to strictly adhere to the medical regimen and extensive care-work to ensure survival of the foetus.

Surrogate mothers selectively used both indigenous and scientific perspectives of procreation to obliterate maternal identity of the commissioning mother; albeit with the recognition that eventually they had to relinquish the child.

Psychological Agency of Women in the Context of Surrogacy

The narratives of women revealed complexities of the psychological agency of women in the context of surrogacy in India. Most women (85%) appeared to have

some control over the decision to participate in surrogacy. Sixty eight percent women reported the decision to participate in surrogacy as an individual decision, 17 percent perceived it as a mutual decision and 15 percent revealed that it was a spousal decision.

Maximum women (90%) practiced agency in the context of family, 30 exercised agency in the context of immediate society (73%) and 42 percent women reported agency in the clinical setting. The predominant agency practices women used in the context of surrogacy included, 'ascertaining facts', 'selective disclosure', 'assertion', 'negotiation', 'request', and 'persuasion'. Women's agency practices appeared to be associated with traditional patriarchal mentalities, gender roles, and a familial self that valued duties, hierarchy, and context sensitivity.

Higher percentage of repeat surrogate mothers reported using 'assertion' in their interactions with spouse, family members, and medical professionals at the infertility clinic compared to first time surrogate mothers. Familiarity with the surrogacy process and/or increased status in the family through the money earned in the first surrogacy could be plausible reasons for this difference.

Surrogacy Outcomes and Future Plans of the Women

Amongst the women who had successfully completed at least one surrogacy, a large majority were able to attain stability in the form of savings and material possessions that improved their quality of life. Women reported a sense of economic independence and improved say in the matters concerning their family. At the same time, it appeared that some women were likely to experience resistance of their spouses who saw independence of women as a threat to their power position in the family.

In the absence of other viable income generation opportunities, women were likely to prolong their engagement in the 'reproductive labour' in the form of repeated surrogacy and egg donation stints. Further research is needed to identify possible pitfalls and long term impacts, positive or negative, of prolonged association with 'reproductive labour industry' on the lives of the women.

Conclusion and Implications

Monetary compensation was not the primary factor leading to exploitation of women in the context of surrogacy. The routine practices followed in the surrogacy programme, lack of preparedness of women for surrogacy, and preference given to the needs of the commissioning parents as a paying party over the needs of the surrogate mothers lead to subtle forms of exploitation. Proposed ban on commercial surrogacy therefore is inadequate to protect the well-being of the surrogate mothers in India. The policy instead needs to focus on standardising surrogacy programmes across the nation and mandate inclusion of a rigorous counselling component to promote informed decision making and ensure physical and mental well-being of the women entering surrogacy. The study offers new insights with significant implications for the Surrogacy (Regulation) Bill, 2016 suggesting possible areas for amendments in it and proposed detailed guidelines for introducing a counselling component in the surrogacy practice.

Reference

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