

**KNOWLEDGE AND PERCEPTIONS OF THE SELECTED
COUPLES OF VADODARA CITY REGARDING SURROGACY**

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SHIRI SHAH

**KNOWLEDGE AND PERCEPTIONS OF THE SELECTED
COUPLES OF VADODARA CITY REGARDING SURROGACY**

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The Maharaja Sayajirao University of Baroda, Vadodara

Investigator

Shiri Shah

Guide

Prof. Anjali Pahad



Department of Extension and Communication

Faculty of Family and Community Sciences,

The Maharaja Sayajirao University of Baroda,

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FACULTY OF FAMILY AND COMMUNITY SCIENCES
THE MAHARAJA SAYAJIRAO UNIVERSITY OF
BARODA, VADODARA

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Dr. Avani Maniar

Head,

Department of Extension and Communication

Faculty of Family and Community Sciences

The Maharaja Sayajirao University of Baroda,

Vadodara.

CERTIFICATE

This is to certify that the dissertation entitled “KNOWLEDGE AND PERCEPTIONS OF THE SELECTED COUPLES OF VADODARA CITY REGARDING SURROGACY” has been carried out by the investigator under my supervision and guidance for the partial fulfillment of the Degree of Masters of Science [Faculty of Family and Community Sciences]. The matter presented in this dissertation has not been submitted for the award or any other degree or diploma.

Prof. (Dr.) Anjali Pahad

Research Guide
Department Of Extension and Communication
Faculty of Family and Community Sciences
The M. S. University of Baroda, Vadodara

Shiri Shah

Research Investigator

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ABSTRACT

Infertility is the major problem faced by reproductive age people throughout the world. Even though less focus is made on educating the couple regarding infertility and reproductive technology in India. According to World Health Organization (WHO) estimates that approximately 8-10% of couples experience some form of infertility problems. Knowledge of infertile couples about surrogacy is a fundamental parameter to optimize the infertility treatment and conduct it cooperatively. Infertility is one of the growing problems among couples, though much technological progress in the field of in-vitro fertilization and treatment modalities has transpired, still there is social stigma and disgrace is associated with it, since change in lifestyle, nutrition, delay in marriage and family planning and stress, infertility cases have significantly inflated. In the past, adoption was the only option for infertile couples, but advancement in medical technology, infertility treatments, and reproduction have made surrogacy a good choice. Insemination, IVF, embryo transfer, and other artificial human reproductive technologies are available today. Surrogacy has become the most prevalent approach among all of these options. Surrogacy is a viable possibility for these parents at all times. Surrogacy refers to a contract in which the surrogate mother gives birth to a child with the consent of the prospective parents and gives custody of the child to the prospective parents after the birth, according to their promise. Any parent can use this method to fulfil their desires for a child.

The present study entitled "Knowledge and Perceptions of the Selected Couples of Vadodara City regarding Surrogacy" was conducted among the married couples of Vadodara City of Gujarat state. The present study also highlights the expected challenges faced by couples related to surrogacy. A total of 83 married couples with minimum 3 years of marriage and who do not have any offsprings were selected using snowball sampling method. An online research questionnaire using google form was designed and executed. Data analysis was done using statistical measures.

The present study focused on the knowledge and perceptions of selected couples in Vadodara City regarding surrogacy. It was found that a majority of respondents had a high knowledge but also had unfavorable perceptions towards surrogacy. The findings related to expected challenges regarding surrogacy revealed that couples are uninformed about surrogacy and may be afraid of the procedure and its outcome. The findings related to suggestions regarding surrogacy demonstrate that more education and awareness about surrogacy is required.

Overall, the results indicate that there is a potential for surrogacy to become more accepted and widely practiced in India, but that demands wider publicity & awareness which may lead to its acceptance. The human communication theories lay emphasis upon the fact that higher the knowledge (beliefs, attitudes & value system) more the attention, and thus more the comprehension of the subject. Thus to have the acceptance of this medical boon, the good sound knowledge about surrogacy is mandatory.

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CHAPTER 1

INTRODUCTION

CHAPTER – 1

INTRODUCTION

1.1. Surrogacy

Every individual has the untaught right to reproduce their offspring. Parenthood is both a life-changing and a life-long gratifying experience. Every couple wishes to have children, however sometimes these wishes are not fulfilled due to unexpected factors, like uterine health issues, male infertility, etc. Surrogacy is a viable possibility for these couples at all times. Surrogacy refers to a contract in which the surrogate mother gives birth to a child with the consent of the prospective parents and gives custody of the child to the prospective parents after the birth, according to their promise. Any parent can use this method to fulfil their desires for a child.

(Source:-<https://blog.ipleaders.in/surrogacy-laws-india/>)

In today's technological world, research on infertility drugs has progressed at a rapid pace. A new family is formed when both men and women get married, and the family is complete when they have children. Some couples, however, are unable to conceive children of their own. The absence of a child is viewed as a personal embarrassment by the family. In many cases, the inability to have children has led to the dissolution of the marriage. Infertility is a medical word for the inability to have a child. It is a worldwide issue. Up to 15% of couples in reproductive age have infertility worldwide. The World Health Organization estimates the prevalence of infertility in India to be between 3.9% and 16.8%. The prevalence of infertility in India varies from state to state; from 3.7% in Uttar Pradesh, Himachal Pradesh and Maharashtra to 5% in Andhra Pradesh and 15% in Kashmir. It also differs between tribes and castes in the same region.

In the past, adoption was the only option for infertile couples, but advances in medical technology, infertility treatments, and reproduction have made surrogacy a good choice. Insemination, IVF, embryo transfer, and other artificial human reproductive technologies are available today. Surrogacy has become the most prevalent approach among all of these options.

(Source:-<https://blog.ipleaders.in/surrogacy-under-framework-of-the-indian-constitution/>)

1.2 Definition of Surrogacy

According to **Black's Law Dictionary**, "Surrogacy is a contract in which a woman agrees to be artificially inseminated in order to carry a child with the sperm of another woman's spouse".

According to **The New Encyclopedia Britannica**, surrogacy is defined as "the practise of a woman bearing a child for the purpose of the other couple producing children in the traditional way."

In Medical Terminology - the term surrogacy refers to the use of a substitute rather than a biological mother.

1.3 Concept of Surrogacy

In a country like India, surrogacy has advanced to a new level of scientific development where a mother of another womb helps another mother become a mother who is unable to bear children for any reason.

The word "surrogate" comes from the Latin word "surrogates," which meant "a substitute."

According to the Assisted Reproductive Technology Act, surrogacy is defined as an agreement in which a woman agrees to become pregnant through assisted reproductive technology, in which no gametes are introduced to her husband, with the purpose of carrying the pregnancy to term and giving birth to a child and delivered the child to someone for whom she acts as a surrogate.

(Source:-<https://blog.ipleaders.in/surrogacy-under-framework-of-the-indian-constitution/>)

1.4 Types of Surrogacy

The types of Surrogacy are divided into two categories:

1. According to the Nature of Fertilization
2. According to the Nature of Surrogacy Agreement

According to the Nature of Fertilization

1. Natural/ Traditional/ Partial Surrogacy

The surrogate mother carries the child to term through artificial insemination and gives birth to the child for the couple. The surrogate mother is the biological mother of the child.

2. Gestational/Full Surrogacy

In this procedure, the mother's eggs are fertilised by the father's or donor's sperm, and the resulting embryo is then put into the surrogate's uterus. In this case, the surrogate

mother will serve as the child's biological mother and the child will be conceived using the biological mother's eggs.

According to the Nature of Surrogacy Agreement

1. Commercial Surrogacy

In addition to covering the required medical costs, the surrogate mother is paid. This usually occurs when the intended parents' relatives are not the surrogate mother.

2. Altruistic Surrogacy

The surrogate mother does not receive any financial compensation for the pregnancy or for handing over the child to intended parent, except for necessary medical expenses. This usually happens when the surrogate is a relative of the intended parents.

(Source:-<https://blog.ipleaders.in/surrogacy-a-battle-of-law-and-ethics/>)

1.5 Process Involved In Surrogacy

The surrogacy procedure requires a lot of effort and time to complete. It starts with the commissioning couple going for a consultation with the surrogacy clinics and ends up with the birth of the child. The entire process is carried out mostly under the expert guidance of related doctors or medical practitioners. A brief account of what happens during each of this steps-is given below:

1. Initial Consultation: Most parents prefer to begin their trip with a consultation, which might take several hours depending on the agency. Here, the complete surrogate selection process, the legal procedure, insurance concerns, financial ramifications, and fundamental medical facts are usually discussed. Prior to the consultation, the intended parents will fill out a simple questionnaire so that the surrogacy agency understands their actual requirement.

2. Becoming an Intended Parent Officially: A contract, which is legally referred to as an agreement for services, must be executed in order to enrol in a surrogacy programme. Formal contracts serve just to outline the procedure in black and white and to safeguard your parental rights. Surrogacy agency start the treatment as soon as the legal agreements are completed.

3. Screening and Selection Process for an Egg Donor: Egg donors are young, healthy women between the ages of 18 and 35. They have had a thorough social work assessment by a qualified clinician, and a licenced reproductive endocrinologist has validated their medical records. Intended Parents may browse the options to find an egg donor who meets their needs. After being chosen, the egg donor is subjected to

psychiatric examination. In some cases, intended parents choose to bring their own egg donors, who may be friends or relatives.

4. Screening and Selection Process for a Surrogate: Prior to being matched with intended parents, surrogates between the ages of 25 and 35 have undertaken a mental health assessment. A typical screening procedure includes a thorough assessment of the applicant's physical and mental health as well as financial and criminal background.

After the surrogate passes screening, the agency arranges an orientation between the intended parents and the surrogate. Before they meet in person, this should be first done through profiles, followed by phone or internet contact.

5. Medical Screening: All participants (existing parents, egg donor, and/or surrogate mother) will go through medical screening before taking part in the IVF procedure as instructed by the endocrinologist who will oversee the procedure.

6. Legal Agreements: The egg donor and surrogate may consult an advocate for the proper insertion of rights and obligations clause relevant to each party to ensure clarity and legal appropriateness. After giving the agreed-upon legal rights and liabilities due consideration, the contract's final draft is created and the embryo transfer process can begin.

7. Medical Process: The clinic will start preparing the surrogate for the embryo transfer as soon as the contract is finalised. If the intending parents opt to use an egg donor, they will select a donor, and the IVF center will synchronise the surrogate's cycle with the donor's. She will then start her full cycle, which requires taking drugs for roughly six weeks prior to the embryo transfer.

8. Embryo Transfer: After fertilization, the embryos are transferred to grow in the womb of the surrogate mother.

9. Pregnancy: The surrogate may be separated from her family during the gestational period once the pregnancy has been confirmed. The clinic handles the surrogate's health during her pregnancy and schedules all of her appointments and monthly check-ups. The intended parents are allowed to attend the surrogate's prenatal doctor's appointments.

10. Legal Representation: Legal procedures vary from country to country, and a lawyer will explain when and what documents are required to enable you to establish parental rights.

11. Birth: Since the mother's first milk is thought to be the most helpful for the infant, the surrogate is permitted to feed the child for three to four days after delivery. The

infant is typically cared after by the clinic, and when it is pronounced healthy enough for discharge, it is handed to the intended parents. After being discharged from the hospital, the surrogate rejoins the family.

(Source:-https://www.academia.edu/35353016/Issues_relating_to_surrogacy)

1.6 History of Surrogacy

The Mahabharata is when the practise of surrogacy first appeared. Gandhari delivered a semisolid substance at the site of a child's birth, and Mahairishi Vyas cut it into 100 pieces and placed them in separate pans. This led to the creation of the 100 Kauravas.

According to Hindu mythology, it also has the nature of surrogacy, which indicates the secrecy of the surrogacy practice. Vishnu ji heard Vasudev's petitions requesting Kansa not to kill all sons born in the Bhagavata Purana. When Vishnu heard the prayers, he transferred the embryos from Devki's womb to Vasudev's second wife, Rohini. Rohini gave birth to Krishna's brother Balaram and raised him in secret, while Vasudev and Devki told Kansa that the child died at birth.

Kanupriya, the world's second in vitro baby, was born 67 days later on October 3, 1978. Kanupriya was born as a result of Dr. Subhas Mukherjee's attempts to conceal two friends in Kolkata. This first IVF-born child from India gave birth to a raging discussion.

Surrogacy has a long history dating all the way back centuries. There has been a lengthy tradition of surrogacy going back many centuries. This idea of having a child for another woman can be seen in the Old Testament, when Hagar, Sarah's maid, uses Abraham's help to have a child for her infertile mistress. In the United States, the surrogacy agreement was not reached until 1976. It was once advertised as an infertility treatment. Overnight, a lot of businesses appeared to promote surrogacy and start taking care of surrogate mothers in order to make money.

A turning point for surrogacy and surrogate mothers was reached in 1986 as a result of the "Baby M" case. William and Elizabeth Stern had struck a deal with Mary Beth Whitehead for the surrogate child. Whitehead cancelled the agreement with Sterns as the baby's due date drew near and rejected the cash offered to her. The infant would be raised by the Sterns, with Whitehead having only restricted access to the child, it was ruled when Whitehead was brought before the court.

(Source: - <https://www.newworldencyclopedia.org/entry/Surrogacy>)

1.7 Global Timeline of Surrogacy

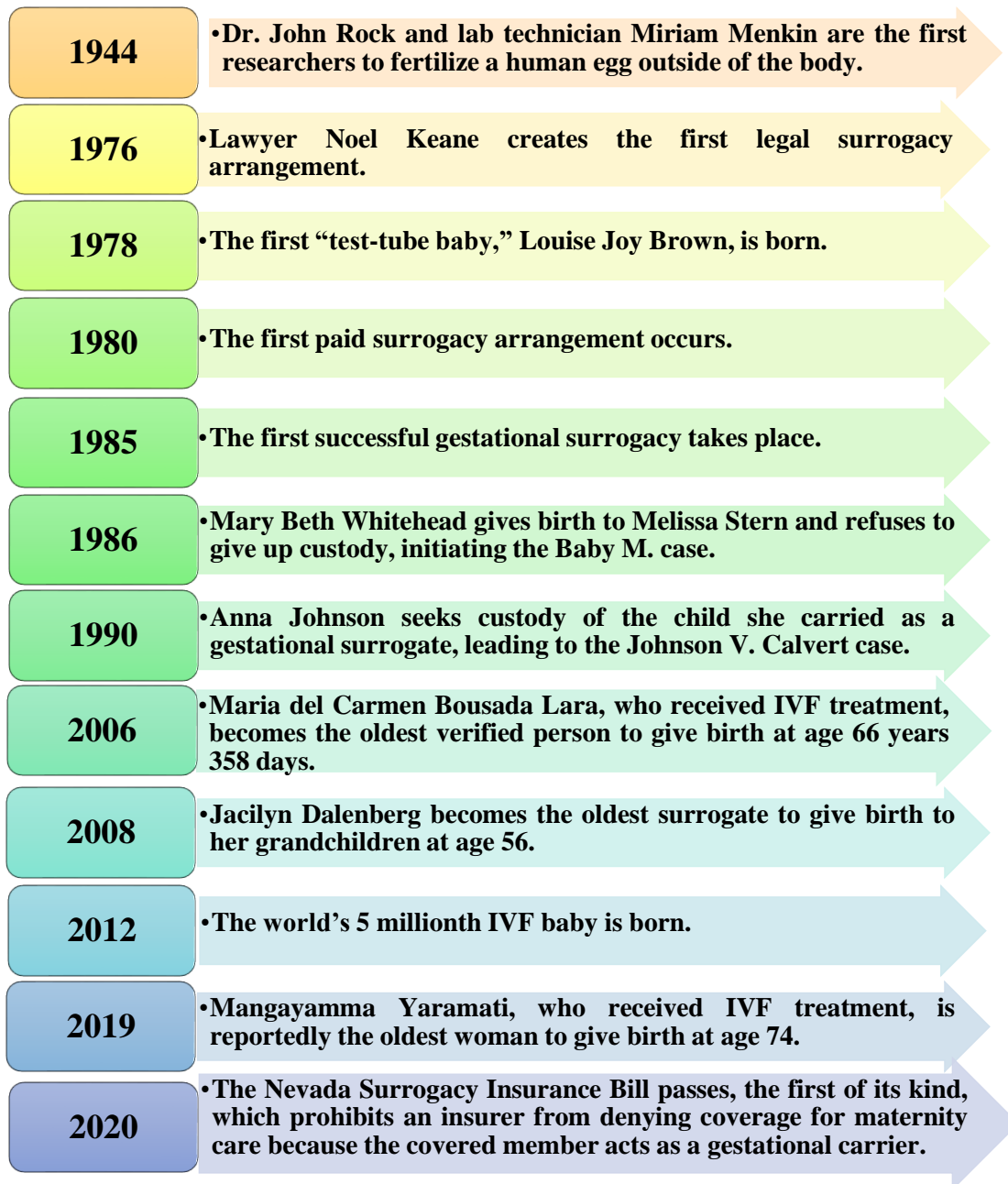


Figure 1 Global Timeline of Surrogacy

(Source: - <https://www.creativefamilyconnections.com/history-of-surrogacy/>)

1.8 World Wide Acceptance



Figure 2 World Wide Acceptance of Surrogacy

Access to infertility services has significantly diminished as a result of the substantial rise in prices in European nations. Couples have travelled to certain other nations where surrogacy costs are low as a result of this. Surrogacy is regulated differently in each nation, with some allowing it while others forbidding it. Surrogacy is not permitted in nations such as Germany, Sweden, France, or the United Kingdom. International surrogacy is expanding quickly, yet there aren't any unified laws or guidelines that every country must go by in this area. Additionally, in some nations, the surrogate mother's DNA must match at least one of the intended parents. In United States, there are several legal formalities which need to be performed in the cases of surrogacy. Due to the lengthy legalities, this causes the commissioning parents a number of issues and worry.

While commercial surrogacy is prohibited in Belgium, altruistic surrogacy is allowed. However, there is only one hospital that can receive a couple, and even that hospital has strict rules. Therefore, most people opt to receive medical care abroad.

According to Civil Code Article 17/6. The article claims that contracts involving pregnancy with third parties are null and unenforceable in France. In one case, France's highest court, the Cour de Cassation, determined that approving international surrogacy would impair public order.

On the other hand, the French Consulate in India's decision to refuse to issue travel documents was taken into consideration by the country's highest court, the National Court. Important rulings have been made by Conseil d'Etat to permit surrogacy abroad. The use of a third party's body for the purpose of conceiving a child is prohibited by Article 1 of the German Constitution, according to German courts, who found that this did not comply with that provision. It is prohibited by the German Civil Code as well. The Netherlands does not permit commercial surrogacy but does permit altruistic surrogacy. Similar circumstances exist in this country as in Belgium, where only a few hospitals accept couples who must abide by tight guidelines. So, the majority of people seek medical care abroad.

Although surrogacy is illegal in Sweden, the country recently moved in that direction by allowing the birth of a child through the practise. The Committee on Social Affairs of the Riksdag passed the legislation authorising surrogate motherhood with a majority vote.

Commercial surrogacy is illegal in the United Kingdom according to the Surrogacy Arrangements Act, 1985. Contracts for surrogacy are not legally enforceable, and the child only belongs to the surrogate mother. The child does not acquire parental authority until the adoption or parental order is finalised. For people to engage in commercial surrogacy, this strategy makes it very difficult.

According to Sections 301 and 309 of the Immigration and Nationality Act (INA) govern a child's citizenship in the United States. The child's genetic relationship to the commissioning parents determines citizenship. In addition, the child must be genetically related to the father in order to obtain US citizenship.

In India, Commercial surrogacy has been permitted since 2002, and it is a developing nation in this field. The cost of surrogacy treatments is lower in the United States than it is in other countries. Therefore, people from other nations are coming here to have children through this method. Additionally, because of the rivalry it has created among clinical practices, the rates are rising quickly. Surrogacy is not permitted when the commissioning parents are gay couples, single men or women, unmarried couples, or couples from nations where surrogacy is forbidden or illegal.

(Source: http://www.familylaw.com.ua/index.php?option=com_content&view=article&id=69&Itemid=98&lang=en)

There are several ethical, social, psychological and legal issues associated with commercial surrogacy. These issues have worked as deterrent for its worldwide acceptance and for that reason commercial surrogacy is not legal in all the countries.

(Source:-<http://www.remedypublications.com/open-access/surrogacy-in-india-current-scenario-and-ethical-perspective-5155.pdf>)

1.9 Landmarks related to Surrogacy

2002	Commercial surrogacy became legal in India.
2005	ICMR gave first guidelines for accreditation, supervision and regulation of ART clinics.
2008	Supreme Court of India stressed the need of legislation to govern the Surrogacy.
2009	Law Commission of India submitted a report on need for legislation to control Surrogacy.
2010	ICMR revised the guidelines and proposed a legal agreement.
2015	Government of India prohibited commercial Surrogacy.
2016	Union cabinet approved the surrogacy regulation bill.
2019	Allow ethical altruistic surrogacy to the intending infertile Indian married couple between the age of 23-50 years and 26-55 years for female and male, respectively.
2020	The bill allows a woman to become a surrogate only once and it allows any willing Woman.
2021	A woman who is a widow or a divorcee between the age of 35 to 45 years or a couple, defined as a legally married woman and man, can avail of surrogacy if they have a medical condition necessitating this option.

Figure 3 Landmark related to Surrogacy in India

(Source:-<https://www.hindustantimes.com/analysis/the-new-surrogacy-bill-protects-the-interests-of-all/story-/F4DJv6L5OsfYk57npKVB3H.html>)

1.10 Surrogacy in Indian Society

In an article Surrogacy from a reproductive rights perspective: the case of India by Rozée Gomez, V., & Unisa, S. (2014) mentioned that, in India, 'it is socially expected of women to bear children and maintain the family legacy'. All other women's duties are subordinate, Sama-Resource group for women and health, 2008; "In India, motherhood plays a significant role in the social formation of femininity", DasGupta, DasGupta, 2010. In Indian tradition, passing on genes to the next generation is one of life's goals in order to achieve immortality through reproduction Sharma, 2013. In terms of social value, having biological children within a heterosexual marriage is considerably superior to choosing not to have children, adopting children, or creating other types of families, Sarojini Marwah, 2011. Thus, infertility has many negative consequences in India especially for women: stigma, unstable marriages, emotional abuse and low self-esteem, Unisa, 1999; Jejeebhoy, 1998. "When the continuation of a pure bloodline is threatened, individuals are likely to lose out on the incentives, and since purity of bloodline is linked to women's sexuality and reproductive functions, they are the ones who experience the greatest stigma, discrimination, trauma, and exclusion as a result of their infertility", Banerjee, 2012.

(Source:- Rozée Gomez, V., & Unisa, S. (2014). Surrogacy from a reproductive rights perspective: The case of India. Autrepart, 70(2), 185–203. <https://doi.org/10.3917/autr.070.0185>)

In order to provide a better future for their family, many poor women around India are letting go of their inhibitions and choosing a "womb on rent arrangement." According to them, it's "easy money with no investment." However, deep-rooted social stigma cannot be ignored in their mind. In spite of the fact that surrogacy has been allowed in India since 2002, artificial insemination is still viewed as adultery in our culture. Because of this, surrogates frequently leave their home country permanently in order to go through this process and conceal their pregnancy from their family and friends. They worry about being rejected by others and being made to feel inferior. In this case, the presence of a deliberate decision to choose surrogacy is debatable, if not arguably invalid.

This social pressure on women to bear children has enabled the rapid growth of the "ART industry in India" [Sama team, 2007]. However, the accessibility and availability of medical procedures produce significant inequalities. India's public health system does not offer enough therapeutic and counselling services for infertility, and

government initiatives do not include basic diagnostic tools. As a result, the majority of treatments happen in the private sector, where quality and cost may differ significantly. Most Indian couples, who are from lower socio-economic groups, lack access to ART facilities because they cannot pay the high costs of private treatments. There is no limit on how much money wealthy couples can spend trying to conceive a child. This has made it easier for couples from other nations to access infertility services from India's private healthcare industry.

(Source: Rozée Gomez, V., & Unisa, S. (2014). *Surrogacy from a reproductive rights perspective: The case of India*. *Autrepart*, 70(2), 185–203. <https://doi.org/10.3917/autr.070.0185>)

1.11 Evolution of Surrogacy Laws in India

According to the Indian Council of Medical Research Guidelines once the surrogacy industry was legalized in India, the Indian Medical Research Council published and established specific standards to be followed in the surrogacy process. The Indian Medical Research Council (ICMR) published guidelines for surrogacy in 2002. Additionally, ICMR issued guidelines for national accreditation, monitoring and regulation of surrogacy centers in India in 2005. Although these were only recommendations and not backed by any legislation, they served as a foundation for regulating, documenting, and legalising the surrogacy process in the country even though they were not as binding as legislation.

Assisted Reproductive Technology Regulation Bill, 2008

This bill was introduced to regulate agreements made between parties involved in surrogacy, however it was criticised for grossly neglecting the rights of surrogate mothers. In addition, the Bill also established a three-time limit on the number of times a woman could serve as a surrogate and a 21–45 age range for surrogate mothers.

Assisted Reproductive Technology Regulation Bill, 2010

Certain provisions of the 2008 Bill have been modified. The age restriction, for instance, was decreased to 35. Additional qualifications for being a surrogate mother were also added, such as a surrogate mother's ability to meet specific health criteria. Every foreign couple has to have the appropriate documentation.

The Surrogacy Regulation Bill

In 2016, the Surrogacy Regulation Bill, was presented to the Lok Sabha. But because this Bill was never introduced in the Rajya Sabha, it never moved forward and as a result, it never became law. However, the Surrogacy Regulation Bill, 2019, was later presented to the Lok Sabha. The Surrogacy Regulation Bill, 2016,'s main characteristic was that it sought to outlaw commercial surrogacy. This bill's main concern was altruistic surrogacy. Altruistic surrogacy is a type of surrogacy in which there is no attempt to profit from the procedure. In Section 2 of the Bill, "altruistic surrogacy" was defined as "the surrogacy in which no charges, expenses, fees, remuneration or financial incentive of any nature are given to the surrogate mother or her dependents or her representative, except for the medical expenses incurred on the surrogate mother and the insurance coverage for the surrogate mother."

The Bill also listed prerequisites that a woman must satisfy in order to be eligible to be a surrogate mother. These are:

- Married woman with her own children; hence, a woman without her own children could not be a surrogate mother.
- Women should be between the ages of 25 and 35.
- She must be the intended parents' "close relative."
- A physical and mental health certificate must be obtained by the surrogate mother.

Additionally, the Bill specified qualifying requirements for intended parents. The following are they:

- In order to adopt a child through surrogacy, a couple must have been married for at least five years; therefore, single parents were not eligible. Due to this Bill, homosexual parents were also prohibited from choosing surrogacy.
- The intended parents must be citizens of India. This criterion represented the legislative goal of minimising commercial surrogacy by outlawing foreign nationals, NRIs, PIOs, etc.
- In addition to the aforementioned, the intended parents should not already be parents. However, there were certain exceptions to this regulation, including the

need that any children involved must have a condition that creates a significant risk to their lives and be documented by a certificate from the District Medical Board.

The significance of the surrogate mother's consent was also emphasized in Section 6 of the bill. The Bill also established National Surrogacy Board and the State Surrogacy Board in order to regulate and review the surrogacy procedures in the country. Its functions were to advise the government on different surrogacy policies. While this Bill was a huge step towards initiating the codification of a Surrogacy Act in India, and if passed, it would certainly have impacted and regulated the surrogacy environment of the country, this Bill also had its fair share of loopholes.

- The Bill went against Article 14 of the Indian Constitution, which is as follows: "prior to the law Within the boundaries of India, the State shall not deny anyone equality before the law or equal protection under the law, discrimination against people based on their birthplace, ethnicity, caste, religion, or gender is forbidden."

According to the Bill, only Indian citizens were allowed to benefit from surrogacy in India; foreigners were not permitted to choose this procedure.

- The Bill also made distinctions between married couples and single parents. Only heterosexual married couples were permitted to use surrogacy, and couples from the LGBTQ Community were not permitted.
- It also limited a parent's independence to choose between natural birth and surrogacy by adding a prior condition.

The Surrogacy Regulation Bill, 2019

The Selected Committee then suggested a few amendments to the Bill. They were:

- Allowing "voluntary ladies" to take the place of "closed relatives." Additionally, the word "close relative" was not defined elsewhere in the Bill and was left open-ended. Additionally, the word "close relative" was not defined elsewhere in the Bill and was left open-ended.
- Permit Surrogacy is available to single women, including divorcees and widows.
- Couples should be married for five years.

The Committee continued to remain silent on some issues, such as the inclusion of the LGBTQ Community and foreign nationals.

The 2019 Bill also imposed penalties on commercial surrogacy, or simply commercial surrogacy. The first offence of commercial surrogacy carries a penalty of up to INR 5 Lakhs in fines and a penalty of imprisonment of at least 5 years under Section 37.

Surrogacy Regulation Act, 2021

Surrogacy Regulation Act 2021 was signed by the President of India on 25 December 2021 and Surrogacy Regulation Act 2021 came into effect on 25 January 2022.

- According to the Surrogacy (Regulation) Act 2021, divorced or widowed women aged between 35 to 45 years old, or a man and woman identified as legally married, can use a surrogate if a medical condition makes it necessary.
- Regulated the surrogacy process in India as a whole.
- In order to stop the proliferation of unregulated and unethical surrogacy clinics, it was necessary to register surrogacy clinics.

Thus, Surrogacy laws witnessed many modifications in its structure and content way back from 2002 till 2022. But India had definitely made progress in legalising Surrogacy. However, still certain gaps need to be filled.

(Source:- <https://bnblegal.com/article/benefits-and-exploitation-of-surrogacy-surrogacy-laws-in-india/>)

1.12 Benefits and Challenges of Surrogacy

One of the most significant decisions a couple may make is whether or not to start a family. A child is not like going on vacation or even making your first home purchase. An individual who is fully grown and prepared to live their own life will emerge from this long-lasting endeavour. The hardest decision for most people is whether to have a family. However, beginning a family is conventional and relatively "simple," as it only requires getting pregnant and giving birth to a child nine months later.

However, the pregnancy itself poses considerable challenges for some optimistic families. The mother, father, or both of the prospective parents may have reproductive problems. If the woman gets pregnant, her life might be at danger due to health

problems, including a heart ailment. The viability of a fertilised egg for the full nine months may be unknown due to uterine conditions. Pregnancy may not be possible in some situations, such as with same-sex male partners or women whose uteruses have had surgical removal for medical reasons.

There are now more options than ever thanks to advancements in technology. Almost all implausible technologies are constantly changing. But the controversy surrounding it still persists. Surrogacy is a controversial topic, much like adoption is. It is contentious because of its nature and the procedures used. The surrogacy couples may be aware of the facts, but they might not be accepting of those around them.

Those who are unable to give birth but adhere to the traditional pregnancy are blamed and marginalised for the rest of their lives. It is a contentious subject because many times a couple will choose surrogacy, but their family may object. The laws governing the entire process vary depending on the nation or state. The benefits and drawbacks of surrogacy can differ from instance to case.

(Source:-<https://stork-service.com/surrogacy-debate-pros-cons/>)

However Surrogacy has both sides, the benefits as well as the challenges

Benefits are as follows:

- Surrogacy completes families.
- It allows a couple struggling with childbirth to have their child.
- It is legally protected.
- The surrogate mother receives financial support and any other support throughout the pregnancy.

However **challenges** are as follows:

- It might be expensive.
- Depending on specific conditions, it could not be very effective.
- The entire process, including the legal and medical aspects, is difficult and time-consuming.
- Societies and families might not accept it.
- You must relinquish some control when you become a surrogate.
- Surrogacy can be complicated.
- The surrogacy process can be emotionally challenging.

Surrogacy lies within many misconceptions, which makes its acceptance difficult.

Misconceptions-

- Surrogacy is usually opted by celebrities or wealthy families. This misconception exists due to its costs, and it is ultimately a personal choice of the couples. For financially struggling couples, there are different forms of loans available to provide them with financial support.
- The surrogate mother could assert custody rights and claim the child. Many people frequently believe that because the child was carried by a surrogate, the mother may seek to keep custody of the child. Additionally, the legal processes are a requirement of the complete surrogacy to avoid situations like these. The surrogate mother and her partner or family are well aware that she will have no legal custody of the child.
- A common myth about surrogacy seen primarily in Asian countries like India is that the father has to sexually bond with the surrogate mother to give childbirth. The answer to this is a big NO. The procedure of surrogacy does not involve any form of a sexual relationship between the male and female. It gets artificially placed on the surrogate mother for fertilisation.

Childbirth through surrogacy is not a bad choice. It also has advantages and disadvantages, which vary depending on the situation, like any other concept. Infertile couples can now conceive children because to advancements in technology. The myths are dispelled, and the outcome is positive.

(Source:-<https://www.mapsofindia.com/my-india/social-issues/surrogacy-pros-and-cons-misconception>)

1.13 Role of Media in Promoting Surrogacy

The media are important for educating the public and influencing how people view and judge various social issues, especially those about which people lack sufficient knowledge or experience. For instance, an issue that few people have thought about is the issue of homosexual couples using surrogates. This issue is starting to spark public discussion.

The popular Indian films Mimi, Chori Chori Chupke Chupke, Filhaal, Doosri Dulhan, I Am, Dasaratham, and 9 Nelalu or Tommididi Nelalu (transl. 9 Months) all featured a surrogacy-related plot. The use of surrogates was also highlighted by Byaah Hamari Bahooka, Sasural Simran Ka, and Hilter Didi. This story's themes are

sufficiently mature. The general public, who lacks the ability to comprehend the process from a clinical point of view, is made aware of these issues by the broadcasting of these films and TV shows.

These contents are first not well received by the general audience. But several attempts from different perspectives help people become more interested in this issue. These initiatives help orthodox people embrace this medical advancement by gradually altering their thinking. These films and television shows also try to prevent accidents that trap innocent girls in remote areas. The plot lines of these motion pictures and television shows encourage viewers to learn more before getting trapped.

Surrogacy is a solution, not a problem. Infertility is not a recent issue with reproduction. Surrogacy, however, is mostly unknown. Urban culture allows wealthy couples who are experiencing infertility issues but are unaware of surrogacy to learn more about the possibility. They can talk to their doctors about it, and surrogacy clinics can simply explain to visitors by using examples from movies and TV shows that are based on the concept. Though a doctor consultation makes the overall approach apparent, this makes it easier for people to connect.

Even in cities and small towns, people are turning to surrogacy. Nowadays, television shows and movies are not just forms of entertainment; they also have an impact on how people think, which is crucial in eradicating taboos around surrogacy.

(Source:-<https://phys.org/news/2019-03-media-opinion-surrogacy-homosexuality.html><https://www.surrogacycentregeorgia.com/surrogacy/how-movies-and-tv-series-are-helpful-in-spreading-surrogacy-awareness/>)

1.14. Celebrity Endorsement of Surrogacy in India

Although surrogacy is still frowned upon in some cultures, it has managed to become popular as several famous people have opted to use it. This decision to use surrogacy to conceive a child by people who have enormous followings around the world could not have been a better push for the surrogacy industry. The word of a forest fire was further circulated thanks to social media. A few well-known people who have children through surrogacy include:

- Priyanka Chopra and Nick Jonas announced the surrogate delivery of their child in January 2022.
- PreityZinta and Gene Goodenough announced the surrogate delivery of her twins Gia and Jai in November 2021.

- Shilpa Shetty and Raj Kundra announced the surrogate delivery of their daughter Samisha in February 2020. The actress revealed that she had experienced a few miscarriages and that they had explored all of their alternatives before deciding on surrogacy.
- After 14 years of marriage, Shreyas Talpade and Deepti were blessed with a baby girl named Aadya through surrogacy in 2019.
- In 2018, Lisa Ray, who has been taking several cancer medications for the rest of her life, gave birth to twin daughters through surrogacy. Jason Dehni, Lisa's husband, gave them the names Sufi and Soleil.
- Sunny Leone welcomed her twins Noah and Asher through surrogacy in 2018, after adopting a daughter named Nisha in 2017.
- Karan Johar chose surrogacy and decided to be a single parent. In 2017, he had twins Roohi and Yash. In his book "An Unsuitable Boy," he said that choosing surrogacy was an emotional but well-considered choice that he had made after taking into account all of the obligations and duties that go along with being a parent.
- Tusshar and Ekta Kapoor's decision to become single parents shocked their parents. In June 2016, Tusshar made the decision to use a surrogate in order to raise his son Lakshya Kapoor alone. Later, Ekta welcomed son Ravie Kapoor in January 2019 by doing same.
- Everyone was surprised when Shah Rukh Khan and Gauri welcomed their third child, AbRam, via surrogacy in 2013.
- In 2011, Aamir Khan and Kiran Rao welcomed Azad through surrogacy. After Kiran experienced issues with her uterus and a miscarriage, the couple opted to use a surrogate.
- Ten years after the birth of their first son, Nirvaan, Sohail Khan and Seema Khan decided to have their second child through surrogacy. The couple decided to use surrogacy and Yohan was born in June 2011.

Thus, Indian movie stars serve as role models for advancing a progressive perspective on surrogacy.

(Source: <https://timesofindia.indiatimes.com/entertainment/hindi/bollywood/news/bigstory-are-celebrities-busting-the-surrogacy-stigma-by-embracing-parenthood-through-surrogates/articleshow/89183159.cms#:~:text=Aamir%20Khan%20and%20Kiran%20Rao,of%20their%20first%20son%2C%20Nirvaan.>)

1.15. Research Questions

There were many questions raised in the mind of investigator which were as follows:-

1. Are people ready to opt for various Artificial Reproductive Techniques?
2. Are the couples of Vadodara aware about Surrogacy?
3. What is the Knowledge level regarding Surrogacy of the couples residing in Vadodara City?
4. What are the Perceptions towards Surrogacy of the couples residing in Vadodara City?
5. What are the various expected challenges in relation to Surrogacy as perceived by married couples?

1.16. Statement of the Problem

To seek the answers of the questions it was decided to undertake “**Knowledge and Perceptions of Selected Couples of Vadodara City Regarding Surrogacy**”

1.17. Justification of the Study

In the ancient times, women were not permitted to pursue higher education in traditional Indian society. For women, education was forbidden upon. At the start of the nineteenth century, very few women could enroll in official education programmes at schools. To aid Indian women out of their difficult situation and progress forward alongside their male counterparts, a large number of social reformers throughout India put in countless hours of labour.

There was a distinct division of labour and a clear boundary when women were restricted to their houses. Men used to work outside, support the family financially, and handle extracurricular activities like taking the kids to school and to the market. The women of the household, on the other hand, were entirely occupied with domestic tasks and obligations, such as cooking, caring for the young and elderly, etc. Additionally, in ancient times, a larger family's entire external work was split between the males. Similar to this, the family's female members divided up the domestic duties.

The division of labour that had previously been present in Indian society began to change with the passage of time and the quick changes in the socioeconomic structure of that society, especially in urban areas. Particularly in upper-class and middle-class urban societies, families have now fragmented into smaller groups, joint families are

extremely uncommon, and girls are now being educated. As a result, there are a rising number of women working. Each area of India exhibits this trend.

It is only logical that the traditional division of labour between men and women has shifted given the enormous rise in women's employment. It is no longer customary for men to perform outside chores while women handle household duties. Along with landing good jobs, women are also taking on a rising number of extra duties. It is only logical that the traditional division of labour between men and women has shifted given the enormous rise in women's employment. It is no longer customary for men to perform outside chores while women handle household duties. Along with landing good jobs, women are also taking on a rising number of extra duties. In addition, women must invest more time in their jobs in today's highly competitive workplace.

Parenthood is the desire of every parent and sometimes due to some unforeseen circumstances this desire does not turn out to be true. It's not just the health issues that affect the uterus, male infertility, increased stress levels in a competitive world, delayed marriages, poor health care, and also there is no maternity leave besides that are only in government and micro-finance companies that gives maternity leave. Therefore, parents always have other options and one of them is surrogacy.

Surrogacy is becoming more popular among Indians, despite the fact that it is still considered taboo in many Indian communities. Surrogate mothers have been stigmatized, according to studies, because surrogacy is often thought to involve sexual intercourse. According to the literature reviewed, public opinion on surrogacy is not been studied in India widely, but it has been explored to some extent abroad (e.g. in Greece, in the UK, in Australia, and in Sweden). The general people in India are likely to be less exposed with the prominent worldwide discourses on surrogacy.

However Technological advancement have taken supersonic speed in medical world. The trend of having child through Surrogacy is slowly picking up in India. (Film stars like Amir Khan, SRK, Karan Johar, Shilpa Shetty, etc.)

Insights regarding local understandings of surrogacy will be useful when future policies are debated. The finding of the present research may also highlight the challenges in the way of Surrogacy. The present research attempts may highlights the knowledge and

perceptions of selected couples of Vadodara city. There is big lacuna seen in this area as far as social researches are concerned. Hardly any systematic study was found related to surrogacy in Gujarat, few attempts have been made with reference to legal and medical perspective. Thus this study can be pioneering attempt towards surrogacy in the State of Gujarat.

1.18. Justification of the Study in the Relation to Department of Extension and Communication

Pioneering Department involved in Extension work. From past seven decades the students are trained in conducting researches and community outreach activities on socially relevant topics. Various development issues like education, empowerment, entrepreneurship and health are being catered by the students under the able guidance of the teachers to conduct researches, and community outreach activities. Funded projects are also being undertaken on socially relevant development issues.

Students conduct pilot project researches and utilize the findings for designing their action plans for communities outreach activities.

Many studies have been conducted to various health related issues like, deficiency diseases, nutrition care amongst mothers, mental health, organ donation, etc. Thus the present study can be a new addition to the group.

This research may help the students to get information about Surrogacy. The students may get motivated to do innovation in the development of various orientation and training programmes and exploratory researches in related areas.

1.19. Justification of the Sample

The Present study aimed to examine the “Knowledge and Perceptions regarding Surrogacy among the selected married couples of the Vadodara City”.

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 issues. These difficulties are what have made this method unpopular throughout much of the world. Since 2002, when India started to gain popularity as a surrogacy hub, surrogacy has had its own unique journey.

(Source:-<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262674/>)

(Regulation) Bill, 2022, which would restrict the option of surrogacy for many. For all those couples who would not have been able to bear children on their own, surrogacy is a crucial medical service. Surrogacy would be conducted in harmony if delicate problems related to it were adequately addressed by carefully crafted regulations that would protect the rights of surrogate mothers, intended parents, and children born through surrogacy.

When the wife is unwilling to carry a child or is physically unable to conceive a child due to an illness or the lack of the uterus, married couples turn to surrogacy. She might be unwilling to pass on a genetic condition to her offspring. She could not want a baby due of her hectic schedule. The child will be at least partially connected to the couple (in genetic surrogacy), thus they may choose to use a surrogacy rather than adoption.

When a woman is unable to produce eggs due to illness, ageing, or a desire not to become pregnant, a surrogate can supply the ovum that is then fertilised by the woman's husband and put in the surrogate's uterus to carry the foetus to term. After giving birth, the surrogate gives the couple the child (genetic surrogacy).

Vadodara is a city with diverse culture and cosmopolitan environment. The Maharaja Sayajirao University contributes largely to this multicultural environment. Educationist across the country come and settle in Baroda City. Moreover, international acclaimed companies also have attracted people towards Baroda City. The city is popularly named as "SanakariNagari", grounded to the root with customs, rituals, festivals of various religions celebrated with full vigour by one and all, be it Hindus, Muslims and Christians, young and old and by both males and females. Festivals like Ganesh Utsav being celebrated with amalgamations of representation of awareness social causes for like follow Traffic Rules, Stop Alcohol Consumptions, Donate Blood, organ donation and many Social Welfare Programme etc. Such beautiful ways of transferring social messages in the society may help Barodian to have accurate knowledge and have strong perceptions regarding surrogacy.

On the contrary there are people living in various pockets of the society who are living close doors, believing in deep-rooted age-old thinking. Thus this study tries to find the Knowledge and Perceptions of the surrogacy among married couple with minimum 3 years of marriage from the city of Vadodara in the background of rapidly changing socioeconomic-cultural scenario.

1.20. Justification of the Variables Selected for the Study

1.20.1 Couples' Age Group:

Fertility naturally declines with age. Getting pregnant later increases the risk of complications during pregnancy. But there is no "best age to conceive" according to medical research. Biological limitations are many. Women can have children from adolescence to menopause, but men remain fertile even into their 60s and 70s.

Certainly other social pressuring factors like economic losses, lengthy educational careers and even personal preferences have affect the married couples decisions to not to have a baby in their younger years. Further, individual health which may cover the condition like PCOS- Polycystic Ovary Syndrome and endometriosis may affect fertility.

The other age related issues which may affect the conception of a baby are emotional psychological readiness. Which are reflected through patience flexibility, empathy, etc. Thus, in today's high speed urban life styles, delay in certain personal goals like, to have a child may get affected.

Thus, it would be interesting to study the Knowledge and Perception of the selected married couples with respect to their age group.

1.20.2 Years of Marriage:

Infertility is one of the most important issue a married couple face still in India. The disorders related to infertility are encountered by married people due to several life style related factors.

In Indian family set up the parents and other elders of the family expect as well as, demand to produce children in initial years of marriage. As the number of years pass, this familial force starts increasing on the married couple, which leads them to seek medical support for the child birth if they are unable to produce naturally.

Thus the investigator feels that the couples who are young and recently married may be ignorant or unacquainted about surrogacy treatment in comparison to the couples who are married for few years. It is said that one gets awareness only when one feels the need.

So, probably the couples with more number of years of marriage have may more Knowledge and also favourable Perceptions about Surrogacy in comparison to their counterparts.

However, it is also possible that young couples with fewer years of marriage may be more exposed to artificial reproductive treatments like surrogacy in comparison to the couples with more number of years of marriage.

Thus it was felt important to consider ‘years of marriage’ as an influencing factor on the Knowledge and Perceptions of couples on Surrogacy.

1.20.3 Desire to have children:

The desire to have children may act as an influencing factor in having sound knowledge and positive perception towards Surrogacy. Indian customs, rituals and tradition are very deep rooted, still married couples want children to bear the name of their family for coming generations. Hence such couples who want their own child, but unfortunately it is unable to conceive, then adoption is an alternative. However there are set of people who don’t even want to go for adoption because they want to have their own genes to carry forward their name of the family.

So there are lot of variation amongst the contemporary generation with respect to children. There are mixed kind of groups, some who want children but not care much about genes and then there are families who want to have their own child and yet another category is of the couples who don’t want children. Such trends are quite visible in our society in contemporary times.

Hence, the couples who have more desire to have children, may have good, sound knowledge and favourable perceptions towards Surrogacy. But on the contrary the couples who do not have such strong desire to have children may not be so sound with knowledge regarding Surrogacy.

Thus, ‘The desire to have children may act as an influencing factor for studying the knowledge and perception regarding Surrogacy from childless couples of Vadodara City.

1.20.4 Family Monthly Income:

Family Monthly Income of the couple plays a very important role and a deciding factor in respect of surrogacy. With education people are aware and people are more

contemporary in thinking & they have their mental readiness to opt for medical advancement like Surrogacy. The entire process relating to surrogacy is expensive and is still out of reach for lower middle-class and below level people. Not only that, the decision regarding surrogacy depends largely on the society to which the couple belongs. Even now, in many societies, the concept of surrogacy is not understood and accepted. In such case, the partners, even if they decide in favour of surrogacy, can't go for it due to societal pressure. So, the socio-economic status might be an important influencing factor for Surrogacy. The couples may have varying levels of Knowledge and Perceptions regarding Surrogacy with respect to their Socio-Economic backgrounds. People from Higher Societies who are rich and popular if respond to such modern trends like adoption, surrogacy, then the society tends to copy the trends. Film Stars from Indian Cinema in recent times have opted for Surrogacy, which may have positive effect on the general masses. However, at times people from lower socio economic status may not feel the societal pressures and thus may have readiness to accept Surrogacy, thus they may have high Knowledge and favourable Perceptions regarding it.

1.20.5 Religion:

Each religion has its own culture, beliefs, traditions, and ideals. Approximately, there are 4,200 different religions in the world. Catholicism is the only major faith that categorically forbids surrogacy. It is also the largest religion in the world. Children are God's blessing and a gift. According to a 1987 report by the Roman Catholic Church, and even when science makes some things feasible, it does not automatically make them acceptable. The Catholic religion also forbids IUI, IVF, ET, and ICSI.

Even though Christianity as a whole is more supportive of assisted reproduction, it strongly discourages it. Christians have expressed concern about the mental health of children born through surrogacy, as well as the physical and mental health of surrogates after surrogacy. They also prefer to use the eggs and sperm of married couples for surrogacy because they will be the parents of the child.

Because the surrogate is carrying a fertilised egg that is not her husband's inside of her, some Muslims consider it to be adultery. The infant would then be regarded as being unborn. Some people think it's a way to protect people, but they also think it should be done between husband and wife. Hinduism allows surrogacy, but prefers that both the egg and sperm come from the married couples who are raising the child. Children are

very important to Hindu families, so they often go through fertility treatment and surrogacy to start a family.

The three religions namely Hindu, Islam and Christian are dominantly prevalent in society especially in Baroda city from where the sample for the present study will be retrieved. Couples with varying religious background may have different perceptions and knowledge levels regarding Surrogacy.

Therefore, religion is under taken as a factor in present study as it may act as an influencing factor in building perceptive and acquiring knowledge regarding Surrogacy.

1.20.6 Family Type:

According to **Dhami M.** (2020), India as a rich family structure with a patrilineal background, which helps the members of the family to sustain a life with kinship groupings.

Earlier the Indian families were found to have joint structures where many married couples stay together under one roof. They all mutually divide work and responsibilities, enjoy festivals, worship and cooperate with each other. The most important function decision making was carried out well in joint family system.

Meanwhile due to urbanization, westernization, the changes are witnessed in Indian family structures. There are division of large joint families into smaller units for more convenience. Thus, these alternations have definitely contributed to the disintegration of family based support systems and also reduction in family size.

Fertility has declined due to the effect of socio economic developments and also the effective implementation of family planning programmes in India. Therefore it has become difficult to plan babies soon after marriage.

It may be possible that couples who live in joint/ extended or large family system have less Knowledge and unfavourable Perceptions about Surrogacy as the mental, emotional and physical support is rendered from family during childbirth and childcare, whereas the couples living in nuclear family set up may have more Knowledge and favourable Perceptions about Surrogacy as in nuclear family, the couples have to shoulder the all responsibilities related to domestic, social and economic domain of life.

Hence they tend to hire external services to fulfill their responsibilities. In this race reproduction roles are also beautifully replaced with medically driven alternatives. These solutions may be well versed by the couples who stay in nuclear families.

Thus it was felt important to take 'family type' as one of the influencing factors on the Knowledge and Perceptions about Surrogacy of the selected married couples.

1.20.7 Family ideology:

The family ideology variable in surrogacy can be justified by examining the role that cultural and social norms play in shaping attitudes towards the practice of surrogacy. In many cultures, the traditional family structure is highly valued and closely tied to procreation, with the belief that procreation should only occur through natural means within a marriage. This perspective is often associated with conservative ideologies that emphasize traditional family values and are resistant to change.

In contrast, liberal ideologies tend to value individual autonomy and personal choice, including the choice to engage in non-traditional forms of procreation such as surrogacy. Supporters of surrogacy argue that it provides individuals and couples with the opportunity to have children who may not be able to conceive or carry a pregnancy to term on their own.

Therefore, the family ideology variable can be seen as a predictor of attitudes towards surrogacy. Those with a more liberal ideology may view surrogacy positively as a means of expanding family options and supporting individual autonomy. In contrast, those with a more conservative ideology may view surrogacy negatively as a threat to traditional family values and natural procreation methods.

It is important to note that these views are not universal, and individuals may hold a range of beliefs on the topic of surrogacy regardless of their broader political or social ideologies.

Thus it was felt important to take 'family ideology' as one of the influencing factors on the Knowledge and Perceptions about Surrogacy of the selected married couples.

1.21. Objectives of the Study

1.21.1 To Prepare the Profile of the selected couples of Vadodara City.

1.21.2. To assess the Knowledge of the selected couples of Vadodara City regarding Surrogacy.

1.21.3. To assess the Knowledge of the selected couples of Vadodara City regarding Surrogacy with respect to following Variables:

- Couples' Age Group
- Years of Marriage
- Desire to have children
- Family Monthly Income
- Religion
- Family Type
- Family Ideology

1.21.4. To Study the differences in the Knowledge level of the selected couples of Vadodara City regarding Surrogacy with respect to the selected Variables.

1.21.5. To Study the Perceptions of the selected couples of Vadodara City regarding Surrogacy.

1.21.6. To Study the Perceptions of the selected couples of Vadodara City regarding Surrogacy with respect to the selected Variables.

1.21.7. To Study the differences in the Perceptions of the selected couples of Vadodara City regarding Surrogacy with respect to the selected Variables.

1.21.8. To identify the Expected Challenges from the selected couples of Vadodara City regarding Surrogacy.

1.21.9. To identify the Expected Challenges from the selected couples of Vadodara City regarding Surrogacy.

1.21.10. To seek the Suggestion of the selected couples of Vadodara City regarding Surrogacy.

1.22. Null Hypotheses of the Study

1.22.1. There will be no significant differences in the Knowledge Level of the selected couples of Vadodara City regarding Surrogacy with respect to following variables:

- a. Couples' Age Group
- b. Years of Marriage
- c. Desire to have children
- d. Family Monthly Income
- e. Religion
- f. Family Type
- g. Family Ideology

1.22.2. There will be no significant differences in the Perceptions of the selected couples of Vadodara City regarding Surrogacy with respect to selected variables.

1.23 Assumptions of the Study

1.23.1. Selected Couples of Vadodara City will possess Knowledge regarding Surrogacy.

1.23.2. Knowledge with respect to Surrogacy will vary according to selected Variables.

1.23.3 Selected Couples of Vadodara City will have Perceptions regarding Surrogacy.

1.23.4. The Perceptions regarding Surrogacy will vary according to selected Variables.

1.24. Delimitations of the Study

1.24.1. The Study will be delimited to the Selected Couples of Vadodara City.

1.24.2 The Present Research will be delimited to study the Knowledge and Perceptions regarding Surrogacy.

1.24.3 The study will be delimited to study the Knowledge and Perceptions of the Selected Couples of Vadodara City related to Surrogacy with respect to selected Variables.

CHAPTER 2
REVIEW OF LITERATURE

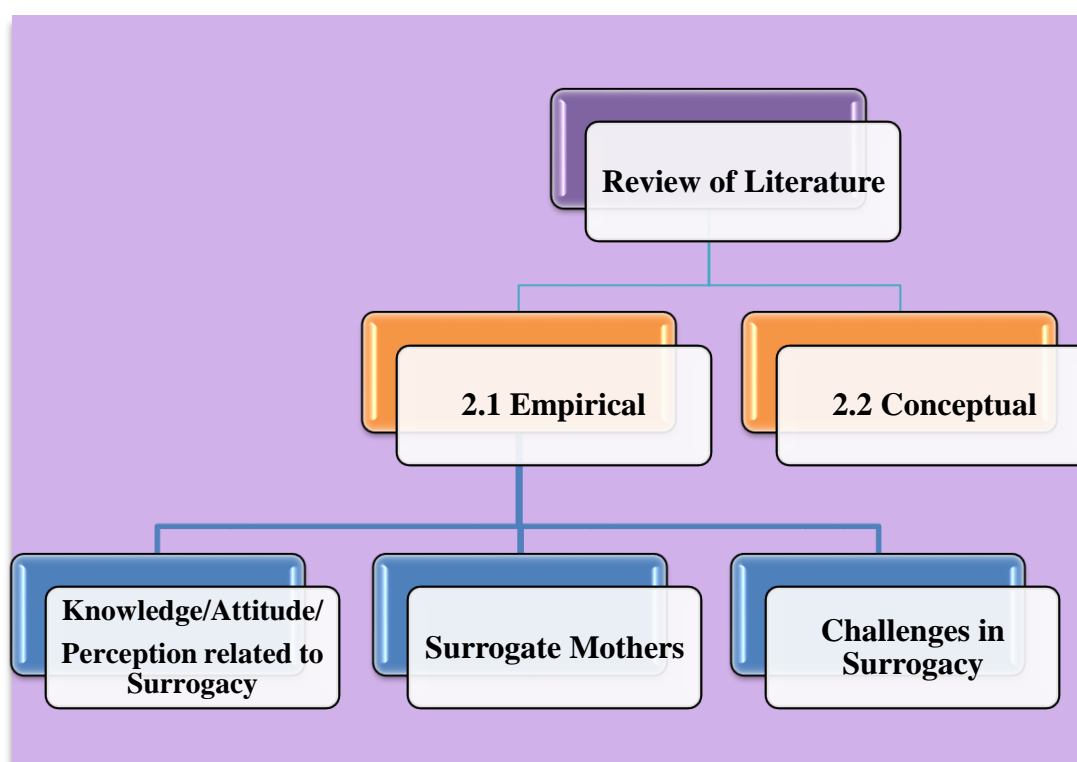
CHAPTER – 2

REVIEW OF LITERATURE

The present study was undertaken to find out the “Knowledge and Perceptions of Selected Couples of Vadodara City regarding Surrogacy”. While reviewing the literature, it was found that majority of the researches been conducted to study the “Knowledge, Attitude and Practices of various sections like medical students, commissioning parents and other sections regarding Surrogacy”. Very few research studies were found related to checking Knowledge and Perceptions of married couples regarding Surrogacy.

Thus the studies which were found related to the present research were selected and only relevant findings of these studies are presented in this chapter.

They are classified under the following categories:



2.1. Empirical Reviews

2.1.1. Studies related to Knowledge/ Attitude / Perceptions regarding to Surrogacy

Basbeth F. and et.al (2019) conducted a study entitled “**Knowledge and attitude towards surrogacy in medical students of Yarsi University and its review in the views of Islam**”. The study aimed to know the knowledge and attitude of Medical Students of YARSI University class of 2015 about surrogacy. The sample of the study was 180 students and the questionnaire was designed to collect data.

The findings of the study revealed that:

- A majority of 52.8% had an attitude of disapproving the practice of surrogacy, and 47.2% had a negative attitude that included continuing to doubt and agreeing to surrogacy.
- 21.7% were having good knowledge regarding surrogacy.
- 51.1% were having enough knowledge whereas 27.2% were having less knowledge regarding surrogate mother.
- The majority of respondents were unsure of whether surrogacy was widely used by couples from around the world in India due to the significantly lower cost.
- Thus, the investigation came to the conclusion that all types of surrogate mother are prohibited according to Islamic beliefs.

Golboni F. and et.al (2019) conducted a study entitled “**Factors Affecting on Couple’s Decisions to Use Surrogacy: A Qualitative Study**”. This study aimed to clarify how factors influencing decisions to choose a surrogate mother might generate extensive understanding of this idea. The sample of the study was 23 persons (9 couples, 5 related persons). An in-depth interviews and semi-structured interviews were designed for data collection.

The findings of the study revealed that:

- Couples' decision-making could have significantly influenced by the cultural context of the family.
- Family structure was also considered to be a significant component in this process, as well as family traditions and rituals, member attitudes and interactions, and more.

- One of the significant factors influencing these people's mental health is how their friends, neighbours, and society as a whole see surrogate mothers.
- Therefore, the lack of social support when using a surrogacy contract can have a negative impact due to public ignorance of the issue.

Nakazawa A. and et.al (2019) conducted a study entitled “**A survey of public attitudes toward uterus transplantation, surrogacy, and adoption in Japan**”. The aim of this study was to use a web-based survey to assess how male and female members of the public felt about uterus transplantation (UTx), surrogacy, and adoption in Japan. One thousand six hundred individuals were chosen as the study's sample, and both gender and age groups (twenty-first, thirty-first, forty-first, and fifty-first) were equally distributed. A questionnaire was designed for data collection.

The findings of the study revealed that:

- First, 36.5% and 31% of respondents, respectively, agreed that gestational surrogacy and UTx should be permitted.
- Second, the respondents indicated that they or their partners might choose UTx (34.4%), gestational surrogacy (31.9%), or adoption (40.3%), if they or their partners faced absolute uterine factor infertility.
- Third, UTx, gestational surrogacy, and adoption were ranked as the most preferable options by 10.1%, 5.8%, and 14.3% of the respondents, respectively.
- Fourth, 32.3% of female respondents might desire to be donors, and 36.7% of male respondents might want their wives to be donors if their daughters experienced absolute uterine factor infertility.

Stenfelt C. and et.al (2018) conducted a study entitled “**Attitudes toward surrogacy among doctors working in reproductive medicine and obstetric care in Sweden**”. This study aimed to investigate attitudes and opinions towards surrogacy among physicians working within obstetrics and reproductive medicine in Sweden. The sample of this study was 103 physicians. This questionnaire was designed to collect data to measure attitudes and knowledge in three areas: attitudes towards surrogacy, assessment prospective surrogate mothers, and antenatal and obstetric care for surrogate mothers.

The findings of the study revealed that:

- 63% were positive or neutral towards altruistic surrogacy being introduced in Sweden.
- However, only 28% think it should be publicly financed.
- The majority of physician (ie 60%) agree that surrogacy involves the risk of using the women's bodies.
- 82% believe it is possible for a intended couple to pay the surrogate "privately".

Mate A. and Gomase K. (2018) conducted a study entitled “**A study to assess the knowledge and attitude regarding surrogacy among couples**”. The study aimed to assess the knowledge regarding surrogacy among couples, to assess the attitude regarding surrogacy among couples, to correlate knowledge and attitude regarding surrogacy among couples, to associate the knowledge score with selected demographic variables, to associate the attitude score with selected demographic variables. The sample of the study was 30 couples. A structure questionnaire was designed for data collection.

The findings of the study revealed that:

- Majority of the couples had good and average knowledge regarding surrogacy.
- Most of the couples had positive attitude regarding assisted reproductive technology.
- The knowledge and attitudes of couples who visited an infertility clinic were negatively correlated.
- Findings show that overall knowledge was good, there was no significant relationship between knowledge scores and demographic variables, couples do not have a positive attitude towards surrogacy, and there was no significant relationship between knowledge scores and demographic variables.

Arvidsson A. and et.al (2017) conducted a study entitled, “**Surrogate mother – praiseworthy or stigmatized: a qualitative study on perceptions of surrogacy in Assam, India**”. The study aimed to examine views on surrogacy from both men and women in Assam, an Indian state known for having a low level of income. The sample of the study was 42 people from various socioeconomic groups in Assam. A semi-structured individual interviews and focus group discussions was designed for data collection.

The findings of the study revealed that:

- In Assam, surrogacy is viewed as a viable choice for childless couples because it would produce a child who is a "blood" relative, which is extremely desirable for societal reasons.
- However, the surrogate mother's role affects local perceptions about surrogacy.
- The majority of individuals believe that paying the surrogate mother goes against social norms.

The surrogate mother is morally qualified as a "bad mother" who sells her child, or as a "noble woman" who should be paid for her services for helping a married couple.

Shojaie K (2016) conducted a study entitled “**Knowledge and Attitude of patients about the use of surrogacy as treatment method of infertile couples - Mostafa Khomeini hospital in 2016**”. The study aimed to ascertain the understanding and opinions of patients at Mostafa Khomeini Hospital on the use of surrogacy as a form of treatment. The sample of the study was 216 patients referred to Mostafa Khomeini Hospital in 2016. A questionnaire was designed for data collection consisting of two parts: the first part was demographic questions and the second part included the questions about knowledge and attitude.

The findings of the study revealed that:

- 85.6% of them said that they had knowledge about surrogacy.
- 14.8% understand surrogacy well.
- 43.5% of participants had no religious perceptions on this method.
- 41.7% of people had a negative attitude towards relatives and friends who prioritize surrogacy.
- 66.7% participate agreed about insurance protection.
- The attitudes of subjects in various educational categories differed significantly from one another.

Sorum P. and et.al (2016) conducted a study entitled “**Mapping people’s views regarding the acceptability of surrogate motherhood**”. This study aims to map French laypersons' views regarding the acceptability of maternal surrogacy and to delineate the circumstances under which surrogacy is considered, by different groups of people, as especially problematic.

The findings of the revealed that;

- The majority of participants (64%) felt that maternal surrogacy created a significant moral dilemma in all situations. Religious persons were more likely to belong to the subgroup "Always a Moral Problem" than were non-religious people, and this subgroup had a higher level of concern than the other subgroup.
- Age did not have a significant effect on participants' views, but parenting did: Participants with children were more likely to be members of the group's usual moral dilemmas than those without children.
- As predicted, there was a small minority of participants (14%) for whom maternal surrogacy does not consistently pose a moral problem. However, in this group, surrogacy was seen as quite problematic when the mother was not completely autonomous.

Arvidsson A. and et.al (2015) conducted a study entitled “**Views of Swedish Commissioning Parents relating to the Exploitation Discourse in Using Transnational Surrogacy**”. The study aimed to explore Swedish commissioning parents’ experiences and motivations for using transnational gestational surrogacy and how they construct and negotiate their understanding of this arrangement in the light of the exploitation discourse on surrogacy. The sample of the study was 15 Swedish couples who had used transnational surrogacy. A Semi-structured in-depth interview was designed for data collection.

The findings of the study revealed that:

- The opposing discourses about surrogacy that are portrayed by the media and surrogacy agencies have an impact on the commissioning parents' opinions about using surrogacy.
- There was therefore some ambiguity as a result of this reproductive technique.
- The commissioning parents urged for surrogacy to be regulated in Sweden in order to protect all parties, although rejecting the idea that the surrogate mother is being exploited by pointing to what they have learned about her situation and the substantial benefits for her.

2.1.2. Studies related to Surrogate Mothers

Africawala A. and Kapadia S. (2019) conducted a study entitled “**Women’s Control over Decision to Participate in Surrogacy**”.

The study aims to address this gap and is based on a part of a larger ethnographic study conducted at a surrogacy clinic in Anand, Gujarat, India. The sample of the study was 41 Surrogate Mothers. A Semi-Structured In-depth Interviews was designed for data collection.

The findings of the study revealed that:

- In general, it appeared that the majority of women in India who underwent surrogacy exercised agency.
- According to the study, women's agency was context-dependent and manifested itself through fact-finding, persuasion, negotiation, selective disclosure, and assertion.
- There is a need to provide opportunities for the surrogate mothers to participate and influence the Indian surrogacy policy since the collective voices of women are not being heard in the policy discourse.

Rozée V. and et.al (2019) conducted a study entitled “**Socio demographic characteristics of 96 Indian surrogates: Are they disadvantaged compared with the general population?**” The study aimed to compare the socioeconomic characteristics of Indian surrogates interviewed in social studies with those of Indian women in the general population in order to provide preliminary data on whether surrogates have a certain profile and are indeed disadvantageous in comparison to their counterparts. The sample of the study was 96 Indian surrogates. A face-to-face interview was conducted to collect data.

The findings of the study revealed that:

- Their sociodemographic attributes were contrasted with those of the general population taken from Indian national surveys.
- The surrogates who were questioned tended to have a smaller family and had the first child at a younger age than women in the general population.
- In terms of education, work, and family income, their social condition tended to be better than that of the overall population.
- Their sociodemographic characteristics were compared to those of the general population based on national surveys conducted in India.

Kadam K. and et.al (2018) conducted a study entitled “**The psychological well-being and prenatal bonding of gestational surrogates**’ The study aims to examine the psychological well-being of Indian surrogates and the nature of their prenatal bond to the baby, to assess the association between surrogates’ experiences and their psychological well-being. The sample of the study was 50 surrogates and 69 expectant mothers during pregnancy and 45 surrogates and 49 expectant mothers’ post-birth. A Semi-structured Interviews and Standardized Questionnaires were designed for data collection.

The findings of the study revealed that:

- Compared to mothers in the comparison group, surrogates had higher levels of depression during and after labour.
- Low social support throughout pregnancy, keeping surrogacy a secret, and receiving negative feedback from others were found to be indicators of increased depression in surrogates after delivery.
- Surrogates were less likely than expectant mothers to interact with and think about the foetus during the prenatal period, but they also developed healthier dietary habits and were more likely to refrain from harmful behaviours during pregnancy.
- There were no connections between higher prenatal attachment and higher psychological distress during or after relinquishment.

Loft A. and et.al (2015) conducted a study entitled “**Surrogacy: outcomes for surrogate mothers, children and the resulting families-a systematic review**”. The aims to check current levels of knowledge of the obstetric, medical and psychological outcomes for the surrogate mothers, the intended parents and children born as a result of surrogacy. Cohort studies and case series were used as a tool for study.

The findings of the revealed that;

- The pregnancy rate is 2.6-75.0%. The single premature birth rate ranges from 0% to 11.5%, while the miscarriage rate ranges from 0% to 11.1% of cases.
- There were no significant psychological differences between 10-year-olds born by surrogacy, other ART children, or natural-born children.

- Hypertensive disorders of pregnancy were reported in 3.2% to 10% and placenta previa/abrupt placenta was reported in 4.9%. In some cases, a hysterectomy is also prescribed.
- Most of the mental changes are satisfactory, although there are problems with the rolling of children. Children whose mothers were surrogate mothers 5 to 15 years ago have good mental health.
- There was no significant psychological change among mothers with children, mothers who became pregnant after using multiple ART, and mothers who became pregnant.

Nilsson E. (2015) conducted a study entitled “**Merit Making, Money and Motherhood: Women’s Experiences of Commercial Surrogacy in Thailand**”. The study aimed to contribute the knowledge about transnational commercial surrogacy. The sample of the study was Thai women working as surrogate mothers.

The findings of the study revealed that:

- By taking the responsibilities of a surrogate mother, they uphold the ideal of the caring daughter and mother.
- In addition, the women's experiences with the pregnancy and their role in the arrangement are marked by worry, uncertainty, and mistrust.
- The women's ability to influence different aspects of pregnancy is also severely constrained.
- The study indicates that despite the fact that the surrogate mothers made their own decisions without the influence of family or friends, they are nonetheless in a vulnerable position within a system that is defined by unequal power relations.

Lorenceanu E. and et.al (2014) conducted a study entitled “**A cross-cultural study on surrogate mother's empathy and maternal–foetal attachment**”. The study aimed to determine if there is a difference in empathy and maternal-foetal attachment of surrogate mothers compared to a comparison group of mothers. The sample of the study was divided into three groups of European traditional and gestational surrogate mothers (n=10), Anglo-Saxon traditional and gestational surrogate mothers (n=34) and a European normative sample of

mothers (n=32) and a questionnaire was designed for data collection in four completed published psychometric instruments: the Interpersonal Reactivity Index (empathy index), the Hospital Anxiety and Depressions Scale and the MC20, a social desirability scale. The Maternal Antenatal Attachment Scale was filled by pregnant surrogate mothers (n = 11).

The findings of the study revealed that:

- Surrogate mothers differ from them in terms of empathy, depression and anxiety, social desirability, and the extent of attachment to the foetus when compared to a normative sample.
- The surrogate mothers in both groups are less anxious and depressed when compared to normative samples.
- Although maternal-fetal connection is high, the level of attachment quality has considerably decreased.
- The surrogate mother's empathy indices are comparable to normative samples, and occasionally much higher.

Saha R. (2010) conducted a study entitled, ‘**Surrogate Motherhood Ethical or Commercial**’ The study aimed to conduct a situational analysis of surrogacy cases in the three study areas and the issues involved, to examine the existing social and health protection rights ensured to the surrogate mother, to analyses the rights of the child in surrogacy arrangement, study the rights and issues pertaining to commissioning parents, to suggest policy recommendations for protection of rights through legal provisions of surrogate mother. The sample of the study was 100 Surrogate Mothers and 50 Commissioning Parents and their families in 3 Cities of Gujarat. A Structured Questionnaire was designed for data collection.

The findings of the study revealed that:

- The majority of the surrogate mothers has experience of giving birth and has at least two kids of her own (50% in Anand, 48.6% in Surat and 40% in Jamnagar).
- The majority of the surrogate mothers are illiterate (51.7% in Anand and 8.6% in Surat) or have primary education (31.7% in Anand, 54.3% in Surat and 60% in Jamnagar); employed as domestic helpers (36.7% in Anand and 40% in Surat), construction workers (20% in Jamnagar) or nurses (40% in Jamnagar). They are therefore financially insecure and want for some cash.

- The majority of the time, they spend the money on their children's education (76.7% in Anand, 91.4% in Surat, and 100% in Jamnagar), as well as on building or repairing their own homes (35% in Anand, 37.5% in Surat, and 60% in Jamnagar).
- The majority of the commissioning parents are highly educated (96% in Anand, 72.2% in Surat, and 100% in Jamnagar), work full-time (46.7% in Anand, 44.4% in Surat, and 100% in Jamnagar), and belong to the upper socioeconomic strata.
- The commissioning parents travel to India for surrogacy mostly because it is illegal their own country (23.3% in Anand and 22.2% in Surat); moreover, the cost of the complete procedure is significantly lower in India than it is in other Western nations (63.3% in Anand, 44.4% in Surat, and 50% in Jamnagar).
- The commissioning couple decides together whether to pursue surrogacy. It frequently becomes impossible for the extended family to get involved in this situation because a majority of the commissioning parents are members of nuclear households. As a result, intended parents frequently value their friends' opinions more than those of their relatives. However, the commissioning parents hold the final decision and are allowed to make their selection.
- Media coverage of surrogacy in general and the promotion of surrogacy clinics appear to be the main factors influencing the decision of commissioning parents in Gujarat (93.3% in Anand and 100% in Surat and Jamnagar).

2.1.3. Studies related to challenges in surrogacy

Piersanti V. and et.al (2021) conducted a study entitled **“Surrogacy and “Procreative Tourism”. What Does the Future Hold from the Ethical and Legal Perspectives?”** The aim of this study is to examine the complex ethical and legal issues raised by the contentious surrogacy debate, particularly as they relate to the fundamental rights of parents and children. The researchers set out to perform a thorough review of the legal systems now in force in significant European and non-European countries. Total 58 sources were examined. In the end, only the sources that were directly reporting on the regulation of MAP methods and surrogacy were used.

The findings of the study revealed that:

- Surrogacy is still prohibited in Italy, as well as France, Spain, and Germany. Italian law has deemed the ban on heterologous MAP practises to be invalid.
- There is no explicit law in this regard in Belgium or the Czech Republic.
- Denmark and the United Kingdom are two European nations that permit this procedure, which is limited to altruistic surrogacy.
- The mother is not eligible for any other remuneration besides reimbursement for pregnancy-related expenses. Both Russia and the Netherlands permit the practise.
- Surrogacy is permitted in all non-European countries listed here, with the exception of Argentina, Brazil, and some American states.
- Commercial surrogacy was banned in India in 2018, but altruistic surrogacy was allowed for the citizens.
- Surrogacy work is permitted in Russia, Ukraine, Thailand (with limitations intended to prevent procreative travel), and some US states.

Gupta M. and Chaturvedi S. (2020) conducted a study entitled "**The Indian Ban on Commercial Surrogacy**". This study aims to research the potential impacts of India's ban on commercial surrogacy and proposes an alternative model. Moreover its objectives are (1) to understand the current impacts of commercial surrogacy on surrogate women, (2) to assess the ethical justifications for a ban on commercial surrogacy, (3) to assess the likely effects of the ban on the surrogacy industry and on women who previously decided to become surrogates, and (4) to propose regulatory measures that would better serve everyone involved in commercial surrogacy than a complete ban. It relies on both primary data, i.e. interviews with subject-matter specialists based on a purposive sample and secondary data from documents including books, journals, speeches, and reports. As a result, the Indian government's proposal to ban the surrogacy industry is unlikely to have any effect. The main argument of surrogacy is not thought to ban surrogacy and risks further marginalizing poor women and limiting their options. It may be in the interest of all parties to take a different route, including tight control and regulation.

Shahi, A. (2017) conducted a study entitled “**Socio legal effects of surrogacy in India**”.The study aimed to provide a systematic introduction as well as the legal dimension of the problem. It attempts to strike a balance between social need of surrogacy and actual legal position.

Moreover, it also aimed to examine the different facts of surrogacy, secondly to find out defects and drawbacks in existing legal framework, thirdly problems, which are associated with the practice of surrogacy. Fourthly status of surrogacy in India, fifthly legal solution to the practice of surrogacy in India, lastly suggestions to improve the existing legal framework. Surrogacy is also criticized on many moral grounds and considered to be repugnant to human dignity. In view of the nature of the study, doctrinal methodology is adopted, which is analytical in nature and based on secondary data. The study employs a qualitative research method as it tries to find out the surrogacy clinic’s liability and the need for new laws to be in place for the upliftment of women. Exploitation of women’s reproductive capacities is considered as commodities, available for sale in the market like other goods. Surrogacy also attracts some legal issue which makes this practice more controversial legalities of surrogacy contracts, legality of the status of surrogate child, legality of commissioning parents are the issues which will have to be resolved. Existing surrogacy laws are conflicting to deal with the cases of surrogacy that is why surrogacy in practice is so controversial, otherwise surrogacy results as a boon under the proper regulation.

Keeping in view of growing demand for surrogacy in India, it can be concluded that, society is in need of these types of methods for creating families. It provides a huge solution for tackling the problem of infertility rather than harming a little. To eliminate surrogacy will result in a number of consequences. Childless couple will not be able to have a genetically related child.

Gwandar J. (2015) conducted a study entitled “**Surrogacy arrangements/agreements in Kenya and its enforceability**”.The aim of the study was to investigate and analyse the legality and enforceability of surrogacy arrangements/agreements in the Kenyan jurisdiction. It also aims to address the different legal questions pertaining to the enforceability of gestational

surrogacy. This shall involve a critical analysis of books, journals, articles, web sources, and reports on assisted production in Kenya and abroad.

The findings of the study revealed that;

- From the different legal status of surrogacy in other countries, Kenya being yet to legislate and regulate on the area should bench mark, borrow or perfect some of the policies.
- This would enable the legislators to draft and pass laws that truly reflect something that is achievable as well as try to minimize the disputes likely to arise from the arrangement.
- After the fact that the Ministry of Health established an In vitro Fertilization Technical Working Committee in 2001 to formulate rules and policy on this subject, the group has yet to provide a report despite travelling to numerous nations and gathering information.

2.2. Conceptual Reviews

Yadav B. (Hindustan Times)(2022)in an article entitled “**The new surrogacy bill protects the interests of all**” said that according to World Health Organization (WHO) data, 48.5 million couples worldwide were unable to produce children in 2010. They suffer from infertility, which the World Health Organization defines as a childbearing disorder in which Pregnancy cannot be diagnosed after 12 months or more of regular, unprotected sexually activity. In the Assisted Reproductive Technology (ART) clinic, In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Preimplantation Genetic Diagnosis (PGD), Surrogacy, Intrauterine Insemination (IUI) and Intracytoplasmic Sperm Injection (ICSI) services are provided by clinics in India. Due to these very difficulties, commercial surrogacy has been widely condemned. An Australian couple did not adopt one of the twins born in 2014 because of its gender. Despite the enormous risk to their health, many poor women in India still have children through surrogacy. However, the Supreme Court decision Baby Manaji v. Union of India supported the practice of commercial surrogacy. Similarly, the Gujarat High Court (HC) reaffirmed that the High Court has upheld the surrogacy industry in the case of Jan Balaz v. Anand city. Since there is no rule prohibiting womb-lending or surrogacy contracts, the High Court has determined that commercial surrogacy is allowed

in India. In its 228th report, which was released in 2009, the Law Commission of India recommended that surrogacy be governed by proper legislation. The Law Commission suggested that only altruistic surrogacy be allowed and that commercial surrogacy be completely prohibited. The Lok Sabha approved the Surrogacy (Regulation) Bill, 2019, on August 5. In its meeting on November 21, 2019, the Rajya Sabha approved a proposal to refer the bill to a Select Committee. For many childless couples, surrogacy is a blessing. The bill aims to ensure that childless couples receive what they want while benefiting everyone, including the surrogate mother and children born through surrogacy.

Olanike Sekinat Adelakun (2019) in an article entitled “**The concept of surrogacy in Nigeria: Issues, prospects and challenges**” stated that Nigeria is a multi-cultural and multi-religious society with a vast population. In the age of infertility among married couples, there is a need for legal and illegal parenting methods, including buying and selling babies. In Nigeria, surrogacy is legal but uncontrolled, which allows for numerous child abuse and crimes. Analysis of the legal void around surrogacy and assisted reproductive technology in Nigeria demands attention and an immediate fix. Despite the urgent need for surrogacy regulation in Nigeria, the nation's ethnic, religious, and cultural values must be respected. Future policy must put the best interests of the child ahead of the rights of commissioning parents, surrogate mothers, and unborn children. Establishing institutions for regulation and enforcement will help to ensure that the surrogacy sector adheres to accepted basic standards. While surrogacy is a way to console infertile couples who want to have a biological child, surrogacy procedures are not without challenges. Surrogacy might put an end to a variety of illegal practises in Nigeria, such as the risk of baby factories and unauthorised adoption procedures, if it were properly controlled to protect the best interests of the child as well as the rights of the surrogate mother and commissioning parents. It concludes that there is a legal gap in Nigerian surrogacy laws that permits abuse to occur during surrogacy and offers policy recommendations to develop the legal framework to protect stakeholders in surrogate agreements in Nigeria.

Prajawani (2016) in an article “**Surrogacy its impact & implications on society and social institutions**” stated that as surrogacy becomes more and more prevalent, it is also bringing about alterations and transformation in family structure or composition, familial bonds like parenting, and other social institutions, ethics, and religious foundations of society. First and foremost, surrogacy has given single, unmarried people, homosexuals, live-in partners, and people in civil unions an exclusive option to have biologically related children that was previously unavailable. In contrast to the typical heterosexual families made up of mother father child or children, new sorts of families with two fathers or two mothers, one mother, or one father family with children have been created as a result. This is a breakthrough because it is the only way for these groups of people to realisation of reproductive right and their right to start families. Surrogacy is only permitted for heterosexual married couples in India, according to the most recent Home Ministry guidelines from 2012, as homosexuality is just decriminalised at the moment, not considered legal. In the case of surrogacy, parenthood is no longer limited to the exclusive sacred union of matrimony inside the family but is instead a matter of commercial legal contract and medical treatment involving a third party. All of these tendencies may pose a threat to the stability and unity of the family, the most fundamental social institution. The universal, long-standing legal principle that motherhood is a fact and fatherhood is a presumption, as implied by section 112 of the Indian Evidence Act, has been changed through surrogacy, making even motherhood a matter of legal presumption.

Twine F. (2015) in a book entitled “**Outsourcing the Womb Race, Class, and Gestational Surrogacy in a Global Market**” stated that “There has been a quiet change in the past three decades. The way children enter the family has changed dramatically, especially among middle-class families with fertility problems in America. For infertile couples and heterosexual couples who want to start a family that includes treatments like IVF and embryo transfer, asexual or "assisted conception", has superseded sexual reproduction (and adoption). Wealthy families in Canada, China, Japan, India, Europe, South Africa and the United States are increasingly choosing surrogacy over adoption to have a potential child. Genea Core said in 1987: "The development of the surrogacy

market does not happen in isolation. It is a part of the opening of the "reproductive supermarket."

Indian provides the world's largest number of gestational surrogates. Due to the high standard of the medical facilities, the availability of doctors who speak English, the short waiting period, round-the-clock medical supervision of surrogates, and the low cost of surrogacy in comparison to the United States, India has quickly become a global hub for surrogacy services. This book examines how race, class, gender inequality, poverty, religious belief, and legal systems shape the experience of intended parents and surrogate mothers by using case studies of Egypt, Israel, India, China, Germany, France, the United States, and the European Union. A comparative analysis of the medical tourism industry in developed countries like the United States and Israel as well as developing countries like India, China, and the Ukraine provides a compelling, critical, and complex view of a form of gendered labour that is being outsourced and constitutes a growing sector of the industry.

Sharma N. and et.al (2013) in an article "**Surrogacy and women's right to health in India: Issues and perspective**" stated that the human body is a wonderful machine. The future of in vitro fertilization, surrogacy through new reproductive and cloning technologies will open the door to unexpected possibilities in the sexual sphere. Surrogacy is a method of assisted reproduction in which a woman allows a pregnant woman to become pregnant and give birth to another to support. In some jurisdictions where the possibility of surrogacy is permitted, the intended parents will be considered legal parents at birth. In our fast-paced commercial world, the growth of child entrepreneurship is a new phenomenon. In countries like India, where maternal mortality is extremely high, the surrogacy industry exploits poor women. There can be many reasons behind surrogacy. For example, the intended parent may make an appointment for surrogacy because she will not be able to carry the pregnancy for a certain period of time, for example, a woman with a history of hysterectomy, uterine malformation, or recurrent miscarriage or any medical illness making her pregnancy a risk to her own health. Future scenarios for the surrogacy industry range from opportunity to exploitation, from rural Indian women being lifted out of poverty to the futuristic nightmare of a baby farm in a developing nation.

In India, surrogacy is solely a contractual arrangement between the parties; therefore, care must be taken when drafting the agreement to ensure that it does not break any laws. For example, the reasons why the intended parents chose surrogacy, the surrogate's characteristics, the type of surrogacy, mentioning paternity in the agreement, the establishment of a registry for the biological father of children in adoption cases, and the guidelines on how and when to carry out the procedure must all be taken into consideration.

General Trends

- The reviewed studies were from the duration of 2009-2021.
- In the reviewed studies the sample were married couples, surrogate mothers, doctors, medical students.
- Both quantitative and qualitative research methods were used in the studies that have been reviewed. A questionnaire and in-depth interviews were used to collect the data.
- The reviewed studies for the present study were conducted in India, Ghana, Indonesia, Sweden, Iran, Thailand, South Africa and Japan.
- The sample size in the referred studies varied from 15 to 5389.

Trend Analysis of Studies Related to Knowledge/ Attitude/ Perception of people regarding to Surrogacy

- Majority of the women with no formal education had more desire to have children in comparison to those with higher level of education.
- Majority of respondents had negative attitude towards the practice of surrogate mother.
- Majority of the respondents were having good knowledge regarding surrogate mother.
- The majority of the studies revealed that family rituals and traditions, as well as members' attitudes and interactions, as well as the structure of the family, were thought to be important factors in this process.
- The majority of physicians agreed that the use of women's bodies for surrogacy purposes runs the risk of becoming exploitative.
- The majority of respondents believe there is a possibility that the commissioning couple may pay the surrogate mother "under the table".

- Studies reviewed also reflected that people had no religious perception about this method.

Trend Analysis of Studies Related to Surrogate Mothers

- Majority of the surrogates had higher levels of depression compared to the comparison group of mothers, during pregnancy and post-birth.
- The majority of respondents believe that surrogacy is a suitable option for childless couples as it would result in a child who is a "blood" relative, which is highly desired for sociocultural reasons.
- Most people believe that paying the surrogate mother goes against social norms.
- The majority of research revealed that a surrogate mother is frequently seen morally, either as a "bad mother" for selling her child or as a "noble woman" who has helped a childless couple and is deserving of payment for her services.
- A few studies have shown that women who act as surrogate mothers fulfil the ideals of the nurturing mother and the dutiful daughter.
- Majority of the studies revealed that the women's experiences of the pregnancy and their position in the arrangement are characterized by worry, uncertainty, and mistrust.
- Majority of studies revealed that, compared to a normative sample, surrogate mothers differed in their empathy, anxiety and depressive symptoms, social desirability, and level of attachment to the foetus.
- Few of the studies revealed that the commissioning parents travel to India for surrogacy is that it is forbidden in their own countries.

Trend Analysis of Studies Related to Challenges in Surrogacy

- Few of the reviewed studies revealed that only altruistic surrogacy is allowed the United Kingdom. The only compensation the woman can get is money to cover the costs of her pregnancy.
- Few of the reviewed studies revealed that countries that allow commercial surrogacy are Russia, Ukraine, Thailand (with restrictions designed to curb procreative traveling) and some US states.
- Major ethical arguments against surrogacy is that it do not succinctly prove the need for a ban, and it is likely to further marginalise poor women and restrict their choices.

Trend analysis of Conceptual Reviews

- The referred reviews revealed that clinics in India have been providing assisted reproductive technology (ART) services such as gestational surrogacy, preimplantation genetic diagnosis, intrauterine insemination, in vitro fertilisation, intra cytoplasmic sperm injection, and gamete donation. Because of these very difficulties, commercial surrogacy has been widely condemned.
- Majority of the authors quoted here revealed that surrogacy is a blessing for many childless couples.
- The referred reviews revealed that the rights of commissioning parents, surrogate mothers and unborn children must be protected by prospective laws, with priority given to the best interests of the child.
- One of the reviews cited found that surrogacy has given single, unmarried people, homosexuals, and live-in partners and civil union relationships an exclusive opportunity to have biologically related children, which is lacking otherwise, leading to the establishment of new types of families with two fathers or two mothers or one mother or one father family with children as opposed to the traditional heterosexual families comprise.
- From the few reviews, it was revealed that pregnancy has a very different meaning in India, where many Indian women, mainly from economically underprivileged and underprivileged areas, are willing to carry a pregnancy for an infertile couple in exchange for compensation.
- Majority of reviews revealed that legalization of gestational surrogacy aims to protect the surrogate's interests as well as those of the intended parents and the baby born after the surrogacy.

Research Gaps

1. No single research study has been conducted on knowledge and perception of couples regarding surrogacy by researchers in Gujarat.
2. No single research study has been conducted on surrogacy in Vadodara.
3. No single study has been found which covered the Knowledge, Perceptions, Challenges and Suggestions related to Surrogacy by married Indian couples.

Conclusion

After reviewing the studies, it was observed that no research studies were found focusing on in-depth knowledge and perceptions of married couples regarding surrogacy. The present study highlights the knowledge, perceptions, challenges and suggestions of married Indian couples regarding Surrogacy. Although the studies were conducted in India and abroad on knowledge and attitude regarding surrogacy but very few studies were exclusively conducted on knowledge and perceptions of married couples regarding surrogacy particularly in the State of Gujarat, India.

Thus the present investigation has been taken to up with the title ""Knowledge and Perceptions of the Selected Citizens of Vadodara City Regarding Surrogacy".

CHAPTER 3

METHODOLOGY

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METHODOLOGY

The present research aimed at studying the “**Knowledge and Perceptions of Selected Citizens of Vadodara City Regarding Surrogacy**”.

This chapter is divided into following sections.



3.1. Population of the Study

The population of the present study comprised of the married couples from Vadodara City, Gujarat.

3.2. Sample of the Study

The sample of the present study comprised of the total of 83 married couples with minimum 3 years of marriage and who do not have any off-springs, residing in Vadodara City.

3.2.1. Criteria of Sample Section:

➤ Inclusion Criteria-

- Married couples who will give their consent for becoming respondents of the study.
- Married couples who have 3 or more years of marriage and do not have any off-springs.

➤ Exclusive Criteria-

- Those couples who are not willing to participate in study.
- Those couples who are married less than 3 years and do have children/ child.

3.2.2. Sampling Unit

Sampling unit refers to the geographical region from which the sample was taken. The sample of this study consists of married couples from Vadodara, Gujarat who have been married for minimum 3 years and have any off-springs.

3.2.3. Sampling Size

The sample of the study comprised of 83 married couples with minimum 3 years of marriage and who do not have any off-springs.

3.2.4. Selection of the Sample

The non-probability sampling technique namely snowball sampling techniques were used to collect the data.

3.3. Construction of the Research Tool

The structured questionnaire including Knowledge Test, Perception Scale, Expected Challenges and Suggestion along with checklists were constructed by the researcher for data collection. The tool were prepared after reviewing related literature regarding Surrogacy from books, websites and other research studies.

The survey method was chosen for studying the Knowledge Level, Perceptions of Selected Married Couples of Vadodara City regarding Surrogacy.

3.3.1. Description of the Research Tool

A questionnaire consisting of five sections was prepared to study the “Knowledge and Perceptions of Selected Couples of Vadodara City regarding Surrogacy”. The Sections content details and response system used in the research tool are mentioned in the below table:

Table 1 Description of the Research Tool

<i>Sections</i>	<i>Content</i>	<i>Total No. of Items</i>	<i>Tools</i>	<i>Response System</i>
1.	Part A – Profile of the Respondents (Couples' Age Group, Total years of marriage, Educational Qualification, Occupational Status, Type of Family, Religion, Decision Maker, Family Monthly Income)	8	Checklist and open Ended	Selecting an option from a given list that best applies to the respondent and write the correct answer wherever the place is given.
	Part B - Checklist to measure the Respondent's Family Ideology	10	Checklist	Selecting an Option from a given list which best applies to the respondents.
	Part C - Checklist to measure the Respondent's Desire to have Children	10	Checklist	Three Point Rating Scale.
	Part D - Source of Information Related to Surrogacy	15	Checklist	Selecting an option from a given list that best applies to the respondents
2.	Knowledge regarding Surrogacy	35	Checklist, Multiple Choice Questions and True or False	Selecting an option from the given list which best applies to the respondents. One Correct Answer.
3.	Perceptions towards Surrogacy	60	Interval Scale	3 Point rating scale.
4.	Expected Challenges related to Surrogacy	52	Interval Scale	3 Point rating scale.
5.	Suggestions for Surrogacy	22	Interval Scale	3 Point rating scale.

The details of the research tool prepared and used for data collection from Selected Couples of Vadodara City are as follows:

Section-1: Part- A: Profile of the Respondents

This tool consists the statements and options related to the profile of the respondents which included their couples' age group, years of marriage, types of family, religion and monthly family income. These were also the variables for the present study. However, information related to their educational qualification, occupation status and Decision Maker of the family was also sought as other background information of the respondents.

Section-1: Part- B, C and D:

This tool consisted of statements related to desire to have children and measure Family Ideology. Further, information related to various sources from which the couples received information about Surrogacy was also sought other than the Information related to the variables of the study.

Section-2: Knowledge Test regarding Surrogacy

The second section of the questionnaire comprised of a knowledge test regarding Surrogacy. To measure the level of the knowledge of selected married couples of Vadodara City, a knowledge test regarding surrogacy was conceptualized after referring to various literatures, articles, and past researches. It contains objective type of questions like multiple choice, true or false.

Section-3: Perceptions Scale regarding Surrogacy

This section included the items on perceptions regarding Surrogacy. The statements were prepared after reading books, articles, literatures and previous conducted researches related to Surrogacy. The statements of this section included both positive and negative statements. It had three-point rating scale.

Section-4: Expected Challenges related to Surrogacy

This section consisted the items on Expected Challenges related to Surrogacy. The statements of this section were divided into four parts. It had three-point rating scale. The number of statements under each part were as follows:

Table 2 Description of the Research Tool on “Expected Challenges”

Parts	Expected Challenges related to surrogacy with respect to:	No. of statements
A.	Self	17
B.	Family	19
C.	Process of Surrogacy	10
D.	Miscellaneous	6

Section-5: Suggestions for Surrogacy

This section included the items on Suggestions related to Surrogacy. The statements of this section were divided into three parts. It had three-point rating scale. The number of statements under each part were as follows:

Table 3 Description of the Research Tool on “Suggestion related to Surrogacy”

Parts	Suggestions related to surrogacy with respect to	No. of statements
A.	Medical Profession	7
B.	Media	6
C.	Government	9

3.4. Validation of the Research Tool

The tool was given to two teaching faculties (experts) from Department of Extension and Communication, Faculty of Family and Community Sciences, Vadodara. The tool was given to judges for judging the content validity, relevance, logical sequence, language used and appropriateness of the response system. Minor changes were made in the tool as per the suggestions and comments received from the expert.

3.5. Reliability of the Research Tool

The test-retest method was used for measuring the reliability of the sections related to Perception, Expected Challenges and Suggestions related to Surrogacy of the questionnaire. The tool was given to Ten Married Couples of Vadodara City. To measure the reliability of the tool, the same tool was given again to those same Ten Married Couples of Vadodara City after a gap of Ten days. The first test was conducted on 1st of November 2022 to 3rd of November 2022 and the retest from 11th of November to 13th of November 2022.

The formula used to find out the coefficient of correlation was Karl Pearson’s formula.

$$r = \frac{\sum XY}{\sqrt{\sum x^2} \sqrt{\sum y^2}}$$

Where,

X= Responses of the respondents to whom the questionnaire was administered for the first time.

Y= Responses of the respondents to the questionnaire was re-administered.

The reliability score was found to be 0.84.

3.6. Collection of the Data

To study the knowledge and perceptions of selected Married Couples of Vadodara City regarding Surrogacy, the data were collected from 83 Married Couples of Vadodara City by the investigator from 1st week of December 2022 till 8 January 2023. The data was collected via Google Form i.e. using online platform. The link for Google Form was shared with the respondents using WhatsApp. 75 samples were collected through online mode, whereas 8 were collected through offline mode.

3.6.1 Difficulties faced while Collecting Data

Respondents needed repeated reminders to fill the questionnaire and fix the time for returning.

3.6.2 Tabulation of Data

- Data were coded as per the decided scores to the responses.
- Excel sheets were prepared for the same purpose by the researcher.

3.7 Scoring and Categorization of the Data

3.7.1. Scoring and Categorization of Independent Variables

Different types of scoring procedures were used for giving weightage to various items included under different parts of the tools.

Table 4 Categorization of Independent Variables

<i>Variables</i>	<i>Basis</i>	<i>Categories</i>
Couples' Age Group	25-30 years	Young Couples
	31-35 years	Couples in early thirties
	36-40 years	Couples in late thirties
Years of Marriage	Between 3-5 years	Few years of Marriage
	More than 5 years	More years of Marriage
Desire to have children	Above Mean	More Desire

	Mean and Below Mean	Less Desire
Socio-Economic Status	Less than 30,000	Lower Income Group
	30,000-60,000	Middle Income Group
	60,000+	Higher Income Group
Religion	Dropped as a Variable after data collection	
Family Type	-	Nuclear
	-	Joint
	-	Extended
Family Ideology	Above mean	Liberal
	Mean and Below Mean	Conservative

3.7.1.1 Desire to have Children

A checklist was prepared to measure desire to have children among the respondents. The pattern for scoring in this section of the tool was done as follows:

Table 5 The Possible Scores for the Checklist Prepared to Measure Desire to have Children.

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Checklist	30	10
Total	30	10

Thus, the total maximum marks possible for the tool related to desire to have Children was 30 and minimum 10. The total score for each individual was calculated. Then, the categorization of the respondents was done based on their achieved scores. A maximum mark achieved in the desire of having Children was maximum 30 and minimum 10.

3.7.1.2 Respondent's Family Ideology

A scale to check the Respondent's Family Ideology was developed. The scale had three-point rating scale. The scoring pattern of the statements is given below:

Table 6 Scoring Pattern according to the nature of Statements in the tool made for Checking Respondent's Family Ideology

<i>Areas</i>	<i>Response System</i>	<i>Score</i>
Measure Respondent's Family Ideology	Strongly Agree	3
	Agree	2
	Neutral	1

3.7.2. Categorization of Other Background Information

Table 7 Categorization of Other Background Information

<i>Other Background Information</i>	<i>Basis</i>	<i>Categories</i>
Education Qualification (Husband/ Wife)	Up to Graduate	Educated
	Post Graduate and Above	Highly Educated
Occupational Status (Husband/ Wife)	Full Time Job, Self-Employed, Entrepreneur, Freelancer, Part-Time Job	Employed
	Retired, Homemaker	Unemployed
<i>Other Background Information</i>	<i>Basis</i>	<i>Categories</i>
Source of Information	-	Less Sources of Information
	-	More Sources of Information
Decision Maker	-	-

3.7.3. Scoring and categorization of Dependent Variables

3.7.3.1. Knowledge Regarding Surrogacy

A knowledge test was prepared to measure the knowledge of the respondents regarding Surrogacy. The pattern for scoring in the test was done as follows:

Table 8 The Possible Scores of each part of the Knowledge Test

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Multiple Choice Statement	18	0
True or False	17	0
Total	30	0

Thus, the total maximum marks possible for the knowledge test was 30 and minimum 0. The total score for each individual was calculated. Then, the categorization of the respondents was done based on their achieved scores. Maximum marks achieved for the knowledge test was 30 and minimum 0.

Table 9 Categorization of Scores in Knowledge Test

<i>Variables</i>	<i>Basis</i>	<i>Categories</i>
Knowledge Regarding Surrogacy	Above Mean	High Knowledge regarding Surrogacy
	Mean and Below Mean	Low Knowledge regarding Surrogacy

3.7.3.2. Perceptions regarding Surrogacy

The perception scale was developed to measure the perceptions of the selected couples of Vadodara City. The scale has a three-point rating scale. The scores of positive and negative statements are given below:

Table 10 Scoring Pattern according to the nature of Statements for the Perception Scale towards Surrogacy

<i>Statements</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>
Positive Statement	3	2	1
Negative Statement	1	2	3

The total numbers of statements were 60. The minimum and maximum possible scores ranging from 60 to 180. Then, the categorization of the respondents was done based on their achieved scores. Maximum marks achieved for the perceptions scale was 180 and minimum 60.

Table 11 Categorization of Score in Perceptions Scale

<i>Variables</i>	<i>Basis</i>	<i>Categories</i>
Perception Regarding Surrogacy	Above Mean	Favourable Perception
	Mean and Below Mean	Unfavourable Perception

3.7.4. Scoring and categorization for statements related to expected challenges with reference to Surrogacy

The Expected Challenges scale was developed to measure the expected challenges of the selected couples of Vadodara City regarding Surrogacy. The scale had a three-point rating scale. The scores of statements are given below:

Table 12 Scoring Pattern according to the nature of Statements for the Expected Challenges related to Surrogacy.

<i>Areas</i>	<i>Response System</i>	<i>Score</i>
Expected Challenges related to Surrogacy	Great Extent	3
	Some Extent	2
	Less Extent	1

Table 13 The Possible Scores of Each aspect of the Expected Challenges

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Challenges related to Self	51	17
Challenges related to Family	57	19
Challenges related to the Process of Surrogacy	30	10
Miscellaneous Challenge	18	6
Total	156	52

The total numbers of statements were 52. The minimum and maximum possible scores ranging from 52 to 156. Then, the categorization of the respondents was done based on their achieved scores. The maximum marks achieved for the expected challenges was 171 and minimum 57.

Table 14 The range of intensity indices scores for Expected Challenges related to Self.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.12-2.39	Great Extent
1.84-2.11	Some Extent
1.55-1.83	Less Extent

Table 15 The range of intensity indices scores for Expected Challenges related to Family.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.22-2.38	Great Extent
2.05-2.21	Some Extent
1.88-2.04	Less Extent

Table 16 The range of intensity indices score for Expected Challenges related to Process.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.20-2.35	Great Extent
2.04-2.19	Some Extent
1.88-2.03	Less Extent

Table 17 The range of intensity indices score for Expected Challenges related to Miscellaneous.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.27-2.43	Great Extent
2.10-2.26	Some Extent
1.93-2.09	Less Extent

3.7.5. Scoring and categorization for statements of Suggestion related to Surrogacy

The scale was developed to seek the suggestions regarding surrogacy from the Respondents. The scale had a three-point rating scale. The scores of statements are given below:

Table 18 Scoring Pattern according to the nature of Statement Regarding the Suggestions for Surrogacy.

<i>Area</i>	<i>Response System</i>	<i>Score</i>
Suggestions for Surrogacy	Great Extent	3
	Some Extent	2
	Less Extent	1

Table 19 The Possible Scores of Each Aspects of the Suggestions Scales

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Suggestions for Medical Profession	21	7
Suggestions for Media	18	6
Suggestions for Government	27	9
Total	66	22

The total numbers of statements were 22. The minimum and maximum possible scores ranging from to 22 to 66. Then, the categorization of the respondents was done based on their achieved scores, maximum marks achieved for the suggestions was 72 and minimum 24.

Table 20 The range of intensity indices score for Suggestions related to Medical.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.47-2.60	Great Extent
2.33-2.46	Some Extent
2.19-2.32	Less Extent

Table 21 The range of intensity indices score for Suggestions related to Media.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.54-2.65	Great Extent
2.42-2.53	Some Extent
2.30-2.41	Less Extent

Table 22 The range of intensity indices score for Suggestions related to Government.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.64-2.71	Great Extent
2.56-2.63	Some Extent
2.48-2.55	Less Extent

3.8. Plan for Statistical Analysis of the Data

Table 23 Different Statistical Measure used for the Analysis of the Data

<i>Sr. No</i>	<i>Purpose</i>	<i>Statistical Measurement</i>
1.	Background Information of the Selected Couples of Vadodara City regarding Surrogacy.	Percentage
2.	Other background information of the Selected Couples of Vadodara City regarding Surrogacy.	Percentage
3.	Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.	Percentage
4.	Variables wise Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.	Percentage
5.	Variable wise Differences in the Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.	Mann-Whitney U and Kruskal Wallis Test
7.	Variables wise Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.	Percentage
8.	Variable wise Differences in the Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.	T-Test and ANOVA
9.	Expected Challenges of the Selected Couples of Vadodara City Regarding Surrogacy.	Intensity indices
10.	Suggestions of the Selected Couples of Vadodara City Regarding Surrogacy.	Intensity indices

The formula used:

$$\text{Formula used for T-Test: } t = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{Sp^2}{n_1} + \frac{Sp^2}{n_2}}} \quad Sp^2 = \frac{(n_1-1)S_{12} + (n_2-1)S_{22}}{n_1 + n_2 - 2}$$

Where, - \bar{x}_1 = mean of group 1 - $df = n_1 + n_2 - 2$
- \bar{x}_2 = mean of group 2 - S_1 = SD of group 1
- n_1 = number of groups 1 - S_2 = SD of group 2
- n_2 = number of groups 2 - Sp = pooled variance

- Formula used for ANOVA (f-test): = $\frac{\text{Between Group Variance}}{\text{Within Group Variance}}$

Where, Between Group Variance=Variance in the mean of each group from the total mean of all variance group, Within Group Variance=Average variance of scores within groups

- The formula used for calculating Intensity Indices:
= $\frac{\text{Total Score for an Item}}{\text{Total Number of Respondents}}$

The formula used for Mann Whiteny: $U_1 = R_1 - \frac{n_1(n_1+1)}{2}$ Or $U_2 = R_2 - \frac{n_2(n_2+1)}{2}$

Where, R is the sum of ranks in the sample, n is the number of items in the sample.

$$2. \text{ The formula used for Kruskal Wallis : } H = \left(\frac{12}{n(n+1)} \sum_{i=2}^k \frac{R_i^2}{n_i} \right) - 3(n+1)$$

Where, k = number of comparison groups, n = total sample size,

n_i = sample size in the i^{th} group, R_i = sum of the ranks in the i^{th} group.

CHAPTER 4

FINDINGS AND DISCUSSION

CHAPTER – 4

FINDINGS AND DISCUSSION

The present research aims at studying the “**Knowledge and Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy**”. The findings of the study are presented as follows:

Section – 1 Background Information of the Respondents

- 4.1 Part – A Profile of Respondents
- 4.2 Part – B Checklist to measure the Respondent’s Family Ideology
- 4.3 Part – C Checklist to measure the Respondent’s Desire to have Children
- 4.4 Part – D Sources of Information Related to Surrogacy
- 4.5 Other Background information of the respondents

Section – 2 Knowledge Regarding Surrogacy

- 4.6 Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.
- 4.6.1 Variables wise Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.
- 4.6.2 Variable wise Differences in the Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.

Section – 3 Perceptions Regarding Surrogacy

- 4.7 Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.
- 4.7.1 Variables wise Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.
- 4.7.2 Variable wise Differences in the Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.

Section – 4 Expected Challenges Related to Surrogacy

- 4.8 Overall Expected Challenges of the Selected Couples of Vadodara City Regarding Surrogacy.
- 4.8.1 Aspect wise Expected Challenges of the Selected Couples of Vadodara City Regarding Surrogacy.

Section – 5 Suggestions Related to Surrogacy

- 4.9 Overall Suggestions of the Selected Couples of Vadodara City Regarding Surrogacy.
- 4.9.1 Aspect wise Suggestions of the Selected Couples of Vadodara City Regarding Surrogacy.

Section – 1 Background Information of the Respondents

Part A

4.1 Profile of the Respondents

Table 24 Variable wise Percentage Distribution of the Selected Couples of Vadodara City Regarding Surrogacy. **n=83**

<i>Sr. No.</i>	<i>Variables</i>	<i>Category</i>	<i>Percentage</i>
1.	Couples' Age Group	Young Couples	38.6
		Couples in early thirties	24.1
		Couples in late thirties	37.3
2.	Years of Marriage	Few Years of Marriage	57.8
		More Years of Marriage	42.2
3.	Type of Family	Nuclear	59.0
		Joint	41.0
4.	Total Monthly Family Income	Lower Income Group	21.7
		Middle Income Group	42.2
		Higher Income Group	36.1

Table reveals that the percentage distribution of the selected couples of Vadodara city regarding surrogacy according to the selected variables.

It represents that nearly one third of the respondents i.e. 38.6% were young couples (25-30 years), followed by almost thirty seven of the respondents i.e. 37.3% were couples in late thirties and 24.1% were couples in early thirties. Table also reveals that almost fifty seven percentage of the respondents were married between 3-5 years, whereas, forty two percentage of the respondents were married from more than 5 years. It also shows that almost majority of the respondents i.e. 59% were from nuclear family, whereas, 41% of the respondents were from joint family. Further the table also revealed that, almost forty two percent i.e. 42.2% were from the category of middle income group, whereas 36.1% and 21.7% were under the category of high and low income group respectively.

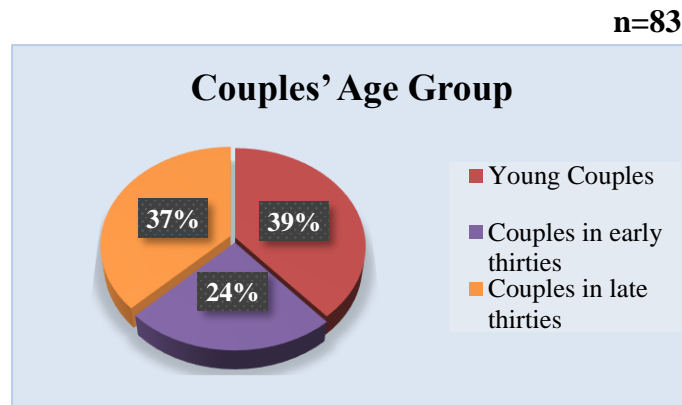


Figure 1 Percentage Distribution of the Selected Couples of Vadodara City According to Age

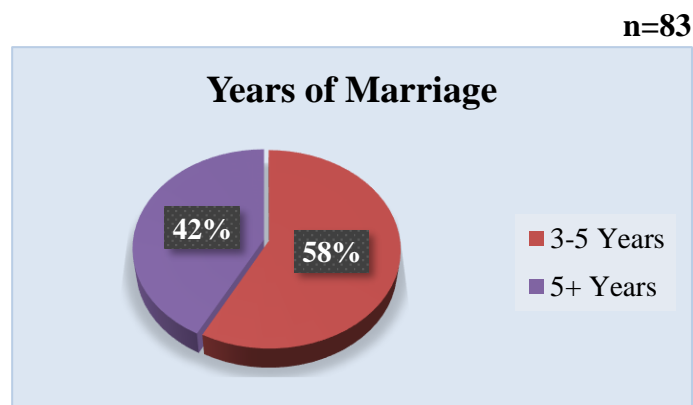


Figure 2 Percentage Distribution of the Selected Couples of Vadodara City According to their Years of Marriage

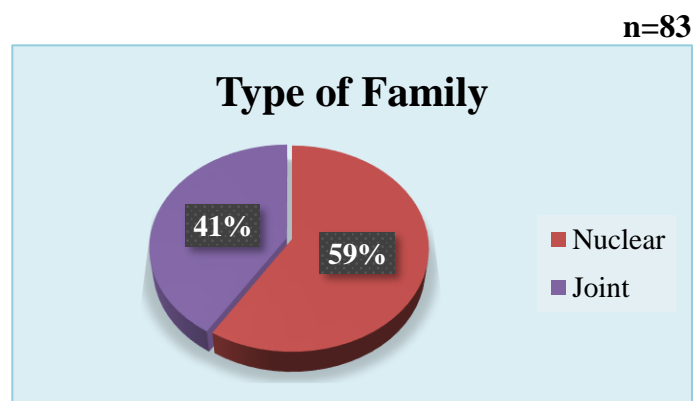


Figure 3 Percentage Distribution of the Selected Couples of Vadodara City According to their Type of Family

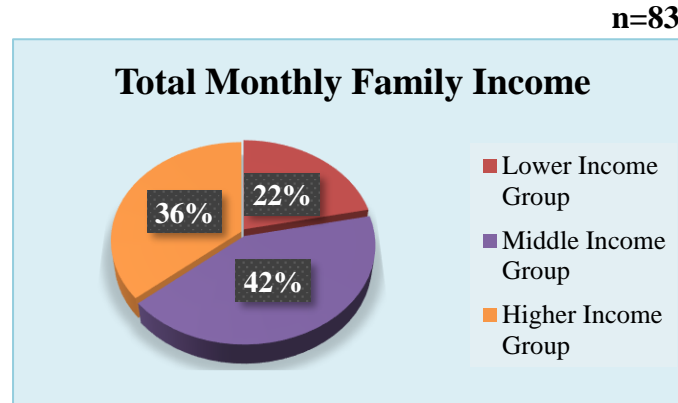


Figure 4 Percentage Distribution of the Selected Couples of Vadodara City According to their Total Monthly Family Income

Part B

4.2 The Respondent's Family Ideology

Table 25 Percentage Distribution of the Selected Couples of Vadodara City Regarding Surrogacy According to their Family Ideology.

n=83

<i>Sr. No</i>	<i>Family Ideology</i>	<i>Percentage</i>
1.	Liberal	65.1
2.	Conservative	34.9

Table 25 reveals that the percentage distribution of the selected couples of Vadodara city according to their Family Ideology.

Majority of the couples i.e. 65.1% belonged to liberal type of family, whereas remaining approximately thirty five i.e. 34.9% belonged to conservative type of family.

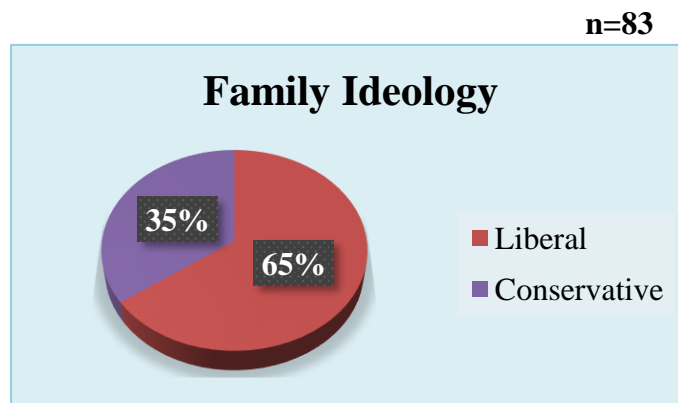


Figure 5 Percentage Distribution of the Selected Couples of Vadodara City According to their Family Ideology.

Part C
4.3 Respondent's Desire to have Children

Table 26 Percentage Distribution of the Selected Couples of Vadodara City Regarding Surrogacy According to their Desire to have Children.

n=83		
<i>Sr. No</i>	<i>Desire to have Children</i>	<i>Percentage</i>
1.	Less Desire	48.2
2.	More Desire	51.8

Table 26 reveals that the percentage distribution of the selected couples of Vadodara city according to their desire to have children.

Almost half of the respondents i.e. 51.8% had more desire to have children whereas forty eight percent of the respondents i.e. 48.2% had less desire to have children

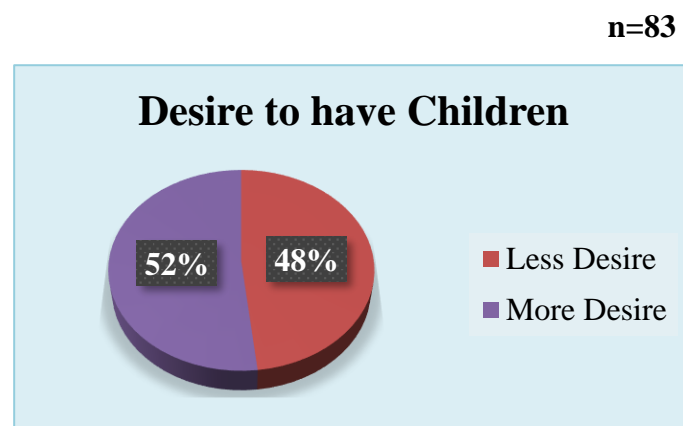


Figure 6 Percentage Distribution of the Selected Couples of Vadodara City According to their Desire to have child.

Part D
4.4 Source of Information Related to Surrogacy

Table 27 Percentage Distribution of the Selected Couples of Vadodara City Regarding Surrogacy According to their Source of Information Related to Surrogacy.

n=83		
<i>Sr. No.</i>	<i>Sources</i>	<i>Percentage</i>
1	A movie	62.7
2	TV	44.6
3	Discussions with a friend	37.3
4	Instagram	31.3

5	Information provided by medicaprofessional, clinic, or doctor's office	22.9
6	Discussions with family	21.7
7	Advertisement	19.3
8	Book	15.7
9	YouTube	15.7
10	Poster in a public place	12.0
11	Newscoverage	12.0
12	Pamphlets	8.4
13	WhatsApp	8.4
15	Facebook	7.2
16	Hoardings/Billboards	6.0
17	A family member/friend/ colleague opted for it	4.8
18	Seminar or Conference	3.6
19	Conference	3.6
20	Mail	1.2

Table 27 reveals that majority of the couples gained information about surrogacy from movies, TV and while discussions with a friend.

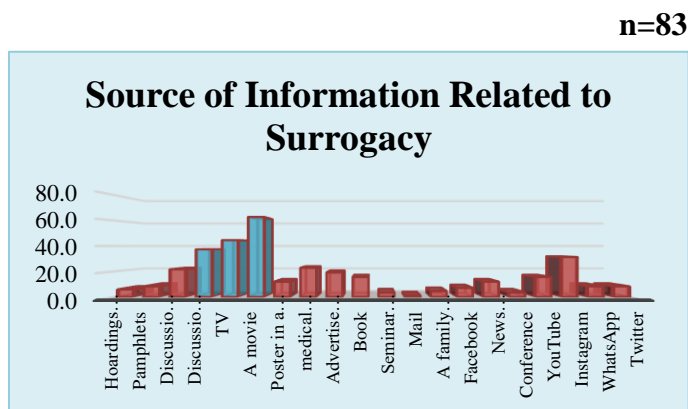


Figure 7 Percentage Distribution of the Selected Couples of Vadodara City According to their Source of Information Related to Surrogacy.

4.5 Other Background Information of the Respondents

Table 28 Percentage Distribution of Other Background Information of the Selected Couples of Vadodara City Regarding Surrogacy.

n=83			
<i>Sr. No.</i>	<i>Variables</i>	<i>Category</i>	<i>Percentage</i>
1.	Educational Qualification of Wife	10th Pass	1.2
		12th Pass	3.6
		Under Graduate	20.5
		Post Graduate Diploma	8.4
		Post Graduate Degree	66.3
		Any Other	0.0
2.	Educational Qualification of Husband	10th Pass	0.0
		12th Pass	1.2
		Under Graduate	10.8
		Post Graduate Diploma	22.9
		Post Graduate Degree	63.9
		Any Other	1.2
3.	Occupation of Wife	Full time Job	44.6
		Self Employed	4.8
		Entrepreneur	4.8
		Freelancer	1.2
		Part-time job	6.0
		Retired	1.2
		Homemaker	37.3
		Any other	0.0
4.	Occupation of Husband	Full time Job	62.7
		Self Employed	19.3
		Entrepreneur	15.7
		Freelancer	0.0
		Part-time job	0.0
		Retired	1.2

		Homemaker	1.2
		Any other	0.0
5.	Religion	Hindu	98.8
		Muslim	0.0
		Christian	1.2
		Others	0.0
6.	Decision Maker	Wife	6.0
		Husband	14.5
		Others	2.4
		Both husband and wife	75.9

Table 28 reveals Percentage Distribution of other background information of the Selected Couples of Vadodara City Regarding Surrogacy.

The above table shows the educational qualification of the couples. As the status reveals, majority of the wives i.e. 66.3% and 63.9% of the husbands, have studied up to a post-graduate degree. Further table also shows the occupation of the couples. As the status reveals, majority of the husbands i.e. 62.7% and little less than half i.e. 44.6% of the wives were doing full time job. Table also revealed that high majority of the respondents 98.8% were Hindus. Table also reveals that majority i.e. 77 % of the decision were taken by both husband and wife.

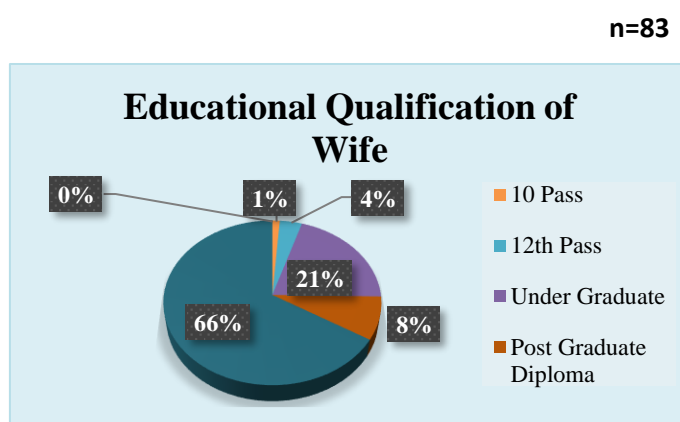


Figure 8 Percentage Distribution of the Selected Couples of Vadodara City According to Educational Qualification of Wife.

n=83

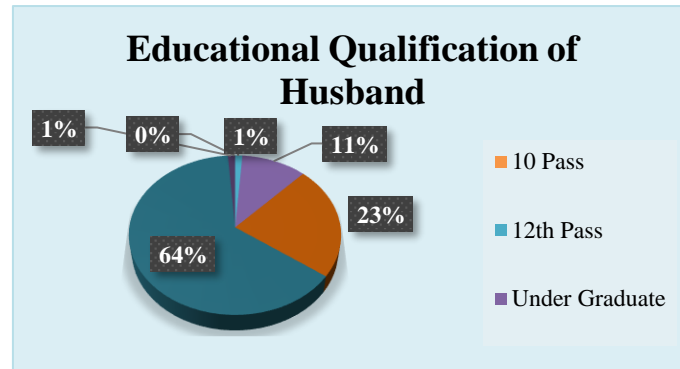


Figure 9 Percentage Distribution of the Selected Couples of Vadodara City According to Educational Qualification of Husband.

n=83

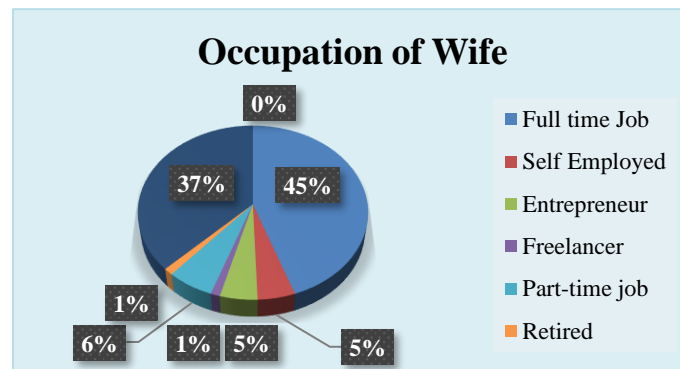


Figure 10 Percentage Distribution of the Selected Couples of Vadodara City According to Occupation of Wife.

n=83

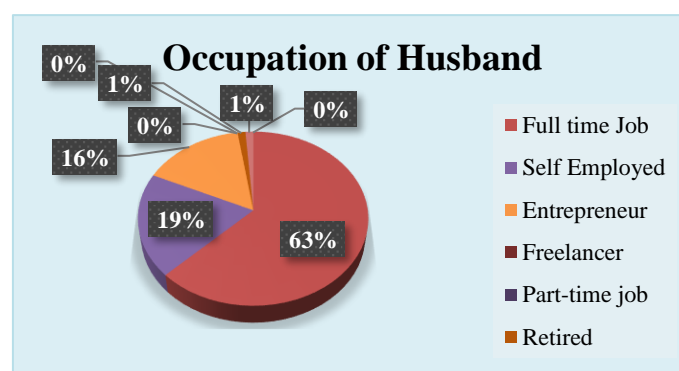


Figure 11 Percentage Distribution of the Selected Couples of Vadodara City According to Occupation of Husband.

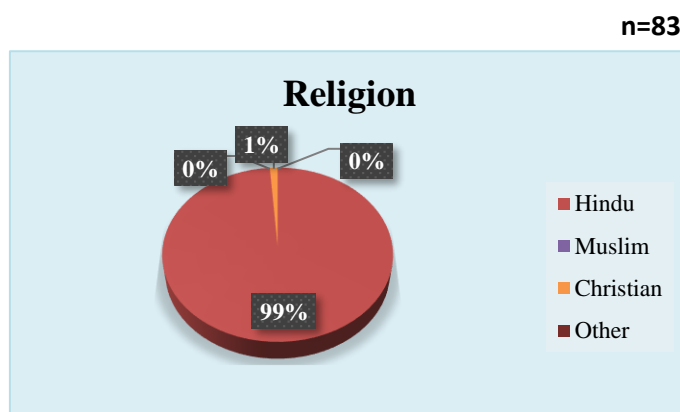


Figure 12 Percentage Distribution of the Selected Couples of Vadodara City According to their Religion.

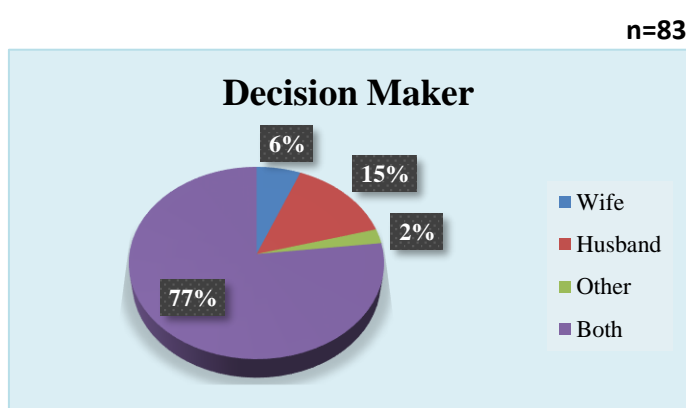


Figure 13 Percentage Distribution of the Selected Couples of Vadodara City According to their Decision Making power in the Family.

Section – 2 Knowledge Regarding Surrogacy

4.6 Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 29 Percentage Distribution of the Selected Couples of Vadodara City According to their Knowledge Regarding Surrogacy.

n=83

<i>Sr. No.</i>	<i>Knowledge Regarding Surrogacy</i>	<i>Percentage</i>
1.	High Knowledge regarding Surrogacy	50.6
2.	Low Knowledge regarding Surrogacy	49.4

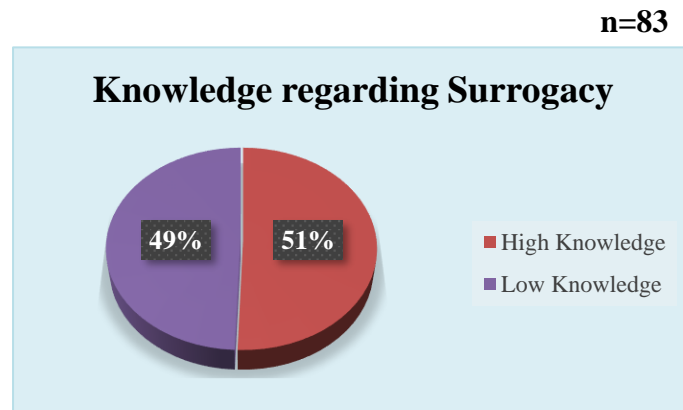


Figure 14 Percentage Distribution of the Selected Couples of Vadodara City According to their Knowledge Level Regarding Surrogacy.

Table 29 reveals the percentage distribution of the selected couples of Vadodara city according to their knowledge regarding surrogacy. Almost half of the respondents i.e. 50.6% had higher knowledge, whereas, little less than fifty percent i.e. 49.4 of the respondents had lower level of knowledge regarding surrogacy.

The probable reason for such kind of distribution of respondents, may be that Vadodara City has mixed population in terms of people's general awareness towards essential knowledge of various aspects. There is a large section of Vadodara City who are well educated, may be because Vadodara being a hub of Government and Private Universities. Additionally, good infrastructure and medical facilities. These could have contributed to the higher level of knowledge regarding Surrogacy amongst little more than half of the selected citizens of Vadodara City.

However, the little less than fifty percentage of the respondent who had lower knowledge regarding surrogacy, might not be aware about medical facilities.

The similar findings have been emerged in a research by **Mate A.** and **Gomase K.(2018)**, entitled, "To assess the knowledge and attitude regarding surrogacy among couples". In this study, the researchers found that most couples had good knowledge and experience of surrogacy. Most couples have a positive attitude towards assisted reproduction. There is a negative relationship between the knowledge and attitudes of the parents who applied to the infertility clinic.

(*Source:* MsAshwini R. Mate & Ms. KavitaGomase (2018), A study to assess the knowledge and attitude regarding surrogacy among couples, global journal for research analysis: Volume-71 Issue-81 August-2018)

Another research also supports this finding conducted by **Shojaie K (2016)** on Knowledge and Attitude of patients about the use of surrogacy as treatment method of infertile couples. In this study researcher found out that 14.8% had good and very good knowledge of surrogacy.

(*Source*:Shojaie, K. khajavi, Davati, A., Hadavand, S., &Bahrami, M. (2017). Knowledge and Attitude of patients about the use of surrogacy as treatment method of infertile couples—Mostafa Khomeini hospital in 2016.,
<http://research.shahed.ac.ir/WSR/WebPages/Report/PaperView.aspx?PaperID=43885>)

Thus, the present study's findings related to knowledge regarding Surrogacy implies that, the awareness programmes should be organized by Fertility & Reproductive Health Clinics and IVF Centres to spread awareness regarding surrogacy. Every year, expert talks, seminars, and workshops on surrogacy should be held so that doctors and organisations can educate the public about the procedure. Electronic media such as movies and TV series should spread awareness among the general population, who do not have enough knowledge to understand the process from a clinical point of view. Both these small and big screens reach out to a larger audience, influence their opinion, and broaden their perspective. These shows often do justice in terms of inspiring people and spreading basic information among them. Traditional media like Bhavai, Street Plays, and nukkadnataks can be performed in communities and societies for the wider dissemination of knowledge regarding surrogacy. In the past, these contents were not well accepted by the public. But repeated attempts from different perspectives may help people to gain interest in this topic. Further, Government of India if decided and declared “Surrogacy Day” on a particular date then the knowledge and favourable perceptions towards Surrogacy may be developed and increased. Thus these attempts gradually may change the orthodox mindset and help people to accept this medical advancement.

4.6.1 Variables wise Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 30 Percentage Distribution of the Selected Couples of Vadodara City According to their Knowledge regarding Surrogacy in Relation to Selected Variables. **n=83**

<i>Sr. No</i>	<i>Variables</i>	<i>Category</i>	<i>Higher Knowledge</i>	<i>Lower Knowledge</i>
1.	Couples' age group	Young Couples	46.9	53.1
		Couples in early thirties	60.0	40.0
		Couples in late thirties	45.2	54.8
2.	Years of Marriage	Few Years of Marriage	47.9	52.1
		More Years of Marriage	51.4	48.6
3.	Type of Family	Nuclear	55.1	44.9
		Joint	41.2	58.8
4.	Total Monthly Family Income	Lower Income Group	61.1	38.9
		Middle Income Group	45.7	54.3
		Higher Income Group	46.7	53.3
5.	Family Ideology	Liberal	51.9	48.1
		Conservative	44.8	55.2
6.	Desire to have Children	Less Desire	55.0	45.0
		More Desire	44.2	55.8

Table 30 reveals the percentage distribution of the selected couples of Vadodara City according to their knowledge regarding Surrogacy in relation to selected variables.

The table reveals that the majority (60%) of the couples who were in their early thirties had higher level of knowledge regarding surrogacy, whereas 40% had lower level of knowledge. On the other hand the couples who were young and couples in late thirties i.e. 46.9% and 45.2 had higher level of knowledge respectively, whereas couples who

were in the category of young and couples in late thirties had lower level of knowledge i.e. 53.1 and 54.8 respectively.

The probable reason behind this finding may be that early-thirties couples perhaps may be more informed, knowledgeable, and adaptable. They may have considered other ways to conceive their own child and explored surrogacy as one of those possibilities. Couples who were in their late thirties did not know much about surrogacy may be because they have passed the age of parenthood and have less desire to have children, in contrast to couples who are in the age range of 25 to 30 years, who may still be looking for other ways to conceive and are therefore less familiar with surrogacy.

Almost half of the respondents who were in the category of 3-5 years of marriage, had lower level of knowledge i.e. 52.1%, whereas, little less than half i.e. 47.9% couples had higher level of knowledge regarding surrogacy. Little more than half i.e. 51.1% of the couples who were in the category from more than 5 years of marriage had higher level of knowledge, whereas, little less than half i.e. 48.6% had lower level of knowledge regarding surrogacy.

The probable reason for such findings may be that in Indian family set up the parents and other elders of the family expect as well as, demand to produce children in initial years of marriage. As the number of years pass, this family's pressure starts increasing on the married couple, which leads them to seek medical support for the child birth if they are unable to produce naturally.

Thus, the couples who were young may be ignorant or less acquainted about surrogacy treatment in comparison to the couples who are married for few years.

Thus probably the couples with more number of years of marriage have more Knowledge about Surrogacy in comparison to their counterparts.

Little more than half i.e. 55.1% of the couples who were from nuclear families had higher level of knowledge of surrogacy, whereas little less than half i.e. 44.9% had lower level of knowledge regarding surrogacy. However fifty eight percentage i.e. 58.8% of the couples who were from joint families had lower level of knowledge, whereas, 41.2% had higher level of knowledge regarding surrogacy.

The probable reason for such findings may be that possibly the couples who live in joint family system have good support of family members with reference to the mental,

emotional and physical aspects of life. This may provide the sense of security amongst the married couples. Further, joint families have senior citizens who might have orthodox or conservative approach towards medical advancement and may have faith in traditional ways of conceiving. Therefore such couples who resides in joint families may not have thought about the contemporary ways of conceptions namely surrogacy. Whereas the couples living in nuclear family set up, have more Knowledge about Surrogacy as in nuclear families the couples have to shoulder all the responsibilities related to domestic, social and economic domain of life, hence they have to be well informed about the latest way to conceptions.

The couples who were falling in the category of lower income had higher knowledge i.e. 61.1%, whereas, couples who were falling in the category of middle and higher income 45.7% and 46.7% had higher level of knowledge respectively.

The probable reason for such finding may be that in Indian societies it is a matter of pride as well as respect to have children. Especially in lower income groups if couples are unable to produce biologically, they may quickly find various options to have their genes in future generations. So, this finding may have surfaced.

In contrast to that the couples who were from high family income were equally distributed i.e. 50% in each category i.e. high knowledge and low knowledge regarding surrogacy. High family income group people have the access to information from various sources. They also have exposure and access to luxuries of life. Thus, it may therefore be possible for some higher family income group couples to have high knowledge. However, at the same time due to easy access of facilities to higher family income couples, there is a possibility that they have lethargic attitude thus they may also not have made efforts to seek information regarding surrogacy.

Little more than half i.e. 55.2% of the couples who were from Conservative family, had lower knowledge, whereas 51.9% of the couples who were falling in the category of liberal family had higher knowledge regarding surrogacy.

Probable reason for this may be that the knowledge related to advanced medical facilities like surrogacy is not so common amongst masses. The India traditional family system still believes in natural way of conception. Possibilities like IVF treatment, adoption etc. are rarely the choices of such families.

The family's ideology has a great impact on individual's life and choices which one makes in different phases of life. Thus, if the family ideology is conservative meaning they believe in customs, rituals, traditional ways of thinking and living life, not so keen in adopting new innovations in life, than the knowledge about concept of surrogacy be rare possibilities for them.

However, the couples who are educated, exposed to advancements of technology and believe in accessibility such as facilities may have liberal or modern attitude towards life. Such people are among the first to try new ways of life.

Thus, therefore it may be possible that little higher percentage of couples i.e. 51.9% who belonged to liberal category had higher knowledge than their counterparts.

Almost fifty six percentage (55.8%) of the couples who had more desire of the children had lower level of knowledge, at the same time 55.0% of couples with less desire of having children had higher level of knowledge regarding surrogacy.

Probable reason for this may be that the desire to have children may act as an influencing factor which influence their decision of remaining childless or to have children. However at the same time Indian custom, rituals and tradition are very deep rooted, still married couples want their own offsprings to carry the name of their family for coming generations. Hence they want their own child. So couples who are childless and who are unable to conceive they even go for adoptions but there are set of people who don't even want to go for adoption because they want to have their own genes to carry forward their name of the family.

The present finding with reference to desire to have children is quite strange. It reveals that more couples who have more desire to have children had lower knowledge regarding surrogacy. However, more percentage of couples who had less desire to have children had higher knowledge regarding surrogacy. May be the couples who had more desire for children, kept the thought of trying for the natural, traditional ways of conceptions and thus may have kept other methods of conceptions at bay.

However, the couples who had less desire for children, may be more exposed to the new and contemporary conceptions method.

4.6.2 Variable Wise Differences in the Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 31 Mann Whitney U test Showing Variable Wise Difference in the Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.

n=83

<i>Sr. No.</i>	<i>Variables</i>	<i>Category</i>	<i>N</i>	<i>Mean rank</i>	<i>'p-Value'</i>	<i>Mann-Whitney U</i>
1.	Years of Marriage	Few Years of Marriage	48	38.8	0.159 (N.S)	687.5
		More Years of Marriage	35	46.4		
2.	Type of Family	Nuclear	49	44.3	0.286 (N.S)	718.0
		Joint	34	38.6		
3.	Family Ideology	Liberal	54	43.4	0.482 (N.S)	709.5
		Conservative	29	39.5		
4.	Desire to have Children	Less Desire	40	45.8	0.162 (N.S)	707.0
		More Desire	43	38.4		

NS= Not Significant

Above table 31 indicates that the knowledge level of the selected couples of Vadodara City did not differ significantly according to the selected variables namely Years of marriage, Type of family, Family ideology and Desire to have children. Thus the null hypotheses stating that there will be no significant differences in knowledge level regarding Surrogacy of the selected couples with reference to the above mentioned variables was accepted.

This might be due to the exposure level to surrogacy among the couples. As shown in Table 4, a higher percentage of sources of information were TV and movies, so the respondents might only get some superficial information about surrogacy and may not have got into detailed information about its positive and negative consequences. Moreover, medical conditions such as fertility issues might make the couples equally motivated to learn about surrogacy, regardless of how long they have been married. Also, the respondents, especially those who have been married for a shorter period, might turn out to be members of some support groups or people who have gone through surrogacy or a similar experience regarding information and insight.

Irrespective of the type of family, respondents and their families might have similar concerns and curiosities regarding the religious, legal, emotional, health, and financial considerations of surrogacy. Both joint and nuclear families might either have the same exposure to information or might not have thought about surrogacy as an option.

Surprisingly, there is no significant difference in knowledge regarding surrogacy among respondents from both conservative and liberal family ideologies. This could be due to a lack of exposure in terms of detailed information about surrogacy. For the couples, surrogacy might still be a new concept or not be a topic that is discussed openly, depending upon the environment they are in. Moreover, respondents from both ideologies might possess similar cultural or moral beliefs, which would have little or no significant difference in their knowledge level. However, it is difficult to generalize about why respondents from both ideologies have the same level of knowledge about surrogacy.

Couples who do not desire to have children and those who want to have children have similar levels of knowledge regarding surrogacy. The reason may be similar to the previously mentioned variables, in that the couples are exposed to and aware of widely available information on various media sources. Often, the government and other agencies have promoted surrogacy through common media sources, which have reached all kinds of target groups, including those who desire children and those who don't.

Table 32Kruskal Wallis test Showing Variable Wise Difference in the Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.

n=83					
<i>Sr. no.</i>	<i>Variables</i>	<i>Mean</i>	<i>S.D</i>	<i>'p-Value'</i>	<i>Remark</i>
1.	Couples' Age Group	1.98	0.876	0.633	Not Significant
2.	Total Monthly Family Income	2.14	0.751	0.884	Not Significant

NS= Not Significant

Above table 32 indicates that the knowledge level of the selected couples of Vadodara City did not differ significantly with reference to couples age group and their total monthly family income. Thus the null hypotheses stating that there will be no

significant differences in knowledge level with the above mentioned variables was accepted.

The above finding may be explained by the fact that the couple's age has no affect on their knowledge, regardless of whether they are young couples, couples in their thirties, or couples in their late thirties, as they are more likely to be familiar with surrogacy. They will benefit from it now and in the future. Hence, the age of the couple has no influence on the respondents' knowledge.

Further with reference to the finding related to family income respondents from lower income group also had higher knowledge than middle and higher income group or it might visa versa. Henceforth, the variable total monthly family income did not differ significantly.

The similar findings have been emerged in a research by **Mate A. and Gomase K. (2018)**, entitled, “To assess the knowledge and attitude regarding surrogacy among couples”. The findings of the study shows that overall knowledge was good, where there is no significant association between knowledge score and demographic variables and the couples does not have certain attitude towards surrogacy, where there is no significant association between knowledge score and demographic variables.

(Source: MsAshwini R. Mate & Ms. KavitaGomase (2018), A study to assess the knowledge and attitude regarding surrogacy among couples, global journal for research analysis: Volume-71 Issue-81 August-2018)

The findings of the present study with reference to knowledge regarding Surrogacy implies that the knowledge of selected couples of Vadodara city surveyed in study shows that, Surrogacy is not even considered by some couples as a form of ART (Assisted Reproductive Technology). Further efforts are needed to increase knowledge and understanding of this method if acceptance of surrogacy is to be improved. This would be essential not only at the level of educating infertile couples but also at the level of the general population in order to create a general understanding and acceptance of surrogacy as a suitable method to be considered and used by infertile couples, as well as to have willing fertile women act as surrogate mothers, and to support couples who do choose to use this method in order to start their own family. Thus, in order to develop a more thorough understanding of how surrogacy is perceived and in comparison, to other ART methods, it would also be interesting to expand the study to examine the knowledge, understanding, and acceptance of the general public towards not only surrogacy but possibly other forms of ART as well. This would allow for the

development of methods for increasing public understanding and acceptance in our society.

Section – 3 Perceptions Regarding Surrogacy

4.7 Perception of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 33 Percentage Distribution of the Selected Couples of Vadodara City According to their Perceptions Regarding Surrogacy.

n=83		
<i>Sr. No.</i>	<i>Perceptions Regarding Surrogacy</i>	<i>Percentage</i>
1.	Favourable Perceptions	43.4
2.	Unfavourable Perceptions	56.6

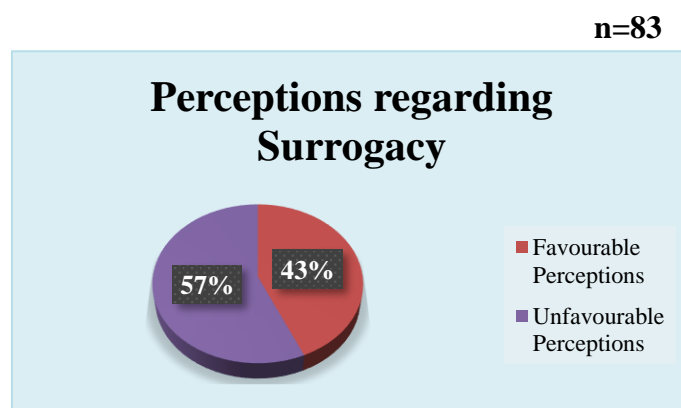


Figure 15 Percentage Distribution of the Selected Couples of Vadodara City According to their Perceptions Regarding Surrogacy.

Table 33 reveals the percentage distribution of the selected couples of Vadodara city according to their perceptions towards surrogacy. Little more than half i.e. 56.6% of the respondents had unfavorable perceptions, whereas, little less than half i.e. 43.4% of the respondents had favorable perceptions towards Surrogacy.

The probable reason for the unfavorable perceptions of the respondents might be that in India, the practice of surrogacy is stigmatised, especially for the surrogates. Surrogacy is prohibited by Catholicism and Islam, however it is permitted by Hinduism, which is the dominant religion in India. Buddhism also approves of surrogacy [Benshushan, Schenker, 1997]. However, there is a common misconception in India that being a surrogate means having sex with a man other than a spouse or partner. In this respect, surrogacy can be compared to adultery and even prostitution, both of which

are strongly frowned upon in Indian society. As a result, this practise is stigmatised. Some feminists do draw comparisons between prostitution and surrogacy, arguing that while prostitutes sell sexual capacity, surrogates sell reproductive capacity. The use of surrogates is compared to both baby trading and abandonment.

In an article "Surrogacy from a reproductive rights perspective: the case of India" by Rozée Gomez, V., & Unisa, S. (2014) mentioned that, due to this "public perception", surrogacy is not accepted in India. Also, some feminists argue that prostitution and surrogacy are not respectable professions. According to the French philosopher Sylviane Agacinski, the body is basically a tool for the production of goods and services; it is the body is not what is often compensated for. She quoted "Emmanuel Kant that people have dignity and things have a value (Sylvian Agassinski, cited in French National Academy of Medicine report [Henrien, Bourgogne-Esper, 2009])". Nevertheless, most doctors and surrogacy professionals simultaneously all authors studying surrogacy in India agree that it is labor irrespective of "gendered, exploitative and stigmatized labor" [Marwah, Sarojini, 2011].

(*Source:* Rozée Gomez, V., & Unisa, S. (2014). Surrogacy from a reproductive rights perspective: The case of India. *Autrepart*, 70(2), 185–203. <https://doi.org/10.3917/autr.070.0185>)

This finding can also be supported by the research conducted by **Arvidsson A. et al. (2017)** on Surrogate mother – praiseworthy or stigmatized: a qualitative study on perceptions of surrogacy in Assam, India. In this study researcher stated that Assamese people view surrogacy as a viable choice for childless couples since it would produce a child who is a "blood" relative, which is extremely desirable for sociocultural reasons. Nonetheless, the surrogate mother's role complicates local perceptions about surrogacy. The majority of individuals believe that paying the surrogate mother goes against social standards. A surrogate mother is frequently seen morally, either as a "bad mother" for selling her child or as a "noble woman" who deserves payment for her services because she aided an unmarried couple.

(*Source:* **Arvidsson, A., Vauqueline, P., Johnsdotter, S., & Essén, B. (2017).** Surrogate mother–praiseworthy or stigmatized: a qualitative study on perceptions of surrogacy in Assam, India. *Global health action*, 10(1), 1328890.)

4.7.1 Variables wise Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 34 Percentage Distribution of the Selected Couples of Vadodara City According to their Perceptions regarding Surrogacy in Relation to Selected Variables.

n=83				
<i>Sr. No</i>	<i>Variables</i>	<i>Category</i>	<i>Favourable Perceptions</i>	<i>Unfavourable Perceptions</i>
1.	Couples' age group	Young Couples	34.4	65.6
		Couples in early thirties	70.0	30.0
		Couples in late thirties	35.5	64.5
2.	Years of Marriage	Few Years of Marriage	41.7	58.3
		More Years of Marriage	45.7	54.3
3.	Type of Family	Nuclear	40.8	59.2
		Joint	47.1	52.9
4.	Total Monthly Family Income	Lower Income Group	44.4	55.6
		Middle Income Group	37.1	62.9
		Higher Income Group	50.0	50.0
5.	Family Ideology	Liberal	24.1	75.9
		Conservative	53.7	46.3
6.	Desire to have Children	Less Desire	45.0	55.0
		More Desire	41.9	58.1

Table 34 reveals the percentage distribution of the selected couples of Vadodara City according to the Perceptions towards Surrogacy in relation to the selected variables.

The table reveals that the high majority (70%) of the couples who were in there early thirties had favorable perceptions regarding surrogacy, whereas majority of the couples i.e. 65.6% and 64.5% who were in the category of young and couples in late thirties respectively had unfavorable perceptions towards surrogacy.

The probable reason for such finding may be that early-thirties couples may be perhaps more informed, knowledgeable, adaptable and therefore had favorable perceptions

towards surrogacy. Whereas, couples who are in their late thirties may not be aware about surrogacy because they have passed the age of parenthood and may have less desire to have children, in contrast to couples who are in the age range of 25 to 30 years, who may still be looking for natural ways to conceive.

The couples falling in the age bracket of 31-35 years may have tried different ways of conceptions. Also, they may be worried that time is passing so they may have explored various possible methods of conceptions.

Thus, the present finding reveal that 70% of these couples had favorable perceptions towards surrogacy in comparison to their counterparts.

Almost sixty percentage i.e. 58.3% of the couples who were married for 3-5 years had unfavorable perceptions, similarly 54.3% of the couples from more than 5 years of marriage also had unfavorable perceptions towards Surrogacy.

The probable reason for such findings may be that in Indian family set up the parents and other elders of the family expect as well as, demand to produce children in initial years of marriage. As the number of years pass, this familial force starts increasing on the married couple, which leads them to seek medical support for the child birth if they are unable to produce naturally.

Thus, the couples who were young and recently married may be ignorant or unfavorable about surrogacy treatment in comparison to the couples who are married for few years.

So, probably the couples with more number of years of marriage have more favorable perceptions about Surrogacy in comparison to their counterparts.

Almost majority i.e. 59.2% of the couples who were from nuclear families had unfavorable perceptions, similarly 52% of the couples who were from joint family had unfavorable perceptions towards Surrogacy.

The probable reason for such findings may be that couples from nuclear family may be scared, worried of the negative consequences of the process. Family's opinion, the support extended by the senior family members in terms of emotions, decision making or even for financial matter may be less or missing when couples are from nuclear set up. Thus they might not have that courage taking up strong medical advancement like surrogacy without their family. Similarly the couples who were from joint families may

have the strong influence of old beliefs, traditional values stereotypical mindset. Thus, these couples from joint families may not have favourable perception towards Surrogacy.

High percentage of the all the couples, irrespective the income group had unfavourable perceptions towards Surrogacy.

The probable reasons could be that the entire process relating to surrogacy is expensive and is still out of reach for lower and middle-class. Not only that, the decision regarding surrogacy depends largely on the society to which the couple belongs. Even now, in many societies, the concept of surrogacy is not understood and accepted. In such cases, the partners, even if they decide in favour of surrogacy, may not opt for it due to societal pressure over and above the financial pressure.

High majority i.e. 75.9% of the couples who were falling in the category of liberal family had unfavorable perceptions. However, 53.7% of couples with conservative family ideology had favorable perceptions towards surrogacy.

Conservative family ideology itself means faith in traditional thinking, late adapters of innovations in society non-revolutionary thinking, Adhere to Customs, and many such characteristics. Thus, conservative family might not accept a child born through surrogacy. However, the findings revealed that such couple favoured Surrogacy. Moreover, this is quite contradictory that high majority of the couples who had unfavourable perceptions regarding Surrogacy, belonged to liberal family ideology group. The liberals have characteristics like faith in autonomy, concept of change, radical believers, have unconventional thinking etc., still the finding revealed that the respondents had unfavourable perceptions towards a medical advancement – Surrogacy.

Almost sixty percentage i.e. 58.1% of the couples who had more desire of the children had unfavorable perception. In further to the 55% of couples who had less desire of the children also had unfavorable perceptions towards surrogacy.

The probable reason for this findings could be that the desire of having children may act as an influencing factor on the decision of favouring or disfavouring the concept of Surrogacy. However at the same time Indian custom, rituals and tradition are very deep rooted, still married couples want children to carry the name of their family for coming

generations. They may want their own child. There are certain couples who are childless and who are unable to conceive they even go for adoptions but there are set of people who don't even want to go for adoption because they want to have their own genes to carry forward their name of the family.

So, there are lot of variations amongst the contemporary generations with respect to have children with their own genes or to have children through adoptions or other ART possibilities.

4.7.2 Variable Wise Differences in the Perception of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 35 t-Value Showing Variable Wise Difference in the Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.

						n=83
<i>Sr. No.</i>	<i>Variables</i>	<i>Category</i>	<i>Mean</i>	<i>S.D</i>	<i>'p-Value'</i>	<i>T-Value</i>
1.	Years of Marriage	Few years of Marriage	130.1	10.1	0.788 (N.S)	0.27
		More Years of Marriage	130.7	11.1		
2.	Type of Family	Nuclear	130.9	10.3	0.584 (N.S)	0.55
		Joint	129.6	10.9		
3.	Family Ideology	Liberal	127.6	7.7	*** 0.046 (S)	2.03
		Conservative	131.9	11.5		
4.	Desire to have Children	Less Desire	130.5	10.7	0.917 (N.S)	0.11
		More Desire	130.2	10.4		

NS= Not Significant, *p <0.05

Above table 35 indicates that the perceptions of the selected couples of Vadodara City towards surrogacy did not differ significantly with respect to variables namely Years of marriage, Type of family and Desire to have children. Thus the hypotheses stating that there will be no significant difference in perceptions level with Years of marriage, Type of family and Desire to have children were accepted. However, the variable namely Family Ideology, had significant differences in the perception levels towards surrogacy for selected couples. Hence, the hypotheses stating that there will be no significant differences in perception level with Family Ideology were not accepted.

The significant differences were found related to knowledge regarding surrogacy amongst selected couples of Vadodara city with respect to family ideology.

The probable reason for such findings could be that as an Indians often emphasize loyalty and interdependence because they live in a collectivistic society. The family's interests typically take precedence over the individual's, and decisions that have an impact on one's personal life, including marriage and career paths - are typically made in consultation with the family..

This is quite strange to have a finding which revealed that couples from conservative family ideology had higher mean score which means that such couples had favourable perceptions towards Surrogacy than their counterparts. This may be possible, as conservative thinkers are not doubt laggards, non-revolutionary and traditional in their approach towards life, but if are educated, exposed to the concept of surrogacy and have understood the process and its importance, then they may be favourable towards surrogacy.

Table 36 f-Value Showing Variable Wise Difference in the Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.

						n=83
<i>Sr. No.</i>	<i>Variables</i>	<i>Category</i>	<i>Mean</i>	<i>S.D</i>	<i>'p-Value'</i>	<i>F-Value</i>
1.	Couples age group	Young Couples	128.9	8.8	*** 0.027 (S)	3.8
		Couples in early thirties	135.7	10.7		
		Couples in late thirties	128.3	10.9		
2.	Total Monthly Family Income	Lower Income Group	131.7	11.0	0.365 (N.S)	1.0
		Middle Income Group	128.4	9.9		
		Higher Income Group	131.7	10.7		

NS= Not Significant, *p <0.05

Above table 36 indicates that the perceptions of the selected couples of Vadodara City towards surrogacy did not differ significantly with respect to variable namely Total Monthly Family Income. Thus the hypotheses stating that there will be no significant difference in perceptions level with Total Monthly Family Income were accepted.

However there was significant differences in the perception levels towards surrogacy for selected couples with reference to the age group. Hence, the hypotheses stating that there will be no significant differences in perception level with Couples age group were not accepted.

The aforementioned finding may be explained by the fact that the couple's age has an effect on their perceptions, as mean score of couples who fell in the category of 36-40 years, was low. This indicates that couples of 36-40 years of age were having unfavorable perceptions regarding surrogacy. It could be because of the reason that they may have misconceptions regarding surrogacy, or they probably have conservative attitude. Similarly the couples who were from younger age group i.e. (25-30 years) also had lower mean scores in comparison to the couples from (31-35 Years).

There were the couples who had higher mean scores, thus reflecting the favourable perceptions towards surrogacy in comparison to their counterparts. It can be because the middle age group couples, may be ready for all possible options available like IVF, adoption, Surrogacy etc.

The findings reflects the variations with respect to perceptions towards surrogacy amongst the couples of different age groups. This implies that intense efforts in promoting awareness about surrogacy amongst masses are needed. Further the people from medical arena, have to works towards lowering the cost of this process. Government can think about schemes where subsidies can be given to people for opting Surrogacy.

Section – 4 Expected Challenges Related to Surrogacy

4.8 Expected Challenges of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 37 Percentage Distribution of the Selected Couples of Vadodara City According to their Expected Challenges Regarding Surrogacy.

n=83		
<i>Sr. No.</i>	<i>Expected Challenges Regarding Surrogacy</i>	<i>Percentage</i>
1.	Great Extent	14.5
2.	Some Extent	63.9
3.	Less Extent	21.7

n=83

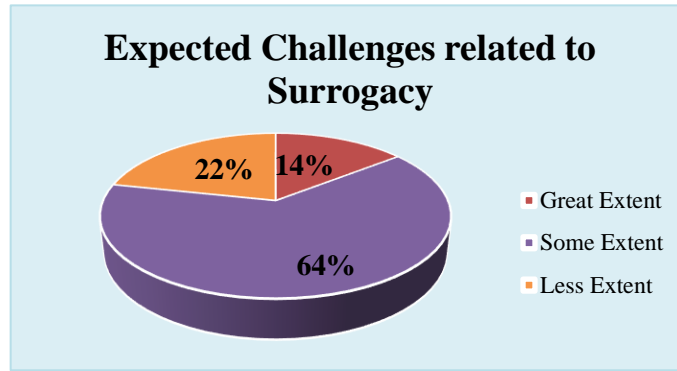


Figure 16 Percentage Distribution of the Selected Couples of Vadodara City According to their Expected Challenges Regarding Surrogacy.

Table 37 reveals the percentage distribution of the selected couples of Vadodara City according to their overall expected challenges regarding surrogacy. Majority of the couples i.e. 63.9% had expected challenges to some extent, whereas, 21.7% had expected challenges to less extent and remaining 14.5% had expected great extent challenges related to surrogacy.

Table 38 Item wise intensity indices showing Expected Challenges related to Self.

n=83	
<i>Statements</i>	<i>Intensity indices</i>
Part A: Expected Challenges related to Self.	
Lack of proper information about surrogacy.	2.37
Fear of unsuccessful surrogacy process.	2.35
To trust a surrogate mother for the child may be a challenge.	2.27
Religion may not supporting Surrogacy.	2.17
Couples shy away from revealing the child as one obtained from Surrogacy.	2.12
Society may not look upon with respect if one opt for Surrogacy.	2.07
Fear of wasting money, if surrogacy fails.	2.07
Lack of Confidence/ Trust in Surrogacy.	2.05
There is skepticism in society against having children with a surrogate mother, and we do not want our children to become affected.	2.05
One may not want to become pregnant because of busy schedule.	2.02
Fear that the surrogate will not return the child.	1.98
Constant fear of the surrogate mother black mailing the intended parents.	1.90

Child may be discriminated in school if born through Surrogacy.	1.76
Fear of blame by the child born through surrogacy when he/she will grow.	1.76
We may not be able to consider the child, ours if born through Surrogacy.	1.70
	1.60
We may not develop love for child born through Surrogacy.	
We may be type-casted as a parents who do not want to take the pain of child birth.	1.55

The above table 38 depicts the response scale of the selected couples regarding the expected challenges related to self, which ranged from the highest 2.37 to the lowest 1.55. This means that the couples agreed the expected challenges related to self-ranged from great extent to less extent only. The Great Extent intensity indices were found for the following items:

- Lack of proper information about surrogacy.
- Fear of unsuccessful surrogacy process.
- To trust a surrogate mother for the child may be a challenge.
- Religion may not supporting Surrogacy.
- Couples shy away from revealing the child as one obtained from Surrogacy.

The findings mentioned above indicates that couples lack adequate information about surrogacy. This may be because they may not be exposed to correct and valid information. Another finding suggests that couples who have a fear of an unsuccessful surrogacy process might find it challenging as they lack confidence or have not found any success stories regarding surrogacy, which may decrease their trust in surrogacy. The above finding also indicates that surrogacy is a very emotional process as child is emotionally contacted with surrogate mother and because of the child and surrogate mother's 9-month bond via umbilical cord, it is challenging for them to trust the surrogate mother as she might change her mindset while handing over child to intended parents. Couples also find it challenging that religion may not support surrogacy. This may be the reason that religions or beliefs may not accept a child born through surrogacy, as it may be against surrogacy. Couples are unwilling to disclose that their child was conceived through surrogacy, which can be challenging because society could stereotype them as parents who don't want to go through the pain of giving birth.

Though the respondent felt that the above enlisted expected challenges to great extent, but the overall picture with reference to expected challenges reflects that only fourteen percentage of people felt them.

Further, the selected couples for the present study also responded to some extent for the following expected challenges; which ranged from 2.07 I.I Score to 1.90.

- Society may not look upon with respect if one opt for Surrogacy.
- Fear of wasting money, if surrogacy fails.
- Lack of Confidence/ Trust in Surrogacy.
- There is skepticism in society against having children with a surrogate mother, and we do not want our children to become affected.
- One may not want to become pregnant because of busy schedule.
- Fear that the surrogate will not return the child.
- Constant fear of the surrogate mother black mailing the intended parents.

This finding indicates that respondents felt that Surrogacy may not be viable options due to no faith on the process to some extent only. Some possible reasons for the challenges related to surrogacy could include cultural and societal norms that prioritize biological parenthood and view infertility as a personal failure or as an embarrassment. Surrogacy may also be seen as a novel or unconventional practice, which can lead to skepticism and lack of trust. The high cost of surrogacy, combined with the potential for failure, may also make it a risky investment for some people. The fear of the surrogate not returning the child or engaging in blackmail can stem from a lack of trust and transparency in the surrogacy arrangement, as well as concerns about the surrogate's motivations and intentions. Overall, these challenges may root from broader cultural and social norms related to reproduction, gender roles, and family structures to some extent.

The table also shows that the selected couples reacted to less extent for the following expected challenges:

- Child may be discriminated in school if born through Surrogacy.
- Fear of blame by the child born through surrogacy when he/she will grow.
- One may not be able to consider the child, ours if born through Surrogacy.
- One may not develop love for child born through Surrogacy.

- One may be type-casted as a parents who do not want to take the pain of child birth.

The above mentioned expected challenges were felt to less extent by the selected couples. The Child's discrimination at the school, blame on parents etc. may not really be challenges. As far as love and care of child born out of surrogacy is concerned, parents shower all their love and care to their child equally. So, therefore such challenges were expected to less extent by the selected couples.

Table 39 Item wise intensity indices showing Expected Challenges related to Family.

		n=83
Part B: Expected Challenges Related to Family.		
Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy.		2.37
Caste system still engraved in the minds of people in India may evoke challenge for Surrogacy.		2.34
Surrogacy may be emotionally challenging for family members.		2.30
Family members may not trust the process of Surrogacy.		2.29
Opting for surrogacy may cause problems in the family.		2.28
Family members may consider Surrogacy as a taboo.		2.23
If a couple opts for surrogacy may face rejection from the family.		2.23
Family may be prejudiced against the practice of Surrogacy.		2.23
Family members may not accept a child born through Surrogacy.		2.22
Family may not be committed for child born out of Surrogacy.		2.20
In the Indian context, the family is considered an important institution probability of weak bond with the child born out of Surrogacy may be challenging.		2.18
Challenge in persuading family members for Surrogacy.		2.17
An average Indian family comprised of members of various age groups, the senior family members may not allow their wards to opt for Surrogacy.		2.17
Family may not be ready to accept the concept of Surrogacy.		2.16
Family members may not extend a social support system to the intended parent.		2.14
Family values/ ethics may not allow opting for Surrogacy.		2.14
The fear of rejection for baby born out of Surrogacy from family members may became hurdle for couple to opt for Surrogacy.		2.12
Family values may become a hurdle for accepting Surrogacy.		2.08

Fear of discontent of the surrogate child from family's ancestral property may become hurdle to opt for Surrogacy.	1.88
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The above table 39 depicts the response scale of the selected couples regarding the expected challenges related to Family, which ranged from the highest 2.38 to the lowest 1.88. This means that the couples agreed the expected challenges related to family range from great extent to less extent only. The Great Extent intensity indices were found for the following items:

- Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy.
- Caste system still engraved in the minds of people in India may evoke challenge for Surrogacy.
- Surrogacy may be emotionally challenging for family members.
- Family members may not trust the process of Surrogacy.
- Opting for surrogacy may cause problems in the family.
- Family members may consider Surrogacy as a taboo.
- If a couple opts for surrogacy may face rejection from the family.
- Family may be prejudiced against the practice of Surrogacy.
- Family members may not accept a child born through Surrogacy.

The above findings suggest that it may be possible that couples who live in joint family have senior citizens who might have orthodox or conservative approach towards medical advancement and may have faith in traditional ways of conceiving. Although the genes are from the parents family might not be comfortable with the cast of surrogate mother like from which background they come that might not accepted by family as per their standard of living. Parents and family members play the biggest role in social/emotional development as they provide a strong bond for the child. So, this might be one of the reason that Surrogacy may be emotionally challenging for family members. A lack of information, misconceptions, stereotypical mindset and social stigma can result in family members not giving the support for which intended couples were hoping for.

Therefore, family members may consider surrogacy as a taboo/ if a couple opts for surrogacy and may face rejection from the family/ family may be prejudiced against the practice of surrogacy/ family members may not accept a child born through surrogacy.

Further, the selected couples for the present study also responded to some extent for the following expected challenges:

- Family may not be committed for child born out of Surrogacy.
- In the Indian context, the family is considered an important institution probability of weak bond with the child born out of Surrogacy may be challenging.
- Challenge in persuading family members for Surrogacy.
- An average Indian family comprised of members of various age groups, the senior family members may not allow their wards to opt for Surrogacy.
- Family may not be ready to accept the concept of Surrogacy.
- Family members may not extend a social support system to the intended parent.
- Family values/ ethics may not allow opting for Surrogacy.
- The fear of rejection for baby born out of Surrogacy from family members may become hurdle for couple to opt for Surrogacy.
- Family values may become a hurdle for accepting Surrogacy.

The above findings suggest that it may be possible that family don't have proper information about surrogacy, and believe that it's unethical for women to sell their bodies. Surrogacy is a stigma in society as it is a form of prostitution, so some argue that it should be disallowed on moral grounds. This kind of misconceptions, stereotypical mindset and social stigma may result in family not committed for child born out of Surrogacy. However in the present study many expected challenges related to family were felt to some extent, which are enlisted above. The reluctance from family members regarding surrogacy surrogate mothers and child born out of surrogacy, is reflected to some extent only.

The table also shows that the selected couples for the present study also responded to less extent for the following expected challenges:

- Fear of discontent of the surrogate child from family's ancestral property may become hurdle to opt for Surrogacy.

According to the data above, it is possible that the selected couples for the present study did not consider the fear of discontent of the surrogate child from family's ancestral property as a significant challenge because they may have already addressed this issue legally. In India, the Surrogacy (Regulation) Bill 2020 includes provisions for the rights of the surrogate child, such as the right to inheritance, maintenance, and citizenship.

Therefore, the couples may have already taken steps to ensure that the child born through surrogacy has legal rights to inheritance and other benefits. Alternatively, the couples may not have considered this issue to be a significant challenge in their particular circumstances.

Table 40 Item wise intensity indices showing Expected Challenges related to Process.

n=83	
Part C: Expected Challenges Related to the Process of Surrogacy.	
Process of Surrogacy can be emotionally challenging.	2.33
Surrogacy involves tedious legal process.	2.22
Surrogating mother may withdraw her contract of delivering the newborn to the intended couples.	2.20
Surrogacy practice, sacrifice the natural reproductive capacity of human being as a living creature.	2.16
Emotional challenges may occur amongst Surrogate mothers as they keep the child in the womb for 9 months.	2.11
Physical complications do surface and risk the fetus.	2.08
The chances of leakage of medical confidentiality are high.	2.08
It is a cumbersome process.	2.02
The postpartum separation of a surrogating mother from the newborn is challenging situation.	2.02
Couples shy away from revealing the child as one obtained from Surrogacy.	1.88

The above table 40 depicts the response scale of the selected couples regarding the expected challenges related to Process, which ranged from the highest 2.35 to the lowest 1.88. This means that the couples agreed the expected challenges related to process range from great extent to less extent only. The Great Extent intensity indices were found for the following items:

- Process of Surrogacy can be emotionally challenging.
- Surrogacy involves tedious legal process.
- Surrogating mother may withdraw her contract of delivering the newborn to the intended couples.

This finding indicates that surrogacy is a very emotional process as child is emotionally contacted with surrogate mother so, it might be challenging for the surrogate mother while handing over child and also intended couples to develop emotional bond with

child. Whereas surrogacy involves tedious legal process as it financially draining process and also it time consuming process so they might not have sufficient patients level. Further because the female body goes through many changes during pregnancy, both physically and mentally, thanks or not to the hormones that bring about the wonder of life, the surrogate mother may cancel her contract to deliver the newborn to the intended spouses. So, like any mother, surrogate mothers develop a link with the child while it is still inside of them, and they frequently feel emotional grief when the child is taken away from them after birth—even if they were aware of and had always planned to give the child up for the intended parents. Surrogate mothers develop strong emotional attachments to the children they bear, according to a qualitative study on the experiences of eight surrogate mothers published in the *Iranian Journal of Reproductive Medicine* in 2014. This could be the reason why some surrogate mothers choose to cancel their contracts.

Further, the selected couples for the present study also responded to some extent for the following expected challenges:

- Surrogacy practice, sacrifice the natural reproductive capacity of human being as a living creature.
- Emotional challenges may occur amongst Surrogate mothers as they keep the child in the womb for 9 months.
- Physical complications do surface and risk the fetus.
- The chances of leakage of medical confidentiality are high.

The reasons for these challenges may include ethical concerns surrounding the use of technology to alter or enhance human reproduction, as well as the emotional and physical toll that surrogacy can take on both the surrogate mother and the intended parents. Some people may also be concerned about the potential risks to the fetus or the potential for breaches of medical confidentiality. Additionally, the lack of regulation or standardization in surrogacy practices in some countries may contribute to expected challenges to some extent.

The table also shows that the selected couples for the present study also responded to less extent for the following expected challenges:

- It is a cumbersome process.

- The postpartum separation of a surrogating mother from the newborn is challenging situation.
- Couples shy away from revealing the child as one obtained from Surrogacy.

The reasons for the respondents' less extent of response to these challenges may vary. For the challenge of it being a cumbersome process, the respondents may have found the process to be manageable or not as difficult as they initially thought. For the challenge of postpartum separation of the surrogate mother from the newborn, the respondents may have had a plan in place to address this issue or had found ways to cope with it. For the challenge of couples shying away from revealing the child as one obtained from surrogacy, the respondents may not have experienced any significant negative reactions from others regarding their surrogacy journey, or they may have felt comfortable enough to disclose this information to others.

Table 41 Item wise intensity indices showing Miscellaneous Expected Challenges.

n=83	
Part D: Miscellaneous Challenges	
Strange Laws / Regulation related to Surrogacy.	2.42
It is a challenge for the intended parents to seek the official documents like passport visa, identity card for the child born out of surrogacy.	2.34
Procedure for registering for surrogacy is complicated and time consuming.	2.31
Surrogacy is financially draining process.	2.31
Surrogacy is a complicated procedure.	2.12
No trust in the doctors/ surrogate.	1.93

The above table 41 depicts the response scale of the selected couples regarding the expected challenges related to Miscellaneous, which ranged from the highest 2.43 to the lowest 1.93. This means that the couples agreed the expected challenges related to miscellaneous range from great extent to less extent only. The Great Extent intensity indices were found for the following items:

- Strange Laws / Regulation related to Surrogacy.
- It is a challenge for the intended parents to seek the official documents like passport visa, identity card for the child born out of surrogacy.
- Procedure for registering for surrogacy is complicated and time consuming.
- Surrogacy is financially draining process.

The finding indicates that intended couples might have less exposure of information related legal laws and regulation related to Surrogacy. It further indicates that legally enforceable contracts have been entered into for the protection of both the prospective parents and the surrogate mother. These agreements detail what each party must do to ensure a healthy pregnancy, as well as official documents such as passport visa for intending parents, identity cards for the child born out of surrogacy, and the process of registering for surrogacy. Demanding documents is an expected challenge for intended couples. Also they think that process of surrogacy is time consuming and financially draining process.

Further, the selected couples for the present study also responded to some extent for the following expected challenge:

- Surrogacy is a complicated procedure.

The reason for some couples responding to the challenge of surrogacy being a complicated procedure may vary. Surrogacy involves legal and medical complexities, which can be overwhelming for some people. The process can be lengthy and may require a lot of paperwork, medical tests, and legal agreements. Additionally, finding a suitable surrogate and navigating the surrogacy process can be challenging. Couples may need to coordinate with fertility clinics, lawyers, and surrogacy agencies, which can be time-consuming and stressful. The complexity of the surrogacy process can deter some couples from pursuing this option.

The table also shows that the selected couples for the present study also responded to less extent for the following expected challenges:

- No trust in the doctors/ surrogate.

There could be several reasons why someone may not trust their doctors or surrogate. It could be due to a past negative experience with healthcare professionals or mistrust of the healthcare system in general. Cultural or language barriers, lack of communication or information about their medical condition, and fear or anxiety about their health could also contribute to a lack of trust. It's important for healthcare professionals to acknowledge and address these concerns to build trust with their patients or surrogates. This can involve actively listening to their concerns, providing clear and concise information about their medical condition and treatment options, and involving them in the decision-making process. In cases where a patient or surrogate's lack of trust is rooted in systemic issues or discrimination, it's important for healthcare

professionals to work towards addressing and rectifying those issues to improve trust and promote equitable healthcare. However, in present investigation the ‘Trust n Doctor’ was not felt as expected challenge or was considered only to less extent.

Section – 5 Suggestions Related to Surrogacy

4.9 Suggestions of the Selected Couples of Vadodara City Regarding Surrogacy.

Table 42 Percentage Distribution of the Selected Couples of Vadodara City According to their Suggestion Regarding Surrogacy.

n=83		
<i>Sr. No.</i>	<i>Suggestions Regarding Surrogacy</i>	<i>Percentage</i>
1.	Great Extent	73.5
2.	Some Extent	21.7
3.	Less Extent	4.8

n=83

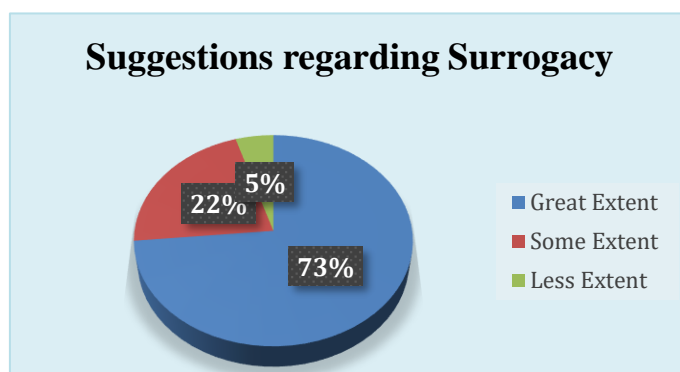


Figure 17 Percentage Distribution of the Selected Couples of Vadodara City According to their Suggestions Regarding Surrogacy.

Table 42 reveals the percentage distribution of the selected couples of Vadodara City according to their overall suggestions regarding surrogacy. Majority of the couples i.e. 73.5% had more suggestions regarding surrogacy, whereas, 21.7% had some suggestions and the remaining 4.8% had less suggestions regarding surrogacy.

Table 43 Item wise intensity indices showing Suggestions related to Medical.

		n=83
<i>Statements</i>	<i>Intensity indices</i>	
Part A Suggestions for Medical Profession related to Surrogacy.		
Doctor's associations, clubs can promote Surrogacy through awareness camps, with the help of famous personalities, through media.	2.58	
Organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy.	2.57	
Doctors can foster positive attitude regarding surrogacy amongst couples.	2.57	
All clinics, IVF centers, hospitals, should give wider publicity regarding surrogacy.	2.54	
The medical process should be explained properly, so the common public can understand.	2.54	
Free distribution of literature on Surrogacy on medical store.	2.52	
There should be a limit on the number of embryos that could be transferred during one ET session.	2.19	

The above table 43 depicts the response scale of the selected couples for the suggestions regarding Medical, which ranged from the highest 2.60 to the lowest 2.19. This means that the respondents' responses towards the enlisted suggestions varied from great extent to less extent. The item wise intensity indices indicated that respondents were found from great extent for the following suggestions:

- Doctor's associations, clubs can promote Surrogacy through awareness camps, with the help of famous personalities, through media.
- Organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy.
- Doctors can foster positive attitude regarding surrogacy amongst couples.
- All clinics, IVF centers, hospitals, should give wider publicity regarding surrogacy.
- The medical process should be explained properly, so the common public can understand.
- Free distribution of literature on Surrogacy on medical store.

From majority of the respondent's agreement on the above suggestions lead to conclude that people wants to know the overall medical process of surrogacy and it is expected to know from doctors from all clinics, IVF centers, hospitals and it was highly suggested

by the respondents that doctor's associations, clubs should promote surrogacy through awareness camps, with the help of famous personalities, through media.

Further, the respondent agreed to less extent to the following suggestions that:

- There should be a limit on the number of embryos that could be transferred during one ET session. Probably because this suggestion is quite technical hence the understanding with reference to this might be low.

Table 44 Item wise intensity indices showing Suggestions related to Media.

		n=83
Part B Suggestions for Media related to Surrogacy.		
Films / Public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made.	2.63	
Proactive media's contribution in promotion of surrogacy can help in rise of surrogacy.	2.57	
Media should publish success stories on surrogacy in regular interval.	2.54	
Local electronic channels including radio can promote the Surrogacy through the fillers/jingles, etc.	2.43	
Media can partner with any IVF center or any fertility clinics in supporting surrogacy.	2.41	
Society may be sensitized regarding surrogacy through regular information about surrogacy.	2.30	

The above table 44 depicts the response scale of the selected couples for the suggestions regarding Media, which ranged from the highest 2.65 to the lowest 2.30. This means that the respondents' responses towards the enlisted suggestions varied from great extent to less extent. The item wise intensity indices indicated that respondents were found from great extent to the following suggestions:

- Films / Public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made.
- Proactive media's contribution in promotion of surrogacy can help in rise of surrogacy.
- Media should publish success stories on surrogacy in regular interval.

The above findings suggest that the media play an important role in informing the public and creating understanding and decision-making about social issues, on which there is insufficient knowledge or a lack of experience. One of the issues that has started to create debate in the public is the issue of surrogacy, which is an issue that most people do not think much about. It is also recommended that the media regularly report positive

cases of surrogacy; surrogacy films/public programmes. It can be print media, online media, cinema or broadcast media. However, in all these cases, the media should not only cover surrogacy information, but also all other issues related to surrogacy and health. Although society has evolved over time, the unacceptable concepts still exist. Surrogacy is one of those taboos that is considered unspoken and unacceptable. Success stories of many celebrities who choose surrogacy should be disseminated among the public to get rid of these myths/misconceptions/ideas.

Further, the respondent responded to some extent to the following suggestions:

- Local electronic channels including radio can promote the Surrogacy through the fillers/jingles, etc.

The above findings suggest that Surrogacy should be promoted on local electronic channels including radio. By doing this people may become interested in this subject by repeatedly attempting alternative viewpoints.

The table also shows that the respondents for the present study responded to less extent for the following suggestions:

- Media can partner with any IVF center or any fertility clinics in supporting surrogacy.
- Society may be sensitized regarding surrogacy through regular information about surrogacy.

The above findings suggested that surrogacy clinics and entrepreneurs frequently advertise online, but it is uncommon to be able to confirm the accuracy of the information before interacting with service providers and promote the idea of a hassle-free process by assuring visitors about the legal consequences of surrogacy agreements in India. These initiatives help orthodox people accept this medical breakthrough by gradually altering their thinking. Films like Mimi, ChoriChoriChupkeChupke, Vicky donor, etc. and also television shows aim to promote surrogacy. The storylines of these motion pictures and television shows encourage viewers to learn more about the same. Hence as media is already effectively covering Surrogacy theme in the programs so the couples may not have the suggestions to less extent.

Table 45 Item wise intensity indices showing Suggestions related to Government.

Part C Suggestions for Government related to Surrogacy.		n=83
Legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangement.	2.69	
The law is proposed, the draft should be discussed keeping in mind the moral, social aspects by legal, medical, social personnel.	2.66	
Speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field.	2.65	
Efforts have to be made by the government to have socio legal attitude towards acceptability of commercial surrogate motherhood.	2.63	
Every City should have IVF Centers or Clinics counseling cell.	2.54	
Adequate information about different forms of assisted reproduction should be provided by government.	2.53	
To decrease the stigmatization of women, a regular policy should be made in this regard by the government.	2.51	
Laws / Regulation regarding Surrogacy should be simplified.	2.48	
A government regulated proper system needs to be in place regarding the handing over of the baby.	2.48	

The above table 45 depicts the response scale of the selected couples for the suggestions regarding Government, which ranged from the highest 2.71 to the lowest 2.48. This means that the respondents' responses towards the enlisted suggestions varied from great extent to less extent. The item wise intensity indices indicated that respondents responded to great extent for the following suggestions:

- Legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangement.
- The law is proposed, the draft should be discussed keeping in mind the moral, social aspects by legal, medical, social personnel.
- Speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field.

Further, the respondents agreed to some extent for the following suggestions:

- Efforts have to be made by the government to have socio legal attitude towards acceptability of commercial surrogate motherhood.

The table also shows that the respondents for the present study also responded to less extent for the following suggestions:

- Every City should have IVF Centers or Clinics counseling cell.
- Adequate information about different forms of assisted reproduction should be provided by government.
- To decrease the stigmatization of women, a regular policy should be made in this regard by the government.
- Laws / Regulation regarding Surrogacy should be simplified.
- A government regulated proper system needs to be in place regarding the handing over of the baby.

The above findings indicate that, because of the lack of awareness of laws and regulations regarding surrogacy, legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangement; the law is proposed, the draft should be discussed keeping in mind the moral, social aspects by legal, medical, social personnel and speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field. Government should also promote surrogacy at local, state and national levels. Also laws and orders should be strict or strong enough to change the mindset of people. This kind of medical advancement can also be promoted using famous personalities to reach out the larger audience. And also all the information should be in easy or in layman language so that it can be easily understood by people coming from different backgrounds.

CHAPTER 5

SUMMARY

CHAPTER – 5

SUMMARY

5.1 INTRODUCTION

5.1.1. Surrogacy

According to **Black's Law Dictionary**, “Surrogacy is a contract in which a woman agrees to be artificially inseminated in order to carry a child with the sperm of another woman's spouse”.

According to **The New Encyclopedia Britannica**, surrogacy is defined as “the practise of a woman bearing a child for the purpose of the other couple producing children in the traditional way.”

In Medical Terminology - the term surrogacy refers to the use of a substitute rather than a biological mother.

5.1.2. Concept of Surrogacy

In a country like India, surrogacy has advanced to a new level of scientific development where a mother of another womb helps another mother become a mother who is unable to bear children for any reason.

The word surrogate is derivation of the Latin word surrogates which means a substitute.

According to the Assisted Reproductive Technology Act, surrogacy is defined as an agreement in which a woman agrees to become pregnant through assisted reproductive technology, in which no gametes are introduced to her husband, with the purpose of carrying the pregnancy to term and giving birth to a child and delivered the child to someone for whom she acts as a surrogate.

(Source : <https://blog.ipleaders.in/surrogacy-under-framework-of-the-indian-constitution/>)

5.1.3. Surrogacy in Indian Society

In India, it is socially expected of women to bear children and maintain the family legacy. All other women's duties are subordinate [Sama-Resource group for women and health, 2008, p. 320]; "In India, motherhood plays a significant role in the social formation of femininity." [DasGupta, DasGupta, 2010]. In Indian tradition, passing on (genes) to the next generation is one of life's goals in order to achieve immortality through reproduction [Sharma, 2013]. In terms of social value, having biological children within a heterosexual marriage is considerably superior to choosing not to have

children, adopting children, or creating other types of families. [SarojiniMarwah, 2011, p. 105] Thus, infertility has many negative consequences in India especially for women: stigma, unstable marriages, emotional abuse and low self-esteem. [Unisa, 1999; Jejeebhoy, 1998]. "When the continuation of a pure bloodline is threatened, individuals are likely to lose out on the incentives, and since purity of bloodline is linked to women's sexuality and reproductive functions, they are the ones who experience the greatest stigma, discrimination, trauma, and exclusion as a result of their infertility." [Banerjee, 2012, p.27]

In order to provide a better future for their family, many poor women around India are letting go of their inhibitions and choosing a "womb on rent arrangement." According to them, it's "easy money with no investment." However, deep-rooted social stigma cannot be ignored in their mind. In spite of the fact that surrogacy has been allowed in India since 2002, artificial insemination is still viewed as adultery in our culture. Because of this, surrogates frequently leave their home country permanently in order to go through this process and conceal their pregnancy from their family and friends. They worry about being rejected by others and being made to feel inferior. In this case, the presence of a deliberate decision to choose surrogacy is debatable, if not arguably invalid.

This social pressure on women to bear children has enabled the rapid growth of the "ART industry in India" [Sama team, 2007, p. 21851. However, the accessibility and availability of medical procedures produce significant inequalities. India's public health system does not offer enough therapeutic and counselling services for infertility, and government initiatives do not include basic diagnostic tools. As a result, the majority of treatments happen in the private sector, where quality and cost may differ significantly. Most Indian couples, who are from lower socioeconomic groups, lack access to ART facilities because they cannot pay the high costs of private treatments. There is no limit on how much money wealthy couples can spend trying to conceive a child. This has made it easier for couples from other nations to access infertility services from India's private healthcare industry.

(Source :<https://www.cairn.info/revue-autrepart-2014-2-page185.htm#:~:text=In%20the%20case%20of%20India,as%20a%20human%20rights%20violati on.>)

5.1.4. Surrogacy Regulation Act, 2021

Surrogacy Regulation Act 2021 was signed by the President of India on 25 December 2021 and Surrogacy Regulation Act 2021 came into effect on 25 January 2022.

- According to the Surrogacy (Regulation) Act 2021, divorced or widowed women aged between 35 to 45 years old, or a man and woman identified as legally married, can use a surrogate if a medical condition makes it necessary.
- Regulated the surrogacy process in India as a whole.
- In order to stop the proliferation of unregulated and unethical surrogacy clinics, it was necessary to register surrogacy clinics.

(Source:-<https://bnblegal.com/article/benefits-and-exploitation-of-surrogacy-surrogacy-laws-in-india/>)

5.1.5. Statement of the Problem

To seek the answers of the questions it was decided to undertake “**Knowledge and Perception of Selected Citizens of Vadodara City Regarding Surrogacy**”

5.1.6. Objectives of the Study

5.1.6.1 To Prepare the Profile of the selected couples of Vadodara City.

5.1.6.2. To assess the Knowledge of the selected couples of Vadodara City regarding Surrogacy.

5.1.6.3. To assess the Knowledge of the selected couples of Vadodara City regarding Surrogacy with respect to following Variables:

- a. Couples' Age Group
- b. Years of Marriage
- c. Desire to have children
- d. Family Monthly Income
- e. Religion
- f. Family Type
- g. Family Ideology

5.1.6.4. To Study the differences in the Knowledge level of the selected couples of Vadodara City regarding Surrogacy with respect to the selected Variables.

5.1.6.5. To Study the Perceptions of the selected couples of Vadodara City regarding Surrogacy.

1.5.6.6.To Study the Perceptions of the selected couples of Vadodara City regarding Surrogacy with respect to the selected Variables.

1.5.6.7.To Study the differences in the Perceptions of the selected couples of Vadodara City regarding Surrogacy with respect to the selected Variables.

1.5.6.8.To identify the Expected Challenges from the selected couples of Vadodara City regarding Surrogacy.

1.5.6.9.To identify the Expected Challenges from the selected couples of Vadodara City regarding Surrogacy.

1.5.6.10.To seek the Suggestion of the selected couples of Vadodara City regarding Surrogacy.

5.1.6 Null Hypothesis

5.1.7. There will be no significant differences in the Knowledge Level of the selected couples of Vadodara City regarding Surrogacy with respect to following variables:

- a. Couples' Age Group
- b. Years of Marriage
- c. Desire to have children
- d. Family Monthly Income
- e. Religion
- f. Family Type
- g. Family Ideology

5.1.8. There will be no significant differences in the Perceptions of the selected couples of Vadodara City regarding Surrogacy with respect to selected variables.

5.1.8. Assumptions of the Study

1.23.2. Selected Couples of Vadodara City will possess Knowledge regarding Surrogacy.

1.23.3. Knowledge with respect to Surrogacy will vary according to selected Variables.

1.23.4 Selected Couples of Vadodara City will have Perceptions regarding Surrogacy.

1.23.5. The Perceptions regarding Surrogacy will vary according to selected Variables.

5.1.9. Delimitations of the Study

1.24.2. The Study will be delimited to the Selected Couples of Vadodara City.

1.24.3 The Present Research will be delimited to study the Knowledge and Perceptions regarding Surrogacy.

1.24.4 The study will be delimited to study the Knowledge and Perceptions of the Selected Couples of Vadodara City related to Surrogacy with respect to selected Variables.

5.2 Methodology of the Study

5.2.1. Population of the study

The population of the present study comprised of the married couples from Vadodara City, Gujarat.

5.2.2. Sample of the study

The sample of the present study comprised of the total of 100 married couples with minimum 3 years of marriage and who do not have any off-springs, residing in Vadodara City.

5.2.3. Description of the Research Tool

Table 46 Description of the research tool

<i>Sections</i>	<i>Content</i>	<i>Total No. of Items</i>	<i>Tools</i>	<i>Response System</i>
3.	Part A – Profile of the Respondents (Couples' Age Group, Total years of marriage, Educational Qualification, Occupational Status, Type of Family, Religion, Decision Maker, Family Monthly Income)	8	Checklist and open Ended	Selecting an option from a given list that best applies to the respondent and write the correct answer wherever the place is given.
	Part B - Checklist to measure the Respondent's family ideology	10	Checklist	Selecting an Option from a given list which best applies to the respondents.
	Part C - Checklist to measure the Respondent's Desire of having Children	10	Checklist	Three Point Rating Scale.
	Part D - Source of Information Related to Surrogacy	15	Checklist	Selecting an option from a given list that best applies to the respondents

2.	Knowledge regarding Surrogacy	35	Checklist, Multiple Choice Questions and True or False	Selecting an option from the given list which best applies to the respondents. One Correct Answer.
3.	Perceptions towards Surrogacy	60	Interval Scale	3 Point rating scale.
4.	Expected Challenges related to Surrogacy	52	Interval Scale	3 Point rating scale.
5.	Suggestions for Surrogacy	22	Interval Scale	3 Point rating scale.

5.2.4. Validation of the Research Tool

The tool was given to two teaching faculties (experts) from Department of Extension and Communication, Faculty of Family and Community Sciences, Vadodara. The tool was given to judges for judging the content validity, relevance, logical sequence, language used and appropriateness of the response system. Minor changes were made in the tool as per the suggestions and comments received from the expert.

5.2.5. Reliability of the Research Tool

The test-retest method was used for measuring the reliability of the sections related to Perception, Expected Challenges and Suggestions related to Surrogacy of the questionnaire. The tool was given to Ten Married Couples of Vadodara City. To measure the reliability of the tool, the same tool was given again to those same Ten Married Couples of Vadodara City after a gap of Ten days. The first test was conducted on 1st of November 2022 to 3rd of November 2022 and the retest from 11th of November to 13th of November 2022.

The formula used to find out the coefficient of correlation was Karl Pearson's formula.

$$r = \frac{\sum XY}{\sqrt{\sum x^2} \sqrt{\sum y^2}}$$

Where,

X= Responses of the respondents to whom the questionnaire was administered for the first time.

Y= Responses of the respondents to the questionnaire was re-administered.

The reliability score was found to be 0.84.

5.2.6. Collection of the Data

To study the knowledge and perceptions of selected Married Couples of Vadodara City regarding Surrogacy, the data were collected from 83 Married Couples of Vadodara City by the investigator from 1st week of December 2022 till 8 January 2023.

- The questionnaire were distributed to the couples of Vadodara City.
- Contact number of the couples were taken so as to collect back the questionnaire.

5.2.7. Scoring and Categorization of the Data

5.2.7.1. Scoring and Categorization of Independent Variables

Table 47 Categorization of Independent Variables

<i>Variables</i>	<i>Basis</i>	<i>Categories</i>
Couples' Age Group	25-30 years	Young Couples
	31-35 years	Couples in early thirties
	36-40 years	Couples in late thirties
Years of Marriage	Between 3-5 years	Few years of Marriage
	More than 5 years	More years of Marriage
Desire of having children	Above Mean	More Desire
	Mean and Below Mean	Less Desire
Socio-Economic Status	Less than 30,000	Lower Income Group
	30,000-60,000	Middle Income Group
	60,000+	Higher Income Group
Religion	Dropped as a Variable after data collection	
Family Type	-	Nuclear
	-	Joint
	-	Extended
Family Ideology	Above mean	Liberal
	Mean and Below Mean	Conservative

Table 48 The Possible Scores for the Checklist Prepared to Measure Desire of Having Children.

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Checklist	30	10
Total	30	10

Table 49 Scoring Pattern according to the nature of Statements in the tool made for Checking Respondent's Family Ideology

<i>Areas</i>	<i>Response System</i>	<i>Score</i>
Measure Respondent's Family Ideology	Strongly Agree	3
	Agree	2
	Neutral	1

5.2.7.2. Categorization of Other Background Information

Table 50 Categorization of Other Background Information

<i>Other Background Information</i>	<i>Basis</i>	<i>Categories</i>
Education Qualification (Husband/ Wife)	Up to Graduate	Educated
	Post Graduate and Above	Highly Educated
Occupational Status (Husband/ Wife)	Full Time Job, Self-Employed, Entrepreneur, Freelancer, Part-Time Job	Employed
	Retired, Homemaker	Unemployed
Source of Information	-	Less Source of Information
	-	More Source of Information
Decision Maker	-	-

5.2.7.3. Scoring and Categorization of Dependent Variables

Table 51 The Possible Scores of each part of the Knowledge Test

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Multiple Choice Statement	18	0
True or False	17	0
Total	30	0

Table 52 Categorization of Scores in Knowledge Test

<i>Variables</i>	<i>Basis</i>	<i>Categories</i>
Knowledge Regarding Surrogacy	Above Mean	High Knowledge regarding Surrogacy
	Mean and Below Mean	Low Knowledge regarding Surrogacy

Table 53 Scoring Pattern according to the nature of Statements for the Perception Scale towards Surrogacy

<i>Statements</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>
Positive Statement	3	2	1
Negative Statement	1	2	3

Table 54 Categorization of Score in Perceptions Scale

<i>Variables</i>	<i>Basis</i>	<i>Categories</i>
Perception Regarding Surrogacy	Above Mean	Favourable Perception
	Mean and Below Mean	Unfavourable Perception

5.2.7.4. Scoring and categorization for statements related to Expected Challenges with reference to Surrogacy

Table 55 Scoring Pattern according to the nature of Statements for the Expected Challenges related to Surrogacy.

<i>Areas</i>	<i>Response System</i>	<i>Score</i>
Expected Challenges related to Surrogacy	Great Extent	3
	Some Extent	2
	Less Extent	1

Table 56 The Possible Scores of Each aspect of the Expected Challenges

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Challenges related to Self	51	17
Challenges related to Family	57	19
Challenges related to the Process of Surrogacy	30	10
Miscellaneous Challenge	18	6
Total	156	52

Table 57 The range of intensity indices scores for Expected Challenges related to Self.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.12-2.39	Great Extent
1.84-2.11	Some Extent
1.55-1.83	Less Extent

Table 58 The range of intensity indices scores for Expected Challenges related to Family.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.22-2.38	Great Extent
2.05-2.21	Some Extent
1.88-2.04	Less Extent

Table 59 The range of intensity indices score for Expected Challenges related to Process.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.20-2.35	Great Extent
2.04-2.19	Some Extent
1.88-2.03	Less Extent

Table 60 The range of intensity indices score for Expected Challenges related to Miscellaneous.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.27-2.43	Great Extent
2.10-2.26	Some Extent
1.93-2.09	Less Extent

5.2.7.5. Scoring and categorization for statements of Suggestion related to Surrogacy

Table 61 Scoring Pattern according to the nature of Statement Regarding the Suggestions related to Surrogacy.

<i>Area</i>	<i>Response System</i>	<i>Score</i>
Suggestions related to Surrogacy	Great Extent	3
	Some Extent	2
	Less Extent	1

Table 62The Possible Scores of Each Aspects of the Suggestions Scales

<i>Type of Statement</i>	<i>Maximum</i>	<i>Minimum</i>
Suggestions for Medical Profession	21	7
Suggestions for Media	18	6
Suggestions for Government	27	9
Total	66	22

Table 63The range of intensity indices score for Suggestions related to Medical.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.47-2.60	Great Extent
2.33-2.46	Some Extent
2.19-2.32	Less Extent

Table 64The range of intensity indices score for Suggestions related to Media.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.54-2.65	Great Extent
2.42-2.53	Some Extent
2.30-2.41	Less Extent

Table 65The range of intensity indices score for Suggestions related to Government.

<i>Range of Intensity Indices</i>	<i>Description</i>
2.64-2.71	Great Extent
2.56-2.63	Some Extent
2.48-2.55	Less Extent

5.2.8. Plan for Statistical Analysis of the Data

Table 66 Different Statistical Measure used for the Analysis of the Data

<i>Sr. No</i>	<i>Purpose</i>	<i>Statistical Measurement</i>
1.	Background Information of the Selected Couples of Vadodara City regarding Surrogacy.	Percentage
2.	Other background information of the Selected Couples of Vadodara City regarding Surrogacy.	Percentage
3.	Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.	Percentage
4.	Variables wise Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.	Percentage
5.	Variable wise Differences in the Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy.	Mann-Whitney U and Kruskal Wallis Test
6.	Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.	Percentage
7.	Variables wise Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.	Percentage
8.	Variable wise Differences in the Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy.	T-Test and ANOVA
9.	Expected Challenges of the Selected Couples of Vadodara City Regarding Surrogacy.	Intensity indices
10.	Suggestions of the Selected Couples of Vadodara City Regarding Surrogacy.	Intensity indices

5.3. Major Findings of the Study

5.3.1. Profile of the Selected Couples of Vadodara City

- Nearly one third of the respondents i.e. 38.6% were young couples (25-30 years), followed by almost thirty seven of the respondents i.e. 37.3% were couples in late thirties and 24.1% were couples in early thirties.
- Almost fifty seven percentage (57.8%) of the respondents were married between 3-5 years, whereas, forty two (42.2%) percentage of the respondents were married from more than 5 years.
- Almost majority of the respondents i.e. 59% were from nuclear family, whereas, 41% of the respondents were from joint family.
- Almost forty two percent i.e. 42.2%. fall under the category of middle income group, whereas 36.1% and 21.7% fall under the category of high and low income group respectively.
- Majority of the couples i.e. 65.1% belonged to liberal type of family, whereas remaining approximately thirty five i.e. 34.9% belonged to conservative type of family.
- Almost half of the respondents i.e. 51.8% had more desire to have children whereas forty eight percent of the respondents i.e. 48.2% had less desire to have children.
- Majority of the couples gained information about surrogacy from movies, TV and while discussions with a friend.

5.3.2. Other Background Information of selected couples of Vadodara City

- Majority of the wives i.e. 66.3% and 63.9% of the husbands, have studied up to a post-graduate degree.
- Majority of the husbands i.e. 62.7% and little less than half i.e. 44.6% of the wives were doing full time job.
- High majority of the respondents 98.8% were Hindus, whereas very few i.e. 1.2% of the respondents were Christians.
- Majority i.e. 77 % of both husband and wife were the decision maker of the family.

5.3.3. Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy

- Almost half of the respondents i.e. 50.6% had higher knowledge.
- Majority (60%) of the couples who were in their early thirties had higher level of knowledge regarding surrogacy.
- Almost half of the respondents who were in the category of 3-5 years of marriage, had lower level of knowledge i.e. 52.1%.
- Little more than half i.e. 55.1% of the couples who were from nuclear families had higher level of knowledge of surrogacy. However fifty eight percentage i.e. 58.8% of the couples who were from joint families had lower level of knowledge.
- The 61.1% of the selected couples who were falling in the category of lower income had higher level of knowledge.
- Little more than half i.e. 55.2% of the couples who were from Conservative family, had lower level of knowledge.
- Almost fifty six percentage (55.8%) of the couples who had more desire to have children had lower level of knowledge, at the same time 55.0% of couples with less desire of having children had higher level of knowledge regarding surrogacy.

5.3.4. Differences in the Knowledge of the Selected Couples of Vadodara City Regarding Surrogacy

- The knowledge level of the selected couples of Vadodara City did not differ significantly according to the selected variables namely Years of marriage, Type of family, Family ideology and Desire to have children, couples age group and their total monthly family income.

5.3.5. Perception of the selected couples of Vadodara City regarding Surrogacy

- Little more than half i.e. 56.6% of the respondents had unfavorable perceptions.
- High majority (70%) of the couples who were in their early thirties had favorable perceptions regarding surrogacy, whereas majority of the couples i.e. 65.6% and 64.5% who were in the category of young and couples in late thirties had unfavorable perceptions towards surrogacy.
- Almost sixty percentage i.e. 58.3% of the couples who were married for 3-5 years had unfavorable perceptions.

- Almost majority i.e. 59.2% of the couples who were from nuclear families had unfavorable perceptions.
- The couples who were in the category of lower income had unfavorable perceptions (55.6%), whereas, couples who were falling in the category of middle and higher income had unfavorable perceptions i.e. 62.9% and 50.0% respectively.
- Majority i.e. 75.9% of the couples who were falling in the category of conservative family had unfavorable perceptions.
- Almost sixty percentage i.e. 58.1% of the couples who had more desire of the children had unfavorable perception.

5.3.6. Differences in the Perceptions of the Selected Couples of Vadodara City regarding Surrogacy

- The perceptions of the selected couples of Vadodara City towards surrogacy did differ significantly with respect to variables namely Family Ideology and Couples age group.

5.3.7. Expected Challenges Related to Surrogacy

- Majority of the couples i.e. 63.9 % had expected some challenges.
- The intensity indices of the selected couples regarding the expected challenges related to self, which ranged from the highest 2.37 to the lowest 1.55.
 - Lack of proper information about surrogacy (2.37),
 - Fear of unsuccessful surrogacy process (2.35),
 - To trust a surrogate mother for the child may be a challenge (2.27),
 - Religion may not supporting Surrogacy (2.17),
 - Couples shy away from revealing the child as one obtained from Surrogacy (2.12).
- The intensity indices of the selected couples regarding the expected challenges related to Family, which ranged from the highest 2.38 to the lowest 1.88.
 - Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy (2.37),
 - Caste system still engraved in the minds of people in India may evoke challenge for Surrogacy (2.34),
 - Surrogacy may be emotionally challenging for family members (2.30),

- Family members may not trust the process of Surrogacy (2.29),
- Opting for surrogacy may cause problems in the family (2.28),
- Family members may consider Surrogacy as a taboo (2.23),
- If a couple opts for surrogacy may face rejection from the family (2.23),
- Family may be prejudiced against the practice of Surrogacy (2.23),
- Family members may not accept a child born through Surrogacy (2.22).
- The intensity indices of the selected couples regarding the expected challenges related to Process, which ranged from the highest 2.35 to the lowest 1.88.
 - Process of Surrogacy can be emotionally challenging (2.33),
 - Surrogacy involves tedious legal process (2.22),
 - Surrogate mother may withdraw her contract of delivering the newborn to the intended couples (2.20).
- The intensity indices of the selected couples regarding the expected challenges related to Miscellaneous, which ranged from the highest 2.43 to the lowest 1.93.
 - Strange Laws / Regulation related to Surrogacy (2.24),
 - It is a challenge for the intended parents to seek the official documents like passport visa, identity card for the child born out of surrogacy (2.34),
 - Procedure for registering for surrogacy is complicated and time consuming (2.31),
 - Surrogacy is financially draining process (2.31).

5.3.8. Suggestions Related to Surrogacy

- Majority of the couples i.e. 73.5% had more suggestions regarding surrogacy.
- The intensity indices of the selected couples for the suggestions regarding Medical, ranged from the highest 2.60 to the lowest 2.19.
 - Doctor's associations, clubs can promote Surrogacy through awareness camps, with the help of famous personalities, through media (2.58),
 - Organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy (2.57),
 - Doctors can foster positive attitude regarding surrogacy amongst couples (2.57),

- All clinics, IVF centers, hospitals, should give wider publicity regarding surrogacy (2.54),
- The medical process should be explained properly, so the common public can understand (2.54),
- Free distribution of literature on Surrogacy on medical store (2.52).
- The intensity indices of the selected couples for the suggestions regarding Media, which ranged from the highest 2.65 to the lowest 2.30.
 - Films / Public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made (2.63),
 - Proactive media's contribution in promotion of surrogacy can help in rise of surrogacy (2.57),
 - Media should publish success stories on surrogacy in regular interval (2.54).
- The intensity indices of the selected couples for the suggestions regarding Government, which ranged from the highest 2.71 to the lowest 2.48.
 - Legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangement (2.69),
 - The law is proposed, the draft should be discussed keeping in mind the moral, social aspects by legal, medical, social personnel (2.66),
 - Speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field (2.65).

5.4 CONCLUSION

The present study focused on the knowledge and perceptions of selected couples in Vadodara City regarding surrogacy. It was found that a majority of respondents had a higher level of knowledge but also had unfavorable perceptions towards surrogacy. The distribution of respondents in Vadodara City can be linked to the mixed population's general awareness towards essential knowledge of numerous topics. Vadodara City has a significant number of educated professionals, which may be attributed to the city's number of public and private universities, first-rate infrastructure, and modern medical facilities. This might have contributed to the significantly greater level of surrogacy knowledge among little more than half of the selected Vadodara citizens. The findings also revealed that the majority (60%) of the couples who were in their early thirties had higher level of knowledge regarding surrogacy. The probable reason behind this finding is that early-thirties couples were perhaps more informed, knowledgeable, and adaptable. They may have considered other ways to conceive their own child and explored surrogacy as one of those possibilities. Almost half of the respondents, who were in the category of 3-5 years of marriage, had lower level of knowledge. The probable reason for such findings may be that in Indian family set up the parents and other elders of the family expect as well as, demand to produce children in initial years of marriage. As the number of years pass, this family's pressure starts increasing on the married couple, which leads them to seek medical support for the child birth if they are unable to produce naturally. Knowledge level of the selected couples of Vadodara City did not differ significantly according to the selected variables namely Years of marriage, Type of family, Family ideology and Desire to have children. This might be due to the exposure level to surrogacy among the couples.

Probable reason for this might be that a lack of exposure in terms of detailed information about surrogacy. Couples who do not desire children and those who want to have children have similar levels of knowledge regarding surrogacy. The reason may be similar to the previously mentioned variables in that the couples are exposed to and aware of widely available information on various media sources. Often, the government and other agencies have promoted surrogacy through common media sources, which have reached all kinds of target groups, including those who desire children and those who don't.

Little more than half i.e. 56.6% of the respondents had unfavorable perceptions, whereas, little less than half i.e. 43.4% of the respondents had favorable perceptions towards Surrogacy.

The probable reason for the unfavorable perceptions of the respondents might be that in India, the practice of surrogacy is stigmatized, especially for the surrogates. Surrogacy is prohibited by Catholicism and Islam, however it is permitted by Hinduism, which is the dominant religion in India. Buddhism also approves of surrogacy [Benshushan, Schenker, 1997]. Some feminists do draw comparisons between prostitution and surrogacy, arguing that while prostitutes sell sexual capacity, surrogates sell reproductive capacity. The use of surrogates is compared to both baby trading and abandonment. High majority (70%) of the couples who were in their early thirties had favorable perceptions regarding surrogacy. Almost sixty percentage i.e. 58.1% of the couples who had more desire of the children had unfavorable perception. The significant differences were found related to knowledge regarding surrogacy amongst selected of Vadodara city with respect to family ideology. The probable reason for such findings could be that as a collectivistic society, Indians often emphasize loyalty and interdependence. The interests of the family usually take priority over those of the individual, and decisions affecting one's personal life – such as marriage and career paths – are generally made in consultation with one's family. Couples of 36-40 years of age were having unfavorable perceptions regarding surrogacy. It could be because of the reason that they may have misconceptions regarding surrogacy, or they probably have conservative attitude. Similarly the couples who were from younger age group i.e. (25-30 years) also had lower mean scores in comparison to the couples from (31-35 Years). The findings mentioned above indicate that couples lack adequate information about surrogacy. This may be because they are not exposed to correct and valid information. Another finding suggests that couples who have a fear of an unsuccessful surrogacy process might find it challenging as they lack confidence or have not found any success stories regarding surrogacy, which may decrease their trust in surrogacy.

The findings related to expected challenges regarding surrogacy revealed that couples are uninformed about surrogacy and may be afraid of the procedure and its outcome. Intentional parents may find it difficult to trust the surrogate because surrogacy is an emotional process that requires a link between the surrogate mother and the child. Due

to societal prejudices and the fact that some religions do not favour surrogacy, some couples may also be reluctant to admit that their child was conceived through surrogacy. Yet, couples who are unable to conceive owing to a hectic schedule or other factors may want to consider surrogacy. Children born through surrogacy could have difficulties like discrimination at school, but with the right justification and honesty, they can grow into their own people. The fact that intended parents have not gone through the nine-month pregnancy period or witnessed the divine communion between mother and child may make it difficult for them to build a pure type of love with the child.

The findings related to suggestions regarding surrogacy demonstrate that more education and awareness about surrogacy is required. It is advised that doctors and the media should promote surrogacy through awareness campaigns, success stories, and movies and television series since people are interested in learning more about the medical procedure of surrogacy. Programmes for legal literacy should be set up to improve comprehension of surrogacy laws and rules. In order to reach a wider audience, surrogacy should be promoted by well-known figures and with facts written in simple, easy to understood language. To alter people's attitudes towards surrogacy, there should be strict laws and regulations.

Additionally, if the government declares a "Surrogacy Day" on a specific date, it could increase knowledge and favorable perceptions towards surrogacy. Such efforts may gradually change the orthodox mindset and help people to accept surrogacy as a medical advancement.

Overall, the results indicate that there is a potential for surrogacy to become more accepted and widely practiced in India, but that demands wider publicity & awareness which may lead to its acceptance.

The human communication theories lay emphasis upon the fact that higher the knowledge (beliefs, attitudes & value system) more the attention, and thus more the comprehension of the subject. Thus to have the acceptance of this medical boon, the good sound knowledge about surrogacy is mandatory.

5.5 Future Recommendations

1. A Qualitative Study on Experience of Parents of Children born through Surrogacy can be conducted.
2. State wise Comparative Study on the Children born through Surrogacy can be conducted.
3. Comparative study on knowledge related to Surrogacy of Medical Doctors and General Public of Vadodara City.
4. Comparative study on knowledge related to Surrogacy of Medical Doctors and University Teachers of Vadodara City.

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Appendix-1
Tool Validation Letter

DEPARTMENT OF EXTENSION AND COMMUNICATION
FACULTY OF FAMILY AND COMMUNITY SCIENCES
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA, VADODARA

To,

Date:

Subject: Covering letter for Tool Validation

Respected Sir/Madam,

I, **Ms. Shiri Shah**, Masters student of the Department of Extension and Communication, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara.

I am working on a research study entitled, "**Knowledge and Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy**". For that I have prepared questionnaire to study "Knowledge and Perceptions" of selected couples of Vadodara City from different religion in relation to Surrogacy.

In this regard, I have attached a questionnaire which contains questions regarding Knowledge and Perceptions on Surrogacy. You are selected as one of the experts to validate the tool as you have had the valuable experiences of working in this field. I request you to validate the tool of my research in terms of its content validity, response system to make my study valuable.

I wish to convey my thanks in anticipation for contributing your valuable suggestions and your valuable time to help me to make an authentic tool.

Thanking You,

Your Faithfully
Shiri Shah
(Sr.M.S.c) 2023

Guide
Prof. Anjali Pahad
Faculty of Family and Community Sciences
M.S. University, Baroda, Vadodara.

Appendix-2
Consent Letter

DEPARTMENT OF EXTENSION AND COMMUNICATION
FACULTY OF FAMILY AND COMMUNITY SCIENCES
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA, VADODARA

To,

Date:

Subject: Covering letter

Dear Respondent,

I, **Ms. Shiri Shah**, Masters student of the Department of Extension and Communication, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara.

I am working on a research study entitled, "**Knowledge and Perceptions of the Selected Couples of Vadodara City Regarding Surrogacy**".

I like to request you to give responses as asked. These details will be kept confidential. And all your responses will be used for my research purpose only.

I wish to convey my thanks in anticipation for contributing your valuable time for filling the questionnaire.

Thanking You,

Your Faithfully
Shiri Shah
(Sr.M.S.c) 2023

Guide
Prof. Anjali Pahad
Faculty of Family and Community Sciences
M.S. University, Baroda, Vadodara.

Appendix-3

Research Tool

Section – 1

A. Profile of the Respondents

Direction – Please read carefully and give the following information by tickmarking ☒ or writing wherever necessary in the space provided.

1. Age of wife - _____

Age of husband - _____

2. Total years of marriage - _____

3.Education Qualification	Wife	Husband
10th Pass	1	
12th Pass	2	
Under Graduate	3	
Post Graduate Diploma	4	
Post Graduate Degree	5	
Any Other	6	

4. Occupation	Wife	Husband
Full-time job	1	
Self-employed	2	
Entrepreneur	3	
Freelancer	4	
Part-time job	5	
Retired	6	
Homemaker	7	
Any other (please specify)	8	

5. Type of Family: -

- Nuclear: 1
- Joint: 2
- Extended: 3

6. Religion: -

- Hindu: 1
- Muslim: 2
- Christian: 3
- Others: 4

7. Decision Maker: -

- Wife (1)
- Husband (2)
- Others (3)
- Both Husband and Wife (4)

8. Total Monthly Family Income - _____

B. Checklist to measure the Respondent's Family ideology.

Direction – Please read the following questions carefully and tick mark the appropriate option in the givenspace.

(In this question scoring pattern is for Positive Statements 3, 2 and 1 and for Negative Statements 1, 2, 3,)

(In this question the scoring pattern is 3, 2, 1, 2, 3)

Here, SA represents **Strongly Agree**

A represents **Agree**

N represents **Neutral**

Sr. No	STATEMENTS	SA	A	N
1. (P)	Autonomous <i>(Condition of self-Government)</i>	3	2	1
(N)	Non-autonomous <i>(not having the rightor power of self-government)</i>	1	2	3
2. (P)	Liberation <i>(freedom from limitson thought or behavior)</i>	3	2	1
(N)	Confinement <i>(captivated)</i>	1	2	3
3. (P)	Unconventional thinking <i>(looking at the world through an inquisitive,investigative lens)</i>	3	2	1
(N)	Conventional thinking <i>(the usual way of thinking and doingthings)</i>	1	2	3
4. (P)	Unorthodox <i>(contrary to what isusual, traditional)</i>	3	2	1
(N)	Orthodox <i>(following or conforming to the traditional or generally acceptedrules or beliefs of areligion)</i>	1	2	3
5. (P)	Revolutionary thinking <i>(brings about a big orimportant change)</i>	3	2	1
(N)	Non- revolutionarythinking	1	2	3

6. (P)	Creation/ Creator	3	2	1
(N)	Follower	1	2	3
7. (P)	Don't believe in customs	3	2	1
(N)	Adhere to customs	1	2	3
8. (P)	Believe in Concept of Change	3	2	1
(N)	Believe in Concept of Permanence	1	2	3
9. (P)	Early adopters	3	2	1
(N)	Laggards <i>(makes slow progress)</i>	1	2	3
10. (P)	Radical <i>(a person who advocates thorough or complete political or social change)</i>	3	2	1
(N)	Traditional	1	2	3

C. Desire to have Children

Direction – Below mentioned is the list of activities. Please read the following items carefully and tick mark ☒ the appropriate in the given space.

(In this question scoring pattern is 3, 2 and 1)

Here, GE represents Great Extent

SE represents Some Extent

LE represents Low Extent

Sr. No	Statements	GE	SE	LE
1.	We have recurring thoughts of having a child.	3	2	1
2.	We talk to other people about the idea of having a baby.	3	2	1
3	We want to have children as soon as possible.	3	2	1
4.	When we see babies or young children, it makes us want to have one too.	3	2	1
5	If we had a child now, we would be happier.	3	2	1

6.	We believe having a child makes one family more complete.	3	2	1
7.	We enjoy spending time with young children/ babies.	3	2	1
8.	Looking at other couples having a baby makes us want to have one too.	3	2	1
9.	We have plans in the future which include our own child.	3	2	1
10.	Deeply rooted societal factors wakes an intense desire in us to have children.	3	2	1

Maximum score – 30, Minimum score – 10

D. Source of Information Related to Surrogacy

Direction: - Please read carefully and give the following information by tick marking ☒ in the space provided.

(Note: The respondent can tick mark the multiple options for these questions)

Sr. No	Source	Mark	(Coding)
	I have heard/read about surrogacy through -		
1.	Hoardings/ Billboards	1	1
2.	Pamphlets	1	2
3.	Discussions with family	1	3
4.	Discussions with a friend	1	4
5.	TV	1	5
6.	A movie	1	6

7.	Poster in a public place	1	7
8.	Information provided by a medical professional, clinic, or doctor's office	1	8
9.	Advertisement	1	9
10.	Book	1	10
11.	Seminar or Conference	1	11
12.	Mail	1	12
13.	A family member/ friend/ colleague opted for it	1	13
14.	Facebook	1	14
15.	News coverage	1	15
16.	Conference	1	16
17.	YouTube	1	17
18.	Instagram	1	18
19.	WhatsApp	1	19
20.	Twitter	1	20

Maximum score – 20, Minimum score – 1

SECTION-2

Knowledge Regarding Surrogacy

Instruction: - Following are the statements to check “THE KNOWLEDGE REGARDING SURROGACY”

1. Directions: - Please read the following items carefully and tick mark ☒ the appropriate answer.

1. A surrogate mother is a woman who bears and gives birth to a child for a person or a couple who then adopts or takes legal custody of the child. This can also be called what?

- temporary motherhood
- **Mothering by proxy**
- a big payday birth mothering
- Guardianship

2. The common way a surrogate gets impregnated is when the father's sperm is implanted into the surrogate's womb. This process is known as...?

- A cheap date
- Medical insemination
- **Artificial insemination**
- Medical interference

3. When a woman can't carry a fetus to full term, so the fertilized eggs are implanted in a surrogate mother. This process is also called...

- in vitro fertilization
- **Gestational surrogacy**
- nine months of waiting
- traditional surrogacy

4. The concept of surrogacy is from?

- The 18th Century
- 21st Century
- The 19th Century
- **Before Christ**

5. Surrogate mothers must meet all of the following criteria except for one. What is it?
- Clear criminal background checks
 - Delivered at least one healthy child
 - **A steady job**
 - A partner who is supportive regarding surrogacy
6. Which country is a leader in international surrogacy?
- China
 - Switzerland
 - The United States
 - **India**
7. Surrogate mother:
- **bears and delivers a child for another couple.**
 - is a female who cannot produce children.
 - is a female who provides ovum to another woman.
 - Both a and c
8. Which of the following statements describes a surrogate mother?
- One who has undergone tubectomy after her first child
 - One who is unable to conceive for a second time
 - **One who carries a child in her womb on behalf of someone else**
 - One who is unable to produce milk after the birth of her child
9. Who are the people involved in a surrogacy journey?
- Intended parent(s)
 - Egg donor/ sperm provider
 - IVF clinic professionals
 - **All of the above**
10. When did the Surrogacy (Regulation) Act, 2021 receive the assent of the President of India?
- November 30, 2021
 - December 10, 2021
 - March 17, 2021
 - December 25, 2021
11. Who chooses surrogacy as a way to become parents?
- People who have struggled with infertility

- Prospective single parents
- Anyone who is unable to safely carry a pregnancy to term
- **All of the above**

12. Surrogacy in India is:

- Legal
- Illegal
- **Regulated**
- None of These

13. Identify the correct definition of surrogacy from among the following, as stipulated by the Surrogacy Regulation Act.

“a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth”

“a practice whereby one woman bears and gives birth to a child for an intending couple without the intention of handing over such child to the intending couple after the birth”

“a practice whereby one woman offers a child for an intending couple with the intention of handing over such child to the intending couple after the birth”

- “a practice whereby a person bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending person after the birth”

14. Surrogacy is permitted...

- When an intending couple has a medical indication necessitating gestational surrogacy.
- When it is only for altruistic surrogacy purposes.

- When it is not for commercial purposes and also not for producing children for sale, prostitution or any other form of exploitation.
- **All of these.**

15. Which of the following is a type of surrogacy?

- Modern
- Clinical
- **Traditional**
- Physiological

16. How long is the procedure of surrogacy?

- **1 to 2 years**
- 5 years
- 6 months
- 9 Months

17. Which of the following women is legal mother of a child?

- **A woman who commissions a surrogate where the surrogate uses that woman's egg**
- A woman who commissions a surrogate where the surrogate uses someone else's egg
- A surrogate mother
- All of the above.

18. Which surrogacy is banned in India?

- Traditional
- **Commercial**
- Gestational
- Altruistic

2. Please read carefully and state whether the statement is true or false.

(Note: The respondent will be given 1 point for every correct answer and 0 the incorrect ones.

Sr. No.	STATEMENTS	TRUE/ FALSE
1.	Surrogacy is a way to help infertile couples have a child with their own genetic.	True
2.	A relative/ friend can act as a surrogate for friend/ family member.	True
3.	Surrogacy involves ethical and social issues.	True
4.	Surrogacy is against some religions.	True
5.	Relatives/ Friends are allowed for gamete donation.	True
6.	Intended parents have to meet the surrogate's requirements too	True
7.	Disclosure of surrogacy is considered as an inalienable right of the Child.	False
8.	Surrogacy is allowed in every country.	False
9.	Children born via surrogacy show difference from traditionally conceived children.	False
10.	Children born via surrogacy don't know about their surrogates.	False
11.	Only the commissioning couple are truly parents of the child.	True
12.	Surrogate mother's role is as an antenatal nanny.	False
13.	Surrogacy is allowed only for the wealthy public figures.	False
14.	There is no need to maintain contact with surrogate mother after delivery of the baby.	False
15.	The surrogate can parental custody of the child, if she wants to.	False
16.	Surrogacy is a cheap procedure in India.	False
17.	Surrogacy for gay couple is allowed in India.	False

Section – 3

Perception towards Surrogacy

Instruction: Following are the statements to check “THE PERCEPTIONS TOWARDS SURROGACY”

Direction: - Please read the following statements carefully and tick mark ☒ in the most appropriate Column.

- (In this question scoring pattern is for Positive Statements (P) 3, 2 and 1 and for Negative Statements (N) 1, 2, 3,)

A - Represents “Agree”, N - Represents “Neutral”, D - Represents “Disagree”

Sr. No.	STATEMENTS	A	N	D
1. N	Surrogacy is a cruel human act.			
2. N	In the name of Surrogacy, women make business of selling their womb.			
3. N	A surrogate mother cannot live a healthy life.			
4. N	We prefer to be voluntarily childless rather than to accept surrogacy.			
5. N	Surrogacy could not be followed by ethical and social issues.			
6. P	Surrogacy is a noble act, which helps a childless couple in having their own child.			
7. P	Good publicity for creating awareness about surrogacy is the need of the hour.			
8. N	Surrogacy must be hidden from others in order to prevent society to reject the child.			
9. N	Children born through surrogacy may have further risk of birth defects than others.			
10. N	Children born through surrogacy may have further risk of psychological problems than others.			
11. P	We are willing to opt for surrogacy if required.			

12. N	Surrogate mother's identity must be hidden from the child.			
13. N	Close relationship of the child and surrogate mother may cause insecurity of parental relationship between commissioning parnts and the child.			
14. P	Disclosure of surrogacy to the child is better to be after his/her adolescence stage.			
15. P	Surrogacy should be allowed for infertile heterosexual or homosexual couples.			
16. N	Surrogate mother's intention is to get money rather than to be altruistic.			
17. N	Emotional bonding may cause surrogate mother to avoid relinquishment of the child.			
18. P	There is no need to maintain contact with surrogate mother after delivery.			
19. P	If we know that one of our relative or friends decide to be a surrogate mother, we will support them.			
20. P	In case of use of surrogacy, parents should disclose the truth to their child in future.			
21. P	Becoming a parent through surrogacy is a positive experience.			
22. P	If religious organizations promote surrogacy, people will support it.			
23. P	Family members should support surrogacy if kin is interested in it.			
24. N	The complex procedure of surrogacy is one reason, people do not want to indulge in it.			
25. N	The laws related to surrogacy are difficult to comprehend.			
26. N	A brutal act of commercial trade goes on in the name of surrogacy, so it should be banned completely.			
27. P	Family member's acceptance for surrogacy is important.			
28. P	Surrogacy is an attractive alternative for infertile couples.			

29. P	An infertile couple gets their long-desired biological baby through surrogacy.			
30. P	Women who do not want to take trouble of carrying their own baby,surrogacy is an easy solution.			
31. N	Adoption is a better alternative than surrogacy.			
32. N	Agents involved in the surrogacy process treat the surrogate mothers as commodities.			
33. N	Children born through surrogacy may face issues related to citizenship of country.			
34. P	Surrogacy for same sex couples should be allowed.			
35. N	Children born through surrogacy are at risk of worse mental functioning.			
36. P	Surrogacy is a good alternative for people who have already exhausted other possibilities of having a child with their own genetic characteristics.			
37. P	If I and my partner could not conceive a child on our own, we would consider Surrogacy.			
38. P	Surrogacy in every country should be legalized.			
39. P	Surrogacy allows for genetic connections.			
40. P	Surrogacy creates relationship.			
41. N	Surrogacy is an inferior route to parenthood.			
42. N	Intended parents may feel insecurity in their parent role.			

43. N	The practice of Surrogacy has contentious nature			
44. N	The Surrogacy parents show higher level of emotional overinvolved with their infants.			
45. N	Surrogacy is just like prostitution as both involve payment for the use of female's body.			
46. P	Surrogacy represents slavery whereby a woman exchanges the use of her body for money.			
47. P	Surrogacy is an act of kindness.			
48. P	The option of surrogacy serves for the sustainability of marriage union.			
49. N	It is an extremely difficult decision to opt for Surrogacy.			
50. P	Surrogacy is an empowering process for intended parents.			
51. P	Surrogate maternity is not a natural kind of maternity & hence it harms the identity of individual.			
52. P	Surrogacy process erodes the social values of a society.			
53. P	Surrogacy is a viable alternative to bear their baby.			
54. P	Surrogacy is a boon for childless couples.			
55. N	Surrogacy is considered social stigma.			
56. N	Surrogacy is considered a form of reproductive oppression.			

57. N	Surrogacy trample the female dignity			
58. P	Surrogacy is a philanthropy act.			
59. P	Increasing access to assisted reproductive technologies (ART) has opened new path to obtaining genetically related children.			
60. P	Surrogacy as a method of assisted reproductive should be publicly financed.			

Positive Statement – 32

Negative Statement - 28

Maximum score – 180

Minimum score – 60

Range of the Section is – 60 to 180

SECTION-4

Challenges related to Surrogacy

Instruction: The following section consists of statements related to "**EXPECTED CHALLENGES TO SURROGACY**".

Direction: - Please read the following statements carefully and tick mark ☒ in most appropriate column.

(In this question **scoring pattern** is **3, 2 and 1**)Here

GE: - represents to Great Extent.

SE: - represents to Some Extent.

LE: - represents to Less Extent.

Sr. No	Statement	GE	SE	LE
Part A	Challenges related to Self.			
1.	One may not want to become pregnant because of busy schedule.	3	2	1
2.	Religion may not supporting Surrogacy.	3	2	1
3.	Lack of proper information about surrogacy.	3	2	1
4.	Fear of unsuccessful surrogacy process.	3	2	1
5.	We may not be able to consider the child, ours if born through Surrogacy.	3	2	1
6.	Society may not look upon with respect if one opt for Surrogacy.	3	2	1
7.	Child may be discriminated in school if born through Surrogacy.	3	2	1
8.	Lack of Confidence/ Trust in Surrogacy.	3	2	1
9.	Fear of blame by the child born through surrogacy when he/she will grow.	3	2	1

10.	We may be type-casted as a parents who do not want to take the pain of child birth.	3	2	1
11.	We may not develop love for child born through Surrogacy.	3	2	1
12.	Constant fear of the surrogate mother black mailing the intended parents.	3	2	1
13.	Fear of wasting money, if surrogacy fails.	3	2	1
14.	There is skepticism in society against having children with a surrogate mother, and we do not want our children to become affected.	3	2	1
15.	Fear that the surrogate will not return the child.	3	2	1
16.	Couples shy away from revealing the child as one obtained from Surrogacy.	3	2	1
17.	To trust a surrogate mother for the child may be a challenge.	3	2	1
Part B	Challenges Related to Family.			
1.	Family members may not accept a child born through Surrogacy.	3	2	1
2.	Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy.	3	2	1
3.	Family values/ ethics may not allow opting for Surrogacy.	3	2	1
4.	Challenge in persuading family members for Surrogacy.	3	2	1
5.	Opting for surrogacy may cause problems in the family.	3	2	1
6.	Family may not be ready to accept the concept of Surrogacy.	3	2	1
7.	In the Indian context, the family is considered an important institution probability of weak bond with the child born out of Surrogacy may be challenging.	3	2	1
8.	An average Indian family comprised of members of various age groups, the senior family members may not allow their wards to opt for Surrogacy.	3	2	1
9.	Family members may consider Surrogacy as a taboo.	3	2	1
10.	If a couple opts for surrogacy may face rejection from the family.	3	2	1

11.	The fear of rejection for baby born out of Surrogacy from family members may become hurdle for couple to opt for Surrogacy.	3	2	1
12.	Fear of discontent of the surrogate child from family's ancestral property may become hurdle to opt for Surrogacy.	3	2	1
13.	Family values may become a hurdle for accepting Surrogacy.	3	2	1
14.	Surrogacy may be emotionally challenging for family members.	3	2	1
15.	Family may not be committed for child born out of Surrogacy.	3	2	1
16.	Family members may not extend a social support system to the intended parent.	3	2	1
17.	Family members may not trust the process of Surrogacy.	3	2	1
18.	Caste system still engraved in the minds of people in India may evoke challenge for Surrogacy.	3	2	1
19.	Family may be prejudiced against the practice of Surrogacy.	3	2	1
Part C	Challenges Related to the Process of Surrogacy.			
1.	Process of Surrogacy can be emotionally challenging.	3	2	1
2.	It is a cumbersome process.	3	2	1
3.	Physical complications do surface and risk the fetus.	3	2	1
4.	Emotional challenges may occur amongst Surrogate mothers as they keep the child in the womb for 9 months.	3	2	1
5.	Surrogacy involves tedious legal process.	3	2	1
6.	Surrogacy practice, sacrifice the natural reproductive capacity of human being as a living creature.	3	2	1
7.	The chances of leakage of medical confidentiality are high.	3	2	1
8.	Couples shy away from revealing the child as one obtained from Surrogacy.	3	2	1
9.	The postpartum separation of a surrogating mother from the newborn is challenging situation.	3	2	1

10.	Surrogating mother may withdraw her contract of delivering the newborn to the intended couples.	3	2	1
Part D	Miscellaneous Challenges			
1.	No trust in the doctors/ surrogate.	3	2	1
2.	Procedure for registering for surrogacy is complicated and time consuming.	3	2	1
3.	Surrogacy is a complicated procedure.	3	2	1
4.	Strange Laws / Regulation related to Surrogacy.	3	2	1
5.	Surrogacy is financially draining process.	3	2	1
6.	It is a challenge for the intended parents to seek the official documents like passport visa, identity card for the child born out of surrogacy.	3	2	1

Maximum score – 171

Minimum score – 57

Range of the Section is – 57 to 171

SECTION-5

Suggestions for Surrogacy Instruction: The

following section consists of statements related
"SUGGESTIONS FOR SURROGACY".

Direction: - Please read the following statements carefully and tick mark ☒ in most appropriate Colum.

(In this question **scoring pattern** is **3, 2 and 1**)

Here, GE- represents to Great Extent. **SE-**represents to Some Extent. **LE-** represents to Less Extent.

Sr. No	Statement	GE	SE	LE
Part A	Suggestions for Medical Profession related to Surrogacy.			
1.	All clinics, IVF centers, hospitals, should give wider publicity regarding surrogacy.	3	2	1
2.	Doctor's associations, clubs can promote Surrogacy through awareness camps, with the help of famous personalities, through media.	3	2	1
3.	Free distribution of literature on Surrogacy on medical store.	3	2	1
4.	Organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy.	3	2	1
5.	Doctors can foster positive attitude regarding surrogacy amongst couples.	3	2	1
6.	There should be a limit on the number of embryos that could be transferred during one ET session.	3	2	1
7.	The medical process should be explained properly, so the common public can understand.	3	2	1
Part B	Suggestions for Media related to Surrogacy.			
1.	Proactive media's contribution in promotion of surrogacy can help in rise of surrogacy.	3	2	1

2.	Media can partner with any IVF center or any fertility clinics in supporting surrogacy.	3	2	1
3.	Local electronic channels including radio can promote the Surrogacy through the fillers/jingles, etc.	3	2	1
4.	Media should publish success stories on surrogacy in regular interval.	3	2	1
5.	Films / Public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made.	3	2	1
6.	Society may be sensitized regarding surrogacy through regular information about surrogacy.	3	2	1
Part C	Suggestions for Government related to Surrogacy.			
1.	Every City should have IVF Centers or Clinics counseling cell.	3	2	1
2.	Laws / Regulation regarding Surrogacy should be simplified.	3	2	1
3.	The law is proposed, the draft should be discussed keeping in mind the moral, social aspects by legal, medical, social personnel.	3	2	1
4.	A government regulated proper system needs to be in place regarding the handing over of the baby.	3	2	1
5.	Speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field.	3	2	1
6.	Legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangement.	3	2	1
7.	Adequate information about different forms of assisted reproduction should be provided by government.	3	2	1
8.	To decrease the stigmatization of women, a regular policy should be made in this regard by the government.	3	2	1
9.	Efforts have to be made by the government to have socio legal attitude towards acceptability of commercial surrogate motherhood.	3	2	1

Maximum Score – 72, Minimum Score – 24

Appendix-4
Ethical Committee-Approval Certificate



Institutional Ethics
Committee for Human
Research
(IECHR)

FACULTY OF FAMILY AND COMMUNITY SCIENCES,
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA,
VADODARA

Ethical Compliance Certificate 2022-2023

This is to certify that Ms. Ms. Shiri Shah's study titled, "Knowledge and Perceptions of the selected couples of Vadodara city regarding surrogacy" has been approved by the institutional Ethics Committee for Human Research (IECHR), Faculty of Family & Community Sciences, The maharaja Sayajirao University of Baroda, Vadodara. The study has been allotted the ethical approval number IECHR/FCSc/M.Sc./2022/16

Prof. Shagufa Kapadia
Chairperson ,
IECHR

Prof. Mini Sheth
Member Secretary
IECHR

**Chair Person
IECHR**

Faculty of Family & Community Sciences
The Maharaja Sayajirao University of Baroda

Appendix-5
Plagiarism Report

Final

By: Shiri Shah

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link.springer.com
- 9 75 words / < 1% match - Internet from 27-Sep-2022 12:00AM
revistas.javeriana.edu.co
- 10 70 words / < 1% match - Internet from 30-Sep-2022 12:00AM
core.ac.uk
- 11 60 words / < 1% match - Internet from 24-May-2018 12:00AM
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Appendix – 6
Booklet on Surrogacy



SURROGACY

A Journey of
Intended Parents and Surrogate Mother



Department of Extension and Communication
Faculty of Family and Community Sciences
The Maharaja Sayajirao University of Baroda, Vadodara



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Concept of Surrogacy

The word surrogate is rooted in Latin Subrogare (to substitute), which means appointed to act in the place of. It means a substitute, especially a person deputizing for another in a specific role, so the surrogate mother implies a woman who becomes pregnant and gives birth to a child with the intention of giving away this child to another person or couple, commonly referred to as the intended or commissioning parents.

Surrogacy is an arrangement wherein a woman called a surrogate mother agrees to bear and deliver the child of another couple who becomes parents of the baby after childbirth. Surrogacy helps to grow a family with the help of a third party through assisted reproduction technique called IVF.

According to the Artificial Reproductive Technique (ART) Guidelines Surrogacy refers to a process by which a woman carries a pregnancy for another couple. Traditionally, the sperm from the man wishing a child is used to fertilize the surrogate mothers eggs, and the child is adopted by the biological father and his partner. With the advances in IVF, it is now possible to create an embryo using the sperm and egg of the couple wanting a baby, or the egg of another donor, and implant the embryo into the surrogates womb -ensuring that there is no biological link between the surrogate and the baby.

According to Assisted Reproductive Technology Bill Surrogacy is defined as an agreement in which a woman agrees to a pregnancy resulting from assisted reproductive technology in which neither of the gametes belong to her or her husband, with the intention of carrying the pregnancy to term and handing the child over to the person or people for whom she is acting as a surrogate.



Types of Surrogacy

ON THE BASIS OF NATURE OF FERTILIZATION

1. Natural/Traditional/Partial Surrogacy:

Through artificial insemination, the surrogate mother bears the child to term and delivers it to the couple. The child's biological mother is the surrogate mother.

2. Gestational/Full Surrogacy:

The mother's eggs are fertilised by the father's or donor's sperm in this process, and the resulting embryo is then implanted into the surrogate's uterus. In this instance, the surrogate mother will be the child's birth mother and the biological mother's eggs will be used.

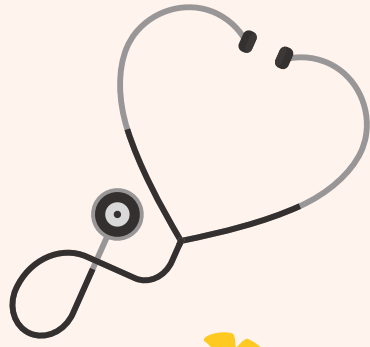
ON THE BASIS OF NATURE OF SURROGACY AGREEMENT

1. Commercial Surrogacy:

In addition to covering the required medical costs, the surrogate mother is paid. This usually occurs when the intended parents' relatives are not the surrogate mother.

2. Altruistic Surrogacy

The surrogate mother receives no financial consideration for her pregnancy or for handing over the baby to the intended parents except for the necessary medical expenses. This usually happens when the surrogate mother is a relative of the intended parents.



Why does one opt for Surrogacy

- ♥ In the absence of uterus
- ♥ Mayer-Rokitansky-Kuster-Hauser syndrome,
- ♥ A history of obstetric hysterectomy,
- ♥ Hysterectomy for gynaecological reasons such as cervical cancer or endometrial cancer are possible causes.
- ♥ Severe structural abnormalities such as a small unicornuate uterus, a uterus with a T shape.
- ♥ Numerous fibroids with failed reproductive treatments are other indicators.
- ♥ Serious medical issues (such as kidney or heart illness) that exclude pregnancy.
- ♥ There are several other factors when a couple might want to opt for surrogacy. For instance, in couples, where the female is too busy building a stable career for herself and she is not able to take the risk of opting for pregnancy, surrogacy can be thought of.

When all other options for self-pregnancy have been exhausted, surrogacy can also be thought of as a last alternative for the treatment of patients who have experienced repeated miscarriages and recurrent implantation failure. Surrogacy may also be required in cases when same-sex couples or single men are biologically incapable of conceiving or giving birth to a child.

Counselling



In-depth counselling of all the parties engaged in surrogacy arrangements is of paramount importance. They must be confident and comfortable with their decisions and have trust in each other. Many issues must be discussed with both the intended parents and the proposed surrogate...

For the INTENDED PARENTS

- ♥ All alternative treatment options
- ♥ The need for in-depth counselling
- ♥ The practical difficulty and cost of treatment
- ♥ The psychological risks of surrogacy
- ♥ Potential psychological risk to the child
- ♥ The chances of having multiple pregnancies if >1 embryo is transferred
- ♥ The possibility that a child being born with any abnormality
- ♥ The importance of obtaining legal advice and legal complexity associated with surrogacy
- ♥ Counselling for option of adoption or life without a child.

For SURROGATE

- ♥ The full implications of undergoing treatment by IVF and surrogacy
- ♥ The possibility of multiple pregnancies
- ♥ Social implication associated with surrogacy practice
- ♥ The medical risks associated with pregnancy
- ♥ Psychological risks associated with surrogacy
- ♥ The possibility of sense of bereavement while giving baby to the genetic parents.



Essentiality Criteria for Both Intended Parents and Surrogate Mother

- ♥ Certificate of proven infertility of one or both members of the intending couple from a District Medical Board
- ♥ An order of parentage and custody of the surrogate child passed by a Magistrates court.
- ♥ Insurance coverage for a period of 16 months covering postpartum delivery complications for the surrogate.

ELIGIBILITY CRITERIA FOR INTENDED PARENTS

- Indian citizens with 5 years of marriage.
- Age between 23-50 for wife, husband 26-55 years.
- With no surviving child.

CERTIFICATE OF ELIGIBILITY IS OBTAINED FOR SURROGATE MOTHER

Surrogate should be a close relative of the intending couple.

Married and having at least one child.

Certificate of mental and psychological fitness required.

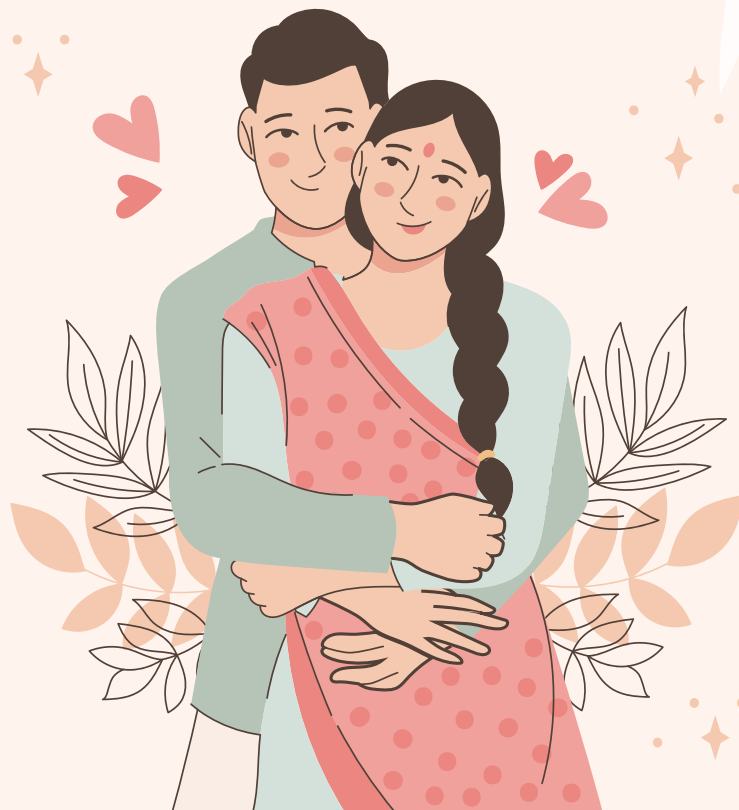
REGISTRATION OF SURROGACY CLINIC

It should be registered NATIONAL SURROGACY BOARD SHALL CONSTITUTE OF THE STATE AND CENTRAL GOVERNMENT:

Board advises central government on policy related matters.

Code of Conduct of surrogacy clinic.

Supervision of state Surrogacy Board.



Offences and Penalties

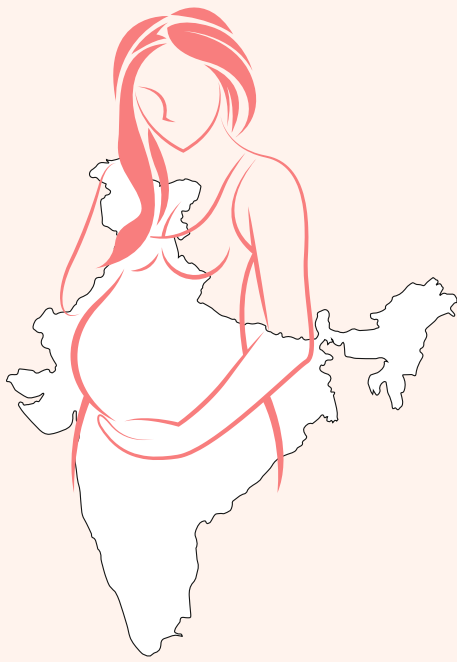
Undertaking or advertising of commercial surrogacy.

Exploitation of surrogate mother.

A surrogate child getting exploited abandoned and discovered.

Certain embryo and gametes getting sold and imported for surrogacy.

The Penalty for Such Offences is Imprisonment upto 10 Years and A Fine up to 10 Lakh Rupees



Indian Surrogacy Bill 2021

Commercial Surrogacy banned

Foreigners cannot use surrogates

Surrogacy is only for infertile couples married for five years

Participants can only approach close relatives for surrogacy

Couples can only use surrogacy once

Homosexuals cannot use surrogates



Legal Requirements

Once a surrogate and intended parent decide to move forward together, they need to make it official by drafting a legal contract. Each party has their own attorney to ensure that their legal interests are represented and protected. Once everyone agrees to the terms of the contract and each lawyer has had a chance to review and approve it, contracts are signed, and medical process can begin.

DOCUMENTS REQUIRED FROM THE SURROGATE

Identity proof in terms of aadhar card, voter Id, school leaving certificate, birth certificate for age verification, marriage certificate, if divorced then divorce certificate, and if widow then death certificate of the spouse is required.

DOCUMENTS REQUIRED FROM THE COUPLE/SINGLE PARENT

Identity and address proof of both couples (aadhar card, voter ID, or passport) and marriage certificate. In case of single parent, only identity and address proof is required.

Benefits and Challenges of Surrogacy

Although each surrogacy journey is as special as the people involved, and the experience means something different to everyone, there are also numerous physical, emotional, financial, and legal problems to consider while considering a surrogacy agreement.

The advantages of surrogacy seem self-evident to hopeful parents: it allows them to realise their goals of becoming parents.

SURROGACY BRINGS FAMILIES TOGETHER : Surrogacy is often the answer to years of unsuccessful attempts to start a family for those who have struggled with infertility, LGBT couples, and those with medical issues that make pregnancy dangerous.

ENABLES GENETIC TIES TO BE MADE: One or both parents may be able to preserve a biological bond.

BETTER TRANSPARENCY: Legally binding contract defining everyone's expectations will be developed and signed prior to the embryo transfer, so everyone understands precisely what to expect during the surrogacy process.

ASSURES PARTICIPATION IN THE PROCESS: Intended parents are frequently allowed to take part in check-ups and key milestones such as embryo transfer and birth.

HIGH SUCCESS RATES: Surrogacy often helps in the delivery of healthy pregnancies.

THERE ARE ALSO SOME NEGATIVES TO CONSIDER FOR HOPEFUL PARENTS: / CHALLENGES:

The possible challenges of third-party reproduction using surrogacy are more psychological than physical. It is advisable to have psychological counselling to handle the process easily.

Surrogacy can be a difficult process: To ensure the process is conducted safely and lawfully, it is critical to engage closely with a trustworthy specialist.

Necessitates relinquishing some power: While intended parents often have more control and engagement some control needs to be sacrificed.

Process Involved In Surrogacy

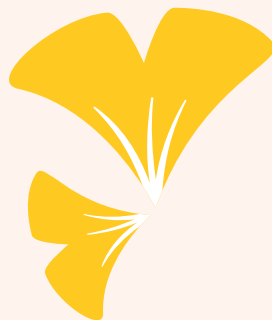
The surrogacy procedure requires a lot of effort and time to complete. It starts with the commissioning couple going for a consultation with the surrogacy clinics and ends up with the birth of the child. The entire process is carried out mostly under the expert guidance of related doctors or medical practitioners. A brief account of what happens during each of this steps-is given below:

1. INITIAL CONSULTATION : Most parents prefer to begin their trip with a consultation, which might take several hours depending on the agency. Here, the complete surrogate selection process, the legal procedure, insurance concerns, financial ramifications, and fundamental medical facts are usually discussed. Prior to the consultation, the intended parents will fill out a simple questionnaire so that the surrogacy agency understands their actual requirement.
2. BECOMING AN INTENDED PARENT OFFICIALLY : A contract, which is legally referred to as an agreement for services, must be executed in order to enrol in a surrogacy programme. Formal contracts serve just to outline the procedure in black and white and to safeguard your parental rights. Surrogacy agency start the treatment as soon as the legal agreements are completed.
3. SCREENING AND SELECTION PROCESS FOR AN EGG DONOR : Egg donors are young, healthy women between the ages of 18 and 35. They have had a thorough social work assessment by a qualified clinician, and a licenced reproductive endocrinologist has validated their medical records. Intended Parents may browse the options to find an

egg donor who meets their needs. After being chosen, the egg donor is subjected to psychiatric examination. In some cases, intended parents choose to bring their own egg donors, who may be friends or relatives.

4. SCREENING AND SELECTION PROCESS FOR A SURROGATE : Prior to being matched with intended parents, surrogates between the ages of 25 and 35 have undertaken a mental health assessment. A typical screening procedure includes a thorough assessment of the applicants physical and mental health as well as financial and criminal background. After the surrogate passes screening, the agency arranges an orientation between the intended parents and the surrogate. Before they meet in person, this should be first done through profiles, followed by phone or internet contact.
5. MEDICAL SCREENING : All participants (existing parents, egg donor, and/or surrogate mother) will go through medical screening before taking part in the IVF procedure as instructed by the endocrinologist who will oversee the procedure.
6. LEGAL AGREEMENTS :The egg donor and surrogate may consult an advocate for the proper insertion of rights and obligations clause relevant to each party to ensure clarity and legal appropriateness. After giving the agreed-upon legal rights and liabilities due consideration, the contracts final draft is created and the embryo transfer process can begin.
7. MEDICAL PROCESS : The clinic will start preparing the surrogate for the embryo transfer as soon as the contract is finalised. If the intending parents opt to use an egg donor, they will select a donor, and the IVF center will synchronise the surrogates cycle with the donors. She will then start her full cycle, which requires taking drugs for roughly six weeks prior to the embryo transfer.

8. EMBRYO TRANSFER : After fertilization, the embryos are transferred to grow in the womb of the surrogate mother.
9. PREGNANCY : The surrogate may be separated from her family during the gestational period once the pregnancy has been confirmed. The clinic handles the surrogates health during her pregnancy and schedules all of her appointments and monthly check-ups. The intended parents are allowed to attend the surrogates prenatal doctors appointments.
10. LEGAL REPRESENTATION : Legal procedures vary from country to country, and a lawyer will explain when and what documents are required to enable you to establish parental rights.
11. BIRTH : Since the mothers first milk is thought to be the most helpful for the infant, the surrogate is permitted to feed the child for three to four days after delivery. The infant is typically cared after by the clinic, and when it is pronounced healthy enough for discharge, it is handed to the intended parents. After being discharged from the hospital, the surrogate rejoins the family.



Fertility Clinics in Vadodara, Gujarat

1. MATRUTVA HOSPITAL

20/21, Padam Park, NovinoTarsali Road, Makarpura,
Vadodara, Gujarat - 390010.

☎ +91 9427324658 / +91 9925937603 / +91 9427324658

2. INDIRA IVF FERTILITY CENTRE

3rd Floor, Shop No 302, Golden Icon Bird Circle, Race Course Rd,
Vadodara, Gujarat - 390020.

☎ +91 7665002474 / +91 7412077808

3. OASIS FERTILITY

Emerald One, 4th Floor, Windward Business Park, Jetalpur Rd,
Vadodara, Gujarat - 390020.

☎ +91 2652421109 / +91 7947248693

4. SAMVED IVF AND WOMENS HOSPITAL

Bhagwati Park Society, A3, Old Padra Rd, Vadodara, Gujarat - 390020.

☎ +91 9909148333 / +91 9909148333

5. BLISS IVF

401, 402 Trivia Complex, 4th Floor, Natubhai Circle, Race Course Rd,
Vadiwadi, Vadodara, Gujarat - 390007.

☎ +91 2652986600

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Thanks...



Conceptualized and Designed by
Shiri Shah



Guided by
Prof. Anjali Pahad

