

Commercial surrogates in India: Victims of Globalisation?

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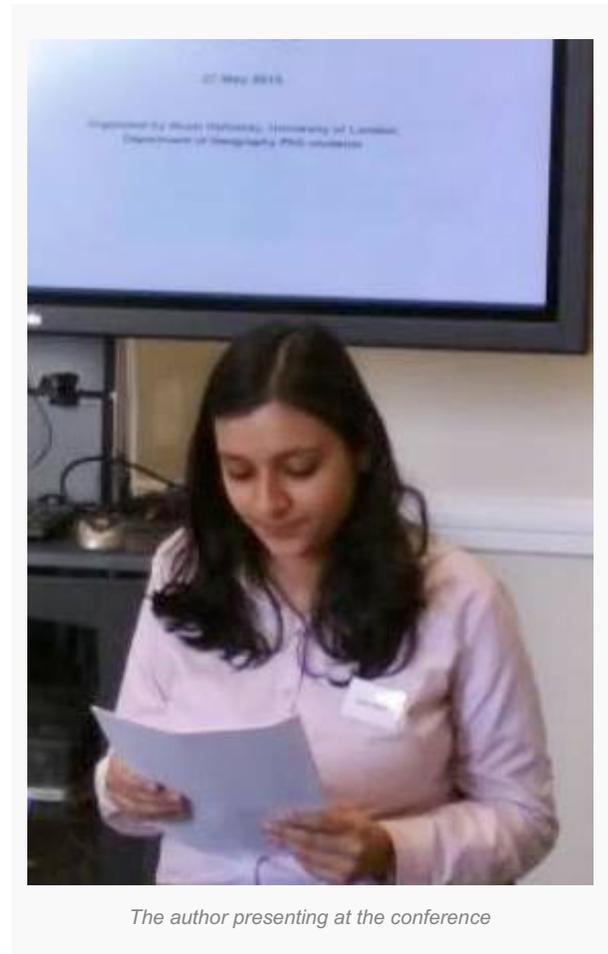
On 27 May 2015 **Ridhi Malik** presented her paper entitled 'India Surrogates: Victims of Globalisation?' at a workshop for early career researchers organised by PhD students from the Royal Holloway Department of Geography. Here she offers an overview of the growing business of surrogacy in India and highlights how 'fertility tourism' is leading to increasing exploitation of the women who offer themselves as surrogates.

Surrogacy in India is becoming a hot topic in Gender and Development circles. The term refers to an arrangement whereby a woman agrees to become pregnant for the purpose of gestating and giving birth to a child for others to raise. According to Priya Shetty, by 2012 more than 25,000 children were thought to be born to surrogates in India and as a result theorists like Sreeja Jaiswal are increasingly referring to India as the 'surrogacy capital of the world'. Although exact figures are not known, commercial surrogacy is most widely practiced in Anand, a city in Gujarat.

My recent paper, based primarily on recent literature and reports, discussed how globalisation impacts the lives of the surrogates, who work for Indian couples as well as those from other countries. The majority are poor and illiterate, and commonly cite compulsion or *majboori* when asked why they agree to carry the babies of others.

Globalisation affects everything in our lives, including the decisions about how to start a family, and reproductive technology is advancing rapidly. The combination of the factors has made it easier for Indian surrogates to get foreign clients, expanding reproductive services beyond national borders. This manifestation of globalisation is not necessarily positive as it often exacerbates social inequalities. On the one hand, the rich can access reproductive services more easily than the poor, giving them greater choice in terms of fertility decisions. The surrogates in turn are generally in need of money and the decision to offer their bodies is therefore strongly motivated by economic factors.

The commercialisation of surrogacy in India is making it increasingly exploitative. Compared to other international destinations (such as California), Anand, Gujarat is a competitive hub because commercial surrogacy is legal and due to the cheap availability of surrogates in India. Lax laws mean that the women are even more vulnerable. Couples of rich countries might see themselves as helping the lives of the surrogates through the business they offer, but although the women benefit financially, they are highly stigmatised by Indian society. The national media invariably portrays them in a negative light and the morality of surrogates is questioned to the extent that their work is equated to prostitution by some and they are often seen as being disloyal to their husbands. Their low social status and need for money leaves them vulnerable to exploitation by brokers and doctors and they are left to work in poor conditions. Commissioning couples are also able to negotiate the price, reducing the remuneration that the surrogate eventually receives.



The author presenting at the conference

The surrogate is valued until she hands the baby to the "customers". As the child is the "object" of trade, little importance is attached to the woman, leading to the denial (for example) of postpartum care. Furthermore, multiple embryo transfers are allowed in India, unlike in Western countries, making the process more exploitative and

potentially more dangerous. Emotions are ignored in the surrogacy process. The surrogates are expected to be free of attachments with the child given there is no genetic link of the surrogate mother with the child, but this ignores the physical and hormonal realities of carrying a child. Language is also a barrier as most contracts of surrogacy are drawn up in English, so the surrogate is often not able to fully understand the terms she is agreeing to.

There is a need for existence of uniform law regarding surrogacy globally but the industry in India in particular is crying out for greater regulation. Fertility clinics should be accredited. An age limit exists for being a surrogate (21-35 years) but there is currently no age limit, and indeed few restrictions, for intending parents. Surrogacy should be provided only for infertile couples or cases where pregnancy would endanger the health of the women. In December 2014, Parliament once again failed to pass [the Assisted Reproductive Technologies \(Regulation\) Bill](#), which would have offered some protections. However, critics agree that even this draft bill does not go nearly far enough and that more comprehensive laws are needed to protect surrogates rights. For example, they should be given access to free legal aid cells and health and life insurance cover should be provided as standard.

For more on surrogacy in India, check back to South Asia @ LSE next Wednesday Marion Koob's review of Amrita Pande's recent ethnography of a fertility clinic in India [Wombs in Labor: Transnational Commercial Surrogacy in India](#).

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Note: This article gives the views of the author, and not the position of the South Asia @ LSE blog, nor of the London School of Economics. Please read our [comments policy](#) before posting.

About the Author

***Ridhi Malik** is currently studying MSc Gender, Development and Globalisation at LSE (2014-15). She completed her undergraduate degree in Philosophy (Hons.) in 2014 from Lady Shri Ram College, New Delhi, India.*

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