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# Embodied Notions of Family and Transnational Commercial Surrogacy in India

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# Embodied Notions of Family and Surrogacy in India



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- Cultural context of FAMILY and SURROGACY in India, especially motherhood (from ancient literature).
- The present day surrogacy situation in India.
- Embodiment and experience of surrogate mothers and intended parents and perceptions of medical practitioners.
- Conclusion

# Cultural context of Surrogacy

**Balarama had a surrogate motherhood**

Vasudev and Devaki: Genetic parents

Rohini: Surrogate Mother

Rohini is known to have a significant role in Balarama's life.



**Rohini** and Balarama

**Krishna had a foster mother**

Vasudev and Devaki: Genetic parents

Devaki: Birth Mother

Yashoda: Foster mother

Yashoda is known to have an important role in Krishna's life.



**Yashoda** with Krishna and Balarama

**Foster mothers, surrogate mothers, nannies, wet mothers** and children are bound together with love, affection, care-blessings, and of mutual respect, obligation & duties.

# Why India became a surrogacy hub?



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## Surrogacy cheaper in India (poverty & inequality)

- 200,000 USD in USA - 50,000 USD in India.

## Surrogate mothers have comparatively lesser rights

- Sign off rights over the child, over their body,
- no legal and psychological support,
- receive a lesser share of the total surrogacy costs &
- are not safeguarded with medical/life insurance

## Unclear surrogacy regulations & ineffective governance,

## Unethical (medical) practices

# Study Area

## 2 In-vitro Fertilization Clinics in Western India



### Participants

- 13 surrogate mothers
- 6 of their spouses,
- 5 intended parents (all from abroad, 1 NRI) & from countries where surrogacy is legal
- 5 doctors.

### Method

In-depth interviews & participant observation (with 4 IPs and 5 SMs and family).



# Surrogate mothers with Lower Education, Employment & Health opportunities



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## Drop out from schools

50% of both girls and boys before completing grade 10

(Census of India 2010 ).

Leading to;

Early marriage

Early childbirth

Poor maternal health



## Glaring Inequalities in Health Care Access

18% PHCs without a doctor

38% without technicians

16% without pharmacists.

# Inequalities lead to unjust contracts: Surrogate Homes



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Similar surrogate homes were found in  
Nepal, Mexico, Thailand & Cambodia.

- Detained in these homes for 1 year, away from their families.
- They are over-fed (payment according to the weight of the baby) restricted in movements and meeting with their family.
- They are also expected to care for the baby after birth; breastfeeding, nanny. Paid for everything.
- Medical practitioners constantly remind the surrogate mothers (SMs) that the child belongs to intended parents (IPs).
- Medical practitioners tell the Intended parents not to hold any feeling of obligation towards the SMs.



## Distribution of the monetary compensation

Lower share given to the surrogate mother.

35% in the USA – 15 to 25 % in India.



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Profits made by the Clinics:

### Shopper's Stop: Surrogacy Bazaar

- The clinic planned a new self-contained all-inclusive campus costing millions of rupees
- the clinic, the laboratory, the banks, surrogate home, residence for the intended parents and a shopping mall.



# Unethical (Medical) Practices



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- Up to 5 embryos transferred illegally into surrogate mothers,
- In-utero selective abortions if more than 2 embryos fertilize,
- Compulsory caesarean sections,
- No life/medical insurance,
- No additional payment for miscarriage.
- In case of any untoward event – they are themselves responsible,
- The medical practitioners speak on behalf of the surrogate mothers embodiment and experience,
- Young girls trafficked for surrogacy also reported in India.

# Embodiment of Maternal & Familial Bonding by Surrogate Mothers & Intended Parents.



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- Ujwala & Caroline (Canadian citizen)
- Nargisa & (Non-resident Indians from Australia)
- Dimpy & (A couple from Turkey)

## Caroline: Intended mother from Canada



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Twins two boys

She and her husband **professionals** in Canada.  
First, they adopted a child from Vietnam  
But wanted more children  
She wanted a child with German (her husband's) phenotypes,  
& they chose India for surrogacy because

- **its cheaper,**
- **lesser rights for the surrogate mothers.**

# Ujwala



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Desperate need for money

Worked as a **house-maid**.

- lives in a **one-room rented house**,  
**no** bathroom or toilet.

- She **wants to buy a house** & save money for her son's education.

- **Husband unemployed.**

- lived in the surrogate home
- gave birth to twins
- was asked to **breastfeed the children and become their nanny** for 2 months.
- She was **paid extra** for this
- Bonded with the children
- and found it difficult to give them away.





## Medical practitioner's perception regarding surrogate mothers & the child(ren) bond



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*“The bonding between the surrogate mother and the child is nothing but a false idea. The surrogate mother is prepared right from the beginning and taught that the child is not hers, and rightfully belongs to the intended parents. As a result, the feeling of the surrogate mother towards the child is trivial”.*

# Embodiment of family, bonding with the child



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Caroline

*"From the very beginning the doctors try to counsel the surrogates in a way that makes the surrogate aware that the baby(s) are not theirs to 'give away' and that they result from embryos belonging to the biological parents".*

She's careful not even mention bonding..  
She talks about surrogacy as an opportunity..



Ujwala

*"I am happy to have given life to these children but (I) have to give them (the children) away as a gift (to this couple) though my heart is hurting (she shudders as she says this), these children are part of my life but the deal (the contract) was made right at the beginning and I have to keep it up by giving them away".*

Video

# Dimpy and Intended parents from Turkey



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- Lived in the surrogate home, leaving her children with her mother-in-law,
- The intended parents arrived 21 days late from Turkey,
- She was breastfeeding, playing, singing, & even named the child (after her own daughter)
- The intended parents came, gave her presents and money, took the child, never to return.
- Feels sad her children will never meet this child (their sister) ever in their lives.



# Nargisa and Non Resident Indians from Australia



Nargisa has one child (2 years old at that time)  
Husband a vegetable-fruit vendor  
Needed money to buy a house, son's education.

- She lived for one year in the surrogate home,
- She gave birth to twins,
- She was **asked to breastfeed** but remotely (not directly) but using breast pump. (fear of infection)
- She **hoped that the intended parents would keep in contact** with her so she gave them her contact number.
- Her expectation: to be sent **photos of the children every year on their birthday**.
- **Experience of post partum bodily changes linked with baby's growth.**
- She has still **not changed her phone** or her phone number expecting the long-awaited call.
- Calls them '**ehsaan faraamosh**' (ungrateful).



# Contrasting notions of family and bonding



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## The Intended Parents

gave precedence to genetic ties and payment for the surrogacy in;

- connecting with the child(ren),
- detaching the role of the surrogate mother after birth.

## The Surrogate Mothers

- embodied a blood relationship that binds the child(ren) to themselves (physical self and soul) and they also consider the **child(ren) as a sibling of their children.**
- they celebrate the birthday of the children every year,
- they **bless them for their well-being,**
- Strong belief of blood ties formed through gestation and breastfeeding.  
**A bond of motherly love & blessings expecting obligations & duties from the child.**

## Medical Practitioners

- emphasise on the financial need of the surrogate mothers that supersede all feelings of bonding.
- give precedence to the role of the intended parents as buyers,
- reject the possibility of a brown woman bonding with a white child.

# Embodied family ties



- Stratified embodiment along with Stratified reproduction
- Intended parents and the medical practitioners focus on geneticisation (genetic ties)
- All surrogate mothers in my study wanted continued contact and want to see these children grow.
- Cultural context of motherhood and family.
- Structural inequalities, the 'haves' decide for the 'have-nots'.
- The haves: the buyers, the agents,
- The 'have nots', the surrogate mothers who oblige to the rules stipulated by the haves.

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# A Transnational Feminist View of Surrogacy Biomarkets in India

 Springer



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