

Mothers for hire

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'SHE was very precious to us. Now we cannot do anything about it. Please leave,' is all that Premila Vaghela's sister would say to an Indian journalist before closing the door.

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Virtually penniless, Vaghela had decided to become a surrogate mother for an American couple because she was desperate to give her own two children an education and a better life. In May, after suddenly developing complications towards the end of her pregnancy, Vaghela collapsed. Before she died, the doctors handling her pregnancy at Pulse Hospital in Ahmedabad, in western India, performed a caesarean section and the baby was born a month premature, but lived.

No police investigation has been ordered into Vaghela's death. Her husband, even if he were aware of his legal rights (which he won't be as a poor Indian), cannot sue Pulse Hospital for compensation.

The surrogacy contracts signed by Vaghela and all surrogate mothers in India exempt the doctors and the foreign couple who want the baby from all liabilities, making the surrogate mother and her husband assume all medical, financial and psychological risks.

The contracts also state that if the mother is diagnosed with a life-threatening disease late in pregnancy, she is to be "sustained with life-support equipment to protect the foetus' viability and ensure a healthy birth on the genetic parents' behalf". The relative importance of mother and child are laid bare.

Dr Manish Banker told *The Age* that the American couple, or "commissioning parents" as they are known in the business, have given 1 million Indian rupees (\$A17,600) as compensation to Vaghela's family.

But for writer Kishwar Desai, whose new novel *Origins of Love* has triggered a heated debate on surrogacy, the sum is irrelevant.

"My concern is that we heard about Vaghela because she died in a hospital. How many others have we not heard about? No one will bother to report the death of a poor woman," she says.

Desai is deeply dismayed at India's status as the world capital of surrogacy. The \$2.4 billion industry produces an estimated 25,000 babies a year. Thousands of wealthy foreign couples are pouring into the country every year to hire Indian women - driven by poverty into becoming "biological coolies" - to bear their children at a fraction of the cost elsewhere.

Rotunda Clinic in Mumbai has eight Australian couples among its clients. But not all commissioning parents are Western couples.

Estimates suggest that almost half are Indians based abroad and, increasingly, many are Western gay couples.

As the industry grows, so does its seamy underbelly.

"In our research, we came across a woman who was given 25 cycles of IVF treatment," says Ranjana Kumari, director of the Centre for Social Research in Delhi.

"Another was forced to carry four embryos in her womb to maximise the chances of pregnancy as against the international practice of one embryo or, at the very most, two."

Women's groups are asking for a ban on surrogacy. The rent-a-womb industry, they argue, is endangering women's health: touts scour the country for potential surrogates, women are cheated of their fee by drunken husbands and doctors pump them with hormones until their swollen ovaries are about to burst, just to be sure that their wombs are absolutely ready to receive the embryo.

Vaghela's death has triggered a debate that has so far been desultory in India. "Her fate has shown that death is a real hazard of surrogacy. She did it to give her own two children a brighter future and now they've been left without a mother," says Dr Tripta Chaudhary, of Fortis Hospital in Delhi.

Indeed, Indians are starting to feel uncomfortable at the commercialisation of motherhood and pregnancy. They see images of pregnant women in printed nighties corralled in dormitories like cattle at a breeding farm.

The women are often kept confined in one place by the clinic, away from their families, to avoid the risk of catching sexually-transmitted diseases from their husbands and to ensure they get a good diet and proper rest.

Indians are asking: Is it right to reduce pregnancy to a service and a baby to a product with a price? Why does India allow something that is a criminal offence in most countries? If foreign countries refuse to allow commercial surrogacy for infertile couples, why should India let its women do the job for them?

Although doctors say that many commissioning parents are warm and caring towards the Indian surrogates, they also come across some who are cold and indifferent, not even wishing to meet the mothers.

"I felt like smacking one gay guy who asked me, after the baby was born, where he could find a wet nurse!" says gynaecologist Dr Anita Nayar. "He wanted his baby to have the immunity conferred by breast milk, as though Indian women are plantation slaves hanging around to nurse babies."

Feminists are repulsed at the body of a woman becoming a tool for reproduction. They say illiterate women have no idea what contracts they are signing, no understanding of medical terms and, given the pervasive corruption in India, can easily be fed wrong information about the risks involved.

The Centre for Social Research is urging the government to ban surrogacy after publishing a study in April entitled *Surrogacy Motherhood: Ethical or Commercial*, which showed some disturbing findings.

Most surrogate couples are not given a copy of the contract; some already have four or five children of their own and then have two to three surrogate babies; confined in hostels, they are unable to visit their families if their children or husbands fall ill; if a baby is born with a defect, the mother is not paid (experts say that IVF babies have twice the risk of birth defects); and some husbands coax their wives to hand over the final payment to spend on alcohol, or setting up a business that doesn't take off, leaving the surrogate as penniless as before.

A failed business venture is the reason why Neetu Sangar, 32, is sitting in the Delhi Research Centre of Dr Anoop Gupta, a pioneer of IVF in India. The cavernous waiting rooms, humming with the sound of airconditioners and fans, are packed with childless couples. Gupta's own room is like a thoroughfare as couples come and go, talking about embryos.

Sangar is one of Dr Gupta's surrogates. Even though surrogacy is only 5 per cent of his work, he has delivered more than 300 surrogate babies in the past few years. Pale and thin, Sangar is four months pregnant with twins in her second surrogacy for a Singaporean couple. In her first, she delivered twins to a Lebanese couple.

Her motive is to be able to give her two children an education and a happier life. What happened to the 300,000 rupees she earned from the first pregnancy?

She looks down at the ground, sheepishly. She speaks in a whisper, embarrassed about being overheard: "My husband

started a business - selling water purifiers. It didn't work out and we lost the money. That's why I'm here again."

Gupta asks Sangar to stand up and he praises her as a "decent, clean woman" to the couple who are the potential commissioning parents.

He remarks, acidly, that the feminists who want to ban surrogacy are usually unmarried themselves and that is why they talk so much "rubbish".

"This is a noble job. Would women's groups prefer these women to go into the sex trade instead? he says. "Will those feminists give any money to these poor women to help them?"

Given the subservience of the majority of uneducated women to their husbands, the chances of a Neetu Sangar defying her husband and refusing to be a surrogate again, for the sake of another half-baked business idea, are as remote as snow in Delhi.

It's these pressures, away from the attention of the clinics, the commissioning parents and the media, that worry Kumari.

"I don't want to be confrontational," she says. "I know everyone wants a baby. But our study shows that it's turning into a trafficking mafia, with women being found in far off places by recruiting agents eager to make money. The vulnerability of the poor is being exploited."

Yet surrogacy is moving from the fringes into the mainstream. Singer Elton John and actors Sarah Jessica Parker and Nicole Kidman have used surrogates to fulfil their desire for a child. Last December, Bollywood megastar Aamir Khan and his wife Kiran Rao went public with their use of a surrogate mother to have their own biological baby.

It is such a big industry - an estimated 1000 clinics in India - that ancillary services have sprung up: recruiting agents to find surrogates, lawyers specialising in surrogacy contracts, hostels or "baby factories" where the surrogates are confined, and hotels where the commissioning parents stay during their visits to check on their unborn child.

For Brinda Karat, a Communist Party MP and women's activist, surrogacy reeks of exploitation of poor Indian women by wealthy foreigners.

"The destitute Indian woman is not the equal of the wealthy foreigners, so she is not making a free choice," she says. "It is a compulsion. If foreign couples believe in commercial surrogacy, why don't they lobby their own governments to change the law instead of coming here to exploit poor women?"

The industry has thrown up some strange ironies: surrogate mothers eating decent food for the first time in their lives and being given health checks and vitamins that they never had when they were pregnant with their own children.

Or, as Mumbai-based writer Reshma Jain discovered after spending three months living with them in a hostel, enjoying some "rest" for the first time ever in lives of endless drudgery.

Jain stayed at the hostel run by Dr Nayana Patel, whose Akanksha Infertility Clinic in Anand, Gujarat, became globally famous after her 2007 appearance on the Oprah Winfrey show. In every case, says Jain, unbelievable poverty lies behind every woman's decision to become a surrogate mother. She says the fee of between 200,000 to 300,000 rupees is grossly inadequate.

"They should be paid a much bigger sum, the sort of sum that can finance their children's education for life," she says. "Something really significant so that they don't have to do it again."

Many of the mothers Jain met are offering themselves for two or three surrogate pregnancies because the money they made from one is not enough for them to do what they want to do. Critics of surrogacy, in fact, predict that given the easy availability of willing women, competition will push the fee down even further.

Vaghela's death has highlighted the need for regulation. The Artificial Reproductive Technology Bill, aimed at protecting the wellbeing of Indian surrogates, has been pending for the past three years. Demands for it to be passed soon are becoming more vociferous.

The draft law bans gay couples from using surrogate mothers; foreign women will have to prove they cannot bear a child (some women opt for surrogate babies because they fear losing their figure, want to avoid the rigours of labour or are reluctant to leave their careers); allows for couples to be prosecuted if they shun a baby with defects; stops Indian women aged under 21 or over 35 from being surrogates; and stops them giving birth more than five times, including their own children.

While she supports regulation, writer Kishwar Desai still feels uneasy about the industry, even if it is eventually regulated. "I cannot reconcile myself to commercial surrogacy," she says. "It would be better somehow, more wholesome, if Western women could find someone in their families or a friend to do it for them as a gesture of love."

But if the Indian government fails to pass the draft bill soon, she believes that since it is an international industry, it is now time for the international community to come up with a law for surrogacy and a global fertility body to regulate it.

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