

# Psychological Aspects of Surrogacy: Her Womb My Baby!

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**Abstract:** *Introduction:* Over the past years we have witnessed an increasing use of reproductive technologies, especially cross-border treatment in order to achieve pregnancy. The purpose of this article is to review the results of researches done on surrogacy and to examine the motivations, experiences and psychological consequences of surrogacy on surrogate mothers. *Material and Method:* This article is literature review of articles published in previous years. Thirty women who had given birth to a surrogate child were interviewed and the data rated using standardized coding criteria. *Results:* The present study suggested that 50% of surrogate mothers needed financial help, 73.3% Involvement of Commissioning Parents were observed. 93.3% surrogates were happy with involvement of commissioning parents. None of the surrogate mothers had difficulty in handing over the baby. *Conclusion:* The present study indicated that surrogate mothers may view the child they are carrying as not theirs, thereby facilitating relinquishment.

## 1. Introduction

The gift of motherhood regrettably is not distributed evenly by God to every woman. The importance of fertility in human beings is relied on men and women, their fertility to produce children to carry on the family line, as life exists because of procreation. In recent years, sharp growth in surrogacy in the world has drawn much attention and has raised several ethical concerns. In the past two decades, there has been enormous advancement in reproductive techniques. Although the newer technologies, i.e. donor insemination, in vitro fertilization (IVF) and embryo transfers have given hopes to childless couples, but the advent of surrogacy has changed the concept of parenthood and brought in various controversial social, medico legal and ethical issues. Surrogacy is a method of assisted reproduction where in a woman carries a pregnancy and gives birth to a child, acting as a substitute for another woman.

## 2. Review of Literature

### What is Surrogate Motherhood

Surrogate Motherhood is a relationship in which one woman bears and gives birth to a child for a person or a couple who then adopts or takes legal custody of the child also called mothering by proxy. The advancement of the science of assisted reproductive technology (ART) has created ever-increasing options to the person or couple who wishes to beget a genetically related child. Single, infertile, or childless men who, just a few years ago, never would have imagined the possibility of fatherhood can now opt for parenthood. However, the miracle of ART perhaps as significant a milestone in the development of modern science, as mankind walking on the moon to face its greatest challenge at the regulatory level. Today, couples nevertheless are incapable of bearing children can select to beget their own genetic children through the modern technique of gestational surrogacy. Women with non-functioning ovaries or women who have undergone a hysterectomy, through the science of ART, can have their own genetic children. Women wishing to delay having children but anxious about losing their opportunity to reproduce, can have their eggs harvested and frozen for their or another's future use. (1)

### Meaning of Surrogate Motherhood

The literal meaning of word 'surrogate' is 'substitute'. Surrogacy arrangements are motivated by a desire for a genetically related child and the disincentive arising out of the prolix adoption procedures coupled with difficulty in finding suitable child for adoption. The word surrogate, from Latin surrogatus, means appointed to act in place of. Surrogacy is an arrangement between a woman and a couple or individual to carry and deliver a baby. A surrogate mother is a woman who carries a child for someone else, usually a couple struggling with fertility issues. After the child is born, the surrogate mother surrenders it to the people who have hired her. The surrogate mother is also known as 'Gestational Carrier'. The concept of "rent a uterus" in fact may be readily acceptable in the more analytical frame of the mind with the argument "at least the baby is made with our gametes, even though nourished in a rented body" With sisters, sisters-in-law and even mothers lending a hand or rather a uterus, it received greater acceptability (even if future consequences arouse, it could be solved very easily and the helping hand of near and close relative may not be taken out after delivering the child. (2).

## 3. Historical Perspective of Surrogate Motherhood

### Instances of Surrogate Motherhood in the Ancient World

#### (I) Ancient India

Surrogacy was known and practiced in ancient times. In the Mahabharata, Gandhari, wife of Dhritarashtra, conceived but the pregnancy went on for nearly two years; after which she delivered a mass (mole). Bhagwan Vyasa found that there were 101 cells that were normal in the mass. These cells were put in a nutrient medium and were grown in vitro till full term. Of these, 100 developed into male children (Duryodhana, Duhshasana and other Kauravas) and one as a female child called Duhshela. There are other well-quoted examples that refer to not only IVF but also to the idea that a male can produce a child without the help of female. Sage Gautama produced two children from his own semen— a son Kripa and a daughter Kripa, who were both test-tube babies. Likewise, Sage Bharadwaj produced Drona, later to be the teacher of Pandavas and Kauravas. The story relating to the birth of Drishtadyumna and Draupadi is even more interesting and reflects the supernatural powers of the great

Rishis. King Draupada had enmity with Dronacharya and desired to have a son strong enough to kill Drona. He was given medicine by Rishi and after collecting his semen, processed it and suggested that artificial insemination homologous (AIH) should be done for his wife who however refused. The Rishi then put the semen in a yajnakunda from which Dhristadyumna and Draupadi were born. While the above are quoted as examples of in vitro fertilisation (IVF) and parthenogenesis, there is another story, which refers to embryo transfer. According to Bhagwad Gita, even Lord Krishna is understood to have been born without a sexual union. This was regarding the seventh pregnancy of Devaki, by the will of the lord; the embryo was transferred to the womb of Rohini, the first wife of Vasudev, to prevent the baby being killed by Kansa(3).

In 1959, Min Chueh Chang showed that in vitro matured rabbit oocytes could be fertilised in vitro and also gives rise to viable embryos. But the conditions used were not entirely in vitro because it was wrongly believed then that sperm require in vivo activation before being transferred to the petri dish for fertilisation. However, in 1963, Chang and Ryuzo Yanagimachi identified experimental conditions by which spermatozoa from hamsters could fertilise oocytes without prior in vivo activation and give rise to two-cell-stage embryos.(4).As early as 1950s, Edwards, working at the National Institute for Medical Research in London, made a number of fundamental discoveries. He clarified how human eggs mature, how different hormones regulated their maturation and at which point in time the eggs were susceptible to fertilisation. After several years of work, Edward succeeded, in 1965, in finding the right conditions that activated the dormant and immature egg cells in vitro and promoted their maturation. He found that human oocytes required 24 hours of incubation before the maturation process began. He also found that this prolonged cultivation resulted in egg cells at a late developmental stage, which were suitable for IVF. In 1969, he had identified the buffer conditions to support in vitro activation of hamster oocytes. Edwards used the same buffer conditions and showed that human spermatozoa thus activated could also promote the fertilisation of in vitro matured oocytes. This discovery marked an important milestone in the development of treatment for infertility in humans. However, today IVF is an established therapy. The discovery of the technique by Edwards, followed by several improvements on it, marks a major medical advance that is a boon to infertile people all over the world (5).India's very own Dr. SubhasMukhopadhyay produced the world's second test-tube- baby, KanupriyaAgarwal alias 'Durga' the girl who was brought into the world by the doctor. Both Dr. Mukhopadhyay and British scientists Robert G Edwards and Patrick Steptoe creators of the world's first test-tube-baby-started work at the same time. The Indian baby was born on October 3, 1978, just 67 days after Marie Louise Brown was born on July 25, 1978. However, unfortunately Dr. Mukhopadhyay was prevented from carrying out further work on in vitro fertilisation and was transferred away from Kolkata. He was also prevented from going to Tokyo to present a paper. Frustrated and in failing health, Mukhopadhyay killed himself on June 19, 1981. According to scientific records, "Harsha" who was born on August 16, 1986 became the first human test-tube-baby of India. The

credit for this achievement went to T.C. Anand Kumar, director of Institute for Research in Reproduction (IRR) of Indian Council of Medical Research (ICMR). In 1997, he went to Kolkata to participate in a Science Congress. It was there that all the research documents of Mukhopadhyay were handed over to him. After meticulously scrutinising and having discussions with Durga's parents, he became certain that Mukhopadhyay was the architect of first human test-tube-baby in India. In T.E. Anand Kumar's initiative, Mukhopadhyay was mentioned as the architect of the first Indian test-tube-baby in a document related to the subject of artificial intercourse in ICMR.(5)

#### 4. Material and Methods

Thirty women who had given birth to a surrogate child were interviewed and the data rated using standardized coding criteria. Information was obtained on:

- 1) Reasons for the woman's decision to become a surrogate mother;
- 2) Her retrospective view of the relationship with the commissioning couple during the pregnancy, and after the birth;
- 3) Her experiences during and after relinquishing the child; and
- 4) How others reacted to her decision to become a surrogate mother.

#### 5. Results

##### 1) Involvement of Commissioning Parents:

Situations	Numbers
1) No or little involvement	5 (16.6%)
2) Moderately involved	22(73.3%)
3) Very involved	3(10%)

##### 2) Motivations

Situations	Numbers
Wanting of help childless couple	3 (10%)
Payment	15 (50%)
Both	12 (40%)

##### 3) Happy with involvement

	Numbers
Yes happy with involvement	28(98%)
No, too much involvement	2 (2%)
No not enough involvement	0

##### 4) Surrogate mothers doubts /difficulties at handover

	Numbers
No doubts	30 (100%)
Surrogates had doubts	0
Surrogate reluctant to relinquish child	0

##### 5) Relationship with family members

	Numbers
Harmonious	28(93.3%)
Dissatisfactory/coldness	1(3.3%)
Major conflicts	13(3.3%)

#### 6. Discussion

The findings of the present investigation suggested that

surrogacy has generally been a positive experience for those surrogate mothers who were interviewed, and fail to lend support to claims regarding the potentially negative outcomes of surrogacy for surrogate mothers. For example, none of the women in the present study had any doubts about their decision to hand over the child to the commissioning couple. In line with the study done by Ragone, 1994(6). which showed that surrogate mothers tended to distance themselves from the fetus. Long-term difficulties in women relinquishing a child for adoption have also been reported by a study done by (Winkler and van Keppel, 1984; Condon, 1986; Field, 1991)(7). from a psychological health point of view, the specific aim of counselling is not to curtail psychological disturbance because all parties appear to be well adjusted, but to assist to 'ease specific anxieties, facilitate decision-making and ensure that issues are resolved at an early stage before difficulties have a chance to arise' (Edelmann 2004) (8). Unfortunately, despite efforts made to highlight the importance of counselling in the latest report concerned with surrogacy (Brazier et al., 1998)(9), counselling and follow-up procedures although available, are not always used by all parties(10). The results of the present study indicated that surrogate mothers may view the child they are carrying as not theirs, thereby facilitating relinquishment.

## 7. Conclusion

Psychological screening and counselling of surrogate mothers is necessary to prevent these mothers from post partum depression and guilt of giving away the child to the intending parents.

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