



## Full Length Research Article

### NEW REPRODUCTIVE TECHNOLOGIES: SURROGACY IN FOCUS

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#### ABSTRACT

This paper is delving into the debates around reproductive technologies. The choices available to women for reproduction has been analysed from the vantage point of different feminist theories to help us understand the complexity of positioning of these technologies in the lives of women and its impact. Different types of surrogacy have been discussed and the differences and similarities between the same have been highlighted. The main aim of the paper is to understand the ways in which Surrogacy impacts the lives of women (Commissioning parents and surrogate woman) from a theoretical perspective.

#### INTRODUCTION

The most interesting feature of women's movement is that the term, women's empowerment is used as an umbrella term for various political, social, legal and economic struggles that women had launched against the patriarchal structures of the society. Women's movement gave a platform to debate upon or to have a discourse through which various issues related to women lives and their day to day issues were brought to table to be discussed upon. Based on such discourses various strands of feminist thoughts have developed and can be majorly divided among the labels of liberal, socialist and radical feminism. All the strands have their own understanding of how to identify the problems related to women's lives or the oppression that is meted out to women throughout the world and due to this they believe in different strategies for 'emancipation' of women from the patriarchal structure. Some feminists advocate negotiations with the state as an important and viable way to look for solution for these problems, others find this idea as a form of further subjugation and hence completely changing and revolutionising the existing social structures to make them free from patriarchy. Another strand believes that all the problems affecting the lives of women and inequality in the world stem from economic inequality and hence the most important task is to get rid of existing economic model.

Though throughout the whole discourse main concern is the liberation of women from the clutches of patriarchy but different strategies are adopted and different responses are given to any issue related to women's lives. The case of new reproductive technologies shows how different feminists view this new emerging area of concern. Biological inequality between the sexes and hence reproduction, or making babies, was assumed by early radical feminists to be the cause of women's oppression (Firestone, 1970). There were calls to eliminate the family as a biological and economic unit in which individuals possess neither private property nor private children. Freeing women from the tyranny of reproduction was thought to be emancipatory. Technology was viewed as liberating women. Recent critiques suggest the opposite. Technologies such as artificial insemination, in-vitro fertilisation, sex pre-selection, embryo transplantation, fetal monitoring and eventually cloning make the womb not the province of women but of scientists and doctors who control and operate on it. Describing women as out of control of their own destinies led radical feminists to question mothering under patriarchy. The current institution of mothering is one in which men have convinced women that unless they become mothers, they are not really women. "Good mothering", constitutes women's only significant job. "Good Mothers" are not supposed to have any personal friends or plans unrelated to those of their family, are on call 24 hours a day and love every minute of it, and are blamed for whatever goes wrong in their children's lives.

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Moreover, husbands demand that women help them raise their sons to be “real” men who grow up to oppress women. In short, according to radical feminism strands, under patriarchy, women don’t experience childbearing and childrearing on their own terms. Socialist feminists see women’s oppression as stemming from their work in the family and the economy. Many radical feminists see sexual relations, men’s dominance over women and male control of sexuality as the central cause of women’s oppression. For radical feminists, sexual relations are political acts, symbolic of male-female power dynamic. Socially constructed gender and reproductive roles restrict women’s identity and behaviour and make it exceedingly difficult for women to identify and develop their own sexual desires and needs. As long as women’s sexuality is interpreted in terms of men’s sexuality, women will never be men’s full political, economic or social equals and heterosexual relations will not be egalitarian.

In her book, *Feminist Issues: Race, Class and Sexuality*, Nancy Mandell says that heterosexist ideology exaggerates biological differences between men and women, making certain that men always have the dominant or masculine roles and that women always have the subordinate roles. The ideology institutionalizes male hegemony by legitimizing and normalizing sexual practices built on aggressive male behaviour and passive, submissive female behaviour. Through socialisation in the family, the school, other religious institutions, men secure consent of the very women they oppress. Each institution justifies and reinforces women’s subordination to men with the result that many women internalize a sense of inferiority to men. Men use coercion to accomplish what conditioning fails to achieve. Men construct female sexuality to serve their needs and desires. Restrictive contraception, sterilisation, abortion laws and violence directed against women through pornography, sexual harassment, rape, incest, violence directed against lesbians and assault are examples of ways men control female sexuality. All over the world, patriarchy is established, supported and maintained through these sexually violent and misogynist practices.

The elimination of violence against women is a main goal of radical feminist politics and practice. Liberal feminists assume that given the introduction of fair legal and political practices, heterosexual relations will be voluntary, egalitarian and just. Most socialist feminists assume that given non exploitative economic institutions, heterosexual will cease to be alienating or oppressive. Radical feminists believe women will always be subordinate to men unless sexuality is reconceived and reconstructed and the image and likeness of women. Only then will the power and spirit of the female body be able to emerge and allow the development of women’s reproductive and sexual powers in new ways (Mandell, 1995).

### **New Reproductive Technologies**

New reproductive arrangements are presented as a woman’s private and personal choice. But they are in a seen by many scholars as publicly sanctioned violence against women. The absoluteness of this privatized perspective, especially as emphasized by the medical profession and the media, who present women as having unconditioned free will, functions as a smoke screen for medical experimentation and ultimately for the violation of women’s bodies.

Choice so dominates the discourse that it is almost impossible to recognize the injury that is done to women. All sorts of oppressive so called options, such as prostitution, pornography, breast implants etc. are defended in the name of the women’s right to choose. The language of choice is compelling because it highlights a freedom that many women seldom have and a plethora of options disguised as self-determination. Viewing reproductive technologies as a woman’s choice is a result of a particular western ideology that emphasizes individual freedom and value neutrality. At the same time this ideology prevents us from examining technological and contractual reproduction as an institution and leads us to neglect the conditions that create industrialised breeding and the role that it plays in society.

Janice G. Raymond, in her book, *Women as Womb*, maintains that many feminists contend that new reproductive technologies are a form of medical violence against women. Other say this contention is “going too far”, yet they do not regard what women are required to submit to as “going too far”. The reproductive technologists operate on a similar principle that women will accept any pain to create a child. The religious version of this principle was articulated by Martin Luther when he said that more pain a woman suffers in childbirth, the more she will love the child. Its secular version is another fundamental of technological reproduction: women are willing to suffer any pain, any invasive procedure and any medical violence to become pregnant. Technologies such as artificial insemination, in vitro fertilisation, sex pre selection, embryo transplantation, fetal monitoring, surrogacy are the ways through which medical technologies is offering to women to fulfil their ‘ultimate’ destiny and role of motherhood.

### **Surrogacy**

As a concept, surrogacy has a distant lineage. Continuity exists between biblical accounts of its practice and the present day. What has marked out contemporary surrogacy for special concern, however, is the contribution which medical technology has rendered to new and different forms of surrogating arrangements. We can identify two types of surrogacy, one can be called as: full surrogacy; and the other one as : partial surrogacy. The partial surrogacy envisages the commissioning by an infertile couple of a woman who will accept the fertilisation of an ovum of hers by the commissioning male’s sperm; whether through intercourse or in vitro fertilisation. The surrogate thus contributes genetically to any resulting child. In contrast, full surrogacy produces a child which is genetically that of both commissioners. In this case, the egg as well as the sperm of the ‘infertile couple’ are combined in vitro and the resultant embryo is transferred to and implants in the surrogate mother. Genetically she is not related to the baby; she ‘leases’ her womb to the childless couple and the fetus for the duration of her pregnancy. As a response to ‘infertility’, surrogacy may be considered as viable option where, for example, a woman has a severe pelvic disease which cannot be remedied surgically. Surrogacy may also benefit women who have suffered repeated miscarriages or for whom pregnancy is ‘medically undesirable’. Finally, surrogacy might be sought for what is referred to as ‘convenience alone’ that is where a woman is physically capable of bearing a child but does not wish to undergo pregnancy.

## Infertility

Technological reproduction is a case study in the politics of both fertility and infertility. In the industrialized countries of the west and the north, it is infertility that is of concern to the reproductive experts who tells us that infertility rates are skyrocketing. In the east and the developing south, it is fertility that is of concern to the reproductive experts. Population groups and environmental organizations, point to third world fertility rates that are out of control. This perception of unrestrained female fertility justifies invasive medical interventions: contraceptives, sterilisation, sex predetermination used on and by women in developing nations. Through programs of population planning, fertility is brought under government and medical auspices (Raymond, 1993).

In both the areas of the world, however, the common victim and target of medical manipulation is women. It is women who bear the burden of their own and their male partner's infertility in the so called First world, and their own and their male partner's fertility in the so called Third world. However, we need to understand that infertility is not a deficiency disease. It may be traumatic for individuals as the absence of children may be a traumatic experience for some but infertility is no more a disease than in the absence of other physical capabilities. Furthermore, some of the women suffer from sterility and that exists in another person, a male partner. They are unable to become pregnant because their partner's sperm is low in quantity and motility. There is no medical indication that they need treatment, yet they and not their male partners undergo the in vitro fertilisation procedures. The currently accepted medical definition of infertility is inability to conceive after one year of intercourse without contraception. Infertility is not sterility. Infertility may be temporary, whereas sterility is permanent infertility. The accepted definition of infertility fails to take into account the fact that, for older women and those who have recently stopped using oral contraceptives, conceiving is likely to take longer than one year. The definition conflates inability to conceive with difficulty in conceiving quickly. This creates anxiety and concern for many couples and routes a large number of women into unnecessary and experimental technologies. (Raymond, 1993).

Surrogacy, a mean adopted by many to deal with the issues of infertility, can be classified into two categories: commercial and altruistic surrogacy. Commercial surrogacy means that the commissioning couple have commissioned a surrogate woman for a sum amount of money and signed a contract which is essential to be followed. This contract has details about how both commissioning party and the surrogate woman are going to carry out the surrogacy. It has more set of restrictions for the surrogate mother as these contracts puts restrictions on her mobility and her lifestyle. The main objective behind the woman's decision to become a surrogate is money and hence certain objections are raised on the commercial part of surrogacy; as technologies are commodifying child, mother and motherhood. The fact that we have contracts somewhere implies that the two parties involved are not equal and contract creates a sham that both the parties involved are equal in the liberal framework, with its emphasis on equal rights, overlooks important gender-specific and class-differences between the parties to the surrogacy contract. From a feminist perspective, it can be argued that surrogacy contract is always biased in favour of the financially secure male.

Surrogacy contracts, protects the 'infertile' couple's right to procreate while limiting the surrogate's parental rights. It defends the surrogate's right to enter the contract because she is free to use her own body as she pleases. Yet it limits her freedom over her body once she enters the contract. The surrogate's freedom is nothing more than an illusion. Within the Marxist framework, the parties to the contract of surrogacy, form a particular context and are in a particular relationship to the 'means of production'. The contract itself, sets up with the capitalist patriarchy, hides these relationships. In case of commercial surrogacy, from Marxist understanding it can be said that the surrogacy (contract) creates the resulting baby as a commercial product which exists for the sake of exchange. Secondly, it can be said that a woman's body is seen as a machine which can be rented out. Her body becomes the machinery of production over which the contractor has ultimate control. The child appears as a commodity which can be created, bought and sold. The 'surrogate' assumes a passive role in this transaction. If surrogacy is carried out for monetary reasons then the surrogate is caught up in her socio economic situation which leads to the surrogate arrangement (Oliver Kelly, 1989).

Altruistic surrogacy is said to be permissible form of action for women in society, as it is the contribution that women are uniquely equipped to make, one that is evidently fulfilling for a certain subset of women, and one that brings large benefits in that it can satisfy very strong desires had by some infertile couples and infertile women that at present cannot be met by any other means. If we compare, the contract-cum-commercial surrogacy with altruistic surrogacy, then it can be said that though in contract model we can ensure rights and privileges of surrogate mother as well as the commissioning couple. However, as has been mentioned earlier that contract perpetuates, in hidden form, inequality between the two parties entering into the contract. But in altruistic surrogacy, where the main motive behind entering into surrogacy, is to give the 'gift of life', moral, psychological and expressive dimensions are incorporated that are absent in the contract model. However, it is interesting to note that altruism has become part of the vocabulary of reproductive technologies and contracts. Emphasis on women's selfless gift giving masks the complex social and political construction of women's altruism. It is always women who are called upon to be reproductive gift givers.

The unexamined acceptance of women both as reproductive gifts and gift givers is deeply connected to a long standing patriarchal tradition of giving women away in other cultural contexts- for sex and in marriage, for example. Women and their bodies have been used as a medium of exchange and dignified as a gift throughout the history. Anthropologist Mauss indicates that how the gifts function in small scale societies to create ties of various sorts. Where there are no economic and governmental institutions, gift exchange is essential to social integration. Gift giving is similar to marriage in this regard, as the birth of legitimate children creates enduring kinship links between individuals and groups. Levis Strauss (1970) argues that by creating kinship bonds between groups, the gift of women in marriage (made necessary by the incest taboo) underlies the creation of society and culture, Women consistently give and are given to others; mostly to men. The unquestioned assumption of women as givers and given shapes the reality of reproductive gifts and gift giving.

In these discussions of altruism we must continually ask: who gives and why? This is not to claim that voluntary and genuine magnanimity does not exist among women. It is to say that more is at stake than the womb, the egg or the child as gift-and the woman as gift-giver.

### Conclusion

Motherhood is invariably portrayed as the material or metaphorical act for women's activity in the world. Thus, other acts that women perform get relegated to a "reproductive consciousness"- acts such as peace-making, nurturing and creativity. All these are framed by the metaphors of motherhood and in many instances are seen to proceed from an innate biological capability, whether actualised or not. It is as if female peace-making, nurturing, creativity and ultimately the integrity and dignity of woman herself can be recognised and affirmed only in relation to her encompassing reproductive abilities and consciousness. The normative characterization of motherhood as women's new destiny will never change if women continue to accept female actions in the world framed in maternal and reproductive metaphors. As the new reproductive technologies turn women into maternal environments and men into fathers, we must be wary of trying to right these wrongs by arguing for a new maternal essentialism, one that views motherhood as the source of women's power.

Women's power does not come from a biological capacity. It proceeds from the collective courage and strength of women who, often under the worst of conditions, have claimed their power as women who act on the world and not in the service of men, and who have made that power work for other women.

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