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Giving birth becomes the latest job outsourced to India as commercial surrogacy takes off
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ANAND: Every night in this quiet western Indian city, 15 pregnant women prepare for sleep in the spacious house they share, ascending the stairs in a procession of ballooned bellies, to bedrooms that become a landscape of soft hills.

A team of maids, cooks and doctors looks after the women, whose pregnancies would be unusual anywhere else but are common here. The young mothers of Anand, a place famous for its milk, are pregnant with the children of infertile couples from around the world.

The small clinic at Kaival Hospital matches infertile couples with local women, cares for the women during pregnancy and delivery, and counsels them afterward. Anand's surrogate mothers, pioneers in the growing field of outsourced pregnancies, have given birth to roughly 40 babies.

More than 50 women in this city are now pregnant with the children of couples from the United States, Taiwan, Britain and beyond. The women earn more than many would make in 15 years. But the program raises a host of uncomfortable questions that touch on morals and modern science, exploitation and globalization, and that most natural of desires: to have a family.

Dr. Nayna Patel, the woman behind Anand's baby boom, defends her work as meaningful for everyone involved.

"There is this one woman who desperately needs a baby and cannot have her own child without the help of a surrogate. And at the other end there is this woman who badly wants to help her (own) family," Patel said. "If this female wants to help the other one ... why not allow that? ... It's not for any bad cause. They're helping one another to have a new life in this world."

Experts say commercial surrogacy _ or what has been called "wombs for rent" _ is growing in India. While no reliable numbers track such pregnancies nationwide, doctors work with surrogates in virtually every major city. The women are impregnated in-vitro with the egg and sperm of couples unable to conceive on their own.

Commercial surrogacy has been legal in India since 2002, as it is in many other countries, including the United States. But India is the leader in making it a viable industry rather than a rare fertility treatment. Experts say it could take off for the same reasons outsourcing in other industries has been successful: a wide labor pool working for relatively low rates.

Critics say the couples are exploiting poor women in India _ a country with an alarmingly high maternal death rate _ by hiring them at a cut-rate cost to undergo the hardship, pain and risks of labor.

"It raises the factor of baby farms in developing countries," said Dr. John Lantos of the Center for Practical Bioethics in Kansas City, Missouri. "It comes down to questions of voluntariness and risk."

Patel's surrogates are aware of the risks because they've watched others go through them. Many of the mothers know one another, or are even related. Three sisters have all borne strangers' children, and their sister-in-law is pregnant with a second surrogate baby. Nearly half the babies have been born to foreign couples while the rest have gone to Indians.

Ritu Sodhi, a furniture importer from Los Angeles who was born in India, spent US\$200,000 (euro138,910) trying to get pregnant through in-vitro fertilization, and was considering spending another US\$80,000 (euro55,563) to hire a surrogate mother in the United States.

"We were so desperate," she said. "It was emotionally and financially exhausting."

Then, on the Internet, Sodhi found Patel's clinic. After spending about US\$20,000 (euro13,890) _ more than many couples because it took the surrogate mother several cycles to conceive _ Sodhi and her husband are now back home with their 4-month-old baby, Neel. They plan to return to Anand for a second child.

"Even if it cost \$1 million (euro690,000), the joy that they had delivered to me is so much more than any money that I have given them," said Sodhi. "They're godsend to deliver something so special."

Patel's center is believed to be unique in offering one-stop service. Other clinics may request that the couple bring in their own surrogate, often a family member or friend, and some place classified ads. But in Anand the couple just provides the egg and sperm and the clinic does the rest, drawing from a waiting list of tested and ready surrogates.

Young women are flocking to the clinic to sign up for the list. Suman Dodia, a pregnant, baby-faced 26-year-old, said she will buy a house with the US\$4,500 (euro3,125) she receives from the British couple whose child she's carrying. It would have taken her 15 years to earn that on her maid's monthly salary of US\$25 (euro17).

Dodia's own three children were delivered at home and she said she never visited a doctor during those pregnancies.

"It's very different with medicine," Dodia said, resting her hands on her hugely pregnant belly. "I'm being more careful now than I was with my own pregnancy."

Patel said she carefully chooses which couples to help and which women to hire as surrogates. She only accepts couples with serious fertility issues, like survivors of uterine cancer. The surrogate mothers have to be between 18 and 45, have at least one child of their own, and be in good medical shape.

Like some fertility reality show, a rotating cast of surrogate mothers live together in a home rented by the clinic and overseen by a former surrogate mother. They receive their children and husbands as visitors during the day, when they're not busy with English or computer classes.

"They feel like my family," said Rubina Mandul, 32, the surrogate house's den mother. "The first 10 days are hard, but then they don't want to go home."

Mandul, who has two sons of her own, gave birth to a child for an American couple in February. She said she misses the baby, but she stays in touch with the parents over the Internet. A photo of the

American couple with the child hangs over the sofa.

"They need a baby more than me," she said. The surrogate mothers and the parents sign a contract that promises the couple will cover all medical expenses in addition to the woman's payment, and the surrogate mother will hand over the baby after birth. The couples fly to Anand for the in-vitro fertilization and again for the birth. Most couples end up paying the clinic less than US\$10,000 (euro6,945) for the entire procedure, including fertilization, the fee to the mother and medical expenses.

Counseling is a major part of the process and Patel tells the women to think of the pregnancy as "someone's child comes to stay at your place for nine months."

Kailas Gheewala, 25, said she doesn't think of the pregnancy as her own.

"The fetus is theirs, so I'm not sad to give it back," said Gheewala, who plans to save the US\$6,250 (euro4,340) she's earning for her two daughters' education. "The child will go to the U.S. and lead a better life and I'll be happy."

Patel said none of the surrogate mothers has had especially difficult births or serious medical problems, but risks are inescapable.

"We have to be very careful," she said. "We overdo all the health investigations. We do not take any chances."

Health experts expect to see more Indian commercial surrogacy programs in coming years. Dr. Indira Hinduja, a prominent fertility specialist who was behind India's first test-tube baby two decades ago, receives several surrogacy inquiries a month from couples overseas.

"People are accepting it," said Hinduja. "Earlier they used to be ashamed but now they are becoming more broadminded."

But if commercial surrogacy keeps growing, some fear it could change from a medical necessity for infertile women to a convenience for the rich.

"You can picture the wealthy couples of the West deciding that pregnancy is just not worth the trouble anymore and the whole industry will be farmed out," said Lantos.

Or, Lantos said, competition among clinics could lead to compromised safety measures and "the clinic across the street offers it for 20 percent less and one in Bangladesh undercuts that and pretty soon conditions get bad."

The industry is not regulated by the government. Health officials have issued nonbinding ethical guidelines and called for legislation to protect the surrogates and the children.

For now, the surrogate mothers in Anand seem as pleased with the arrangement as the new parents.

"I know this isn't mine," said Jagrudi Sharma, 34, pointing to her belly. "But I'm giving happiness to another couple. And it's great for me."