

[Reproductive tourism: the pursuit for offspring](#)

By [admin](#) Tuesday February 26, 2013



Dr. Raywat Deonandan, PhD, is an Assistant Professor at the University of Ottawa, epidemiologist, and author. He has focused on the issues surrounding reproductive tourism outlining the unique relationships involved and the ethical dilemmas that are emerging from it.

Why do individuals seek reproductive tourism?

Clients don't venture into this transaction flippantly. Most have been trying to have children naturally for some time, and then turn to technology when the traditional route fails. (The exception is same-sex couples, who experience something called "social infertility", as opposed to "biological infertility". They tend to be otherwise biologically fertile, but seek out assisted reproductive technologies (ARTs) due to lifestyle and identity considerations.) When going abroad for ART, clients are presumably driven by one of two factors: (i) lower costs abroad, or (ii) the availability of specific services abroad that are not available domestically.

What services are generally offered with reproductive tourism?

ART services in general include IVF (in vitro fertilization) and its related technologies, such as ICSI (intracytoplasmic sperm injection), egg and sperm donation and preservation. One can also seek services discouraged in source countries, such as sex selection. Increasingly, something called PGD (pre-implantation genetic diagnosis) is being provided to international clientele, and it is essentially a way of genetically screening for a host of characteristics, from important genetic diseases to more troubling, flippant concerns, like skin tone and eye colour. And, especially with respect to reproductive tourism seated in India, my research concerns mostly the provision of a particular service, that of maternal surrogacy, which is when a client pays a woman to gestate a baby that she must give up at the point of delivery.

What advantages does this have for surrogate mothers in the developing world?

Surrogate mothers in low income countries like India appear to be driven by two motivators. First and foremost, for them it's about money. An Indian surrogate is thought to be paid anything from \$2000 to \$5000 US dollars, though none of this can be confirmed. That can be a life-changing sum for a poor, illiterate village woman with few income options. The second, mostly theoretical motivator is related to the Hindu belief that infertility is a curse. Thus, a devout Hindu woman could perceive her surrogacy service as being a devotional duty, helping to erase that curse from the foreign client who seeks a child. But, in truth, I think the overwhelming incentive is money.

Why is India a main destination for surrogacy?

India is a prime destination for maternal surrogacy tourists for a few reasons. First is what I call the economic gradient. This is confounded by a legal motivator. In the USA, for example, hiring a surrogate costs tens of thousands of dollars, with a fair amount of legal complication, often related to the rights of the surrogate to perhaps claim the child if she changes her mind. In India, the same process would cost about \$6000, with the law firmly stating that the surrogate gives up all rights to the child upon delivery. This is made possible because India only sanctions what is called "gestational surrogacy", which is when a surrogate gestates an embryo to which she has no genetic relationship, thus removing much of any potential custodial right she might claim.

In addition, India has a cooperate state who openly advertises and supports that country's medical tourism endeavours. India's reproductive tourism industry benefits from an extant medical tourism industry, meaning that the infrastructure already exists for a packaging of travel, hostelry, visa-granting, and the seeking of medical care, making the developing of new sub-industries of medical tourism all the easier. As well, India has an abundance of Western-trained, English-speaking physicians.

Lastly, a possible accelerant to India's reproductive tourism industry is the general impression of Indian women as demure and domestic, making them ideal repositories for a paying client's progeny. I think it can be as nuts-and-bolts as that, as offensive as it might sound.

Do you think the industry of reproductive tourism is ethically troubling?

This is the thrust of much of my work. In our recent paper, "[Ethical concerns for maternal surrogacy and reproductive tourism](#)," which was published in BMJ's *Journal of Medical Ethics* last year, we enumerated a handful of key concerns. The obvious ones have to do with appropriate payment for this service and the possible exploitation of poor women who have no other option but to sell their bodies, sort of like a kind of reproductive prostitution. Less obvious concerns include the demands of "informed consent", which I argue should be expanded so that surrogates are informed of their social and emotional risks of having someone else's baby. And, most interesting to me, is the conflict between business ethics and medical ethics manifesting in a conflict of interest for the clinician, since he or she is paid by one party (the client) but must care for the needs of two other parties (the surrogate and the baby). It's all quite complicated and fascinating.

What do you think is the future of reproductive tourism?

I want to make clear that I'm not criticizing anyone involved in the industry. With some exceptions, I think everyone involved is driven by honourable motivations. My goal is to see this practice made more fair, safe, and ethical, and this probably means empowering the surrogate with better counsel, education, and options.

I think the industry is bound to expand, especially as infertility continues to grow as a global concern, and as more countries see an opportunity to profit from this demand. Unfortunately, new technologies like PGD, while offering the possibility of disease control, nonetheless usher in the spectre of eugenics. And age-old practices like sex selection are accelerated by these technologies, leading to the extreme population sex imbalances we're seeing in some communities, such as North India.

The industry in India is expanding. In another of our studies ("Measuring reproductive tourism through an analysis of Indian ART clinic Website." *International Journal of General Medicine*. 2012, 5:763-773) we looked at the extent to which Indian reproductive clinics are overtly

recruiting foreign clients. The proportion is large and growing. But what's also interesting is the degree to which domestic markets in India and other emerging economies are growing. This means that domestic reproductive tourism might be as big of a deal as its international cousin.

We should all care about this phenomenon, even though it is unlikely that it will affect us as individuals directly. It concerns the hot button topics of our time: life, death, definitions of family, limitations on what we can do with our bodies, abortion, and globalisation. I encourage everyone to pay attention to media reports and legislation arising from this industry, as ultimately they reflect what we perceive to be our social values and beliefs.

Find out more from our expert, Dr. Raywat Deonandan, at <http://www.deonandan.com/>

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