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November 6, 2012 | [Rachel Lauren Gardner](#) | [0 Comments](#)

[Tougher regulation needed for lucrative reproductive tourism industry](#)



Photo Credit: Sarah Mercer, 2009.

Dr. Rayat Deonandan, along with medical students Samantha Green and Amanda van Beinum, released their study on reproductive tourism entitled “Ethical concerns for maternal surrogacy and reproductive tourism.”

Surrogate mothers in India need someone to stand up for their interests when confronted by so-called “reproductive tourists” who want to pay them to have babies, a professor at the University of Ottawa says.

Health sciences professor Rayat Deonandan, alongside University of Ottawa medical students Samantha Green and Amanda van Beinum, has submitted a study to the Journal of Medical Ethics on the vulnerable position of Indian surrogates, many of whom are dealing with clients from Canada. Deonandan, who was in Florida at the time of the interview, shared a copy of his study with The Ward.

“I think the surrogate’s benefits are not in proportion to her risks and damages,” Deonandan wrote in an email interview. “I believe the situation can be made more beneficial by instituting a fair-trade surrogacy system.”

India is giving birth to an ever-expanding market, quite literally. Some Canadian couples unable to have children are hiring surrogate mothers from India as part of an emerging industry known as reproductive tourism. While the industry brings these Canadian couples the hope of starting a family, it is rife with concerns surrounding the lack of regulations and policy development in the field.

The reproductive tourism clientele is largely composed of same-sex couples, infertile or at-risk couples, or those who have undergone surgical procedures such as hysterectomies or vasectomies. This past year, a Canadian study suggested that up to 16 per cent of heterosexual couples, where the woman is between the age of 18 and 44, experience infertility.

Yet surrogacy is a particularly difficult process for Canadians, as payment for human eggs, sperm and surrogacy services is illegal under Canada’s Assisted Human Reproduction Act passed in 2004. Those who buy or offer to buy these reproductive elements or services can be fined up to \$500,000 or face 10 years in jail.

Deonandan says the vulnerable position of Indian surrogates, many of whom are poor and illiterate, leaves the possibility for a whole host of problems in their relationship with both the clinician and the client.

Illiteracy is one of the greatest barriers to safe employment as a surrogate mother, he says. Informed medical consent is advocated for in the clinician-surrogate relationship to ensure that physical and social risks are communicated to the woman during and after carrying the baby. Deonandan suggests that clinicians may be more inclined to inform surrogates of physical risks rather than long-term social risks, such as social shunning.

Deonandan says that surrogate mothers are often ostracised in religiously conservative communities, particularly Muslim villages that may object to enabling same-sex couples to have children or to carrying the child of a man who is not her husband.

Hindu communities provide an exception in the Indian context, where an effort can be made to encourage more widespread acceptance of surrogate mothers, he says.

“An effort is sometimes made in the Hindu context to couch the surrogate’s role as a proxy for a fertility goddess, helping to alleviate the client’s “curse” of infertility,” Deonandan said.

Deonandan also warns that there is potential for conflicts of interest within the client, clinician and surrogate business relationship. Medical decisions, for example, must weigh the health of the surrogate against the monetary cost that would ensure for the client. As such, the health of the baby may be prioritized over the health of the mother, particularly in post-partum recovery.

“One solution is to assure that each surrogate is given the support of a separate medical advocate to counterbalance the great power held by the client to influence decisions made about the surrogate’s health,” Deonandan writes in the article. “The evolution of such an advocacy model has yet to begin.”

The expanding reproductive tourism industry is an increasingly lucrative source of income for India, grossing up to \$2.3 billion annually, Deonandan writes. It is an especially attractive option for individual Indian surrogates, who come mainly from impoverished areas and can earn up to \$6000 from the arrangement.

“The common understanding is that most surrogates are in it for the life-changing money,” Deonandan said. “For some, it is a last resort.”

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Lover of laughter, words, sketching, philosophy and jazz music. Believer that there is no greater power than that of a story to connect one heart to another, inspire thoughtful discussion, and create change.

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