

# Reproductive Injustice, Eugenics, and Commercial Surrogacy

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## ABSTRACT

While maintaining worldwide racial reproduction hierarchy, India's commercial surrogacy industry actually creates people and human connections. The forceful enemy of natalism of the post-pilgrim state repeats the more extensive worldwide populace control plan, which outlines the worldwide South's high fruitfulness rates as a "worldwide risk" that should be controlled no matter what, yet it is at chances with the neoliberal basic of unhindered worldwide ripeness the travel industry. Substitutes (belly mothers) upset male centric talks by recovering control of their bodies and giving their ripe bodies something to do. They ultimately stick to worldwide neo-eugenic objectives to diminish the richness of lower class ladies in the worldwide South by controlling their own propagation through decisions about ripeness, sanitization, and fetus removal to (re)produce posterity of higher classes and advantaged nations. Surrogates artistically create familial connections with the infant and the intended mother across class, caste, religion, race, and country, undermining dominant genetic and patriarchal underpinnings of kinship while essentially reifying systemic inequalities.

## Keyword

Commercial Surrogacy, Fertility, Globalization, Reproductive, Surrogacy.

## 1. INTRODUCTION

Commercial surrogacy is indeed a multibillion-dollar industry with India as the world leader. Surrogacy is a topic that has sparked feminist, moral, legal, as well as social debates for more than three decades, despite its dystopian undertones. While liberal feminists defend the practice because it is a woman's right to use her body as she wishes, others object to the many systems of injustice as well as exploitation that such practices may perpetuate, or question the practice's ethics or morality. An empirical or ethnographic method has been applied in recent study on surrogacy's lived experiences. Commercial surrogacy is a relatively new phenomenon outside of the Euro-American context, which has dominated this study until recently. Surprisingly, despite the absence of any solid information on the usage of surrogacy in the poor world, feminists issued grave predictions about its future [1]. "While sexual prostitutes sell vagina, rectum, and mouth," feminist Andrea Dworkin predicted in 1978, "reproductive prostitutes will sell other body parts: wombs, ovaries, and eggs," and sociologist Barbara Rothman wondered in 1988, "Can we look forward to baby farms, with white embryos grown in young and Third World women?" Over the course of a decade of study on commercial surrogacy in India, I recognized that a Eurocentric

lens would not suffice to comprehend the booming Indian surrogacy sector [2]. Surrogacy in India may appear to be similar to Rothman's inhumane baby farms at first glance, but immersion in the field supplied a very various perspectives on the influence of new assisted reproduction on female in the global South, as well as a more complex theorization of the intersections of reproduction, human labor, and globalization [3].

Surrogacy, without a doubt, is an affront to the widely held belief in the sacredness of human reproduction and motherhood [4]. It restricts our comprehension of the crucial dynamics of surrogacy beyond reproductive realm by burying it in the normal morality and mother-hood discussions. In India, surrogate moms, often known as womb mothers, deal with a lot more than just their motherhood. They struggle with their newfound identities as members of a business in India that is seen as ethically dubious and built as abnormal [5]. Others haggle with their families to acquire command over their own bodies and richness to participate around here, while others are constrained into surrogacy by their families [6]. As womb moms, they are thrust into a new connection with a medicalized reproduction system, one that was previously out of reach for them due to their social status and the anti-natalist policies of the government [7]. Ladies utilized by authorizing guardians and clients from inside and past boundaries oversee connections that regularly rise above racial, social, and public hindrances. Surrogacy in India has many complexities that are overlooked when focusing only on the reproductive and mothering aspects. Since surrogacy has become a new reality due to globalization, all of my prior works have examined commercial surrogacy as a type of labors that subverts the publicly produced contradiction among the two concepts of production and reproduction. A key contradiction in the surrogacy labor market is brought to light in this essay because it emphasizes how crucial it is to uphold the worldwide racial reproductive hierarchy in order to maintain the advantages that certain couples enjoy while completely rejecting others. Dorothy Roberts, a law expert who studied the race-based reproductive hierarchy, said that the freedom to have children is at the core of what it means to be human [8]. People's worth decides whether or not they are considered worthy of passing on their genes to their descendants. When someone is denied the right to have children, that person loses an essential element of their humanity [9]. The denial of race also serves to maintain a racial hierarchy that ignores the humanity of Black people. This racial hierarchy has been effectively globalized near ignore the civilization of females of color inside the regions, thanks to the proliferation of new technology in the global South [10].

India's surrogacy business must be understood in the context of the country's rather paradoxical reproductive history, which

combines the post-colonial official goal of strong domestic anti-natalism with the neoliberal necessity of uncontrolled fertility tourism. It's no fortuitous event that this public objective is in a state of harmony with a bigger worldwide populace control exertion that sees countries in the worldwide South with high childbearing rates as a 'worldwide danger.' By assuming responsibility for their bodies and utilizing their prolific ones, I battle that belly mothers upset prevailing talks [11]. Furthermore, as they adjust their own generation through choices about fruitfulness, disinfection and early termination to (re)produce offspring of higher classes and advantaged countries, they adjust to the worldwide basic of diminishing the richness of lower-class ladies in the Global South overall. The womb moms create kinship connections with the infant and the intended mother in spite of global systemic inequities, or maybe precisely because of them [12]. Class, caste, religion, and even race and country are no barrier to these connections. These strong connections have the potential to upend dominant genetic underpinnings of family, but instead they serve to solidify existing inequalities by reinforcing them. This paper concludes by relating the ethnographic results to policy ramifications [13].

### 1.1 Ethnographic Study

As many as 3000 clinics in India now provide surrogacy services and an additional 30,000 facilities have the potential to begin providing surrogacy services, making surrogacy an estimated \$2 billion industry in the country by 2025. Indian surrogacy is quickly overtaking the United States as a major participant in commercial surrogacy [14]. For a really long time, clients from nations where surrogacy is precluded or seriously restricted have gone to American ladies to convey their kids. In any case, contrasted with the US, where such worldwide bundles cost about \$100,000, they are around 33% the cost in India [15]. There are different elements that favor India as a clinical travel industry objective, including countless profoundly qualified and English-speaking specialists with degrees and preparing from esteemed clinical schools in India and abroad, exceptional private centers and clinics, and a sizable Indian-origin clientele who frequently combine less expensive treatment with a visit to their families back home [16].

In India, business surrogacy has thrived with minimal administrative mediation and barely any guidelines overseeing the methodology, the agreement, or the association between the belly mother and client. Therefore it's so intriguing to study [17]. This is a direct result of this that planned guardians might exploit private facilities and medical clinics' client well-disposed practices, where doctors are prepared to give decisions and administrations that are disallowed or exceptionally controlled somewhere else. In 2005, the Indian Council of Medical Research (ICMR) remembered a few references to surrogacy for the more extensive National Guidelines for Accreditation, Supervision and Regulation of Assisted Reproductive Technology (ART) centers in India, and in the later draft ART Regulatory Bill in 2010. The ICMR attempted to regulate the industry. These suggestions were never meant to be legally binding. It was proposed by the Directorate General of Health Services in 2013 that the decision of surrogacy be restricted to wedded barren couples of Indian heritage, which was acknowledged by the Ministry of Health and Family Welfare in 2014. This was a tougher variant of the Home Ministry's 2012 rule, which banished gay couples, single people, and couples from nations where business surrogacy is restricted from involving one in India. As it stands, the DGHS proposal banned surrogacy in India for foreigners, gays, and individuals in

cohabiting partnerships. Despite these new requirements, clinics continue to provide 'package packages' that are beneficial to their clients [18].

As a result of the power dynamics openly favoring commissioning parents, India's surrogacy industry attracts customers from across the world. The facility I concentrated broadly, and the one that has gotten a great deal of late media consideration, runs a few surrogacy inns where the ladies are in a real sense held under consistent observation all through their pregnancy - their food, medications, and day by day exercises can be generally checked by clinical staff. This is a major draw for clients looking to use surrogates. Many Indian cities have fertility clinics, but this is the sole clinic where physicians and nurses are actively involved in the recruiting and surveillance of commercial surrogates and have documented instances of surrogacy. The clinic claimed to have delivered 1000 babies through surrogacy by the end of 2014.

### 1.2 A Related Study

During the years 2006 to 2013, I did fieldwork for a research study on commercial surrogacy in India. 52 belly mothers, their spouses, and parents in law were met inside and out and transparently as well as 12 would-be guardians. Three doctors, three surrogacy specialists, three inn ladies, and various medical attendants additionally took part in my review. In accumulation, I saw surrogacy clinics and surrogacy hostels for ten months as a participant. I shared a dormitory with a group of pregnant women, prepared meals for them, prayed with them, and even went to courses with them to learn computers and English. The hostel and clinic were on my 2012 itinerary, as were many past and repeat surrogates, who I met while planning a series of participatory livelihood-generation workshops. In light of my exploration and studios with proxies, I am by and by chipping away at a media docudrama called *Made in India: Notes from a Baby Farm* [19]. In this research, all the females who deliver birth to the babies were married as well as had at minimum one kid among them. They were all between the ages of 20 and 45. All but two of the ladies came from nearby towns. One woman claimed to be a "housewife," another claimed to be a "work at home mom," while the others claimed to be employed in places like schools, clinics, farms, and retail. There were illiterate surrogates as well as those who had completed high school, with the typical surrogate just having completed the first few years of middle school. Surrogates have a median monthly salary of Rs 2500 (US\$50) for their families. Because many of the women had husbands who were either jobless or working under contract, the money they received through surrogacy was enough to cover their whole family's expenses for almost five years. Thirty of the study's pregnant moms were employed by multinational companies [20].

### 1.3 From Unrestrained Procreators to Successful Harvesters

Females in Europe in addition to North America (at least those who are white) have had to fight to obtain even the most basic methods of birth control; in India they were compelled to use them. These policies undermine the very concept of choice or democracy that they purport to uphold, as Sara Pinto brilliantly describes it as the 'irony of degraded choice.'" With its formal population programme launched in 1952, India was the first country to do so [21]. Regardless of whether one needs to talk about India's populace strategy stringently on ethnic lines, it's difficult to do as such disregarding how legislatures and public and private associations like the United States Agency for

International Development (USAID), the United Nations Population Fund (UNFPA), and the World Bank pushed and supported prophylactic projects in emerging nations like those in the worldwide South after World War II. As India was feeling the squeeze to help fruitfulness decrease endeavors and push toward monetary progression during the 1960s dry season and financial emergency, unfamiliar inclusion in the populace control program strengthened. Globalization-induced population control has resulted in a drastic reduction in the role of the state as a supplier of essential services such as healthcare due to worldwide pressure for economic liberalization [22]. The state abandoned making a government assistance state and accepted the Structural Adjustment approaches and projects that were carried out all things considered (SAP). To conform to SAP necessities, the wellbeing business needed to make cuts, pull out from the public area, and open up to private speculation and unfamiliar cash. 4 Until recently, government spending on public health infrastructure has remained at only 1% of GDP, much lower than the 2.8 percent of GDP invested on average by other less-developed nations across the world [23]. While other government budgets have been reduced, the government's spending on family planning has increased[24].

The Indian state, in contrast to China, is expected to keep a liberal popularity based front, however truth be told it keeps on pushing methods like as disinfection and long haul hormonal inserts that limit the opportunity of decision for lower-class ladies in India. Most of the anti-natalist hegemonic propaganda depicts lower-class women's reproductive bodies as irresponsible and responsible for their poverty.

## 2. DISCUSSION

Commercial surrogacy may be declared unethical and undesirable if a legal prohibition is instituted. Many nations have come to this conclusion and put it into national legislation. However, despite the existence of restrictive legislation, individuals continue to seek and get genetic children. As a result of globalization, most customers circumvent local restrictions in order to take advantage of new technology. A prohibition on surrogacy in India, in my opinion, would only serve to drive the practice underground and further limit the rights of surrogates. If surrogacy is outlawed in India, it will most likely move to a nation in the global South as a result of this. Because of new principles restricting surrogacy in India just too wedded hetero couples, episodes of "gay surrogacy" have been moving to Thailand and Nepal. An option in contrast to business surrogacy is to require a prohibition on the training. Surrogacy for cash is illicit in numerous nations including the UK and Canada, but charitable surrogacy is permitted, in which the proxy isn't made up for her administrations and is basically spurred by a craving to help a barren couple become guardians. When a country only allows women to be unpaid surrogates under its national laws, it drives its citizens to look for surrogates elsewhere. There don't appear to be many ladies who are willing to become pregnant for the sake of others. The morally dubious business is essentially exported to another country as a result of the prohibitionist national legislation[25].

The surrogates themselves should be protected, not the country's laws. Instead, I propose a well-thought-out legislation to govern the business. Surrogacy is a global and complicated problem that, in my opinion, cannot be addressed or controlled inside national boundaries, and that is why I oppose it. Surrogacy necessitates an international discussion since it is a global problem. Her manual

for "fair exchange rehearses" in global surrogacy recommends a stage toward such a worldwide talk and guideline. To ensure that the benefits of surrogacy "are genuinely shared among the partaking parties" and that they help the people who are "most vulnerable in the store network," the substitutes, specialists give an original case on the side of taking on Fair Trade standards to global surrogacy. A portion of her arrangement thoughts ought to be assessed and broadened, regardless of whether scholastics talk about how this administrative and pay framework is executed. While examining "fair costs in the local or neighborhood setting," scholastics momentarily feature "ones settled upon by means of conversation and association." She proceeds to say that 'straightforwardness and responsibility... of cash exchanges between surrogacy representatives, planned guardians and substitute mothers' are required. She finishes up. Preceding this, I based on Humbyrd's thoughts by proposing a worldwide system for the surrogacy business that underscores receptiveness and straightforwardness on three fronts: the installment structure, the operation, and the surrogacy-related collaborations [26].

Let me elaborate a bit more on the third and last point – honesty in surrogacy-based partnerships – which I think is the most important. To describe the "new" forms of identity, communal combination, as well as social interactions prepared available by advances in genetics, an American anthropologist created the phrase "bio sociality." There have been many follow-up studies since then that have expanded on this idea to look at new forms of community based on developing biotechnologies, such as genome projects and IVF. For biosociality analytics to be useful in surrogacy, we must pay more attention to the connections that emerge in and through these marketplaces, ties that are often ended in our quest for anonymity and privacy. As a way to protect supply chain participants' privacy, suppliers of vital emotional and physical services are rendered anonymous and faceless. As a result, purchasers may easily forget that what they're buying is more than just a kid; they're buying connections as well as necessary services.

## 3. CONCLUSION

Surrogacy's hidden inconsistency is uncovered when it is viewed as a feature of a bigger continuum of conceptive work. It has specific qualities with gendered occupations like homegrown work and sex work, which are regularly performed by ladies. A solid test to the deep rooted partition laid out among creation and propagation is introduced by business surrogacy. Outside of the alleged private circle, ladies' conceptive capacities are esteemed and adapted. Women who work as commercial surrogates often utilize their bodies as labor tools, including their wombs and breasts. However, commercial surrogacy simultaneously subverts and reifies these gendered dichotomies. For as long as men's reproductive bodies and fertility are the only assets women may utilize for earning money in a labor market, women's bodies are limited to their reproductive capabilities, reinforcing the historically created gender roles they've been assigned. That leads us to a contradiction that's unique to India, where the assisted conception labor market is seeing rapid growth in spite of the country's long history of anti-natalist sentiment. Historically, in India, the fecundity of lower-class women has been portrayed as a societal as well as an individual problem. As lower-class women serve as surrogates for comparatively higher-class clientele, their fertility is momentarily revalued. There is no denying that stratified reproduction exists in the United States today, but I've

argued that it is the result of deliberate governmental policy, as well as an economic incentive to improve the human race. Surrogacy is one expression of India's stratified reproduction, which is the result of deliberate governmental goals and an As a result of today's worldwide distribution of productive as well as reproductive activity, this is an inescapable conclusion.

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