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What women want: Labour laws!



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The persistent question of children — “Where do babies come from?” — has always confronted parents. The answer to this has become more and more complex, while medical technology has traversed far ahead. Assisted Reproductive Technology (ART) requires sympathetic responses from parents, professionals and society. One of the techniques of ART is surrogacy, an anxious, second-choice option for those who cannot conceive and give birth to a child. Most commissioning parents donate their gametes to create a child through surrogacy. Surrogates help those trapped in the awful math of sterility become parents, and the payment they receive is paltry as opposed to the hazards, distress and hardship they undergo. As per the rules in India, a healthy woman can become surrogate for a maximum of three times. Surrogacy is complicated by queries from all the important sectors — financial, legal, political, social and moral. We spoke to women on what it takes to fulfil one of humanity's deepest longings — the desire to have a child.

Best of both worlds

It is wrong to assume that the health of Third World women is in danger of being exploited when they volunteer as surrogates. The care given to them during pregnancy and the financial compensation ensure that, in most cases, they are better off than before. Social pressure exists, but is less than 10 years ago. If used judiciously, both parties stand to gain. Laws can be enforced to ensure the best outcome for the surrogate mother and the commissioning couple. However, I feel the child need not ever know the history of its conception.

Dr. C. GEETHA HARIPRIYA

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Evaluate guidelines

Women who undergo surrogacy are, in fact, empowered, because they can change their standard of living with the financial remuneration they receive. However, since surrogacy is a relatively new form of ART, there will be situations needing evaluation of the guidelines issued by Indian Council of Medical Research (ICMR) from time to time. For instance, if the surrogate is carrying twins, her demand for more financial remuneration is justified. If she undergoes a Caesarean section, should she be paid more? What if she develops health complications post-partum?

I wish that surrogacy be looked upon as a medical intervention for treating some forms of infertility. Surrogacy must come out of the wraps.

Most biological parents shy away from meeting the surrogate mother regularly. However, some are comfortable doing so. And, the fear of a surrogate not giving up the child should be addressed by doctors when interacting with the commissioning parents.

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Vote for adoption

Even if the Assisted Reproductive Technology (Regulation) Bill and Rules, 2008, is approved by Parliament this winter session, it may be a year before it actually redefines the parameters of this booming industry. In India, there is always the worry that surrogates may be exploited by those doing this for commercial gain — agents and middlemen.

From the socio-economic angle, adoption is a better concept. Legalisation is also not complicated in adoption. Genes are the main factor in surrogacy. And, how do you define a mother? The one who donates the eggs, the one who gives life to the foetus in her womb, or the one who rears the child?

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Need for counselling

In India, mental health research regarding surrogacy is at a very nascent stage. Western literature suggests that surrogate mothers may exhibit symptoms of post-natal depression, though few may experience feelings of self-worth. Hence it is imperative that the surrogate and biological parents maintain a cordial relationship and transparency for transition in the best interests of the unborn child. Providing pre- and post-natal counselling to both the surrogate mother and the biological parents, and providing information to the child at an appropriate age may be incorporated with the legal aspects of surrogacy to help mothers (surrogate and biological) who undergo trauma.

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