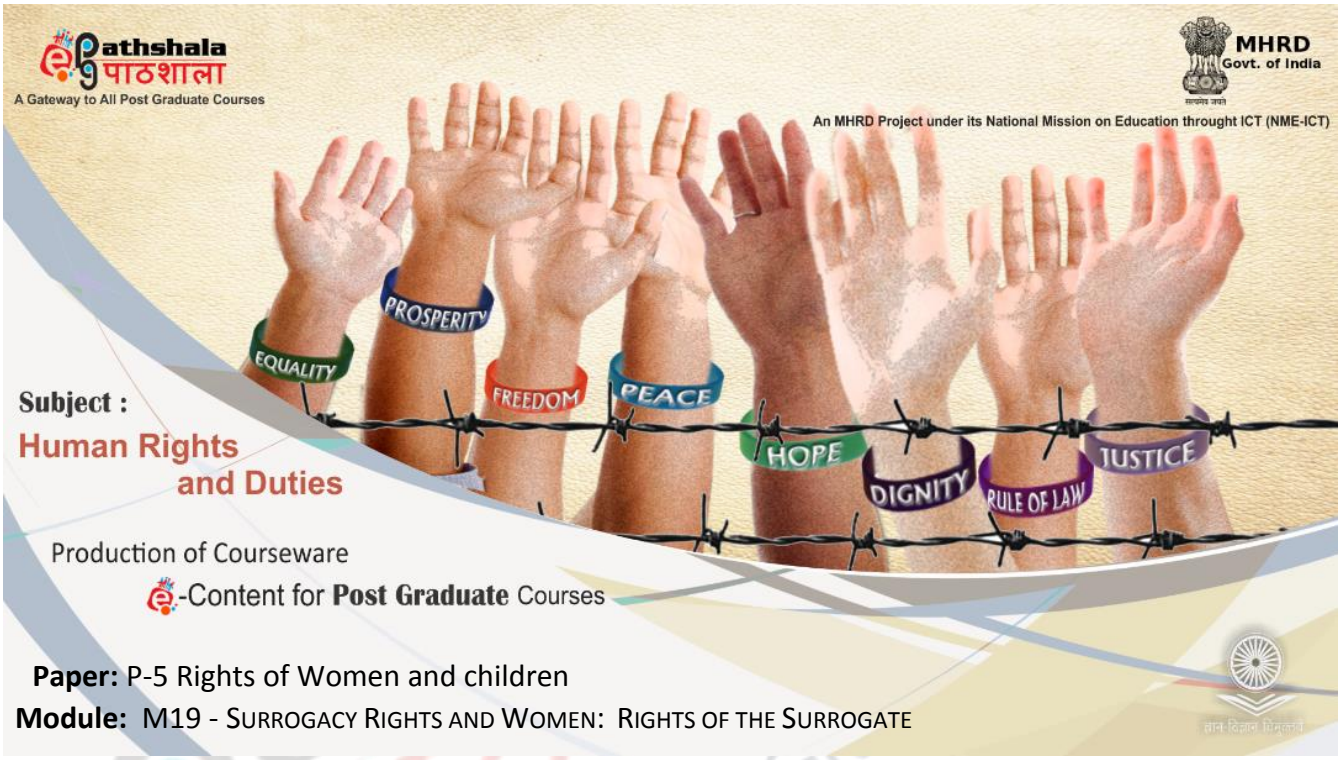

Paper: P-5 Rights of Women and children

Module: M19 - SURROGACY RIGHTS AND WOMEN: RIGHTS OF THE SURROGATE

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MHRD Govt. of India

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Description of Module	
Subject Name	Human Rights and Duties
Paper Name	Rights of Women and Children
Module Name/Title	Surrogacy Rights and Women: Rights of the Surrogate
Module Id	19
Pre-requisites	
Objectives	
Keywords	

Surrogacy Rights and Women: Rights of the Surrogate

Learning Aims:

By the end of this module, you will have a good understanding of what surrogacy is and its different forms; different laws that apply to the surrogacy process how they apply to the different parties; and costs such as expenses and remuneration that the surrogate may benefit from. The module will also include some of the most pertinent concerns regarding the regulation of surrogacy and areas where the law may be able to play a greater role in regulating in the future.

What Is Surrogacy?

Surrogacy is the practice where a woman agrees to bear a child in her uterus for another person. This procedure is legal in India. The woman who bears the foetus is known as the surrogate. The people for whom the foetus is carried, and to whom the child is handed over upon delivery, are known as intended or commissioning, parents. Sometimes, a single person is the intended parent. For ease of reference in this module the term "intended parents" will be used to denote both a commissioning couple and a commissioning individual.

The need for surrogacy may arise for two reasons, medical and non-medical. The medical need for surrogacy arises when the intended parents are unable to conceive. This may be because of infertility, or it may be because the couple is in a same sex/homosexual relationship. The non-medical reason arises when heterosexual intended parents decide, for personal reasons, that despite being able to conceive physically, they do not want to undergo pregnancy.

Similarly, a surrogate may be impregnated in two ways, sexual and non-sexual. In the sexual process, the intended father will engage in intercourse with the surrogate to conceive. However, the surrogate will, upon delivery, hand the baby to the intended parents. The much more common procedure today is the non-sexual process. This process involves the impregnation of the surrogate through in vitro fertilisation (IVF). IVF is the procedure whereby an ovum is fertilized by sperm outside the human body, and the fertilised ovum or embryo is then implanted into the surrogate's uterus through a process called embryo transfer. The ovum that is fertilised may belong to the surrogate, the intended mother, or another woman known as the egg donor. Similarly either the sperm of the intended father or a donor may be used.

What Is In Vitro Fertilization?

As mentioned above, the ovum and sperm may be donated. Sperm donation is a rather simple procedure, whereby the male manually stimulates himself to ejaculation in a clinic. His semen is collected and stored for further use. Egg donation, on the other hand, is a much more complicated

procedure as it requires many hormonal injections into the woman's body to stimulate the growth of eggs. Once the eggs are ready, a medical professional extracts them from the female's body either through a needle or a laparoscope. These eggs are then fertilised with the male donor's sperm in a test tube or a petri dish, forming embryos, which are then transferred to the woman's uterus. Since the fertilisation may happen in a test tube, in popular media the children produced by this process are referred to as "test tube babies." This IVF procedure is used by many women, who are unable to conceive, to help them attain a pregnancy. IVF technology is used on surrogates as well, in the case of non-sexual surrogacy.

What Are The Different Types of Surrogacy?

There are two main types of surrogacy: traditional surrogacy and gestational surrogacy. Traditional surrogacy is where the surrogate is genetically related to the embryo, i.e. the surrogate's egg is used to create the embryo. Gestational surrogacy is where the surrogate is not genetically related to the embryo, i.e. another woman's ovum is used to create the embryo.

Both types of surrogacy may be further classified based upon whether the surrogate is carrying the foetus for remuneration or not. When a surrogate is being paid for her services, the arrangement is called commercial surrogacy. When a surrogate is not receiving remuneration, the arrangement is called altruistic surrogacy. Altruistic surrogates usually still have their medical expenses related to pregnancy covered by the intended parents.

What Are the Surrogate's rights?

There is at least one woman in a surrogacy arrangement – the surrogate. However, there may be as many as three. If the intended parents are a homosexual couple, the intended parents (both male) will need an egg donor and surrogate who may, or may not, be the same person. In a heterosexual couple there is the intended mother, and if the eggs are extracted from another woman, there is an egg donor. If the parents are a lesbian couple, they may choose to use one of their eggs or to use a third party's and therefore up to four women may be involved, including the surrogate mother. In the case of a heterosexual or lesbian couple if the intended parents are not using their eggs but are using the eggs of an egg donor which is then implanted into the surrogate the number of women involved increases again. There are therefore various issues about women's rights. For this paper, we shall only address the rights of the surrogate.

The Decision to Become a Surrogate

A surrogacy arrangement is governed by contract law. In India in the absence of other regulation, the Indian Contract Act, 1872 (the "ICA") becomes the governing law. The Ministry of Health and Child Welfare (the "Ministry"), in conjunction with the Indian Council for Medical Research, has created a draft bill governing alternative reproductive technologies, including IVF and surrogacy: the Alternative Reproductive Technologies (Regulation) Bill, 2010 (the "ART Bill"). The Ministry has also drafted supporting rules, which lay out the mandated form of most of the contracts involved in this arrangement: the Alternative Reproductive Technologies (Regulation) Rules, 2010 (the "ART Rules").

Every commercial surrogate enters into a contract with the intended parents, whether written or oral, where she agrees to bear the foetus to term, and the intended parents agree to pay her in return. Under the ICA any person who enters into a contract must do so with their free consent. Free consent is defined as consent given without coercion, duress, fraud, misrepresentation, or mistake. This is a requirement for all people entering into contracts, but in surrogacy, it becomes an especially important issue for the surrogate.

The decision to become a surrogate is often an economic one. The surrogate is in need of money. In India, this is especially true. Due to conservative views in society and a lack of awareness of the surrogacy procedure, people tend to equate surrogacy with prostitution. Therefore, surrogates tend to be in desperate need of money before they consider going against social norms. Often the alternative reproductive technology clinic is less than forthcoming to the surrogate about the terms of her contract, the nature of and risks involved with the procedure, and the money she will make as a result. One also worries about whether the surrogate's husband has pressured the surrogate into entering the agreement. As a result of the surrogate's vulnerability, caused by her financial difficulties, her position in the family, and her lack of information, there is concern that her decision to become a surrogate, in certain instances, may not be the result of free consent.

Unfortunately, the financial insecurity of the surrogate also means that she is unlikely to be able to procure adequate legal representation in the case of any dispute. Therefore many challenges to the surrogacy agreement, which may exist, are likely to go un-investigated and unquestioned.

Motherhood – Who Is the Mother?

As mentioned above, with up to three women involved (the surrogate, the intended mother, the egg donor) who is the birth mother? Is the woman who bears biological relation to the child the mother? Or is it the woman who pays for the child to be brought into the world? Or is it perhaps the woman who gestates and delivers the child? This issue has seen a lot of debate and confusion since the inception of surrogacy.

The earliest example of this question being raised was in the Supreme Court of New Jersey in the United States in 1988. Mary Beth Whitehead had entered into a surrogacy agreement with the intended parents, William and Elizabeth Stern. Whitehead was also the biological mother because

her ovum was used. The surrogacy agreement stated that Whitehead relinquished all parental rights to the child upon delivery in favour of Elizabeth Stern. Upon delivering the baby, Whitehead and her husband found themselves unwilling to part with the child and absconded. The police finally apprehended Whitehead and Baby M (a pseudonym used to protect the child's identity), who was delivered to the intended parents. However, in the custody battle that went up to court, the Supreme Court of New Jersey ruled that the surrogacy contract was unenforceable because a biological mother could not relinquish her rights to her child before the child is born. The Court then determined that between the biological mother, Whitehead, and the biological father, Stern, the intended father, the latter was the better parent keeping in mind the best interests of the child, and gave custody to him.

In India, currently, there are no limits placed on the kinds of surrogacy that may happen (altruistic or commercial; traditional or gestational). However, in the ART Bill, the Ministry proposes only to allow gestational surrogacy. This would eliminate concerns about the surrogate having parental rights due to a biological relation. Here, however, another concern arises: may it be deemed that just because a surrogate is not genetically related to the foetus, she is automatically not the mother, despite the fact that she has borne the child? There are different opinions. In Germany, for example, where surrogacy is illegal, the surrogate and her husband are deemed to be the parents of the child. On the other hand, the genetic mother may be considered the mother.

The ART Bill proposes to address this issue by providing that only the intended/commissioning mother, if any, will be listed as the mother of the child. The issue, therefore, remains open for consideration from women's rights perspective: does a woman's biological function of gestating the foetus amount to no more than a service? Or does bearing the foetus form an essential part of motherhood, which requires a recognition that the surrogate has some parental rights?

Bodily Autonomy

The issue of autonomy over one's body is a matter of fundamental rights. A woman must have the right to control her reproductive functions and make decisions regarding her own body.

In a surrogacy arrangement, the surrogate's control over her body is limited because she is carrying another couple's child. From a rights perspective, there are several questions left unanswered, and several unethical practices left unchallenged.

Abortion and Foetal Reduction

During the process of creating the embryos externally, doctors generally fertilise several eggs with the desired sperm. After that, several of these embryos are transferred to the surrogate's uterus during embryo transfer. This is a common practice to maximise the chances of a successful pregnancy. The

flip side is that there is a risk of multiple pregnancies. In such an instance doctors perform a process known as foetal reduction. In other words, they abort the extra pregnancies to achieve the desired number for the intended parents.

Occasionally a doctor may discover that the foetus is developing in a manner that makes it very likely that the child born will have disabilities. In such an instance intended parents may desire to terminate the pregnancy. The surrogate's rights here are left uncertain from a legal and moral perspective.

There is a danger of abortion, including the practice of foetal reduction, being carried out without the surrogate's consent. This is a violation not only of her fundamental rights but also the Medical Termination of Pregnancy Act, 1971 (the "MTP Act").

Under the MTP Act, a medical professional may only perform an abortion on a pregnant woman in limited circumstances and within certain time frames. This is demonstrated below:

MEDICAL TERMINATION OF PREGANNCY ACT, 1971, SECTION 3

0 – **12 weeks 12-20 weeks > 20 weeks**

Abortion Allowed? YES YES NO

Medical Opinion Needed? One registered medical practitioner must believe abortion is necessary two registered medical practitioners must believe abortion is necessary N/A

Under What Circumstances? • Risk to life

- grave injury to physical health
- grave injury to mental health
- a substantial risk that if the child was born, it would be a seriously handicapped • risk to life
- grave injury to physical health
- grave injury to mental health
- a substantial risk that if the child was born, it would be seriously handicapped N/A

Pregnant Woman's Consent Needed? YES YES N/A

As is evident, the MTP Act requires the pregnant woman's consent (here, the surrogate's consent) at every step that abortion is allowed. And yet, there are occasions when the foetal reduction is done without prior consent. Moreover, while the MTP Act recognises that an unwanted child may cause

great anguish to the pregnant woman, in surrogacy the measure of whether a child is unwanted is not by determining whether the surrogate wants the child, but whether the intended couple wants the child. What would happen if, for example, the surrogate does not want to abort a child for being disabled, but the intended parents do? What if the surrogate wants to abort a child for being disabled, but the intended parents do not? Whose mental anguish should be measured? These are very difficult questions with no clear answers currently available under Indian law. On the one hand, the intended parents have an interest in the child that they hope to raise till maturity. On the other hand, the surrogate is the one whose body is being used to bring the child into the world. Regardless, as the MTP Act is currently framed anything less than giving the complete surrogate autonomy over the decision is illegal.

Further the Indian Penal Code criminalises the deliberate causing of miscarriage in section 312: "Whoever voluntarily causes a woman with child to miscarry, shall, if such miscarriage be not caused in good faith for saving the life of the woman, be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both." How this applies to foetal reduction has not yet been considered by the ART Bill.

Duty Not To Harm Foetus

Usually, surrogacy agreements have a provision that compels the surrogate not to engage in any act that may harm the foetus. The draft ART Bill contains a similar provision that will become law if the Bill is passed.

DRAFT ART BILL, 2010, SECTION 34(23)

Any woman agreeing to act as a surrogate shall be duty-bound not to engage in any act that would harm the foetus during pregnancy and the child after birth, until the time the child is handed over to the designated person(s).

It is unclear what precisely these terms mean when they say that the surrogate cannot engage in "any act that would harm the foetus during pregnancy." For example, smoking or drinking during pregnancy may harm the foetus. But no accepted medical science declares that having sexual intercourse while pregnant will harm the foetus. Despite this several ART Clinics require the surrogate to abstain from intercourse during the pregnancy. Moreover, several ART clinics and agents closely monitor the surrogate's diet and food, despite the fact that there is no direct causal link between eating street food and harming the foetus.

Today the control that is exercised over the surrogate's body in India reaches almost absurd heights. The surrogate is left with no agency, no control over her body, and her life is heavily restricted. Balancing the surrogate's civil rights with the interests of the intended parents in ensuring the

surrogate is taking reasonable care of the foetus is a debate that the drafters of the ART Bill have completely overlooked.

Medical Consents

A fundamental aspect of having, and exercising, autonomy over one's body is to receive full disclosure of all material details of the medical procedures one is undergoing. Currently, the disclosures given to the surrogate are very minimal and completely inadequate. The ART Bill 2010 attempts to address this issue by requiring the ART Clinic to provide all material medical disclosures to the surrogate. However, the only disclosures the mandatory contract provided in the ART Rules provide address the process of embryo transfer and the fact that the sperm and ova used to fertilise the embryo have been tested for diseases but that there is still a small chance that they may be HIV positive. There is no mention of the hormonal therapy the surrogate must undergo to prepare for embryo transfer; the number of embryos which will be transferred; the risk of multiple pregnancy; the risk of a foetal reduction; the risk of the child being disabled; the risk of abortion requested by the intended parents; and the risks associated with caesarean birth, which is the preferred mode of delivery by ART Clinics because of the lessening of complications in childbirth. These are all very important aspects of surrogacy, which the surrogate has a right to know.

Remuneration

Although surrogacy may be altruistic in nature, i.e. in return for no remuneration, in commercial surrogacy where the surrogate contracts for payment in return for her services, the surrogate has a contractual right to payments. The way the payments are structured involves a fundamental question about whether the surrogate is being taken advantage of, perhaps even exploited, or whether she is receiving the amount she contracted for in a fair manner.

Currently, most contracts in India, and abroad, provide that the surrogate will be paid the majority of the payment upon actual delivery of the baby. In this event, if there is a miscarriage, through no fault of the surrogate, she does not receive that payment because she has not been able to deliver a baby. This arrangement has caused some to criticise commercial surrogacy arrangements as baby-selling. This raises the question: is the surrogate being paid for the baby, or for her gestational services? There is a compelling argument that the intended parents cannot pay for the baby as that would amount to human trafficking, i.e. paying for a human being, which is illegal. Those in favour of this arrangement argue that the surrogate is being paid for the act of handing the baby over to ensure her performance and that withholding the amount is important to ensure that the surrogate does not try

to withhold the baby for more money. While withholding some money may be important, in the 2010 ART Rules, the amount payable upon handing over the baby is 75% of the entire compensation, which some argue is too much. The surrogate, they argue, should be paid in a manner that reflects her work of actually carrying the baby to reflect the fact that she has temporarily limited her reproductive and lifestyle liberties in favour of the intended parents. Balancing this interest with the intended parents' interest in ensuring that the surrogate hands the delivered baby to them by the contract, is therefore still an open question about which there is much debate. As already mentioned currently the ART Rules 2010 heavily favour the intended parents' interests.

Expenses

A surrogate runs several expenses in the process of surrogacy. Most of these are medical expenses related to the pregnancy during the IVF process and pregnancy. However, there are other, non-medical, expenses that the surrogate may encounter during the surrogacy process.

About medical expenses, the overwhelming majority of arrangements provide that the intended parents must cover these costs. It would only be in the rarest of rare cases where a surrogate may undertake these expenses personally. However, in some cases, the surrogate may also have medical expenses caused by the pregnancy which continues after delivering the baby. The question, therefore, arises for how long do the intended parents need to cover the surrogate's medical expenses post-delivery. What if, for example, a surrogate needs to have a hysterectomy after the pregnancy? Here the ART Bill 2010 provides that the intended parents must ensure that the surrogate is appropriately insured. "Appropriately insured" is a vague term. Would it also cover life insurance?

There are also several non-medical expenses that a surrogate has to cover during surrogacy. One major one in India specifically is housing. The Indian surrogate generally comes from a poor, or lower middle-class background, and is in dire need of money. The main reason for the overwhelming participation coming from the poorer classes is probably largely rooted in the social stigma that still surrounds surrogacy in India. It is this very social conservatism that leads many surrogates to seek alternate housing arrangements during the pendency of the surrogacy – housing that is predominantly provided by the ART clinics. Both the ART clinics and the intended parents benefit from such an arrangement as they are given complete access to the surrogate. This expenditure is necessitated by the surrogacy arrangement. It must, therefore, be provided at the intended parents' expense. As currently framed the contract and the Bill could leave the surrogate covering the charges imposed by the ART clinic for housing and feeding her during the pregnancy. This reinforces the weaker position of the surrogate and her inferiority in the negotiation process and the subsequent tangible benefits received. Imagine for example if the surrogate paid for all of her boarding and lodging during the pregnancy expecting to receive 75% of the value of the contract when the baby is born. If, after nine months of pregnancy and the associated loss of liberty and bills for

accommodation and food, all borne by the surrogate, a still born child is born what financial remuneration will the surrogate receive? Answers to such questions are currently legally unavailable.

The Bill and the Rules should provide for the provision of independent psychological counselling services and independent legal services to the surrogate at the cost of the intended parents. The emotional and mental strain of the surrogacy experience is no small matter. First the surrogate worries about whether she will become pregnant or not. The strain is added by the fact that most surrogates stay in clinic-provided housing, where they are separated from their family. Moreover, the counsellors at the Clinics have a conflict of interest as their employer is the Clinic, who is funded by the intended parents, not the surrogate.

Having the intended parents cover the cost of independent legal advice and psychological counselling for the surrogate is not a revolutionary idea. The state of Israel requires intended parents to pay for the surrogate's legal fees, and also requires the intended parents to pay for the surrogate to receive psychological counselling throughout the process until six months after delivery. Both of these requirements are included in all surrogacy agreements. Such reforms should be debated and considered widely and openly within India and greater attention is owed to the position of surrogate's to ensure the law is both sympathetic to the lived reality of many surrogate women and ethically and morally accountable. This is perhaps especially important given India's popular location for surrogacy services for intended parents coming from abroad and fuelling demand for the industry, partly because of the cheaper costs and lack of substantive regulation.

Conclusion

This module has considered: the differing reasons people may have for choosing to have a child via surrogacy; how IVF is performed; the multiple forms of surrogacy; the economic incentives to become a surrogate; and the medical processes during a surrogacy and the surrounding issues of access to reliable, full, information, the need for informed consent; the expenses of a surrogate that are not comprehensively considered or covered by law; the vulnerability of the surrogate within the current ART Bill and Rules.

Surrogacy is a practice that is gaining momentum in India and requires significant public debate. The issues involved are sprawling across legal, medical, social, and psychological fields. Currently, inadequate attention has been given to the surrogate's rights, needs and wants. The ART Bill is a good start but a lot more work remains if the protection of women's rights, especially the most vulnerable women's right, are to be fulfilled.

Multimedia:

Exploitation of Surrogates:

Video: 'The Baby Makers: Commercial Surrogacy Exploiting Women Of The Developing World?' Produced by ABC Australia, this provides information about the violation of rights and the difficulties that the surrogates experience in developing countries.

Video available here: YouTube: https://www.youtube.com/watch?v=Rj3EodH7lcY

This documentary follows the stories of three couples from in and around Australia who opted for surrogacy in India.

Script:

The couple spent the equivalent of AUS $30,000 for the surrogate to bear and deliver the child for them. The surrogate only received $7,000 out of the sum.

"Some believe the $7000 fee per birth, is a win-win situation, for both hopeful foreign parents, and Indian surrogate mothers. But with many surrogates coming from very poor backgrounds with little or no education, there are concerns that some are pressed into the industry by their husbands and families, as a quick way to make money. "They have been brainwashed because they are so poor", argues Kishwar Desai, author and surrogacy critic, "people are forgetting that there are human beings and emotions involved." In this highly unregulated industry, parents' dreams face exploitation by overcharging clinics. But as pioneering commercial surrogacy business person Dr Patel believes: "If you feel that the childless should live a life of misery, or the poor are meant to remain poor, then you will consider this as something immoral, a baby making factory."

Surrogacy is allowed only for couples who have been married for over two years and produce proof that the child would be accepted in the country of their residence.

A Melbourne couple Mr and Mrs Gerakas opted for commercial surrogacy at a clinic in New Delhi, and the surrogacy resulted in twin children for them. In this case, the women are not allowed to stay in their homes after the 7th month of pregnancy since the clinics have a lot of stakes and want medical services to be readily available in case of any emergency with the surrogate during the pregnancy.

A Tasmanian couple Mr and Mrs Torney opted for direct surrogacy, as they felt that there was lesser exploitation in that manner and would cultivate a more direct caring relationship with the surrogate, which they felt was more ethical.

Mr and Mrs Pinks were exploited by the commercial surrogacy industry when they agreed to pay $30,000 for the procedure but ended up having to pay over $50,000 because of the lack of transparency. They felt that they were overcharged, and multiple unnecessary procedures were ordered to inflate the bill that they were supposed to pay.

Surrogacy was legalised in India in 2002 since then it has become worth over $100,000,000. The government provides the industry with tax breaks, and since it is a lucrative business, over 1,500 surrogacy centres have opened in India. According to some calculations about 25,000 babies are born in those centres, and about 12,000 of them have been adopted by foreign couples. According to Kishwar Desai, it is becoming like a bazar.

Glossary:

Altruistic surrogacy: When a surrogate is not receiving remuneration, surrogates will usually still have their medical expenses related to pregnancy covered by the intended parents.

ART: Alternative Reproductive Technologies (Draft) Bill (2010)

Biological mother: The woman whose egg has been used to create the foetus and whose DNA will be transferred to the child.

Commercial surrogacy: When a surrogate is being paid for her services.

Direct surrogacy: Where a surrogate mother is engaged and funded directly by the intended parents without the involvement of a clinic.

Genetic mother: The woman whose egg has been used to create the foetus and whose DNA will be transferred to the child.

Gestational surrogacy: Where the surrogate is not genetically related to the embryo, i.e. another woman's ovum is used to create the embryo.

ICA: India Contract Act (1872)

In vitro fertilisation (IVF): The procedure whereby an ovum is fertilised by sperm outside the human body, and the fertilised ovum or embryo is then implanted into the surrogate's uterus through a process called embryo transfer.

Intended (or commissioning) parents: The people for whom the foetus is carried, and to whom the child is handed over upon delivery.

MTPA: Medical Termination of Pregnancy Act, 1971

Ovum (plural ova): The female reproductive egg

Remuneration: Financial rewards for work incurred. This is different to expenses which may only cover the medical and nutritional costs associated with pregnancy.

Surrogacy: The practice where a woman agrees to bear a child in her uterus for another person.

Traditional surrogacy: Where the surrogate is genetically related to the embryo, i.e. the surrogate's egg is used to create the embryo.

Internet Resources:

'3D animation of how IVF works' (video) Available at https://www.youtube.com/watch?v=GeigYib39Rs

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'Outsourced labour: One of India's fastest growing industries treats women as bodies for rent' Bidisha New Humanist, 10th October 2012 Available at: https://newhumanist.org.uk/articles/2878/outsourced-labour

'Why two dads are better than none' Jodi, Conception Connections, 13th July 2010 Available at: https://conceptionconnections.wordpress.com/category/gestational-surrogacy/page/3/

Self-Assessment:

1. The clinics set up under the ART Bill require the surrogates to refrain from sexual intercourse during pregnancy.

a) True

b) False

Hint: The clinics don't rely on any accepted medical science for this rule.

2. A woman can choose to abort a foetus if it is life threatening after 20 weeks of pregnancy.

a) True

b) False

Hint: Abortions are only permissible until the 20th week of pregnancy.

3. Surrogates are protected by special laws in India

a) True

b) False

Hint: The ART Bill is still under consideration; therefore the India Contract Act, 1872, governs the agreements that the surrogates enter into.

4. Surrogates are remunerated for all the expenses during the pregnancy and are paid some amount even if the pregnancy ends in miscarriage.

A) True

b) False

Hint: the child, in this case, is treated as a good under the contract act and payment has only to be done on the delivery of the child to the intended parents.

5. The risk of multiple pregnancies, foetal reduction surgery, the child is disabled in any form is not communicated to the surrogate before the procedure.

a) True

b) False

Hint: The ART Bill only requires disclosure of the fact that the child could be HIV positive and an overview of the procedure to be communicated.

6. Foetal Reduction surgery is used to remove the extra pregnancies in case of multiple pregnancies.

A) True

b) False

Hint: Multiple pregnancies can occur since some embryos are fertilised and inserted into the surrogate's uterus so that the chances of pregnancy are increased.

7. There are no non-medical expenses for the surrogates once they become pregnant.

a) True

b) False

Hint: One of the biggest non-medical concern for a surrogate is proper housing, which they are unable to cope with because of the poor background they come from.

8. In the United States, a surrogate cannot refuse to give the child away once the agreement has been signed.

a) True

b) False

Hint: the Supreme Court of New Jersey held that since there can be no agreement to sell something that doesn't exist yet, a woman cannot agree to give away her child before it is born.

9. The surrogate has full autonomy in deciding whether to terminate the pregnancy or not

a) True

b) False

Hint: Since the MTP Act was passed at a time when there was no intention of legislating on surrogacy; the act gives full autonomy to the surrogate in what happens to her body, and the foetus growing inside it.

10. The decision to become a surrogate is always the free consent of the woman who chooses to do it.

a) True

b) False

Hint: A lot of social and economic factors affect the decision of the surrogate, such as pressure created by some family member, dire need of money, lack of information, etc.