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**SURROGACY AND SURROGATE MOTHERHOOD IN INDIA: A CRITIQUE THROUGH
AMULYA MALLADI'S *A HOUSE FOR HAPPY MOTHERS***

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ABSTRACT

The World celebrated when in 2002 surrogacy became legalised in India and the country became a commercial hub for the attainment of parenthood at a comparatively lower cost. During the recent years, surrogacy in India attracted critical attention due to over commodification of the trade as numerous commercial surrogacy agencies are exploiting the sufferings of the infertile couples worldwide and the vulnerability of poor women in India. Since commercial surrogacy in India paved the way for women's exploitation and in some cases, prostitution too, there has been an increased activism to draw attention to and establish the ethicality of the practice of surrogacy. Surrogacy in India is not of recent origin and the practice of surrogacy is embedded in Ancient Indian mythology. In recent times, there is an urgent need felt across the hearts of feminist activists to guarantee ethics, morality and medical intervention for the surrogates. And laws have been enacted by the legislative body of the Government of India to guarantee and offer a more congenial atmosphere through the introduction of altruistic surrogacy in India. Through the narrative analysis of Amulya Malladi's *A House for Happy Mothers*, this paper aims to contribute to the debate on commercial surrogacy by focussing on the interwoven lives of Priya and Asha. It demonstrates that though surrogacy in India indulged in over-commodification, the increasing awareness and activism of the commissioning parents to sustain the ethics and morality of the practice is recent. This paper also argues that increased empathy and acceptability of the commissioning parents, either from India and abroad, opens up possibilities for establishing a new relationship of mutual understanding and empathy between women themselves to realize their maternal goals.

Keywords: Surrogacy, Motherhood, Ethicality, Empathy and Awareness

Introduction

Since the inception of feminist ideologies and their culmination to fruition during the feminist movement of 1960s and aftermath, women have positioned themselves well in the ideological theatricality of life where the constantly evolving and transforming multiplicity of images, myths, reflections alter each gender's imaginary self-worth and renders all conceptualizations null and void. The feminist critique of the legality of

men's discourses, dreams and desires which were sanctioned by scientific practices can no longer be enveloped in history and women's search for their sexual identity has become a signifier of sound mental health. And perhaps we have rebirthed ourselves into a time zone where the issues of contraception and abortion are no longer a taboo but have become important connotations of motherhood.

Women have emerged out of silence and anonymity and their contributions to the circuit of production has validated their desires and authenticity. The invention of new scientific technologies has endowed the women with the capacity of decision making and their choice to embrace biological destiny as per their convenience. But as diversity of opinions has engulfed Humanity in all ages, some critiques view these reproductive choices of women as a necessary freedom, others describe these as the violations of moral and physical sanctity of women bringing them down to a mere 'object' to nullify.

Among the recently developed reproductive technologies, surrogacy has been caught in the web of feminist discussions, which are often contradictory in nature. Some feminists do agree upon the fact that it has taken them centuries of representation, reflection, reading or speaking through literature to emerge out of the pre-historical/ historical identity of themselves as a passive 'body'. But some feminist critics view surrogacy as the oppression and violation of the surrogate's basic rights and it results in unhappiness, guilt and paralyzed mental condition of the surrogate as the choice for a woman to become a surrogate is no choice at all. (Wikler 53)

Although the surrogacy market in India forms only a fraction of worldwide surrogacy, the situation in India was grimmer and bleaker as surrogacy in India promoted caste and colour-based discrimination. According to a recent study, during the heydays of commercial surrogacy in India, traditional surrogacy preferences were given to surrogate donors on the basis of their class, creed, religion and complexion. To address such issues and to regulate surrogacy arrangements, the Government of India has taken certain steps including the introduction and implementation of National Guidelines for Accreditation, Supervision, and Regulation of Assisted Reproductive Technology (ART) Clinics in 2006, and guidelines have been issued by the Indian Council of Medical Research (ICMR) under the Ministry of Health and Family Welfare, Government of India .

But it is only in July 2019 that the new surrogacy regulation bill, introduced by the government of India has made necessary modifications along with the constitution of state and national surrogacy boards. With the provision to allow "ethical altruistic surrogacy" for the Indian infertile couples only, the bill promises to bring about change in the Indian scenario.

As Amulya Malladi's *A House for Happy Mothers* is written before the introduction of the bill demanding the abolishment of the commercial surrogacy in India altogether and suggesting the introduction of altruistic surrogacy in India where only close family members will be able to become the surrogates, this paper attempts to bring the focus on the horrendous reality of surrogate workers in India during the period when commercial surrogacy was legally approved. Perhaps anticipating the future changes to counter the horrific reality of commercial surrogacy in India, Malladi has been quite critical about the frightful situation of the surrogacy clinics in India and the rampant exploitation of the poor surrogates by the commissioning parents. She has not only highlighted in the novel the extremity of the surrogacy situation in India, but also endeavored to suggest the necessary reforms to be undertaken through the character portrayal of the narrative's commissioning parents, whose benevolent and compassionate deeds towards the surrogate promises a much-needed relief to the gruesome and abhorrent surrogacy situation in India.

This paper interrogates the feminist perspectives of surrogacy through the reading of Amulya Malladi's novel *A House for Happy Mothers* (2016) and tries to encapsulate the ethical and moral pervasiveness of surrogacy as a practice. The feminist reading of the narrative also points out to a parallel universe where the maternal function constructs the social order but is always presented as a passive social function. This, however, necessitates the need for the emergence of possibilities of a brave new world where the radical transformation in the legal, behavioral and mental aspect of practice of surrogacy will create a powerfully subversive tale with regard to family and relationships.

I. The technology of Surrogacy

Nature has bestowed women with the capacity to endure life within and many if not all, wait with eagerness for embracing motherhood which will fulfil their maternal destiny. But unfortunately, sometimes mostly due to some physiological conditions, this inherent and latent dream of becoming a biological mother does not become a reality for some women. But in the 21st century when Nature refuses to oblige, the discoveries in science avails other options to human beings. And in case of fulfilling the desire of embracing motherhood, surrogacy has become a viable option to many.

The very word 'surrogacy' implies 'substitute'. In general terms, Surrogacy implies an arrangement in which a female body gets empowered to carry and deliver a child which is typically not her own. The surrogate mother gets impregnated by the implantation of a fertilized embryo in her rented womb. The process of surrogacy again deviates itself into two broad spectrums, i.e., traditional, and gestational. Traditional surrogacy involves the process of impregnating the woman through artificial insemination where the fertilized egg belongs to the woman and the sperm belongs to another man. Traditional surrogacy thus establishes the genetic link between the surrogate and the child. Gestational surrogacy, however, dissolves the genetic linkage between the surrogate and the child by impregnating the surrogate through IVF (In Vitro Fertilization) where the fertilized ovum is the genetic culmination of a different couple altogether. The decision to choose from either the traditional or the gestational surrogacy is determined on the basis of various needs and physical conditions of the intended parents.

The advocates of traditional and gestational surrogacy offer their own perspectives regarding the legal acceptability and ethicality of both the practices. Since traditional surrogacy doesn't evade the genetic connection between the surrogate mother and the child, the proponents of the same fear a possibility of emotional toil for the surrogate mother while relinquishing her baby. Although legal history of the country like India has excluded the occurrence of such events in the recent past, the supporters of the same commotion also profess that traditional surrogates often view the usage of their eggs as an empowering and liberating action as they act as the egg donors for a happy cause. This role of egg donors minimizes the traumatic experience of giving away their genetic child, if any. Traditional surrogacy was the solely recognized medium of having a child via an egg donor till the medical intervention introduced IVF to the world. Traditional surrogacy is still preferred by many as it is less expensive and the success rate is comparatively higher than its gestational counterpart.

Gestational surrogacy, on the other hand, offers one lucrative benefit to the intended parents, i.e., the promise of an offspring who is of their own genetic make-up. Surrogates only carry the embryo/embryos which is the culmination of the egg and the sperm of the commissioning mother and the father outside the womb and then placed through IVF in the surrogate's uterus. Although it may sound quite simple scientifically, it involves a lot of critical invasive procedures to be performed on the women's body.

This process is known as traditional or natural surrogacy which is banned in different countries. Even commercial surrogacy is also banned in New Zealand, United Kingdom and different other European countries. But India legally volunteers itself as one of the most viable options for couples who want to enjoy parenthood through commercial surrogacy.

II. The History and Practice of Surrogacy in India

India's resonance as a mystic land doesn't necessarily or perhaps specifically always point to its spiritual and religious embellishments. It also captures the ancient history of the land with its various time-defying sagas which modern science might have failed to describe. One such saga of ancient India is the prevalence and predominance of the arrangement of surrogacy in the social system of the period. Surrogacy arrangements were well accepted in the society and surrogates were held in high esteem as they were rendering their valuable service to uphold the future generations of the kingdoms concerned. Infertility is a problem encountered by many since the inception of society. The ancient times scripted in Indian mythology abounds in infertility stories of kingdom's heirs and heiresses. The epics of Mahabharata and Ramayana as the representative of those ancient times bears a testimony to the prisms of reproductive diseases and infertility stories. The narratives are strongly

reminiscent of In Vitro fertilization being the socially accepted phenomenon which could save lineages from a possible extinction. The ancient history of India takes pride in developing highly scientific reproductive technologies which are miles ahead in comparison with modern day reproductive technologies. The Epilogue to the Mahabharata, thus, exclaims with pride:

“Whatever is here, may be found elsewhere; what is not cannot be found anywhere else,”
(Krishnamacharya, 33)

While the beginnings of surrogacy can be traced back to ancient history, the recently developed and scientifically codified version of surrogacy as ART (Artificial Reproductive Technology) in India starts with the birth of Baby Kanupriya alias Durga on Oct. 8, 1978. Since then, the field of Assisted Reproduction in India hasn't looked back and its flourishing during the 1990s catered to jostling of positivity and hope not only in the heart of the childless couples but also proved as a bliss for the childless couples worldwide. But the laws regulating surrogacy practice in India were at nascent stage as it gradually brought to light the utter dismay and exploitation of the concerned surrogates. With the commercialization of surrogacy in 2002, India became a hub for International commissioning parents who wanted a baby of their own genetic makeup and what could be a better destination than India where the flexibility of the laws regarding surrogacy has been prone to the violation of ethics and morality concerning the entire arrangement of surrogacy.

III. Surrogacy in India: Commodity/ Ethicality? An Analysis through the Narrative

The term India resonates for many the image of a benevolent mother Goddess who nurtures and always adorns a sacrificial mode for the well-being and nourishment of her children. Amulya Malladi's *A House for Happy Mothers* treads upon this trajectory of benevolence and aura of motherhood in India which ushers a new chapter in the life of an infertile couple, Priya, and Madhu. The emotional roller-coaster ride that Priya went through for becoming a mother compels them to resort to surrogacy:

Obviously, this was not the ideal way to have a baby. The easiest way to would be to get knocked up-but that hadn't quite worked out for them. And now after three miscarriages and three failed IVF treatments, each costing \$10,000, surrogacy had become the only way out. The only way to have a child, a family. (Malladi, 5)

Priya's decision to opt for a surrogate to have a baby of her own genetic makeup echoes loudly Sandra Gilbert's theory of "Revisionary Imperative" (Gilbert 31-32) which encapsulates her argument for the necessity of women's absolute need and capacity to challenge and dethrone the age old patriarchal social canonical norms. Gilbert argues that women must free themselves from their private exoskeleton of submissive sublimity and create a new social order for reformed social order.

Priya and Madhu's search for a surrogate land them in India, which in recent times, has emerged as the global market for commercial surrogacy since it has been legalized in 2002. We get introduced to a surrogate centre "Happy Mothers" controlled by a renowned Gynecologist Dr Swati where she ironically pledges to endow happiness in the lives of the surrogates and the commissioning parents. Doctor Swati's surrogacy centre remains an attraction for the poor families, in which there is ample opportunity to earn money to fulfil their future dreams. Asha and Pratap's foreseeing of a beautiful future for their extraordinarily intelligent son Manoj and daughter Mohini, takes them to the doorsteps of Dr Swati's surrogacy centre. Despite being an economically downtrodden, with significant level of endurance and moral uprightness, Asha agrees to be a surrogate following the footsteps of her sister-in-law Kaveri, while she promises to herself of not developing any emotional ties with the commissioning parents and the baby in her womb as Malladi affirms "Asha hopes she wouldn't be like that woman when the time came to give up the newborn. She hoped that she would be detached and not feel anything." (Malladi 57)

The nature of Asha's dilemma can be well analyzed if we go through one of the interviews of the surrogates quoted in Amrita Nandy's famous book *Motherhood and Choice: Uncommon Mothers, Childfree Women* as the surrogate confesses her poignant dilemma "When I gave the egg, I did not feel any love for the child but in this when you carry the child, you feel attached and concerned" (Nandy 89).

Despite Asha's constant efforts to detach herself from the baby in her womb, she succumbs to her own palpable motherly sentiments- "What if the baby could be mine? Thoughts...by accident, that is. Just by a miracle. Now she wished she could do something to make that miracle happen." (Malladi 285) She starts imagining the child as her own and thinks of bestowing on the child the same motherly love and care as with Mohini and Manoj. Priya, however, remains sympathetic to Asha's condition and tries to lessen her sufferings through helping Manoj to get admitted into a reputed school in Hyderabad. Although Asha had nurtured bitter feelings in her mind towards Priya, Priya's visible efforts to bring peace and happiness in Asha's family rewards her with a relationship of mutual understanding and faith.

The epistemic journey that Priya embarks upon towards the attainment of motherhood while negotiating with her own marital trials and tribulations changes her self-worth and her relationship quotient with Madhu. Although Madhu's relentless support overjoyed Priya in her journey of motherhood, she, at times, felt mind wrecking emotions whenever the issue of surrogacy popped up in front of her friends. Priya's frequent get-togethers with her friends often put them in emotional dilemma when the already biologically fit parents uttered "Children are great, but if you don't have any, it doesn't mean your life is any less. Only people with children said that." (Malladi 75) This brings forth the constant anxiety that the global population is facing as Julia Kristeva utters in her famous talk titled *Motherhood Today* "the difficulty of managing the economic and personal costs of having children calls for national debate and solidarity, for the obvious reason that the human child is born 'unfinished', incapable of autonomy for any but a short period of time." (Kristeva 28)

Malladi's *A House for Happy Mothers* sets the tone of the narrative in favour of the women characters, where their decision-making capacities as mothers thwart the male voice in the background. It is quite evident from the character development of Asha as she herself realizes that her decision to be a surrogate and contribute to a family income has lent her a voice while taking decision to provide for Manoj's future education instead of buying a flat following the cues from Kaveri's family. Asha realizes, "This was just not like her, but there didn't seem to be much she could do about it." (Malladi 231).

Since surrogacy in India gained momentum and worldwide popularity, it has also raised concerns regarding the ethicality of practice because it is an extremely unregulated commodified business and prone to exploitation and violation. Commercial surrogacy in India makes use of poor and illiterate Indian women, mostly from villages and the rural areas. Once selected as a surrogate, they embark upon a highly volatile and secretive journey of their lives where they pass the last two trimesters of their pregnancy in surrogacy clinics in anonymity away from their family and relatives.

In surrogacy clinics, "the women have to sign documents (often in English) that they cannot read and then are kept 'under lock and key' until the obligations set forth in the contract are fulfilled." (Broomfield 12) Apart from the degenerated living conditions, the medical facilities aren't moderate enough to save the surrogates from life threatening conditions which they often face during childbirth. The conditions are made more derogatory by the other concerns such as "'renting' of Indian women's bodies by westerners, the lack of counselling services available to surrogates after the relinquishment of their gestational babies, [and] the use of mandated and scheduled C-sections by clinics, which allows [for] . . . quick deliveries." (Broomfield 14)

Malladi's *A House for Happy Mothers* anecdotes one such incident where the surrogates in the clinic were supposed to appear in front of a Television channel for a documentary that will be telecast in Britain. The surrogates were briefed about the positive sides of the profession and the clinic that they have to narrate in front of the journalists. Asha is purposely selected to appear before them because of her shy and docile nature. Doctor Swati's promise to get Manoj admitted in a good school if she decides to speak before the channel also compels her to do so. But her mind always knows the truth that she wants to speak, "She's just helping her business. We're just business. We're not people. We're just...nothing. I'm a womb...a belly. If tomorrow, they could save me or the baby, who would they save, you think?" (Malladi 183) Throughout the interview, Doctor Swati's niece Divya was present in the interview room while the surrogates were asked questions by the 'white lady.' "Asha could almost feel Divya's nervous energy slammed into her" (Malladi 190) while they were being interviewed.

Allison Bailey in *Reconceiving Surrogacy: Toward a Reproductive Justice Account of Indian Surrogacy* has extensively talked about the grim situation of commercial surrogacy in India and the injustices meted out to Indian surrogates at a rampant rate. Her study has reported the presence of nearly 3000 surrogates at the Indian Market with the annual growth rate of nearly thirty percent, the cause of which she has attributed to the Indian Government's medical tourism in 2008. Although the surrogacy market is developing at a rapid rate, it is not facilitating the maternal health of the surrogates. "Every five minutes an Indian woman dies of pregnancy-related causes, and for every woman who dies, thirty more develop chronic and debilitating conditions that affect their qualities of life." (Bailey 63) To add more to our utter dismay "Pregnancy-related deaths account for one quarter of all fatalities among women aged fifteen to twenty-nine, with well over two-thirds of them considered preventable." She reported that only about thirty-six percent of women receive health care within two days of giving birth.

The commodification of the practice of surrogacy in India represents a major chunk of the problem which the worldwide surrogacy practice preaches. Although sometimes posited as a 'voluntary' activity, surrogacy makes use of women's womb and its treasures as commodities to be purchased where little or almost no medical attention or care is directed towards the surrogate herself once the child birthing process is over. As Ms. Bailey rightly pointed out,

What about the possible long-term, harmful effects fertility drugs, obstetric complications, or surgical procedures might have on surrogacy workers? Are these risks less morally acceptable in developing-world contexts? Are clinics or contracting parties responsible for surrogacy workers' medical care if the gestational labor they did under contract causes cancer, sterility, or long-term pregnancy-related disabilities? Can these harms be written off as occupational job hazards? (Bailey 63)

Although the surrogacy market in India forms only a fraction of worldwide surrogacy, the situation in India becomes grimmer and bleaker as surrogacy in India promotes caste and colour-based discrimination. According to a recent study, in cases of traditional surrogacy preferences are given to surrogate donors on the basis of their class, creed, religion and complexion.

Priya and Madhu's constant effort to prove themselves as humanitarian empathizers to Asha and Pratap's life situation makes them the representative of that political class who despite taking advantage from the grim reality of the Indian surrogates, tries to fix the loose ends of their lives both economically and emotionally. Malladi's narrative gives us accounts of different intended parents from various parts of the world and shows us their varied ways of dealing with the surrogates of their genetic babies.

But Priya and Madhu's handling of Asha gives us glimpse of that positive and well desired humanitarian attitude that should be championed at any cost. This becomes even more urgent in case of India as the surrogates here are none other than the poor submissive masses who are always victimized on the basis of class, caste and sexes. Malladi shows us that the likes of Priya and Madhu will usher in more poignancy and moral and ethical values to the entire surrogacy business in the Indian situation as she affirms,

May be this was why some parents chose not to know the surrogates. Priya was worried not only about the baby but also Asha. She had gotten to know Asha and her family, had slept in the same bed with Manoj, held his hand and talked about his dreams with him. Asha was now family, and Priya wanted her to be as safe as her own child. (Malladi 294)

Conclusion

This paper presents the socio-economic aspect of the surrogacy industry in India and its associated repercussions in the lives of the surrogate and the commissioning parents. Malladi's *A House for Happy Mothers* argues that though commodification of surrogacy industry cannot be controlled at some point, the increasing awareness of the political class in India to bring about change in the morals and ethics of the industry to lawfully realize the needs of the surrogate and the commissioning parents is a recent development. Though the novel tragically portrays the apathy of Asha and the dreams that she nurtured in her mind for her family and her

resultant decision to become a surrogate, it also tries to lessen the quantitative aspect of Asha's grief by constantly projecting Priya as the constant empathizer of Asha's situation.

Though there were persistent attempts on Priya and Madhu's part to consider Asha not merely as a surrogate for their baby but also as a human being, Asha only relates to their positivity and warmth only when they have become increasingly visible during their stay in India during her last trimester. Asha's emotional assets as a surrogate are phenomenal and Priya's incumbent as a genetic mother is perceptible, yet how far Asha would be able to forgo her pain of giving away the baby remains contested as the novel's abrupt closure makes us desperately seek a glimpse of Asha's fate after childbirth.

Whereas the practice of surrogacy is banned in many developed countries, India till 2018 had strongly positioned itself as the fertile ground of surrogacy business overlooking the other means of regulating income and self-sufficiency to the poor surrogates. How far Priya will be able to capitalize her standpoint of helping Asha's family and continue to be the same moral emphasize after she gets her daughter home, we will never know as the novel ends on that very point. It may also appear premature to give a verdict on Malladi, provided that she has justified her characters to bring together ideas and questions raised by the over commodification of surrogacy industry in India, with sadness and feeling of despair grappling us all at the end of the novel.

It may, however, be safely argued that *A House for Happy Mothers* while invoking the intricate and apparent irony of the situation in which the Indian surrogates were trapped in, also doesn't fail to demonstrate the increasing awareness of the neglect and sufferings of the Indian surrogates on the part of the intended parents. The increasing acceptability of the vulnerability of the Surrogacy industry enables Malladi to present the surrogate motherhood in a persuasive way, which consequently portrays the resultant feeling of happy and joyous motherhood binding Priya and Asha in an unexplainable relationship of ever-lasting love and despair.

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