

Czech University of Life Sciences Prague

Faculty of Economics and Management

Department of Humanities



Bachelor Thesis

**Ethics of Commercial Surrogacy in the Russian
Federation**

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CZECH UNIVERSITY OF LIFE SCIENCES PRAGUE

Faculty of Economics and Management

BACHELOR THESIS ASSIGNMENT

Elizaveta Khlynovskikh

Business Administration

Thesis title

Ethics of Commercial Surrogacy in the Russian Federation

Objectives of thesis

The thesis will investigate ethical questions concerning the practice of commercial surrogacy, in which women are paid in order to carry and give birth to children. Advances in technology have made surrogacy a viable option for many people, and there are extensive debates about whether it is something that should be paid for. It is often seen to raise ethical questions about commodification of the body, exploitation and inequality both within and between countries, and in most countries it is illegal to pay a surrogate.

The thesis will consider the ethics of commercial surrogacy through an examination of practices in the Russian Federation, one of the few countries in which it is legal. It will consider the nature of the contracts entered into, the legal framework in which surrogacy takes place, and the attitudes and expectations of the women involved.

Methodology

Develop a literature review of the ethical and legal debates concerning commercial surrogacy, in order to frame discussion of the Russian case.

Analyse the particular case of Russia through document studies including:

- analysis of the legal framework in which surrogacy happens in Russia.
- analysis of the practices of a particular clinic in selecting mothers for surrogacy.
- analysis of a particular surrogacy contract.
- if possible, qualitative analysis of testimonies of surrogates about their motives and feelings about surrogacy.

Consider the relevance of the Russian case for wider debates about surrogacy.

The proposed extent of the thesis

40-50 pages

Keywords

Ethics, Commercial Surrogacy, Commodification

Recommended information sources

- LEIBOWITZ-DORI, Iris. (1997), 'Womb for Rent: The Future of International Trade in Surrogacy'. Minnesota Journal of Global Trade 6, pp. 329-354.
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Expected date of thesis defence

2016/17 SS – FEM

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Electronic approval: 6. 10. 2016

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Declaration

I declare that I have worked on my bachelor thesis titled "Ethics of Commercial Surrogacy in the Russian Federation" by myself and I have used only the sources mentioned at the end of the thesis. As the author of the bachelor thesis, I declare that the thesis does not break copyrights of any their person.

In Prague on 15 March 2017

Acknowledgement

I would like to thank my supervisor, Dr. Daniel Rosenhaft Swain for his advises, support and availability throughout the year and especially during this thesis elaboration. This study wouldn't have been possible without the time and dedication offered by the lawyer, Mgr. Alexej Tolkachev, as well as all the surrogate mothers who kindly agreed to participate in the interviews documented in this report.

Ethics of Commercial Surrogacy in the Russian Federation

Summary

The thesis investigates ethical questions concerning the practice of commercial surrogacy in the Russian Federation, one of the few countries in which it is legal.

The literature review explains the basic concepts of surrogacy as a whole by giving a brief introduction to its history, definitions, types and legislations in different countries. The literature review also provides and examines various social stigmas associated with surrogacy on the basis of which it is considered to be an unethical practice as well as gives reasons why surrogacy thrives despite all ethical dilemmas surrounding it.

The practical part will include a detailed study of commercial surrogacy in Russia on the example of the Siberian Institute of Reproduction and Human Genetics in Altay Krai, Barnaul. On the basis of the interview with the lawyer of this particular clinic, the legal framework of surrogacy in Russia will be explained and supported with an example of a standard contract and a questionnaire used to recruit potential surrogates by the clinic. The practical part will also include testimonies of surrogates and those women who are only planning to become one.

The conclusion will identify whether or not commercial surrogacy in Russia can be considered unethical based on the comparative analysis of social stigmas and local regulations together with surrogates' testimonies. The conclusion will also provide an overall verdict on ethics of surrogate motherhood in Russia based on the analysis of both current legislation and its peculiarities.

Keywords: Surrogacy, alienated labour, exploitation, commodification, reproductive labour, baby-selling.

Etika komerčního náhradního mateřství

Souhrn:

Tato práce zkoumá etické otázky týkající se provozování komerčního náhradního mateřství v Ruské Federaci, jedné z mála zemí, v nichž je legální.

Přezkoumání literatury vysvětluje základní pojmy z oblasti náhradního mateřství jako například stručný úvod do její historie, definice, druhy a legislativy v různých zemích. Přezkoumání literatury také poskytuje a zkoumá různé společenské stigma spojené s náhradním mateřství na jejichž základě je považováno za neetické praxi, stejně jako zdůvodňuje, proč náhradní mateřství daří navzdory všem etickým dilematům, které ji obklopují.

Praktická část bude obsahovat podrobnou studii komerčního náhradního mateřství v Rusku na příkladu Sibiřského Ústavu Reprodukce a Genetiky člověka v Altayském Kraji, Barnaul. Na základě rozhovoru s advokátem tyto konkrétní kliniky, bude právní rámec náhradního mateřství v Rusku vysvětlen a podporován příkladem standardní smlouvy a dotazníku sloužící k náboru potenciálních náhradních matek na kliniku. Praktická část bude zahrnovat také svědectví od náhradních matek a ženy, které jen plánují stát náhradní matkou.

Závěr určí, zda li obchodní náhradní mateřství v Rusku může být považováno za neetické založené na komparativní analýze sociálních stigmat a místních předpisů společně s výpovědí náhradních matek. Závěr bude také obsahovat celkové verdikt o etice náhradního mateřství v Rusku na základě analýzy jak současné právní úpravy tak i její zvláštností.

Klíčová slova: Náhradní mateřství, odtržená práce, využívání, komodifikace, reprodukční práce, prodej dětí.

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1 Introduction

The world is consistently changing, arguably at a faster pace than ever before. New technologies and innovations emerge every year, impacting every individual and humanity as a whole. However, some key aspects of life remain unaltered, among which are the desire to enjoy parenthood, found a family and pass down our values, education and achievements to the next generation.

A birth is a miracle. Unfortunately, not everyone has the natural fertility potential to achieve it.

“Research by the World Health Organisation (WHO) estimated that in 2010, 48.5 million couples worldwide were unable to have a child. They found that 1.9 percent of women aged 20-44 who wanted a child were unable to have their first live birth and 10.5 percent of women who had previously given birth were unable to have another baby after five years of trying”(Dr Charlotte Warren-Gash, 2013).

“Nowadays babies are subject to the law of supply and demand” (H. C. Kennard, 1994). A large number of infertile couples and declining birth rates both create a strong demand for babies and therefore provide room not only for the development of assisted reproductive technologies to help desperate childless couples and businesses associated with child birth but also for children’s commodification and women’s reproductive labour abuse.

Surrogacy programs give a chance to men and women (childless couples), who could only consider adoption as a possible solution to their problem, to fulfil their natural desire to procreate and become parents. Nowadays surrogacy is an industry resorted to by 10 000 Americans and 550 Russians annually (Yablor.ru – “Survey: Attitude towards surrogate motherhood”, 2012). The industry is quite developed and even includes a production of a variety of goods, ranging from sets of overhead bellies for the genetic mother (which help her to hide her secret from outsiders) to the insurance of the risks associated with the process.

During a surrogacy program, a surrogate mother in Russia can earn from 600 000 up to 1.5 million rubles (approximately 10.5-26 000 dollars USA)¹ (Anna Dolgova, 2017)

¹ Prices are valid for 2016 / 2017

while an average salary in Russia is 36 200 rubles² per month (approximately 630 US dollars)³ which means that when she has received the minimum compensation for surrogacy (600 000 rubles), a surrogate mother will make almost twice the cumulative amount of an average salary over a 9 month period. However, many people consider surrogacy as exploitation of women and baby-selling. For that reason the practice is highly criticized by scholars and surrogacy opponents who consider it unethical and exploitative.

The relevance of the chosen theme for the study is that there is no uniform interpretation of the social and moral aspects of surrogacy in Russia. Commercial medical centers and the media generally are in favour of the use of this ‘technology’. The Russian Orthodox and the Roman Catholic Churches are strongly opposed, other religious organizations do not have a clear interpretation on ethics of the issue.

² Information for the year 2016

³ Bs-life.ru - “Average salary in 2016 in different regions of Russia and other countries of the world”

2 Objectives and Methodology

Objectives

The main objective of this study is to determine whether or not commercial surrogacy in Russia can be considered unethical based on the results obtained from the comparative analysis of local regulations and surrogate mothers' testimonies with the main social stigmas surrounding surrogacy. The conclusion will also include an overall verdict on ethics of surrogate motherhood in Russia based on the analysis of both current legislation and its other worth noting peculiarities.

Methodology

In order to understand the concept and particularity of commercial surrogacy in Russia it is crucial to be familiar with the topic's peculiarities in general.

Therefore, the literature overview part of our study, we will be introducing general concepts of surrogacy as a whole, without laying a stress on Russia is particular. Whereas the practical part of our work will give a special emphasis on how surrogacy functions in Russia.

The practical part of my work will include an interview with a lawyer of a Siberian Institute of Reproduction and Human Genetics on the basis of which the legal framework in which surrogacy happens in Russia will be presented together with an example of a particular surrogacy contract as well as an example of a questionnaire used for the selection process of surrogates.

The second part of the practical section will include a comparative analysis of general social stigmas surrounding surrogacy and local regulations with testimonies of surrogate mothers themselves about their motives and feelings about surrogacy and well as the opinions of those women who are only considering the possibility of becoming a surrogate mother.

3 Literature Review

An introduction to surrogacy

3.1.1 What is surrogacy? Definitions, forms of surrogacy

Let us start from the definition of a surrogate mother on the example which A. Van Niekerk and L. Van Zyl give in their work “The ethics of surrogacy: women’s reproductive labour”:

“The word ‘surrogate’ literally means ‘substitute’ or ‘replacement’. A surrogate mother is therefore a ‘substitute mother’: she is a woman who, for financial and or compassionate reasons, agrees to bear a child for another woman who is incapable or, less often, unwilling to do it herself. In other words she is a substitute or ‘tentative’ mother in that she conceives, gestates and delivers a baby on behalf of another woman who is subsequently to be seen as the ‘real’ (social and legal) mother of the child” (A. Van Niekerk and L. Van Zyl, 1995).

There are three different types of surrogacy, the differences of which are based on the extent to which another woman (a surrogate) participates in the process of surrogacy genetically or, conversely, the extent to which intended/commissioning parents participate in the same process or not. The most common type of surrogacy is:

“where a woman’s egg, either through artificial insemination⁴ or, less often, natural intercourse, is fertilized by the sperm of the male partner of the couple desiring a child (the commissioning father). Here the surrogate is the genetic mother of the child that she promises to give up, while the role of social and legal mother is taken over by another woman (the commissioning mother). To denote the genetic link between the surrogate and the child she bears, we shall call this type of surrogacy ‘genetic surrogacy’, although it is more often referred to as ‘partial surrogacy’. It is also possible, if the commissioning father is infertile or wishes not to pass on a defective gene, to fertilize the surrogate’s

⁴ *The introduction of semen into the oviduct or uterus by some means other than sexual intercourse.*
WorldNet 3.0 copyright 2006 by Princeton University.
<http://www.wordnik.com/words/artificial%20insemination>

egg with the sperm of a donor or with that of her husband, which is referred as ‘total surrogacy’”(A.Van Niekerk and L.Van Zyl, 1995).

Both ‘genetic/partial surrogacy’ and ‘total surrogacy’ in some literature are combined in the category of ‘traditional surrogacy’. This refers to a situation when a woman agrees to become impregnated using her own egg and the sperm of another man (previously mentioned as ‘total surrogacy’) or most frequently the sperm of the father of the baby (previously mentioned as ‘genetic/partial’ surrogacy).

Another form of surrogacy is called ‘gestatory’ or ‘gestational’ surrogacy because in this case the surrogate only performs the function of gestation for the couple’s biological child without having any genetic link with it. In order to impregnate the surrogate the embryo, which is later transferred into the surrogate’s uterus, is obtained in the process of in vitro fertilization,⁵ where the egg and semen are obtained from the biological parents (or anonymous donors). In some literature this type of surrogacy is referred to as ‘full surrogacy’.

Therefore, gestational surrogacy may involve:

“a multitude of individuals in the process of making a single baby. There often are multiple mothers and fathers – the biological mother and father who provide the ova and sperm, the birth mother who labors to produce the baby, and the social mother(s) and father(s) who nurture and raise the baby” (S.Rudrappa, C.Collins, 2015).

For a better and easier understanding of all types of surrogacy, they are all represented in the table below. They are logically ordered in accordance with the strength of genetic links between the child and the commissioning couple.

Table 1. Types of surrogacy

Gestational surrogacy	Traditional surrogacy	
“Gestatory /gestational or full surrogacy”	“Genetic or partial surrogacy”	“Total surrogacy”
Surrogate only performs the function of gestation for the commissioning couple who	Surrogate is a genetic mother of the child. Commissioning father is a genetic, social and	Commissioning parents have no genetic links with the child. Surrogate is a genetic

⁵ *In Vitro Fertilization is an assisted reproductive technology (ART) commonly referred to as IVF. IVF is the process of fertilization by extracting eggs, retrieving a sperm sample, and then manually combining an egg and sperm in a laboratory dish. The embryo(s) is then transferred to the uterus. American pregnancy.org <http://americanpregnancy.org/infertility/in-vitro-fertilization/>*

are both genetic parents of the child.	legal father of the child while commissioning mother has no genetic links with the child but later becomes its legal and social mother.	mother or a child. Donor's sperm is used for fertilization process.
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3.1.2 The history of surrogacy

Modern surrogacy goes back to the late 1970's, in New Jersey (USA) when the first official surrogacy agreement was brokered by an attorney, Noel Keane. The surrogate did not receive any material compensation during this first practice. Later on Noel Keane and Dr. Ringold went on to found the Infertility Center, arranging hundreds of surrogacy agreements every year. Noel Keane was also involved in several high-profile cases including the "Baby M case" which took place in 1986. Mary Beth Whitehead gave birth to Melissa Stern as a traditional surrogate mother.⁶ Upon the birth of the baby, Mary Beth Whitehead refused to hand the baby over to its biological father Bill Stern and intended mother Betsy Stern which resulted in a two year legal battle over custody which finally ended in the Sterns getting custody, and Mary Beth getting visitation.

During the late 1970's another remarkable event for surrogacy made headlines worldwide. On July 25, 1978, the first-ever 'test-tube'⁷ baby, Louise Joy Brown, was born. The procedure was carried out by Doctors Steptoe (of Oldham General Hospital) and Edwards (of Cambridge University) who at that point had been actively working on this project since 1966. Lesley Brown, the surrogate, became the first woman who successfully passed the first few weeks of pregnancy. Although we cannot technically refer to this case as to an example of surrogacy, it definitely paved the way for what is known today as gestational surrogacy when after successful IVT embryo(s) is transferred to the uterus of a surrogate.

The first documented paid surrogacy agreement was made in 1980. 37-year old Elizabeth Kane (a pseudonym), became the first surrogate mother to receive compensation in the amount of 10,000 US dollars for the successful delivery of her baby. Elizabeth Kane was initially considered a good candidate for the surrogate mother role as in addition to having a child of her own, she had also given a child up for adaption before her marriage.

⁶ *Meaning that she was a biological/genetic mother of Melissa*

⁷ *IVF*

Nevertheless, she got through huge emotional difficulties when it came time to give the child away to the intended parents. Later on she regretted the decision to become a surrogate. She narrated her experience in a book titled “*Birth Mother*” in which she shares that not only herself but all her family experienced emotional distress, her children underwent teasing, even her husband’s career became influenced by the fact that she was engaged in a surrogacy agreement.

The first pregnancy via egg donation took place in 1983. When a menopausal woman could gestate and give birth to a child through the egg donated from another woman. Although we cannot again refer to it as a surrogate pregnancy, this remarkable event made gestational surrogacy possible. The first ever gestational surrogacy took place two years after in 1985,

Over the years, surrogacy has evolved significantly. Nowadays grandmothers become surrogates for their own grandchildren.⁸ Women sell their ovums for those who are infertile, celebrities and gay couples actively take the benefits of this reproductive trend.

However despite the fact that surrogacy is not a new phenomenon and many people are in need of this reproductive technology, the general public together with the Head of States still consider surrogacy to be an unethical practice, associating it with baby-selling, exploitive labour, etc. In the following section we will have an overview of ‘surrogacy havens’ and ‘surrogacy hells’.

3.1.3 Surrogacy worldwide. Legal regulations of surrogacy agreements by country

Despite the fact that in general society has got to the point of surrogacy acceptance, surrogacy laws widely differ from one country to another. In this chapter a brief overview of different jurisdictions allowing and prohibiting surrogacy will be introduced together with the laws of foreign surrogacy recognition process in different countries.

⁸ 1) A 67-year-old Greek grandmother has given birth to her daughter's baby girl, becoming the world's oldest surrogate mother. (<http://www.telegraph.co.uk/news/2016/12/23/greek-grandmother-becomes-worlds-oldest-surrogate-mother/>) 2) In August 2007, 58 year old Ann Stopler gave birth to her twin granddaughters. Her daughter, Caryn Chomsky, was unable to conceive due to cervical cancer. 3) In 2008, 56 year old Jaci Dalenberg became the oldest woman ever to give birth to triplets. She acted as a gestational surrogate mother for her daughter Kim, and delivered her own grandchildren. (<http://information-on-surrogacy.com/history-of-surrogacy>) And many other cases.

An important point to be made here is that in terms of compensation for surrogate services, surrogacy can be either commercial or altruistic. What are the difference between these two?

“Commercial surrogacy involves a surrogate being paid to carry a couple’s or single individual’s child. The other form of surrogacy is altruistic surrogacy and occurs when a surrogate mother does not receive any form of compensation for being a surrogate, except for realistic expenses related to having a child or being a surrogate (medical, insurance, travel if need be, time off from work, etc.)” (Alexandra Temblador, 2015).

Thus depending on a particular country, surrogacy can be banned in general or some altruistic -or even commercial- forms of surrogacy can be allowed.

Let’s review with the example of some countries, the legal framing in which surrogacy happens.

India

India until recent times used to be a hotspot for infertile couples seeking legal and reasonable surrogate services. However in 2015, “a year after The United Nations Committee on the Rights of the Child said that commercial surrogacy, if not regulated, amounts to the sale of children”, India banned foreign nationals from seeking surrogacy. (Biotexcomsite.wordpress.com – “Commercial Surrogacy Laws in Different Parts of the World” 2017)

As Indian surrogacy industry has been frequently criticized by many human rights groups. In the beginning of 2017 India was on the verge of banning commercial surrogacy even for its own residents as Indian government believed that a ban would stop unethical practices. If Indian government finally bans commercial surrogacy only altruistic form will stay available and only for the married Indian couples that are proven to be infertile.

Thailand

Commercial surrogacy used to thrive in Thailand until 2015 when the country banned it for foreigners under *the Protection of Children Born from Assisted Reproductive Technologies Act*. In response to two high-profile cases including “Baby Gammy” incident in 2014 when an Australian couple was accused of abandoning a baby born with Down’s syndrome when taking his healthy twin sister home. Nowadays according to the *ART Act*, only opposite-sex married couples as Thailand residents are allowed to have a commercial

surrogacy contract agreement. (Loc.gov – “Thailand: New surrogacy law” 2015; bbc.com – “Thailand bans commercial surrogacy for foreigners” 2015).

Ukraine

Surrogate motherhood, including commercial, is completely legal on the territory of Ukraine. The new Family Code of Ukraine (Article 123, paragraph 2) stipulates that in case of a transfer of an embryo conceived by the spouses to the uterus of another woman the parents of the child are the spouses whose genetic material was used (including the case of surrogate motherhood programs). Paragraph 3 of the same article establishes the possibility of using the donor oocytes (eggs) by the spouses in the process of IVF, in this case the embryo will be considered as originating from the spouses. Thus, spouses who have given their consent to the use of assisted reproductive technologies have full parental rights and duties in relation to children born as a result of these methods. The medical side of this issue is regulated by Order No. 24 of the Ministry of Health of Ukraine of 04.02.97 (Familylaw.com.ua – “Ukraine surrogacy laws”).

The Russian Federation⁹

Surrogacy, even commercial, is legal in Russia. However, in order to participate in a surrogacy program, one must have some medical indications for surrogacy such as, for example, absence of uterus, somatic diseases contraindicating child bearing, repeated failure of IVF despite high-quality embryos, etc. Foreigners have the same rights for assisted reproduction as Russian citizens, which make Russia attractive for reproductive tourism.

The USA

There is no universal surrogacy law in the USA, thus surrogacy law differs from one state to the other. In most of the states such as Georgia, Hawaii, Idaho, Maine, Massachusetts, Minnesota, Mississippi, Montana, North Carolina, Rhode Island, South Carolina, South Dakota and others, there is no law governing surrogacy but the courts are generally favourable. States which are considered to be highly favourable to surrogacy include Arkansas and some others. Some of the states absolutely forbid all surrogacy

⁹ More detailed information about surrogacy in Russia will be provided in the further chapters.

agreements such as, for example, the State of Michigan (Britishsurrogacycenter.com - “Surrogacy laws”).

Commercial surrogacy is banned

Commercial surrogacy is banned in Canada, Denmark, New Zealand, the UK and Australia (except for the Northern Territory which has no laws on the matter), but they all allow some forms of altruistic surrogacy (Biotexcomsite.wordpress.com – “Commercial Surrogacy Laws in Different Parts of the World” 2017). Altruistic surrogacy is also legal in Belgium and Netherlands (Alexandra Temblador, 2015).

All forms of surrogacy are prohibited

In Bulgaria, France, Germany, Italy, Portugal, Finland and Spain all forms of surrogacy are prohibited (Biotexcomsite.wordpress.com – “Commercial Surrogacy Laws in Different Parts of the World” 2017).

The table below summarizes the legal aspects of surrogacy in different countries.

Table 2. Surrogacy laws by country

All forms of surrogacy are illegal (both commercial and altruistic)	Some forms of altruistic surrogacy are legal (commercial surrogacy illegal)	All forms of surrogacy are legal (both commercial and altruistic)
Bulgaria, France, Germany, Italy, Portugal, Finland, Spain, USA-Michigan.	Canada, Denmark, New Zealand, The UK, Australia (except the Northern Territory), Belgium and Netherlands.	Russia, Ukraine, Thailand ¹⁰ , India ¹¹

3.1.4 Recognition or non-recognition of foreign surrogacy

In case one lives in the country where any of two forms of surrogacy are prohibited he /she can try his / her chance to find a surrogate mother in one of the countries where the law does not ban surrogacy in general and also makes it legal for foreigners. However, one who is interested in using surrogate services abroad should first find out whether foreign surrogacy is recognised or not in his/her home country.

Recognicion of foreign surrogacy

France

¹⁰ Legally available only for Thailand residents. Any forms of surrogacy are banned for foreigners.

¹¹ Legally available only for Indian resident. Valid for February 2017

Surrogacy is banned in France in general. However, in 2014 France's highest court officially granted legal recognition to surrogate children born in foreign countries. Thus, if the parents of the child born by a surrogate mother abroad are French citizens, France will legally recognize this child as its citizen (Alexandra Temblador, 2015).

Germany

In 2014 Germany's Supreme Court settled a case by granting a legal recognition to the children born of foreign surrogacies. This legal precedent involved a gay couple who used a surrogate in California. Both men involved are now legally recognized as legal fathers of their child (Alexandra Temblador, 2015).

Spain

Spain will recognize surrogate children born abroad in countries where surrogacy is legal as Spanish citizens (Alexandra Temblador, 2015).

Non-recognition of foreign surrogacy

Not all countries will recognize a person and/or his/her partner as the legal parents of their child if they turned to help of a surrogate mother somewhere abroad. This especially can happen with same-sex couples from the countries where same-sex marriage is not legalized or same-sex relationships are not regulated by the government in regards to creating a family (Alexandra Temblador, 2015).

Foreign surrogacy will not be recognised in such countries as Portugal, Netherlands, Italy and some parts of Australia (Alexandra Temblador, 2015).

Italy

Technically, Italy does recognize foreign surrogacy. However, a case that made a huge resonance recently requires us to place Italy under this category. An Italian couple went to Russia to have a child via a surrogate. When the couple was back to Italy with their newborn Italian officials refused to recognize the baby as an Italian citizen. A DNA test made later revealed that the child had no biological link with either of its fathers (although the couple claim they were not aware of this fact). The case is still in appeals and shows that Italy may not recognize one's foreign surrogacy (Alexandra Temblador, 2015).

Parts of Australia

Some States of Australia allow their citizens to enter into a surrogacy agreement overseas. However, it may happen that Australian parents will not be recognised as the

legal parents of their newborn baby in case they enter into a commercial surrogacy rather than an altruistic one (Alexandra Temblador, 2015).

3.1.5 Conclusion

We can conclude from the information described above that many countries ban surrogacy and commercial surrogacy in particular. Why does this happen? Mainly because of the ethical issues surrounding a ‘rent-a-womb-industry’, (Bhalla and Thapliya 2013; Carney 2010; Desai 2012; Vogt 2014) ‘baby factory’ (Dolnick 2007; Jayaraman 2013), ‘life factory’ (Schulz 2008), and the ‘global market in bargain basement price babies’ (Shulevitz 2012).

In the following chapter we are going to get to know why surrogacy is considered to be unethical.

Ethical dilemma of surrogacy

Surrogacy is a very delicate topic because it mixes the ‘sacred’ process of reproduction and having children with physical labor and money. Many people believe that not everything should be for sale and that surrogacy turns children into commodities. Opponents of surrogacy most frequently explain their negative attitude towards it by stating that “surrogacy is similar to prostitution and it reduces women’s reproductive labor to a form of alienated and /or dehumanized labor” (A. Van Niekerk and L. Van Zyl, 1995). However supporters of surrogacy have their own opinion regarding this controversial topic.

In the following section we are going to overview the most popular stigmas as well as some general argumentations to those stigmas.

3.1.6 Surrogacy is a form of prostitution

One of the most frequently used objections to surrogacy is comparing it (particularly commercial surrogacy) to a form of prostitution. Some opponents of surrogacy agree on the point that a similarity exists between surrogacy and prostitution. Among them are, for example, an English philosopher of morality, education and mind Mary Warnock or Andrea Dworkin a well-known American feminist.

Mary Warnock in her article “A question of Life: The Warnock report on human Fertilization and embryology” describes surrogacy as “a form of exploitation similar to prostitution” (Warnock M. 1985).

Andrea Dworkin in her Book “Right-wing women: the politics of domesticated female” states that motherhood nowadays can be considered a new form of female prostitution. She says that with technological process scientists are even accessing the wombs to conduct their experimentations and test their power. She compares the selling of women reproductive capacities with the ways old-time prostitutes would sell their sexual ones with only difference that a whoring stigma cannot be applied as there is no penile insertion in such processes. Thus, A. Dworkin implies that in case of surrogacy “it is the womb, not the vagina that is being bought” (Dworkin A. 1983).

However opposite opinions to those described above exist. For instance a Serbian writer M. Prokopijevic in his article “Surrogate motherhood” points out that the similarities between surrogacy and prostitution appear as characteristics of most transactions which involve the trading of physical labour for money. As M.Prokopijevic rightly points out such transactions take place every day and do not require deep emotional and personal relationship between the buyer and the seller. In his article he compares surrogacy and prostitution by saying the following:

“In both cases one’s physical service is being offered, in both instances a deep personal and emotional relationship is not required for the transaction to be completed, in both cases material compensation is offered for the physical services provided” (Prokopijevic M.1990).

Therefore we can conclude that according, to Prokopijevic, the similarities between surrogacy and prostitution compared to their differences are relatively unimportant and insignificant.

A.Van Niekerk and L.Van Zyl in their work “The ethics of surrogacy: women’s reproductive labour” also agree with the point M. Prokopijevic makes regarding the fundamental to his opinion differences between surrogacy and prostitution and interpret their understanding of the M. Prokipijevic ideas by saying that “those who claim that surrogacy is similar to prostitution on these grounds (quotation above) (and that is therefore immoral), must be living in a society of ‘prostitutes’, and feeling very unhappy about the situation” (A.Van Niekerk and L.Van Zyl, 1995).

Religious community also has its opinion on surrogacy and its similarity with prostitution. For example, a Russian archpriest Dmitry Smirnov in his interview to a Russian orthodox website “Pravmir.ru” said the following:

“...these are of course technologies by the means of which the rich exploit the poor. Because the contract, procedures and health care provision, all of this is an expensive many months process. So we get merciless, impertinent and conscienceless exploitation of the poor by the rich. If we live in a social state, there should not be anything like this. 100-200 years ago, people used to say that prostitution was an exploitation of the poor by the rich because people from well-off layers did not become prostitutes. It is the same with surrogacy. It is difficult to imagine that a daughter of a big company president would become a surrogate mother. No, it is a destiny of young, good but maybe not very intelligent girls from the country side, working-class suburbs, etc”(Pravmir.ru, Oct. 2013. Dmitry Smirnov).

3.1.7 Surrogacy is alienated labour

A notable American philosopher specializing in moral and political philosophy Elizabeth S. Anderson in her book “Is a women’s labour a commodity?” explains why the application of economic norms to women’s labour is wrong by stating that:

“First, by requiring the surrogate mother to repress whatever parental love she feels for the child, these norms convert women’s labour into a form of alienated labour. Second, by manipulating and denying legitimacy to the surrogate mother’s evolving perspective on her own pregnancy, the norms of the market degrade her. Third, by taking advantage of the surrogate mother’s non-commercial motivations without offering anything but what the norms of commerce demand in return, these norms leave her open to exploitation” (Anderson E. S., 1990).

In her work she also points out why surrogacy can be considered as a form of alienated labour by taking a look on the surrogacy contracts and their principals:

“in the surrogate contract, she (the birth mother) agrees not to form or to attempt to form a parent-child relationship with her offspring. Her labour is alienated because she must divert it from the end which the social practices of pregnancy rightly promote—an emotional bond with her child. The surrogate contract thus replaces a norm of parenthood, that during pregnancy one creates

a loving attachment to one's child, with a norm of commercial production, that the producer shall not form any special emotional ties to her product. The demand to deliberately alienate oneself from one's love for one's own child is a demand which can reasonably and decently be made of no one" (Anderson E.S., 1990).

An American philosopher Richard J. Arneson who specializes in political philosophy replies to E. Anderson statements regarding the contracts by saying that "a contract does not require the surrogate mother to feel in a certain way, but rather act in certain way" (Arneson R J., 1992). R.J Arneson does not deny the fact that the contract requires the surrogate to fulfil its terms without taking into consideration her feeling and that in some way can make her labour be considered as a form of alienated labour, however "in a liberal society alienated labour is not forbidden" (Arneson R J., 1992). He also points out that in the end the contract only requires the surrogate to act in a certain way and does not require a surrogate to suppress the feelings as E. Anderson sates.

But was it that surrogacy is immoral because it is a form of alienated labour the point that E. Anderson was trying to make? We will agree with A.Van Niekerk and L.Van Zyl who in their publication "The ethics of surrogacy: women's reproductive labour" rightly point out that as we all know in modern society 'alienated labour is not forbidden' and it is not a necessity or even an appropriate way of behaviour to establish personal and emotional relationship with the people we obtain services from. However, as A.Van Niekerk and L.Van Zyl correctly notice the point that E. Anderson was trying to make was that "*pregnancy should not become an act of alienated labour* and being denied the legitimacy of one's perspective on one's labour, being alienated from your feelings and having to act against one's emotions is not wrong *per se*, but only wrong if the labour in question is women's reproductive labour" (A.Van Niekerk and L.Van Zyl, 1995).

It is also wrong to consider pregnancy a simple biological process. It is a social process as well in which parents prepare themselves to welcome a new member of their family.

The next section of our study will explain the reasons why pregnancy should be considered a social process and not only a biological one.

3.1.8 Surrogacy is dehumanizing and exploitive labor

What does dehumanising labour implicate when speaking about surrogacy?

A. Van Niekerk and L. Van Zyl explain that there are a couple of ways of seeing pregnancy. One way refers to pregnancy as a biological process and the other as a psychological one. In case of a biological process, female animals can be said to be pregnant, while male animals never. But when we talk about pregnancy as a physiological process of expecting a child, female animals cannot be said to be pregnant, while when it comes to human beings pregnancy in this sense can be both referred to a pregnant woman and her male partner who are expecting the birth of their kid. Thus, human reproductive labour is “not only physical labour or a biochemical state, but may also be a social and psychological process in which a bond is established with the foetus in expectation of its birth” (A. Van Niekerk and L. Van Zyl, 1995). Therefore dehumanising labour in case of surrogacy means that the surrogacy process itself, together with the surrogacy contracts, suggests that a surrogate mother will simply not experience pregnancy in a psychological or social ways, but only in a form of physical labour. We will agree with A. Van Niekerk and L. Van Zyl that a psychological feeling of expecting a baby can also be experienced by a surrogate mother, not only by the commissioning parents. Even though in the beginning a surrogate mother can perceive her surrogacy as a form of physical labour and think that she simply performs a service for an infertile couple, with time this perception can change and evolve to the form of psychological and social sense of knowing that she is *expecting* a child. The problem of surrogacy contracts is therefore that “they cause a woman to be pregnant while expecting her not to acknowledge the fact that she is expecting her child. It tries to divorce pregnancy from the conscious knowledge that you are going to give birth to *your* child. In this way the surrogate becomes a mere ‘environment’ or ‘human incubator’ for someone else’s child” (A. Van Niekerk and L. Van Zyl, 1995). Yet some doctors, scientists, and philosophers express their doubtfulness regarding what pregnancy emotions ‘normally’ involve. For example an American philosopher at Stanford University, Debra Satz, points out the fact that many women fail to bond with their foetus (some abort them), and that some even fail to bond with their babies after they deliver them (Satz D., 1992). So we cannot be one hundred percent sure about whether a surrogate mother experiences her pregnancy in a psychological and social way in all cases.

S.Rudrappa and C.Collins in their work “Altruistic agencies and compassionate consumers: Moral Framing of Transnational Surrogacy” give a part of the interview with a gay couple Quinn and Antonio (who were expecting twins through a surrogate mother in Delhi) in which Antonio shares his thoughts regarding possible exploitation of surrogate mothers (in India):

“I was afraid that (Indian) women were being subjected to some sort of exploitation. And then I realized I fell into my own trap: thinking these women are less empowered to make their own decisions for themselves. They are intelligent—they can make the decision that they can get this money to help their kids or start a new business or buy a new house or whatever—so I don’t consider it exploitation. *I don’t want to consider it exploitation*” (S.Rudrappa, C.Collins, 2015).

S.Rudrappa and C.Collins in the same work provide a part of the interview with Dr. Nayna Patel of Akanksha Infertility Clinic in Anand, Gujarat, who has appeared in diverse media outlets like *The Oprah Winfrey Show*, BBC, CNN, *Der Spiegel*, PBS, *Forbes*, and *The Nation*, in which she states the following:

“There is this one woman who desperately needs a baby and cannot have her own child without the help of a surrogate. And at the other end there is this woman who badly wants to help her [own] family. . . . If this female wants to help the other one why not allow that? It’s not for any bad cause. They’re helping one another to have a new life in this world” (Dolnick, Sam ,2007).

3.1.9 Being a surrogate justifies women’s right to privacy

Some supporters of surrogacy derive the right to serve as a surrogate from women’s right to privacy in making intimate decisions on reproduction matters. We all can agree that “many Western societies place a high priority on private discretion and choice in reproductive matters” (Robertson J.A, 1988).

I.Leibowitz-Dori in the work “Womb for Rent: The Future of International Trade in Surrogacy” presents a list of a number of international documents that recognize and protect the women’s right on procreation matters:

“The right to procreate, or more specifically, the right to decide the number and spacing of children was first declared a private human right in 1968 in the

Proclamation of Teheran (*G.A. 2542 art. 4, 22(b) U.N.*). Other declaratory instruments also recognize this right, most notably the 1969 Declaration on Social Progress and Development (*United Nations Standards Concerning The Relationship Between Human Rights and Various Population Questions, reprinted in U.N.*). The right became enforceable in 1981, upon ratification of The Convention on the Elimination of All Form of Discrimination Against Women (*Convention on the Elimination of All Form of Discrimination Against Women*)” (I.Leibowitz-Dori, 1997)

What is some, many scholars agree that women not only have the right to serve as a surrogate but also be compensated for their services. For example L. Gostin explains that “...banning payment for surrogate services would deprive the surrogate of compensation for her labour” (Gostin L., 1998). Capron A.M and Radin M.J also state that “if a woman has a recognized right to procreate, that right should also encompass the women’s right to procreate for the benefit of others” (Capron A.M and Radin M.J 1988).

I.Leibowitz-Dori extends the argumentation in favor of commercial surrogacy by stating that: “surrogate services (...) satisfy a worthwhile social goal. Women are entitled to compensation for the physical changes their bodies go through, the changes in lifestyle, the work of carrying a foetus, and the pain and medical risk of labour and partition (I.Leibowitz-Dori, 1997).

3.1.10 Conclusion

In order to conclude what was presented in this chapter we need to understand that different opinions and different argumentations about whether surrogacy can be compared to prostitution or not, or if it can be referred to as an alienated labour may exist. We can absolutely agree with the point that A.Van Niekerk and L.Van Zyl make that “it is crucial to understand that in the end there is something that completely distinguishes women’s reproductive labour from any other form of labour and it is that the product of this labour is *‘not something but someone’*” (A.Van Niekerk and L.Van Zyl, 1995).

At this point we will come to the same idea as A.Van Niekerk and L.Van Zyl present in their work and it is that maybe we shall object to the institution of surrogacy as such only in those cases when a surrogate mother does establish bond with the child she bears and in the end is still forced to hand it over to the commissioning couple. In this

particular scenario we can say that “the objection that the surrogate performs alienated labour does hold as she is forced to act against her feelings” (A.Van Niekerk and L.Van Zyl, 1995). A.Van Niekerk and L.Van Zyl suggest that perhaps this issue could be solved by changing the terms of the contract and make them so that the surrogate mother can keep the child if she feels so. This might be a good suggestion as it would also dispel a popular social stigma of baby-selling. However, will it be fair from the commissioning couple’s perspective? As has already been explained above, surrogacy is not just a biological process and even though the commissioning parents may not be fiscally pregnant they will expect the child in psychological and social ways.

Now it seems that as a surrogate contract involves more than two people a conflict of parental rights can always arise and cause psychological harm to either a surrogate mother or/and the commissioning couple. However, maybe an ideal situation would be for a surrogate to be a close friend or/and a relative of a commissioning couple who is helping her friends or family for compassionate and altruistic reasons? In this case a surrogate can feel that she is doing this for some higher purpose than just getting paid for a service, and that fact that she may continue to play an active roles in the life of the child she gave birth to, does not let us describe the process of surrogacy as alienating or dehumanising. Yet most of infertile couples prefer their surrogate to be a complete stranger for the very reason they want to be the only parents of the child and do not want anyone else (as a surrogate being ‘a second mother’) to interfere in the process of upbringing the child.

Surrogacy is a very controversial topic and cannot be fully considered ethical “unless one can ensure the legitimacy of the surrogate’s bond with the child and her perspective on her pregnancy without thereby denying that of the commissioning couple the surrogacy arrangement can always be said to be dehumanising and alienating” (A.Van Niekerk and L.Van Zyl, 1995).

Based on the information described in this chapter, we can conclude that such topic as surrogacy is surrounded by many objections and many people see it as exploitative. However, surrogacy continues to persist and thrive despite the fact that it is perceived as “rent-a-womb industry”(Bhalla and Thapliya, 2013; Carney 2010; Desai 2012; Vogt 2014) and “baby factory” (Dolnick 2007;Jayaraman 2013) by many people. How is that possible? The reasons of this will be discussed in the next chapter.

What makes surrogacy possible?

In this chapter we would like to explain how main actors of surrogacy justify their pursuits.

There are a couple of parties involved in the process of making a ‘baby-factory’ (Dolnick 2007; Jayaraman 2013) work. First of all, surrogacy is a solution for infertile couples who are desperate in their desire to have children. Secondly, surrogacy may be considered a new source of income for economically disadvantaged women. Finally, there are surrogate agencies and surrogate intermediaries who are happy to help and make some profit out of it.

3.1.11 Desirable children for infertile couples

There is no doubt that infertility and desire of genetically linked children is the main driver of the fertility market. Horsburgh B. believes that in order “to meet the high demand for reproductive services, surrogacy may become more common as a solution for childless couples because it provides better solution to infertility than adoption” (Horsburgh B.). A Judge Posner R. also notices that “even if there was no shortage of babies for adoption¹², there would be a demand for surrogate motherhood” (Posner R., 1989). We can agree with his statement as people in most cases “desire genetic continuity, and surrogacy enables them to satisfy this desire” (I. Leibowitz-Dori, 1997).

Also a very important point is made by Ruth Deech when she explains that ability to have children is important also because it is “essential to individuals’ access to adulthood and financial security in resource-poor countries. In addition, infertility is acknowledged to be a psychologically and socially devastating medical diagnosis, with women being more stigmatized than their male partners even when the latter are diagnosed with infertility” (Deech R., 2003).

There are many forums and publics on the Internet where people advocate surrogacy and express an overwhelming sense of joy and validation that they have overcome their struggles of becoming parents with the help of surrogacy.

¹² Meaning healthy, white infants. “There is no shortage of black, or handicapped, or older children for adoption, but this is because there is, unfortunately, very little demand for such children” (Posner R., 1989).

Many of those couples, who were either priced out of their home market or unable to use surrogacy because of local regulations, would go overseas to make their dream of having a child come true.

The main heroine of RT Documentary “Wombs for Rent in India” a Russian woman recalls her infertility problem and the decision of using Indian surrogacy services.

“We did not have problems getting pregnant. We would conceive in no time flat. But we had one miscarriage after another. We would lose a pregnancy just as easily as we would conceive. I had my first three months after having seen the ultrasounds, it was all fine. Then I had a miscarriage. And then the second, the third, the fourth. Doctors did nothing. Three specialists told me I had no health problems, but it was worse each time. It was very painful. And when people talk about ‘the poor couple that cannot have a baby’ it is the worst. A long time ago I read an article in Marie Claire magazine about surrogacy in India. And then I said to my husband: we are not celebrities, but let’s find out”.

Thus, people’s desire to have genetically linked kids forms a market in which the number of people who would like to use surrogacy services highly exceeds the amount of women who would not mind to render these services.

3.1.12 A new source of income for disadvantaged women

Well, in some countries commercial surrogacy is legal and therefore the parties involved in the process can derive economical benefits out of it. A Judge Posner R. shares his opinion on this matter:

“Suppose the contract requires the father and his wife to pay the surrogate mother \$10,000. ... The father and wife must believe that they will derive a benefit from having the baby that is greater than \$10,000, or else they would not sign the contract. The surrogate must believe that she will derive a benefit.., that is greater than the cost to her of being pregnant and giving birth and then surrendering the baby.... [An] economist would say.., all of the parties to the contract are made better off” (Posner R., 1989).

In Russia a surrogate mother indeed benefits economically. Additionally to the payment after the delivery which is on average 800 000 rubbles, a surrogate receives

monthly payments in amount of approximately 22 000 rubbles ¹³ (depending on the region). She also receives a single redemption for the purchase of clothes for pregnant. All the payments can vary depending on the region where the surrogacy occurs, experience of a surrogate and other factors. This amount can be compared with a price of one room apartment in some deep regions of Russia. Otherwise 800 000 is what you will need to buy a middle-range new car in Russia.

Therefore, quite a lot amount of women turn to this way of making their lives better when a sudden need arises. And as there is almost never a shortage of those how would like to turn to the help of a surrogate, surrogate mothers job are in high demand.

3.1.13 Profitable business for surrogacy agencies

Surrogacy agencies work hard on their image so that they can attract more clients. Some of them post pictures of smiling pregnant women on their websites and share their positive experience of being a surrogate mother. Many agencies have own databases of surrogate mothers and actively seek for new ones.

However, as there are many stigmas surrounding surrogacy potential customers of these agencies can also be concerned about exploitation issues and etc. Thus, the main goal of such organizations is to advertise how good surrogacy is and how both parties (the surrogate and the intended couple) will eventually benefit from it.

The prices agencies set for the recruitment of a surrogate mother for a particular couple cannot be called low. In Russia for example, an agency may ask a fee of about 150-300 000 rubles for this service. Which is approximately 1 / 3 of the amount the intended parents will pay to a surrogate.

Therefore, a surrogate agency can be considered a profitable and prospective business.

¹³ *The payment usually is no lower than a living wage in this particular region.*

4 Practical Part

The following chapter covers the practical part of the study, which includes the legal framing and medical procedure of surrogacy in Russia as well as surrogates' testimonies on their experience of being a surrogate in Russia.

Legal and medical framing of surrogacy in Russia

In this section we are going to use the information obtained from the interview with a lawyer, Mgr. Alexej Tolkachev, conducted by the author of the thesis in the Siberian Institute of Reproduction and Human genetics. Mgr. Tolkachev lives in Barnaul, Altya Krai and works as a private lawyer as well as the legal counsel of the Siberian Institute of Reproduction and Human genetics. Mgr. Tolkachev's career as a lawyer began in 1999, since that time he has been protecting and defending the interests of citizens in legal entities in many cities and regions of Russia including Moscow, St.Petersburg, Novosibirsk, Gorno-Altai, Kemerovo, Novokuznetsk, Irkutsk and others. He renders legal assistance in administrative, civil and criminal cases of any complexity in courts, State and municipal bodies and at the preliminary investigations level. One of the core fields of his specialization is medical law, which includes licensing of medical activities, surrogate motherhood and oocytes' donation. More than once Mgr. Tolkachev has participated in local and regional talk shows and news as a legal expert on surrogacy matters. More information and media references of Mgr. Tolkachev can be found on his website: advokat22.ru.

4.1.1 Legal framing of surrogacy in Russia

Methods of surrogate motherhood are widely applied in Russia as a way of treatment for difficult forms of infertility. Unlike most other countries worldwide, where some limitations take place, Russian legislation allows the implementation of surrogacy even on a commercial basis.

Surrogacy in the Russian Federation is currently regulated by the following legal acts and normative documents:

1. *Federal Law "About the Fundamentals of Health protection of citizens in the Russian Federation" from 21.11.2011.*

Article 9, page 55 "Surrogacy represents bearing of a child and its delivery (including premature delivery) under a contract concluded between a surrogate mother (a woman who carries a foetus after the implementation of the donor's embryo) and intended parents whose germ cells were used for fertilization, or between surrogate mother and a not married woman for who bearing or/and delivery of a child is not possible because of medical reasons".

Article 10, page 55 "In order to become a surrogate mother a woman must be between the age of 20 and 35 years old, to have at least one healthy child of her own, to receive a medical certificate of good health conditions, to give written voluntary informed consent for medical intervention. A woman who is married and whose marriage is registered in order established by the legislation of Russian Federation can be a surrogate mother only with a written consent of her spouse. A surrogate mother cannot be a surrogate and egg's donor and the same time".

It should be noted from the above mentioned regulation that some forms of traditional surrogacy are prohibited in the Russian Federation. Only gestational surrogacy is legal.¹⁴

Additionally, as can be derived from the Federal Law Article 9, page 55, a couple or a single woman can legally resort to the help of a surrogate mother only based on medical prescriptions.¹⁵

2. The Family Code of The Russian Federation

Article 51, Item 4 "The married persons who have given their consent in written form to the implantation of an embryo in another woman for bearing it, may be written down as the child's parents only with the consent of the woman who has given birth to the child (a surrogate mother)."

Article 52, Item 3 "The spouse who gave his consent in written form, in conformity with the legally established procedure, to apply the method of artificial fertilization or of the implantation of the embryo, shall not have the right to refer to these circumstances when disputing the fatherhood".

¹⁴ A surrogate has no genetic links with the child she gestates.

¹⁵ The concrete indications will be described in the following chapter.

Another very important peculiarity of Russian regulations regarding surrogacy is that even though a surrogate mother has no genetic links with the child, she has an absolute right over its custody. No one under any circumstances has a right to force a surrogate to hand over the child she gave birth to.

3. Federal law “About acts of civil status”

Article 16 “On event of child’s birth state registration on the request of the spouses, who have agreed on the implantation of the embryo into another woman for the purpose of its bearing, a document handed out by a medical organization and confirming the fact of receiving consent from the woman who gave birth to the child (a surrogate mother) on signing spouses as child’s parents must be provided”.

A child born by a surrogate can be handed over to its biological parents only with a written consent of the surrogate. Otherwise a surrogate has an absolute right to keep the child.

4. Order number 107N of the Ministry of Health of the Russian Federation from 30.08.2012 “About the order of use of assisted reproductive technologies, contraindications and limitations to their use”

The order determines the legal medical process for the use of surrogate motherhood procedures, requirements for surrogate mothers; it also includes a list of medical examinations for a surrogate and biological parents.

4.1.2 Medical framework of surrogacy in Russia

The procedure of surrogate motherhood is carried out using the following order:

1. Selection of a surrogate mother;
2. Synchronization of menstrual cycles¹⁶;
3. The procedure of in vitro fertilization (IVF) with the transfer of embryos to the uterus of a surrogate mother;

Before reviewing the actual procedure of surrogate motherhood, it is worth mentioning the medical indications for surrogacy:

1. Absence of uterus (congenital or acquired);

¹⁶ Of a surrogate and biological mother or a donor of the egg.

2. Deformation of cavity or cervix of uterus in congenital malformations or as a result of diseases;
3. Synechia (adhesions inside the uterus) of the uterine cavity that cannot be medically treated;
4. Various diseases of internal organs because of which pregnancy is contraindicated;
5. Unsuccessful repeated attempts of IVF with repeated reception of embryos of high quality, the transfer of which did not lead to the onset of pregnancy;

Once any of the above described indications has been detected, a couple or single woman can start considering surrogacy as a possible solution to their/her infertility problem.

The next step is the selection of a surrogate mother. As previously mentioned above, in order to become a surrogate a woman must:

1. Be the age between 20 and 35 years old;
2. Have at least 1 healthy child;
3. Be in a sound mental health;
4. Absence of serious chronic diseases;

It does not matter whether a surrogate is a relative/friend of an infertile couple or a complete stranger. The only condition for her participation in the program is that her decision to serve as a surrogate must be voluntary.

When the agreement between the prospective surrogate mother and genetic parents is reached, the next stage comprises various health tests a surrogate must undergo, which include:

1. Determination of a blood group and Rh factor;
2. Blood test for syphilis, HIV, hepatitis B and C (those tests are valid for 3 months);
3. Examination for sexually transmitted infections (Chlamydia, genital herpes, ureaplasmosis, mycoplasmosis, cytomegaly, rubella, etc) (those tests are valid for 6 months);
4. General urinalysis (valid for 1 month);
5. Clinical blood test and coagulability (valid for 1 month);
6. Biochemical blood test: ALT, ACT, bilirubin, sugar, ureag, etc (valid for 1 month);

7. Fluorography (valid for 1 month);
8. Smears on the flora of the uterus and cervical canal and the degree of the vagina's purity (valid for 1 month);
9. Cytological examination of smears from the cervix;
10. Examination by general practitioner and obtaining of medical certificate of the state of health and the absence of contraindications for gestation (valid for 1 year);
11. Examination and medical certificate of a psychiatrist (once);

If all the examinations and tests described above show that a prospective surrogate mother is healthy, the next stage of synchronization of the menstrual cycles of the genetic and the surrogate mothers begins.

The main task of this stage is to achieve the necessary degree of maturation of the endometrium (an inner layer of uterus) of the surrogate for the successful implantation (attachment) of embryo at the moment of its transfer. For this reason a surrogate mother receives hormonal medications in portions which cause the maturation of endometrium. Synchronization can also be carried out in the natural cycle. During this preparation, the level of hormones in the blood is monitored together with ultrasound-monitoring of the endometrium and ovaries.

When the synchronization of cycles has been achieved, a standard procedure of IFV takes place. The fact of a successful insemination of eggs can be estimated after 12-18 hours. Re-evaluation of insemination is carried out after 24-26 hours. If everything went well and insemination took place, the eggs are placed in a special environment where the initial development of embryos takes place. In case the insemination did not successfully take place, the whole operation is repeated in another menstrual cycle.

In case the insemination did take place, the next stage begins. The embryos obtained from the biological parents are transferred into the uterus cavity of the surrogate mother which is prepared for this by a preliminary hormonal therapy. The procedure of embryos' transfer is carried out in a gynecological chair and is absolutely painless. Usually, no more than 3 embryos are transferred.¹⁷ After the transfer of embryos, a surrogate mother receives so-called hormonal support with progesterone-containing drugs that improve the state of endometrium and thus increase the chances of a successful

¹⁷ Although a larger number is possible in case of expected low probability of implantation.

attachment of embryos. A surrogate mother should abstain from sexual intercourse for 2 weeks after the transfer of embryos has taken place. She must also avoid any heavy physical labor or activities.

When will the results be known? Embryos are normally transferred on the 17th day of a menstrual cycle, pregnancy diagnosis for beta-HG in blood or urine is carried out 12-14 days after the embryos' transfer. After the 15th day, special hormonal medicaments are prescribed. In case of a positive pregnancy test, those hormonal medicaments must be taken up to 12-14 weeks of pregnancy. Ultrasound confirmation of pregnancy can be conducted from the 21st day after the embryos' transfer. Once the pregnancy is confirmed, a surrogate mother is placed under medical supervision. A surrogate mother can simply attend consultations of a gynecologist in a local polyclinic to which she belongs to. In this case the gynecologist will not even know that he / she is dealing with surrogacy.

Surrogacy in Altay Krai thought the example of the Siberian Institute of Reproduction and Human Genetics

Altay doctors established a surrogate motherhood program for the first time in 2003. Since then, this method of infertility treatment has been frequently used. With the help of surrogate motherhood in Altay Krai, approximately 30 to 40 babies are born each year. In Barnaul there are 3 clinics specialized in infertility treatments using such methods as IVF, egg donation, surrogate motherhood. All these 3 clinics conducting surrogate motherhood programs are private, and none of the public medical centers in Barnaul offers surrogate motherhood programs.

One of these 3 clinics that conduct surrogacy programs is the Siberian Institute of Reproduction and Human Genetics that the author of this thesis visited in August 2016 and conducted an interview with Mgr. Alexej Tolkachev who helps to solve legal issues of surrogacy clients of this clinic.

Let's see what information about the Institute can be found on their website:

“The Siberian Institute of Reproduction and Human Genetics is a modern medical facility that specializes in the diagnosis and treatment of all types of infertility. The institute conducts basic clinical and laboratory researches in the field of human reproduction. The combination of medical and scientific practices enables the specialists of the institute to always keep up with the latest trends and technologies, and the patients of the Institute to use cutting-edge advances in medical science. The Siberian Institute of

Reproduction and Human Genetics provides scientific and medical cooperation, both at the regional and international levels, ensuring stability and quality of work.

The experts of the Institute help individuals to:

1. Quickly identify the cause of infertility.
2. Accurately choose the tactics of the therapy.
3. Make individual therapy plans.

As a result, the Institute ensures up to 40% treatment efficiency

The institute's laboratory is equipped with modern equipment. Its own evaluation criteria have been developed.

Diagnosis is made on the biological, immunological and bimolecular levels. Specialized software allows to capture, store and analyze the results obtained in dynamics which allows making the most efficient use of laboratory tests. The laboratory participates in the federal program of quality control. At the regional level the laboratory is involved in inter-laboratory quality control.

All the employees of the Siberian Institute of Reproduction and Human Genetics are members of the European Association for Reproduction and Embryology (ESHRE), have their scientific works published in domestic and foreign publications.

During 2004, more than 200 IVF (ET) procedures have been carried out with a pregnancy success rate of more than 30%, which is on par with the leading European clinics.

Since 03.09.2002, the Siberian Institute of Reproduction and Human Genetics has been a member of the ART (Assistant Reproductive Technologies), register of the Russian Association of Human Reproduction.“

The Institute opened its doors in 2001. Since then it has not only been serving patients from Altay Krai but also from Moscow, Vladivostok and other cities and regions across Russia. Foreigners from Israel, France, Spain and other countries would also use infertility treatments offered by the Institute.

The age-range of those who are interested in surrogacy programs varies a lot. Mgr. Tolkachev explains that male and female infertility has been affecting significantly 'younger' individuals in recent times. Young married couples aged between 20 and 25

would come to the Institute in search for help of their infertility problems as well as people of more significant age who have not given up on the dream of becoming parents.

Approximately 15-20 programs of surrogate motherhood take place in the Institute each year. There is rarely a shortage in the demand for surrogates. People come from other regions because of the lower prices for surrogacy services in Altai Krai. The material relationships between a surrogate and a commissioning couple stay out of the Institute. The price for surrogacy services is negotiated directly between a commissioning couple and a surrogate. Prices may vary but in general an Altai surrogate will ask for a compensation of 750-800 000 rubles after the delivery and monthly payments of 15-20 000 rubles. All these compensation details are included in the surrogacy contract. The Institute does not have a policy of working with only those surrogates who were recruited by the Institute itself. If a prospective surrogate was found by a commissioning couple and meets all the medical and legal requirements, the Institute should agree to work with her. Mgr. Tolkachev observes that the main motivation of women who want to become a surrogate is primarily financial.

The Institute has its own database of surrogates. However, in many cases it happens that a woman who became a surrogate once and at first expressed a desire to participate in the program again, would eventually change her mind. The reasons for this situation vary. Some women would reach a better financial position and would not be interested in this type of income anymore. Others would get older and change their attitude towards surrogacy in general. Most of the time a woman would participate in the program only once, simply due to the age limitations. Significant amount of women would make a decision to become a surrogate in their 30s, therefore can participate in the program maximum 2 times. There are younger surrogates in their mid twenties as well, however most of the time a surrogate would be of an older age. The largest amount of surrogacy programs in the Institute with the same surrogate mother is 3. Thus, the Institute is in the constant search for new surrogates. It even advertises 'surrogate mothers' jobs' on the radio, local newspapers and TV. An example of the advertisement the Institute uses for publications in local newspapers can be found in the appendix.

Both infertile couples and perspective surrogates would come to the Institute with different amount of knowledge about medical and legal aspects of surrogacy. Thus, the Institute approaches 'prior pregnancy' preparation very seriously. Medical doctors of the Institute would present the medical procedure of surrogacy and Mgr. Tolkachev would

explain the legal aspect of surrogacy and will assist in preparing a surrogate motherhood contract so that both of parties' requirements meet together, legally.

A selection process of a surrogate mother normally begins by filling in a prospective surrogate's questionnaire (a version of which can be found in the appendix). Let's analyse what kind of questions a standard questionnaire used by the Institute includes and why.

4.1.3 Questionnaire for perspective surrogates

In order to see the questionnaire, please, refer to the appendix.

The questionnaire starts with general questions regarding the information about a prospective surrogate like her name, nationality, place of work, etc. The **General information** part also includes a question about housing conditions. This question is there to make sure that a surrogate has favourable and acceptable conditions of living so that she feels comfortable during a surrogate pregnancy. If a surrogate does not enjoy such conditions, those details can be agreed upon between a surrogate and a commissioning couple so that the commissioning couple provides a home where a surrogate will live or will increase the monthly payments so that a surrogate can find more suitable accommodation or improve housing conditions in some other ways.

Further questions include **family information**. Worth noting is a question about how far the surrogate's parents live from her. This question could be included because as the pregnancy develops, a surrogate may need some help in cleaning, shopping and other 'home-related aspects' and in Russia, it is the parents who help with those issues during the pregnancy. Additionally, in most of the surrogacy cases, women prefer not to share the fact of their surrogacy with their friends or colleagues but only with family members. In those cases, the surrogate mother may need psychological support from her parents during the pregnancy, allowing her to share emotions and anxiety, etc.

The "Family information" part of the questionnaire also includes many questions regarding the surrogate's husband (civil husband also) as it is the person a surrogate has most contact with. It is important to know whether he drinks alcohol or takes any drugs to ensure the safety of the surrogate and the child. Also if the surrogate's partner drinks alcohol and takes drugs on a regular basis, it can negatively affect her mental and physical health. A very important question is the attitude of a surrogate's partner to her decision of

becoming a surrogate as if the couple is married, a written consent of a male spouse must be provided, in order for her to participate in the program.

Then comes the **medical records** part which includes questions regarding the overall health conditions of a surrogate, her habits and possible diseases she may have. It is absolutely obvious that this information is important in order to make a decision whether or not this woman's health conditions allow her to become a surrogate and later on will not influence the health of a child she bears or cause any problems during the pregnancy and the moment of delivery. It is also important to know the surrogate's habits as most families would prefer a woman who does not drink, smoke or do drugs.

Pregnancies', deliveries' and born children's details questions first of all indicate whether or not a woman has at least one child of her own.¹⁸ Secondly these questions help doctors analyse whether or not this woman is able to deliver a healthy baby. This information also ensures a commissioning couple that if a surrogate has had a previous positive pregnancy and delivery experience, it is more likely to be successful as well with their own child.

Finally the last section of questions includes information about the **surrogate's attitude towards surrogacy**. These are questions from where a prospective surrogate finds out about surrogate motherhood, whether or not she understands that the child she is going to gestate is not her genetic child and upon its birth will resemble not her but only its genetic parents. Actually this last question is very important because not all women who are planning to become surrogates actually know the laws and procedures of surrogacy. Thus, those questions make sure that a prospective surrogate mother understands from the very beginning that none of her genetic material will be used in the process of surrogacy and on what kind of 'role and duties' she agrees. We could suppose that making her aware of the fact that the child she bears is not a child of her own and will resemble its genetic parents and only them (as non of her genetic material was used) will make her feel less stressed and worried when the time comes to hand the child over and also will ensure the fact that a surrogate will finally hand the baby over to its genetic parents (as we already know that she has an absolute right to keep the baby, should she decides to). A prospective

¹⁸ As this is a condition required by surrogacy law of the Russian Federation

surrogate must also understand that this questionnaire is a legal document and she must report only true information about her.

The given example of a questionnaire shows that even at the beginning of a surrogate selection, the process is taken very seriously. Based on the answers to this questionnaire, a commissioning couple can make a decision whether or not they see this woman as a possible surrogate to their child.

4.1.4 Surrogacy contract

In order to see the contract, please, refer to the appendix.

The lawyer of the Siberian Institute of Reproduction and Human Genetics, Mgr.Tolkachev, would recommend his patients to sign the contract before the transfer of embryos takes place so each party understands the seriousness of the process and own responsibilities before the process has actually started .

The contract which can be found in the appendix is a standard one, therefore it includes standard states of law and standard responsibilities of both sides. However, if any of the parties has special requests to be documented, Mgr Tolkachev will do his best to make sure that those requests are included in the contract and neither of the sides is left infringed.

When reviewing the contract, we can notice how detailed the responsibilities of the parties are, together with the consequences of noncompliance of any of them.

We can also conclude that during a surrogate pregnancy, a surrogate must follow the rules regarding her diet and visitations of doctors set by the intended parents. Thus, surprisingly implying that, during the pregnancy, a surrogate cannot take any decisions regarding her own body without the permission of the intended couple. What is more, intended parents can even conduct checks in order to see whether or not a surrogate mother complies with the contract. They also have the right to demand a report on the use of monthly payments paid to the surrogate mother and have the right to take any other actions to control the course of the surrogate mother's pregnancy. In some aspects, such situation could be qualified as a kind of 'surrogacy slavery'.

However, as the lawyer Mgr.Tolkachev explains, these clauses are meant to make a surrogate feel the full responsibility of what she is doing and understand that decisions taken by her during her surrogate pregnancy will not include her only but the child she

bears. Mgr. Tolkachev further points out that all intended couples are different and some of them favour a rather limited contact with the surrogate, others agree on some not too frequent visitations and checks of the life conditions and lifestyle of a surrogate and finally some couples even establish friendly relationships with surrogates.

In the part 4 “The period of preparation and carriage of delivery”, clause 4.4, it is mentioned that a surrogate *is obliged to give* her written consent to the registration of the genetic parents as legal parents of the child and *must not create any obstacles* to the child’s official registration in the State’s Administrative bodies. However, as previously emphasized, in accordance with *The Family Code of the Russian Federation*, no one has the right over the child born by a surrogate apart from the surrogate mother herself. Thus, surrogacy contracts bear a risk for intended parents because they never know whether or not they are eventually going to become the legal parents of their biological child. Fortunately, such situation of a surrogate mother’s refusal to hand over the baby to its biological parents has never taken place in the Siberian Institute of Reproduction and Human Genetics. However, Mgr. Tolkachev himself has been one of the invited lawyers on the biological parents’ side in such case which happened in Saint. Petersburg. Mgr. Tolkachev reports that in the end, the court settled the case in favour of the surrogate mother and the latter would never even pay any of the forfeits mentioned in the contract.

In the part 7 “Special conditions” clause 7.6, the parties to the contract agree that the use of any violent actions and forms of coercion with respect to the surrogate mother is unethical, not acceptable and cannot become part of this contract.

Surrogate motherhood through the eyes of surrogate mothers

Unfortunately, it was not possible to obtain the testimonies of the surrogate mothers of the Siberian Institute of Reproduction and Human Genetics. Nevertheless, presently, Russian surrogates actively ‘advertise their services’ in numerous social networks. One of such networks is called Vkontakte, Russia’s main social network.

4.1.5 Surrogacy advertisement on social networks

Vkonatkte is the largest European online social media and social networking service with more than 100 million active users (Vk.com). Vkontakte is especially popular among Russian-speaking users. When it comes to surrogate motherhood there are more

than 300 communities dedicated to this topic, the respondents of our thesis were found in the 2nd biggest of them which is called simply “Surrogate motherhood” and has more than 8500 subscribers.

The ‘wall’ of the community is full of ‘advertisements’ of women who have already been and/or are planning to become a surrogate mother. The following is an example of a typical announcement of an experienced surrogate mother offering her services:

“I will be very glad to become a surrogate mother for the second time. I am 31 years old, my weight is 60kg and body height is 167 cm. I already have experience in the program, a positive one, on the first attempt, transfer of 1 embryo, natural delivery. I have 2 kids – 3 and 12 years old. Blood +, have not had any abortions. I do not have any bad habits and I am not overweight. I have blood tests and ultrasounds that confirm my health conditions. Endometrium is homogeneous, 12 mm. I have all the documents confirming my previous surrogate pregnancy. I am responsible; I know what I am going for. I will gestate and gift you a healthy child. I am ready to change my location of residence together with my younger child. My main wishes: I am from Crimea, the transfer of one embryo, material compensation 1.2 mil rubles, everything else is negotiable. I am really looking forward to meeting you my bio parents, I will be glad to meet you.”

As we can conclude from this announcement, the woman who posted it already knows which information is necessary for the intended parents and doctors to consider her a surrogate mother. She mentions her age, the fact that she has two children, she also says that she is absolutely healthy and has all the blood tests and ultrasounds ready to be shown upon request. She also mentions her positive experience as a surrogate and gives details about the embryo’s transfer and delivery itself and also notices her current endometrium condition¹⁹. The surrogate mother expressly states her expectations regarding the compensation she expects to receive upon the end of the program as well as the medical conditions under which she would agree to become a surrogate.

However, not only those women who have already had experience as surrogates seem to be informed of the procedure and important details for their participation in the

¹⁹ As we already know from the medical framing part of our study, the condition of endometrium is very important for the successful attachment of the embryo.

program. Hereafter is another example of one of the announcements posted by a prospective surrogate mother:

“I am looking for bio parents. I am 23 years old. My blood group is 2nd and Rh is +. I have not had any miscarriages, Caesarean operations or abortions. I am healthy. I have medical confirmations from the expert in narcology and psychiatrist. I am married (the husband will give a consent). I have 2 kids. The conditions of living during the program – only at home. I am looking for bio parents preferably from Kazan, Naberezhnye Chelny, Almetyevsk.”

We can conclude that this woman knows that her being married, the consent of her husband is a prerequisite and in this announcement she ensures potential commissioning couples that her husband would support her decision to participate in the program and would not cause any obstacle for her to become a surrogate mother. The woman also mentions that she is in good health conditions and has medical confirmation of some doctors. She notices that she has two children and has not had any problems with either pregnancies or deliveries of her kids. She also adds that she would not agree to move anywhere for the whole program and that will remain at her current place of residence.

4.1.6 Surrogate mothers' testimonies

In order to obtain the testimonies of Russian surrogates, the author of the thesis has contacted more than 30 surrogates and women who are only planning to become a surrogate for the 1st time via the social network Vkontakte. Only those women who posted their announcement from the beginning of Jan 2017 have been contacted. Unfortunately, most of the women who have been contacted never replied back (55-60%); another part (approximately 30%) replied that would not mind to answer some questions regarding their experience as a surrogate / their motives of becoming a surrogate mother for the 1st time, but once received the questions would never reply back; finally only 2 surrogates who have been surrogate mothers for one time in their life and a woman who is only planning to become a surrogate shared their stories.

For each of these 3 women we will undertake our case review by quoting their initial announcement in the community “Surrogate motherhood” on Vkontakte and will then incorporate a table in which both the questions to the surrogate and her replies are combined together.

Each of the respondents would receive slightly different questions adjusted to her experience and circumstances of the surrogate pregnancy.

The answers received from the 3 respondents will allow us to see surrogacy through the eyes of surrogate mothers themselves. We will use the information obtained through the testimonies in the next chapter ‘Results and Discussions’ in order to compare the stigmas discussed in the literature part of our study with the way the respondents describe their experience.

First respondent

(has not had any experience as a surrogate mother so far but is in the search for potential intended parents)

Tatiana, 24 years old

“WILL BECOME A SURROGATE MOTHER. Tatiana, 24 years old. Married (my husband does not mind). I have 2 children 6 and 2.9 years old. The children are healthy. I delivered them myself, on time, without any complications. I am healthy. I have never had Caesarian operations, miscarriages, abortions, myomas, etc. My blood group is 2nd and Rh is +. I do not have any bad habits! I have recent ultrasounds (on the 9th day of a cycle).”

<i>1. When did you make a decision to become a surrogate mother?</i>
I made a decision to become a surrogate mother 1 year ago when I was investigating everything regarding the topic.
<i>2. How much time did it take for you to make a decision to become a surrogate mother?</i>
1.5 years
<i>3. How would you evaluate your determination to become a surrogate mother from 0 to 10?</i>
I would evaluate my determination to become a surrogate mother on 10 points out of 10.
<i>4. Have you already sent your questionnaire to any of surrogacy agencies of your city / region? If not, could you please verify the reason for it?</i>
I have not sent my questionnaire to any of surrogacy agencies as I find them too irresponsible in the selection of surrogates. I personally know those surrogates who work with different surrogacy agencies and at the same time smoke and lead inappropriate way of life for a surrogate and explain it by saying ‘this baby is not mine and I do not feel pity for it’.
<i>5. Are you familiar with the regulations of surrogacy by the law of the Russian Federation? How would you evaluate your knowledge from 0 to 10?</i>
I would evaluate my knowledge of a legal procedure of surrogacy on 7.
<i>6. Are you familiar with a medical procedure of surrogacy? How would you</i>

<i>evaluate your knowledge from 0 to 10?</i>
I would say on 9.
<i>7. How did you relatives and friends react to your decision to become a surrogate mother?</i>
No one knows about my decision of becoming a surrogate apart from my husband. He understands me. Of course he is worried for my mental and physical health but we have very good interrelations in the family.
<i>8. Can you explain the reason why you did not share your decision with anyone else apart your husband?</i>
I do not care about opinions of other but the opinions of my close relatives and friends are quiet important for me. Unfortunately, not everybody of them understands my choice and especially not everyone believes that behind my decision of becoming a surrogate there is not only money but also compassion and humanity to unknown to me people.
<i>9. Since the moment your announcement was published on Vkontaktet, have you received any offers from intended parents?</i>
Yes, I have already received a lot of offers but I approach the selection of intended parents very seriously. It is not a decision that I make everyday plus I am planning to participate in the program only once.
<i>10. If any of your friends or relatives made a decision to become a surrogate mother, what your reaction would be? Would you support their decision or no?</i>
I would first of all evaluate how calm and decent a woman is. Whether or not she loves kids and realizes that sometimes it will not be psychically and morally easy to carry this pregnancy. She must understand that her attitude towards the biological parents must not influence her attitude towards the child (it is in the case she does not like the biological parents). If she really realizes what she is going for only then I would advise her under which criteria she should choose biological parents.
<i>11. What amount you expect to receive for the surrogacy program?</i>
I am asking for \$ 13 000 and \$ 300 monthly payment. Those are average prices for Russia
<i>12. Do you have a plan of how you would spend the earned money?</i>
Yes, I would like to help my husband with a purchase of a house. We have 2 children and he just physically cannot earn enough money because of our low salaries...
<i>13. If your potential client was a gay couple, would you agree to become a surrogate mother for them?</i>
No, I would never agree. I do not have anything against these families but I am against of children in such families and there are many reasons for this. We are all grown up adults and have the right to make those decisions that we consider right but to doom a child to such life...these people have no right to do this!
<i>14. If any of your relatives or friends needed a help of a surrogate mother, would you suggest your candidacy? Would you agree to become a surrogate mother for them on altruistic basis? (Without a financial compensation)?</i>
I would help even without a financial compensation if I really feel that the family really

needs it.
15. Speaking about surrogacy you would rather call it a 'service' or 'help'?
Help.
16. Can you name your main motive of your desire to become a surrogate mother?
I think the most important motive for me is the satisfaction that those families who are time-and-problem-tested, who have proved their love to each other and stayed together no matter what and did not lose hope that God would give them a baby, finally get it. These families like no one else deserve the ability to become parents and they will love their child more than the families who had no problems having a child.
17. At the moment would you be able to consider surrogacy as your job? Or you are planning to participate in the program once?
No, I do not want it to become my job. And it will not become. I do not have a right personality for that.
18. Would you be able to call surrogacy explanation of women? Baby-selling? Exploitation of the poor by the rich?
On the one side yes as not everyone understands what a great act it is. For example, biological parents think that if a surrogate mother takes money for her services she is greedy. Also I heard a surrogate mother saying 'Everyone gets what he deserves, some will be dressed in gold and others will be baby-incubators'. Some surrogate mothers also agree to become a surrogate and a donor of the egg at the same time because they earn more money for it, thus they sell their own children.
19. What is your attitude towards egg donation? Would you agree to become an egg donor?
I would not want to become an egg donor. It is not a right thing to give your child away. And in such cases I think biological parents could adopt a child, because I think there is not such a big difference between half genetically linked and an absolute stranger baby.
20. Is your attitude towards surrogacy in general positive or not? Do you consider it a noble thing to do or rather something unethical and inappropriate?
Of course this is not natural. However, I think if both sides approach this process with their souls, respect and humanity it is a good thing. Because in the end neither intended parents nor a surrogate decide whether or not a child will be born. God gives a child. And if he does so, then everything was done right!

Second respondent

(Has had experience as a surrogate mother once)

Tatiana, 34 years old

"I will become a surrogate mother for your baby. I am 34 years old. 2nd blood group, Rh +. I have neither any bad habits nor any health problems. I had a Caesarian operation in 2013.

I have a positive experience as a surrogate mother from the 1st attempt. I am married. I can change the place of my residence on agreement. Desired fee \$ 8000 + \$ 200.”

1. When did you make a decision to become a surrogate mother for the first time?
In 2007 when I was standing at a bus stop and noticed an ad “We are looking for a surrogate mother”. At that time ordinary families had neither computers nor Internet at home.
2. How much time did it take for you to make a decision to become a surrogate mother?
A couple of days since the moment I had read the ad and called the number written there.
3. How old were you at the moment of your participation in the program?
25 years old.
4. Was any agency involved in the surrogacy process? Did you have a contract?
No, it was not. I did everything directly with the intended parents; I did not have any contract with them.
5. How familiar were you with the medical procedure of surrogacy during your 1st surrogacy program? How would you evaluate your knowledge from 0 to 10?
I would say 5.
6. How familiar were you with the regulations of surrogacy by the law of the Russian Federation during your 1st surrogacy program? How would you evaluate your knowledge from 0 to 10?
I did not know any information about it. I would not want to keep the child anyway and I knew it from the very beginning. The intended parents were good people and I just wanted to help them.
7. How did your relatives and friends react to your decision to become a surrogate mother?
Only my husband knew about it and he would prefer not to argue with me on this topic.
8. What was the reason why you did not share your decision with other people?
People in our society are ruthless. And if they do not understand something, they always think about the worst things possible. Plus even on the parents’ side only the mother of the woman knew that the couple was going to use a surrogate mother.
9. If any of your friends or relatives made a decision to become a surrogate mother, what your reaction would be? Would you support their decision or no?
I would not start dissuading this woman.
10. What amount did you receive after the birth of the child had taken place?
\$ 4500
11. Did you initially plan how you would spend this money? And was it enough to fulfill the plan?
I wanted to buy a flat for my elder daughter. The received amount was enough for half of the flat.
12. Do you think that you received a descent financial compensation or would deserve to get more for what you have done?
Intended parents had only the amount of money that I received and I did not know how much people normally would pay for such procedure.
13. You said that you planned to spend the money received for surrogacy to buy a flat for your elder daughter. So can you say that the main motive of your decision

<i>was financial gain?</i>
Yes, it is correct. Maybe if I had not needed that money at that moment, I would have not even notice that ad.
<i>14. Did you go through any psychological difficulties during your pregnancy or at the moment of the child's hand over?</i>
During my pregnancy I had no problems, only when the time came to give the baby away to its biological parents. I would be worried and would cry. But I had no thoughts about keeping the child. With the help of biological parents (they would let me come to see the child and would leave the baby with me when they had to leave the city because of work) I calmed down.
<i>15. Speaking about surrogacy you would rather call it a 'service' or 'help'?</i>
Help for the couples who do not have natural potential to have a child.
<i>16. Can you call your experience as a surrogate mother a positive one?</i>
Yes, I can.
<i>17. If your potential client was a gay couple, would you agree to become a surrogate mother for them?</i>
More no than yes.
<i>18. If any of your relatives or friends needed a help of a surrogate mother, would you suggest your candidacy? Would you agree to become a surrogate mother for them on altruistic basis? (Without a financial compensation)?</i>
Of course, it is not even topic for discussions. Even without a financial compensation.
<i>19. Do you consider surrogate motherhood your job or just a way of one-off earning?</i>
If I have no health problems, I may consider it to become my job.
<i>20. After your experience as a surrogate, would you call surrogacy exploitation of women? Baby selling? Exploitation of the poor by the rich?</i>
No, I would not call it any of these. No one forces anybody to anything. Everyone benefits from this program.
<i>21. Can you say that your general attitude towards surrogacy is positive?</i>
Yes, but only if everything goes as smoothly as it happened with me. And I truly was gestating this child as my own, I would follow all the recommendation of doctors, even though biological parents did not control me in anything at all. We are still friends with each other.
<i>22. You mentioned that you are still in touch with the intended parents. Do you know if they are planning to let their child know that he/she was born by a surrogate mother?</i>
No, they are not planning to reveal this fact. According to all the documents his mother gave birth to him.
<i>23. When it comes to your decision to become a surrogate mother for the second time, is your decision financially motivated as it happened for the first time?</i>
Yes, it is.
<i>24. How much do you expect to earn this time?</i>
Nowadays I evaluate my situation rationally. I expect to receive \$ 8000 + \$ 200 monthly.
<i>25. Do you have any plan what will you spend this money on?</i>
Yes, I do. I am planning to spend this money on the improvement of my housing conditions.

Third respondent

(Has had experience as a surrogate mother once)

Yulia, 30 years old

“I am looking for biological parents for this summer! Only Saint Petersburg! I will become a surrogate mother for a bio couple from Saint Petersburg. I have 1 positive experience in the program with an eventual birth of healthy twins. I have 2 children. All deliveries were natural. I am in good health conditions. Blood group 2nd, Rh +. I am not married. 700 000 rubles – compensation, 100 000 rubles – for twins, 100 rubles – Caesarian operation, 30 000 rubles– monthly for food, 20 000 rubles – medical examinations.”

1. When did you make a decision to become a surrogate mother for the first time?
In 2013 when I lost my job and I had nowhere to live with my 2 children.
2. How much time did it take for you to make a decision to become a surrogate mother?
3 months.
3. How old were you at the moment of your participation in the program?
26 years old
4. Was any agency involved in the surrogacy process? Did you have a surrogate contract?
No, everything was done directly with the intended parent without any intermediaries.
5. Can you explain why you did not want to turn to the help of any agencies?
Well, it is because of some sad experience of my surrogate mothers pen-friends. To one of them it happened that an agency defeated her program on the day of the embryo’s transfer even though she was ready and had been taking hormonal pills for 2 months. To the second one the agency promised to cover her transfer expenses but in the end never paid for them. And my third pen-friend had a miscarriage (not because of her fault) on a late stage of her pregnancy and she did not receive a compensation for this. And all these cases happened in different surrogacy agencies of Saint Petersburg and those agencies do not let you communicate with the parents directly. And I do not like to communicate through intermediaries. The contact with the people for whom I am bearing a child is a crucial thing for me.
6. How familiar were you with the medical procedure of surrogacy during your 1st surrogacy program? How would you evaluate your knowledge from 0 to 10?
3 out of 10
7. How familiar were you with the regulations of surrogacy by the law of the Russian federation during your 1st surrogacy program? How would you evaluate your knowledge from 0 to 10?
3 out of 10
8. How would you evaluate your determination to become a surrogate mother from 0 to 10 during your 1st experience?
I would say 1 point. I did not believe till the end that anyone would be interested. I and was afraid whether or not everything was going be good. I would always wait for some trick

and would always be afraid of everything.
9. How did your relatives and friends react to your decision to become a surrogate mother?
From my close relatives only my sister knew about my decision. From everyone else including my kids I would hide that fact.
10. What was the reason why you did not share your decision with other people?
I knew that my relatives and friends would not understand that. Many people do not understand that what IVF is and do not know what to understand, especially older people. My relatives would perceive my decision as a sale of my own child despite the arguments about modern technological process.
11. If any of your friends or relatives made a decision to become a surrogate mother, what your reaction would be? Would you support their decision or no?
No, I would not support this decision because in order to become a surrogate one needs certain circumstances and a certain nonstandard worldview.
12. What amount did you receive after the birth of the children had taken place?
800 000 rubles.
13. Did you initially plan how you would spend this money? And was it enough to fulfill the plan?
From the very beginning my main motive was financial. I was determined to solve a housing problem. And I solved it.
14. Do you think that you received a descent financial compensation or would deserve to get more for what you have done?
I think I received an absolutely descent compensation. But I would not mind receiving a bigger amount as well.
15. Did you go through any psychological difficulties during your pregnancy or at the moment of the child's hand over?
I would experience some tides of depression after my separation with the kid but most likely not on a psychological but hormonal level. I did not want to keep the baby.
16. Can you call your experience as a surrogate mother a positive one?
Yes, my experience was positive.
17. Speaking about surrogacy you would rather call it a 'service' or 'help'?
Service
18. If your potential client was a gay couple, would you agree to become a surrogate mother for them?
No, I would not agree. I have already been offered to become a surrogate for such couples. I cannot explain why I would not agree. Maybe it is my soviet upbringing. I consider homosexual people mentally ill and these people should not have the right to bring up children.
19. If any of your relatives or friends needed a help of a surrogate mother, would you suggest your candidacy? Would you agree to become a surrogate mother for them on altruistic basis? (Without a financial compensation)?
I would not agree in any case.
20. Do you consider surrogate motherhood your job or just a way of one-off earning?
I consider it to be my job.
21. After your experience as a surrogate, would you call surrogacy exploitation of women? Baby selling? Exploitation of the poor by the rich?

No, I would not call it any of these. It is simply a job just an unusual one.
22. Can you say that your general attitude towards surrogacy is positive?
Yes, I think it is a noble act and mutual help among people.
23. What is your attitude towards egg donation? Would you agree to become an egg donor?
My attitude towards egg donation is ambiguous. I think most likely I would not agree to become an egg donor. I would definitely not agree to become a traditional surrogate mother. Because at this point it starts reminding baby-selling.
24. When it comes to your decision to become a surrogate mother for the second time, is your decision motivated financially as the first time?
Yes, it is. Also I made such a decision because many of my surrogate mothers pen-friends participated in the program for two and three times, and it became their job during bad times when other jobs are unavailable. Even though I have solved my housing issue I still cannot find a normal job and I cannot support my kids as no one helps me (neither my parents nor my ex husband or any of other relatives).
25. How much do you expect to earn this time?
800 000 rubles plus 15-20 000 rubles monthly payments for food.
26. Do you have any plan what will you spend this money on?
Yes, I have an approximate plan. In general, to buy things I cannot afford now. For example new furniture, apartment repair, to go on holidays with my kids. Maybe I would invest this money into a flat in the building which is still being built so in the future I can let this flat and get some stable income.
27. Since you published your ad on Vkontakte, have you received any offers from intended parents?
Yes, at the moment my ad has been published for 5 days and I have already received 2 offers but they did not suit me. One offer was from an agency but I do not work with them in principle (I have already explained before why). Another offer was from biological parents from Moscow. But in my ad I mentioned that I am looking for bio only from Saint Petersburg and I will not move anywhere. But people are writing to me in desperation even without reading my conditions. The last time (my first surrogate program) I have received 10 offers during one month of search and I chose the most adequate and closely located to me people based on our Vkontakte conversation.

5 Results and Discussion

In order to discuss the results of our study, we should first of all recall what were the main stigmas associated with surrogacy, as reported in the literature review part of the report.

They were:

Arguments against surrogacy:

1. Surrogacy is a form of prostitution;
2. Surrogacy is alienated and dehumanizing labor;
3. Surrogacy is an exploitive labor and can be considered as exploitation of the poor by the rich;
4. Surrogacy is baby-selling;

Arguments in favor of surrogacy:

1. Surrogacy justifies women's rights to privacy;

Let us summarize which confirmations and clarifications of these stigmas we have obtained from the practical part of this thesis in the table below.

The table presents a comparative analysis of stigmas and practical part's information with a conclusion of whether or not a particular stigma accurately depicts surrogate motherhood in Russia.

<i>Legal + medical frameworks</i>	<i>Respondents' testimonies</i>
SURROGACY IS A FORM OF PROSTITUTION	
<p>In the legal part of our thesis it is reported that in accordance with the laws of the Russian Federation, a couple or a single woman can legally resort to the help of a surrogate mother only based on medical indications. Therefore not everyone based on his/her simple desire can hire a surrogate. Infertility or inability to gestate a child is a serious problem and has no underlying meaning of sexual satisfaction Also the medical procedure of surrogacy itself has no similarity with prostitution.</p>	<p>As can be derived from our respondents' testimonies, none of those women who have had experience as a surrogate (respondents 2 and 3) agreed that a surrogate motherhood was in any form similar to prostitution. What is more, the respondent number 1 explained that even though her decision to become a surrogate was financially motivated, she also considered it an act of compassion and humanity to the couples facing problems with having a child, she also considers surrogacy rather as a 'help' than a 'service' and would agree to become</p>

	<p>a surrogate mother for her relatives or friends on an altruistic basis. Respondent number 2 also would become a surrogate mother on an altruistic basis for the people she has close contact with. Respondent number 3 says that apart from considering surrogacy as a job and a way of earning money, she also sees it as a noble act and mutual aid among people. It is also worth noting that none of the respondents would refer to surrogacy as just a service or just a way of earning money, they would all consider it a way of helping. It is not common to hear such references as ‘noble act’, ‘altruistic act of help’ and ‘mutual aid’ when speaking about prostitution.</p>
SURROGACY IS ALIENATED AND DEHUMANIZING LABOR	
<p>According to the laws of the Russian Federation, a surrogate mother has an absolute right to keep the child she gives birth to. And even though in the surrogate contract it is written that she is obliged to hand the child over, this obligation is merely formal and does not have any possible legal enforcement. Thus, we cannot really call surrogacy in Russia alienated or dehumanizing labor because as the surrogate mother knows that in case she establishes deep bonds with the child, she has the right to keep it.</p> <p>We can also mention that in accordance with the law, a surrogate performs only the function of bearing a child and cannot be its biological mother at the same time. Surrogate mothers are fully aware of the absence of any genetic link with the child and this may help them go through the process of surrogacy without a feeling of ‘<i>expecting a baby</i>’.</p>	<p>Despite the fact that none of our respondents expressed a desire to keep the child, they all reported having faced psychological difficulties at the moment of handing over the child to its biological parents. However, as both surrogate mothers (respondents 2 and 3) entered a program because of financial reasons and with the acknowledgement that they had no genetic link with the child, we can suppose that these were the key factors that eventually helped them overcome the bonds they might have established with the child and the related anxiety of such an atypical situation. Respondent number 1 also notices that not all surrogate mothers approach their role responsibly enough. They smoke and lead an inappropriate way of life and ‘do not feel pity for the child’ as they know it is not the child of their own.</p> <p>As regards any possible “dehumanization”, both surrogates (respondents 2 and 3) reported that they had not experienced psychological problems during the pregnancy and only had these problems after the separation with the child. Additionally, the 3rd respondent pointed out that in her opinion, the depuration she underwent was more hormonal than psychological.</p>

SURROGACY IS EXPLOITATIVE LABOR AND CAN BE CONSIDERED AS EXPLOITATION OF THE POOR BY THE RICH

<p>First of all, as has been described in the medical framing part of our study, a surrogate mother can be chosen from friends or relatives of the intended couple or be a complete stranger. However, the only condition for her participation in the program is that her decision to serve as a surrogate must be voluntary.</p> <p>In accordance with the laws of the Russian Federation, a couple or a single woman can legally resort to the help of a surrogate mother only based on medical indications. Thus, the use of this technology cannot be considered as a privilege of the rich people only. Another relevant consideration to be taken into account is that surrogate services are not cheap but can be considered affordable nonetheless. An average total amount the intended parents will spend on the program of surrogate motherhood (including compensation and monthly payments for a surrogate mother, IVF, consultations on legal issues, etc) is about 1 300 000 rubles which can be compared with the price of a middle range car²⁰. Thus, the only fact of one's financial prosperity does not grant the right per se to refer to surrogate motherhood.</p> <p>Unfortunately as the minimal payments surrogate mothers receive are not regulated by any law, it can create room for exploitation. A woman under certain circumstances can refer to surrogate motherhood as the last chance of getting a</p>	<p>In general, some of the scholars agree that surrogacy may become a form of exploitation most likely when it comes to its altruistic form²¹. Most (if not all) cases of surrogacy in Russia are subject to compensation. In the case of our respondents, both of the women who have had experience as surrogates (respondents 2 and 3) received a compensation for their service / help. None of the respondents would refer to surrogacy as to exploitation of women. On the contrary, all of them described it as a win-win 'transaction'. What is more, as respondent number 2 noticed 'no one forces anybody to do anything', women make a decision to become a surrogate on a voluntary basis. Despite the fact that none of the two consulted surrogates (respondents 2 and 3) agreed with the statement that surrogacy is the exploitation of the poor by the rich', the respondent number 1 recalled hearing a surrogate mother saying 'everyone gets what he/she deserves, some will be dressed in gold and some will be baby-incubators'. We can suppose that some surrogates can really consider the indented parents to be rich people. As most of the women who decide to become surrogate mothers do it based on a financial interest and both surrogate mothers (respondents 2 and 3) say that they consider the amount they received for surrogacy as a decent compensation, perhaps some surrogate mothers can</p>
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²⁰ The prices for surrogacy programs vary based on the region. The prices in central regions are higher than in deep Russia. Also the final price depends on the number of IVF attempts as the insemination can simply not take place or the attachment of the embryo may not happen on the first attempt. One IVF can cost on average 130-250 000 rubles.

²¹ "Dr. Gunasheela believed that cases of "altruistic surrogacy" in India, where women did not receive monetary compensation for surrogacy, tended to be exploitative. She said that upper-middle-class families felt entitled to working-class women's bodies and labor, and the surrogate mothers had little recourse in avoiding demands on their reproductive abilities, especially if their extended families had a long history of dependent interactions with employers or wealthier relatives. Many clients assumed that they had already assisted these "altruistic" surrogate mothers by paying for their children's education, or providing the women or their husbands with employment" (S.Rudrappa, C.Collins, 2015).

<p>financial income (our respondent number 3 made a decision to become a surrogate after she had lost her job and almost became homeless) which can eventually lead to the possibility of an ‘unfair deal’.</p> <p>Another worth noting elementis that, as was reported in the legal framing part of our study, during a surrogate pregnancy, the intended parents (based on the conditions of the contract signed between them and a surrogate mother) can conduct checks of what lifestyle a surrogate mother leads and have the right to take any other further actions to control the course of the surrogate’s pregnancy. Surrogacy from this perspective can be considered exploitative and reminds some kind of reproductive slavery.</p>	<p>consider that if the intended parents can afford such an expensive procedure, they (the surrogates) are somehow being exploited by the rich.</p>
<p>SURROGACY IS BABY-SELLING</p>	
<p>As regards the ‘baby-selling’ qualification, this is a stigma mostly peculiar for traditional types of surrogacy, when a surrogate mother is the genetic mother of the child at the same time. Therefore, giving up a genetic child for money can be really considered as baby-selling. In the case of surrogate motherhood in the Russian Federation, this stigma does not apply as only geostationary forms of surrogacy are legal.</p>	<p>The respondent number 1 pointed out that although the law prohibits any forms of traditional surrogacy, some surrogate mothers agree to use their egg in the process of IVF and eventually if the handing over of the child takes place, they technically sell their own baby. Furthermore, the same respondent points out that some intended parents think that if a surrogate mother takes money for the gestation of a child she is greedy (=she is selling her labor=she is selling the child). It is also worth noting that the respondents number 1 and 3 expressed their negative attitude towards egg donation and compared it -and not the surrogate motherhood itself- with baby-selling.</p>
<p>SURROGACY JUSTIFIES WOMEN’S RIGHTS TO PRIVACY</p>	
<p>According to the laws of the Russian Federation, a married woman who would like to become a surrogate will have to receive the consent of her husband in order to legally participate in the program. Thus, a married woman cannot make decisions on the use of her reproductive capabilities on her own.</p>	<p>All of the respondents shared that only one member of their family had known about their decision to become a surrogate mother. All of them explained that their friends and relatives would not understand their decision as most of them would consider surrogacy as baby-selling. Thus, respondents could not openly share their decision as most were afraid that it would be condemned by their beloved people.</p>

6 Conclusion

As can be concluded from the considered aspects of surrogate motherhood - medical and legal, the issue is not simple and requires a close attention. It is impossible to answer the question about the admissibility of surrogate motherhood without studying the moral, ethical and sociological aspects and implications of this issue.

Based on the comparative analysis of the main social stigmas with the relevant applicable legislation as well as surrogates' testimonies, we can conclude that surrogate motherhood in Russia can be considered as a rather ethical practice. We can also conclude that as Mgr. Tolkachev rightly observed, the main motivation for surrogate mothers is financial. However, none of the respondents who participated in our study would consider surrogacy only as a way of making money. They all would also see it as an act of compassionate help. Another worth noting issue that can be derived from the testimonies of our study is that both surrogate mothers and their relatives and friends can be considered conservative people to some extent. None of the respondents, for example, would agree to become a surrogate for a gay couple. Respondent number 1 explained it by saying that to her opinion, such couples should not have the right to doom a child on 'such life' (we can suppose that by 'such life' she meant a family with same-sex parents which, to her opinion, might violate the child's right to have both a female mother and a male father). Respondent number 2 referred the possibility of her refusal to her soviet upbringing. When it comes to the parents and friends of our respondents, all three women shared their inability to openly share the fact of their participation in the surrogate motherhood program as they knew that their relatives and friends would not support their decision. Respondents shared that most of the people they were in close contact with considered surrogacy as baby-selling and would probably not believe in any other motivations for such decision, apart from money.

Unfortunately, precisely because of this inability to be open and rational on that topic, many worth knowing issues of surrogacy are kept hidden from the eyes of people. Such as, for example, that according to the Russian legislation "the mother of the child is the woman who gave birth to it" (*The Family Code of the Russian Federation, article 51, Item 4.*) and as a consequence, some surrogate mothers get influenced by their maternal instinct and refuse to give the newborn child to its genetic parents. In such cases, the court will always settle the case in favor of the woman who gestated and gave birth to the baby. Biological parents may also refuse 'the ordered child' explaining that they have turned to

the 'help' of several surrogate mothers and all of them gave birth for which they are not able to pay for all the services and they also do not need that many children.

Of course, the surrogate mother and the biological parents of the child sign a contract in which all kinds of possible outcomes are stipulated. However, at the legal level neither of the parties involved is actually protected.

The necessity of obtaining the surrogate's consent is the main stumbling block - there is no guarantee that she will eventually sign away her parental rights. This rule risks violating the rights of potential parents, especially those who donated their biological materials for the conception of the child and casts doubt on the legal force of the surrogate motherhood contract.

A surrogate mother also takes risks as the biological parents can also abandon the baby for some reason. The main reasons for such refusals are own pregnancy of the intended parents, the birth of twins and triplets instead of one child, the 'wrong' sex of the child, various physical defects, and also ordinary frivolity.

The surrogacy from the unborn child's perspective was not examined in this study. However, child's rights must also be taken into consideration when speaking of surrogacy in general and especially on the legislative level of the considered country. Unfortunately, nowadays in Russia, a child has no say on all of these processes and no one seems to actually care about its rights.

Based on the fact that neither the surrogate mother, the intended parents nor -most importantly- the child itself are fully protected by the current legislation, all these elements create an environment for violation and discrimination of their rights.

Therefore, we can conclude that the further the commercial surrogacy issue in Russia is 'zoomed out' from the main social stigmas surrounding it, the more controversy arises. We cannot come to a sole conclusion whether or not commercial surrogate motherhood can be considered as an unethical practice in Russia. However, it is by all means a topic which should be studied closer and thoroughly by the general public as well as legislative bodies

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8 Appendix

Appendix 1: Advertisement used by the Siberian Institute of Reproduction and Human Genetics

СИБИРСКИЙ ИНСТИТУТ РЕПРОДУКЦИИ И ГЕНЕТИКИ ЧЕЛОВЕКА

ПРИГЛАШАЕМ
К СОТРУДНИЧЕСТВУ

женщин 20-35 лет,
имеющих детей,
в качестве доноров
яйцеклеток
и суррогатных матерей

*Денежное вознаграждение
гарантируется!*

ул. Малахова, 123
8-913-221-4131
8-903-911-9472
(Виталий Александрович)

О ПРОТИВОПОКАЗАНИЯХ ПРОКОНСУЛЬТИРУЙТЕСЬ СО СПЕЦИАЛИСТОМ

The Siberian Institute of Reproduction and Human Genetics
We are inviting for cooperation
Women 20-35 years old who have their own children to serve as eggs donors and surrogate mothers
The compensation is guaranteed!
The address and the phone numbers
Please consult with a specialist for contraindications

Appendix 2: Prospective surrogate's questionnaire

Surname, Name, Patronymic name
Maiden name (the surname before marriage or a phrase "has not been changed")
GENERAL INFORMATION
Nationality
Date of birth
Place of birth
Passport data: passport series _____ № _____ _____ (issuing authority) _____ (when issued)
Address of long term residence
Address of actual residence

<p>Housing conditions (a flat, a detached house, accommodation with parents, where the child lives)</p>
<p>Phone numbers: mobile _____ home _____ phone _____ business phone _____ a proxy (husband, mother, sister, friend) with his name and surname and its relation to you _____</p>
<p>Education: Secondary school (years of studying) _____ Subsequent educational institutions (years of studying) _____</p>
<p>The latest place of work and position (if haven't been employed specify since when)</p>
<p>Family Information</p>
<p>Marital status:</p>
<p>Information about parents (Name, age, health condition) mother _____ father _____</p>
<p>How far do your parents live from you?</p>
<p>Fill in in the presence of a husband (including a civil husband): Name _____ Passport details: passport series _____ number _____ _____ (issuing authority) _____ (when issued) nationality _____ citizenship _____ marriage certificate details (registering authority, when): _____ Date of husband's birth: _____ Occupation _____ Is he currently working? _____ (position) _____ The frequency of consumption of alcoholic beverages _____ Does your husband smoke? _____ Does he take any drugs? _____ Whether the husband is registered in the mental or drug treatment dispensary _____ Does your husband have any chronic diseases? (if so, specify which) _____ Has your husband been to the prison? _____ Attitude of your husband towards surrogacy program _____</p>
<p>Medical records</p>
<p>Body type</p>
<p>Height</p>
<p>Weight</p>

Blood group and Rh factor				
Type of character				
Transferred children's infections				
Do you smoke? (how many cigarettes per day)				
Do you drink? (if so, specify who often)				
Do you take any drugs?				
Do you have a compulsory medical insurance policy? (if yes, write down the details)				
Diseases (type, year, severity)				
Operations _____				
Injerities _____				
Infections _____				
Rubella _____				
Food allergy _____				
Medicines or drugs allergy _____				
Other type of allergies _____				
Kidney diseases (cystitis, pyelonephritis, glomerulonephritis, etc.) _____				
Diseases of the gastrointestinal tract (gastritis, peptic ulcer, cholecystitis, pancreatitis, hepatitis, etc.) _____				
Heart and vascular diseases (high blood pressure, heart murmurs, varicose veins, dyspnea, etc.) _____				
Diseases of the respiratory system and otolaryngology (frequent colds, rhinitis, otitis, etc.) _____				
Visual acuity _____				
Blood disorders (anemia, thrombocytopenia, etc.) _____				
Diabetes _____				
Other endocrine disorders _____				
Gynecological diseases (infections, fibroids, ovarian cysts, etc.) _____				
The menstrual cycle (the regularity, frequency, the first day of the last menstrual period) _____				
Other disease (if you have any) _____				
Pregnancies details (including miscarriage, abortion, childbirth)				
№№ pregnancy	Year	Outcome, on which term	For pregnancy finished with delivery, point out toxicosis, the threat of termination, swelling, high blood pressure and etc.	For pregnancy finished with a medical abortion, specify what were the consequences
1 pregnancy				
2 pregnancy				
3 pregnancy				
4 pregnancy				
5 pregnancy				
Deliveries' details				
№№ of delivery	Year	Term	How did the delivery go, place, outcome	Sex, height and weight of a baby, health condition of a baby after the delivery
Children's details				

Date of birth	First and last name	Features of development (when started to walk, talk, etc.)if attends kindergarten or school.	Diseases (including the post-natal period), hereditary condition.	Height and weight of the child at the birth state
Attitude towards surrogate motherhood				
Form where did you find out about surrogate motherhood?				
Is your profile in the databases of other agencies in search for surrogate mothers?				
What do other members of your family (except your husband - mother, father, sister, brother) think about your decision to become a surrogate mother?				
Do you understand that the child beard by a surrogate mother is not a carrier of her genetic information and it will resemble its genetic parents?				
Do you understand that a surrogate mother hands over the child after its birth to its genetic parents and in the future does not participate in its life, because the child's genetic parents will be registered as its parents?				
Do you understand that after receiving the full amount of compensation for the birth of a child agreed in the surrogacy conctact, a surrogate mother is not entitled to refer to the genetic parents on any issue?				
Do you understand that reporting any false information about yourself in case of including you into the program entails the responsibility stipulated by the current Russian legislation and the exclusion from the program?				
Date of filling				
Signature				

Appendix 3: A surrogate motherhood basic contract

A Contract № _____
on rendering of services of surrogate motherhood

year. _____
« _____ » _____ 20 _____ year.

We are, a married couple (Surname, Name and Patronymic name of a mother) citizen
of _____, passport (series) _____ № _____,
issued « _____ » _____ 20 _____ year., _____

resident
at _____

_____, and (Surname, Name and Patronymic name of a
father) citizen of _____, passport (series)
№ _____,
issued « _____ » _____ 20 _____ year., _____

resident
at _____

_____, hereinafter referred to as «Genetic parents (GP)»,
and
(Surname, Name and Patronymic name of a surrogate
mother) _____ a citizen
of the Russian federation, passport (series) _____ № _____, issued
« _____ » _____ 20 _____ year., _____

resident
at _____

_____, hereinafter referred to as «Surrogate mother
(SM)», have signed this contract on the following:

SUBJECT OF THE CONTRACT

1.1. The subject of this agreement is the voluntary and informed consent of the parties to participate in the "Surrogate motherhood" program on the terms and in accordance with the clauses of this agreement, namely the bearing by the SM of a pregnancy that has occurred after the transfer of embryos obtained as a result of in vitro fertilization with the use of GP's gamete to the uterine cavity of the SM.

1.2. The parties take part in the “Surrogate Motherhood” program on the basis and in accordance with the *Federal Law "About the Fundamentals of Health protection of citizens in the Russian Federation" from 21.11.2011.: Articles number 9 and 10 page 55; The Family Code of the Russian Federation: Article number 51 Item 4 and Article number 52 Item 3; Federal law “About acts of civil status”: Article 16; Order number 107N of the Ministry of Health of the Russian Federation from 30.08.2012*
“About the order of use of assisted reproductive technologies, contraindications and limitations to their use”

PERIOD OF PREPARATION AND CARRYING OUT OF EXTROCORPORAL FERTILIZATION (IVF)

2.1. The parties agreed that in accordance with this Contract they will conduct (the number of attempts) procedures followed by the transfer of received embryos (in the number of pieces per one transfer) to the uterine cavity of the SM (hereinafter the Protocol) at the Barnaul Reproductive Technologies Clinic (name Clinics) about what the Clinic has an informed consent of the parties.

By the procedure meant (ECO-ICSI-DY-DE-PGD or other specify)

2.2. SM in the preparatory period is obliged to undergo a medical examination in the clinic indicated by the GP in the amount of tests and analyzes determined by *the Order number 107N of the Ministry of Health of the Russian Federation from 30.08.2012*. The above described medical examinations are paid (specify by whom and in what amount)

2.3. SM is obliged to provide to GP, staff of the clinic or other authorized persons reliable and complete information about the diseases and operations, hereditary, mental and venereal diseases in the family, as well as the medical report issued by the psycho-neurological and narcological dispensary in the place of residence of the SM about the absence of any profile diseases.

2.4. CM is obliged to provide to GP duly executed and notarized consent of her husband on her participation in the program "Surrogate motherhood". The written consent of the spouse of the SM is an annex to this Contract and its integral part. The SM is also obliged to sign an informed consent for participation in the program in the order and time determined by the IVF clinic.

2.5. SM is obliged to unquestioningly, accurately and in a timely manner comply with all the prescriptions of medical specialists, take the necessary medications, undergo the procedures prescribed for carrying out the Protocols.

2.6. In the event of any deviations during the preparation and conduct of the IVF procedure, even minimal and inexplicable, the SM is obliged to immediately notify the doctors of the clinic and GP.

2.7. All costs associated with the implementation of IVF protocols, including payment for clinic services, the cost of purchasing medications, medical consultations, examinations and analyzes, are paid by (specify which party and to what extent).

GESTATIONAL PERIOD

3.1. On the vent of confirmation of the fact of pregnancy onset, the SM is obliged in the prescribed period to register and be observed (specify the name of the medical institution and the format of the management of pregnancy)

3.2. SM is obliged, at the first request, to be present for medical examinations and procedures of doctors and specialists indicated by GP during entire gestation period

3.3. SM is obliged to obey unquestioningly the prescriptions and requirements about the regime of the day, the diet, the possibility of sexual activity. Carefully take all the necessary medications and take all the medical procedures, and also observe the generally accepted hygiene standards necessary for the successful course of pregnancy, prescribed both by a community consultation and by an observant physician indicated by the GR.

3.4. CM consciously and voluntarily undertakes not to have sex life during the entire period of pregnancy, because she understands the threat of acquiring diseases that can harm the developing fetus.

3.5. CM undertakes in cases of occurrence of deviations (even minimal or inexplicable) in the state of her health to inform the doctors and GP about it during the entire period of pregnancy.

3.6. During the period of pregnancy, the SM undertakes to take all measures for normal and adequate nutrition, by all available means and methods, to avoid stressful situations, to give up harmful habits (smoking, drinking alcohol, etc.). During pregnancy, the CM undertakes to take all measures available to avoid situations that have or may have a negative impact on the development of the fetus and the birth of the child and interfere with the fulfillment of its obligations under this Contract.

3.7. During pregnancy, GP undertake to pay food and medical costs in the amount of _____ rubles, at the latest (specify the date) of each month, from the date (specify the date of the beginning of payments). This amount should be spent by the SM based on her own considerations, but only for the purposes consistent with the subject of this Contract, and in fulfillment of its conditions. This amount can be paid in cash with the receipt or by bank transfer to the bank account specified by the SM. The date of payment, in the latter case, will be the date indicated on the payment document of the GP. All SM's expenditures including transportation exceeding the amount of monthly payments received by the SM can be by agreement paid by GP additionally to the payment for bearing the pregnancy and the birth of the child. During the necessary hospitalization (pregnancy, etc.) (payments will be made, they will not be made). *This paragraph is adjusted by the parties, based on their agreement*

3.8. GP have the right to conduct checks of the compliance of the SM with the terms of this Contract, both independently and with the involvement of necessary specialists and third parties. GP have the right to demand a report on the use of SM monthly payments paid to the SM according to clause 3.7. of actual Contract. GP have the right to take any other actions to control the course of pregnancy of the SM.

3.9. GP provide (do not provide) for the SM conditions for her residence from (*specify the period*). The SM will live with (*specify who*)

3.10. In the case of non-continuation of pregnancy, not by the fault of the SM, which does not require medical or surgical intervention, in the early terms from 5 (five) weeks to 8 (eight) weeks inclusive, GP pay SM compensation in the amount of _____ rubles at a time, 9 (nine) weeks to 14 (fourteen) weeks inclusive, GP pay SM compensation in the amount of _____ rubles.

When confirming the fact of fading pregnancy, requiring an operational termination of pregnancy, GP pay SM compensation in the amount of _____ rubles.

With the payment of this compensation, all obligations of the parties under this contract are considered lost (not lost). *This paragraph is adjusted by the parties, based on mutual agreement*

3.11. SM understands and agrees that due to the procedure of in vitro fertilization (IVF), a multiple pregnancy may occur, requiring the reduction of the embryo (s).

3.12. SM is obliged to take all measures to preserve pregnancy, including, unquestioningly

fulfill the requirements of doctors of specialists about hospitalization and being in hospital during any necessary time period.

3.13. The compensation in accordance with clause 3.10. can occur only in the case of full and accurate compliance with the clauses and conditions of this Contract by the SM. In the event of the circumstances specified in clause 3.10. of the actual Contract, the SM undertakes to report to a specialist doctor to ascertain the cause, which entailed the non-retention of pregnancy. In case any fact of violation of the Contract by SM have been revealed, the CM shall be deprived of any forms of compensation and remuneration stipulated by this Contract and returns the amount covering the costs incurred by the GP in accordance with clauses 2.7. And 3.7. of actual agreement.

THE PERIOD OF PREPARATION AND CARRIAGE OF DELIVERY

4.1. SM is obliged at the first request of the doctors and / or GP, at any time before the expected date of delivery to be present for the planned hospitalization (for "preservation"), even if there are no medical indications by the clinic indicated by the GP.

4.2. SM agrees on delivery by Caesarian operation. The decision to apply the Caesarian operation can only be taken by the observing obstetrician

4.3. SM agrees on the presence (at the moment of delivery) of doctors - specialists authorized by GP and / or directly to the Genetic Mother (parents).

4.4. The SM is obliged to give a written consent after the birth of the child / children for the recording of GP as the parents of the child / children born by her and not create any obstacles to official registration in state bodies.

FINAL PERIOD

5.1. GP are obliged to pay to the SM a compensation (restoration of health, loss of ability to work, loss of income arising from the performance as s SM because of her obligations under this agreement) .The amount and procedure of payment of a compensation are determined by the parties and recorded in a separate document.

5.2. The transfer of money is made after the birth of the child and once the consent for the recording of GP as parents has been signed by the SM (but no later than the date of discharge from the maternity ward of the hospital).

RESPONSIBILITIES OF THE PARTIES

6.1. In case of occurrence (during the preparation and carrying out of the pregnancy protocol) of any transmitted sexually infectious diseases which caused unfavorable consequences for the fetus, the SM shall be deprived of all compensations specified in clauses 3.7., 3.10., 7.2, and remuneration in accordance with Appendix No. 1 of this Contract and returns the amount covering the costs incurred by the GP in accordance with the clauses. 2.7. And 3.7. of actual agreement.

6.2. In the case of an artificial termination of pregnancy without a written consent of the GP and without medical evidence for the termination of pregnancy, the SM shall be forfeited all the compensation specified in clauses 3.7., 3.10., 7.2, as well as remuneration in accordance with Annex 1 of this Contract and is obliged to return the amount covering the expenses incurred by the GP in accordance with the paragraphs. 2.7. And 3.7. of actual agreement.

6.3. In case of systematic deliberate violations of the terms of this contract or failure to comply with these conditions, GP are entitled to reduce the amount of agreed payments and compensations or to deprive the SM of any forms of payments and compensation.

6.4. In the event of refusal to sign the consent for the recording of GP as the parents of the newborn (s) by the SM, the SM shall be deprived of all compensation specified in clauses

3.7., 3.10., 7.2, and remuneration in accordance with Annex No. 1 of this Contract and is obliged to return the amount covering the expenses incurred by the GP in accordance with the paragraphs. 2.7. And 3.7. of actual agreement.

SPECIAL CONDITIONS

7.1. The parties agree on the fact that the necessary and mandatory condition for this Contract is gestation by the SM of pregnancy accrued after the embryo(s) implantation, obtained as a result of in vitro fertilization with gamete of GP, followed by the birth of a healthy and full-fledged child (children).

7.2. In the event of unforeseen circumstances of insuperable force (force majeure), which entailed the impossibility of receiving compensation provided for in clauses 3.7., 3.10., 7.2. , As well as remuneration in accordance with Annex 1 of this Contract by the SM personally, the above-mentioned compensations and fees due to the SM in accordance with the terms of this Contract will be paid by GP to a citizen

_____, while observing the requirements of the Civil Code of the Russian Federation.

7.3 GR guarantees that if continuation and / or course of pregnancy will be a threat to the life of the SM (only with documented medical confirmation), the pregnancy will be immediately interrupted and GP will pay a compensation to the SM in the amount provided for in this Contract.

7.4. The parties agree to apply all available, legal measures to achieve the earliest and best result under this contract.

7.5. Due to the special conditions of this agreement, related to the physiological processes of the female body, the parties take a note of the recommendations of the Ethics Committee of the Russian Association of Human Reproduction in the part of the "surrogate motherhood" program.

7.6. The parties agree that the use of any violent actions and forms of coercion with respect to the surrogate mother is unethical, not acceptable and cannot become part of this contract.

7.7. The parties agree that no information on the prenatal status of the child (s) can be hidden from the GP. Data on the medical course of pregnancy of the SM are provided to the GP on the basis of a medical record, by a medical institution and by the attending physician. SM agrees to disclose information regarding the course of pregnancy.

7.8. The parties agree that in the case of confirmed data on the pathological intrauterine development of the child, the decision to terminate the pregnancy of the SM can be taken, only by GR. The Parties understand and agree that in the case of the birth of a child (children) with weakened health, the decision on the legal registration of newborns will be taken exclusively by the GP.

ADDITIONAL CONDITIONS

8.1. This Contract shall enter into force upon signature by the Parties.

8.2. This Contract is made in two copies on _____ sheets of equal legal force, one for each of the Parties.

8.3. All changes, annexes and additions to this contract, mentioned in it, are its integral part and must be executed in writing and signed by both Parties.

8.4. All services provided to the SM and not related to the direct implementation of this

Contract shall be paid by the GP under a separate agreement.

8.5. All disputes, disagreements or claims arising in the course of the implementation of this Contract and not settled by the Parties in the negotiation process in the event of failure to reach agreement between the Parties shall be resolved in court in accordance with the current legislation of the Russian Federation

8.6. The Parties agree that the Contract is confidential, and agree to take all measures not to disclose the conditions and annexes of the Contract. This Contract cannot be the basis for claims of third parties, nor can the liabilities of the Parties be transferred to third parties.

8.7. Violation of the confidentiality conditions of the Contract by either of Parties entails prosecution in accordance with the current legislation of the Russian Federation.

8.8. This Agreement enters into force from the date of signature and is valid until the Parties fulfill their full obligations under this Contract.

SIGNATURES OF THE PARTIES

GP

« _____ » _____ 20__ year

SM

« _____ » _____ 20__ year