

Czech University of Life Sciences Prague

Faculty of Economics and Management

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Bachelor Thesis

**Ethics of Commercial Surrogacy in Kazakhstan: Comparative
Study**

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BACHELOR THESIS ASSIGNMENT

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Economics and Management

Thesis title

Ethics of Commercial Surrogacy in Kazakhstan: Comparative Study

Objectives of thesis

This thesis endeavours to conduct a comprehensive comparative analysis of surrogacy practices in Australia and Kazakhstan, with a specific focus on their respective legal frameworks, cultural attitudes, and ethical considerations. By examining these aspects, it aims to discern challenges and issues within each country's surrogacy system. The primary emphasis of the thesis lies in comparing the ethical considerations surrounding the commodification and commercialization of the human body in both altruistic and commercial surrogacy arrangements. Through this comparative lens, the thesis seeks to elucidate how cultural norms and legal structures influence perceptions and practices related to surrogacy in each country.

Methodology

The comparison will be done mostly through the literature review and data analysis, regarding the historical overview, legal frameworks, ethics, and cultural and societal norms of Australia and Kazakhstan. It will also look from the unique perspective of the person with first-hand experience in the topic, and relevant stakeholder, through the qualitative interview.

The proposed extent of the thesis

30-40 pages

Keywords

Kazakhstan, Australia, Commercial Surrogacy, Altruistic Surrogacy, Ethics, Family

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JUSSUBALYIEVA, T.M, 2016. SURROGACY IN THE REPUBLIC OF KAZAKHSTAN: LEGAL, MEDICAL, ETHICAL PROBLEMS. Reproductive medicine. Vol. 30, N. 4, p. 60.

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Declaration

I declare that I have worked on my bachelor thesis titled " Ethics of Commercial Surrogacy in Kazakhstan: Comparative Study" 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 any copyrights.

In Prague on 15.03.2024

Yuliya Sharapova

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Ethics of Commercial Surrogacy in Kazakhstan: Comparative Study

Abstract

The topic of surrogacy, involving a woman carrying and birthing a child for others, raises ethical concerns regarding exploitation, economic advantages, autonomy, and commodification. Medical risks, psychological effects, and legal frameworks vary across countries, from altruistic to commercial models. This thesis compares Australia's altruistic surrogacy framework, emphasizing supportive relationships and limited financial compensation, with Kazakhstan's commercial surrogacy landscape, characterized by significant financial transactions. Australia prioritizes welfare and empathetic connections, while Kazakhstan attracts international intended parents with lower costs and less stringent regulations. Through legislative, social, and ethical analysis, this study aims to provide valuable insights into the complexities of surrogacy practices in diverse cultural contexts.

Keywords: Kazakhstan, Australia, Commercial Surrogacy, Altruistic Surrogacy, Ethics, Family

Etika komerčního náhradního mateřství v Kazachstánu: srovnávací studie

Abstrakt

Téma náhradního mateřství, zahrnující ženu, která nosí a porodí dítě pro jiné lidi, vyvolává etické obavy týkající se vykořisťování, ekonomických výhod, autonomie a komodifikace. Zdravotní rizika, psychologické účinky a právní rámce se v jednotlivých zemích liší, od altruistických po komerční modely. Tato práce porovnává Australský altruistický rámec náhradního mateřství, zdůrazňující podpůrné vztahy a omezené finanční kompenzace, s komerčním prostředím náhradního mateřství v Kazachstánu, charakterizované významnými finančními transakcemi. Austrálie upřednostňuje sociální a empatická spojení, zatímco Kazachstán přitahuje mezinárodní zamýšlené rodiče s nižšími náklady a méně přísnými předpisy. Prostřednictvím legislativní, sociální a etické analýzy si tato studie klade za cíl poskytnout cenné poznatky o složitosti postupů náhradního mateřství v různých kulturních kontextech.

Klíčová slova: Kazachstán, Austrálie, Komerční Náhradní Mateřství, Altruistické Náhradní Mateřství, Etika, Rodina

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1. Introduction

The topic of surrogacy, the practice wherein a woman carrying and giving birth to a child for another person or couple, exploring alternative routes to becoming parents, has been evoking ethical, moral questions from the very beginning of its existence. Among them there are: issue of exploitation, taking economic advantages of vulnerable women, impact on the autonomy, risks of commodification and commercialization of reproduction from the very beginning of its existence. The concerns are around the medical parts of the process, assisted reproductive technologies' risks and complications for surrogate mothers, as well as the psychological effects can impact surrogate mothers, intended parents, and children born through surrogacy. These questions continue to ignite debates and stimulate discussions across various fields and disciplines: from general public to the healthcare specialists and legislators.

Across diverse countries with different legal systems, surrogacy arrangements can vary significantly, ranging from altruistic models where financial compensation is limited to reasonable expenses, to commercial models where financial transactions fulfil a central role. No less important are social and cultural backgrounds, even though in some cases it might present surprising results.

This thesis concentrates on a comparative exploration of surrogacy practices, focusing on the altruistic surrogacy framework in Australia and the commercial surrogacy landscape in Kazakhstan.

Australia primarily follows an altruistic surrogacy model, in which surrogate mothers receive reimbursement for reasonable expenses related to the pregnancy, without additional financial compensation. This approach underscores a dedication to cultivating supportive and empathetic connections between surrogate mothers and intended parents, with a paramount focus on the welfare of all individuals involved. Kazakhstan, on the other hand, has the legal commercial surrogacy model, characterized by significant financial transactions within surrogacy agreements. This model has gathered attention from international intended parents seeking surrogacy services, often enticed by comparatively lower expenses and less rigorous regulatory requirements than those found in alternative countries.

In this thesis, the surrogacy practices will be explored through the lenses of two countries by exploring legislative, social and ethical differences and similarities in order to find out valuable insights for this complicated topic.

2. Objectives and Methodology

2.1 Objectives

The main focus of this thesis is to conduct a detailed comparative analysis of surrogacy practices in Australia and Kazakhstan, it will be investigating legal frameworks, cultural attitudes and ethical issues. By examining these aspects, it seeks to identify challenges and issues within each country's surrogacy system. One of the primary focus of the thesis is to compare the ethical considerations related to the commodification and commercialization of the human body in both altruistic and commercial surrogacy arrangements. Through this comparison, the thesis seeks to highlight how cultural norms and legal structures shape perceptions and practices surrounding surrogacy in each country. Furthermore, the study aims to shed light on the practical challenges for the surrogacy systems in altruistic surrogacy of Australia and commercial surrogacy of Kazakhstan, thereby stimulating potential for reforms or improvements. The thesis aims to contribute to a deeper understanding of the complex nature surrounding surrogacy and its ethical implications in diverse socio-cultural contexts of two countries.

2.2 Methodology

The methodology used for this comparative analysis included a detailed literature review and data analysis of all aspects of surrogacy, including an overview of history, legal frameworks, ethics and cultural norms in Australia and Kazakhstan. Qualitative interview will be conducted, in the addition to the literature review, with individual and relevant stakeholder, who has first-hand experience with surrogacy. This interview will provide beneficial insights into the lived experiences and perspectives of the parties directly involved in surrogacy arrangements. Both methods' main goal will be to provide a comprehensive understanding of surrogacy in different social and cultural contexts.

3. Literature Review

3.1 History of surrogacy and legal framing:

The surrogacy, of a different kind as we know it today goes down in history dating back to the ancient times. From the biblical references, where Abraham's wife Sarah could not conceive, so their son was birthed by the Hagar – their slave. Hence, as the result of the Hagar's pregnancy, the parents of the child were Abraham and Sarah, even though Sarah was not the biological mother. From an Islamic perspective, the practice of surrogacy is considered unacceptable. An in-depth closer look will be provided further in the thesis. On the other hand, according to Sharia principles, the husband possesses the right to marry second time, while maintaining the first marriage, in case of infertility of the first. Another notable example of earliest "surrogacy" - like case can represent the example of the Mesopotamia with the one of the earliest discovered codes, which provides the regulation of the situation when the man's wife is infertile. Such law in the case permits assistance of a "harlot", who will do the childbearing. While not explicitly labelled as surrogacy, the arrangement involved a woman carrying a child for another couple. Such arrangement was not an altruistic, but commercial surrogacy element, since the "surrogate" was receiving "grain, oil and clothing" in exchange of the service. (Ethical controversies in maternal surrogacy, 2019) Surrogacy was also practiced in Ancient Egypt with the pharaohs having children from the concubines. However, such a child could ascend to the throne only in the absence of any nobler and more legitimate contenders. (Lasker, 2016) All cases mentioned above involved traditional surrogacy, primarily due to the obvious medical limitations of the time. One of the earliest steps toward modern surrogacy, the artificial insemination, was taken by John Hunter, a Scottish-born surgeon, in the late 18th century. He achieved success by impregnating a woman using her husband's sperm, which was collected using a warmed syringe, marking a significant advancement in reproductive science for that era. (Artificial insemination history: hurdles and milestones, 2015) The more questionable experiment was held in 1884, by William Pancoast's and was performed on the woman under the anesthesia, she was impregnated by the donor's sperm, which resulted in a successful pregnancy and later, birth of a baby. The work gained historical significance, however the questionable ethics, due to the fact that the woman undergoing insemination was unaware that the sperm used for the procedure originated from a donor and not from her husband. (Kop, 2022) The

first case of the gestational surrogacy (the type of surrogacy, where the surrogate does not contribute the egg for the conception, using IVF – in vitro fertilization technology) was conducted in the USA in 1985, the so-called “Baby M case.” The custody followed in 1987, due to Mary Beth Whitehead, the surrogate mother, who gave birth to the child broke the previous agreement and wanted to keep the child. Consequently, the court granted the custody over the child to William and Elizabeth Stern, the intended parents, with the surrogate mother allowed the visitation rights. (Privacy, Surrogacy, and the Baby M Case, 1988) The case evoked a lot of moral and ethical questions, such as is surrogacy is a representation of the commodification of the human body and reproductive system. However, this case resulted in the revision of laws to regulate surrogacy agreements and influenced not only the USA, but the whole world. While surrogacy comes from the ancient roots and has evolved through medical advancements, it keeps having drastically different regulations from country to country, influenced by cultural, legal and moral specifics of each part of the world. The examination of two countries will serve as an example of such a diversity.

3.1.1 Kazakhstan

What sets Kazakhstan (and the broader post-Soviet region) apart is its provision of commercial surrogacy, akin to several US states and India. However, it is restricted to married couples meeting a relatively narrow definition of "medically justified" surrogacy. (Guseva, Lokshin, 2019)

Statistics indicate that up to 15% of marriages in the Republic of Kazakhstan experience childlessness, with approximately 35% of these couples, totalling around 8 thousand annually, requiring assisted reproductive technologies for family planning. (Jussubalyieva, 2016) Surrogacy is recognized as a method of infertility treatment and necessitates a legal contract between the intended parents and the surrogate mother. (Republic of Kazakhstan, 2020)

The history of surrogacy in Kazakhstan started first gestational surrogacy resulted in the birth of twins. The surrogate was the intended mother sister. (Jussubalyieva, 2016) The next big step was in the change in the “Marriage and family” (Republic of Kazakhstan, 2011) law, when the definition “surrogacy” was added. From the outset, elite fertility professionals in Kazakhstan played a pivotal role in shaping medical perspectives on control within the surrogacy domain. Notably, one of the leading advocates for state support for fertility

medicine in Kazakhstan is N. A. Kayupova, a distinguished obstetrician and gynaecologist with over half a century of professional experience, who has also served as a longstanding Member of Parliament. (Guseva, Lokshin, 2019)

In Kazakhstan, only gestational surrogacy is legally permitted, however, it is protected by law. Surrogacy is limited to married, heterosexual couples, with single men and women, and homosexual couples excluded from participation. The Code on Marriage and Family governs the regulation of surrogacy contracts. Additionally, married women seeking to act as surrogates must obtain certified consent from their spouses, as mandated by notarial procedures. Kazakhstan follows Civil law, meaning regulated by codes and articles.

Currently, surrogacy in Kazakhstan is regulated by these articles:

1. Article 146 of the Code of the Republic of Kazakhstan dated July 7, 2020, “About the people's health and the healthcare system.” The law categorizes surrogacy as a form of assisted reproductive technology, including other methods such as artificial insemination, and embryo implantations.

Article 17 of the same code indicates requirements for the surrogate: age from 20 to 35, the existence of children of her own and medically confirmed, satisfactory condition of mental, physical, and reproductive health.

2. In chapter 1 of the Code of the Republic of Kazakhstan from 26.12.2011 “About the marriage and family” We can find the terms of the surrogacy, surrogate ‘mother’ and contract of surrogacy which says:

- Surrogate mother: a woman who conceives and carries a child through assisted reproductive technologies and gives birth to the children for clients under a surrogacy agreement.

- Surrogacy entails a surrogate mother carrying and delivering a child (or children), which may include instances of premature delivery, under a contractual agreement between the surrogate mother and the intended parents, with payment of compensation.

- Surrogacy contract: A legally notarized agreement between spouses desiring to have a child and a woman who has consented to carry and give birth to a child through the use of assisted reproductive technologies.

3. Article 57 (Republic of Kazakhstan, 2011) is framing the rights and responsibilities of both sides of surrogacy agreement. In a surrogacy contract, the intended parents

(customers) agree to cover the surrogate mother's medical examination expenses, infertility treatment costs, and provide necessary medical documentation. They also commit to financing the surrogate mother's prenatal care and postpartum medical expenses, including any complications arising within seventy days post-delivery. The surrogate mother agrees to provide the intended parents with her medical records, undergo regular check-ups, and keep them informed of the pregnancy's progress. At birth, she is obligated to transfer custody of the child to the intended parents and cannot give the child to anyone else. Employment continuation for the surrogate mother is determined by mutual agreement, and she is responsible for ensuring no natural pregnancy occurs during the surrogacy period. Decisions regarding multifetal pregnancies are reached through mutual agreement between the parties.

Surrogacy is legal in Kazakhstan and is accessible to both domestic and international intended parents. Reproductive technology legislation is generally favourable and permissive, with no distinction made between local and foreign couples. Surrogacy and assisted reproductive technology (ART) procedures are notably more affordable in Kazakhstan compared to other countries, leading to the rise of "surrogacy tourism." The regulatory framework for ART in Kazakhstan is primarily outlined in Articles 54, 57, and 58 of the Code of the Republic of Kazakhstan on Marriage and Family, along with Articles 98 and 99 of the Code on the Right of People's Health and Health Care System. However, these provisions primarily address regulations concerning surrogacy contracts and eligibility criteria for accessing ART and surrogacy.

The incompliance of the regulations within the assisted reproduction technologies in Kazakhstan leads to lack of clear guidelines for various aspects of ART provision. This includes: uncertainty regarding insurance coverage, procedural standards for medical professionals, reporting requirements. Consequently, providers may encounter challenges in navigating these areas effectively.

In conclusion, surrogacy, except for the minor details, protected by law and well-regulated in Kazakhstan. However, only a limited group of people can access such a medical treatment, which might come as discriminatory to the part of the population, who are outside of the allowed frame of married heterosexual couples. On the other hand, surrogacy as assisted reproductive methods, can only be acceptable if such methods are used for medical reasons, it can be seen as an assistance for the one in need, rather than a business model.

However, surrogacy in Kazakhstan is not fully free from the commodification risks, due to the commercial nature of it. The further issue will be discussed in the following chapters.

3.1.2 Australia

Traditional surrogacy existed in Australia, as well as all over the world long before the medical procedures and gestational surgery. It was not regulated by law. The first successful gestational surrogate pregnancy was carried by a woman in 1985, and it prompted the Artificial Conception Ordinance - the first act in regards of surrogacy in Australia dates 1985 (EMMERSON, 1996) and was repealed by Section 51 of the Parentage Act 2004, which came into effect upon the commencement of that Act. It stated that the parents of the child born legally will be the woman carrying the pregnancy and her husband (or domestic partner). In case a woman had no husband/partner donor of semen had no right to the paternity and was not considered as a father. It was possible to apply to the Supreme Court to receive parentage over the child with the agreement of “both birth parents” (birth mother and her husband/partner). (Australia, 2004) The act was, however, only for the Australian Capital Territory and was inconsistent over the country.

Australia is comprised of six states and two territories. They are:

States:

1. New South Wales (NSW)
2. Victoria (VIC)
3. Queensland (QLD)
4. Western Australia (WA)
5. South Australia (SA)
6. Tasmania (TAS)

Territories:

1. Australian Capital Territory (ACT)
2. Northern Territory (NT)

The law in Australia varies from state to state, including the surrogacy regulations, Northern Territory currently does not have any legislation to support surrogacy. The table below shows the main differences and variations from state to state:

Table 1 Australian surrogacy legislation across the states and territory

Territory name/difference	NSW	Victoria	Queensland	SA	WA	Tasmania	ACT
Applicants must be resident of the State/territory	Yes	No	Yes	No	No	Yes	No
A written agreement setting out the surrogacy agreement is required	Yes	No	Yes	Yes	Yes	Yes	No
Open to single women	Yes	Yes	Yes	Yes	Yes	Yes	No
Open to same-sex couples	Yes	Yes	Yes	Yes	No	Yes	Yes
Surrogates must have already given birth to children	No	Yes	No	No	No	Yes	Yes

Reason for surrogacy	Social reasons allowed	Social reasons allowed	Social reasons allowed	Only for medical reasons	Only for medical reasons	Social reasons allowed	Only for medical reasons
The minimum age of surrogate	25	25	25	18	25	25	18
The minimum age of intended parents	25	18	25	18	25	21	25
Advertising	Allowed, if the advert fee was not paid	illegal	illegal	No specifications, therefore both parties can advertise	Allowed, if the advert fee was not paid	Illegal	illegal
Parentage Order interval of application	Any time before the child reaches 18.	Between 28 days and six months after birth.	Between 28 days and six months after birth.	Between 28 days and six months after birth.	Between 28 days and six months after birth.	Between 30 days and six months after birth.	between six weeks and six months old

All states only allow altruistic surrogacy. Although surrogacy is altruistic, the intended parents are required to cover the surrogate's expenses related to surrogacy, pregnancy, and birth in all states and the Australian Capital Territory.

Upon birth, the surrogate is recognized as the birth mother, and if partnered, her spouse is considered the second parent, this applies for all Australian states and territories, the distinction lies in the timeframe within which intended parents can apply for a Parentage order.

Commercial surrogacy agreements are prohibited throughout Australia, with varying age requirements for surrogates depending on the jurisdiction. In most states and territories, including New South Wales, Tasmania, Queensland and Victoria, surrogacy may be permitted for social reasons, such as same-sex couples, in addition to medical necessity. However, Western Australia specifically excludes 'age' as a valid medical reason for surrogacy, and the Australian Capital Territory (ACT) has no specific medical or social requirements. In Victoria, Tasmania, and the ACT, surrogates must have previously given birth to children themselves. Same-sex couples are eligible for surrogacy in all states and territories except Western Australia, while single women can pursue surrogacy in all jurisdictions except the ACT. However, single men are not afforded the same opportunity. A written surrogacy agreement is compulsory in all states and territories except for Victoria and the ACT, with traditional surrogacy permitted nationwide except for the ACT. Additionally, advertising for surrogacy arrangements, whether seeking or offering, is prohibited in the ACT, Queensland, and Victoria, including online platforms. (New South Wales, Australia, 2010; Victoria, Australia, 2008; Western Australia, Australia, 2008; South Australia, Australia, 2019; Tasmania, Australia, 2012; Australia, 2004).

Due to the complications of domestic surrogacy, many Australians looking into the options abroad. In various states and territories such as the Australian Capital Territory, New South Wales, South Australia, and Queensland, legislation prohibits residents from participating in commercial surrogacy arrangements outside of Australia. This legal stance aims to regulate and protect the rights and well-being of all involved parties. However, despite these statutory restrictions, it has become increasingly evident that residents in these jurisdictions often opt to pursue surrogacy arrangements abroad, leading in the birth of children.

Despite the clear legal boundaries, the prevalence of overseas surrogacy among residents persists, suggesting a notable gap between legal prohibitions and actual practices. It's worth noting that while these actions are contrary to existing laws, enforcement measures resulting in penalties or sanctions seem to be absent. (Montrone, Thorn, 2020)

In conclusion, the Australian surrogacy is regulated by law, allowing only altruistic surrogacy in the comparison with Kazakhstan and the law will be on the birth mother side, recognizing her as the birth mother upon delivery, with her partner considered the second parent not on the intended parent's side. The average minimum age by law for eligibility of being surrogate is higher in Australia (approximately 23 years.), in most states 25, comparing

with the legal age of eligibility in Kazakhstan – 20 years, which allows more mature women to engage in surrogacy practice. More than half of the states and territory, having legislation for the surrogacy, 4 out of 7, do not require for the surrogate to give birth prior to arrangement. That might cause more issue, due to the unknowingness of the process for her. In case of Kazakhstan, it is required, to have such an experience, to avoid complications.

3.2 Ethics

Surrogacy, as a practice at the intersection of reproductive medicine, ethics, and law, presents a myriad of ethical complexities and dilemmas that have spurred considerable debate and scrutiny. At its core, surrogacy involves complex ethical considerations surrounding autonomy, consent, reproductive commodification, exploitation, parental rights, child welfare, and cultural and social norms. In this part, the issues in both countries will be discussed further.

3.2.1 Commercial vs. Altruistic surrogacy

The primary distinction between commercial and altruistic surrogacies lies in the aspect of financial compensation. Commercial surrogacy involves monetary compensation beyond covering medical expenses, while altruistic surrogacy does not entail any financial gain for the surrogate mother, with only medical expenses being reimbursed. Both methods come with the arguments for and arguments against.

The financial incentive can be a benefit, since it is a more attractive option and intended parents have a higher chance of match. From the other hand there are risks of exploitation. Anderson argues that the application of economic norms to women's labour undermines their dignity in three ways. First, by requiring surrogate mothers to suppress parental love, their labour is alienated. Second, by disregarding the legitimacy of their evolving perspectives, market norms degrade them. Thirdly, by exploiting their non-commercial motivations without adequate compensation, they are left vulnerable to exploitation. (Anderson, 1990)

The altruistic surrogacy on the other hand has much more limited availability, relying on surrogates with altruistic intentions. For instance, when intended parents in Australia look for a surrogate, they usually do so through informal family and friendship connections. A recent study analysing the sociodemographic and psychological characteristics of 160

surrogacy arrangements over 15 years until 2018 discovered that the majority of connections between surrogate mothers and intended parents involved close family members (such as sisters or mothers) accounting for 48.6%, or with other extended family members or friends, accounting for 46.3%. A smaller percentage, 5.1%, met through online surrogacy forums. (Montrone, Thorn, 2020)

So, we can see, that in most cases the altruistic surrogacy relies on the emotional connection, and even though it might bring up complications, depending on the strength and stability of the relationship, at the same time it is not free of exploitation, the cause can be power disparities within these familial dynamics, even though such potential is reduced due to the compensation being limited to the surrogate medical and some of the personal expenses.

From the legal side, commercial surrogacy operates within a regulated legal framework and typically involves agencies or professionals who facilitate the process, ensuring proper screening, legal contracts, and medical care for all parties involved. The altruistic surrogacy, as we can see on Australian example is less supporting of the intended parents' side, which can bring up disputes or disagreements, due to, as was mentioned above, complex dynamics of familial relationships.

Commercial surrogacy commodifies reproduction, treating it as a commercial transaction and in most altruistic cases it is more of a personal or familial arrangement. On the other hand, surrogacy, the process of the bearing a child and giving it away to the different people in its essence is a very altruistic decision to make, with the monetary reward or not. However, for it to be such a decision, the woman agreeing to the process should have full autonomy, independence and have a clear vision of what to expect, and what consequences there might be, in order to give a fully informed consent.

3.2.2 Autonomy and consent

Autonomy refers to an individual's ability for self-determination or self-governance. (Weller, Wolff, 2005) In the surrogacy case, it is the ability of the potential surrogate to make a well – informed decision for participation in such activity. The entitlement to determine what happens with a woman's own body.

The concept of relational autonomy suggesting that our choices are influenced by social interactions and context. (Mackenzie, 2021)

Making an informed choice to engage and to take both personal agency and external factors into consideration in a surrogacy arrangement is crucial. However, due to the uncertain long-term health effects, relational challenges, and social impacts associated with surrogacy, it appears challenging, if not unfeasible, for a prospective surrogate to provide truly informed consent. These ethical dilemmas are acknowledged not only by individuals but also by governments, as evidenced by legislative efforts aimed at addressing surrogacy arrangements. (Tieu, 2009)

In the case of the commercial surrogacy, we can take the monetary reward as the factor affecting decision especially if the surrogate is from the lower-income household. (Sifris, 2015) One of the primary motivations behind opting for surrogacy in Kazakhstan is often the acquisition of housing, in case the surrogate or surrogate's family incomes are not sufficient for such a purchase in scenarios where individuals must choose between residing in cramped conditions with an extended family or renting a space that may be financially out of reach, some may turn to surrogacy as an alternative. In that case, the even though the surrogacy is much more demanding job, due to the physical complications of the pregnancy and giving births, as well as the psychological struggles of giving away the child surrogate mother gave birth to, this kind of job is of a much higher gain, and compensation received can change the life of the surrogate and her family drastically.

The reason Australia prohibits commercial surrogacy, allowing only altruistic alternative, might be the economic constraints, which can significantly influence perceived freedom of choice, as there is no possibility to tell that it was made not in free will. Does altruistic surrogacy entail the surrogate providing fully informed consent, comprehensively understanding all the challenges she will encounter? The specifics encompassing pregnancy complications, risks inherent in Assisted Reproductive Technology (ART), such as risks of multiple pregnancies, increased maternal morbidity and both fetal and neonatal morbidity and mortality (Rebar, 2013), psychological implications for both her and the child she may carry, alongside others, as well as the contractual terms of a surrogacy agreement and the subsequent implications for future relational complexities, not to mention the broader ethical considerations for the community, in which she may have a vested interest, each missing piece of this information, can be standing between the surrogate in the altruistic context and her providing the fully informed consent.

Therefore, it is possible for both commercial and altruistic surrogacy to have a questionable autonomy and consent cases. Owing to influence of one's surroundings, the

free will as a concept can be non-existent, since people are making decisions from the personal experience, background and influence of the society surrounding them. In the case of commercial surrogacy, it is clear that the main motivation is the financial reward, which is for most surrogate is not possible to receive from any other different job. In case of the altruistic surrogacy, such a motivation might be a more complicated matter, even though it can be the sincere willingness to help, exceptionally from the altruistic motives, truly autonomic decision might not be possible due to the pressure from the intended parents' side, since the nature of such an arrangement usually among those close to each other people. However, in altruistic cases the consent motivation is not that obvious, and it might be harder to notice patterns of its violation.

3.2.3 Is being a parent a human right?

According to the WHO (World Health Organization) around 17.5% of the adult population, approximately every sixth adult is affected by infertility. In high-income countries, such as Australia, the percentage of lifetime infertility prevalence is a little higher going up to 17.8% and going as low as 16.5% for the low and middle-income countries, such as Kazakhstan. The difference according to the WHO's fertility researcher Gitau Mburu is not crucial.

Article 16 of the United Nations Universal Declaration of Human Rights states: "Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to find a family."

Recognizing parenthood as a positive right implies that the state must provide infertility treatment for its citizens. However, completely free treatment is unrealistic due to limited healthcare resources. There needs to be a balance to prevent the healthcare budget from overshadowing other social priorities like education. An increasing number of countries, including Belgium, France, the Netherlands, and more recently the UK, offer state funding for in vitro fertilization (IVF) cycles. These systems, though limited, ensure greater access to treatment and help mitigate unfair discrimination based on financial status. (Boivin, 2005)

M. Maclean argues that the framing parenthood as a right is unhelpful because it prioritizes the rights of adults over the needs of children and this perspective can lead us dangerously close to viewing a child as mere property to be divided. (Maclean, 2005)

Therefore the parenthood itself should not be the right, and we should be concentrating more on the responsibilities of parents and children's right. At the current moment, assisted reproductive technologies in surrogacy case is a privilege, for the ones who are able to pay for such technology. Does it, on the other hand, discriminate against the infertile individuals, willing to become a parents, however, unable to afford such a method of assisted reproductive technology? Since the parenthood, as discussed, should not be a right, therefore, such a barrier cannot discriminate against the right, since the parenthood should not be a right to begin with.

3.2.4 Power-control dynamics

A study from 2020 held in Australia, revealed that in contrast to nations employing payment systems, where the majority of surrogates are typically in their early 30s, the surrogates and their partners in the study were mainly in their late 30s. On average, they were older than the intended parents. Furthermore, the educational and occupational attainment of the surrogates and their partners were lower compared to the intended parents. Significant disparities were observed in the occupational status among all groups, as assessed by the Australia and New Zealand Standard Classification of Occupations (ANZSCO 2013). Surrogates were notably more inclined to hold elementary or nonprofessional occupations compared to intended mothers. Correspondingly, within the male groups, partners of surrogates were also more prone to having elementary occupations in contrast to intended fathers.

However, there was no apparent indication of widespread socioeconomic disadvantage; the majority of participants in our study lived in areas associated with relatively high SEIFA (Socio-economical Indexes for Areas) rankings. Nonetheless, it's worth noting that the surrogates and their families were less inclined to reside in the most advantaged areas compared to the intended parents. Taken together, these sociodemographic findings underscore that, within this Australian study cohort, altruistic surrogates and their partners, who were marginally older than the intended parents and not experiencing a financial disadvantage, can be regarded as approximating sociodemographic counterparts. As such, the study concludes, they are less susceptible to the potential risks of coercion that may emerge due to financial vulnerability or youthfulness. (Montrone et al., 2020)

When it comes to the psychological health and personality predispositions - throughout Australia, it is an obligation for all parties engaged in a surrogacy arrangement, including

intended parents, surrogates, and their partners, to undergo pre-treatment psychological assessment conducted by an independent psychologist. Additionally, comprehensive counselling regarding the implications of the surrogacy arrangement is mandated by law. (ANZICA Surrogacy Guidelines, Addendum)

The same study (Montrone et al., 2020) used PAI - The Personality Assessment Inventory (PAI), which is a widely used psychological assessment tool that evaluates personality traits and psychopathology. It consists of over 300 items covering various domains like interpersonal functioning and emotional distress. The thesis is relevant for the clinical assessments, such as surrogacy, due to the fact it provides valuable insights into an individual's personality, emotional functioning, behavioural tendencies and potential areas of concern. It has 22 non-overlapping full scales, including somatic complaints, health concerns, anxiety, which is helping to assess the psychological suitability and well-being of both the surrogate mother and intended parents and ensure that all the parties emotionally prepared for the surrogacy process.

In the results of the study assessment the mean scores on clinical scales for all participant groups tended to cluster around the lower end of the average T-score range of 45–55, with few outliers noted. However, significant psychopathology among the participants was not found. Intended, mothers exhibited slightly elevated Somatic Complaints T-scores, indicating few bodily complaints, and showed moderate elevation on the Health Concerns subscale, reflecting a focus on health. Although Anxiety scale scores were higher for intended mothers, overall distress levels were low. Surrogates scored lower on the Mania-Grandiosity subscale, suggesting normative self-evaluation.

In Kazakhstan, the number of surrogacy programs conducted annually is increasing, with up to 200 programs currently carried out each year. An intriguing insight emerged from the study of surrogate mothers' social backgrounds. It was revealed that a significant majority, accounting for 95.8%, belonged to the educated segment of the population, possessing higher or secondary technical education. However, despite their education, 94% of surrogate mothers do not hold employment, and 70% lack permanent housing. Additionally, 75% of surrogate mothers are divorced, while only 25% are legally married or in civil partnerships. Despite having their own children, all participants in the survey faced challenges living below the national minimum subsistence level due to the absence of stable employment and social security. In conclusion, most of the surrogates are from educated however, low-income part of the population. (Jussubalyieva, 2016)

The primary motivation cited by all women for participating in the surrogate motherhood program was financial difficulties, and the opportunity to receive monetary compensation. Remarkably, all surrogate mothers approached their decision to participate responsibly, with 64.5% expressing willingness to consider or agree to future surrogacy endeavours. In summary, the social portrait of surrogate mothers in Kazakhstan depicts an educated but socially vulnerable segment of the population, driven by financial necessity to undertake surrogacy. (Jussubalyieva, 2016)

Since the only incentive for the surrogate in Kazakhstan starts from 3 million tenge (~6650,56 USD), and on average 10 million tenge (~22168,52 USD), it is unaffordable to any citizen. Accordingly, to the National Statistics bureau, in the third quarter of 2023, the average monthly salary in the Republic of Kazakhstan increased by 16.9% compared to the corresponding quarter of 2022 and amounted to 350,542 Tenge. This makes it a minimum of 4.3-months' worth of salary, in case of both intended parents working and on average 14.3 year and 2 months. The calculation is only included, the surrogacy fee, excluding medical expenses and agencies' costs. Therefore, there is already a picture of the imbalance within the financial means between the surrogate and the intended parents. (Wages and working conditions, 2023)

3.2.5 Cultural and Societal Norms

Culture and society shapes people's attitude and perception of the issue. Society influences the moral part of the issue, which is later influencing how the legal process of the matter will be arranged, since the law-makers are a part of society. In the surrogacy topic, to observe part of the cultural and societal attitude aspect, especially important, since the surrogacy is directly connected with the building of the family. And family is the smallest unit of society. And how people of the culture will view the family, will be influencing how they will look at the surrogacy.

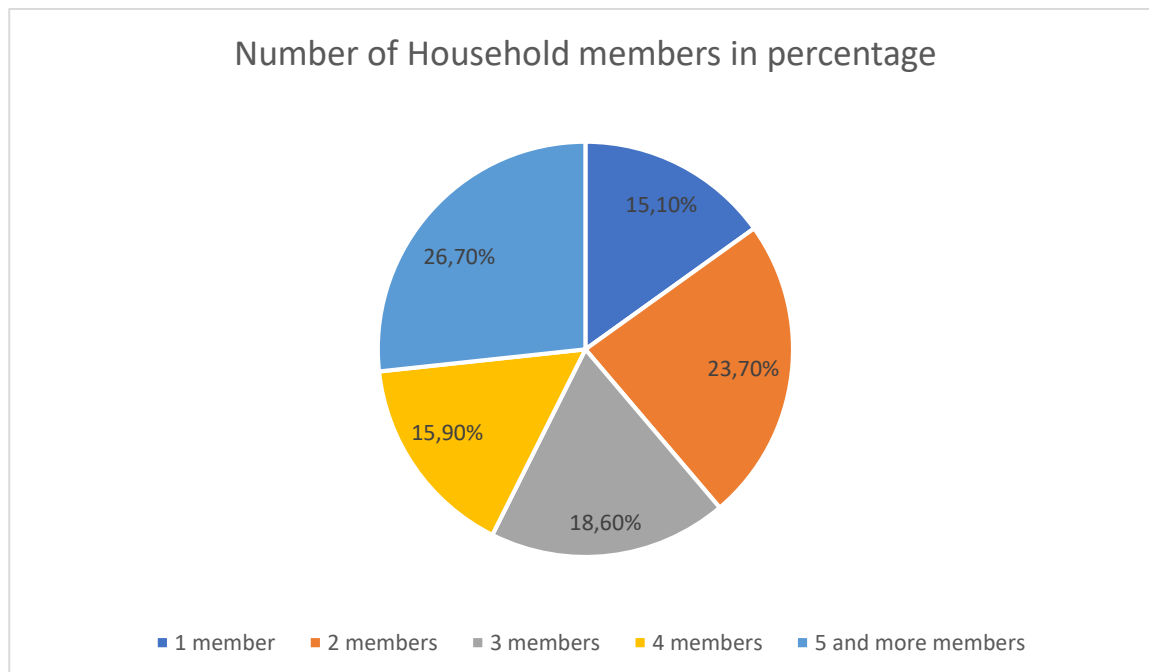
There is a Kazakh saying, "Homeland starts with the family" The saying in Kazakh looks like: "Otan otbasinan bastaladi". There is the visible similarity between words "otant" - "motherland" and "otbasi" - "family", as the words have same root, and we can see how, even from the etymological side, the importance of family in Kazakh society.

According to the Agency for Strategic Planning and Reforms of the Republic of Kazakhstan Bureau of National Statistics, at the start of 2023, the number of children aged

between the age of 0 and 17 were 6 738 017 people, which is 34.4% of the total population (19 606 633 people). In comparison to the 2011, when the number of children between the age of 0 and 17 was 4 851 538 people, which was only 28.8% of population (16 864 917 people total population). Therefore, we can see the growth of birth rates.

We also can take a look at the household distribution by household composition. Agency for Strategic planning divides such distribution in five categories, from the household consisting of one member, up to five or more members. The graph representing is below:

Figure 1 Number of Household members in percentage in Kazakhstan.



From the graph we can see that the biggest share of household consists of 5 members and more. From all the households, approximately 19.5% are consist of a single mother with kids and 3% consists of single father with the kids. When it comes to Australia, we are seeing similar numbers, as reported by the Australian Institute of Family Studies, where 19% of all the households consist of are consist of a single mother with kids and 2% consist of single fathers with the kids.

When looking at how families interact, it's important to understand the close family connections among Kazakh people. Whether they live in cities or rural areas, Kazakh families have strong traditional bonds based on blood and marriage. Kazakh people have

strong ties within the family, even with the distance relatives, with the significance of the male lineage. The closeness between family members who share blood ties can differ from one another, with some relationships being closer than others. Additionally, the perception of who consider as family can vary significantly among individuals. This diversity in familial bonds and perceptions underscores the complexity and richness of human relationships within Kazakh society. (PROBLEMS OF FAMILY AND MARRIAGE RELATIONS OF KAZAKH PEOPLE, based on ethnographic materials of Southern Kazakhstan, 2023)

It can also be noticed during the special occasions, such as weddings, birth of children and any other significant events. The celebration is reason to invite not only close family, but even further relatives, even from abroad. This happens a lot in families with older members who nurture and pass down traditions to the younger ones. Also, the values within the family are influenced by the cultural background in which the spouses grew up.

Average size of households with children in Kazakhstan in 2021 was 4.7 persons, from the total 52.3% of all the households. (Agency for Strategic planning and reforms of the Republic of Kazakhstan Bureau of National statistics, 2023)

The partnership or spousal relationship holds significant importance for many Australians. Couples who lived separately tended to report slightly lower satisfaction levels with their relationship compared to those residing together. This disparity can be partly attributed to the constraints and obstacles associated with their living arrangements.

From the graphs pictures below, the results of the survey can be seen About the Families in Australia. The survey encompasses every individual across all family structures, with participation open to Australians aged 18 years and above:

Figure 3 Ability for household members to get along with one another, May-June 2021

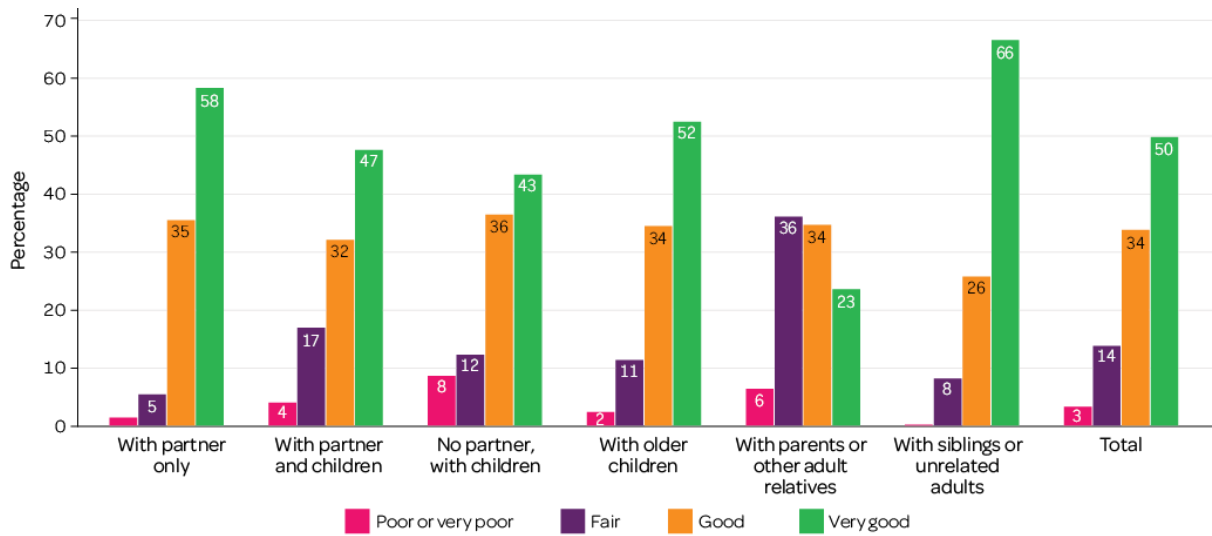
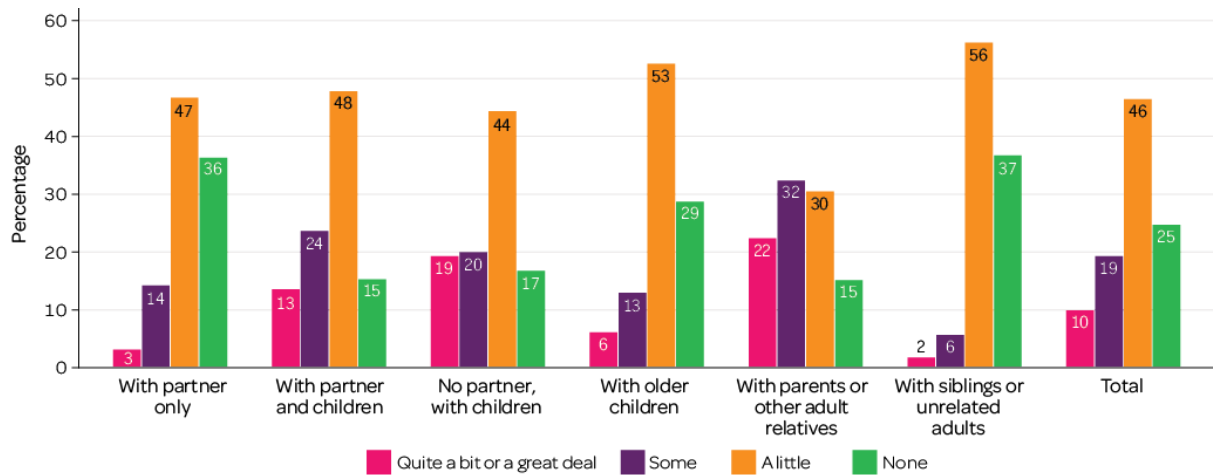


Figure 2 Amount of conflict in the household, by household type, May-June 2021



It is seen from the graph the individuals who resided with a parent or another relative were more prone to assess the household relationships as 'fair,' 'poor,' or 'very poor,' with 42% expressing such views.

Moreover, they were also more inclined to encounter conflicts, with 52% reporting experiencing 'some,' 'quite a bit,' or 'a great deal' of conflict. (Baxter, Warren, 2021)

With population growth, the count of Australian households has notably risen. As per the 2021 Census data, Australia had 9.275 million households, contrasting with previous estimates of 8.286 million in 2016 and 7.76 million in 2011.

Despite the increase in the number of households, there has been a decline in the average household size. Figure 10 illustrates a decrease in household size from an average

of 4.5 individuals per household in 1911 to 3.6 in 1961, eventually stabilizing around 2.6 from 2001 onwards. By 2021, the average had slightly decreased to 2.5 individuals per household. (Qu et al., 2023)

3.2.6 Religious aspect

Results of the National Population Census 2021 shows that most of the population of Kazakhstan - 69.3% follows the Islam, the second popular religion with a drastic drop down in percentage - Christianity – 17.2% of population, with most of the group – 99% - follow orthodox Christianity. (National composition, religion, and language proficiency in the Republic of Kazakhstan, 2021)

Most Islamic scholars consider surrogacy, whether compensated or voluntary, as not allowed. One of the primary concerns is the preservation of lineage and family structure. Surrogacy can complicate matters of parentage and inheritance, which are highly regulated in Islamic law. Additionally, some scholars argue that surrogacy blurs the boundaries of marriage and may lead to social and moral challenges within society. (Infertility and Surrogacy in Islamic Society: Socio-Cultural, Psychological, Ethical, and Religious Dilemmas, 2013)

However, in the interview for the news portal Zakon.kz (Sadyrova, 2023), given by the agency engaged in the selection of oocyte donors and surrogate mothers, there was a case of religious families, particularly visited the mosque and consulted the imam about the feasibility of conceiving a child through surrogacy, receiving affirmation that it was indeed an option.

It should be noted that Kazakhstan's society is notably more diverse in terms of religious affiliation compared to other regional societies. This aspect contributes significantly to the government's firm commitment to civic nationhood and secular governance—ensuring that the state identity is founded on citizenship rather than ethnicity is crucial for maintaining the country's stability. (Cornell et al., 2017)

For the Australia, the Census of Australian Bureau of Statistics taking place in 2021, showed the result of the most common religion being Christianity - 43.9% of the population, the second biggest group being non-religious – 38.9%.

While conservative and evangelical groups have expressed opposition to surrogacy, it's worth noting that surrogacy is not explicitly deemed a sin in Christianity according to the Bible.

Conservative Ethics argues that surrogacy, involving Assisted Reproductive Technology (ART), removes the beginning of life from the nurturing environment of the maternal body to the clinical setting of a medical laboratory. It replaces the intimacy between husband and wife with medical professionals, disconnecting them from the sacred moment of conception. Whether through medical procedures or artificial insemination, surrogacy is deemed immoral in all forms. (Lones, 2016) Christianity holds that life starts at conception and see surrogacy as disrupting natural conception by disconnecting it from marriage. They may contend that surrogacy diminishes the value of life by treating embryos as commodities. Traditional Christian teachings emphasize the nuclear family of husband, wife, and biological children. Surrogacy, especially gestational surrogacy, which involves third-party reproduction, poses a challenge to this model.

In contrast, the Permissive Ethic of the religious perspective, maintains that if proper contracts ensure informed consent from consenting adults, all forms of surrogacy are acceptable. Upholding individual liberties and autonomy, any adult should have the right to contract with others and employ alternative reproductive methods to have a child. Therefore, according to this perspective, surrogacy in any form is considered ethical. The responsibility to demonstrate the immorality of surrogacy supposedly rests with those advocating for its restriction.

The practice of the embryo adoption, offers families the option to process with the adoption earlier. In that case, they will be engaging in pregnancy and childbirth from the beginning, instead of adopting already born child.

In the conclusion, an intriguing paradox emerges between two countries' approaches to surrogacy regulation, which highlights the influence of religious beliefs on policy formation. In a nation where the predominant religion staunchly prohibits surrogacy in any form, surprisingly, surrogacy is less restricted, with both commercial and altruistic arrangements permitted. Conversely, in a country where the most prevalent religion, while critical of surrogacy practices, does not outright forbid them, the regulatory framework imposes significantly greater limitations, restricting surrogacy to altruistic arrangements exclusively.

The reason for such a situation is the fact that both countries are secular, where the state and the religion are separated and the religion does not influence the state and its legislation.

This paradoxical scenario underscores the intricate interplay between religious doctrines, cultural norms, and legal frameworks within the context of surrogacy regulation. Despite religious teachings condemning surrogacy, societal attitudes and legal realities may diverge, leading to nuanced approaches to governance. The discrepancy in regulatory approaches between these two countries highlights the complex nature of navigating the intersection between religious principles and modern reproductive technologies.

Even though the religious beliefs may have influence on the legislative system, in surrogacy case there is a necessity of more varied approach, considering not only religious view. What can be seen on the examples of two countries, is possible to achieve.

3.2.7 Commodification

The concept of commodification, as defined by the Cambridge dictionary, encapsulates the treatment of something as a commodity, subject to the norms of market exchange. Anderson (1990) argues that asserting the suitability of market norms for governing production, exchange, and utilization characterizes the essence of commodification.

The initial consequence of commodification is the reclassification of "persons" into "objects." Rather than recognizing human beings as ends in themselves deserving of inherent respect, as espoused in Kantian ethics, commodification reduces individuals and their components to commodities, thereby subjecting them to commercialization. From a Marxian perspective, this process assigns them both "use" and "exchange" value (Marway et al., 2014). In the realm of bioethics, the notion of commodification extends beyond tangible products to encompass the objectification and commercialization of processes.

In the context of surrogacy contracts, natural connections between the surrogate and child, which typically persist, are artificially severed. Instead of being regarded as a complex interaction rooted in human relationships and unique emotions, the arrangement is perceived as a finite nine-month "job."

For instance, certain agencies in Kazakhstan impose strict restrictions on surrogate couples, including prohibitions on sexual activity, alcohol consumption, and stress. Surrogates, predominantly motivated by financial gain rather than altruism, view the

procedure as a business opportunity. Many surrogates, currently on maternity leave, opt to use the compensation for purposes such as paying off debts, purchasing property, or enhancing their living conditions. This enables them to remain at home with their families for an extended period while still receiving financial support and comprehensive medical care.

The question arises: Would banning commercial surrogacy and allowing only altruistic options effectively discommodity such arrangements? Arguably, by eliminating the commercial aspect of surrogacy and reducing it to solely altruistic motives, the risk of objectification may indeed diminish. However, without financial compensation, the potential for full commodification may be significantly reduced, yet the underlying issues of objectification and exploitation could persist in alternative forms. For example, if an agent lacks information or support, it may come from a power imbalance. This may leave the surrogate mother vulnerable to manipulation and lead her to make choices that are not fully informed.

Thus, while restricting commercial surrogacy may mitigate certain aspects of commodification, it may not entirely eradicate its presence in surrogacy arrangements.

4. Practical Part

4.1 Methodology

In contrast to Australia, where the information and sources are easily accessible and available for review, with the data about Kazakhstan is quite limited and it can be a challenge to gather the needed information. Relying solely on literature analysis would be insufficient for this thesis. Therefore, it is important to incorporate practical insights from interviews to fill in the gaps. Given the sensitive nature of the topic, with added restraint to only one country, the pool of interview participants is naturally limited. However, the interviewee featured in this thesis possesses extensive expertise in the field. Dr. Vyacheslav Lokshin has a distinguished career within the topic over four decades as a working gynaecologist and 26 years as an IVF-specialist since 1996. Holding prestigious titles such as Doctor of Medical Sciences, Professor, and Academician of both the National Academy of Sciences of Kazakhstan and the Russian Academy of Medical Sciences, Dr. Lokshin's insights can be called invaluable. As the President of the Kazakhstan Association of Reproductive Medicine (CARM) and also the General Director of the PERSONA International Clinical Center for Reproduction in Almaty, Kazakhstan, Dr. Lokshin's leadership roles underscore his deep involvement in the country's reproductive healthcare landscape. Even more than this, his position as the President of the International Academy of Reproduction and Chief Freelance Reproductive Specialist of the Ministry of Health of the Republic of Kazakhstan further solidify his authority in the field. The interview with Dr. Lokshin was conducted via a recorded call and subsequently translated. It focused specifically on various aspects of surrogacy in Kazakhstan, offering invaluable first-hand insights into the complexities of the practice within the country's context.

4.2 Interview

The transcript of the interview is provided below:

1. How would you describe the current attitude in society toward surrogacy and had it changed from the start of your practice?

The attitude in society toward the surrogacy has become more immoral. It heavily shifted towards the commercial benefits and business, financial considerations, before

anything else. There are a lot of problems in relationships within this environment, including disparities between clinics, unfair competition, and an interest in making more money. The importance of financial incentives has led to a significant emphasis on business aspects within the surrogacy industry, often overshadowing other - moral considerations. 2. Are there any cases of surrogacy of an altruistic nature?

Instances of surrogacy motivated purely by altruism are exceedingly rare within the personal practice. While the concept of surrogacy for purely altruistic reasons exists, it is seldom observed in practice. Instead, the trend leans towards surrogacy arrangements driven by financial compensation or other tangible benefits.

3. How are parents selected, and what role do agencies play in the process?

The selection of parents within the surrogacy process is typically facilitated by agencies, which serve as intermediaries between surrogate mothers and intended parents. These agencies play a pivotal role in the matching process, utilizing various channels, including media platforms, to connect surrogate mothers with prospective parents. The involvement of agencies introduces a level of professionalism and expertise, streamlining the process and ensuring compatibility between surrogate mothers and intended parents.

4. Can you walk us through the surrogacy process from start to finish?

The surrogacy process is a multifaceted journey that encompasses various stages, spanning from the initial search for a surrogate mother to the birth of the child. The process typically commences with the selection of a suitable surrogate mother, facilitated by agencies or clinics. Once a surrogate mother is identified, legal agreements are drafted, outlining the rights and responsibilities of all parties involved. Medical procedures, including embryo transfer, follow, with ongoing monitoring of the pregnancy until childbirth.

5. In some countries, only altruistic surrogacy is permitted. What are your thoughts on this?

While altruistic surrogacy may be possible within specific familial relationships, such as between close relatives, its application on a broader scale remains limited, from my personal perspective. The practicality of enforcing altruistic surrogacy regulations, particularly in cases involving unrelated parties, poses significant challenges, and I believe must have some ways of reward system, bypassing the law.

6. Do foreigners often come to your clinic to seek surrogacy services?

There has been a noticeable increase in the number of foreign visitors seeking surrogacy services, particularly due to the closure of access to surrogacy services in

neighbouring countries such as Russia and Ukraine, in the light of recent events. These visitors predominantly originate from regions such as China, Russia, and Israel. The availability of surrogacy services in our clinic has attracted a diverse clientele, reflecting the global demand for assisted reproductive technologies.

7. How do you handle negative reactions, if any, towards surrogacy?

As the owner of the clinic, I am primarily focused on the medical aspects of surrogacy, and thus have limited direct interaction with negative reactions toward surrogacy. All the communication with the intended parents and surrogates is delegated to the agencies.

8. What is the approximate amount of monetary compensation involved in surrogacy arrangements at your clinic?

In our clinic, surrogate mothers typically receive monetary compensation ranging from 15,000USD to 20,000USD. This compensation encompasses various expenses which can happen during the pregnancy, including a monthly stipend of 500USD and an additional 2,000USD received for childbirth. While the total compensation may vary depending on specific circumstances, the overall amount generally falls within the 25,000USD.

9. What are the medical professionals receiving for the services?

Medical professionals are reimbursed solely for the costs associated with IVF procedures and pre-implantation testing, ensuring their involvement remains focused on technical aspects of assisted reproductive technology and upholding ethical standards.

4.3 Discussion

The interview provides valuable insights of the complex points surrounding surrogacy in Kazakhstan, searching through evolving societal attitudes, ethical considerations for both altruistic and commercial surrogacy practices, and practical dimensions of surrogacy arrangements. Few conclusions can be summarized from the conversation.

First, the prevalence of commercial surrogacy has virtually eclipsed altruistic arrangements. As it was discussed in the literature review, it is the example of relation between two types of surrogacies. We can see, once the commercial surrogacy becomes available, the altruistic cases come to almost non-existent. This could be due to the high-demanding process, with the financial compensation seemed to be more fair reward, than just a good altruistic feeling of being helpful and people require your assistance. Intense competition between clinics has transformed the industry into a profit-driven model rather than a genuine means of aiding those in need. Moreover, the increased stream of clients,

drawn by the absence of similar practices in neighbouring countries, further reinforces the commercial nature of surrogacy in Kazakhstan.

Second, physicians, understandably, seek to distance themselves from the potentially controversial aspects of surrogacy arrangements. Tasks such as settle communication between surrogates and intended parents, navigating legal jurisdictions, and managing contractual obligations are delegated to agencies almost in all the cases. This delegation allows doctors to maintain a pure professionalism, as their compensation is solely tied to specific medical procedures such as IVF and preimplantation testing.

Third, the possibility of the altruistic surrogacy seems to be impossible from the perspective of the specialist. Due to the fact that he is coming from the country with the commercial surrogacy, there is the reason for him to narrow the possibilities only, to rare cases involving relatives. In a country where the compensation for surrogacy could potentially secure housing for an entire family, the voluntary willingness of a person to participate in the altruistic version, seems inconceivable.

5. Conclusion

By the comparison of governing legislative framework and the attitudes in the society toward commercial and altruistic surrogacy in two unlike countries, the thesis revealed similarities and differences of each. As well, it did shed the light on the moral difficulties and dilemmas in the surrogacy agreements. Despite the presence of altruistic motives in case of Australia, both countries' surrogacy is not free from ethical issues, such as risk of exploitation, commodification and power imbalance.

Due to the significance on the institution of the family and the importance of having children in the Kazakhstan society, the surrogacy practice is recognized as an essential assisted reproductive method. Within the local culture, the idea of family is a cornerstone of the community and has a high value in the question of personal fulfilment. Therefore the commercial surrogacy with the reasonable and fair compensation to the surrogate mother, which allows them to improve the quality of life, seems natural and sensible for society with such an attitude. However, there is a need to ensure that the surrogate provide fully autonomous consent and a that decision is based on informed willingness to help the others, with the appropriate reward for herself, rather than financial desperation. Therefore, there is

a necessity of thoroughly psychological evaluation process. This also will help to identify potential risk factors, which can negatively impact the whole process, such as surrogate mother's ability to cope with the emotional and psychological challenges of surrogacy.

By addressing the psychological aspects comprehensively, the negative impact on all parties involved can be minimized. Moreover, fostering a more positive societal attitude toward surrogacy can ease the process for all stakeholders and reduce the stigma associated with the complex emotions involved.

On the contrary, in the Australian context, there may be potential for future reforms in surrogacy regulations, such, for example, as the possibility of legalizing commercial surrogacy alongside altruistic arrangements. Currently, the limitations of altruistic surrogacy options are press Australians to seek reproductive assistance abroad, despite legal prohibitions for almost whole country. However, significant changes in legislation may not take place in the immediate future due to the long-established views of legislators.

In the end, author would like to conclude, that both countries are challenged with the different approach towards the surrogacy regulations. Kazakhstan embraces the commercial type of the surrogacy, as solution for the infertility problems. Australia, at the same time, maintains strict regulations, which a limiting intended parents' options.

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7. Appendix

Translated interview with Dr. Lokshin:

1. How would you describe the current attitude in society toward surrogacy and had it changed from the start of your practice?

The attitude in society toward the surrogacy has become more immoral. It heavily shifted towards the commercial benefits and business, financial considerations, before anything else. There are a lot of problems in relationships within this environment, including disparities between clinics, unfair competition, and an interest in making more money. The importance of financial incentives has led to a significant emphasis on business aspects within the surrogacy industry, often overshadowing other - moral considerations. 2. Are there any cases of surrogacy of an altruistic nature?

Instances of surrogacy motivated purely by altruism are exceedingly rare within the personal practice. While the concept of surrogacy for purely altruistic reasons exists, it is seldom observed in practice. Instead, the trend leans towards surrogacy arrangements driven by financial compensation or other tangible benefits.

3. How are parents selected, and what role do agencies play in the process?

The selection of parents within the surrogacy process is typically facilitated by agencies, which serve as intermediaries between surrogate mothers and intended parents. These agencies play a pivotal role in the matching process, utilizing various channels, including media platforms, to connect surrogate mothers with prospective parents. The involvement of agencies introduces a level of professionalism and expertise, streamlining the process and ensuring compatibility between surrogate mothers and intended parents.

4. Can you walk us through the surrogacy process from start to finish?

The surrogacy process is a multifaceted journey that encompasses various stages, spanning from the initial search for a surrogate mother to the birth of the child. The process typically commences with the selection of a suitable surrogate mother, facilitated by agencies or clinics. Once a surrogate mother is identified, legal agreements are drafted, outlining the rights and responsibilities of all parties involved. Medical procedures, including embryo transfer, follow, with ongoing monitoring of the pregnancy until childbirth.

5. In some countries, only altruistic surrogacy is permitted. What are your thoughts on this?

While altruistic surrogacy may be possible within specific familial relationships, such as between close relatives, its application on a broader scale remains limited, from my personal perspective. The practicality of enforcing altruistic surrogacy regulations, particularly in cases involving unrelated parties, poses significant challenges, and I believe must have some ways of reward system, bypassing the law.

6. Do foreigners often come to your clinic to seek surrogacy services?

There has been a noticeable increase in the number of foreign visitors seeking surrogacy services, particularly due to the closure of access to surrogacy services in neighbouring countries such as Russia and Ukraine, in the light of recent events. These visitors predominantly originate from regions such as China, Russia, and Israel. The availability of surrogacy services in our clinic has attracted a diverse clientele, reflecting the global demand for assisted reproductive technologies.

7. How do you handle negative reactions, if any, towards surrogacy?

As the owner of the clinic, I am primarily focused on the medical aspects of surrogacy, and thus have limited direct interaction with negative reactions toward surrogacy. All the communication with the intended parents and surrogates is delegated to the agencies.

8. What is the approximate amount of monetary compensation involved in surrogacy arrangements at your clinic?

In our clinic, surrogate mothers typically receive monetary compensation ranging from 15,000USD to 20,000USD. This compensation encompasses various expenses which can happen during the pregnancy, including a monthly stipend of 500USD and an additional 2,000USD received for childbirth. While the total compensation may vary depending on specific circumstances, the overall amount generally falls within the 25,000USD.

9. What are the medical professionals receiving for the services?

Medical professionals are reimbursed solely for the costs associated with IVF procedures and pre-implantation testing, ensuring their involvement remains focused on technical aspects of assisted reproductive technology and upholding ethical standards.