

Raising Awareness on Gestational Surrogacy Among Vulnerable Women in Developing Countries



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This report is intended for Development Cooperation agencies, International Organisations and NGOs and it is written by

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The Transnational Market of Surrogacy: An Inherently Exploitative Structure

Gestational surrogacy (GS) is a growing² reproductive practice through which adults **obtain offspring by contracting a third woman to undergo impregnation through artificial techniques and to give birth to a child** who is not genetically related to her.

The surrogacy process is complex and expensive. The procurement of gametes and the recruitment of women is administered by private **international agencies** which provide legal services and travel arrangements among other functions. The relationships between intended parents and surrogates are regulated by **contracts**, which to be fully understood require high proficiency in the language in which they are written as well as technical skills and legal expertise.

The surrogacy process is also taxing on surrogate women and any conceived embryo, foetus, or child depending on the stage of human development. Pharmaceutical treatments are used to prepare the surrogate's body for pregnancy. Often more than one or two embryos are implanted at one time and **selective abortion** is subsequently used.³ **Caesarean** section is a common procedure for delivery, and often stipulated in contracts. During pregnancy, women might be free to live at their home with their families, or required to stay in ad-hoc **dormitories** or rented houses with other surrogates. They are asked to follow **dietary regimes** and specific daily habits to align with the intended parents' lifestyle (e.g. they might be asked to refrain from intercourse, eat a vegetarian diet, refrain from moving outside a certain area, etc.)⁴

Because of the elevated costs of gestational surrogacy, it is more cost-effective for intended

parents to find surrogates in developing countries. Depending on the contract, surrogates might **be paid** in multiple tranches during pregnancy or only at delivery. They might receive extra payment for twins or triplets. In the United States, surrogates earn between 20,000 and 60,000 US\$⁵ per child. Intended parents spend more than 100,000 US\$ if they use gestational surrogates in the United States⁶ but could **save up to 70%** if they choose to undertake the whole process in developing countries.⁷

Intended parents are generally wealthier than surrogates.⁸ Often, they go abroad to purchase gestational surrogacy services because in their country the practice is **illegal** or strictly regulated. For example, some countries' laws may allow surrogates to change their mind at birth so that they are not obliged to relinquish the child they gestated for nine months. In some cases, national laws permit surrogacy only for heterosexual couples. Some prospective parents go abroad simply to save some money by turning to **low-cost clinics**.⁹

The cheapest surrogacy markets are located in countries with a relatively higher presence of women living in **disadvantaged socio-economic and cultural conditions** and few options for meeting compelling financial needs. These women often are not able to sufficiently understand the contracts, fully **acknowledge the risks implicated in the surrogacy process, or know their rights** in the context of a surrogacy transaction. This, in turn, makes it harder for them to make an informed choice and **grasp the ethical issues** of surrogacy. Or worse, they may feel compelled to consent to surrogacy because of their circumstances, raising the spectre of direct coercion and exploitation.¹⁰ The most vulnerable women come from migrant, refugee, and indigenous communities, living in poor conditions either in rural or urban areas. Surrogates generally hail from **low and middle-low working classes**.¹¹

GS has emerged as a global **multimillion-dollar industry**¹² and tends to develop in countries with enabling legal frameworks, either where the

practice is regulated or where there is a legal vacuum. It is a deeply flexible industry. **Gametes, embryos, intentional parents, and sometimes even surrogates, are flown** from one country or continent to another.¹³ Surrogate mothers are then taken to safe houses, at times in third countries, during the entire gestation or for a defined period of time.¹⁴ The same agencies that operate in one country also work in others at the same time, or they move in response to the introduction of new restrictive laws.

Surrogacy in Developing Countries: Information from the Field

Thailand and India were the world leaders in low-cost surrogacy until 2012-2014 when, following a series of scandals involving the surrogacy industry—including cases of abandoned children—the governments of these two Asian countries tightened **restrictions** on GS with the aim to counteract an uncontrolled expansion of procreative tourism from developed countries.¹⁵ The industry did not disappear, and it simply moved to other countries, such as Nepal, Cambodia, Mexico, Colombia, Nigeria, and more recently to Ukraine, the Republic of Georgia, Kenya and Ghana, to mention just some of the emerging surrogacy destinations.¹⁶ In some cases, women are recruited in one country and flown to clinics in another country to undergo implantation and birth. This can happen, for example, when restrictions in the first country impede same-sex couples to access surrogacy services or laws prohibit specific procedures such as sex selection.¹⁷ It may also happen simply because it provides cost savings to the surrogacy agencies involved.

In Nigeria, whose population of 160 million is the largest of any African country, the reproduction-for-hire industry started in 2001. It is fuelled from abroad as well as by the demand of wealthy Nigerian couples who want to avoid feeling socially excluded or shamed because of infertility. In 2008, more than 20 “**baby-factories**” were discovered and closed by the police. Baby-factories are hospitals or orphanages that have been converted into places where women and girls give birth to babies for sale on the black market, often to infertile couples, or for trafficking networks.¹⁸ Steadfast, a non-governmental organization (NGO) which has been working in Nigeria since 2014¹⁹, reports that this reproduction-for-hire industry is growing and is diligently managed by sophisticated and structured organisations: often sex trafficking is part of the business model of this industry. Women and girls are **recruited in poor villages** and convinced, or coerced, to offer reproductive “services.” Recruiters are often women, called “madame,” who are well known and respected in the villages. The same method is employed for the recruitment of prostitutes. With the development of biomedical technology and the booming international fertility market, baby factories have developed in **surrogacy centres** where women undergo embryo implantation, gestate and give birth.

In Mexico, where I conducted field-work research from November 2018 to March 2019,²⁰ the surrogacy market has exploded since 2012, especially in the **State of Tabasco**, mostly, but not exclusively, for foreign gay men (70-80% of total clients).²¹ This was enabled by a conducive legal framework in the State, geographical proximity with the Yucatan peninsula, which is a territory with a large portion of **female migrants and indigenous people**, as well as being a popular **tourist destination** from the United States and other countries (with Cancún in Quintana Roo as the main hub for international flights and tourist accommodations). The uncontrolled development of the GS industry resulted in cases of **fraud and medical complications, abandoned children, bureaucratic anomalies, and legal battles**

for **parental rights**, as well as the suspicion of infiltration from criminal organisations involved in human trafficking.²² This situation led to the introduction in **2016** of a **restrictive legal reform** aimed at containing the expansion of GS in the State and related abuses. The reform established that only Mexican citizens (including Mexican nationals living abroad), and couples that are married or cohabitants, are allowed to sign GS contracts with local surrogates, with no mediation from any third parties (agencies). Despite this reform, there are concerns that the law might be bypassed and that women are still **vulnerable to trafficking and abuses**. There are **no available official numbers** of children born through surrogacy in Mexico, and this is a common problem in surrogacy research in most countries,²³ both where GS is legal and where it is not. However, surrogate births per year in Mexico are estimated to be between 100 and 500.²⁴

International Concern from Grassroots Civil Society Movements

In civil society across the world, concern about and opposition to the expansion of surrogacy is growing. Coalitions of feminist groups, pro-life and pro-family organizations, medical experts, bioethicists and even gay men and lesbian women who disagree with official pro-surrogacy positions of large LGBT advocacy organizations, increasingly describe surrogacy as a form of **reproductive exploitation, a modern form of slavery, a form of violence against women, and a commodification of women's and children's bodies and the sale of children**.

A variety of subjects cutting across different cultural backgrounds and political ideologies come together in the anti-surrogacy

transnational campaign **Stop Surrogacy Now**, which was founded in California in 2015 by Jennifer Lahl, president of the Center for Bioethics and Culture Network. The initial signatories included roughly 100 individuals and 16 organizations from 18 countries who “shared concern for women and children who are exploited through surrogacy contract pregnancy arrangements” and that believe that “surrogacy should be stopped because it is an abuse of women’s and children’s human rights,” and “is indistinguishable from the buying and selling of children.”²⁵ Today the campaign represents over **20,000 people from all around the world** and 22 NGOs. Stop Surrogacy Now’s main goal is to **ban surrogacy globally**, and it uses an educational approach: to raise awareness on the unethical aspects and health risks of surrogacy. By networking with NGOs in other countries, the campaign contributes to raising expert knowledge on surrogacy and strengthening the influence of these groups in policymaking.

In 2018, the **International Coalition for the Abolition of Surrogate Motherhood (ICASM)**²⁶ was established as an initiative of French feminist groups which partners with other feminist groups in Italy, Spain, Sweden, and other European countries. One of the Coalition’s most recent initiatives is a call to stop the draft international regulation of surrogacy launched by the **Hague Conference on Private International Law (HCCH)**. 200 women’s rights organisations and 2000 individual signatories from 50 countries called on the 86 members of the HCCH to end the mandate of the Expert Group to work on the issue of parentage, including parentage in the context of international surrogacy arrangements.²⁷

In November 2020, the **Latin American Manifesto Against Reproductive Exploitation**²⁸ was launched by 100 feminist groups under the umbrella of ICASM to oppose any legislative initiatives in Central and South American countries aimed at legalizing or regulating what in the document is defined as “Wombs for Rent” and states that surrogacy is “an unambiguous manifestation of discrimination, violence and

violation of the human *and* fundamental rights of women, girls and boys, [and] is contrary to the provisions of the international conventions and treaties to which our countries are signatories and whose observance is mandatory by virtue of a constitutional mandate.”

Anti-surrogacy movements are also organized on a **national level** in several countries such as Australia,²⁹ Sweden,³⁰ Italy,³¹ France,³² Mexico,³³ and Spain.³⁴

The **call for universal abolition** of surrogacy is advanced in light of the following **international conventions**: the European Charter of Fundamental Rights, the Convention on the Elimination of All Forms of Discriminations against Women (CEDAW), the Universal Declaration of Human Rights, the UN Slavery Convention, the Convention on the Rights of the Child, the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, the Council of Europe Convention on the Adoption of Children, the Council of Europe Convention on Action against Trafficking in Human Beings, and the Council of Europe Convention on Human Rights and Biomedicine.

On the other hand, in international civil society there are also groups that **advocate for, or are favourable to, legalization and regulation** of GS.³⁵ In this regulatory front there are organizations that, within the framework of **reproductive rights and freedom**, endorse GS as a method of family formation that should be available for infertile and same-sex couples. It is defended as an expression of women’s autonomy, according to the notion that women free to choose what they can do with their bodies, a notion aptly captured in the slogan, “my body, my choice.” However, in the same reformist front there are also organizations and individuals that are not necessarily in favor of surrogacy but yet adopt a pragmatic approach towards a well-established market which is difficult to stop. “**The horse is out of the barn**” is a recurrent statement that synthesizes the pragmatist approach. They believe that regulation is necessary to reduce the risks for

intended parents, surrogates and children.³⁶ Some regulatory proposals are advanced with the aim of **discouraging the use of surrogacy**³⁷ and the spread of the market (restrictive approach) whilst others are shaped by the goal of enabling surrogacy for all.³⁸

The fundamental difference between those who advocate for the prohibition of surrogacy and those who believe that surrogacy should be regulated is that whilst the former looks at surrogacy as wrong and unethical per se, insofar as it abruptly and intentionally breaks the **maternal-foetal bond**,³⁹ reduces pregnancy to a technical and commercial process, exploits women’s reproductive capacity, and commodifies children, the latter aims to **prevent unethical practices** in the way surrogacy is performed while not regarding surrogacy itself as inherently unethical.

The need for **transparent information and enhanced awareness** about surrogacy’s procedures, risks, ethical implications and social consequences is a common concern in both the abolitionist and regulatory front.

The Approach of International Organizations to Surrogacy

The Model Law against Trafficking in Persons published by the United Nations Office on Drugs and Crime (**UNODC**) in 2013 suggested including the use of women as surrogate mothers as a form of **exploitation**.

The **European Parliament** in 2014 adopted a resolution that unequivocally “**condemns** the practice of surrogacy, which undermines the **human dignity** of the woman since her body and its reproductive functions are used as a commodity; considers that the practice

of gestational surrogacy which involves reproductive exploitation and **use of the human body** for financial or other gain, in particular in the case of vulnerable women in developing countries, shall be prohibited and treated as a matter of urgency in human rights instruments.”⁴⁰

According to the Center for Family and Human Rights (C-Fam),⁴¹ these two cases are outliers in the engagement of international organizations on the issue. GS is often approached in the UN system as a way for individuals and couples to fulfil their reproductive rights. As of now, **no UN body has promoted a total ban** on commercial or so-called altruistic surrogacy, nor have UN bodies pointed out the human rights violations that some human rights organizations claim result from GS contracts.

The UN Population Fund (UNFPA) has taken a highly ambivalent approach. While it does not have an official position on surrogacy, it has warned of the risks of exploitation for women even as it promotes access to artificial reproductive technologies as part of “sexual and reproductive health” policies wherever it is politically feasible, including by encouraging changes to laws surrounding surrogacy to make it easier for individuals and couples to obtain a child.⁴²

At the 37th session of the Human Rights Council, the **Special Rapporteur on the sale and sexual exploitation of children** Maud de Boer-Buquicchio presented the **first-ever thematic report on surrogacy and the sale of children** within the UN human rights system, concluding that commercial surrogacy “could be conducted in a way that does not constitute sale of children if it were clear that the surrogate mother was only being paid for gestational services and not for the transfer of the child.”⁴³ This can be achieved, according to the report, by fulfilling a bureaucratic protocol. By giving the surrogate mother the **status of mother at birth** and requiring a non-reimbursable payment for “**surrogacy services**” **before the birth**, the rapporteur argues, the surrogacy can be sanitized as a “a gratuitous act.” C-Fam observes that the Special Rapporteur’s last

report to the General Assembly on this topic in 2019⁴⁴ adopts an even more liberalizing approach that seems to make a positive judgment about surrogacy overall. It urges countries to ratify surrogacy agreements contracted abroad, it calls for homosexual couples to be allowed to contract children through surrogacy as an anti-discrimination human rights issue.⁴⁵ In a seeming contradiction, C-Fam observes, the same report also maintains that intending parents in surrogacy contracts should not be required to care for the children who are born from such arrangements.⁴⁶ The child’s right to know and be cared for by his or her parents, enshrined in the Convention on the Rights of the Child and other international human rights instruments, is interpreted in this report merely as a **right to “access origins”** on a birth-by-surrogacy certificate.

In the same year the **UNESCO International Bioethics Committee** released a report on assisted reproductive technologies and parenthood which underlines problematic aspects of surrogacy and also risks for women in developing countries. For some members of the Committee, surrogacy should be rejected on the grounds of risk of exploitation of the surrogate mothers, the best interest of the child, and the danger for the central position of the family as an institution. “The main argument for this position is that the lack of international legislation and adequate protection of commercial surrogates opens the door to **violations of surrogates’ rights**. And furthermore, that surrogacy is incompatible with protection and **respect of human dignity** of surrogates,” the report states. Other members of the committee argued that **altruistic surrogacy under special conditions** can be accepted, and a third group of members believe that “altruistic surrogacy could be acceptable in some specific cases, but doubts whether the conditions required can be met in reality.”⁴⁷

How all this squares with Article 7 of the Convention on the Rights of the Child (CRC), which states that governments must protect “as far as possible, the right to know and be cared

for by his or her parents,” is still a question.⁴⁸ Basic principles of legal interpretation require human rights to be interpreted as broadly as possible, and oblige states to restrict human rights as little as possible and only for valid reasons.⁴⁹ To narrow the right to know and be cared for by one’s parents to a mere bureaucratic fulfillment of “access to origins” encourages a tokenistic approach to human rights which may run counter to basic principles of international law, C-Fam observes.

The organizations who collaborated in the preparation of this report, the Center for Family and Human Rights (C-Fam), an organization in consultative status with the United Nations Economic and Social Council, and Steadfast, believe all forms of surrogacy violate human rights, and call on nations to outlaw surrogacy to safeguard the fundamental human rights of both women and children. Interim measures like informed consent laws to warn women of health risks and follow-up requirements on actors within the surrogacy industry to track the physical and mental health effects of surrogacy on women and children may help inform the public. However, the organizations believe such measures ultimately fail to protect the fundamental human right of children to know and be cared for by their mother and father, and they fail to remove the power imbalances in the relations between economically disadvantaged women, wealthy intending parents, and profit-seeking surrogacy agencies.

Health Risks and Other Negative Consequences for Women and Children

Surrogacy is being used by infertile individuals and couples, women who experience

complications in conceiving and gestating a child, as well as by same-sex couples, as a means to achieve their **desire for parenthood**. Surrogacy is also being used by women with economic needs as a means to **earn money** for themselves and their families. Women who become prey to the surrogacy industry may need money for the education of their children, to finance a house, or start a small business.

However, as a means used to achieve parenthood and economic improvement, surrogacy has **high costs and risks** for the life of **women and children**.

- » Gestational surrogacy contracts warn surrogates of **medical risks, including death**, which might result from the administration of medication, embryo transfers, pregnancy complication and childbirth.⁵⁰
- » Gestational surrogacy implies higher medical risks than a natural pregnancy and delivery. Gestational surrogacy normally involves procedures such as in-vitro fertilization, the implantation of embryos with different DNA than the DNA of the surrogate, pharmacological treatments for egg “donors” and carriers, multi-embryo implantation, selective abortion, and delivery through C-section. The egg provider, especially if treated multiple times, is at risk of ovarian hyperstimulation syndrome, which might result in infertility problems.⁵¹ Medical literature abundantly shows the higher risks of complications from these procedures, including risk of miscarriages, stillbirths, gestational diabetes, pre-eclampsia, placenta previa, foetal growth restriction, low birth weight, premature birth, structural congenital anomalies (e.g. of the male urogenital system, gastrointestinal and musculoskeletal systems), hypertension and cardiovascular problems, brain damage and intracranial pressure, delay in bone growth, as well as the possibility for

the child to develop neoplasms and cancer, particularly leukaemia and liver tumours.⁵²

- » Access to **post-natal care** and health services in case of complications after delivery (which corresponds to the end of the contract) is often unaffordable or simply unavailable for women in developing countries.⁵³ C-section delivery is more dangerous than vaginal birth and requires that the woman's future deliveries receive appropriate medical care. Poor data-keeping practices in many developing countries also mean that much of the suffering from complications experienced by women and children will be invisible and cannot be accounted for. As a result, women and children are unlikely to be compensated for complications from the practices of the surrogacy industry.
- » During pregnancy, **selective reduction of implanted embryos** might be required by the intended parent, according to the number of children they actually wish to obtain. Also, they might opt for the abortion of babies with diseases. Usually, the surrogate has little or no say in this decision, despite the fact that the child is growing in her body.⁵⁴ This challenges the assumption that surrogacy represents an expression of women's autonomy and women's reproductive freedom.
- » Surrogates frequently do not have the means to access legal services in the case of a **legal controversy** or challenge with the intended parent, clinics, or agencies. This increases the power imbalance in the surrogacy relation and therefore the surrogate's risk of being exploited.⁵⁵
- » In pregnancy and early childhood, the environmental influence on the epigenome can have consequences on the **child's health**, and factors such as stress, mood or diet can cause epigenetic changes during foetal development. **Anxiety, stress**, and thus high level of cortisol in the woman's body, might increase the risk of

psychopathologies in the child.⁵⁶

- » The child's ability to relate to other people and space starts in the uterus through a bi-directional biological, physiologic and sensory exchange with the gestational mother. The sudden removal of all points of reference acquired in the womb (e.g. external voices, heartbeat and breathing) causes a fracture in the process of attachment and learning. The absence of a **gestational connection to the mother** may be more problematic for children than the absence of a genetic link: indeed, children born from surrogacy show higher levels of adjustment difficulties at age 7 than children conceived by gamete donation.⁵⁷
- » During the different phases of pregnancy, as well as during and after birth, the woman experiences changes in her **emotional status**, which are accompanied by neuroendocrinological changes. Oxytocin is released in higher quantity for the production of milk and for the establishment of the bond between 'mother' and foetus. The sudden **interruption of this bond** might explain why surrogates are at higher risk of post-partum depression. **Skin-to-skin** contact after birth improves the child's heartbeat and breath, helping him to cry less and sleep well.⁵⁸
- » Breastfeeding, which in surrogacy is prevented, along with skin-to-skin contact, has the function of maintaining the maternal-foetal bond established during pregnancy, helps the woman to recover from giving birth, increases the infant's immune system, provides protection against infection, helps digestion and absorption of nutrients, and helps to protect the child from lung, intestinal and tumour diseases in the years to come.⁵⁹
- » Following a successful delivery, children have been **abandoned** by the surrogate, the intended parents, or both because they were born with a disease, because during the pregnancy the couple split up, or

because, due to mistakes in the assembly of gametes, children were delivered to the wrong couple.⁶⁰

- » When surrogacy contracts are not recognised in the countries of origin of the intended parents or in case of discrepancies in the birth certificates, “surro-babies” fall into years of **legal limbo** with uncertain parental status and citizenship.⁶¹

How Development Cooperation Can Make a Difference

Aspiring surrogates are often given partial and inaccurate, and sometimes misleading, explanations about the medical process, contractual obligations, and expectations in surrogacy arrangements.⁶² They might **not have access to accurate, independent, and balanced information** about their legal rights, possible incidents that might arise, and health risks they face.

Women in impoverished and precarious situations may be attracted by the opportunity to **earn amounts of money** that would be unimaginable in any kind of employment for them. They are also encouraged to become surrogates by the rhetoric of **solidarity and gift** towards couples that cannot have babies, of divinized motherhood (e.g. surrogates enable God’s will and help to make a miracle), as well as narratives that build on the natural female attitude to altruism and maternity and that dip into **mothers’ sense of guilt** for not being able to feed their children.⁶³ Surrogacy is also presented as an opportunity of female **empowerment** and emancipation, as an expression of women’s autonomy, body ownership and reproductive choice.⁶⁴

Initiatives in development cooperation, including the women’s rights and health education sectors, have an important role to play in educating women with accurate information about their human rights and the rights of the child, enhancing **decision-making capabilities** of vulnerable women who are **targets of surrogacy recruitment**. To make informed choices they need to **access scientific information** about medical, psychological and legal risks they would face by becoming surrogates, and they need to **reflect** on significance and implications of the practice for their lives and those of their children, as well as for their families and communities. Awareness-raising and educational initiatives need to be crafted according to local context (e.g. religious beliefs, gender roles, the configuration of the surrogacy industry, etc.).

The followings are crucial concepts women must be made aware of:

- » **Surrogacy exposes the surrogate mother’s life to health risks:** scientific literature on medical risks as those mentioned above needs to be conveyed in a simple manner along with stories of surrogates whose health has been affected or have even died.⁶⁵
- » **Things might not go as smoothly as imagined and all reasonably foreseeable scenarios have to be accounted for:** it might happen that foetal development scans reveal a disability and the intended parents decide to abort the child and, depending on the laws of the country or countries involved, a surrogate may not be able to oppose their decision. It may also happen that intended parents do not pick up the children and the surrogate mother might not be in the position to take care of them.

- » **Surrogate's responsibility towards the child:** a surrogate gives birth to a child that has no legal relation or claim to her, and vice-versa. The child is deprived of his right to know and be cared by her. She, in turn, cannot interfere with the child's education and upbringing, and she cannot change her mind even if she disapproves of the intended parents' lifestyle or finds out they might put the child's wellbeing at risk.
- » **Surrogate's attachment to the foetus:** for emotional and biochemical reasons, any woman is going to bond with the child growing inside of her during pregnancy. Surrogates apply strategies to detach from the foetus while doing their best to grow a healthy child.⁶⁶ However, it is common for women to feel alienated when at birth they relinquish the child they gestated.⁶⁷ The surrogate may have expectations of remaining in contact and even developing a close relationship with the commissioning family. But she needs to be aware that this is not common practice and it is likely that as the child grows up, she will know nothing about him and his life and will have no say about it.
- » **Surrogacy is still largely a social experiment that may be banned for violating the human rights of women and children.** Given the growing condemnations of surrogacy from some governments, parts of civil society, and some international organizations, it is important for women to be aware of just how precarious surrogacy is normatively. Women must be made

aware that surrogacy is a relatively new practice historically, and that it puts a strain on and challenges the normative framework on protection of the family and the rights of the child in international human rights law.

Given the aggressive expansion of surrogacy markets in new countries, in order to promptly intercept rapidly emerging needs for information for women, it is important to identify where the surrogacy industry is making new inroads. To do this, the following should be monitored across countries:

- » Messaging advertising new revenue opportunities for women through unclear activities
- » Baby-farms or other facilities that ostensibly help address fertility issues
- » Organized crime engaged in trafficking of women and children
- » Agencies and other companies that offer surrogacy services
- » Messages that promote activities related to surrogacy (e.g. in-vitro-fertilization and egg and sperm donation)
- » Positive messages about surrogacy conveyed through civil society organizations and media
- » Communications about "adoptions for all" and the "right to have a child" or that encourage couples and individuals to solve their problems with sterility or infertility

The following measures can be applied to help raise awareness on alternative ways to achieve the goals of becoming a parent and finding new sources of income without recourse to surrogacy:

- » Generate social acceptance of **adoption** as a way of becoming a parent, both through information campaigns and subsidies, where feasible.
- » Launch law enforcement initiatives to combat the diffusion of various forms of **child abandonment** and child **trafficking**.
- » Adopt fiscal laws and economic policies that encourage and incentivize **female entrepreneurship** (also through women's groups and community-based economic initiatives) to encourage women to aspire to and achieve higher earnings and upward social mobility.
- » Promote **values-centred economic** laws and policies that put the respect for human dignity at the centre of economic life to fight consumerist notions that everything can be a **commodity** (including human body parts and human tissue such as hair, eggs and sperm, breastmilk, organs, etc.).

There is a need to include the topic of surrogacy, in line with has been said above, in **guidelines** and projects on **women's health, women's rights, trafficking and sexual exploitation**.

Follow-up

The authors of this document are willing to be contacted for further explanations and for a close collaboration in the design of development project to raise awareness of vulnerable women on surrogacy's risks and implications for their lives and their communities.

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Endnotes

- 1 This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 792464
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