



Acta Medicinae et Sociologica
(2023)
Vol. 14 No. 36 (178-196)

UNIVERSITY OF
DEBRECEN
FACULTY OF
HEALTH SCIENCES

doi:
<https://doi.org/10.19055/ams.2023.05/31/8>

NYÍREGYHÁZA

A brief comprehensive overview of surrogacy

Adaranijo Temitope Emmanuel¹, Andrea Gabriella Sárváry²

¹ MSc Student, Faculty of Health Sciences, University of Debrecen, ORCID: 0000-0002-0674-4233

² Associate Professor, Faculty of Health Sciences, University of Debrecen, ORCID: 0000-0002-4097-7022

INFO

Adaranijo Temitope Emmanuel
tea97@mailbox.unideb.hu;
adaranijotemitope@gmail.com

Keywords

Surrogacy, In vitro-fertilization, Legal, Woman

ABSTRACT

Statistics situates infertility as a global health issue with about 48 million couples and 186 million individuals. The rate at which IVF and surrogacy arrangement have been engaged globally has raised alarm to scholars in medicine, sociology, law, social work, psychology, and religion among other fields. Improved methods and unarguable advantages of surrogacy particularly to couples in dire need of children has left even more questions unanswered. The focus of this research is placed on the interdisciplinary factors that influences the practice of surrogacy. Due to the paucity of data on the subject, a systematic review of relevant published articles dated until 2023 were engaged within survey design. This study argues that surrogacy is not welcomed in many societies, however, it is also clearly noted that it is currently practiced in several countries. Interdisciplinary collaboration has been situated within surrogacy practice, and the findings of this study is prominent for such.

Kulcsszavak

béranyaság, in vitro
megtermékenyítés, jogi,
nő

A statisztikák szerint a meddőség globális egészségügyi probléma, ami mintegy 48 millió párt és 186 millió egyént érint. A meddőségről és a béranyaságról szóló megállapodások globális elterjedésének üteme aggodalmat keltett több tudományos területen kutatók között, mint például az orvostudomány, a szociológia, a jog, a szociális munka, a pszichológia és a vallás területén. Azonban a kifejlesztett módszerek és a béranyaság vitathatatlan előnyei mellett, különösen azon párok esetében, akik nagyon szeretnének gyermeket, még több kérdést hagytak megválaszolatlanul. A kutatás fókuszában a béranyaság gyakorlatát befolyásoló interdiszciplináris tényezők állnak. A témával kapcsolatos kis számú adatok miatt a 2023-ig tartó releváns publikált cikkek szisztematikus áttekintését végeztük a felmérés tervezése során. Ez a tanulmány azzal érvel, hogy sok társadalomban nem szívesen fogadják el a béranyaságot, ugyanakkor világosan látszik, hogy jelenleg több országban is működik. Az interdiszciplináris együttműködés a béranyaság részévé vált, és ennek a vizsgálatnak az eredményei kiemelkedőek.

This study was created/prepared in the framework of/with the support of/on the basis of a lecture given in [TDK Conference, University of Debrecen].

Introduction

The global rise in the employment of invitro fertilization among other reproductive technologies have recorded significant rise in recent years, thus, surrogacy is increasingly becoming a global practice begging for global regulations, the implications hovering on international participants is drawing global attention to headline concerns such as but not limited to baby selling, commodification of the woman's body, surrogate and child welfare, invasion of the sacredness of the family, parenting, the rights of the surrogate versus the commissioning parents (Bromfield & Rotabi, 2014). The Hague conference on international laws reveals how complicated global surrogacy arrangement has become involving participants from often uneven countries with strict regulations, otherwise ban on the practice of surrogacy. Recognized participants in this case would be egg donors, sperm donors, surrogate mother, commissioning couples etc. in practice, surrogacy remains uncharted and highly controlled in the most part of Europe, and in Canada, New Zealand, Australia, and the United Kingdom (Hochschild, 2009; Rimm, 2009). To date, there has not been any clearly defined legislation for the express guidance or regulation for the global practice of surrogacy, regardless, the rate of its practice has risen exponentially making it a multi-billion-dollar industry in countries such as India since its legal recognition in 2002 (Hochschild, 2009

& Carney, 2010). While the lack of international regulations creates room for exploitative practice it is even more problematic and involving often an over stretched legal debate trying to determine the citizenship of the child (Henaghan, 2013).

Unarguably, surrogacy practice on a global scale has proven to be advantageous to both surrogate mothers and the commissioning parents, however, on the rise has been issues raised by human rights activists, and scholars arguing that surrogacy arrangements masks human-trafficking, prostitution, slavery and are calling for a worldwide ban on surrogacy (Damelio & Sorensen, 2008; Carney, 2010; Hochschild, 2009). Headline topics on the arguments against surrogacy are tied to three major themes: exploitation, commodification, and welfare in addition to legal loopholes credited to the absence of international legislation for the safe practice of surrogacy arrangement which have thus, given birth to such situations as stateless (citizenship) and/or parentless (Henaghan, 2013). On a largescale general assumption, the value for children cannot be overrated because without them, couples may never attain certain levels of fulfilment in their lifetime. They are appreciated and considered a heritage and precious gift from God (Amplified Holy Bible, 2015, Ps. 127:3) given to man via procreation and upon their arrival “usually by birth”, ceremonial events are organized to celebrate this arrival and lots of gifts are presented to the baby, parent and in honour of God for the new addition (Abiri, 2019). Affirmatively, within cultural context, social norms and values, the society echoes the belief that the family is not complete without the arrival of a baby/babies into the family, thus, the union of a couple is not guaranteed any level of protection because it is also believed that childbearing authenticates the position of a woman in the home or society while proving that the man is virile also.

Objectives of the study

The focus of this study is to survey literatures and report a single study that provides a comprehensive overview of surrogacy from different perspectives, thus, there are no hypothesis for this study. For the purpose of this study, the following specific objectives are discussed:

1. To define the concept of surrogacy.
2. To explore the sociocultural and psychological view on surrogacy.
3. To determine the health and legal perspective on surrogacy.
4. To ascertain the religious view on surrogacy.

The study into the subject of surrogacy has beyond contestable doubt met the justification that requires the attention of the social work profession. The social work discipline which has been described to train professionals who would help individuals, groups, and societies to manage any dysfunction and optimize social functioning, bridge the gap between social institutions and maximize community resources for maximum performance of any disadvantaged person or group. Given the complexity of the nature of surrogacy arrangement, it is only a profitable step toward ensuring that due process, ethics and legality are ensured in managing the practice without risking the life or wellbeing of any participant (Arvidsson et al, 2018).

Literature review

It is in the view of Patel, et al (2018) that the word ‘surrogate’ is a derivative from the Latin word ‘Subrogare’ which means to ‘substitute or appointed to act in the place of.’ It is emphasized more in the situation of a person who is assigned to deputize for another in certain roles, thus, a surrogate mother refers to a woman who accepts the responsibility of carrying a pregnancy with the predetermined intent of delivering the baby to another usually referred to as ‘intended or commissioning parent’. Surrogacy has proven to be over the years an important alternative to infertility consequent upon the advent of in-vitro fertilization (IVF) technology which has made the impossibility of pregnancy for women without uterus or such associated medical conditions a thing of the past through the use of their embryo or donor and transferred to the uterus of a gestational carrier. According to the website of the World Center of Baby, surrogacy arrangements in Cyprus, Mexico, Columbia, USA, Georgia and Ukraine (currently not available) they have a record 150 intended parents, 73 birth through surrogacy, 100% exit process success and 72% success rate for first embryo transfer (World Center of Baby, 2022).

According to Umeora et al, (2014) surrogacy is a situation where a third-party woman bears a pregnancy for the commissioning parents. By this definition, a surrogate mother is one who enters into a contract before pregnancy, to bear a child and relinquish all rights to and over the child to the

contracting individuals or parent upon delivery. Ajayi and Ajayi (2016) explained further that surrogacy is like renting out a womb to bear the child of another. It can be referred to as an arrangement where a woman agrees to bear and deliver a child for another who is unable or unwilling to do so herself. Banerjee and Basu (2009) cited in Alabi (2021) referred to surrogacy as a process involving a third-party woman of childbearing age carries a pregnancy for a commissioning parent with the intention of relinquishing the baby after birth, otherwise enforced by a contract agreement signed by the parties involved. The studies of Adedokun in 2018 identified the following categories of countries with prevailing arguments surrounding the acceptability of surrogacy: expressly prohibited surrogacy; permit and regulate only non-commercial surrogacy; all forms of surrogacy allowed; completely unregulated (Adedokun, 2018).

The literatures reviewed have a common point of agreement that suggests basically and only two types of surrogacies - gestational and traditional. The later which could also be referred to as genetic, partial, or straight is a product of the intended father's sperm artificially inseminated into the surrogate mother which makes her a genetic contributor and a genetic parent along with the intended father. The former, otherwise known as host or full surrogacy refers to the arrangement where an embryo or sperm from the intended parents or donor is transferred into the surrogate's uterus. In this situation the surrogate mother is only a host and shares no genetic connection with the child (Patel et al., 2018; Eme, 2022; Teman, 2008; Ifenna, 2022).

Sociocultural perspective of surrogacy

The practice of surrogacy has been one that has raised several social and cultural concerns within the system and for several societies. It has raised several questions about the coercion of women or where she is paid, the commodification of the woman's womb to which many societies have asserted as a 'taboo' or the exploitation of the woman evident in situations where there is a class difference between the parties to the surrogacy arrangement (Patel et al, 2018). The concept of wealth and power comes to bear when there are significant differentials between the surrogate mother and the intending couples. A more pressing matter is the right of the woman to make decisions over her own body and enter contracts regarding same, has informed societal opinion on the practice of surrogacy as a commercial venture. Womb

commodification is advantageous to the rich against the poor. As better expressed by Karl Marx, “people enter into contracts that are independent of their will” (Marx & Engels, 2008) thus, in this case, the rich exploit the poor women of their willingness.

The motherhood status of the women involved is questioned by the society. How can we differentiate the relationship between the social mother, gestational mother and the genetic mother? How is the relationship justified in the eyes of society and should this relationship be explained to the child born through surrogacy or is the social relationship of the child affected by the knowledge of the women involved in the surrogacy arrangement and the answer to the question of who is the mother?

Psychological perspective of surrogacy

Psychologists have explained that within the practice of surrogacy, the need for in-depth counseling cannot be over emphasized. Some of the many issues that must be discussed with the intending couple and the proposed surrogate mother are: alternative treatment options; counseling needs; cost of treatment; psychological risks and potential psychological risks to the child; practical difficulties; legal complexities associated with surrogacy; the option of adoption or life without a child; implications of treatment by IVF and surrogacy; possibility of multiple pregnancies; social implication, medical, social and psychological risks associated with surrogacy and the sense of bereavement while giving up the child to the intended couples (Patel et al, 2018). In an early study by Foster (1987) cited in Riggs and Due (2018) it was revealed that most surrogate mothers are faced with serious emotional risks after having to relinquish their child. These emotional problems are often likened to the feeling of bereavement, however, some other subsequent studies revealed that these emotional problems appear to lessen weeks after birth. It is possible that the emotional problem could follow the stages of grief as postulated by Elizabeth Kubler Ross and David Kessler in their book *On Grief and Grieving* (Holland & Neimeyer, 2010). Surrogacy as the last option for infertility, it presents a new complex series of relationships that impacts human psychology and requires a multidisciplinary/professional approach. The practice of surrogacy and its attendant company of relationships often is emotionally taxing for the parties involved and the child born through surrogacy. According to the Practice Committee of the American Society for

Reproductive Medicine (2012) the physician is expected to recommend psychosocial education, counseling and the consultative services of a mental health professional to all intended parents and the surrogate mother (Dillaway, 2008; Sylkina et al, 2019; Reznik & Yakushchenko, 2020).

The success of surrogacy lies in the balance of a quality relationship between the intended parents and the proposed surrogate mother (Patel et al, 2018). In contrast to the egg donor practice where only non-specific/non-identifying information of the donor is known, the surrogate mother and intended parent share a relationship that lasts through the period of the pregnancy or beyond. In furtherance to the analysis of the psychological branch of surrogacy, the scholarship of Teman (2008), presented a very compelling argument on surrogacy arrangement, analyzing the psychosocial views of surrogate mothers and intending parents from societal perspectives. The study revealed the concepts: “normal women” and “natural women bond with their children”. Such an amazing postulation suggested how society viewed women and the psycho-social assessment society had defined for women who engaged in surrogacy arrangement, particularly the surrogate mothers. Teman went further to posit that researchers on the topic of surrogacy more often than not within psycho-social analysis framed their research questions from a bias of culturally acceptable practices. These researchers go as far as constructing their research design to the end that the result will portray the surrogate mothers as deviant or a deficiency in psycho-social diagnosis. Researchers have tried to find the difference between “normal” women and surrogates because they assumed from gestational surrogacy that ‘how can a normal woman, give herself to another man, carry the baby within her until delivery and relinquish the baby to another woman’ this goes a long way to question the mother-child bond as argued for in the works of Sigmund Freud psychosexual stages of development and also raises the issue of adultery within various cultural context.

Unarguably, infertility has its attendant distress that impacts the psychology of persons involved. Thus, with particular reference to the United States of America and the United Kingdom where surrogacy arrangement could be considered to be at an advanced level of practice and popularly accepted, psychologists have been advised and instructed to counsel at an in-depth level both the proposed surrogate and the intended couple. To prepare both parties mentally before they engage in the surrogacy arrangement has been discovered to be of key importance to the success of the arrangement. The paucity of

research into the psychological state of surrogates have suggested that they could have adjusted well. In the same vein, more studies have revealed that the use of MMPI administered to small samples of surrogates revealed that the profiles of surrogates were unremarkable with little or no deviation from normal (Edelman, 2004).

Legal perspective of surrogacy

Globally, within the legal framework for surrogacy there is no universal practice. Different countries have domesticated different acceptable possibilities for the practice of surrogacy with their legal frameworks. However, there are a few areas of common interests across nations. It is important that upon the decision for a surrogacy arrangement, a contract must be drafted and signed by parties involved. Both parties must have had the contract read and interpreted by their legal representatives and upon clarified understanding, once the contract is signed by both parties, it becomes legally binding and the medical process can continue. Some of the documents required from the surrogate and intending couple are proof of identity (otherwise known as identity card), voter ID, academic certifications, birth certificate, marriage/divorce certificate (if married or divorced), death certificate (if widowed). Different countries across the globe have passed legislations that determines the legitimacy of surrogacy arrangements in their countries.

Health perspective of surrogacy

Health experts assert that the absence of uterus is an absolute indication for surrogacy, there could be several causes to the absence of a uterus, however, other significant physiological and structural abnormalities such as multiple fibroids, T-shaped and unicornuate uterus among others with failed fertility treatment may constitute indications for surrogacy. The fecundity of a woman does not go so much to say about her fertility; thus, all women are fecund but not all women are fertile. Women with characteristics of severe medical conditions which negates pregnancy are also indications for surrogacy (Patel et al, 2018). Surrogacy may therefore be considered as the last resort for couples with one or many indications of the inability to bear children and failed multiple fertility treatments. In the case of same-sex couple or single men/women the biological impossibility to bear a child result to the option of surrogacy.

The main medical conditions that may necessitate for the consideration of surrogacy arrangement are women who have suffered multiple abortions and repeated failed IVF treatments, congenital absence of the uterus and of the woman who have had hysterectomy for several reasons but may impact the functioning of the ovaries, some medical conditions which may be life threatening for women may also be clear indications for surrogacy (Ellenbogen, Feldberg & Lokshin, 2021). The first stage known as synchronization of cycle suggests fresh or frozen transfer, all subject to the availability of a gestational carrier. The availability of Assisted Reproductive Technology (ART) clinics with good embryological and freezing facilities have made surrogacy cycles more successful. In the case of a fresh surrogate transfer the use of contraceptive pills, progesterone pills or agonist injection for the flexibility of transfer dates between the surrogate and the intended mother. The surrogate started on estrogen pills from the 3rd day of her cycle until 10 days. Upon reaching 8mm, she is put on progesterone supplements for 3 or 5 days before the cleavage stage or blastocyst transfer.

Once a pregnancy is confirmed in the gestational carrier depending on the facility of the ART clinic, she either stays in the surrogate house or at her home. The concept of surrogate house has recently caught a lot of attention for various reasons. Surrogate house is a place where surrogate stays for her entire antenatal period till the date of delivery and all her medical and personal requirements are taken care of. The obstetrics care of surrogate is extensive due to the preciousness of the pregnancy. She stays under the supervision of 24 hours nursing staff along with dietician, physiotherapist, counselors, and gynecologist for her medical care. It is due to this care and available facilities that intended couples have taken up more liking towards the concept of surrogate house. Although staying at surrogate house is preferred practice these days, considering the other side of coin, it could be emotionally taxing for surrogate and her entire family as she must live away from her own child/children and family; however, during their stay at surrogate house, surrogate can go home for few weeks during pregnancy and her family members can also visit her at surrogate house. Staying at surrogate house should be optional and not compulsion for surrogate mother and she should be given a choice. Surrogates undergo obstetrics assessment every 20 days till the date of delivery, obstetrics scans at 6–8 weeks, anomaly scan at 11–13 weeks, anomaly scan and 3 – 4 days at 20–22 weeks, and growth scan at 28 weeks and 34–36 weeks. Any additional scan is subject to the obstetric need. The intended

couple is sent regular update regarding the surrogate's pregnancy in the form of her weight gain, vitals, fetal growth, and antenatal investigation reports and scans. Postdelivery, the surrogate is kept under observation for a minimum of 15 days before discharge (Patel, et al, 2018).

Religious perspective of surrogacy

The Oxford dictionary defines religion as “the belief in and worship of a superhuman controlling power, especially a personal God or gods”. While Merriam-Webster defines it as “a personal set or institutionalized system of religious attitudes, beliefs and practices”. It appears that the concept of religion has been a very controversial concept to define even some religious scholars, this applies to the understanding of the concept of surrogacy within religious parameters. In several instances, religious practices have been known to informed by documented practices which may include in and limited to rituals, sacrifices, festivals, sermons, trances, initiations, meditation, prayer, music, art, matrimony, funeral and many other aspects of the human culture (Adamu, 2020). According to Pew Research Center (2017) cited Yanagihara (2021) about 84% of the world’s population belong to one of the following 5 largest religious: Christianity, Islam, Hinduism, Buddhism or forms of folk religion. It is pertinent to recognize that religion spans across a wide variety of academic discipline including theology and social scientific study. Thus, this study looks at the religious undertone for the practice of surrogacy.

The complexity of surrogacy within religious context stems out of the fact that it alters the traditional form of procreation as should have been within the structured institution of family. Therefore, the complexities of surrogacy compel religious and social scholars to consider the new forms of procreation which have resulted in new family structures which otherwise would not have existed (Adamu, 2020). Deeping feet into religious tenets, surrogacy raises the loud question of whether it is right for man and science to interfere with the natural means of reproduction/procreation. “God is still the best way” was the argument of Jerry Falwell. The Catholic Church argues that techniques that entails the dissociation of husband and wife, by the intrusion of a person other than the couple is gravely immoral. That surrogacy is an attempt to go beyond the limits of reasonable dominion over nature (Kirkman, 2010 & Payne et al, 2020). Thus, the religious issue surroundings surrogacy is the question whether surrogacy is an alteration of God’s ordained course of nature?

Islam in the same vein as Christianity upholds similar religious views regarding their chastity and non-conformity to surrogacy. However, certain Jewish writers have argued in contrast and taken the opposite suggesting that people have the moral obligation to take necessary and reasonable steps for their reproductive health (Patel et al, 2018 & Adamu, 2020). This study therefore raises the question as to what constitutes reasonable steps or not? While many religious opponents argue and insist that outsourcing of pregnancy to a third party goes directly against divine arrangements for the course of nature, but that couples could consider other alternatives to establishing a family. Definitely, adoption is one option that unifies religious as an alternative to surrogacy. In contrast, many couples have difficulties reconciling the issue of not having a true biological connection with that child and makes surrogacy a viable option for them. Generally, the religious position of surrogacy gives a supporting hand only as regards to traditional surrogacy which was the only method in ancient time, however, with the development of the in-vitro fertilization and gestational surrogacy (Ellenbogen, Feldberg & Lokshin, 2021), the importance of these religious beliefs has been questioned.

Materials and methods

This section is expected to discuss the methodology that is utilized for this study and the potential limitations. The survey design is chosen for this study which emphasizes the objectivity and use of systematic review of articles and analysis secondary data from scientific publications found on Google scholar and PubMed. According to Abrams (2015) survey design is research which emphasizes the objectivity and use of systematic procedures to measure human behavior by using formal structured instrument for data collection. It helps the researcher to gain familiarity with the concept and study subject during which insight into the topic is gained (Ugal & Adaranijo, 2020). This method is considered to be relatively cheaper as compared to other research methods and designs. It may be time consuming, but it will provide objective facts about the topic under investigation with structural analysis and interpretation.

As a result of the paucity of data and scientific publications on the subject, the researcher expanded the search for publications with detailed discussions and analysis of the subject surrogacy, IVF and MAP in Africa, Europe and Non-European countries and taken into account were taken into account based on the significance on global matters. It is noted that journal publications reviewed for this study mentioned the topic an average of 86.91 times

discussing it in relations to its ethics and legality, reproductive technologies, health issues, psychological acceptance amongst other themes. Thus, only those sources that specifically reports matters relating to surrogacy were consulted paying attention to the legality of surrogacy in those countries. Where available, the links to official governmental publications and regulations for or against surrogacy and its legality. Concludingly, the systematic review of articles covers the themes of - psychology, sociology, religion, legal and health perspective of surrogacy globally from Google Scholar and “PubMed”. The keyword used for search was “surrogacy”, “Assisted reproductive technology”, “infertility”, in combination with “statistics”, “legality” and “regulations”. The study faced the limitation of time as it is a challenge to cover sufficiently all publications regarding the topic doubled with the fact that the researcher is also an active student.

Results

It goes without saying that the controversial nature of the subject across different countries of the world makes it important to first establish the legal basis for the practice of surrogacy. It is the presence of legislation or a regulatory framework that determines to what extent a phenomenon is accepted and can be practiced with or without restrictions. Studies have revealed that laws do not exist in moral vacuums and thus, we can deduce that the laws of a state may directly infer on what the moral stand of a state is on a certain subject and as such we discuss as seen in table 1 the legal status of surrogacy in selected countries across the world.

Table 1 summarizes the legal status of surrogacy arrangements in several selected countries. In Lithuania, surrogacy is illegal and no such agreement is enforceable by law. The article 11 of the law on Medically Assisted Procreation (September 14, 2016 No. XII-2608) renders all surrogacy arrangement invalid and not binding (Hague Conference on International Private Law, 2012). In Russia, there is only legality for gestational and commercial surrogacy but not certainly available to all adults seeking parenthood, and for those who seek it must meet all medically laid out requirements (Svitnev, 2010). The United Kingdom has considered altruistic surrogacy as legal while banning commercial surrogacy, this law allows to accept surrogacy applications from individuals/singles and homosexuals after meeting several conditions including genetic relation to the child (Surrogacy arrangement act, 1985 & Latham, 2020). After several legal battles between

the court and parliament, it was eventually passed into law that surrogacy is illegal in Portugal (Raposo, 2020). Czech Republic, Belgium and Netherlands do not currently have a targeted legislation for the regulation of surrogacy and as such, the altruistic form is common and considered legal, while only in Belgium it is commercially legal (Hague Conference on International Private Law, 2012). It is considered legal in Denmark as long as no form of assisted reproductive technique is employed (Fallesen, Emanuel & Wildeman, 2014). In Greece it is legal for intended heterosexual parents or single females after meeting the necessary medical requirements (Official Gazette of the Hellenic Republic, 2002). In countries such as Spain, Italy, Germany, and France the practice of surrogacy is banned (Montanari et al, 2017 & Carone et al, 2017).

Selected countries in America have been identified in this study also, in the United States of America Surrogacy is allowed in as many as 14 states with specific regulations and stricter legislations in 12 states while 3 states have banned the practice (Tsai et al, 2020). The only form of surrogacy with legal backing in Canada is the Altruistic form (Tores et al, 2019 & Smith et al, 2010). While there is no surrogacy legislation currently in Argentina (Tores et al, 2019 & Smith, 2010), Brazil allows for the altruistic form and bans the commercial practice which is also similar to the situation in Australia (Teman et al, 2018). The government of Israel have introduced “state-controlled surrogacy” requiring the direct approval of the state for every contract (Teman et al, 2018). In India and Thailand, surrogacy is only allowed for resident heterosexual couples. In the former, commercial surrogacy is not legal, while in the latter, it is reserved for opposite sex married couples (Riggs & Due, 2018). Interestingly, in Iran gestational surrogacy is practiced in Tehran and few other states but mainly as a treatment for infertility (Ellenbogen, Feldberg & Lokshin, 2021). The case in China is quite unique as it is illegal, yet widely spread and tolerated (Piersanti et al, 2021). Japan and Nigeria share similar scenarios because there are no legal legislations for the regulation or restriction of surrogacy practice in both nations, however, several civil organizations have campaigned against, discouraged and stigmatized against such. In the absence of standard procedural legislation for the guidance of the operation of surrogacy arrangements in Nigeria is not a direct nor clear definition for the disapproval of the practice of surrogacy, because it is legal does not mean it is also illegal, therefore, a huge gap for the questionable practice within legal, ethical and cultural and moral jurisdictions among others. The case in South

Africa differs because only altruistic surrogacy is allowed including for singles and same sex couples practice (Ogunwande & Ozuru, 2016).

Registered in-vitro fertilization centers in relation to surrogacy in Africa

The legality of surrogacy practice in the world creates a huge bane on the availability of statistics that actually reflect the current number of those who engaged in such arrangements. It is to this background that table 2 presents the number of self-registered IVF centers in African countries. IVF has been established as one of the major means to which surrogacy practice is carried out, thus, this data can be used to infer that there is a demand for Medically Assisted Reproduction (MAR) in Africa. Burkina Faso, Cameroon, Ethiopia, Namibia, Gabon, Mauritius, Tanzania and Zimbabwe are reported to have the least registered centers for IVF, while, Egypt, South Africa and Nigeria with the leading number of registered IVF centers. It could be inferred that MAR isn't such a welcomed practice in those countries with limited number of IVF centers, thus, we do not expect much reports on surrogacy from such territories. The absence of a regulatory framework and agency this raises the question of to whom/where shall these agencies report the number of surrogacy arrangements or cases from their organization?

Suggestions

It is indeed true that surrogacy arrangement may be advantageous to parties involved, however, this practice has left even more questions than answers. This paper presents a gap in sociological, psychological, medical, and legal discourse of surrogacy and the artificial reproductive technology on a large scale and calls for more education and sensitization. It is important that the legislative arm of all governments must propose bills for the regulation of surrogacy practice to be (or not) recognized and enforced.

For further studies, the researcher will recommend undertaking more in-depth study on the topic of surrogacy in individual countries to answer further research questions such as - what is the perceptual attitude of citizens to surrogacy? What is the level of acceptance of surrogacy by the citizens? What are the prospects and specific areas of engagement for the social work profession in the country within surrogacy arrangement? What are the moral, cultural, social, and religious risks the surrogate, intended parents and the new

child open to face in specific countries? These, among many others, are possible research questions for further investigations.

Summary

The findings of this study are summarized thus:

- The two types of surrogacy arrangements are partial/genetic or full/gestational and the major technology that supports the success of surrogacy is the in-vitro fertilization otherwise known as medical assisted reproduction technology.
- Surrogacy is a practice that has proven advantages to both commissioning couples and surrogate mothers, however, it doesn't come without its own attendant consequences. Thus, this practice is banned in many European countries, and only one or the other form of surrogacy is in practice in other parts of Europe, most of which emphasizes altruistic purposes. In Africa, there is largely an absence of such distinction.
- There is no general legal framework for the practice or guidance of any form of surrogacy that cuts across nations, therefore, making the practice not legal and not illegal – it is a grey area that requires intervention.
- The health perspective enjoins surrogacy arrangement as a treatment procedure for infertility and with the advancement in medicine and technology, a lot of risks can be avoided. Psychologically, there is a need for evaluation and counselling of both parties before entering any form of surrogacy arrangement. It is crystal clear that within religious and sociocultural parameters, surrogacy is not so much a welcomed practice.

References

1. Abiri, O. A. (2019). *An appraisal of legal and ethical issues in surrogacy arrangements in Nigeria*. Ile-Ife, Nigeria: Obafemi Awolowo University.
2. Abrams, P. (2015). The bad mother: stigma, abortion and surrogacy . *Journal of Law, Medicine & Ethics*, 179-191.
3. Adamu, C. O. (2020). Ethical issues in comercial gestational surrogacy. *Journal of Applied Philosophy*, 18(4), 88-117.
4. Adelakun, O. S. (2018). The concept of surrogacy in Nigeria: Issues, prospects and challenges. *African Human Rights Law Journal*, 18, 605-624. doi:10.17159/1996-2096/2018/v18n2a8
5. Ajayi, A. B. & Ajayi, V. D. (2016). Gestational surrogacy in Nigeria. In E. S. Sills (Ed.), *Handbook of Gestational Surrogacy* (pp. 212-216). Cambridge: Cambridge University press.
6. Alabi, O. J. (2021). Perception of surrogacy within the yoruba socio-cultural context of Ado-Ekiti, Nigeria. *F1000Research*, 9(103).
7. Amplified Holy Bible. (2015). U.S.A: The Lockman Foundation.
8. Arvidsson, A., Johnsdotter, S., Emmelin, M. & Essen, B. (2018). Guaging the interests of birth mother and child: a qualitative study of Swedish social workers' experiences of transnational gestational surrogacy. *European Journal of Social Work*, 21(1), 86-99. doi:10.1080/13691457.2016.1256869
9. Bromfield, N. F. & Rotabi, K. S. (2014). Global surrogacy, exploitation, human rights and international private law: a pragmatic stance and policy recommendations. *Glob Soc Welf*, 1, 123-135. doi:10.1007/s40609-014-0019-4
10. Carney, S. (2010). Cash on delivery: gestational dormitories. Routine C-sections. Quintuple embryo implants. Brave World? Nope surrogacy tourism. *Mother Jones*, 69-73. Retrieved from <http://www.motherjones.com/politics/2010/02/surrogacy-tourism-india-nayna-patel>.
11. Carone, N.; Baiocco, R. & Lingiardi, V. (2017). Italian gay fathers experiences of transnational surrogacy and their relationship with the surrogate pre and post birth. *Reprod. Biomed. Online*, 34, 181-190.

12. Damelio, J. & Sorensen, K. (2008). Enhancing autonomy in paid surrogacy. *Bioethics*, 5, 269-277.
13. Dillaway, H. E. (2008). Mothers for others: a race, class, and gender analysis of surrogacy. *International Journal of Sociology of the Family*, 34(2), 301-326.
14. Ellenbogen, A., Feldberg, D. & Lokshin, V. (2021). Surrogacy - a worldwide demand. Implementation and ethical considerations. *Gynecological and Reproductive Endocrinology and Metabolism*(2), 66-73.
15. Ross, E. K. & David, K. (2014) *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss*. Simon & Schuster, NY
16. Eme, M. (2022). *Nigeria: legal framework for surrogacy in Nigeria*. Retrieved January 04, 2023, from Mondaq: <https://www.mondaq.com/nigeria/family-law/1217952/legal-framework-for-surrogacy-in-nigeria#:~:text=While%20surrogacy%20is%20not%20expressly,framework%20regulating%20surrogacy%20in%20Nigeria>.
17. Fallesen, P.; Emanuel, N. & Wildeman, C. (2014). Cumulative risks of foster care placement for Danish children. *PLoS ONE*, 9.
18. Hague Conference on International Private Law. (2012). *A preliminary report on the issues arising from international surrogacy arrangements*. The Hague, Netherlands: Hague Permanent Bureau.
19. Henaghan, M. (2013). International surrogacy trends: How family law is coping. 7(3). Retrieved from <http://www.nla.gov.au/openpublish/index.php/aja/article/view/3188>
20. Hochschild, A. (2009). Childbirth at the global crossroads. *The American prospect*. Retrieved January 11, 2023, from <https://prospect.org/features/childbirth-global-crossroads/>
21. Holland, J. M. & Neimeyer, R. A. (2010). An examination of stage theory of grief among individuals bereaved by natural and violent causes: a meaning oriented contribution. *Omega: Journal of Death and Dying*, 61, 103-120.
22. Ifenna, M. O. (2022). The legality and enforceability of surrogacy contracts in Nigeria. *LLB, Nnamdi Azikiwe University Awka*.
23. Kirkman, L. (2010). The good sense about surrogacy. *Viewpoint*, 2, 20-24.

24. Latham, S. R. (2020). The United Kingdom revisits its surrogacy law. *Hastings Cent. Rep.*, 50, 6-7.
25. Marx, K. & Engels, F. (2008). *The communist manifesto*. London: Pluto Press.
26. Montanari, V. G.; Zaami, S.; Bruti, V.; Signore, F. & Marinelli, E. (2017). How the legislation in medically assisted procreation has evolved in Italy. *Med. Law*, 36, 5 - 28.
27. Ogunwande, O. & Ozuru, G. (2016) Socio-legal issues of surrogacy in Nigeria: a quagmire. *AJLHR* 4(1), 40 - 52
28. Patel, N. H., Jadeja, Y. D., Bhadarka, H. K., Patel, M. N., Patel, N. H. & Sodagar, N. R. (2018). Insight into different aspects of surrogacy practices. *Journal of Human Reproductive Sciences*, 11(3), 212-218. doi:10.4103/jhrs.JHRS_138_17
29. Raposo, V. L. (2020). Rise and fall of surrogacy arrangements in Portugal (in the aftermath of decision n. 465/2019 of the Portuguese Constitutional Court). *Biolaw J. Riv. Biodorotto*, 1, 339-353.
30. Reznik, O. M. & Yakushchenko, M. Y. (2020). Legal considerations surrounding surrogacy in Ukraine. *Wiadomosci Lekarskie*, LXXIII(5). doi:10.36740/WLek202005139
31. Riggs, D. W. & Due, C. (2018). *A critical approach to surrogacy: reproductive desires and demands*. New York : Routledge Taylor & Francis Group, pp73-96.
32. Rimm, J. (2009). Booming baby business: regulating commercial surrogacy in India. *University of Pennsylvania Journal of International Law*, 30(4), 1429.
33. Smith, E.; Behrmann, J.; Martin, C. & Williams-Jones, B. (2010). Reproductive tourism in Argentina: clinic accreditation and its implications for consumers, health professionals and policy makers. *Dev. World Bioeth*, 10, 59-69.
34. Svitnev, K. (2010). Legal regulation of assisted reproduction treatment in Russia. *Reprod. Biomed. Online*, 20, 892-894.

35. Sylkina, S. M., Mynbatyrova, N. K., Umbetbayeva, Z. B., Shulanbekova, G. K. & Baitukayeva, D. U. (2019). Surrogacy: an international comparative analysis of the fundamental legislative principles of Ukraine. *SAGE Medicine, Science and the Law*, 60(1), 37-44. doi: 10.1177/0025802419884417
36. Teman, E. & Berend, Z. (2018). Surrogate non-motherhood: Israeli and US surrogates speak about kinship and parenthood. *Anthropol. Med.*, 25, 296-310.
37. Teman, E. (2008). The social construction of surrogacy research: an anthropological critique of the psychosocial scholarship on surrogate motherhood. *Elsevier Social Science & Medicine* , 1104-1112.
38. Tsai, S.; Shaia, K.; Woodward, J.T.; Sun, M.Y. & Muasher, S.J. (2020). Surrogacy laws in the United States. *Obstet. Gynecol.*, 135, 717-722.
39. Ugal, D. B., Adaranijo, E. T. (2020) A descriptive survey of patient's knowledge and reactions to medical errors in hospitals in Lafia LGA, Nasarawa State, Nigeria. Retrieved from:
https://www.researchgate.net/publication/346462667_A_descriptive_survey_of_patient's_knowledge_and_reactions_to_medical_errors_in_hospitals_in_Lafia_LGA_Nasarawa_State_Nigeria in 2023, April 20
40. Umeora, O. U., Umeora, M., Echiegu, N. E. & Chukwunke, F. (2014). Surrogacy in Nigeria: Legal, ethical, socio cultural, psychological and religious musings. *African Journal of Medical and health Sciences*, 13(2).
41. World Center of Baby. (2022). *World Center of Baby*. Retrieved from Creating families with care: <https://www.worldcenterofbaby.net/> in 2022, January 21
42. Yanagihara, Y. (2021). The practice of surrogacy as a phenomenon of 'bare life': an analysis of the Japanese case applying Agamben's theory. *Current Sociology Monograph I*, 69(2), 231-248. doi:org/10.1177/0011392120964893