

How to make the Surrogacy Bill more inclusive?

PARLEY

The government need not restrict the surrogacy option to married couples only

The Surrogacy (Regulation) Bill was introduced in the Lok Sabha earlier this month with the intent of facilitating altruistic surrogacy in the country. The Bill stipulates that a surrogate mother has to be a 'close relative' of the intending couple. The government claims that regulating surrogacy will put an end to rampant commercialisation of the practice. But in the process, it has left a lot of women from underprivileged backgrounds who lend their wombs worse off. In a conversation moderated by Ramya Kannan, gynaecologist Dr. Kakoli Ghosh Dastidar (KGD) and author Gita Aravamudan (GA) look at the Bill's shortcomings.

How will the Bill impact surrogacy in the country? Will it increase or decrease the chances for people to choose from the many reproduction options?

KGD: I would like to mention that I have spoken to Union Health Minister Harsh Vardhan. I have also, in fact, written to him that it looks like we are putting the cart before the horse. For surrogacy to happen, we need embryos, and embryos are cultured in various In-Vitro Fertilisation (IVF) laboratories. So, before speaking of surrogacy, we should have brought in the Assisted Reproductive Technology (ART) Bill, which has been lying in cold storage for years now. We should have formulated rules and regulations for ART because there is a mention of 'donor eggs' in the Surrogacy Bill; and it is the donor eggs that are used for the IVF procedures. Second, the Bill specifies that the intending couples should be married Indian couples. There is no mention of Non-Resident Indians working or studying abroad who may want to come back home to have a baby. As far as the other provisions go, they are mostly okay, but we need to be able to debate the Bill at length.

Are there any problems with the Bill?

GA: There are a lot of problems. First, as Dr. Kakoli said, we are put-

ting the cart before the horse because there is a whole process involved, and surrogacy is only the ultimate end of it. There are many other points in the Bill that are very problematic. First, it leaves out a lot of people in case they want to have a baby through IVF, including unmarried couples who want to have a baby through surrogacy, gay couples and single men and women.

Also, the Bill allows only altruistic surrogacy; this provision is very problematic as far as I'm concerned. I spent two years with surrogate mothers, clinics and intending couples; what I found is that the people who are lending their wombs in order to bear children for somebody else – they are doing a job which is very creditable because they want to help somebody, but it doesn't mean that they should put their life on hold for it, or that they should not be paid for it.

Altruistic surrogacy has, in fact, failed in other countries, and has resulted in various other forms of assistance being given, though money may not be paid. If we are going to rely on relatives alone, many may not come forward. Surrogacy should be declared as a kind of profession – the person providing a womb must have a contract, must be paid properly and get insurance and proper medical checks.

Both of you sound quite agitated at the exclusion of certain groups of people.

KGD: I would like to mention here that our group, led by my husband, Dr. Sudarshan Ghosh Dastidar, was the first in the country, possibly globally too, to help a single-male parent have a baby through IVF surrogacy in 2005.

We have been working on IVF since 1986-87, so we have had so many experiences of dealing with people who seek surrogacy. Thus, I strongly speak in favour of transgenders and same-sex couples. I think they should have been included in this Bill.

But as far as the experience of surrogate mothers is concerned, some women had been exploited so much that the government was



A foreigner couple with their child, which was born through surrogacy, in Hyderabad in 2013. •P.V. SIVAKUMAR

forced to bring this proposal. The mothers were not being given good food or medical treatment and post-partum care was non-existent.

While in my own experience, I have always dealt with close relatives who came forward as surrogates, I am all for including other groups of people too in the Bill, if couples are unable to, or cannot bear children due to medical reasons. However, I'm strictly against 'fashion surrogacy', where women who feel their figure would be disturbed if they carry a baby opt for surrogacy.

GA: In the case of LGBTQI couples and single parents, when medical facilities are available, surrogacy should be allowed, because otherwise how will they have a baby? They will need the womb of a surrogate. Living in has become acceptable now, and live-in couples should also be allowed to have surrogate babies. All these archaic rules, I think, should be shed from the Bill.

Surrogate mothers have indeed been exploited, because there is no process to monitor the clinics or any law to ensure that the mothers are not defrauded by the clinics or the intending couples. The question is, will this Bill manage to ensure a fair and just process?

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GA: So, I agree with Dr. Kakoli that there are certain places where surrogates were thoroughly exploited and it was the agents, the middlemen, who did that. However, instead of removing the means of livelihood from them, you should have a contract that all surrogates and the commissioning parents have to sign.

The contract should include details of the payment to be made, specify insurance coverage, and give an assurance that the mothers will be treated properly even in the post-partum stage. I have come across a couple of surrogate homes in Gujarat, in Bengaluru and Hyderabad, where the surrogates are actually treated very well.

Surrogates are actually not very attached to the babies they are carrying in their wombs, because it is a means for them to get a livelihood. If the government can only ensure that everything is done legally, we don't need this kind of a Bill that is so non-inclusive and superficial, in the sense it doesn't delve deep into the problems.

So, it seems logical that ART is the key to surrogacy. Is it possible that the ART Bill will be fast-tracked now?

KGD: We are trying to solve the problems by talking, and we are going to discuss this next week. Only at the end of the discussion will we be able to see how many amendments the government has accepted.

If you have a surrogate pregnancy, it should be preceded by an IVF. That is why IVF should be discussed first. IVF clinics have mushroomed all across the country, and malpractices are happening, for instance, in dichotomy or seed-splitting. There are also advertisements where celebrities falsely claim to provide a 100% success rate, whereas the internationally acceptable rate for women is about 35%, and it can never be more than 40%.

We do have, in certain age groups, a 70% success rate; but it might be just 30% for the next age group, so the cumulative rate comes to 35%-40%. But these IVF units are claiming a 100% success, so more patients are going to them. Costs are also going up. While an IVF procedure earlier used to cost less than ₹1 lakh, it now costs ₹4 lakh-₹5 lakh. So, the ART Bill should be tabled before the Surrogacy Bill.

GA: The ART Bill has been in cold storage. But the Surrogacy Bill, which deals with the end of the process, is being touted as very important. It is not. What is important is to take note of the fact that malpractices are taking place in these IVF laboratories, to the extent that somebody else's embryo can be put into you saying that it is yours. These fly-by-night operators have to be regulated. ART Bill has to be taken up again, and discussed first, after being tabled in Parliament, and passed. Otherwise, are going to have a very messy situation.

Have all points of view been represented in the Bill? Did a consultative process precede the introduction of the Surrogacy Bill?

KGD: When the ART Bill was drafted in the late 1990s, an expert committee was constituted by the Indian Council for Medical Research. It held public debates in all four

parts of the country and we involved the public. We put out advertisements in newspapers and asked the public to speak out. Only after this, did the ART Bill come about. Even for surrogacy, the public should have its say, because this is a democracy.

Couples with infertility problems, transgender people, single women, divorced women, and widows should be involved in the public debate and only then should the Bill be brought in.

GA: Exactly! I agree with you on that. The Constitution gives a woman the right to reproduce, or not to reproduce, as she wishes, and she has the right to privacy when she makes her reproductive choices. So, this has to be incorporated into the Bill – If I have a right to reproduce, that means I can hire a surrogate, I can go in for IVF whether I'm a transgender, a lesbian or a divorcee, I have this right as I wish. A woman who has lent her womb also has these rights.

Any closing remarks?

GA: We need a law, but passing the Surrogacy Bill without looking at the whole process – I think this means we are heading for disaster.

The whole Bill has been drafted without taking into consideration the many physical and emotional factors at stake. Meanwhile, there are many people who don't know whether or not they can hire a surrogate. There are people who have already hired surrogates. What will happen to their baby? There is a lot of doubt in these areas now.

When the government banned surrogacy for foreigners, some foreigners who were here earlier had already put some embryos in deep freeze thinking that they would come back and have another baby through the viable embryos. Following the ban, they asked for the embryos to be returned. They had gone through a lot to produce a life form, but the government said there can be no export and import of embryos any more. So what will happen to those embryos? You cannot put everything in jeopardy at the last moment, and then say 'let me think about it and get back to you after a year'. This is a very complicated issue.

Making national legislatures more gender-balanced

Quotas can ensure more number of women MPs

ARCHANA DATTA
The Global Gender Gap report for 2018 said that the widest gender disparity is in the field of political empowerment. To cite the Inter-Parliamentary Union 2018 report, women legislators account for barely 24% of all MPs across the world.

However, the experience of the top-ranked countries in the IPU list does give an indication of how women's presence in political spaces took an upward turn in those nations.

Rwanda, a landlocked nation with a population of 11.2 million, tops the list, with 61.3% seats in the Lower House and 38.5% in the Upper House occupied by women. Since 2003, the country has implemented a legislated quota of 30% in all elected positions, which has enabled a steady inflow of women parliamentarians after successive elections. Its Constitution has also set a quota of 30% in all elected offices. However, some believe that the higher representation of women in the country cannot be attributed solely to quotas – women were thrust into the political limelight due to the huge vacuum that emerged in the aftermath of the 1994 genocide, which resulted in a large chunk of the country's male population getting killed.

Leader in the Caribbean

Cuba, the largest Caribbean island nation with a population of about 11.1 million, holds the second rank, with 53.2% seats of its 605-member single House being occupied by women representatives. The Communist dispensation in Cuba did not opt for legislated gender quotas, but does follow a practice akin to voluntary quota systems. However, Cuban women are less represented at the local level, where candidates are selected by the local communities that often overlook women candidates.

Sweden, the fifth-rank holder in the IPU, has a professedly feminist government and has maintained a women's parliamentary representation of at least 40% since 90s. The

349-member single House, Swedish Parliament, now has 161 women with 46.1% representation. Sweden does not have any constitutional clause or electoral law earmarking representation for women in elected bodies. The issue of compulsory gender quota didn't find favour in Sweden as it was believed that such a quota will create reverse discrimination and violate the principles of equal opportunities. Almost all political parties there have adopted measures to ensure a fair representation for women at all levels. In 1993, the Social Democratic Party adopted the 'zipper system', described as "a gender quota system whereby women and men are placed alternately on all party lists." This further boosted women's seat share.

Nepal's example

Closer home, Nepal occupies the 36th position in the IPU and its 275-member Lower House has 90 women, about 32.7% of the total strength. The Nepal Constitution stole a march over many others in the South Asia by earmarking 33% seats for women in all state institutions, including the

legislature.

India, at 149 among the 192 countries in the IPU list, had barely 11.8% women's representation in the 16th Lok Sabha, which improved to 14.5% in the current Lower House. At least seven out of the 29 States have not sent a single woman MP. The 108th Constitutional Amendment Bill stipulating 33% quota for women in the Parliament and in State Assemblies remains in political cold storage. The system of voluntary party quotas, which has worked well in many countries, is not likely to cut much ice in India's deeply embedded patriarchal society. As has happened in the case of panchayats and municipalities, only a legally mandated quota could perhaps ensure a large-scale entry of Indian women into the higher echelons of political power.

The writer is a former Indian Information Service Officer and media educationist



NOTEBOOK

The dramatic ambulance ride that wasn't

How an idea for a 'perfect Mumbai feature story' failed to materialise

JAYANT SRIRAM

I try to plan my life around traffic but there was one instance when I was actually counting on it being busy. This was for what I imagined would be the 'perfect feature story'.

A couple of years ago, while working in Mumbai, I was commissioned to do a story about traffic jams. Classic big city reporting cliché yes, but this story had a twist. I would aim to do it while travelling in an ambulance as it navigated its way through traffic.

What I hoped to achieve was a kind of forensic analysis of how disorganised the Mumbai traffic might be, or if there was a sense of order behind the apparent chaos. I wanted to see if vehicles had the space to manoeuvre themselves out of the way when an ambulance needed to cut through and if there were systems in place, like traffic police stepping in, that could help ease the situa-

tion. I also wanted to observe what kind of skills an ambulance driver needed to display.

Armed with this 'perfect image' of what my story should be, I managed to get the help of a government hospital located in the centre of the city and began hanging out with the ambulance dispatch unit from early morning.

What followed, however, was a sobering contrast between the dramatic image in my mind and the reality. Between 7 a.m. and 2 p.m., the unit was dispatched about nine times to different places, and each time, I eagerly geared myself up to report.

It turned out however, that an ambulance is not dispatched only in times of emergency. There are numerous trips it takes just to cater to the basic logistics of running a hospital. For instance, a patient may have to be transferred from one building to another, or

equipment or food may have to be moved between facilities. Members of the ambulance unit were initially sceptical of my idea but, as the day wore on, were totally into the story.

Waiting for emergency

By mid afternoon, we were all in the amusing position of hoping for an emergency call. "It can happen any time," they said, though I suspect now that they just felt sorry for me as I sat quietly in a corner of the dispatch room, looking 'hopeful' every time the phone rang.

More trips between hospital facilities followed and, towards the evening, there was even a trip to transfer a patient to another hospital a few kilometres away, one that proved to be largely uneventful.

I didn't get my 'perfect feature story' but was left with this lingering sense of 'what if'. Traffic jams are so common in Mumbai that

anyone there can recall several instances when he may have heard an ambulance, sirens blaring, trying to cut through. I was so convinced that this would be a great story that I went back thrice to hang out with the same unit.

Members of the unit thought I was a bit crazy and assumed that I must have been particularly jobless to spend hours with them, just waiting. However, they never discouraged me though, predictably, I never got the perfect scenario of that dramatic ambulance ride through busy traffic I assumed was commonplace in Mumbai.

The experience gave me a vague guiding principle, especially when it comes to writing features or other long form stories – never have the perfect scene in mind beforehand and be prepared to write, with a clean slate, on what you see. And, of course, never count on the traffic.

The Hindu

FROM THE ARCHIVES

FIFTY YEARS AGO JULY 26, 1969

Apollo men in good shape

Back from the moon, but isolated from the world the Apollo 11 astronauts to-day [July 25] underwent their first physical examinations since their historic moon trip and showed no signs of having picked up germs on the lunar surface. Dr. William Carpenter of the National Aeronautics and Space Administration said Neil Armstrong, Edwin Aldrin and Michael Collins were in "very good shape", despite a minor inflammation in one of Armstrong's ears. The doctor said the men of Apollo 11 were in a better condition than the previous Apollo astronauts. After 11 hours of examination of the spacemen, Dr. Carpenter said Armstrong, Aldrin and Collins showed less deterioration in the condition of heart and blood vessels than other Apollo men have had. He was not sure why it was so. But he was sure that the inflammation in one of Armstrong's ears was not important. He said there may have been a build-up of fluid in the ear due to the pressures of re-entry and that the fluid was draining. The men will be under painstaking medical scrutiny for 21 days. Dr. Carpenter, has also been quarantined with the astronauts in the trailer-like facility aboard this recovery ship.

A HUNDRED YEARS AGO JULY 26, 1919

Birth of a Prince in Mysore.

A Mysore Government order says: The Government of His Highness the Maharaja desire that the auspicious event of the birth of a son to His Highness the Yuvaraja should be suitably celebrated and observed as a day of rejoicing throughout the State on the 29th, public holiday, in honour of the event, and flags should be flown and special thanksgiving services should be arranged to be held in principal temples and mosques. For this purpose a sum of Rs. 100 for the districts of Bangalore and Mysore including the two cities, and Rs. 50 each for other districts, will be placed at the disposal of the Deputy Commissioner through muzr department. All prisoners under sentence of one month and less will be released and all other prisoners will be given a month's remission for every year or fraction of a year of sentence they have yet to undergo provided their conduct in jail has been satisfactory. Prisoners sentenced to transportation for life who have only one year or less out of their sentences to serve in jail and whose conduct in jail has been uniformly good and civil prisoners who have been confined in jails and look up for a debt not exceeding Rs. 100 and who are through poverty unable to pay the same will also be released.