

‘25 degrees of separation’ versus the ‘ease of doing it closer to home’:

Motivations to offshore surrogacy arrangements amongst Australian citizens

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Abstract

At present, onshore commercial surrogacy is illegal in all Australian states and territories. By contrast, offshore commercial surrogacy is legal in all but one territory and two states. As a result, significant numbers of Australian citizens undertake travel each year to enter into commercial surrogacy arrangements. The present paper reports on findings derived from interview data collected with 21 Australian citizens who had children through an offshore commercial surrogacy arrangement, either in India or the United States. Framed by an understanding of the vulnerability that arises from the demand of reproductive citizenship, the analysis focuses specifically on whether or not the participants would have entered into an onshore commercial surrogacy arrangement had this been legal at the time. The findings suggest that for some participants, undertaking surrogacy ‘at a distance’ was perceived to be safer and provided a degree of privacy, whilst for other participants surrogacy closer to home would have removed some of the more challenging aspects of offshore arrangements. With these findings in mind, the paper concludes by considering Millbank’s (2014) suggestion that Australian states and territories should legalise onshore commercial surrogacy, and the barriers that may exist to the uptake of such potential legal change.

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Introduction

As this special issue of *Somatechnics* highlights, cross border travel motivated by the need or desire to access medical services is an increasing practice, and one that brings with it complex issues related to both the ethics and practice of such travel. In the case of travel motivated by a desire to access reproductive services – as is the focus of this paper – previous empirical research on the topic has consistently been concerned with four key areas, namely: 1) the action of cross border travel itself and how it is best described, 2) the experiences of those who undertake such travel, 3) the wider social forces that shape such travel, and 4) the experiences of those who are engaged in providing reproductive services (and specifically women who act as surrogates). The present paper is primarily focused upon the second and third concerns. Importantly, this is not intended to undermine the considerable ongoing importance of understanding the experiences of women who act as surrogates, and the factors that compel them to do so. Rather, the focus in this paper on those who undertake cross border travel and the social forces that motivate them to do so is intended to contribute to ongoing debates over how decision making about such travel is motivated by a complex set of desires, beliefs and perceptions that are arguably the product of particular (in this case white western) ways of thinking about kinship, citizenship, and what Boris and Parreñas (2010) refer to as ‘intimate labor’.

In order to provide a framework for examining a sample of interviews conducted with 21 white Australian citizens who had undertaken cross border travel to access reproductive services, the present paper begins by first overviewing terminological debates in regards to the four areas outlined above. This section concludes with a statement about the specific terms utilised in this paper, suggesting that more broadly these terms might be useful within the Australian context. The

paper then moves to outline the research project from which the interviews arose, and provides an overview of the theoretical framework adopted within the project.

Extracts from the interview data are then analysed, with a focus on what motivated some of the participants to undertake cross border travel, and whether or not the participants would still have undertaken such travel if they could have accessed commercial surrogacy services in Australia. The paper then concludes by arguing, following Millbank (2014), that onshore commercial surrogacy should be legalised in Australia, and that to facilitate this researchers must to continue to examine existing individual and institutional barriers to the legislating and uptake of onshore commercial surrogacy.

Terminological Debates

Arguably the greatest attention within terminological debates over cross border travel related to accessing reproductive services has been paid to describing the travel itself. As Inhorn and Patrizio (2012) note, such travel has alternately been described as a form of tourism (e.g., reproductive tourism, fertility tourism, procreative tourism), as travel (e.g., reproductive travel, fertility travel), or as they suggest to be the most common and neutral term, 'cross-border reproductive care'. In regards to the latter term, however, Inhorn and Patrizio (2009) question the accuracy of the term 'cross-border reproductive care', which evokes an image of patients travelling for treatment, which is not necessarily true of all those who travel. Consider, for example, a heterosexual couple, where the female partner has had a hysterectomy and the male partner produces viable sperm, and where both travel to engage surrogacy services. Which of these individuals is the patient? And if one or both of these individuals are positioned as the patient, what does this mean for the woman they may engage to act

as a surrogate – is she also a patient or is she a service provider?

In contrast to the focus on describing cross border travel, descriptors for those who undertake such travel are less frequently debated, though Inhorn and Patrizio (2009) note that the term ‘tourist’ to refer to those who undertake cross border travel may seriously overstate the ‘pleasure’ aspects of such travel. Beyond discussion of the appropriateness of the term ‘tourist’, those who undertake cross border travel are most typically referred to simply by the reasons for their travel (e.g., ‘people who undertake travel to access fertility services’). An exception to this is a term advocated for by Inhorn and Patrizio, namely ‘reproductive exile’. This term, they suggest, better captures the experiences of their participants, who reported feeling “‘forced” to leave their home countries to access safe, effective, affordable, and legal infertility care’ (2009: 905).

In regards to debates over the wider social forces that result in cross border travel to access reproductive services increasingly becoming perceived as viable and acceptable, a significant degree of attention has been paid to the differing social locations of both those who commission such services, and those who provide such services. Terms such as ‘neoliberal’ (Kroløkke and Pant 2012; Vora 2009), ‘neocolonial’ (e.g., Raywat, Green and van Beinum 2012), and ‘orientalist’ (Whittaker 2011) have been used to account for the ways in which certain countries and bodies are deemed appropriate sites for ‘service provision’, whilst other countries and bodies are situated as purchasers of such services.

Finally, there has been considerable ongoing debate about the role of women who act as surrogates, particularly in countries located outside the global north. This is a topic that will be returned to in the conclusion of the present paper, however in regards to terminology utilised in previous empirical research, women who act as

surrogates have alternately been referred to as ‘surrogate mothers’ (e.g., Rudrappa 2012), ‘mother-workers’ (Pande 2010), and ‘birth mothers’ (e.g., Millbank 2012). Some research has instead used a range of adjectives (such as ‘poor’, ‘Indian’, ‘Romanian’ and so forth) to refer to the specific circumstances and/or identities of individual groups of women (e.g., Kroløkke and Pant 2012; Lundin 2012). As can be seen, each of these terms brings with them specific presumptions about kinship and intimate labor.

In regards to the present paper, the following terms are utilised. To understand the social forces that lead some Australian citizens to undertake cross border travel to access reproductive services, the concept of ‘vulnerability’ is used to describe existing social norms (and specifically in regards to reproductivity and genetic relatedness) that potentially shape decision-making. ‘Reproductive travel’ is the term used to describe the cross border travel undertaken by some Australian citizens. This travel is reproductive both in the sense that it aims to ‘reproduce’ the parents in some way (typically through a genetic relationship to at least one of the parents), and also that it reproduces the very social forces that potentially lead to the travel (i.e., pronatalism and the drive towards genetic relatedness). Following Inhorn and Patrizio (2009), the term ‘reproductive exile’ is used to explore how the social forces referred to above (and expanded upon below) lead some Australian citizens to consider options for having children that are driven by a sense of exclusion and marginalisation within the Australian context. Finally, the paper utilises the phrase ‘women who act as surrogates’ to both position surrogacy as an action undertaken (rather than necessarily an identity), and relatedly to acknowledge that for some women who act as surrogates the identity category ‘mother’ may often not be salient in terms of carrying a child for another person(s).

Project Background

The research reported in this paper was shaped by an awareness of the growing use of offshore commercial surrogacy arrangements as entered into by Australian citizens.

As Millbank (2012) argues, early media and political commentaries on the phenomenon largely ignored empirical research on the topic from abroad. Whilst it is true that little empirical evidence was available from within Australia at the time the commentaries Millbank analysed took place, Millbank also notes that there was a considerable body of international research available, a field to which Australian research – including that reported here – has since contributed (see also Dempsey 2013; Murphy 2013; Tuazon-McCheyne 2010).

Following ethics approval from the author's institution, a flyer was circulated to members of *Surrogacy Australia* via the group's administrator. The flyer stated that the author was looking to interview people who had children through surrogacy arrangements in regards to their experiences and support needs. A total of 21 people responded to the flyer. Of these, five represented heterosexual couples, fifteen represented gay male couples, and one participant was a single gay man. Of the participants, five had undertaken surrogacy in the US and the remaining sixteen had undertaken surrogacy in India. Whilst at the time in Australia it was legally possible for citizens to enter into non-commercial surrogacy arrangements onshore, as Millbank (2011) notes, such arrangements were relatively rare given the considerable and restrictive legal requirements governing them. As such, the focus of the research was on those who had undertaken commercial surrogacy offshore. At present commercial surrogacy is not legal onshore in Australia, and three Australian states legislate against residents entering into offshore commercial surrogacy arrangements. At the time the interviews were conducted, the greatest numbers of people entering

into offshore commercial surrogacy arrangements were doing so in India, facilitated by its relative geographic proximity to Australia and the relatively lower cost as compared to the US. Since the data were collected, this has shifted as India has now closed its borders to gay men wishing to enter into commercial surrogacy arrangements.

The analysis presented in the following section specifically focuses on responses to a question about whether or not the participant would have entered into a commercial surrogacy arrangement onshore if that had been legally possible. Of the 21 interviewees, 58% indicated that they would have undertaken commercial surrogacy onshore if it were possible, and the remaining 42% indicated that they would still have preferred an offshore arrangement. A representative sample of extracts is included in the analysis below of each group, with pseudonyms used for all participants.

In terms of the theoretical framework as outlined briefly above, the work of Turner (2001) is central to the concept of ‘vulnerability’ utilised within this paper. Turner has argued for the concept of ‘reproductive citizenship’ as a way to explain the role of the state in promoting the ‘desirability of fertility and reproductivity as a foundation of social participation’ (197). In so doing, Turner emphasises how reproductivity has become a citizenship norm. It follows, then, that those citizens who fail to approximate this norm may perceive the legitimacy of their citizenship as compromised in the eyes of others (and indeed in their own eyes). Such a failure, it has been argued, produces for people living in countries such as Australia a vulnerability reflective of their perceived location outside the norm of reproductivity (Riggs in-press; Riggs & Due 2013).

Importantly, an argument for vulnerability in the face of a demand for reproductivity does not discount the ways in which access to the capacity to reproduce is differentiated, nor does it presume either that an equal value is accorded to all forms of reproduction nor that all people are interpolated by the demand to reproduce. Rather, it suggests that despite these variations, there is a vulnerability produced by the norm of reproductivity. Also importantly, and in the case of the participants interviewed for the present research, the framework of vulnerability does not attempt to explain away the considerable privilege held by this white, middle-class sample. Rather, it attempts to explain what potentially drove decisions about reproduction amongst this sample, and potentially the broader population of which they may be considered representative. In other words, if not being vulnerable – specifically by displaying agency and success in terms of reproductivity – is considered laudable, then it is understandable that the participants would pursue a means of having children.

As noted above, the drive to reproductivity is not one that exists in the abstract. Rather, in countries such as Australia, it is typically shaped not simply by heteronormativity (where the heterosexual nuclear family is the most valorised site in which reproductivity should occur), but also by the privileging of genetic relatedness. As Nelkin and Lindee (1995: 62) have noted: ‘there are, of course, many reasons to want a child and many social pressures encouraging reproduction. But in popular narratives, the drive to bear children is often equated with a drive to perpetuate DNA and a need for genetic continuity’. Thus as Becker and Natchigall (1992: 458) note: ‘the inability to biologically reproduce represents a failure to meet cultural norms’. Whilst authors, such as Nayak (2014: 19), have suggested that the increasing use of surrogacy marks the ‘delink[ing] of biology and reproduction’, it is instead perhaps

more accurate to suggest, following Strathern (1992), that the ways in which genetic relatedness is negotiated have shifted, not necessarily that its importance has been reduced. This is certainly evident in a survey conducted with the broader population of whom the sample included in this paper is representative. In this survey (Everingham 2014) it is documented that of the 217 Australian participants who had or were undertaking surrogacy arrangements offshore, 53% stated that they would not undertake another option (such as foster care, which in Australia can be long-term and is open to all people regardless of marital status or sexual orientation) because it did not provide a ‘biological link’.

What is at stake, then, when white Australian citizens undertake reproductive travel, is very much the pursuit of reproductivity (and specifically with regard to genetic relatedness) as a hallmark of citizenship – hence the utility of the term ‘reproductive travel’. Furthermore, and given the argument outlined above in terms of vulnerability arising from a failure to approximate the norm of reproductive citizenship, such travel is undertaken by those who perceive themselves to be reproductive exiles – as those who firstly have failed to approximate a reproductive norm, and secondly who perceive that the state legislates against them seeking an alternate route to reproduction onshore. Whilst it may seem an overstatement to use the term exile – given the position of relative privilege that most of the participants held as white Australians – it may also be seen as an accurate reflection of how the participants perceive their reality, given the likely vulnerability outlined thus far.

With the above points about vulnerability and reproduction in mind, we can turn to examine the data for how participants responded to a question about whether or not they would *still* have entered into an offshore surrogacy arrangement if they had instead been legally able to undertake a commercial arrangement onshore. The

data, it is suggested, both highlight vulnerabilities, but also expand upon the claims about vulnerability made above by illustrating what precisely appears to be at stake for the participants.

Analysis

Responses were clearly differentiated between those who indicated they would have chosen an onshore commercial surrogacy arrangement if possible, and those who indicated that even if they had a choice they still would have chosen to go offshore. For this reason, the two groups are presented here as discrete categories.

Those who would not have chosen an onshore arrangement

For those who indicated that they would not have chosen an onshore commercial surrogacy arrangement even if it were possible, the dominant theme was one where participants spoke about the perception of the legal risks attached to any surrogacy arrangement, the suggestion being that such risks may be mitigated by an offshore arrangement, as seen in the following two extracts:

Interviewer: So if commercial surrogacy had been legal in Australia, would you have gone with Australia?

Brian (heterosexual, married, surrogacy in India): The good thing about doing it overseas is that there's 25 degrees of separation with it being another country. There could be nothing to come back and bite you. A lot of people who do surrogacy in western countries, they want to form a relationship with the surrogate and have ongoing contact because she's created this most amazing gift for you. But there's been a few really classic fallouts with surrogate situations in America, you know like they stop talking half way

through and that type of thing, and this can turn out bad for the parents.

Interviewer: So could you say more in terms of the benefits you just mentioned of going to India?

Harry (gay, coupled, surrogacy in India): Well a friend of a friend who did surrogacy in Australia, the surrogate didn't want to give up the baby in the end, and the actual mother whose eggs they were, like it was her DNA, only got visitation rights. I think that would be very hard. I think even if it was commercial here I think if I had to I'd probably still go somewhere where I know there wouldn't be those complications.

In both of these extracts the participants speak of their awareness that surrogacy arrangements can go awry, and the perception that should this happen the outcome will typically be that the intended parents are denied custody. Both of these participants had undertaken surrogacy arrangements in India, so the example in the first extract is something of a misnomer (given the fact that under Indian law citizenship is determined by genetics, not gestation, see Deomampo 2014). That, despite this, both participants perceived a tenuousness or vulnerability about surrogacy arrangements in general says much about what would have driven them to an offshore arrangement, regardless of whether or not commercial surrogacy was available in Australia. Of course missing from both extracts is reflection on the concomitant vulnerability that must be in place offshore (and specifically in India) for an offshore arrangement to be more desirable. In other words, locations such as India become desirable precisely because they offer a perceived degree of legal safety in the face of vulnerability. That this safety potentially comes at the expense of women who act as surrogates is an issue that will be addressed later in this paper.

A second theme evident in responses from participants who indicated that even if onshore commercial surrogacy had been legal they would still have preferred an offshore arrangement, was that of stigma and secrecy:

Interviewer: How did you come to undertake surrogacy overseas?

Heather (heterosexual, married, surrogacy in India): In many ways we did it because it was easier. I wouldn't say a lot easier, but it is easier, when you engage with surrogacy overseas. There are no laws stipulating that you cannot do it as yet. Locally you can do it, but you have to know the person or they have to be family or at least known them for a long time. I'm sure locally there's women who are willing to carry a child for another woman as long as they get reimbursed for it. But still, there's such a stigma, and you're never going to change that. It's the stigma that comes from the inadequacy of being an infertile woman I suppose. That is why we have kept the whole thing pretty quiet.

Interviewer: If you were to have another child through surrogacy would you do India again?

Sarah (heterosexual, married, surrogacy in India): Yes, we would, even though we had some issues with our agency. For us, it was just easier – easier to know that someone over there was managing everything for us, even if they didn't always do that properly. I guess there is also a sense of safety that comes from the distance maybe? A sense that once the baby arrives we all go about our own lives – that our decisions can remain private and confidential.

It is important to note that both of these participants were heterosexual women, both of whom had experienced infertility. That an offshore arrangement allowed the women to maintain a distance between themselves and the woman who acted as a surrogate was important. This is perhaps reflective of broader social narratives in

which the category 'mother' is normatively presumed to include women who bear and give birth to the children they are raising. Whilst the experiences of many women challenge this norm (e.g., step mothers, adoptive and foster mothers, lesbian mothers who do not give birth), it remains a norm nonetheless. For these participants, then, offshore surrogacy arrangements were perceived as affording the women the option of having a degree of privacy that they felt was not possible onshore.

This desire for privacy arguably reflects the vulnerability arising from failing to approximate the norm of reproductivity. For these women, not being able to carry and birth a child was experienced as stigmatising, and anything that might exacerbate that stigma (such as undertaking an onshore arrangement in which the role of the woman who acted as a surrogate might potentially be more visible, or at least less easy to hide) was seen as undesirable. Thus as Boris and Parreñas (2010) note, whilst in many instances intimate labour involves close relationships between those who commission and those who provide such labor, in some cases it is desirable for those who commission someone to undertake intimate labor for them to be at a distance from them. In the context of offshore surrogacy arrangements, the potential implication of this is that for some people who commission such arrangements, the question of whether or not stigma or vulnerability impacts upon Indian women who act as surrogates becomes a topic that is not attended to.

Those who would have chosen an onshore arrangement

All of those who would have preferred an offshore arrangement had undertaken surrogacy in India. By contrast, those who would have chosen an onshore arrangement if possible had undertaken surrogacy in either India or the US. The fact that those who had undertaken surrogacy in the US appeared solely in this second

grouping is perhaps reflective of differences between India and the US in terms of ongoing involvement with women who act as surrogates. Participants reported that in the US, meeting and maintaining ongoing relationships with women who act as surrogates is strongly encouraged, whilst in India it is often actively discouraged (see also Dempsey 2014). The discouragement of establishing a relationship with women who act as surrogates in India is reflected in the first extract below:

Interviewer: Anything else you would like to comment on about your journey?

Gary (gay, single, surrogacy in India): I think it needs to be available in Australia and then you might not have this sensationalist crap around taking advantage of women in developing countries.

So would you have done it in Australia if you had the choice?

Gary: I guess depending on the price but that would be my preference definitely. I mean who doesn't want to be around their baby while it's developing through pregnancy. It would be nice to have had some sort of ongoing communication with the Indian surrogate, but I was told this wasn't possible. Really just thinking of the benefits for my child really, and for those women as well to see the wonderful things that they've done.

Perhaps of all the extracts included in this paper, the extract above best exemplifies the conflicting issues that Australian citizens who undertake offshore surrogacy arrangements in India must negotiate. On the one hand, there is an awareness of what is perceived as sensationalism about surrogacy in India, yet on the other hand the cost of surrogacy is a concern. These issues, it could be suggested, are one and the same, in that concerns over the ethics of surrogacy in India have often been related to the lesser amount that Indian women are paid in comparison to, for example, women in

the US who act as surrogates. It is not unrealistic to suggest that even if commercial surrogacy were legal in Australia, these differences in cost would remain. Similarly, in the extract there is a duality established between the needs and desires of the intended parent (to be nearby during the pregnancy and to communicate with the woman who acted as a surrogate) and the child (to know the woman who carried it), and the presumed benefit for the woman who acts as a surrogate to 'see the wonderful things that they've done'. This duality, however, presumes to a degree that the 'benefits' are somehow commensurate, a claim that previous research has indicated as one of the ways in which those who undertake offshore commercial surrogacy arrangements legitimate the ethics of their decision (e.g., DasGupta & Das Dasgupta 2014; Kroløkke & Pant 2012).

Expense and convenience were also evoked by participants who reported they would have preferred an onshore commercial surrogacy arrangement if possible:

Interviewer: Could you share your thoughts on the current regulation of surrogacy in Australia?

Phil (gay, coupled, surrogacy in the US): We've got the technology here in Australia, we've got the ability to do it, we've got people I'm sure who would do it, but you can't do commercial surrogacy in Australia. So when it comes down to the pure fundamentals of it, it's an incredibly discriminatory system, which forced us to go and do something in a different country at major expense to ourselves, and could've been much much worse if there were complications in the pregnancy or whatever. But major inconvenience, major expense, when in reality we could've done here in Australia, in a way that would work well for Australian surrogates and Australian kids and Australian parents.

Interviewer: So if you'd had the choice you would've done surrogacy here in Australia?

Adam (heterosexual, married, surrogacy in the US): Yes. Yeah definitely, only because I guess it would've been I guess just closer to home, and I guess easier to keep an eye on things, you know, if something happened we could be there or whatever. So yeah, there would be an ease in doing it closer to home.

The first extract above from Phil highlights the possible identity of 'reproductive exile' when commenting on the 'discriminatory system' that exists in Australia that 'forced' him and his partner to undertake an offshore arrangement. The expense of an offshore arrangement in the US and the tyranny of distance mentioned by Gary earlier are both commented on by Phil. Similarly for Adam, the convenience of having the surrogacy undertaken closer to home is an important reason why an onshore arrangement would be desirable. Notable also is the fact that the needs of women who act as surrogates; intended parents; and children are presumed by Phil as commensurate, again similar to comments made by Gary.

The following and final two extracts indicate some of the factors that may increase the perceived vulnerability experienced by parents who undertake offshore surrogacy arrangements. In the first extract, Sarah speaks about the fear of the unknown when travelling to another country. For Mark, an unfamiliar healthcare system similarly evokes concerns:

Interviewer: Is there anything else that you wanted to share about your experience or your thoughts about surrogacy in Australia?

Sarah (heterosexual, married, surrogacy in India); I think the government needs to realise that surrogacy's going to happen whether they like it or not, and to criminalise it like they do in New South Wales is a ridiculous move, making people go overseas to do

it. Now I'm sure there would be a lot of women in Australia who would happily carry a baby, it happens in the States, in quite a few American states without any issue, I don't see why it can't happen here. And then people don't have the worry, the expense, the fear of going to a third world country to do this. This is what everyone fears, they've never been to India, they don't know what their standards are like, they're concerned about the legal ramifications, the cost of it, all this stuff. And I think if we could find Australians to do it here, it would be so much easier for families who want to go down this path.

Interviewer: If you had the option, would you have preferred to do surrogacy in Australia?

Mark (heterosexual, married, surrogacy in India): I think familiarity with medical systems and all that would make being able to do surrogacy within your own country very attractive. Because we faced a medical system that we had no idea about many things it seemed, especially when we got kicked out of the hospital when we shouldn't have been at the time of the birth.

Again, Sarah's comments evoke the idea of the reproductive exile who is 'made' to go overseas to have a child. Interestingly, whilst Sarah advocates for the legalisation of onshore commercial surrogacy arrangements in Australia, much of her argument is premised on fear of the unknown, which appears tied to the representation of India itself as a 'third world country'. Whether or not this same fear (and thus same argument) would have been presented by Sarah had she undertaken surrogacy in a potentially more 'familiar' country such as the US is unclear. Similarly, Mark's concerns about offshore surrogacy appear to reflect concerns with the Indian medical system and the practice of excluding intended parents from the birth of their child, rather than concerns about offshore surrogacy itself. Onshore commercial surrogacy

arrangements, then, are a way of avoiding both the fear of the unknown and the potential reality of such fears, rather than *per se* a concern about the ethics of offshore surrogacy itself, a point that is now explored further.

Conclusion: Ways Forward

Consistent across the responses reported above (which closely mirrored the additional responses not included in this paper) was a primary concern amongst the participants with their own needs. Whilst this is understandable – given the vulnerabilities that potentially lie behind the drive towards entering into surrogacy arrangements (i.e., a desire to occupy a position within the norm of reproductive citizenship) – it is notable that only one participant commented on the implications of offshore arrangements for women who act as surrogates (and indeed across all of the interviews, participants rarely acknowledged this as a potential consideration). Again, this is perhaps understandable, given the fact that, like any person who undertakes an action that they know may be considered contentious, there is a call to account for that action in ways that minimise liability. As Gary noted, there is ‘sensationalist crap’ about the ethics of offshore surrogacy (particularly in India), and it is thus likely that most of the participants were in some way orienting their responses to their own perceptions in this regard (i.e., minimising concerns over the ethics of offshore surrogacy arrangements).

Yet despite the perhaps understandability of the accounts provided, and following the now extensive body of research documenting the experiences of women who act as surrogates, particularly in India (see chapters in DasGupta and Das Dasgupta 2014), it is important to consider the implications of offshore arrangements for women who act as surrogates. Whilst the argument is often made that, particularly

for women in India, undertaking a pregnancy is financially beneficial, this is not the only narrative to be told. Other narratives include the impact of such a pregnancy upon the woman's own family, the possible impact upon her own health and fertility, and of course the impact of the pregnancy upon the woman psychologically. Partly this lack of focus on women who act as surrogates outside Australia may be due to the fact that countries such as Australia have little if any power to regulate the treatment of women who act as surrogates in other countries.

This lack of capacity to regulate the treatment of women offshore would suggest that legalising *onshore* commercial surrogacy arrangements, whilst not mitigating the possible effects upon women onshore who act as surrogates, might at the very least ensure that such arrangements are tightly regulated and closely monitored. As Millbank (2014) notes, a key issue in offshore arrangements is the question of whether in all (or even the majority) of cases true informed consent is given. Language barriers, low levels of literacy, and a lack of regulation means that the consent given by women in India who act as surrogates may at times be questionable. Any shift towards a truly ethical practice of commercial surrogacy, Millbank suggests, must involve the establishment of guidelines, regulations and practices that ensure the possibility of commensurability in terms of outcomes for intended parents, women who act as surrogates, and children. At present, it is arguably the case that this does not or indeed cannot occur when it is Australian citizens (whose actions are regulated primarily by Australian law) undertaking reproductive travel to engage the services of people who are not regulated within Australia.

Of course the ethics and legalities of commercial surrogacy (either onshore or offshore) are not the only point of concern. As this paper has highlighted, an equally pressing point of concern is how Australian citizens are rendered vulnerable to the

norm of reproductivity, and how, at present, this renders offshore surrogacy an intelligible option. Given the expense, inconvenience, sense of exile, and fear that appears to shape the experiences of people who enter into commercial offshore surrogacy arrangements, it is perhaps surprising that foster care (which in Australia can be permanent) was not perceived as a valid option by the participants interviewed for this research (and by the broader population of whom they are representative, see Everingham, 2014). The present paper has suggested that the dominance of a norm of genetic relatedness and the stigma that may be felt by some people in terms of infertility may perhaps be reasons why both foster care and onshore (altruistic) surrogacy are not considered a viable option for many people seeking to become parents, a suggestion that requires ongoing examination.

These above points suggest a number of issues requiring consideration if any onshore commercial surrogacy programme were to become possible. The first of these is the need for ongoing investigation of how Australian citizens understand and take up the norm of reproductive citizenship. The messages that all Australians receive about family, its importance, and what constitutes a family come from diverse sources, and these likely include friends and family, the media, healthcare professionals, politicians, educators, and the law. Identifying the messages currently in circulation, and how they potentially privilege *genetically-related* reproductivity would appear an important point of intervention in terms of understanding the potential barriers to any onshore commercial surrogacy programme. Equally important is an understanding of the current political, legislative and medical barriers to such a programme. Millbank (2011; 2012; 2014) clearly and extensively outlines these barriers and their histories. Important also will be to identify how individual politicians, legislators and medical professionals understand the potential role of

onshore commercial surrogacy. Whilst the views of the first two groups have been canvassed to a degree via analyses of parliamentary debates, such debates are always framed by relatively narrow terms of reference, specifically as Millbank (2012) notes, by *a priori* excluding the possibility of commercial surrogacy in Australia. Beyond debates held upon these terms, however, relatively little is known about the beliefs and perceptions of those in positions of power in terms of the viability of commercial surrogacy in Australia.

Despite drawing on a relatively small number of interviews, the findings presented in this paper mirror those reported in previous research focusing on those who have commissioned offshore commercial surrogacy arrangements, whilst also opening new avenues for consideration. Specifically, the paper demonstrates the utility of a particular set of terms in regards to the motivations of Australian citizens who have undertaken offshore surrogacy arrangements. It also demonstrates that there are likely barriers to any onshore commercial surrogacy programme, and suggests how these might be identified. Notable amongst these barriers is the drive towards genetic relatedness, the drive towards reproductivity full stop, and the stigma that potentially comes from not securing a place within a norm of reproductive citizenship.

Whilst it is likely that reproductivity will persist in Australia as a privileged mode of citizenship, it is important that researchers, politicians, activists, policy makers, healthcare professionals, and future parents themselves continue to explore the implications of privileging particular forms of kinship over others. What this requires is honest and open dialogue about the vulnerabilities that arise from the norm of reproductive citizenship (and the drive to genetic relatedness), and how such vulnerabilities shape the 'options' deemed intelligible in terms of family making for Australian citizens. Importantly, the argument made in this paper is not that certain

‘options’ should *a priori* be determined as invalid (as has often been the case in terms of surrogacy). Rather, the suggestion has been that issues of vulnerability must be openly discussed in terms of the social norms that produce them, and that the vulnerabilities experienced by Australian citizens must be located in a relationship to the vulnerabilities that potentially arise for other parties involved in offshore surrogacy arrangements.

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