# A Critique of Indian Surrogacy and Surrogate Motherhood Through Amulva Malladi's A House for Happy Mothers

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#### Abstract

The world rejoiced in 2002 when India legalised surrogacy, making it a commercial centre for achieving parenthood at a comparably reduced cost. In recent years, commercial surrogacy organisations have over commodified the industry, taking advantage of the pain of infertile couples across the globe and the vulnerability of impoverished women in India. This has brought critical attention to the surrogacy industry in India. There has been a rise in activism to raise awareness of and establish the ethics of the practise of surrogacy because commercial surrogacy in India opened the door for women's exploitation and in some instances, prostitution as well. Indian mythology has references to the practise of surrogacy, which predates modern India. In recent years, feminism campaigners have seen a pressing need to ensure the surrogates' morals, ethics, and access to medical care. And the legislative branch of the Indian government has passed regulations to ensure and provide a more hospitable environment via the implementation of altruistic surrogacy in India. This essay seeks to add to the conversation on commercial surrogacy by highlighting the interconnected lives of Priva and Asha via a narrative analysis of Amulya Malladi's A House for Happy Mothers. It shows that while surrogacy in India engaged in excessive commercialisation, the commissioning parents' growing advocacy and understanding to uphold the ethics and morals of the practise is new.

This essay also makes the case that improved parental empathy and acceptance, whether from India or beyond, creates opportunities for women to develop new bonds of empathy and understanding with one another and achieve their own mother objectives.

Keywords: Motherhood, Surrogacy, morality, empathy, and recognition

### **INTRODUCTION**

Throughout the history of feminist ideologies, women have actively engaged in shaping their roles and positions in society. This journey reached its peak during the feminist movement of the 1960s and beyond. Over time, the ever-changing and diverse representations, narratives, and reflections have challenged and invalidated established notions of self-worth for both genders. The pursuit of sexual identity by women has

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become an indicator of positive mental well-being, primarily due to feminist critiques of the legitimacy of male-dominated discourses, desires, and societal expectations that were previously considered normative. In today's era, we may have entered a phase where discussions surrounding abortion and contraception are no longer considered taboo, but rather recognized as significant aspects of parenthood.

Women have broken out of their shells of quiet and obscurity, and their contributions to the manufacturing process have confirmed the sincerity and legitimacy of their aspirations. The development of new scientific technology has given women the ability to make choices and the freedom to accept their biological destiny as it suits them. However, with the range of viewpoints that has enveloped Humanity over history, some critics see women's reproductive choices as an essential freedom, while others see them as abuses of the moral and physical integrity of women, reducing them to nothing more than a "object" to be destroyed.

Surrogacy is one of the more modern reproductive technologies that has been entangled in the oftenconflicting feminism debates. Some feminists do concur that they had to undergo centuries of representation, thought, reading, and speaking via literature in order to shed their prehistoric/historical identity as a passive "body." However, some feminist opponents see surrogacy as an oppression and violation of the surrogate's fundamental rights that leaves the surrogate unhappy, guilty, and mentally paralysed since being a surrogate is not a choice at all. (Wikler 53)

Far while India only accounts for a small portion of the global surrogacy business, the situation there was far worse since caste and color-based prejudice was encouraged by surrogacy there. According to a recent research, conventional surrogacy preferences were given to surrogate donors based on their class, creed, religion, and complexion at the peak of commercial surrogacy in India. The Indian Council of Medical Research (ICMR), which is part of the Ministry of Health and Family Welfare, has released guidelines to address these issues and regulate surrogacy arrangements. National Guidelines for Accreditation, Supervision, and Regulation of Assisted Reproductive Technology (ART) Clinics were introduced and put into effect in 2006 as part of these efforts.

But the essential changes to the new surrogacy regulatory statute, submitted by the Indian government, as well as the makeup of state and national surrogacy boards, were not made until July 2019. The law pledges to transform the situation in India by including a clause that permits "ethical altruistic surrogacy" for infertile Indian couples alone.

This essay aims to expose the disturbing truth about surrogate workers in India during the period when commercial surrogacy was legal. It focuses on Amulya Malladi's novel, A House for Happy Mothers, which was written before the introduction of a bill advocating for the complete elimination of commercial surrogacy in India and the implementation of altruistic surrogacy, restricted to close family members as surrogates. Malladi strongly criticizes the alarming conditions of surrogacy clinics in India and the exploitation of impoverished surrogates by commissioning parents, perhaps anticipating future efforts to address the distressing reality of commercial surrogacy in the country. Through the portrayal of the narrative's commissioning parents, Malladi suggests necessary reforms that could alleviate the grim and appalling situation surrounding surrogacy in India. Her novel not only underscores the extreme nature of

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the surrogacy situation in India, but also emphasizes the potential for positive change.

Through the study of Amulya Malladi's 2016 book A House for Happy Mothers, this essay explores the feminist viewpoints on surrogacy and aims to capture the ubiquitous moral and ethical nature of the practise. The feminist interpretation of the story also draws attention to a parallel world where the social order is created by the maternal role, which is, nevertheless, always shown as a passive social function. This, however, calls for the possibility of a bright new world in which a fundamental change in the legal, behavioural, and mental aspects of the use of surrogacy would result in a story that is profoundly subversive in regards to family and relationships.

### The technology of Surrogacy

Nature has given women the ability to survive life, and many, if not all, of them eagerly await becoming mothers in order to complete their maternal destiny. But sadly, for some women, this innate and latent yearning of being a biological mother never comes true, sometimes primarily because of certain medical issues. But in the twenty-first century, when nature disobeys, scientific advancements provide people alternative possibilities. And for many, surrogacy has emerged as a practical alternative for achieving their ambition to become mothers.

The term "surrogacy" itself suggests the word "substitute." In general, surrogacy refers to a situation when a woman's body is given the ability to carry and birth a kid who is normally not her own. The implantation of a fertilised embryo into the surrogate mother's leased womb causes her to become pregnant. Again, the surrogacy procedure may be divided into two main categories: conventional and gestational. In traditional surrogacy, the woman is impregnated by artificial insemination, in which she provides the fertilised egg and a different man provides the sperm. As a result, traditional surrogacy creates a genetic connection between the surrogate and the kid. However, gestational surrogacy breaks the genetic bond between the surrogate and the kid by using IVF (In Vitro Fertilisation), where the fertilised ovum is the genetic offspring of a completely different couple. The selection between conventional and gestational surrogacy is made based on the numerous requirements and physical circumstances of the intended parents.

Supporters of both conventional and gestational surrogacy hold varying perspectives regarding the morality and legality of these procedures. Those in favor of conventional surrogacy express concerns about the emotional distress the surrogate mother may endure when relinquishing a child, as there is a genetic connection between her and the child. However, proponents of conventional surrogacy argue that some traditional surrogates perceive the use of their eggs as an empowering and liberating act, as they contribute to a joyous cause, despite legal restrictions in countries like India that have hindered such occurrences in recent times. By serving as both the surrogate and the egg donor, traditional surrogates may find solace in the fact that they are actively involved in the conception process, which may alleviate the pain of separation from their biological child. Prior to the introduction of in vitro fertilization (IVF), traditional surrogacy was the only accepted method for conceiving a child with an egg donor. Many individuals still prefer traditional surrogacy due to its lower cost and higher success rate compared to gestational surrogacy.

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On the other side, gestational surrogacy provides the intended parents with one financially rewarding advantage, namely the assurance of a child that shares their genetic make-up. Only the embryos that are the result of the commissioning mother's and the father's sperm and egg being combined outside the womb and then being implanted via IVF in the surrogate's uterus are carried by surrogates. Although from a scientific standpoint it could seem very straightforward, several important invasive operations must be done on the female body.

This practise, sometimes referred to as traditional or natural surrogacy, is outlawed in several nations. Even the commercial use of surrogates is outlawed in New Zealand, the United Kingdom, and several European nations.

However, India voluntarily offers itself legally as one of the best possibilities for couples looking to experience motherhood via commercial surrogacy.

#### The Origins and Current Status of Surrogacy in India

Not often or even always explicitly, India's resonance as a mystic place does not speak to its spiritual and religious embellishments. With its multiple time-defying sagas, it also depicts the country's old past, which contemporary science would not have been able to explain. The pervasiveness and domination of the surrogacy arrangement in the social order of the time is one such tale from ancient India. Surrogates were highly valued since they provided a useful service to support the future generations of the involved kingdoms, and surrogacy agreements were widely recognised in society. Since the dawn of civilization, individuals have struggled with infertility. Infertility tales of royal heirs and heiresses abound in the ancient periods depicted in Indian mythology. As a testament to those ancient times, the epics of the Mahabharata and Ramayana detail many cases of infertility and reproductive disorders. The stories have a remarkable resemblance to in vitro fertilisation being the widely known phenomena that may prevent lineages from potentially becoming extinct. India's ancient past is proud of having created very sophisticated reproduction techniques that are light years ahead of those used today. Thus, the Mahabharata's epilogue proudly proclaims:

"Whatever is here, may be found elsewhere; what is not cannot be found anywhere else," (Krishnamacharya, 33)

Although surrogacy dates back to ancient times, the modern, scientifically approved form of the practise known as ART (Artificial Reproductive Technology) in India began with the birth of Baby Kanupriya alias Durga on October 8, 1978. Since that time, the area of assisted reproduction in India hasn't looked back, and its growth throughout the 1990s sparked hope and optimism in the hearts of childless couples all over the globe in addition to those in India. However, when the complete distress and exploitation of the concerned surrogates increasingly came to light, India's regulations governing the practise of surrogacy were still in their infancy. After surrogacy became commercialised in 2002, India became a popular destination for foreign commissioning parents seeking a child with their own genetic make-up. Given that India's surrogacy laws are flexible, there is little doubt that the surrogacy arrangement itself violates

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morality and ethics.

#### Surrogacy in India: Commodity/ Ethicality? An examination of the narrative

Many people associate the word "India" with the idea of a kind mother goddess who provides for her children's needs and who is constantly dressed in a self-sacrificing manner. In A House for Happy Mothers by Amulya Malladi, an infertile couple named Priya and Madhu begin a new chapter in their lives by following this trajectory of generosity and the aura of motherhood in India. They must use surrogacy because of the emotional ordeal Priva went through to become a mother:

"Obviously, this was not the ideal way to have a baby. The easiest way to would be to get knocked upbut that hadn't quite worked out for them. And now after three miscarriages and three failed IVF treatments, each costing \$10,000, surrogacy had become the only way out. The only way to have a child, a family." (Malladi, 5)

Sandra Gilbert's theory of the "Revisionary Imperative" (Gilbert 31-32), which encapsulates her argument for the necessity of women's absolute need and capacity to challenge and dethrone the long-standing patriarchal social canonical norms, is strongly echoed by Priya's choice to use a surrogate to have a child of her own genetic makeup. Gilbert contends that women must shed their carapace of submissive sublimity and forge a new social structure to support a transformed social structure.

As a result of commercial surrogacy being legal in India in 2002, Priya and Madhu's hunt for a surrogate there leads them to the world's largest market. We are introduced to the "Happy Mothers" surrogate clinic, run by renowned gynaecologist Dr. Swati, who paradoxically promises to bring happiness into the lives of both the commissioning parents and the surrogates. The impoverished families continue to be drawn to Doctor Swati's surrogacy clinic since there are several opportunities to make money there to realise their future aspirations. Asha and Pratap arrive to Dr. Swati's surrogacy clinic because they anticipate a lovely future for their brilliant son Manoj and daughter Mohini. Despite being severely underprivileged financially, Asha agrees to be a surrogate in the same way as her sister-in-law Kaveri. She makes a promise to herself that she will not form an emotional attachment to the intended parents or the child in her womb, as Malladi states, "Asha hopes she won't be like that woman when the time came to give up the newborn. She wished she could be emotionless and distant." (57 Malladi)

If we read through one of the surrogate interviews from Amrita Nandy's well-known book Motherhood and Choice: Uncommon Mothers, Childfree Women, where the surrogate reveals her heartbreaking conundrum, we may analyse the nature of Asha's problem. "When I gave the egg, I did not feel any love for the child but in this when you carry the child, you feel attached and concerned" (Nandy 89).

Despite Asha's repeated attempts to distance herself from the unborn child, she gives in to her own apparent maternal instincts. "What if the baby could be mine? Accidental thoughts, that is. By pure miracle. She now hoped she could do action to bring about that miracle. (285 Malladi) She begins to think of the kid as her own and plans to provide it the same maternal love and care that Mohini and Manoj received. Priya, on the other hand, is still sympathetic to Asha's situation and makes an effort to relieve her pain by assisting

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Manoj in being accepted into a reputable school in Hyderabad. Priya's obvious attempts to bring peace and happiness to Asha's family have rewarded her with a relationship of mutual understanding and faith, despite the fact that Asha had been harbouring bitter sentiments against Priya.

Priya's epistemological journey towards parenthood, which she does while coping with her own marital difficulties, alters her sense of self-worth and her level of compatibility with Madhu. Despite Madhu's unwavering encouragement, Priya sometimes had mind-boggling emotions whenever the subject of surrogacy came up in front of her friends. When Priya and her pals got together often, the already physiologically healthy parents would sometimes express things that would leave them in an emotional bind.

"Children are great, but if you don't have any, it doesn't mean your life is any less. Only parents spoke out in that way. (75) Malladi This highlights the ongoing concern that the general public experiences worldwide, as Julia Kristeva notes in her renowned address titled Motherhood Today. "the difficulty of managing the economic and personal costs of having children calls for national debate and solidarity, for the obvious reason that the human child is born 'unfinished', incapable of autonomy for any but a short period of time." 28 Kristeva

The narrative's tone is skewed in favour of the female characters in Malladi's A House for Happy moms, where their capacity for making decisions as moms silences the masculine voice in the background. It is clear from Asha's character development that choosing to be a surrogate and support a family gave her a voice when she made the choice to fund Manoj's future education rather than purchasing a flat in accordance with Kaveri's family's wishes. Asha is aware of,

"This was just not like her, but there didn't seem to be much she could do about it." (231 Malladi).

Since surrogacy in India has gained speed and widespread acceptance, it has also sparked questions about the ethics of the practise since it is a highly unregulated commodified industry that is vulnerable to abuse and violation. Indian women who are impoverished and ignorant who are mostly from villages and rural regions are used as commercial surrogates in India. Once chosen as a surrogate, women begin a very unpredictable and private journey through life in which they spend the last two trimesters of their pregnancy in secret away from their family and friends in surrogacy clinics.

The women at surrogacy clinics are "kept 'under lock and key' until the obligations set forth in the contract are fulfilled and are then required to sign documents (often in English) that they cannot read." (Broomfield 12)

In addition to the poor living circumstances, the medical facilities are inadequate to protect the surrogates from potentially fatal situations that arise often after delivery. The other issues, such as "the 'renting' of Indian women's bodies by Westerners, the lack of counselling services available to surrogates after the relinquishment of their gestational babies, [and] the use of mandated and scheduled C-sections by clinics, which allows [for].. quick deliveries," make the conditions even more appalling. (Broomfield 14) at one such event, the surrogates at the clinic were scheduled to appear in front of a television channel for a

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documentary that would be shown in Britain, according to Malladi's A House for Happy Mothers. The surrogates received a briefing on the advantages of their line of work and the clinic they would be describing to media. Asha is chosen on purpose to come before them due to her timid and submissive personality.

She is also forced to do so by Doctor Swati's assurance that she would help Manoj get accepted into a decent school if she agrees to speak before the channel. But she constantly knows in her mind that she should say, "She's only supporting her business. Just business here. Inhumans, we are not. We are nothing at all. I am a belly or a womb. Who do you think they would rescue if they had the choice between me and the baby tomorrow? 183 Malladi Doctor Swati's niece Divya was in the interview room the whole time the surrogates were being questioned by the "white lady." While they were being interrogated, "Asha could almost feel Divya's nervous energy slammed into her" (Malladi 190).

The dire state of commercial surrogacy in India and the many injustices committed against Indian surrogates are fully discussed by Allison Bailey in Reconceiving Surrogacy: Towards a Reproductive Justice Account of Indian Surrogacy. Her research indicates that there are around 3000 surrogates on the Indian market, with a roughly 30% yearly growth rate, which she attributes to the Indian government's promotion of medical tourism in 2008. Although the market for surrogacy is expanding quickly, it is not improving the surrogates' maternal health. "An Indian woman dies from pregnancy-related causes every five minutes, and for every one who passes away, thirty more suffer from chronic illnesses that impair their quality of life." 63 Bailey "Pregnancy-related deaths account for one-fourth of all fatalities among women aged fifteen to twenty-nine, with well over two thirds of them considered preventable," says the study, adding to our complete dismay. Only around 36% of women, according to her survey, get medical attention within two days after giving birth.

A significant portion of the issue that the global surrogacy practise promotes is the monetization of the surrogacy practise in India. Although surrogacy is sometimes portrayed as a "voluntary" activity, it really uses women's wombs and their valuable organs as commodities that may be bought, with little to no care given to the surrogate once the kid is born. What about the potential long-term, detrimental consequences fertility medicines, obstetric difficulties, or surgical procedures may have on surrogacy workers? Ms. Bailey correctly argued. Are these dangers less ethically ok in the context of the poor world? If the gestational labour performed by surrogate workers under contract results in cancer, sterility, or long-term pregnancy-related problems, are clinics or contracting parties liable for their medical care? Can these injuries be justified as work-related risks? (Bailley63)

Even though India only accounts for a small portion of the global surrogacy business, the situation there is becoming worse and worse since caste and color-based prejudice is encouraged by surrogacy there.

Recent research found that preferences are given to surrogate donors based on their class, ancestry, religion, and skin tone in conventional surrogacy instances.

Priya and Madhu stand for that political class that, despite profiting from the grim reality of the Indian

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surrogates, tries to tie up the loose ends of their members' lives both financially and emotionally through their constant attempts to demonstrate their humanity and empathy for Asha and Pratap's situation. In Malladi's story, intended parents from all over the globe are profiled, and we learn about their differing approaches to caring for the surrogates who carry their genetic children.

However, the way Priya and Madhu handled Asha gave us a glimpse of that admirable and admirable humanitarian approach, which must be promoted at all costs. This is especially important in the case of India since the victims in this country are always the impoverished, obedient masses who are victimised on the basis of class, caste, and gender. As she states, Malladi demonstrates how individuals like Priya and Madhu would bring more poignancy and moral and ethical standards to the whole surrogacy industry in India.

Perhaps this is why some parents decided against getting to know their surrogates. Priya was concerned about Asha in addition to the baby. She had become familiar with Asha and her family, shared a bed with Manoj, held his hand, and discussed his aspirations with him. Priya wanted Asha to be as safe as her own kid since she had joined the family. (Malladi 294)

#### Conclusion

The surrogacy industry's socioeconomic impact on India's society and the commissioning parents' and surrogate's life are discussed in this essay. According to Malladi's A House for Happy Mothers, though the commodification of the surrogacy industry cannot be stopped entirely, there has been a recent increase in the political class's awareness of the need to change the industry's morals and ethics in order to legally meet the needs of the surrogate and the commissioning parents. Even though the novel tragically depicts Asha's apathy, the dreams she harboured for her family, and her decision to become a surrogate, it also makes an effort to lessen the quantitative aspect of Asha's grief by portraying Priya as Asha's constant sympathiser.

Asha only connects to Priya and Madhu's positivity and warmth when they become more obvious during their stay in India during her last trimester, despite their persistent attempts to think of her as more than just a surrogate for their child. The novel's abrupt conclusion makes us desperately want to know what happens to Asha after giving birth, despite the fact that Priya's emotional strengths as a genetic mother are obvious and Asha's emotional strengths as a surrogate are phenomenal.

While surrogacy is prohibited in many affluent nations, India had until 2018 firmly established itself as the fertile ground for the surrogacy industry, ignoring alternative measures of controlling revenue and providing self-sufficiency to the impoverished surrogates. We will never know how far Priya will be able to profit from her position of supporting Asha's family and maintain the same moral emphasizer after she brings her kid home since the narrative stops on that very moment. It could also seem premature to judge Malladi until we see how she has used her characters to explore the issues and concerns brought up by the over-commoditization of the surrogacy business in India, with misery and a sense of hopelessness engulfing us all at the book's conclusion.

However, it could be argued that A House for Happy Mothers, while highlighting the complex and obvious

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irony of the predicament the Indian surrogates found themselves in, also successfully demonstrates the intended parents' growing awareness of the neglect and suffering of the Indian surrogates. The surrogate motherhood is presented by Malladi convincingly because of the growing acceptance of the vulnerability of the surrogacy industry. This portrayal accurately captures the resultant feeling of happy and joyous motherhood that binds Priya and Asha in an illogical relationship of enduring love and despair.

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