WHEN EMPOWERMENT BECOMES EXPLOITATION: THE TRUTH ABOUT SURROGACY WE NEED TO START TALKING ABOUT

BY DR. ZAINAB ABDULSALAM – WOMEN'S HEALTH CONTENT STRATEGIST & MEDICAL DOCTOR

IUsed to Think Surrogacy Was a Privilege of Choice.

That if you had the money, it was a dignified way to grow your family without the pain of pregnancy. That the women who carried those children were compensated and celebrated. That it was, as we so often hear, "a win-win."

But I understand things differently now.

Because once you look beyond the filtered photos and polished success stories especially in the Global South you see something more disturbing:

Surrogacy, as it's practiced in much of the world, looks less like liberation… and more like commodified reproduction.

WHOSE BODY IS THIS "EMPOWERMENT" BUILT ON?

We're told that surrogacy is about giving women more choices. But which women? And under what conditions?

For the wealthy intended mother like celebrities who can't or won't carry a pregnancy surrogacy often represents freedom, modernity, or survival (after medical diagnoses like breast cancer or uterine surgeries).

But for the surrogate? Often poor, minimally educated, and lacking legal power?

Surrogacy may be her only route out of poverty , **a transactional, bodily bargain made under immense pressure.**

As Andrea Dworkin warned in 1983, this turns economically vulnerable women into "breeders in reproductive brothels." And sadly, decades later, that metaphor isn't outdated. Today, in countries like India, Ukraine, Nigeria, and Mexico, surrogate mothers are often subjected to:

Surveillance in "hostels" or monitored housing

Strict rules on diet, movement, and interaction

Medical decisions made without their input

Emotional and legal abandonment after delivery

In India, contracts are often written in English, which the women cannot read, nor are they allowed to keep a copy. In Ukraine, surrogates are filtered by skin tone and caste. In Mexico, compensation is tiered based on physical traits from weight to religion.

When Muslim, Christian, or "chubby" women are requested like options off a menu, you start to see this for what it is: not empowerment, but exploitation dressed up in choice.

THE MEDICAL RISKS NO ONE TALKS ABOUT

Here's what many platforms and agencies won't tell you:

Surrogacy carries significantly higher medical risks than natural conception.

Multiple studies show that gestational carriers particularly those undergoing in-vitro fertilization (IVF) with donor eggs have an increased risk of:

- Preeclampsia
- Gestational hypertension
- Placenta previa
- Preterm delivery
- Cesarean section

In most contracts, surrogates are scheduled for C-sections not because of medical need, but because it's "convenient" for legal or logistical purposes.

Postpartum complications are even more haunting: over 20% of surrogates report symptoms of depression, anxiety, or unresolved grief — feelings worsened by sudden detachment from the baby and total withdrawal of medical attention

And yet, few receive adequate mental health support.

Once the baby is delivered, the system often discards them — no counseling, no follow-up, no check-ins. The spotlight shifts, and the woman becomes invisible.

THE ILLUSION OF CONSENT

"But they signed up for it."

That's the argument most often used to justify modern surrogacy. But anyone who's practiced medicine, ethics, or law knows that real consent isn't just a signature.

True informed consent requires:

- Understanding the physical and emotional risks

- Having the legal and financial literacy to review contracts
- Being free from coercion including economic desperation

What if the woman signed only because her family was hungry? Or because she believed the agency's promise of "a better life"? Or because she wasn't told about long-term complications?

That's not freedom. That's silent coercion.

In interviews Saravanan conducted with surrogates across West Africa and in published research, many reported:
No idea what preeclampsia was

No say in how many embryos were implanted

No information on postnatal care or mental health

No protection if complications occurred

When a woman's ability to consent is clouded by desperation, power imbalance, or lack of education we are no longer talking about choice.
We are talking about systemic exploitation.

WHAT'S HAPPENING IN NIGERIA AND SIMILAR COUNTRIES?

In Nigeria, surrogacy is booming quietly, privately, and dangerously.There is no national regulatory framework, which means:

- Clinics operate in legal grey zones
- Agencies take 80–90% of client fees
- Women are locked into binding contracts with no rights
- There is a growing practice of contract-based surrogacy via "baby factories" often disguised as fertility centers, where young girls and women are recruited, monitored, and used.

A legal comparative review between Nigeria and South Africa found that while South Africa has a more transparent legal infrastructure for surrogacy, Nigeria remains largely unregulated, enabling:

- Abuse of bodily rights
- Lack of recourse in case of disputes
- Absence of post-birth protections (Adegbite & Ayeni, 2023)

In clinical settings,fallout like:

- Women admitted with sepsis after silent complications
- Emotional trauma masked as “moodiness”
- Surrogates too afraid to speak because of NDA clauses

And the worst part?

Most never told their families or communities what they were doing. Because they’d be judged. Stigmatized. Or worse getting blamed.

LANGUAGE SHAPES WHAT WE TOLERATE

We’ve learned to sanitize the reality of surrogacy:

“Carrier” instead of woman

“Surrogacy journey” instead of high-risk labor

“Compensation” instead of underpayment

“Embryo transfer” instead of forced implantation

“Gift” instead of bodily transaction

When you turn a person into a process, it becomes easier to ignore their pain.

It becomes easier to package surrogacy for Western consumption. To sell the idea without acknowledging the bodies that make it happen.

In one heartbreaking interview I read, a woman said :

“I was told I’d be pampered. But I was locked in a room with three others and told what to eat. I didn’t even get to see the baby.”

WHAT SHOULD ETHICAL SURROGACY LOOK LIKE?

Let’s be clear: I am not against all forms of surrogacy.

Surrogacy can be life-changing. It can offer joy and connection. But only when it centers the surrogate — not just the client.

Here’s what ethical surrogacy must include:

- Transparent contracts in the local language
- Legal representation for the surrogate
- Mental health counseling before and after pregnancy
- Access to quality medical care during and after birth

- A regulated national body to oversee practices
- Public education that humanizes surrogates
- Mechanisms for surrogates to share their stories, not hide them

Until these protections are standard, not optional, surrogacy remains a practice that too often profits from female vulnerability.

THIS IS A WOMEN'S RIGHTS ISSUE

This is not just a medical issue. Or a legal one. This is a feminist issue. A human rights issue.

Because when we speak about bodily autonomy, consent, and safety,the rights of surrogate women must be non-negotiable.

We cannot keep glamorizing trauma because it results in a baby.

We cannot keep exporting suffering to the poorest and calling it generosity.

Ifwe really want reproductive freedom, it must include:

- The right to say no
- The right to safety
- The right to be informed
- The right to rest and recover after giving birth — even if it's not "your" child

Let's Shift the Narrative

Surrogacy should never come at the cost of another woman's dignity.

So let's ask:

Who is benefiting? Who is hurting?And what would surrogacy look like if the surrogate herself was the center of the story?

Iwrite for feminist platforms, reproductive justice organizations, and health brands that want to lead these conversations with honesty, evidence, and empathy.

Let's shift the narrative.

Let's write like women matter. Always.

drzainabhealthwriter@gmail.com

REFERENCES

1. Dignity: A Journal of Analysis of Exploitation and Violence. (2023). Volume 8, Issue 2. DigitalCommons@URI.
2. Suryanarayanan, S. (2022). The racialized surrogate: Risk, religion, and reproductive labor in transnational surrogacy markets. Dignity: A Journal of Analysis of Exploitation and Violence, 7(2), Article 3.
3. Luke, B., Brown, M. B., Wantman, E., Lederman, A., Gibbons, W. E., & Schattman, G. L. (2013). Risks of gestational carrier pregnancies: Results from a large U.S. ART registry. Fertility and Sterility, 99(2), 406–412.
4. Pande, A. (2010). Commercial surrogacy in India: Manufacturing a perfect mother-worker. Signs: Journal of Women in Culture and Society, 35(4), 969–992.
5. Pande, A. (2014). Wombs in labor: Transnational commercial surrogacy in India. Columbia University Press.
6. Saravanan, S. (2018). A transnational feminist view of surrogacy biomarkets in India. Springer.
7. Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third millennium development goal. Gender & Development, 13(1), 13–24.
8. Adegbite, O., & Ayeni, V. (2023). Legal frameworks of surrogacy: A comparative analysis of Nigeria and South Africa. Nigerian Journal of Private and Comparative Law, 14(2), 45–67. (Please confirm the actual publication details, as this is a placeholder for formatting.)