

## Gestational Surrogacy in Mexico. The Social Vision of Progress and Autonomy Underlying the Regulatory Policy Making and Discourse

*Daniela Bandelli*

*LUMSA University, Rome, Department of Human Sciences*

### **Riassunto**

La gestazione per altri in Messico è un mercato in espansione, rivolto soprattutto a coppie straniere, e sprovvisto di una regolamentazione a livello federale. Le argomentazioni a favore della legalizzazione ruotano intorno a un discorso sul Progresso, che immagina una società nella quale gli avanzamenti scientifici della medicina riproduttiva possano essere a disposizione dei progetti di auto-determinazione degli individui: la genitorialità biologica (per i genitori di intenzione) e l'emancipazione economica attraverso il lavoro riproduttivo (per le donne surroganti). Questo articolo sottolinea le contraddizioni di questo discorso e, attingendo dalla critica sociologica al progresso e alla modernità, vuole mettere in guardia sulla possibilità che, in una società devota all'auto-affermazione e al superamento dei limiti biologici, la libertà e la felicità promesse possano ridursi anziché espandersi.

*Parole chiave:* gestazione per altri, Messico, autonomia della donna, progresso, policy-making

### **Abstract**

Gestational surrogacy is a booming market in Mexico especially for foreign couples. At the moment there is no Federal regulation of GS. The arguments in support of regulation pivot around a discourse of progress, which envisions a society where scientific advancements in reproductive medicine are made available to individual projects of self-determination: biological parenthood (for intended parents) and economic empowerment through reproductive labor (for surrogates). The article underlines the contradictions embedded in this discourse and, by drawing from sociological critique of progress and modernity, warns against the possibility that, in a society devoted to self-determination and to the overstepping of biological limitations, the promised freedom and happiness could be shrunk, rather than expanded.

*Keywords:* gestational surrogacy, Mexico, woman's autonomy, progress, policy making

DOI: 10.32049/RTSA.2019.4.05

## **1. Introduction**

Gestational surrogacy (GS) is an increasing reproductive practice through which adults obtain offsprings by delegating pregnancy and birth to a third woman who is not genetically related to the foetus she carries. GS is a global multimillion-dollar industry; the epicentre of the market is the United States where GS has spread out earlier and more pervasively than any other countries (Markens, 2007; Jacobson, 2016; Twine, 2015).

In Mexico this market has boomed since 2012, especially in the State of Tabasco, GS has been a topic of discussion in national politics for the last decade and several attempts of regulation have been pursued. In fact, at the moment there is no Federal law on GS, and at a State level GS is regulated only in Tabasco and Sinaloa, whereas surrogacy

agreements/contracts are explicitly considered invalid in the State of Coahuila where the Civil Code provides (art. 491) that the mother is the one who gives births (Esparza, Hernandez & Alcocer, 2014). GS is also illegal in the State of Querétaro. In the last years, the national debate as well as the international attention towards surrogacy in Mexico have intensified and the discourse on the need to regulate and thus legalize surrogacy in the country has acquired increasing visibility.

This article discusses the argumentations at the core of the regulatory discourse in Mexico. This discourse, it will be shown, suggests that medically assisted procreation (including GS) is a social practice, enabled by technical-scientific advancements through which subjects (intended parents and surrogates) express their full autonomy: the autonomy of realizing parental desire and the autonomy of using the body for money on the reproductive market. According to this discourse, in modern societies these paths of technology-mediated freedom need to be accessible and regulated in order to protect users from wrongdoings and ensure high quality services. A critique of the social vision underlying this discourse will be offered by pointing at contradictions and social implications of the discourse and at the possibility that its promised land could not be realized.

The regulatory discourse is retraced in the following texts: the explanatory memorandum (introduction) of the most recent law proposal on medically assisted reproduction (which is authored by Senator Olga Maria Del Carmen Sanchez Cordero Davila and was presented in November 2018);<sup>1</sup> a 3-hour semi-structured interview (conducted in November 2018 in Mexico City) with a GS expert in the feminist NGO *Grupo de Información en Reproducción Elegida* (GIRE), which is the leading and most expert feminist organization in the surrogacy debate in Mexico; a report (Fulda, 2017) and a documentary (*Deseos*) produced by the same NGO, as well as an op-ed and a comment by one of GS experts in GIRE (Fulda, 2017; Ramos, 2018); a published interview to Maricela Contreras Julian, a politician who tried to regulate surrogacy in the Federal District (now Mexico City) (Mexico

<sup>1</sup> The original title of the law proposal is: *Proyecto de decreto por el que se reforman y adicionan diversas disposiciones de la Ley General de Salud*.

Fétil, 2012); a TV-interview to Marta Lamas (Foro TV, 2017), one of the leading feminists in the country; and an extract from Open Democracy (Schurr & Perler, 2015). This analysis was conducted within the framework of the European research project *Women's movements and gestational surrogacy: engaging, debating, and policy making* (WoMoGeS),<sup>2</sup> which included 3-month field-work from November 2018 to March 2019 in Mexico City and Villahermosa where 21 research participants (feminists, scholars, politicians and public officials, lawyers, experts and activists, in the field of women's rights, reproductive and sexual rights, child's rights, and trafficking) were interviewed.

The article is organized as follows: it begins with a description of the GS international market where main problems are highlighted; in the second section GS policy making history in Mexico will be summarized and later contextualized in the regulatory and abolitionist demands advanced by Mexican and international civil society; in the fourth part the main themes underpinning the regulatory discourse are presented (the use of technology to achieve parental desires and the woman's autonomy for empowerment); afterwards, the discussion turns on the contradictions embedded in the pro-surrogacy discourse and on whether its promises could be translated into the lifeworld as concrete possibilities of well-being. In the conclusions an assessment on the levels of consensus around the pro-surrogacy discourse and on the possibility to apply a pro-surrogacy policy-making for the regulation of GS will be attempted.

## **2. Gestational Surrogacy: main features and problems of a transnational reproductive**

GS industry tends to develop in countries with conducive legal frameworks, either where the practice is regulated or where there is a legal vacuum (Bromfield & Rotabi, 2014; Guzman, 2016; Spar 2006). It is a deeply flexible industry: gametes and embryos are flown from a country/continent to another, surrogate mothers and intentional parents travel, and the different phases of the process (supply of gametes, embryo implantation, pregnancy and

<sup>2</sup> For more information please visit the project website [www.womoges.wordpress.com](http://www.womoges.wordpress.com) (22/12/2019).

birth) are organized to elude national restrictions and to take advantage of good infrastructural conditions (Cooper & Waldby, 2014; Schurr, 2018). In the United States as well as other countries where GS is legal no strict requirements are demanded in order to start surrogacy agencies, which usually publicize their services transnationally (Klein, 2017). The same agencies that operate in one State also work in others, at the same time, or they move as consequence of the introduction of new restrictive laws (Hovav, 2019). There are no official data on the number of annual GS births in the world, however the following estimates are available: 2,200 were born in America in 2014, more than twice as many as in 2007; Britain registered nearly 400 in 2016, eight times as many as in 2007; if until 1992 the total number of births through surrogacy worldwide was 4000 today only in India every year are produced 3000 babies (Danna, 2017). In Mexico surrogate births per year are estimated between 100 and 500 (Hernandez, 2018).

Most of the children who are born internationally through surrogacy are for heterosexual couples in which the woman cannot carry out the pregnancy because of health problems. The demand of surrogacy from same-sex couples and singles, as well as by healthy women who choose to externalize pregnancy to keep focusing on the career, to avoid gaining weight or because they are scared of giving birth, is also increasing (Kleeman, 2019; Saravanan, 2018).

Risks for “surrogate children” are several: there are documented cases of children abandoned because they were born with a disease, because during pregnancy the couple split up or because, due to mistakes in the assembly of gametes, children were delivered to the wrong couple (Rudrappa, 2015; Saravanan, 2018; Whittaker, 2016). There are also cases of surrogates who refuse to undergo selective reduction of embryos (abortion) demanded by the intended parents because anomalies are diagnosed<sup>3</sup> or simply because they want a lower number of children (Danna, 2014). When States do not recognize surrogacy or in case of discrepancies in the birth certificates, “surro-babies” fall into years of legal limbo with no citizenship and no medical protection (Bromfield & Rotabi, 2014; OHCHR, 2018; Wade,

<sup>3</sup> In this regard, see the case of Stephanie Levesque, a surrogate in Texas who gave birth to a child despite his biological parents asked her to abort because of a heart defect discovered on week 16 of pregnancy (Levesque, 2018).

2017).

Moreover, psychological, cognitive and emotional development of the child, his ability to relate to other people and space starts in the uterus through a bi-directional biological, physiologic and sensory exchange with the gestational mother (Nicolais, 2018; Tieu, 2009). The sudden removal of all points of reference acquired into the womb (e.g. external voices, heartbeat and breathing) causes a fracture in the process of attachment and learning. This fracture cannot be erased although the child during his life will undergo a healthy development thanks to his adaptive abilities and the love he receives from the family (Agnafors, 2014).

Literature shows that GS (insofar it implies in vitro fertilization, the implant of embryos with different DNA than one of the carrier, pharmacological treatments for eggs “donors” and carriers, in majority of cases multi-embryo implantation and selective reductions, cesarean birth, and sudden interruption of bodily and organic exchange between the carrier and the foetus) is pregnancy at higher risks (for both the surrogate and the foetus) of several complications: gestational diabetes, foetal growth restriction, pre-eclampsia, premature birth, intracranial pressure, malformations, delay in bones growth, infertility and cancer (Allen, 2018; Corradi, 2017; Gordon, 2018; Weinrauch, Gerhard-Herman & Mendelson, 2018; Mendiri, 2018). Surrogates after birth are at risk of postpartum depression and trauma caused by the detachment from the baby (although not genetically bonded. Ahmari *et al.*, 2014). Also, 2-5% of eggs providers contract the hyper-stimulation syndrome, which includes abdominal inflammation, kidney failure, infertility, thrombosis, and cardiac instability (Cooper & Waldby, 2014).

Usually, intentional parents are wealthier than surrogates, often they go abroad to shop GS services because in their country the practice is illegal or it is regulated in a too strict manner (for example when it is provided that surrogates can change their mind at birth and are not obliged to relinquish the child, or when surrogacy is permitted only to heterosexual couples), or simply to save some money by turning to low-cost clinics. The cheapest GS markets are located in countries with higher presence of women living in poverty and with low educational level (therefore with less acknowledgment of risks and rights. Saravanan,

2018).

This is the case of Mexico, where since 2012 the GS industry has boomed most of all, but not exclusively, for foreign gay men (70-80% of total clients) (Schurr & Perler, 2015). According to data provided by Olavarría (2019) in a recent study, Mexican surrogates earn approximatively between 4,000-8,000 US\$, while according to Schurr & Perler (2015) 11,000-19,000 US\$ (as authors specify the average annual household income in Mexico is 13,000 US\$). In the United States surrogates earn between 20,000 and 60,000 US\$<sup>4</sup>. Intended parents spend more than 100,000 US\$ if they shop GS in the United States (Jacobson, 2016) and they would save up to 70% if they choose to undertake the whole process in the Global South (Esparza, Hernandez & Alcocer, 2014; Hernandez, 2018). In Mexico, according to Olavarría they spend approximately 10,000 US\$ only for the GS service (excluding other expenses such as travels, and other medical and agency costs), and between 40,000-60,000 US\$ according to data reported by Hovav (2019).

### **3. Surrogacy policy making in Mexico: main regulatory attempts**

GS market in Mexico has developed primarily in the State of Tabasco since 2012-2014: at that time Thailand and India, the two world leaders in low cost surrogacy market, started to introduce restrictions with the aim to counteract an uncontrolled expansion that would have turned the countries into the world's womb (Whittaker, 2016).

The State of Tabasco established as the new “Eldorado” of the international surrogacy market. This happened for different reasons. First of all, in 1997 it was introduced in the Civil Code (art. 92) a provision on cases of babies born from surrogacy: the article said that in case of GS (when the surrogate is not biologically related to the foetus) the mother of the child is the intended mother, whereas in case of surrogate motherhood (when the carrier is also the biological mother) the transfer of parental rights is to be processed as a full

<sup>4</sup> 60,000 US\$ is a base as base compensation for first time surrogate offered by a Californian agency <https://www.westcoastsurrogacy.com/become-a-surrogate-mother/surrogate-mother-compensation>

adoption. This article opened the door to GS industry but did not provide adequate regulation and limitation, as in fact it occurred in the State of Sinaloa. Besides legislation, another conducive factor for the development of GS in Tabasco was the geographical proximity with the Yucatan peninsula, which is a territory with a large portion of female migrants and indigenous population, as well as a popular tourist destination from the United States and other countries (with Cancun in Quintana Roo as the main hub for international flights and tourist accommodations). Probably, also a strong presence of oil companies in Tabasco's capital Villahermosa might have contributed somehow.

Laboratorial procedures are often carried out in innovative fertility clinics in Mexico City, whereas births take place in Villahermosa; surrogates, most of all from Tabasco and Chiapas, are recruited by surrogacy agencies, which are often foreign agencies and advertise on the internet the recruitment criteria and in some cases also arrange the hospitalization of pregnant women in rented houses (Olavarría, 2019). Agencies are intermediaries between intended parents and surrogates: they are not necessarily legally registered in the country, their legal site can be in the countries where the 'demand' comes from, while they work in partnership with medical equip, lawyers, and psychologists in the countries where the offer of reproductive labor is higher (Olavarría, 2019). Most of operating clinics in 2016 resulted not being registered at the Federal Commission for the Protection from Health Risks (COFEPRIS), indeed only 1 on the 83 legal clinics registered across the country was in Tabasco (Vitela, 2016).

The uncontrolled development of GS industry brought about cases of frauds and medical complications, abandoned children, bureaucratic anomalies and legal battles for parental rights, as well as suspects of infiltration from criminal organizations on human trafficking (Gonzalez & Galicia, 2019). A resentment with gender-nationalist flavour also mounted: «Mexican women are exploited by foreign men» is a recurring phrase encountered during field-work. Also, the *United Nations Committee on the Rights of the Child* (2015, p. 19) reported that «The regulation on surrogacy in the state of Tabasco not providing sufficient safeguards to prevent its use as a means to sell children».

This situation led to the introduction in 2016 of a restrictive legal reform aimed at

containing the expansion of GS in the State and related abuses. The reform established that only Mexican citizens (included Mexican nationals living abroad), married or cohabitants, are allowed to sign GS contracts with local surrogates, with no mediation from any third parties (agencies); surrogates must be between 25 and 35 years old, in good health condition, they cannot be pregnant in the previous year and they cannot serve as surrogates more than twice; moreover, it is established that the intentional mother must provide evidences of medical conditions that hinder her to carry out a pregnancy and she must be between 25 and 40 years old. The reform also established the obligation to inform the local Health Secretary and the Civil Registry and to deposit the contract at the Public Notary; it was also provided that no more than 2 embryos can be implanted and that a doctor must verify that the surrogate does not put in danger the well-development of the foetus (Fulda, 2017).

Despite this reform, there are suspects that the law might be bypassed; a common concern is that since the demand for children cannot be satisfied in a legal manner it would find other less transparent ways, by rendering women and children even more vulnerable to trafficking and abuses.

At the same time as the Tabasco's reform, in Mexico City the Early Institute, a think tank for children's rights, started the first awareness campaign on surrogacy on Twitter (*#ExplotaciondeMujeresconFinesReproductivos*), through billboards and public events, with the aim to alert vulnerable women and mobilize politicians about a new type of reproductive exploitation (Olavarría, 2019).

Also, Senator Mely Romero Celis and other members of the PRI Parliamentarian group presented on 13 October 2015 an integration to the General law on health (art. 61-*ter* and 462-*ter*), which was approved by the Senate on 26 April 2016 but later was sent back to the House of Representatives for further discussion (Albornoz & González, 2017). This reform would have enabled access to GS only to married or cohabitant couples, heterosexuals, Mexicans, and couples with medical incapacity to procreate.

On March 1, 2016 Deputy Sylvana Beltrones Sanchez presented a different proposal which would have introduced an additional requirement: between surrogate and intended

parents there must be a family connection. In the same year, on March 24, 2016, a roundtable on surrogacy was held by the National Commission for Human Rights which gathered together policy makers, judges, scholars, international organizations and civil society.

Earlier, another attempt to regulated surrogacy was advanced in the Federal District, which stands out on the national scene for its progressive policies for women, including the 2008 law on abortion (which is considered the most liberal in the whole country and a model law for Latin America). Maricela Contreras Julian, representative of centre-left party PRD and at that time President of the Health Commission, presented a bill on surrogacy which would have introduced the following conditions: the embryo must belong to a heterosexual married or cohabitant couple, with proven medical impairment to procreate, surrogacy cannot be remunerated, the surrogate must be on good health and both parents and surrogates must live in the Federal District; it also provided the establishment of a surrogacy birth registry. Aimed at fighting against trafficking of children, this proposal initially received consensus but in 2010 it was declared invalid because it was discussed beyond the constitutional time.

By getting closer to the present, the last proposal on medically assisted reproduction is authored by Senator Olga Maria Del Carmen Sanchez Cordero Davila and was presented in 2018. This proposal provides for the establishment of a national registry on assisted reproduction, and establishes that services are accessible to all those who cannot have children naturally, including same-sex couples. The law also establishes sanitary requirements for clinics, prohibition for cloning and eugenics, 1-8 year of limitation of liberty for those who engage in assisted reproduction without the consent of the woman and punishment for obtaining gametes and embryos illegally. In the explanatory memorandum of the text, (which is almost identical to the one presented by Romero Celis in 2016), surrogacy is mentioned as one of the available techniques of assisted reproduction which, as the text specifies, enables millions of people to satisfy their desire to have a baby. Although surrogacy does not appear in the text of the law, but only in the explanatory memorandum, in the civil society there is a spread belief that the law would endorse GS.

#### **4. Regulation versus abolition**

The regulatory attempts reported in previous paragraphs provide different degrees of flexibility and encouragement/discouragement for the use of GS and for the development of GS industry. However, it is striking that none of the laws mentioned so far explicitly prohibit GS in all its forms. This suggests that obtaining a child through externalized conception and third-party pregnancy is a normalized fact, a possibility that cannot be denied if certain conditions and requirements are met. Although the right to access GS and the possibility to earn money from it are regulated, the aspect that cannot be limited in any way is the very fundamental nature of the practice: the gestation of an embryo/foetus not genetically related to the carrier, who is separated at birth from the woman with whom he had established a bi-directional physical and emotional relationship.

Among international social movements this ineludible aspect of GS is questioned only by some radical feminists, pro-life and pro-family groups, scholars, physicians and bioethicists (mainly with a religious sensitivity, Munro, 2001; Vitale, 2017). The acknowledgment of this very ineludible aspect of GS (the brutal separation of the child from the “carrier”) is at the core of abolitionist requests advanced by coalitions of aforementioned groups, such as the transnational campaign *Stop Surrogacy Now* (Bandelli & Corradi, 2019; Klein, 2018; Saravanan, 2018).

However, this radical abolitionist demand tends not to reflect in institutional policy-making, not even State or international organizations, where in fact a more or less restrictive regulatory approach prevails (Bromfield & Rotabi, 2014). Indeed, the total prohibition of GS, such as the one in place in Italy (where GS is considered by law against the public order), in France and Germany, had been introduced by older laws, before the global wave of same-sex marriage legalization and the spread of GS as a reproductive practice, at a time when GS was regarded as an exceptional and extreme possibility of medically assisted reproduction (Scott Sills, 2016).

In Mexico the abolitionist front is represented by the aforementioned think tank for the children's rights Early Institute and by radical feminists led by a young spontaneous group

called *Feministas Mexicanas contra Vientres de Alquiler* (FEMMVA), which is allied with the *Coalition Against Trafficking in Women of the Latin America and Caribbean* (CATW-LAC). The core frames of the abolitionist discourse are: commodification of women and children, and exploitation of vulnerable women (Bandelli, 2019). At the moment the mobilizing and lobbying capacity of this front in Mexico seems to be weaker than the regulatory front.

In civil society, the organization who is recognized as the leading expert on GS and most visible voice in the regulatory discourse is GIRE. GIRE was established in 1992, it has professional staff and well equipped office and it receives funds from various sources, including from North-American foundations. It is specialized in the defence of reproductive rights and works on 6 priority areas from a feminist and human rights perspective: contraception, abortion, obstetric violence, maternal mortality, assisted reproduction and work-life balance. The guiding principle of GIRE is the autonomy of women and the opposition to punitive and prohibitionist approach in women's issues (including for example the total prohibition of marriage for teenager below 18 years old). In regards of the Tabasco case, GIRE expressed strong perplexities on the 2016 reform, and provided legal support to intended parents who found themselves trapped in legal limbo after the reform was passed. In 2017, GIRE published a report titled *Surrogacy in Mexico. The consequences of poor regulation*, in which the NGO argues the urgency of introducing better regulation to protect the subjects involved in surrogacy.

## **5. The regulatory pro-surrogacy discourse: modernization to achieve parental desires and woman's autonomy**

The arguments in support of the need for legalizing and regulating GS in Mexico build upon three core themes: one is that the achievement of parental desire should be pursued by all available means and therefore assisted reproduction technology should be widely accessible; the second theme is that women should be free to choose how to use their

reproductive capabilities including to gestate for others. Both proscriptions are presented under the rubric of progress as desirable direction of the modernization process: the State's law needs to be updated to modern times to enable couples to achieve their parental desire through technology and to enable women to express their autonomy. The third theme does not point at ideal principles of social or individual aspirations, as the first two do, but argue that regulation is the only doable path insofar prohibition would fail to prevent that GS becomes an illegal market.

### *5.1 Access to technology for achieving parental desire*

The Sanchez Cordero's law proposal on medically assisted procreation builds its arguments on the necessity to update existing laws according to available scientific and technological advancements, in order to enable a modernization process of the country, which is already occurring in other spheres of policy making such as education, economy and energy. The explanatory memorandum of the law remarks that in the past the moral and psychological burden of infertility could not be alleviated because of a lack of knowledge on technological and diagnostic tools; however, nowadays technical solutions developed in the last 40 years (since the first test-tube baby Louise Brown was born in United Kingdom in 1978) enable to satisfy the desire of filiation and the human right of family formation.

The law aims, through the regulation of medically assisted procreation, to ensure that citizens could access quality services. Access to these techniques is understood as an expression of decisional freedom in reproductive life, which is acknowledged by the Mexican Constitution since 1974 with specific reference to family planning. The memorandum also mentions the 1994 *Cairo Conference on Population and Development*, where States were invited to guarantee individual reproductive needs. At that time, the memorandum clarifies, the legislator could not foresee that scientific advancements would have enabled assisted reproduction, which in fact nowadays should therefore be recognized as a new form of family planning.

Infertility is defined in this law as a public health issue, and health is defined according to the *World Health Organization* approach not only as absence of disease but as a state of total well-being, in its physical, mental and social dimensions. Causes of infertility are attributed either to modern lifestyle (e.g. late parenthood, tobacco and alcohol consumption) and to reproductive inefficiency of human nature compared to other animal species.

The law proposal explicitly presents itself as a necessary normative update to face issues that are typical of modern times, to guarantee the well-being of everybody, a goal that so far has been hindered by ideological positions, such as the attempt to acknowledge the juridical status of embryos.

The necessity to improve access to scientific advancements to achieve parental desire is argued also by GIRE: «assisted reproduction is an advancement of science, which is fundamental for the rights of everybody to have a family and for the rights of reproductive autonomy»; GS is one of these techniques, which «helps people to exert their rights to have a family with the number of children they wish»<sup>5</sup> (Ramos, 2018). Trust in the capacity of technological progress to make want-to-be parents happy is conveyed also by Contreras: «Thanks to the giant advancements in biology and human reproduction, thousands of people can become fathers and mothers, and this might be the principal biological objective in their lifecycle»<sup>6</sup> (Mexico Fértil, 2012).

## 5.2 *Woman's autonomy for empowerment*

In the definitions of GS used by regulatory discourse makers, it is highlighted the independent role of woman in the decision on whether participating in other people's reproductive process, by sharing her body. For example in GIRE's report GS is defined as «an arrangement in which a woman *agrees* to carry a pregnancy for another individual or couple who intend to parent the child born of this pregnancy» (Fulda, 2017, p.9).

<sup>5</sup> Translation made by the author.

<sup>6</sup> Translation made by the author.

The autonomy principle is also stated by one of GIRE's experts during an interview with the author of this article: «Our approach is not to promote surrogacy, but to promote women's autonomy in deciding whether or not to become pregnant». Researcher: «Including being a surrogate?». Respondent: «Yes, we try to avoid terms like wombs for rent, it is not really renting, it is that they *decide* to gestate for somebody else, they are not renouncing their autonomy». The same position emerges also in the following extract: «To criminalize GS as a form of human trafficking means to suggest that women are unable to decide in an independent manner whether they want to gestate the product of others; it means to assume that there are always abuses and coercion and there is no free exercise of rights in surrogacy» (Fulda, 2019).

This form of “participation” according to GIRE is to be acknowledged also from an economic perspective: «GIRE considers that the commonly-held narrative, suggesting that surrogacy must be undertaken for strictly altruistic reasons, is based on gender stereotypes and overlooks surrogates’ reproductive autonomy» (Fulda, 2017, p. 13). In GIRE's video-documentary *Deseos* a woman in Tabasco is interviewed: she is already mother and she is divorced, she reports that she freely decided to become a surrogate as a project to gain enough money to open a small business and buy a motorbike. In a nutshell, GS is presented as an opportunity for women, an opportunity which should not be limited: GIRE even interprets as discriminatory the age limit for serving as surrogate, which was set by the 2016 Tabasco reform.

The autonomy envisioned by the discourse described so far refers also to a more intimate dimension, a sort of autonomy from emotions and physical bonds: the woman does not necessarily attach to the baby she carries, therefore taking this assumption for granted is to be viewed as a symptom of conservatism and stereotyped femininity. This argument is conveyed by the following testimonies. Marta Lamas, one of the most influent feminists in Mexico, founder of *Sociedad Mexicana Pro Derechos de la Mujer* (Semillas), GIRE, *Instituto de Liderazgo Simone de Beauvoir*, and *Debate Feminista* journal, declared on *Televisa* that pregnancy should not be mystified, that there is nothing wrong in the decision of women to make babies for other couples, either heterosexual and homosexual, who want

so much to become parents (Foro Tv, 2017).

During an interview with the author of this article, one of GIRE's experts defined conservatism with the following words:

«The idea that gestation and sex are something sacred». She continued by saying that «it is an important overlap in narratives of prohibitionist and conservative groups, stating that pregnancy is something magical happening between the woman and the 'product', that women would face problems in detaching from the baby. In fact, this is not necessarily going to affect her emotion, in some cases it could happen but not always. People do not always develop an emotional relationship with their pregnancy».

Liberal feminists working in the sexual and reproductive field (who are potential discourse makers on GS) tend to endorse woman's autonomy as a non-negotiable and absolute principle and to apply it to GS as an a priori dogma, although they have accumulated only limited knowledge and reflection on what GS concretely is and means for women. Emblematic of this tendency is the following testimony given by a feminist activist working at one of GIRE's partner organizations. The interviewee since the start admitted that she does not have any direct experience or expertise on GS, but she nevertheless accepted to interact with the researcher to talk about reproductive issues in general. She was not aware about the details of GS such as the selective reduction of multi-embryos implantations. This lack of knowledge did not refrain her to express an a priori endorsement to the cause of regulation of GS, uniquely in light of the unquestionable principle of the woman's autonomy, which leads all activities run by the NGO she works for:

If I decide to be a surrogate womb it is my rights to use my body, make a contract and have that job and buy me an apartment faster than what I can do it by doing another kind of work. It is a means of work. It is the rights of people to choose, and this slogan works for everything: having a tattoo, deciding which part of your body you want to work with (hands, genitals or your wombs). You should be able to make your choice for yourself whereas the State should make the conditions for you to be cared for.

This same attitude, although with different levels of passions, has been found also in two

other public officials and a few academics who interacted with the researcher during her field-work in Mexico.

### 5.3 Pragmatism

Besides these two core themes, which point at ideal goals and social values, there is another recurring topic, far less utopian: regulation and legalization would be the only effective way to protect women's rights because prohibition of GS would on the contrary encourage illegality and trafficking and therefore would render women more vulnerable to abuses and exploitation. Pragmatism is also suggested as a recipe for the acceptance of structural female poverty and unemployment, conditions that cannot be eliminated but rather could be mitigated by giving women a new opportunity of job: GS. This approach emerges for example in the following article on *Open Democracy*:

A ban merely serves as a fig leaf to hide a demonstrable lack of engagement with the structural problems women, and particular single mothers, face in Mexico's neoliberal economy: lack of employment options, insufficient access to health care, non-enforceability of alimony payment of fathers, and a general lack of social benefits. There is a better way. Mexican state bodies and international organizations must work hand in hand to formulate, implement, and monitor regulations that ensure adequate living conditions and improve the legal situation of surrogate mothers in the transnational surrogacy industry [...] formulate and ensure the enhancement of policies that regulate and control the different actors in the surrogate business (Schurr & Perler, 2015).

The State is asked to protect the “desiring subject” insofar he/she is the legitimate holder of a broad right to psycho-physic wellbeing, which includes the happiness of biological parenthood. More specifically, the reclaimed protection is one of negative freedom typical of the (neo)liberal State: the State grants the citizens full individual freedom of choice in using technology to procreate and in sharing the body to contribute to the procreation process for other people, and at the same time the State ensures high quality standards in

reproductive services (Cooper & Waldby, 2014; Parry, 2015).

Such an optimistic imaginary about a society made of individuals who are fully free to meet their reproductive desires and economic needs, in a safe, regulated and conscious way, seems to coexist with, or rather to be contradicted by, a resigned acknowledgement of pervasive illegality, corruption, social inequality and female poverty. These features clashes with the requirements of modernity, but are nevertheless accepted, through the same pragmatic approach which underpins the rejection of abolitionist demands (because it is given for granted that the State is not able to enforce any prohibition of surrogacy).

## **6. Contradictions and implications of the discourse**

The pro-surrogacy discourse envisions a modern society in which the access to reproductive technology (within a fertility sector that is regulated by the State's law according to quality standards) would enable individuals to undertake in an autonomous way necessary activities to achieve their life plans and their well-being: couples would access technology to achieve the desire of becoming biological parents and women would access the same technology to enhance their economic and social status. It is argued that in such a modern society both categories of individuals have the rights to achieve the new desired status, it is assumed that they freely choose the goal as well as the strategy to achieve the goal, and that the State's law should protect and assist them in this endeavour. Let's now see to what extent this ideal picture reflects concrete possibilities of realization in the social domain or lifeworld.

First of all, whereas on the level of representation GS appears as a way for women to express their freedom, on the level of social relations the decisional power of the surrogate during pregnancy is not expanded but shrunk. Indeed, GS agreements can include all kinds of requests, such as: dietary regime, fitness activities, sexual abstinence and video-recorded birth (Klein, 2018). Also, surrogates are often hospitalized in dormitories where their health and behaviour are constantly screened and monitored (Rudrappa, 2015). Furthermore, the

final decision on whether, how many and which embryos are to be aborted belongs to intended parents, nor to the surrogate who “carries” the embryos (Danna, 2014).

Also, edulcorated messages make women and intended parents to believe that through reproductive technology they can master and go beyond the natural limits of procreation to achieve their life-goals while health impacts, risks, and social implications and limits of artificial reproduction (which have been presented earlier on in this article) are not underlined. Under the influence of this discourse individuals are thrown into unprecedented life events, which society has not yet decoded completely insofar the technological action range expands at a higher speed than knowledge sedimentation (Latour, 1991). For example, surrogates and intended parents might find themselves in situations that are not foreseen or regulated by the contract, unstable legal frameworks on surrogacy might modify responsibilities and rights of participants, biomedical procedures and pharmaceutical products could bring about unpredicted alterations on human beings, and we do not know how surrogate babies will react once they will be adults. Bewilderment, vulnerability, solitude and powerlessness are typical features of societies where social practices are de-synchronised from knowledge and beliefs (Beck, 1992).

In these situations individuals face their vulnerability through the means and capacities that are available to them, and in case of conflicts between the surrogate and the intended parents (who are those who pay clinics and agencies and have access to professional resources and knowledge), the surrogate has less negotiating power (Allen, 2018). Indeed, the use of reproductive technology does not erase social and power inequality, but reflects and reproduces the social status and power relations of users: the same technology is used by disadvantaged women in order to produce babies and by wealthier women and men in order to obtain offsprings (Cooper & Waldby, 2014; Harrison, 2016). This repartition occurs within the same country as well as transnationally (Dasgupta & Das Dasgupta, 2014; Pollack Petchesky, 1995).

Individuals are made to believe that technological advancements can free them from the sufferance caused by a physical condition (infertility) that up to recent times was not manageable. This endeavour is depicted in a positive way, as a marker of a modern society

where individuals are eventually liberated from traditional/backward views of humanity (which conceive certain components of personhood as not-disposable). The backward view is replaced with the assumption that there is no sacred dimension of humanity and that everything can be treated as fungible possessions (Radin in Belliotti, 1998) and implicitly this humanity subtraction is presented as a positive attempt to advance human conditions. The incitement to overcome biological limits builds upon the assumption that procreation, which is relational in nature, can be broken down and turned into a quantified process in which different phases are split, controlled, and modified according to technical criteria (Farquhar, 1996). According to surrogacy enthusiasts, the happiness of parenthood should not be at the mercy of infertility, heterosexuality and mother-foetus relationship: the spaces of natural procreation should be open to technology and human will's intromission, including the will of third subjects.

The manipulation of the natural processes is presented as manageable by the individual will through rationalized and technical processes as well as through strategies of self-discipline. For example, the pregnant woman is supposed to control her feelings and attachment to the foetus simply by repeating to herself that the foetus does not belong to her but to the couple who desires the child (and pay for it). Nevertheless, one of the most common side effects of GS is post-partum depression (Ahmari *et al.*, 2014).

More so, the imagination that there is no bond between the surrogate and the foetus could not erase the existence of a complex bi-directional inter-corporeal dialogue (documented by psychology of development as well as neurosciences. Garde, 2018; Nicolais, 2018): in this dialogue woman's emotions and her biological alterations are functional to different phases of pregnancy, to the development of the foetus and to the post-natal care; this process is the constitutive matrix of human relational identity, which means that through this process the foetus learns to relate with the space and with the other (represented by the mother); he learns a unique and not-replicable code for the attunement (Meltzoff's cross-modal correspondences) with the mother (e.g. the newborn recognizes the behavioural timbre of the mother, he prefers the taste of her milk, etc.).

It is clear at this point of the dissertation that the pro-surrogacy discourse suggests that

the individual will to achieve self-determined aspirations occupies in the hierarchy of modern values an higher position than the maternal-foetal unity, which rather is considered nothing but an archaic mystification to be rapidly overcome (even the scientific grounding of the bond is disregarded). We could observe that the “desiring subject” is deified (Harari, 2015) and that the sacred is transferred from the interpersonal body level (intercourse and maternal-foetal bond) to the mental level of desires and will, which in turn acquire the status of unquestionable rights.

In a nutshell, this discourse is nothing but a variation of the well-known discourse of progress (Lasch, 1991; Marcuse, 1964; Mouzakis 2017): a taken for granted assumption that social change must be endless and dedicated to liberate humanity from physical constraints, poverty and traditions; a linear process from backward point A to modern point B that is continuously moved forward and assumed to ameliorate human condition. The process is a priori considered right and desirable from a value point of view (insofar it enables freedom and happiness) as well as effective from a material point of view (insofar it enables to affirm the individual will beyond natural limits and to improve his/her economic and social status).

The motivational appeal of this discourse is individualistic: individuals are not encouraged to embrace assisted reproduction technology and GS for a common social cause but simply to fulfil their self-determination. In order to be modern, the State should enable the pursuit of dreams of happiness and freedom. However, individuals are not provided with factual and complete information to ponder costs, benefits, risks and negotiate personal values; rather, they are fed with ideal and values that catch on their need to affirm personal freedom and subjectivity, hypnotic formulas with powerful capacity of mobilization (rights to be parent, to access medical technology, to be happy, to express autonomy as women, etc.).

The promised well-being seems to be inscribed in the process of individualization (Bauman,1999): the transformation of human identity into a task that individuals are responsible to achieve successfully while managing the consequences of their performance. The contemporary culture of planning and self-determination encourage the deconstruction

and reinvention even of those institutions (such as maternity) that used to be fixed and above the individual (Beck, 2012). However, information given to these individuals are not adequate to the complexity of decisions that they are required to take: subjects are pushed to take action by the tempting promise of emancipation, while the lack of information and reflections on side effects and implications of their emancipatory actions takes responsibility away from them. The lighthouses of autonomy and empowerment provide a shortcut in the difficult decisioning process in which individuals are often bewildered and unprepared to ponder moral consequences and interests.

In this perspective, we can say that the surrogate is made to believe that by making the choice of engaging in reproductive work she affirms her agency like a modern and empowered woman. This “opportunity” is offered by the market and the woman's illusion of autonomy is functional to generate procreative “manpower”. The surrogate is threatened by the possibility of failure and for not having done enough to succeed and improve her and her family's status. The same threat of failure embraces also adults who are hindered by their biology in the attempt to become parents. The pro-surrogacy discourse does not encourage the “desiring subjects” to reflect on the consequences and risks that the child (who is in fact the desired “object”) is exposed to; they are neither encouraged to take on the responsibility towards the surrogate, which has less power than them: risks are considered her responsibility, the flip-side of her autonomous choice.

In the process of individualization described so far individuals are unlikely to be free or happy (rather they are disoriented), in fact happiness is achieved when there is a balance between desires, imagination and the capacity to take action (Bauman, 1999). The pro-surrogacy discourse on the contrary seems to expand the imagination, by reassuring on the positive effects of reproductive technology and on the possibility to externalize pregnancy to free women, by omitting negative implications, and by pushing individuals to take actions without adequate preparation and tools. In this vicious circle the race towards self-determination does not stop for reflection, and the promise of well-being is likely to be betrayed.

Finally, the argument of pragmatism too builds on an evident contradiction, which might

undermine the possibility that the promised land conveyed by the pro-surrogacy discourse concretely realizes. On one hand, the State is considered hopeless in protecting citizens from poverty and criminal/illegal practices, but on the other hand it is considered trustworthy in the regulation and supervision of a complex transnational infertility market. It is worth noticing that even in those countries where GS is regulated, women, parents and children are not safe from health complications, psychological sufferance, wrongdoings and frauds (Lahl, Reist & Klein, 2019).

To conclude this long discussion on different contradictions and implications of the pro-surrogacy discourse the following points can be summarized: GS discourse is widely based on ideological categories that legitimate actions aimed at self-determination, which project individuals into unknown scenarios of vulnerability; people are not given adequate knowledge / information on risks and implications of the social practice they are encouraged to undertake; factual reality (such as the restriction of body ownership during pregnancy, the bidirectional bond between the mother and the foetus) is omitted and complexity of procreation is reduced to simplistic representations of human capacity to impose upon natural processes; since inalienability of intimate components of personhood is portrayed as backward, individuals end up being commodified at the mercy of market logics and contracts that subtract portions of their self-ownership.

## **7. Conclusions: to what extent the pro-surrogacy is spread?**

Within the feminist movement in Mexico GS is an emerging topic of debate, which only a few organizations deal with; it has not transformed yet into a cross-cutting topic of mobilization and detailed information on GS procedures and implications are not yet common feminist knowledge. However, it emerges that the theoretical principle of the woman's autonomy receives broad consensus and therefore tends to be applied by extension and in a non-problematic way to disparate topics such as: abortion, sexual orientations, gender identity, prostitution and in some cases to GS too.

GS is not among the priorities of the new Government of Mexico, which installed in early 2019. However, among radical feminist groups of the Capital City there is a spread concern that the law proposal on the medically assisted reproduction, which was submitted in the past legislature and at the time being appears in “pending” status, could find consensus in the new parliamentary majority.

In this article it has been argued that the regulatory pro-surrogacy discourse builds on a rhetoric of modernization and woman's autonomy. These two themes are central in the contemporary political discourse of Mexico and might provide a fly-wheel for a growing consensus around surrogacy.

The new Federal Government is led by Andrés Manuel López Obrador (from Tabasco), who is leader of the *Movimiento Regeneración Nacional* (MORENA), a social-democratic political party established in 2014; MORENA in coalition with the left-wing *Partido del Trabajo* and the right-wing evangelical *Partido Encuentro Social* won the presidency and a majority in the Senate and Chamber of Deputies. The new government marks a turning point in the political history of Mexico: it overtly points at modernizing the country through the fight against its crucial cancers, such as poverty, corruption, criminal organizations (narco-traffic) and insecurity (including femicide and kidnapping). Gender equality is also crucial in the public portrayal and public expectations from this new political era. For the first time in political history of Mexico, almost 50 percent of Members of Parliament and of the Cabinet are women and Sanchez Cordero, author of the bill on assisted reproduction, is the first female Secretary of Government. Women's issues had a central role in the political discourse of MORENA which, during the electoral campaign, published a booklet titled *Femsplaining* which was entirely focused on women: access to education violence and femicide, machismo, female representation in institutions, maternal mortality, obstetric violence and contraception are among the discussed topics.<sup>7</sup>

Although decriminalization of abortion has not been included explicitly in MORENA's manifesto, there are strong expectations that the new Government eventually approves a

<sup>7</sup> The booklet is available at: <https://plumasatomicas.com/noticias/resultados-elecciones/femsplaining-guia-feminista-morena/>

pro-choice law that has been demanded for decades by Mexican feminist groups. At the moment, the access to safe abortion, is the number-one cause in Mexican feminism, especially among the groups engaged in reproductive issues.

The principle of the woman's autonomy, which is strongly advocated by liberal feminist organizations (some of them with influent contacts inside political institutions) might prevail in the institutional interpretation of abortion. The principle of the woman's autonomy also might extend (by virtue of its pathos rather than by virtue of information-based arguments) to the debate on medically assisted reproduction and GS. A foreseeable risk is that the feminist demand for autonomy, which is strengthened and spread by the urgency of other social causes, such as the legalization of safe abortion, along with a regulatory discourse on GS which omits problematic issues and risks, might bring about a general misinformed consent around GS (especially within Mexican feminism, endorsers of women's rights and women who have been waiting for long time the liberation promised by modernity). In other words, it might occur that GS in the public imaginary establishes as another iconic representation of female emancipation, rather than a social practice of procreation and labour, with broader social, ethical, and anthropological implications.

In order to avoid that public policies are introduced on the basis of appealing ideological concepts, scientific-based information on GS needs to be widely circulated, real stories of surrogates, intended parents and “surro-children” need to be gathered and communicated. This knowledge needs to be produced not only by NGOs with specific interest and expertise in the field, but also by public and independent institutions. The taken for granted assumption that regulation is the only pursuable option might interfere with the impartiality of this recommended process of dialogue between knowledge production and policy making.

## **References List**

Agnafors M. (2014). The harm argument against surrogacy revisited: two versions not to

forget. *Medicine, Health Care and Philosophy*, 17, 3: 357. DOI: 10.1007/s11019-014-9557-x.

Ahmari T.H., Tashi S., Mehran N., Eskandari N., Dadkhah T.T. (2014). Emotional experiences in surrogate mothers: a qualitative study. *Iranian Journal of Reproductive Medicine*, 12, 7: 471.

Albornoz M. A. M., González F. L. P. (2017). Marco normativo de la gestación por sustitución en México: desafíos internos y externos. *Revista del instituto de Ciencias Jurídicas de Puebla*, 11, 39: 9.

Allen A. (2018). Surrogacy and limitations to freedom of contract: toward being more fully human. *Harvard Journal of Law & Public Policy*, 41, 3: 753. Retrieved from: <http://www.harvard-jlpp.com/wp-content/uploads/sites/21/2018/05/Allen-FINAL.pdf> (22/12/2019).

Bandelli D. (2019). *Gestational surrogacy read by Mexican feminist abolitionist movement: a discourse on women's commodification and a critique of underpinning feminist theory*. Paper presented at the XIII Congreso Espanol de Sociología.

Bandelli D., Corradi C. (2019). Abolishing or regulating surrogacy. The meanings of freedom according to Italian feminism. *Salute e Società*, 18, 1: 9. DOI: 10.3280/SES2019-001002.

Bauman Z. (1999). *Liquid modernity*. Cambridge: Polity Press.

Beck U. (1992). *Risk society. Toward a new modernity*. London: Sage.

Beck U. (2012). *I rischi della libertà*. Bologna: Il Mulino.

Belliotti R.A. (1988). Marxism, feminism, and surrogate motherhood. *Social Theory and Practice*, 14, 3: 389. DOI: 10.5840/soctheorpract198814318.

Bromfield N.F., Rotabi K.S. (2014). Global surrogacy, exploitation, human rights and international private law: a pragmatic stance and policy recommendations. *Global Social Welfare*, 1: 123. DOI: 10.1007/s40609-014-0019-4.

Cooper M., Waldby C. (2014). *Clinical labor: tissue donors and research subjects in the global bioeconomy*. Durham and London: Duke University Press.

Corradi L. (2017). *Nel ventre di un'altra*. Bologna: Castelvecchi.

- Danna D. (2014). L'aborto nei contratti di maternità surrogata statunitensi. *About Gender*, 3, 5: 139. DOI: 10.15167/2279-5057/ag.2014.3.5.121.
- Danna D. (2017). *Maternità. Surrogata?* Trieste: Asterios.
- Dasgupta S., Das Dasgupta, S., eds. (2014). *Globalization and transnational surrogacy in India*. Lanham: Lexington Books.
- Esparza M.B., Hernandez P.C., Alcocer A.R. (2014). *Maternidad subrogada: Explotación de mujeres con fines reproductivos*. Mexico City: Mujeres Independientes en Acción.
- Farquhar D. (1996). *The other machine: discourse and reproductive technologies*. London and New York: University of Chicago Press.
- Foro TV (2017). *GIRE presenta documental de Flavio Florencio Deseos*. Retrieved from: <https://noticieros.televisa.com/videos/gire-presenta-documental-de-flavio-florencio-deseos/> (20/08/2019).
- Fulda I. (2017). *Surrogacy in Mexico. Consequences of poor regulation*. Mexico City: GIRE. Letras Libre. Retrieved from: <https://gestacion-subrogada.gire.org.mx/en/> (01/03/2019).
- Fulda I. (2019). *Gestación subrogada: No abolir el debate*. Retrieved from: <https://www.letraslibres.com/mexico/revista/gestacion-subrogada-no-abolir-el-debate> (05/08/2019).
- Garde M.B. (2018). Gestación subrogada: aspectos emocionales y psicológicos en la mujer gestante. *Revista Internacional de Eticas Aplicadas*, 28: 41. Retrieved from: <https://www.dilemata.net/revista/index.php/dilemata/article/view/412000246/604> (22/12/2019).
- Gonzalez R., Galicia A. (2019). Cancún, “el paraíso” para alquiler de vientres. *La Verdad*, 14 de Abril. Retrieved from: <https://laverdadnoticias.com/quintanaroo/Cancun-el-paraiso-para-alquiler-de-vientres-20190413-0123.html> (07/08/2019).
- Gordon M. (2018). *Do IVF and other infertility tech lead to health risks for the baby? Maybe*. Retrieved from: <https://www.npr.org/sections/health-shots/2018/09/19/648923906/do-ivf-and-other-infertility-tech-lead-to-health-risks-for-the-baby-maybe> (05/06/2019).

- Guzman V.R. (2016). A comparison of surrogacy laws of the U.S. To other countries: should there be a uniform federal law permitting commercial surrogacy? *Houston Journal of International Law*, 38, 2: 619. Retrieved from: <http://www.hjil.org/articles/hjil-38-2-guzman.pdf> (22/12/2019).
- Harari Y. N. (2015). *Homo Deus. A brief history of tomorrow*. London: Harvill Secker.
- Harrison L. (2016). *Brown bodies, white babies. The politics of cross-racial surrogacy*. New York: New York University Press.
- Hernandez Y. P. (2018). Gestación subrogada: una revisión etnográfica para contribuir al debate en México. *Debate Feminista*, 28, 56: 85. Retrieved from: [http://www.debatefeminista.cieg.unam.mx/wp-content/uploads/2018/08/articulos/DF56\\_05.pdf](http://www.debatefeminista.cieg.unam.mx/wp-content/uploads/2018/08/articulos/DF56_05.pdf) (22/12/2019).
- Hovav A. (2019). Producing Moral Palatability in the Mexican Surrogacy Market. *Gender & Society*, 33, 2: 273. DOI: 10.1177/0891243218823344.
- Jacobson H. (2016). *Labor of love. Gestational surrogacy and the work of making babies*. New Brunswick: Rutgers University Press.
- Kleeman J. (2019). Having a child doesn't fit into these women's schedule: is this the future of surrogacy? *The Guardian*, 25 May. Retrieved from: <https://www.theguardian.com/lifeandstyle/2019/may/25/having-a-child-doesnt-fit-women-s-schedule-the-future-of-surrogacy?> (20/07/2019).
- Klein R. (2018). *Surrogacy. A Human Rights violation*. North Geelong: Spinifex Press.
- Lahl J., Reist M. T., Klein R. (2019). *Broken bonds. Surrogate mothers speak out*. Melbourne: Spinifex.
- Lasch C. (1991). *The true and only heaven: progress and its critics*. New York: W.W. Norton & Co. Inc.
- Latour, B. (1991). *We have never been modern*. Cambridge: Harvard University Press.
- Levesque S. (2018). *Luca's Law*. Retrieved from: <https://lucaslaw.blog/2018/12/21/lucas-law> (05/02/2019).
- Marcuse H. (1964). *One-dimensional man: studies in the ideology of advanced industrial society*. Boston: Beacon Press.
- Markens S. (2007). *Surrogate motherhood and the politics of reproduction*. Berkeley:

University of California Press.

- Mendiri M.A.A. (2018). Gestación subrogada desde una perspectiva biomédica: lo que el debate científico puede añadir a la discusión ética. *Revista Internacional de Eticas Aplicadas*, 28: 13. Retrieved from: <https://www.dilemata.net/revista/index.php/dilemata/article/view/412000244/601> (22/12/2019).
- México Fértil (2012). *Gestación subrogada: entrevista con la Diputada Maricela Contreras*. Retrieved from: <http://mexicofertil.com/gestacion-subrogada-entrevista-con-la-diputada-maricela-contreras> (05/06/2019).
- Mouzakitis A. (2017). Modernity and the idea of progress. *Frontiers in Sociology*, 2: 3. DOI: 10.3389/fsoc.2017.00003. Retrieved from: <https://www.frontiersin.org/articles/10.3389/fsoc.2017.00003/pdf> (22/12/2019).
- Munro V.E. (2001). Surrogacy and the construction of the maternal-foetal relationship: the feminist dilemma examined. *Res Publica*, 7, 1: 13. DOI: 10.1023/A:1009691303212.
- Nicolais G. (2018). *Il bambino capovolto*, Milano, Feltrinelli.
- OHCHR Special Rapporteur on the sale and sexual exploitation of children (2018). *Report to the General Assembly. Human Rights Council. A/HRC/37/60*. Retrieved from: [https://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/HRC/37/60](https://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/37/60) (02/05/2019).
- Olavarría M. E. (2019). *La gestación para otros en México. Parentesco, tecnología y poder*. Mexico City: Gedisa.
- Parry B. (2015). Narratives of neoliberalism: 'clinical labour' in context. *Medical humanities*, 41, 1: 32. DOI: 10.1136/medhum-2014-010606.
- Pollack Patchesky R. (1995). The body as property: a feminist re-vision. In Ginsburg F.D., Rapp R., eds., *Conceiving the new world order*. Berkeley: University of California Press.
- Ramos C. (2018). Gestación subrogada: Morena apuesta por regular en lugar de prohibir. *Animalpolitico*, 10 December. Retrieved from: <https://www.animalpolitico.com/2018/12/gestacion-subrogada-morena-regulacion/> (20/05/2019).
- Rudrappa S. (2015). *Discounted life: the price of global surrogacy in India*. New York: New York University Press.
- Saravanan S. (2018). *A transnational feminist view on surrogacy*. Berlin: Springer.

- Schurr C. (2018). The baby business booms: economic geographies of assisted reproduction. *Geography Compass*, 12, 8: 1. DOI: 10.1111/gec3.12395.
- Schurr C., Perler L. (2015). “Trafficked” into a better future? Why Mexico needs to regulate its surrogacy industry (and not ban it). *Opendemocracy.net*. 17 December. Retrieved from: <https://www.opendemocracy.net/en/beyond-trafficking-and-slavery/trafficked-into-better-future-why-mexico-needs-to-regulate> (14/07/2019).
- Scott Sills E., ed., (2016). *Handbook of gestational surrogacy: international clinical practice and policy issues*. Cambridge: Cambridge University Press.
- Spar D.L. (2006). *The baby business: how money, science, and politics drive the commerce of conception*. Boston: Harvard Business School Press.
- Tieu M. (2009) Altruistic surrogacy: the necessary objectification of surrogate mothers. *Journal of Medical Ethics*, 35, 3: 171. DOI: 10.1136/jme.2008.024679.
- Twine F.W. (2015). *Outsourcing the womb: race, class and gestational surrogacy in a global market*. New York: Routledge.
- United Nations Committee on the Rights of the Child (2015). *Concluding observations on the combined fourth and fifth periodic reports of Mexico (CRC/C/MEX/CO/4-5)*. Retrieved from: [https://www.ecoi.net/en/file/local/1136762/1930\\_1446111487\\_crc-c-mex-co-4-5-20804-e.doc](https://www.ecoi.net/en/file/local/1136762/1930_1446111487_crc-c-mex-co-4-5-20804-e.doc) (16/05/2019).
- Vitale A.R. (2017). Unified opposition to surrogacy. Comparing feminist and Catholic views. *The National Catholic Bioethics Quarterly*, 17, 4: 623.
- Vitela N. (2016). Acusan descontrol en renta de úteros. Carece Tabasco de padrón de clínicas y médicos autorizados. Rechaza Cofepris tener competencia para supervisar la subrogación. *Réforma*, 3 gennaio: 2.
- Wade K. (2017). The regulation of surrogacy: a children’s rights perspective. *Child and family law quarterly*, 29, 2: 113. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5540169/pdf/emss-73199.pdf> (22/12/2019).
- Weinrauch L.A., Gerhard-Herman M.D., Mendelson M.M. (2018), Epigenetics. Is the mode of conception a marker for future cardiovascular risk? *Journal of the American College of Cardiology*, 72, 11: 1275. DOI: 10.1016/j.jacc.2018.07.013.

Whittaker A. (2016). From “Mung Ming” to “Baby Gammy”: a local history of assisted reproduction in Thailand. *Reproductive Biomedicine and Society Online*, 2: 71. DOI: 10.1016/j.rbms.2016.05.005.