

*Emerald Studies in Reproduction, Culture and Society*

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# Surrogacy in Russia

An Ethnography of  
Reproductive Labour,  
Stratification and Migration

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Christina Weis

# **Surrogacy in Russia**

# **Emerald Studies in Reproduction, Culture and Society**

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# **Surrogacy in Russia: An Ethnography of Reproductive Labour, Stratification and Migration**

**By**

**CHRISTINA WEIS**

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INVESTOR IN PEOPLE

*To my parents, Hildegard and Karl Weis*

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# Table of Contents

List of Figures	<i>ix</i>
Note on Conversion	<i>xi</i>
Acknowledgements	<i>xiii</i>
<b>Prologue: From Moldova to Russia for Surrogacy. Gabriela's Story</b>	<b>1</b>
<b>Chapter 1 Introduction: Surrogacy in Russia</b>	<b>5</b>
<b>Chapter 2 Becoming a Surrogacy Worker</b>	<b>23</b>
<b>Chapter 3 Making the Relationship Work</b>	<b>55</b>
<b>Gabriela's Story Continued</b>	<b>79</b>
<b>Chapter 4 Reproductive Migrations</b>	<b>81</b>
<b>Chapter 5 Disruptions and Reconfigurations</b>	<b>111</b>
<b>Conclusion: At Crossroads</b>	<b>119</b>
Appendix 1 Overview of Participants	<i>125</i>
Appendix 2 Notes on Research Relationships	<i>137</i>
Appendix 3 Emotion Work	<i>145</i>

*viii Table of Contents*

Appendix 4 Surrogacy Workers' Accommodations 153

References 157

Index 171

## List of Figures

Figure 1.1.	Sketches of Olesya Concealing Her Surrogacy Pregnancy. Fieldnotes.	8
Figure 2.1.	Newspaper Advertisement by a Commercial Agency Inviting Women to become Surrogates and Egg Donors.	25
Figure 2.2.	Online Advertisement by a Commercial Agency Inviting Women to become Surrogates.	25
Figure 2.3.	Social Media Post Advertising Surrogacy and Final Compensation.	43
Figure 3.1.	Meddesk – Medical Adverts. Highlighted: The Portal for Advertisements for Surrogacy.	61
Figure 3.2.	‘I will be a s[urrogate] m[other]’.	62
Figure 3.3.	‘Family is searching for a surmama’.	63
Figure 4.1.	‘Stork from Chelyabinsk. I will move, if required’.	85
Figure 4.2.	‘Surrogate mother. Test results [available]. Ready to change residence’.	85
Figure 4.3.	‘I will carry your baby’.	86
Figure 4.4.	Screenshot of Agency Website: Compensation Based on Women’s Origin.	89
Figure 4.5.	Platzkartniy Category Train Compartment.	100
Figure 4.6.	View from My Platzkartniy Upper Bunk Bed onto My Travel Companion Preparing His Supper.	101
Figure A3.1.	My Footprints on Frozen Lake Kavgolovo.	151
Figure A3.2.	Taking the Opportunity to Catch Some February Sun in a Park in St Petersburg.	151
Figure A4.1.	Marcella’s Neighbourhood.	154
Figure A4.2.	The Road Leading to the Agency Accommodation.	155
Figure A4.3.	The Village Square and Store.	155

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## Note on Conversion

In this book, I provide an average conversion rate from the Russian Rouble to British Pound Sterling calculated for the time of my second data collection in 2014/2015.

In the winter of 2014, the Russian currency experienced a strong inflation. To illustrate, a common final compensation of 800,000 ₪ for a surrogacy arrangement in St. Petersburg fluctuated between approximately £13,300 in August 2014, £9,950 in December 2014 and £10,200 in May 2015.

Payments for surrogacy pregnancies in Russia commonly entail the details as listed in the table below. Because of the fluctuation of the Russian Rouble over the course of my research, I am rendering a conversion to British Pound Sterling based on an average for 2014/2015.

<b>Costs</b>	<b>Russian Rouble</b>	<b>British Pound Sterling</b>
Final compensation (full term, healthy delivery)	800,000–950,000	13,280–15,770
Addition for twin pregnancy	150,000–200,000	2,490–3,320
Addition for caesarean section	150,000–200,000	2,490–3,320
Monthly allowance	20,000–25,000	332–415
Monthly allowance (twins)	25,000–35,000	415–581

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# Prologue: From Moldova to Russia for Surrogacy. Gabriela's Story

I met Gabriela for the first time in person on an evening in early February 2015.<sup>1</sup> The streets of St. Petersburg were laden in frozen sludge, the wind cold. A short period of warmer days had turned the snow-covered city into a landscape of ice puddles and crusty, brown snow piles before the temperature dropped again below freezing.

Gabriela is from the Republic of Moldova, the 'fruit basket and vineyard' of the Soviet Union, a small landlocked country south of Russia with long, warm summers and mild winters. Like many women I met in St. Petersburg, Gabriela had come to Russia to be a surrogacy worker. We had arranged this first personal encounter after being in touch via phone and email for nearly four months, after I responded to her online advertisement offering her services as a surrogacy worker, asking her to participate in my research. In this first online post, she included the following information:

My name is Gabriela, I am 32. I have two children (11 and 4 years).  
I live in Pieter [St Petersburg], but have Moldovan citizenship.  
Slavic appearance, 160 cm, 55kg, all [medical] analysis present.

She further detailed her financial expectations of 800,000 Roubles [£13,280] for a successful surrogacy pregnancy (to be paid after the delivery of a healthy child), an additional 150,000 Roubles [£2,490] in the case of a twin pregnancy, an additional 100,000 Roubles [£1,660] in case of a caesarean section and 20,000–25,000 Roubles [£332–£415] as a monthly living allowance. She closed the ad with her contact details and the note that she was 'expecting a serious attitude' from interested client parents.

For the first few months, as we were exchanging emails and phone calls, and communicating in a blend of Romanian, her native language, and Russian, for surrogacy specificities, I learned that she had come to St. Petersburg specifically for surrogacy. Out of necessity and so as not be entirely dependent on agencies or client parents, she had also taken up employment in a factory, rented her own accommodation and taken care of her Russian work permit.

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<sup>1</sup>All names in this book are pseudonyms.

## 2 *Surrogacy in Russia*

At first, she was lucky. She had found her first client parents, a couple from Russia's Arctic seaport Murmansk, within weeks of beginning her search. Soon they reached an agreement, signed contracts and the first embryo transfer was scheduled within a few months. However, the embryo transfer failed due to a medical error. Even though Gabriela liked the client parents and likewise they wanted to continue working with her, with a heavy heart, she decided against a second attempt with them: the client mother struggled to produce oocytes, and the doctors could not guarantee whether and when she would be able to undertake a next attempt. Gabriela couldn't afford the wait and the uncertainty. She had left her two young children in her mother's care in Moldova and wanted to return as soon as she could, with the money from the surrogacy arrangement in her pocket, to sort out her dire housing situation. Furthermore, her mother was unaware of the surrogacy work – to her community she had simply left for Russia for work, like so many people of her generation from Moldova.

In the beginning of February 2015, four months later, she found a new arrangement. That was when she offered me to meet for the first time to share her experience in detail.

We agreed to meet at the entrance of a metro station in a working-class district of St. Petersburg. I had told her how to recognise me, and, punctual to the agreed time, a young woman in a dark blue winter coat stepped over towards me. 'Christina?' I nodded. 'I am Gabriela'. After a quick exchange of 'how are you', and before I could thank her for agreeing to meet me, she took charge of the situation and started walking. She immediately came to the point, 'You wanted to ask me things'. 'Yes, about your surrogacy experiences and your attempts', I replied and asked whether I could invite her for a tea as the wind was icy and we both were pulling our shoulders up to our ears. She declined, apologising that she wouldn't have time for that and so we continued to walk. She sighed. Moving to St. Petersburg was hard, she started her story. When she moved here the previous year, in the beginning of winter, she struggled with the cold climate and the darkness of St. Petersburg's winter months. The winter was 'horrible', she had felt despondent in the unfamiliar surroundings, the harsh weather and the solitary and difficult search for the right surrogacy arrangement without a person to turn to for advice or support.

As we arrived back at the metro station, Gabriela tells me she was left with no choice but to come to Russia to search for client parents. Finding and securing an arrangement from Moldova was not an option.

Because people [client parents or commercial surrogacy agencies] want to see you. So I came here. But the conditions are harsh. My current contract with the agency says that I may not tell anybody about it and that I am not allowed to show the contract to anybody. Literally, I am not even allowed to talk to you right now.

As we embarked on walking the same route a second time, I understood why conditions had set us to walk in the darkness of the night, far from the city centre, rather than sitting in a café.

'The contract is horrible', Gabriela continued, and provided some details upon careful request. 'I don't have any rights. The parent have all the advantages and I have none. All I have are enormous risks. And if nothing works out, I get nothing'. I asked her on what grounds she had chosen the agency. 'Because I am tired of waiting! I have been away from home for a year and I want to get it done now. No sex: that is not difficult, but being forbidden to leave the city once pregnant and not travel home to see family is hard!'. She paused and added, in a downcast voice, that because of the current economic situation and the unexpected devaluation of the Russian rouble, the value of her surrogacy earnings has dropped tremendously and living expenses in St. Petersburg have gone up.

The last thing she told me before we reached the metro station for the third time was that she had already had an embryo transfer with the new client parents and was scheduled for a pregnancy test in a few days from today. Before she left, she assured me that she would consider giving me a recorded interview and possibly let me see the contract, and if so, she would get in touch.

My field notes of that day ended with a monologue with myself: *I really would like to get this interview before she knows the result, because if it's negative, she might not want to meet again.... I am aware how selfish that thought is. But as there is no certainty in working as a surrogate, there is no certainty when researching on surrogacy.*

In this book about the social organisation and cultural framing of commercial gestational surrogacy in Russia, I am bringing together the experiences of women who acted as surrogates, the people who bought their services, and the medical professionals and agency staff involved in implementing and monitoring surrogacy pregnancies and births. As an ethnographer who spent 15 months interacting and conversing with these actors, visiting clinics, agencies and homes, and observing interactions, I am also sharing my personal and methodological considerations, decisions, emotions and struggles to give a transparent account of how I produced this knowledge and to offer in writing what ethnographers often only share in private.

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## Chapter 1

# Introduction: Surrogacy in Russia

I absolutely understood, from the beginning, that those are *their* children. That there is nothing of me. I was like a nanny. A good nanny during the time of the pregnancy. And so, these are completely their children. [Emphasis hers.]

(Daria, surrogacy worker (two pregnancies including one twin pregnancy), November 2014)

Surrogacy is commonly defined as an arrangement whereby a woman conceives in order to give birth to a child or children for another individual or couple to raise. However, we cannot talk about ‘surrogacy’ as a single category. In other words, ‘surrogacy’ does not exist, but surrogacies.<sup>1</sup> A first distinction needs to be made between genetic and gestational surrogacy arrangements, and commercial and ‘altruistic’ forms of surrogacy. In a genetic surrogacy arrangement, also referred to as ‘traditional’ or ‘host’ surrogacy, the ‘surrogate mother’ provides her own eggs and is inseminated to conceive. It is impossible to trace the beginnings of genetic surrogacy. It has been practiced in various cultural contexts, with some ‘surrogate mothers’ voluntarily engaging in genetic surrogacy arrangements for altruistic or commercial reasons, while others were and continue to be forced to do so. In gestational surrogacy arrangements, the ‘surrogate mother’ does not provide her own egg(s) and is, therefore, not genetically related to the child. Gestational surrogacy has become possible with the invention of in vitro fertilisation (IVF) (Spar, 2006). It emerges from a plethora of arrangements, in which intended parents’ sperm or ova are used, or gametes are provided by or purchased from third-party donors. In commercial surrogacy, as the name implies, the gestating woman is financially compensated for her reproductive labour, whereas in altruistic arrangements, she is expected to receive compensation only for immediately related expenses, such as medication, travel or childcare provision, but no additional financial reward is to be paid. Further to these four distinctions, surrogacy arrangements are shaped within their varying legal, social, cultural and religious

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<sup>1</sup>See also König (2018, pp. 282–283) for her elaboration on how ‘one cannot even speak of surrogacy as one specific practice, as in fact surrogacy means many different things, is done under very diverse conditions, and the actors involved participate in it for a variety of reasons’.

settings (Berend, 2016b; Gerrits, 2016; Jacobson, 2016; König, 2018; Majumdar, 2017; Rudrappa, 2015; Twine, 2015; Whittaker, 2018). Surrogacy arrangements continue to be controversial. They are a topic of ongoing debates, such as whether they constitute women's exploitation, a commodification of women and children, whether they should be prohibited or not and who should have access and who should not (Anderson, 2000; Dworkin, 1983; Ekman, 2013; Lewis, 2019; Majumdar, 2014; Mamo & Alston-Stepnitz, 2015; Rothman, 1988; Svitnev, 2012b).

In this book, I address commercial, gestational surrogacy, as it is practiced in Russia.

### **Surrogacy in Russia**

In Russia, the first gestational surrogacy pregnancy was conceived in St. Petersburg in 1995 and resulted in the birth of twins (Isakova, Korsak, & Gromyko, 2001). In the years that followed, surrogacy arrangements were barely regulated and sparsely practised due to the high cost and the novelty of the procedure. Yet about two decades later, the practises of assisted reproduction have been normalised (Burfoot, 1990), and St. Petersburg and Moscow have developed into reproductive hubs with the numbers of surrogacy arrangements increasing, especially since 2010. In comparison to the United States, surrogacy costs in Russia are low. Recent clampdowns on surrogacy arrangements in countries popular for transnational surrogacy arrangements, such as India, Nepal and Thailand (Rathi, 2020; Zimmerman, 2016), have contributed to a steady increase of international client parents accessing the Russian market. Russia's most recent increase in demand has come from client parents from China (Weis, 2021).

In 2013, the Russian Public Opinion Research Center survey (WCIOM, 2013) found that 51% of respondents considered surrogate mothers to be 'doing something necessary and useful'. Likewise, 16% of respondents regarded the act 'completely acceptable', whereas 26% rated surrogacy to be 'morally intolerable'. Analysing Russian print media, Nartova (2009, p. 79) found the widespread message that 'the only legitimate, normal and morally approved uses of surrogate motherhood (...) are those related to overcoming infertility' in heterosexual, ideally married, couples. Many conservative and influential religious voices publicly oppose surrogacy and repeatedly demand its prohibition (Agadjanian, 2017; Kirpichenko, 2017; ROC, n.d.); in 2013, for instance, Yelena Mizulina, then chairperson of the Duma Committee on Family, Women and Children, likened surrogacy to nuclear weapons in its threat to humanity, by '[destroying] natural ways of giving birth to children and natural ways of human reproduction' (SVPRESSA, 2013) (see Chapter 5 for a detailed discussion). Supporters of surrogacy, especially fertility doctors, in turn consider it to be a timely method of infertility management and a way of taking action against national fertility decline (see for instance Konstantin Svitnev in an interview with *Rossiyskaya Gazeta*, Novoselova, 2006). Discussing the societal and political attitudes towards surrogacy with the endocrinologist Dr Alexey, he summarised his and his colleagues' approach boldly: 'If a woman does not have a uterus, let another woman *with* a uterus carry the pregnancy for her'. In his opinion, opting for surrogacy to resolve infertility is the only 'sane attitude' a

woman with fertility impairments can display. Whereas women who decide against surrogacy, despite the possibilities it offers and despite their financial capacity to do so, not only showed backward attitudes incompatible with a modern society but also failed in fulfilling their societal roles as mothers, according to Dr Alexey. Motherhood continues to be considered ‘the highest embodiment of the feminine’ in Russia (Vasyagina & Kalimullin, 2015, p. 61; see also; Rusanova, 2013). Highlighting the country’s fertility decline, the proponents of surrogacy press for wider access and even state-subsidised IVF cycles to boost Russia’s population growth (Svitnev, 2007). As Sarah Franklin (2013) remarks, trying to have children – by any means that are accessible – has become a new norm, and Russia is no exception.

Even though surrogacy is legal (for more details, see below) and increasingly well established as an infertility treatment, many surrogacy workers and client parents prefer to not disclose their identities (see also Khvorostyanov & Yeshua-Katz, 2020). For surrogacy workers, non-disclosure often is a strategic choice to avoid censure, belittling as ‘breeders’, or discrimination against their own children. Surrogacy workers themselves do not regard their occupation as morally reprehensible (see Chapter 2); on the contrary, many perceive surrogacy to be a sincere and even commendable way to support themselves and their families, taking the stance *men’she znaesh’, kreptche spish’* (‘the less you know, the better you sleep’) to spare their families from public scrutiny and their parents from unnecessary worry. To achieve this, some surrogacy workers ceased visiting family and friends, or even relocated from their social surroundings to another part of the city or to another city altogether once their belly started showing. Others continued their everyday lives and jobs while covering up the absence of a child after birth with the ‘white lie’ of stillbirth. Ilya, for instance, who worked as a surrogacy worker three times, jokingly narrated how she bought her teenage son’s compliance of silence with computer games and twice cunningly faked grief over alleged miscarriages at work. Karina, who carried three surrogacy pregnancies, always took paid maternity leave, then gave notice after the delivery and cut all ties with her former colleagues. In a less drastic manner, Olesya arranged herself in family pictures so that she hid her protruding belly. By posting the photos below (Fig. 1.1, reproduced as sketches) on her public social media account during her pregnancy while she was concealing the pregnancy, Olesya was actively writing her own (social media) history as ‘not pregnant’.

Client parents’ reasons for non-disclosure included shame over their impaired fertility, fear of discrimination, and paramount, the fear that their children would suffer discrimination. To maintain their secret, client mothers strapped on artificial bellies to suggest a pregnancy and had their husband stroke these bellies for others to see. However, many client mothers reported their fear of being found out as well as the effort and discomfort of strapping on a silicon ‘pregnant belly’ that weighed several kilos. Client mother Katarina described that she felt like ‘I was carrying my own personal sauna on my belly. It was like a real sauna. I was constantly dripping sweat’, and Anastasia recalled how she feared surprise visits from relatives, or simply going out on the street and possibly getting involved in an accident and having paramedics notice the fraud. Prior to the birth, many client mothers even



Fig. 1.1. Sketches of Olesya Concealing Her Surrogacy Pregnancy. Fieldnotes.

*Left: Olesya is lifting her jacket off her protruding belly and pulling it forward as she is holding her son's shoulder to conceal the shape of her pregnancy.*

*Right: Olesya, in swim wear, is posing hugging her husband, hiding the pregnancy.*

rented a hospital room and took advantage of their maternity hospitals' offer to photo-document 'their birth'. After the birth, many cut all ties with the surrogacy worker to avoid information about the surrogacy being leaked or the need to live with the fear that the woman might one day contact them again.

### **Setting the Scene: The Legal Settings and Social Organisation of Surrogacy in Russia**

The legal regulations and medical guidelines for surrogacy in Russia are minimal. In fact, regulations are so limited that lawyer, legal expert and member of the Russian Association of Human Reproduction (RAHR), Konstantin Svitnev,

...[considers Russia] as a sort of reproductive paradise, being the country with the most favorable legislation for intended parents, where no specific federal law regulates any aspect of assisted reproduction.

(Svitnev, 2011, p. 155)

The Federal Law on Citizens' Health No. 323 permits altruistic and commercial surrogacy and defines surrogate motherhood and the requirements for a woman wanting to be a surrogate as follows: