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PSYCHOSOCIAL HEALTH AMONG SURROGATE MOTHERS

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Abstract: This study investigates the psychosocial health of Thai surrogates with a focus on advancing the devel-opment of surrogacy health promotion and policy at both national and international levels. Employing semi-structured telephonic interviews with fifteen Thai women who had served as surrogates within the previous seven years, the research identified four thematic dimensions—mental, environmental, social, and spiritual health—unveiling various aspects of surrogates' psychosocial well-being. Despite generally positive sentiments and the absence of perceived health risks, the study uncovered a noticeable impact on psychosocial health outcomes. The conclusion underscores the complexity of surrogates' psychosocial well-being, emphasizing their understanding of roles, spiritual fulfillment, and familial support. Addition-ally, it sheds light on unforeseen consequences of surrogacy bans, advocates for regulatory reform, and stresses the imperative for international cooperation to safeguard the well-being of all involved in surro-gacy.

Keywords: surrogate; surrogacy; commercial surrogacy; psychosocial health; surrogacy law

Introduction

Surrogacy arrangements have become increasingly popular among infertile and childless couples, same sex couples, and individuals. Surrogacy is an agreement in which a woman carries a pregnancy to term for the intended parents. There are two types of surrogacies: traditional and gestational. Traditional surrogacy involves fertilizing the surrogate's own egg using the sperm of the intended father or donor via the vagina or uterus (Ellenbogen et al., 2021). Gestational surrogacy involves in vitro fertilization (IVF), whereby sperm from the intended father or donor is used to fertilize oocytes from the intended mother or donor to create an embryo (Ellenbogen et al., 2021). Gestational surrogacy has become the global standard, as it results in a baby not genetically related to the surrogate, potentially eliminating significant legal and psy-chological complexities (Klock & Lindheim, 2020; Trowse, 2011).

Surrogacy treatment can be further categorized into altruistic and commercial surrogacy. In altruistic sur-rogacy, the surrogate receives no payment beyond associated medical expense coverage. This

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form of surrogacy is legal in many countries, including Thailand, India, Australia, the United Kingdom, and Cana-da (Piersanti et al., 2021). Conversely, commercial surrogacy involves payment beyond reimbursement for medical expenses. Although commercial surrogacy is banned in many countries, it is allowed in some states within the United States, and in the Ukraine, Georgia and Russia (Guzman, 2016).

Commercial surrogacy became a thriving business due to its ability to cater to the needs of intended par-ents. Attractive online advertisements that offer a streamlined pathway to parenthood at affordable costs has led to a notable uptake in the use of commercial surrogacy services by intended parents, even in the face of prohibitions or restrictions imposed by many countries. As indicated by Gezinski et al in 2017, it appears that South and Southeast Asia serve as significant hubs for the commercial surrogacy industry (Gezinski et al., 2017). Thailand emerged as a prominent center for surrogacy services before the ban in 2015 (Cohen, 2015). Prior to this, Thailand lacked regulations overseeing surrogacy arrangements, result-ing in a significant surge in the commercial surrogacy industry from 2006 to 2014 (Cohen, 2015; Whittaker, 2014). In mid-2014, the Baby Gammy scandal, centering around an unwanted twin born with Down's Syndrome and left behind by the Australian intended parents, attracted worldwide media con-demnation of the practice. In early 2015, the Thai military government responded to this controversy by enacting legislation prohibiting foreign and same-sex couples from pursuing surrogacy services (Hibino, 2020). Consequently, numerous surrogacy fertility clinics in Thailand ceased operations, and some have moved their activities to neighboring countries such as Laos (Hibino, 2020).

Establishing surrogacy businesses across multiple countries counters legal impediments to commercial surrogacy by relocating surrogates to less regulated countries to evade surrogacy restrictions. This intri-cate process has exposed surrogates to various risks, encompassing ethical, legal, financial, social, psy-chological, and physical health repercussions (Blazier & Janssens, 2020; Dickenson & van Beers, 2020; Patel et al., 2018). While many publications predominantly focus on these concerns, there has been lim-ited research into the psychosocial well-being of surrogates (Ruiz Robledillo & Moya-Albiol, 2016). This study aims to explore the psychosocial health of Thai surrogates to enhance the development of health promotion and regulatory policy around surrogacy, both nationally and internationally.

Materials and Methods

Study Design

The qualitative descriptive study design allowed the researcher to gain insights into the participants' ex-periences (Doyle et al., 2020). The use of individual semi-structured interviews helped the

researcher maintain focus on the research topic while providing participants the flexibility to share their perspectives (Welch & Jirojwong, 2011).

Setting

This study was conducted within the context of surrogacy arrangements in Thailand. Thailand is a mid-dle-income country and a target destination for intended parents from high-income countries, such as Australia (Whittaker, 2011). Although Thailand became a surrogacy hub between 2006 and 2015 due to the absence of surrogacy laws (Attawet, 2021), commercial surrogacy was prohibited in 2015.

Participants and recruitment

This study included Thai women aged 20–40 years who served as surrogate mothers in the seven years spanning from 2013, when Thailand experienced a surge in surrogacy business, up until the onset of the Covid-19 pandemic, marking the year 2020. Eligibility criteria required that participants had engaged in gestational surrogacy within this specified timeframe and were not presently pregnant. The potential par-ticipants were invited to participate in the study through a single private surrogacy agency in Bangkok, Thailand, which was no longer in operation; the first author was known to the agency prior to the study. The first author contacted the private surrogacy agent in Bangkok, Thailand and sought assistance from the former manager, requesting her to advertise the research study among surrogate mothers with whom she had been in contact. The Thai version of the invitation letter was used for recruitment, instructing in-terested participants to contact the first author. Two potential participants reached out via the LINE chat-ting application, but one was ineligible due to pregnancy. Only one woman was eligible for this study ini-tially. To meet the participant target, a snowballing technique was employed. As interviews progressed, participants were asked to suggest or advise others to contact the first author directly via LINE.

Creswell (1998) (Creswell, 1998) suggests approximately 5–25 participants are required for a qualitative research study to reach a phenomenon called ‘saturation’. However, others have proposed that among a relatively homogeneous group, saturation often occurs at around 12 participants (Boddy, 2016; Guest et al., 2006). In this study, a total of 15 Thai women who had been surrogate mothers at least once were in-terviewed to reach the data saturation and theme identification.

Data Source

Interview questions were developed considering the principles of Thailand’s Protection for Children Born through Assisted Reproductive Technologies Act of 2015, and the surrogacy process guidelines

of the Thai Medical Council. The interview included six open-ended questions covering the background of the surrogates and their families; reasons for becoming a surrogate; their experiences during and after the surrogacy pregnancy; and their awareness of the potential risks and complications of a surrogate preg-nancy (see Appendix 1). Sensitive information about parties to the surrogacy arrangements was redacted from the dataset for ethical reasons.

Procedure

Fifteen Thai women were interviewed between March and May 2020. Both written and verbal consent were obtained from the participants prior to the interviews, and the interview schedule was based on par-ticipants' availability. A semi-structured interview was conducted in Thai via telephone, with each inter-view lasting 30 min. Interviews were recorded, transcribed, and translated into English. A distress safety protocol was developed to address any distress experienced by participants during the interview.

Data Management and Analysis

The interviews were transcribed and translated by a professional service. NVivo 10 was used to facilitate and develop codes and themes. An inductive approach was employed for the thematic analysis (Terry et al., 2017). This approach included: (1) transcription and familiarization, (2) code building, (3) dis/confirmatory theme development, and (4) data consolidation and interpretation. A systematic analysis and search for patterns and trends revealed the common themes. The data were (re)analyzed until themat-ic saturation was reached, confirming that no new themes emerged (Braun & Clarke, 2021).

Data was analyzed and re-analyzed including coding, generating, and defining themes independently by the first author. The second and third author reviewed the themes and advised if there were any ambigui-ties in thematic analysis. The authors discussed to obtain consensus if there were discrepancies or any disagreements regarding data analysis.

Ethical Consideration

Ethical approval was obtained from two ethics committees which were from the first author's institution and health department of the participants' country.

Results

Fifteen Thai women who had served as surrogate mothers were interviewed retrospectively regarding their experiences within seven years prior to the study. Out of 15 women, six were involved prior to the com-mercial surrogacy ban in 2015. All fifteen women had been compensated for carrying a pregnancy, indi-cating that they had engaged in a commercial arrangement until 2020. Their ages at the time of serving as surrogate mothers ranged from 21 to 34 years. Four participants had served as surrogates more than once. One participant was single and had no children of her own when she served as a surrogate (See Table 1)

Table 1. Gestational surrogates' characteristics

Participants	Age group at interview	Number of times they served as surrogates	Number of own children	Number of surrogate children	Post Delivery period at interview (year)	Relationship status before serving as a surrogate	Relationship status after serving as a surrogate
1*	30–34	2	2	2	6 & 4	Divorced	N/A
2	20–24	1	1	1	2	Divorced	N/A
3*	30–34	2	1	2	3 & 2	Married	Divorced
4	35–39	1	3	1	5	Married	Divorced
5	35–39	1	1	1	5	Divorced	N/A
6	30–34	1	2	1	2	Married	Married
7	30–34	1	1	1	4	Cohabitation	Cohabitation
8*	35–39	2	2	1	7 & 1	Divorced	N/A
9	25–29	1	1	1	1	Married	Married
10*	25–29	2	0	2	5 & 2	Single	Single
11	20–24	1	2	1	1	Cohabitation	Cohabitation
12	25–29	1	2	1	2	Married	Married
13	30–34	1	2	1	5	Cohabitation	Cohabitation
14	35–39	1	2	1	1	Divorced	N/A
15	25–29	1	2	0	1	Cohabitation	Married

* Participants had experienced surrogacy on two occasions

The participants' surrogacy experiences shed light on the surrogates' psychosocial health and revealed four key themes: mental health; environmental health; social health; and spiritual health. These themes collectively represent a conceptualization of psychosocial health (Husain, 2022).

Mental Health

Mental health is defined as a state of mental well-being. Research suggests that personal values are linked to subjective well-being (Socci et al., 2021). Participants in this study believed in the value of surrogacy. Although the participants (n = 13) were influenced by the payment for serving as surrogates, they gener-ally believed they performed a good deed by helping infertile couples create a family.

"Of course, payment was my motivation to be a surrogate. But…meanwhile, I was happy to help infertile parents form a family," said Participant 1.

"I believed that I did a good deed to help infertile people have a baby. Payment can be my reward to pay my debt, in return," said Participant 2.

Two participants felt satisfied with their decision to serve as surrogates, without the influence of payment.

"I felt for them if they cannot have a baby….umm…I felt happy that I could help and be part of building an intended parent's family," shared Participant 8.

Most participants (n = 14) reported no impact or psychological issues after their experience of surrogacy pregnancy. Valuing oneself is a crucial component of mental health that can enhance positive affectivity, and overall well-being.

Environmental Health

Bonding with the surrogate baby led to emotional health issues. While two participants reported feeling a bond, only one expressed feeling sad and brokenhearted when they had to relinquish the baby. Through-out their surrogacy journey, participants reported that they had family support to help them overcome this challenging situation.

Participant 10 shared, *"I felt sad and depressed when I returned the baby to the intended parents. I was crying. I had to return home and be with my mom for a few months. My mom always talked to me and was by my side."*

Family support played a significant role in the participants' decision to serve as a surrogate. They report-ed consulting with their families before making the final decision, which helped them avoid potential regret.

Participant 9 shared, *"I told my husband about surrogacy, and he helped me to make the decision. We agreed with each other."*

"I consulted my mom, and she had no problem with me being a surrogate. My mom actually took me to see a former surrogate," said Participant 2.

However, participants with no family support (n = 4) reported deciding by themselves to serve as a surro-gate. Two participants reported feeling lonely during their pregnancy.

"I am divorced. I needed money as I had to raise my children on my own. I decided by myself to be a sur-rogate. I did not tell anyone, not even my parents. During pregnancy, I had to live by myself and left my children with my parents. They did not know I was a surrogate. I felt lonely and lived on my own," said Participant 14

Family support therefore cultivates a healthier environment that can positively impact individuals coping with mental health problems.

Social Health

Social health refers to an individual's well-being created through healthy, fulfilling interpersonal relationships. Social relationships affect psychological and physical health. Social and network support are required to build social health (Tough et al., 2017). Although the participants reported having family support, most (n = 14) felt isolated from society or the community.

"I did not even tell my close friends that I was a surrogate. I lived on my own. No parties, no socializing," shared Participant 11.

Participant 11 continued *"I knew that my friend and my family will respect and accept my decision; how-ever, it was better to keep my surrogacy pregnancy secretly."*

Additionally, the participants shared their thoughts and expressed their ambiguous understanding of surrogacy law.

"I was not sure if being a surrogate was acceptable in my community. I was also not sure about the surrogacy law. I would rather stay alone" shared Participant 3.

"I did not go anywhere as I was afraid someone or the community would come to know I was a surrogate. I only stayed home with my family," shared Participant 12.

Although most participants believed their mental health was not impacted, their reported social relationships clearly revealed patterns of social withdrawal, which is an indicator of potential psychological issues.

Spiritual Health

The participants managed their lives well during their surrogacy. They had a clear understanding of what they were doing, which allowed them to balance their lives. However, most participants (n = 13) avoided emotional attachment and coped with their surrogacy pregnancy by believing that the surrogate babies were not their own.

"About the pregnancy, I took care and understood. I have good mental health. They did not need to worry about my health. I took care of myself really well, as I normally would. Regarding the relationship with the child, I realized the child was not mine. I only had the responsibility to care for the child." shared Participant 4.

"During pregnancy, I looked after myself well by eating healthy food and relaxing. I had to be in good health to have a healthy baby for the intended parent," shared Participant 1.

Only one participant reported experiencing depression after the surrogacy experience. None of the participants reported any physical health concerns during or after the surrogacy pregnancy.

Accordingly, understanding their role as surrogates could reinforce surrogate's spiritual health and assist them to avoid depression, anxiety, and other mental disorders and potential physical health impacts.

Discussion

Psychosocial health refers to a combination of psychological and social factors; however, it also implies the effect of social processes on psychological and physical health (Upton, 2020). This study explored the psychosocial health of surrogates, revealing four themes: mental, environmental, social, and spiritual health. These themes shed light on the psychosocial impact of surrogate motherhood.

This study revealed that while surrogates understood their roles and responsibilities, a surrogate's percep-tion of surrogacy as ultimately helping others contributed to improved spiritual health outcomes. Spiritual health is based on individual perceptions of positive experiences. The positive aspects learned from sur-rogates were believing in their meaningful action of serving as a surrogate, effectively coping with relin-quishing the baby, and balancing their life responsibilities. Spiritual health has been shown to have a strong connection with positive effects on mental health, as

evidenced by bio-psycho-social modelling (Akbari & Hossaini, 2018; Unterrainer et al., 2014). This study supports the theory of spirituality and mental health, as the results show that most participants held a positive perception of being a surrogate, which ultimately helped them to cope with negative emotion.

In addition, family support emerged as a significant finding in this study, as it reinforced the surrogate's spiritual health by providing a nurturing environment. The environment in which people live is a crucial factor in maintaining good spiritual health (Fisher et al., 2000). Over 73% of the participants in this study reported having family support for their decisions and throughout their surrogacy pregnancy, which opti-mized their emotional and mental health. By contrast, a 2013 study by Saravanan examined family mem-bers' coercive influence on women becoming surrogates (Saravanan, 2013). In such cases, women lose their autonomy, which could diminish their sense of empowerment and belief in their actions (Bharti & Verma, 2018). Support from the family is, therefore, a primary source of spiritual nourishment and psy-chosocial health. However, it is important to note that different circumstances can result in different out-comes. For example, Saravanan's study was conducted before India banned commercial surrogacy in 2018 (Saran & Padubidri, 2020). In Thailand, commercial surrogacy was banned in 2015, and most study participants (n= 9) served as surrogates after this time.

While participants indicated having sound spiritual and mental well-being, the findings imply that surro-gates could encounter psychological challenges without being aware of them. This study reveals that, de-spite participants feeling empowered to serve as a surrogate, the ban of commercial surrogacy prevents them from being able to engage in community or social activities while serving. Banning commercial sur-rogacy in Thailand has consequently driven the practice underground (Attawet et al., 2022). Anyone, who is caught engaging in surrogacy for profit, will face potential imprisonment for up to ten years and fines of up to 200,000 baht (about USD 5,500) (Stasi, 2017). Surrogates involved in such activities, therefore withdraw from society in order to conceal their pregnancies to avoid legal complications. Such social disconnectedness or isolation is shown to link with mental disorders (Santini et al., 2020), which could negatively impact surrogates' psychosocial health. This unintended consequence of surrogacy bans sug-gests a nuanced approach to drafting surrogacy legislation may yield more positive outcomes for surro-gates than currently exists where such practices are criminalized.

This study does not aim to specifically critique the ban on commercial surrogacy, but rather to highlight the impact on surrogates, particularly in terms of the psychosocial risk. The actions of the participants in this study shows that criminalizing surrogates, who are often financially disadvantaged

and exploited will not cause the practice to cease or improve the situation and neither will an outright ban on surrogacy.

For instance, individuals in countries with limited or restricted surrogacy access often opt for overseas surrogacy arrangements. Ukraine, where commercial surrogacy is legal, becomes an attractive destination for intended parents seeking surrogate mothers (Reznik & Yakushchenko, 2020). However, the recent conflict in Ukraine exposes potential challenges for surrogates engaged in cross-border commercial sur-rogacy. Surrogates find themselves in the distressing situation of giving birth in a war-torn area, unable to transfer the babies to their intended parents. Meanwhile, intended parents experience significant anguish when unable to meet their newborns (Marinelli et al., 2022). Consequently, these babies are left in a state of uncertainty, born into a war zone without the presence of their more financially secure intended par-ents to care for them. Delays in transferring surrogate children may increase psychological harm to both surrogates and intended parents. These difficulties highlight that increased regulations and support, in-stead of prohibiting commercial surrogacy, is required to prevent or minimise negative follow-on impacts on cross-border surrogates and other parties to such surrogacy arrangements, including intended parents and children (Marinelli et al., 2022).

However, there needs to be a balance of power and support between all parties. The recent Bill in Italy, for example, has put more restrictions on surrogacy law, criminalizing people who travel abroad to have chil-dren via surrogacy (Brittiza, 2023; Zaami et al., 2022). It is proposed that this Bill will help to protect women and their dignity. However, this Bill will create a significant prejudice against same-sex couples, and children born to them as a result of surrogacy, as it prevents recognition of children registered by same-sex parents (Brittiza, 2023).

Correctly drafted legislation is important to drive an equitable society and enhance well-being of the global community. Increased regulations and support for all parties to surrogacy could prevent the growth in underground cross-border commercial surrogacy and protect surrogates who are in vulnerable positions. Cooperation among countries and international organizations to prevent potential risks in such surrogacy arrangements is crucial to ensure the ethical and fair treatment of all parties involved.

Strengths and limitations:

Our research utilized a semi-structured interview approach conducted in the participants' native Thai language. This approach enabled participants to articulate their experiences in a comprehensive manner and facilitated a precise interpretation of their experiences by our team. We followed a thematic analysis approach, and the thematic findings of this study were deemed reliable since they

were confirmed and reached a consensus between the authors. The limitation of this study is that it was conducted in a mid-dle-income country. Therefore, the results may not be generalizable to low- or high-income countries. This study acknowledges that the participants received compensation for their pregnancy, which could lead to different outcomes compared to surrogates who were not compensated. Additionally, this study did not use a recognized psychosocial tool to measure psychosocial outcomes, which may limit the accu-racy of the results in terms of themes and impact levels. Further study to measure the psychosocial health using a well-established instrument among altruistic surrogates is recommended.

Conclusion

This study explores the realm of surrogates' psychosocial health, revealing a deep understanding of roles, risks, the benefits of spiritual fulfillment, and the importance of family support. It highlights the unin-tended adverse effects that prohibitions on surrogacy can have on the psychosocial health of surrogates, calls for increasingly nuanced regulation, and underscores the necessity for international cooperation to protect the well-being of all involved in surrogacy. It showed that despite bans on surrogacy, people will still be driven to engage in this practice for a variety of reasons, and that proper support can limit or pre-vent negative psychosocial outcomes.

Contributions

Study conception and design, literature review, data collection and analysis, and manuscript drafting and revision: the first author; Data interpretation checking, manuscript review and revision: the second and third author. All authors read and approved the final manuscript.

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Declaration of Interest Statement

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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